

Report on the

**Regional consultation to follow up on the  
Mexico Ministerial Summit on Health  
Research**

Rawalpindi, Pakistan  
29–30 November 2005



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## 1. INTRODUCTION

The World Health Organization (WHO) organized a regional consultation to follow up on the Mexico Ministerial Summit on Health Research at WHO Regional Office for the Eastern Mediterranean from 29–30 November, 2005. The Consultation was attended by experts comprising senior health researchers, scientists, policy-makers, public health specialists, health academia, nongovernmental organizations from the Region, and staff from WHO headquarters and the Regional Office. The objectives of the consultation were to:

- review the recommendations of the Mexico Ministerial Summit and World Health Assembly resolution;
- formulate and suggest a strategic direction for health research for the WHO Regional Office and Member States;
- find out how operational research can best be integrated into the policy development process;
- identify and suggest specific choices/options for action.

The meeting was inaugurated by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, who reminded participants that WHO and the Government of Mexico had convened a Ministerial Summit on Health Research in Mexico City from 16–20 November 2004. The Summit had emphasized the need for global cooperation to reduce the disparities in health between the developing and developed countries. The Summit Declaration addressed the key issues raised at the Bangkok International Conference on Health Research for Development (2000) and ensured that a high-level ministerial discussion on health research took place for the first time. A major theme of the discussion was the need to bridge the gap between what is known about how to improve the performance of health systems and what is actually being done to change policy and practice—the ‘know-do’ gap. The Summit statement called for the generation of knowledge to improve health through the strengthening of health systems, the utilization of research results for policy and action and for the attainment of the national and global targets of the Millennium Development Goals (MDGs).

The Mexico Summit also stressed the need for improved communication, information-sharing and knowledge dissemination as a means of improving national health research capacity, particularly in developing countries. The Fifty-eighth World Health Assembly (WHA) considered the Mexico Ministerial Summit statement and adopted a resolution affirming its support to it, and called upon all relevant stakeholders, including WHO, to take all necessary steps and to follow up on the recommendations of the Summit.

Dr Gezairy pointed out that the Regional Office had embarked upon a renewed policy for health research in the Region and that Member States now spent 2% of the WHO biennial budget to strengthen health research. The Regional Office was currently supporting three major health research funding programmes. These included the EMRO/TDR Small Grants Scheme in Tropical Diseases, in collaboration with the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), WHO, World Bank Special Programme for Research in Tropical Diseases; the Regional Office Grant for

Research in Priority Areas for Health Research that primarily focused on health systems research; and WHO's Committee on Scientific and Technological Cooperation (COMSTECH) research grant in applied biotechnology and genomics. The Regional Office had also supported capacity building in health research, networking and coordination, building linkages with new partners and developing national ethical review mechanisms and had particularly addressed issues such as ethics in health research, harnessing the potential of genomics, biotechnology and bioinformatics for public health, translating research to policy, supporting health systems and the dissemination of research knowledge to Member States.

The Chairmanship was shared on a rotating basis. The meeting programme, list of participants and the full text of Dr Hussein A. Gezairy's opening message are included as Annexes 1, 2 and 3, respectively.

## **2. TECHNICAL PRESENTATION**

### **2.1 Mexico Ministerial Summit on Health Research**

*Dr Ulysses Panisset, WHO/HQ*

There are big challenges to health systems performance in terms of scale, equity, safety and systems capabilities. WHO is conducting activities in response to the Mexico Summit resolutions with regard to partnership programmes on health systems research and the alliance for health policy and systems research. There are eight principles related to the endorsement, dedication and commitment of WHO regarding health research.

The WHO evidence-based policy networks (EVIPNets) were first conceived during the Mexico Summit and then endorsed by the WHA. The network concept is state-of-the-art and is needed to bridge the gap between research and policy and practice. The EVIPNet concept is based on equity and the right to knowledge, it provides decision-makers with access to improved user-friendly, high-quality evidence and it improves standards of evidence-based decision-making through the collection and dissemination of best practices. It also potentially influences partnerships between countries of the Region and between northern and southern countries and provides a learning environment for different stakeholders. Evidence-based medicine improves the process and outcomes of health care. A user-friendly package assists in the implementation of policy.

