WHO events addressing public health priorities

Work of the research ethics review committee in the Eastern Mediterranean Region

Background
The World Health Organization (WHO) is mandated by its constitution1 (1) to support and promote health research. The World Health Report: research for universal health coverage (2013) (2) emphasized WHO’s role in advancing research that addresses the dominant health needs of its Member States, supporting national health research systems, setting norms and standards for the proper conduct of research and accelerating translation of research findings into health policy and practice in order to accelerate progress towards universal health coverage (UHC).

In addition, in the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), the strategic document, Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO (2012) (3), outlined the following five strategic health priorities for the Region: health system strengthening; emergency preparedness and response; maternal, reproductive and child health and nutrition; noncommunicable diseases, in addition to the unfinished agenda of communicable diseases. A key element within all the priority areas is building national capacities in research for health (4).

To help realize WHO’s role in health research and target the Eastern Mediterranean Region’s priorities, under the department of Information, Evidence & Research, the WHO/EMRO has the Research, Development & Innovation group and a Research Policy & Development unit, which (among other functions) serves as the Secretariat of the Eastern Mediterranean Research Ethics Review Committee. Moreover, the unit coordinates three types of health research grants, namely Research in Priority Areas of Public Health grants which addresses the five strategic health priorities of the Region; the Improved Programme Implementation through Embedded Research grants offered in collaboration with the Alliance for Health Policy & Systems Research (WHO/HQ), and the Tropical Disease Research – Small Grants Scheme, offered in collaboration with the WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (WHO/HQ). In this respect, it is worth referring to the current cooperation of WHO/EMRO with different stakeholders, including UN agencies such as UNESCO’s Regional Office in Cairo, in the field of bioethics applications with special emphasis on ethical conduct of health research.

A recent WHO/EMRO survey for situation analysis of bioethics in the Region (Bioethics in the EMR: a situation analysis, unpublished report, 2015) showed that most Member States have either national bioethics committees or institutional review boards, which safeguard ethical conduct of health research and protect the dignity, human rights, and well-being of its human participants. However, they still need technical support to develop the capacities needed to maintain such bodies. In addition, a recent review of research published in our flagship Journal, the Eastern Mediterranean Health Journal (EMHJ), for the period 1995–2014 (5), showed almost equal distribution of health research published on all the regional strategic health priorities, except emergency preparedness and response. With the Region suffering from crises/emergencies in more than half of its Member States, this is an area which urgently needs evidence generated from sound health research.

Eastern Mediterranean Research Ethics Review Committee
In order to ensure scientific rigour and ethical conduct of health research recommended for funding under

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the above-mentioned grants, the Regional Director re-formulated the Eastern Mediterranean Research Ethics Review Committee to include external (from Egypt, Islamic Republic of Iran, Lebanon, Morocco, Tunisia, UNESCO) as well as in-house members with an essential function to “review the protocols of all health research projects involving human subjects submitted to WHO for funding in the Region”. Such review aims to protect the dignity, integrity, human rights, safety and well-being of all the people participating in such research. The Committee also has the authority to verify that ongoing studies comply with the Organization’s policies and regulations for conduct of health research in the Region.

During the review process of the health research protocols, the Committee is expected to ensure compliance with the International Ethical Guidelines for Biomedical Research Involving Human Subjects (6), as well as other international guidelines which govern ethical conduct of health research (7–10), including equitable selection of subjects, appropriate safeguards to protect the rights and welfare of research participants, especially vulnerable groups, full informed consent process and protection/maintenance of privacy of individuals and confidentiality of the data collected. Methodologically, the review should ensure that the health research topic will add to scientific knowledge and is relevant to institutional and community interests, and that the research design is appropriate and study instruments are acceptable. For interventional studies, the review has to safeguard that clinical research facilities at the study site are appropriate, that all researchers involved have appropriate qualifications, training and experience, and that potential benefits to be gained from the research outweigh any expected risks. Moreover, operational health research must provide evidence which supports sound health policy and decision-making in the Region (knowledge translation).

First meeting of the re-formed Committee

In light of the re-formulation of the Eastern Mediterranean Research Ethics Review Committee the Regional Office recently convened a meeting of the Committee during the period 6–7 September, 2015. The objectives of the meeting were to: review the Committee’s work in light of its updated functions; ensure compatibility of the Committee’s work with international guidelines for review of health research on human subjects; update the current review process for health research supported by WHO; and address new health research challenges in the Eastern Mediterranean Region, including health policy and systems research. Following the 2-day deliberations, the meeting provided a set of recommendations for ensuring compatibility of the Committee’s work with international guidelines for health research (7–10), updating the ethical review process (with special focus on its checklists) and providing special advice for current challenges in health policy and systems research.