#### *Discussion*

Participants expressed the need to convene a wider Summit to address health issues and to conduct intersectoral research. Discussion focused on the issue of the under-utilization of available information. It was suggested that the WHO Regional Office be included in the EVIPNet. Representatives of countries of the Region were advised to prepare their own information groups on health system research.

### 3. HEALTH RESEARCH CHALLENGES

#### 3.1 Achieving the targets of the MDGs for maternal and child health: can health systems research help?

*Professor Zulfiqar Bhutta, Aga Khan University, Pakistan*

Several of the targets of the Millennium Development Goals (MDGs) focus on women and children, such as the target to reduce maternal mortality by 75% from 1990 benchmarks by 2015, to reduce child mortality by 66% by 2015, and to reduce extreme hunger and poverty by 50%. Ninety-nine percent (99%) of pregnancy-related maternal mortality is in the developing world. More than 35% of women receive no antenatal care and 50% of deliveries are not attended by a trained birth attendant. Seventy percent (70%) of women receive no postpartum care during the first six weeks following delivery.

By comparing maternal mortality rates and neonatal mortality rates in different regions of the world, it is evident that the health of mothers and children is inseparable. Thirty-eight (38%) percent of all neonatal deaths occur in four countries of South Asia. Infant mortality in Pakistan is affected by trends, age, socioeconomic factors and rural–urban reproductive health access inequity.

Regarding measures needed to achieve the targets of the MDGs, maternal deaths are averted through access to services. With currently available interventions, 55% of all child deaths could be prevented and 31% of all child deaths could be prevented through nutrition-related interventions. Evidence-based medical interventions are needed; actions need to be based on evidence in complex social, political and economic contexts. The scaling up of a disease-specific set of interventions is required, as is evidence for assessing the safety, efficacy and cost–effectiveness of interventions. Evidence is also needed to deal with social, economic and political dimensions of health and health care. Lack of funds is a big constraint for achieving the targets, although recognizing the importance of equity, human rights and health systems is essential in order to meet the MDG targets. The dismal status of some health systems has resulted in a chaotic, unregulated, diverse and sometimes dangerous private sector and in catastrophic costs for the poor.

Various issues and topics of health research have an influence on reaching the targets of the MDGs and on the health systems agenda, as do global influences such as global initiatives, policies, trade and development assistance. In conclusion, it is important to recognize that health is a precondition for economic growth.

#### *Discussion*

Participants commented on the fact that research into maternal and child mortality has been in progress for many years but due to the lack of a health systems research approach, the health targets have not been achieved. Health researchers have been unable to motivate stakeholders. Participants also commented on the need for behavioural research to change the attitudes of the public and of health professionals.

### **3.2 Strengthening health systems research in the Region**

*Dr Abdul Ghaffar, Global Forum for Health Research*

Health systems research has a major impact on health care systems and research is an essential component of strong health systems. There is limited application of available knowledge and technological interventions and non-functional and fragile health care systems are one of the major constraints for health care. Health systems research is needed as there are no clear answers for many issues commonly confronted by policy-planners. Challenges faced by national health research systems include poor health research capacity, low research quality, non-supportive environments, the lack of a research culture and the weak link between research and policy.

Examples from selected high-, middle- and low-income countries of the world, demonstrate a lack of correlation between economic strength and indigenous scientific and technological capacity. Patent production per gross domestic product (GDP) per capita for selected countries of different economic groups shows that the rate is higher for China and India when compared with most middle and higher income countries of the world.

There are local and global contextual factors which are responsible for the low profile of health research in the developing world, including inequalities within populations, poor access to information and weak civil society. There is limited spending on health and health research in relation to the needs of low- and middle-income countries. Various solutions for health research capacity building in the Region include research (policy and systems) for improved management decisions, the transfer of knowledge, cultural sensitivity, affordability and application in the local environment and synthesis of available information/systematic reviews.

There are several efficient and plausible options for countries of the Region, such as investing at least 2% of national health expenditure in research and research capacity strengthening; earmarking at least 5% of project and programme aid for the health sector from development aid agencies for research and research capacity strengthening; creating a culture of evidence and informed decisions; and implementing regional collaborative initiatives in health research. Investment in the health of the poor has to be a central component of any strategy to improve health and to reduce poverty. Health research is important in providing new tools and knowledge and in supporting the implementation of effective programmes. Major challenges have been identified, such as the growing burden of noncommunicable diseases and injuries. There is a need for advocacy to build health research systems to provide evidence that can be used to inform policy.