Recommendations

The Committee made the following recommendations: encourage/solicit research on public health priorities in the Region, especially on crises and emergencies; develop/enforce national laws and regulations which govern bioethics and related research; emphasize vigilance by editors of scientific journals to avoid fraud and falsification of health research submitted for consideration for publication; develop/support/accredit national bioethics committees which could oversee the work of institutional committees, including institutional review boards; establish different ethical review committees according to need (e.g. for research on human subjects; on animals, etc.); promote rigorous ethical review process on different levels (institutional/national/regional); use the expertise of the global WHO-Collaborating Centres on bioethics and regional technical collaborating centres; establish a regional collaborating centre on bioethics; support capacity-building activities in bioethics/ethical conduct of health research; supporting institutional clearance (in the absence of national clearance); establish national registries for clinical trials and research; regulate pharmaceutical companies/clinical studies.

The Committee also advised that proposals on health policy and systems research should be reviewed using an expeditious process/applicable questions in checklists. In addition, it recommended that some members of review committees (especially at a national/institutional level) should have training in health policy and systems research and that different stakeholders should be involved with the review process (as applicable).

The Committee carefully reviewed the currently used checklists for review of submitted research proposals recommended for WHO funding. It recommended modification/addition of some questions and added a section on conflict of interest as well as special sections for “informed consent process for vulnerable groups”, including minors, pregnant women, emergencies, and mentally challenged people. These are to be drafted in the near future.

In the closing session, the Regional Director strongly supported the role and functions of the Committee in evaluating the ethical conduct of WHO-funded health research carried out in the Region and emphasized the importance of collaboration with UN organizations working in the field of bioethics, especially UNESCO (with special focus on supporting national bioethics committees and inclusion of bioethics in curricula of health sciences’ colleges).
References


From MDGs to SDGs

September 2015 was the target date set for achievement of the Millennium Development Goals (MDGs) and the United Nations (UN) has been working on a post-2015 development agenda. The process of shaping the agenda of the Sustainable Development Goals (SDGs) that are replacing the MDGs has been led by Member States with the involvement of a broad participation of groups and civil society organizations. Since 2014, a number of civil society organizations worldwide have been closely involved through consultations and publications of position papers on governance, health, gender, equity and children, among other issues. There are 17 SDGs and 169 targets that build on the work done on the MDGs. Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) addresses health specifically, and covers four of the main regional health priorities: universal health coverage, maternal and child health, communicable diseases (HIV/AIDS, malaria, tuberculosis) and noncommunicable diseases prevention and control. The other goals refer to the social determinants of health.

The SDG agenda poses several challenges and governments will be unable to make progress alone. Other stakeholders, including civil society, will have an important role to play. The SDGs contain cross-cutting issues beyond health, providing an opportunity for cross-sectoral collaboration and the development of multisectoral partnerships with key stakeholders. Mainstreaming health in the SDGs will require the involvement of civil society organizations to ensure that upstream determinants of ill-health are not ignored.

The MDGs created opportunities for the involvement and engagement of civil society organizations to ensure that community priority needs were considered in health and political agendas. It is important that the SDGs build on the work of civil society organizations and make use of existing platforms and networks. Since civil society participated in the development of SDGs at a global level, it is important that civil society organizations play an active role in implementation at country level.

In this context, the League of Arab States has been holding a series of consultations in preparation for the launch of the “Arab decade for civil society organizations 2015–2025”. The Decade provides a platform for strengthening and mobilizing civil society organizations in the Arab region to become effective partners in achieving the SDGs. WHO is cooperating with this initiative by helping to identify the specific role that civil society organizations can play in achieving SDG 3 (the health goal).

As part of this, and in an effort to strengthen the engagement of civil society organizations in the Eastern Mediterranean Region in advancing the health and SDG agenda, the League of Arab States and the WHO Regional Office for the Eastern Mediterranean held a joint regional consultation on 23 and 24 August in Cairo, Egypt, bringing together representatives of the main civil society organizations in the Region dealing with health and its determinants.

The main objectives of the consultation were to:

- understand the current domain of activities of civil society organizations and the available capacities;
- identify gaps and challenges in the current civil society organization work in the Region;
- discuss how to overcome these challenges; and
- deliberate on the main role of civil society organizations in the SDGs and in addressing the five regional health priorities.

The consultation was attended by 20 representatives of civil society organizations from Egypt, Jordan, Kuwait, Morocco, Oman, Palestine, Saudi Arabia and Tunisia, in addition to regional civil groups and networks, including the Arab Scout Regional Office.

The role of civil society organizations

Civil society organizations have a key role to play in progress on the health-related SDG agenda, including in health literacy, advocacy, social mobilization and service provision, especially in countries in crisis and emergency situations. In the Region, civil society organizations vary in number according to country, but are increasing in...
number and influence. They play a crucial role in addressing population health problems, providing institutional vehicles to address community needs and expectations, and complementing government action in implementing programmes not considered to be a priority or targeting marginalized population groups. Civil society organizations also provide frontline services in countries with acute crises where governments are weakened or partially-absent (several countries in the Region). They facilitate community interaction with services such as those for hygiene, water and sanitation, support access to vaccines and promote health through information dissemination, such as in Ebola virus disease outbreaks and natural disasters, and for smoking prevention and promotion of healthy diet and physical activity. They also influence policy development, for instance through the Framework Convention on Tobacco Control and in HIV/AIDS, and contribute in resource mobilization, including for polio eradication and girls’ education.

Impediments and challenges
The role of civil society organizations and the importance of partnership with civil society are not well recognized by governments in the Region. There is a lack of legal frameworks for the establishment of civil societies and networks. As a consequence, inadequate trust exists between governments and civil society, and coordination is difficult. Moreover, little use is made by government of the results of the research conducted by civil society organizations.

Additionally, there is a weak culture of volunteering in the Region and poor understanding of its importance in development. Furthermore, cultural and social norms exist that prevent specific groups from participating in civil society.

Specific challenges related to civil society organizations include weak strategic planning, inadequate staff capacity, and weak governance and management, with often limited transparency in funding. There is an absence of tools to support inclusion of all members to ensure democratic processes and weak team work towards common goals. Working conditions do not attract high calibre and skilful staff, and there is a lack of plans for capacity-building of staff. The focus of work is often on activities rather than programmes and is frequently donor- rather than need-driven. There is weak utilization of information technology for database building and weak self-assessment at the institutional and performance levels, with no or limited tools being used. In general, there is a lack of mechanisms for collaboration between civil society organizations.

Next steps
The consultation concluded by offering recommendations for the League of Arab States and WHO and highlighting the next steps needed to move forward on enhancing the role of civil society organizations in the health and sustainable development agenda (Box 1).

To the League of Arab States
1. Finalize the criteria governing the relationship between civil society organizations and organs of the League of Arab States with a view to fostering close cooperation between civil society and the League.
2. Organize regular forums, workshops and training courses for civil society organizations in Arab states to raise awareness of the SDGs and promote civil society participation in them.

To WHO
1. Support the development of criteria for assessment of civil society organizations, particularly for those that are health-related.
2. Establish a network of civil society organizations working in the field of health in the region.
3. Map health-related civil society organizations and create an online database.
4. Raise the awareness of health-related civil society organizations on the SDGs and develop discussion on them through regular forums to address problems.
5. Support capacity-building of civil society organizations through organizing training-of-trainers courses to ensure sustainability.
6. Build capacities in health priorities, proposal writing, project planning and implementation, and promotional campaigns.
7. Support the establishment of liaison offices at ministries of health to act as an interface with civil society organizations.
Box 1 Next steps

1. Disseminate recommendations to all countries to inform them about the SDGs and the necessity to engage civil society organizations.

2. Establish a regional civil society organization database (by December 2015). WHO should seek names of civil society organizations from consultation participants and the Gulf Cooperation council, and participants should review the list.

3. Develop an information sheet on civil society organizations (by 1 October 2015).

4. Make the database available online (by December 2015).

5. Conduct training on needs assessment through a rapid survey.

6. Develop training programmes, for instance on health-related topics, including the regional health priorities and the SDGs (by January 2016), and on management, strategic planning, advocacy, fund raising, proposal writing, monitoring and evaluation, and reporting (by September 2016).

7. Develop a standard training curriculum in the Arabic language.


10. Conduct advocacy for involvement of civil society organizations in the SDGs through a regional forum.

11. Develop infographics on the SDGs for decision-makers.

12. Request ministries of health to establish a liaison office as an interface with other
**The need for strengthening the role of public health associations**

The Eastern Mediterranean Region faces myriad public health challenges. It hosts the highest burden of refugees, migrant workers and displaced populations and political unrest and conflict are ongoing in several countries. Demographic and epidemiological shifts have resulted in an increased incidence of noncommunicable diseases in many countries, while communicable diseases remain as serious problems in others. This is all in addition to emerging health threats such as novel coronavirus, Ebola virus and antimicrobial drug resistance.