#### *Discussion*

The discussion focused on finding a process through which to present health research evidence to policy-makers and other stakeholders. In this regard, it was suggested that WHO support research and follow up with ministries and politicians regarding research evidence. It was pointed out that most of the decisions concerning health are made outside of ministries of

health. Participants stressed the need for the translation of research results into practical applications.

### **3.3 Research to promote action on health inequities and poverty**

*Ms Nicole Valentine, Commission on the Social Determinants of Health, WHO/HQ*

An equity of research priorities statement made during the Mexico Summit addressed five general areas: global impacts and constraints, societal and political structures, interrelationships at an individual level and in a social context, health care system factors and effective policy interventions. Concepts related to equity can be clarified by comparing inequalities, in general, and inequities in health. Even developed countries, such as the United Kingdom (UK) have shown the presence of significant inequalities in health outcomes over the last 30 years.

The conceptual framework for appraising social justice and its impact on health equity shows how health systems, sociopolitical contexts, social cohesion and globalization interact and impact on health. There is a health research deficit with regard to health inequities and interventions and the minimum set of variables required for health equity analysis including those pertaining to health measures and measures of social position/advantage or an equity stratifier. This argument can be supported by examples of absolute and relative differences between countries, and for policy purposes those methods which unravel and quantify the contributions of health determinants to its socioeconomic inequality are interesting.

There are several available data sources for health equity analysis in terms of surveys and routine data. Regarding the availability of data, in addition to other limitations, only 57 countries have a vital registration system which covers at least 90% of the population.

Evidence-based policy-making is the conscientious, explicit and judicious use of current best evidence in making decisions regarding health policies and interventions. Research and organizational and political evidence are all crucial in the policy-making process. Within the field of medicine, there are five major actors who, together with governmental public health agencies, are in a position to act in a powerful manner to improve and protect a nation's health, i.e. public health infrastructure, academia, the community, the mass media and business.

Regarding evidence-producing research there are examples in which evidence gathered merely on the benefits of interventions aimed at individuals may not help in guiding policies directed towards reducing inequalities. The policy-making model in the political context includes the model of "evidence", i.e. "adopt, adapt and act". There are different data systems for health policy, such as routine data research, disaggregated country statistical research, disaggregated data on stratifiers, research on pathways of health inequities and research on successful interventions to tackle health inequities.

In order to influence policy there is an absolute need to make inequities in health visible. It is important for WHO to play a role in health equity research through determining a clear position and framework, influencing equity research to address deficits, using interactive

models of a research agenda setting and more sophisticated concepts for the evidence for policy, influencing connections in support of existing UN and WHO mechanisms (e.g. MDGs, the Economic and Social Council (ECOSOC)), and advocating and facilitating dialogue opportunities with Member States.

#### **4. HEALTH RESEARCH SUPPORT**

##### **4.1 Equity and health care financing in the Islamic Republic of Iran**

*Dr Hussein Salehi, Health Economics, WHO/EMRO*

There are financial implications in health system performance and the concepts related to out-of-pocket payments, catastrophic expenditure, the impact of health payments on poverty and fairness in financial contribution (equal burden). An empirical study was carried out in the Islamic Republic of Iran from 1995 to 2002, which resulted in statistics on various components of health expenditure, utilization of ambulatory and inpatient health care, the economic burden of hospital admissions on households and the share of household out-of-pocket and catastrophic expenditure. It was shown that income distribution inequalities were strongly correlated with health financing inequalities among the population. Catastrophic health care expenditure affects mainly households in rural areas with children under 12 years of age, with senior members over 60 years of age, with illiterate or poorly-employed heads of households, with unemployed family members and/or those households without health insurance.

Regarding the health policy of the Government of the Islamic Republic, the objectives of the current fourth national 5-year development plan include a reduction of out-of-pocket expenditure to less than 30% and improvements to the index of fairness of financial contribution to health to 0.9 by 2009. The parliament in the Islamic Republic of Iran recently voted for substantial increases in the health budget for the current fiscal year.