In this regard, the WHO Regional Office for the Eastern Mediterranean has identified five main priorities for the work of WHO in the Region during 2012–2016:

- strengthening health systems and the pursuit of universal health coverage;
- intensifying action to prevent communicable diseases, including poliomyelitis eradication;
- scaling up actions to promote health, including maternal and child health;
- preventing and controlling noncommunicable diseases;
- providing special support to countries experiencing humanitarian crises.

Putting the priorities into context, WHO has been constantly updating its way of work to support member countries. However, WHO cannot deliver alone: its influence will remain incomplete without the engagement, cooperation and political will of the countries themselves. While WHO’s principal partner is the Ministry of Health, responding to the ongoing challenges means that both WHO and the countries need to change their procedures. In this regard, WHO intends to extend partnership also to academic institutions and public health institutes and associations in order to address the regional priorities effectively and sustainably.

To facilitate this, the WHO Regional Office for the Eastern Mediterranean organized a regional meeting of national public health associations and institutions in Cairo on 29–30 June 2015. Participants included representatives from public health associations and institutes from 18 countries in the Region.

The meeting aimed to discuss ways of promoting public health in the Region through exchange of global and regional experiences and challenges, ways to strengthen networking and collaboration with associations and institutes, why public health associations and institutes have been unable to influence public health response in the Region so far. The objectives were to identify the barriers to the functionality of public health associations and institutes, develop recommendations to strengthen their roles in the national public health response in the Region, and explore options for support from WHO.

**Barriers to the effective contribution of public health associations**

There is a lack of clearly defined, standardized roles for public health associations and existing local partnerships are fragile. This absence impedes collaboration and prevents academic institutes and other bodies effectively contributing in public health response.

The discussions focused on three topics important for the Region:

- the priority actions to promote public health,
- how national public health associations can be strengthened,
- what needs to be done for networking among public health associations and institutions.

There was strong consensus that the regional role of national and local public health institutes and associations has been limited and not well defined till now. Possible underlying causes of weak performance include the multidisciplinary nature of public health, which necessitates the engagement of non-health stakeholders; this is currently absent in the public health response. Related to this is the gap between the public health, clinical and non-health sectors, i.e. the lack of involvement of public health professionals. In addition, public health education is limited in the curricula of primary and secondary schools. There is also a shortage of multidisciplinary undergraduate and postgraduate public health courses to train health and non-health professionals on taking action in unstable political and emergency settings. Uneven political commitment and lack of “know-how”; overdependence on a single institution (mainly the Ministry of Health) that

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This report is an abridged version of the report on the Meeting of the National Public Health Associations and Institutions in the Eastern Mediterranean Region held in Cairo in Cairo on 29–30 June 2015. The complete report is available at: [http://applications.emro.who.int/docs/IC_Meet_Rep_2015_EN_16666.pdf?ua=1](http://applications.emro.who.int/docs/IC_Meet_Rep_2015_EN_16666.pdf?ua=1)
is not equipped to deliver all tasks and initiatives and to coordinate with other sectors; and limited public health human and financial resources also impede the inclusion and effective functioning of public health institutes and associations.

**Supporting measures**

Among the steps identified towards strengthening public health in the Region were:

- standardizing and harmonizing public health education across the Region, taking into account regional diversity and priorities;
- strengthening intersectoral partnership and collaboration between public institutes and associations with clearly identified roles, mandates and responsibilities;
- bringing priority stakeholders from outside the health sector into discussions (e.g. ministries of interior, finance and social affairs);
- promoting a sense of ownership of health in the general population “public health is for the public”;
- integrating public health leadership into formal public health education and capacity-building efforts;
- integrating regional essential public health functions into public health education, including leadership, research and monitoring and evaluation of the national public health response process;
- strengthening multidisciplinary public health capacities to deliver both regional and national priorities.

**Actions needed**

*For WHO*

- Engage national public health associations and institutions in the work of WHO through relevant meetings and workshops, and improve regular communication and dissemination of guidelines, approaches and actions developed.
- Review and strengthen public health curricula.
- Dedicate more scholarships to public health. Map public health associations and institutions and apply essential public health functions.
- Establish a regional and international roster and network of public health experts, associations and institutions.