##### *Discussion*

In discussing health system financing in the Islamic Republic of Iran, participants noted that people are willing to pay if they witness equity in health care services. The discussion further concentrated on out-of-pocket expenditure and whether it resulted from equity of care or out of necessity.

##### **4.2 Health research and social equity in the Region: Issues and challenges**

*Dr Hoda Rashad, Social Research Center, American University in Cairo*

There are knowledge gaps pertaining to the identification of health concerns (health priorities), understanding determinants of health concerns (areas of interventions), and in the formulation and implementation of policies (health policies).

The first challenge facing the Region, in terms of knowledge, is the confinement of the narrow information base as there are many dimensions of ill-health, in addition to the existence of many disadvantaged social groups who are simply unrecognized and not

receiving the policy focus they deserve. The prioritization of these shortcomings is guided by the high prevalence of specific diseases rather than by the actual burden of ill-health among particular groups, the failure of the information base to recognize the priority concerns of disadvantaged groups and the absence of key dimensions of health concerns in the health equity discourse taking place. Explaining the prioritization of health concerns through a person lens through such examples as the prevalence of divorce according to fertility status in some countries, it has been concluded that a biomedical model and routine health information system (HIS) would not identify delayed childbearing as a concern but as a social model, and a population-based measure of health would clearly argue for placing delayed childbearing as a health priority. The need for improved classification categories was advocated for highlighting equity using examples from equity gaps in infant, post-neonatal and under-5 mortality rates. A call for a research effort that guides the setting of health priorities in the Region, relying on population-based measures of health is proposed. There is also a need for mapping and assessing the potential of HIS in different countries of the Region and to recommend practical steps for a more efficient identification strategy.

An ecological model is needed for understanding determinants of health concerns and the conceptual articulation of causal mechanisms which integrate social and epidemiological underpinnings which pertain to priority health concerns (e.g. the high burden of reproductive ill-health, adolescent needs, priority disease conditions). The social determinants of health represent the root causes of health inequity.

WHO is concerned with the impact that factors external to the health system can have on health. A research agenda articulated in a recent *Lancet* article identified this role under the concept of stewardship, through providing “effective approaches for intersectoral engagement”. Ministries of health are responsible for health care and suggestions for additional areas of research on health sector reform that increase the health sector’s ability to address neglected health concerns and their contribution to the reduction of inequities. It is necessary to advocate research that documents, disseminates and draws lessons from best practices and is capable of providing concrete guidance to policy-makers.

### *Discussion*

Participants referred to the dearth of social research in the Region. They discussed the need to establish determinants of health concerns in health systems research with reference to types of research in other sectors. It was pointed out that collaboration between social scientists and health researchers was weakened as a result of weak research capacities.

### **4.3 Health research support in the Region: Renewed health research policy**

*Dr Mohamed Abdur Rab, Research Policy and Cooperation, WHO/EMRO*

Although health research output in countries of the Region has significantly increased over the last decade compared with the latter half of the previous decade, many countries are still far behind several developed countries of the world, both in the quantum and growth of research output. Concerning investment in research and development, the figures for countries of the Region are significantly lower than that of developed countries. A much larger sum of

money is spent by countries in the Region on defence than on health, research and development. There is, however, a growing trend of investment in some countries, such as Oman and Yemen, despite a decline in the regional economy from 1992 to 1997. Inequalities in health research prevail in the world as witnessed in global population and drug market data. Developing countries account for only 20% of the global drug market, and of the 1200 new drugs developed over the last 25 years, only 13 were for infectious diseases which predominate in the developed world. Regarding health research inequalities, scientists in poorer countries have to pay up to 70% more than their research counterparts in rich countries.

The health research output gap can be attributed to the biased attitude of governments of some developed countries and editors towards scientists from the Region, although certain intrinsic factors in developing countries are also responsible. In Sudan, for instance, the knowledge of hospital physicians was poor regarding research findings for common diseases such as malaria, leishmania, tuberculosis, mycetoma and endemic goiter. In Sudan, 37% of the 54 qualified laboratory technicians (with at least 5 years' experience) had not heard of the agglutination test (DAT) for leishmaniasis, 5.5% only had theoretical knowledge of it and most of the referral hospitals in endemic areas were not using the test. In addition to the inequalities in health research, inequalities in health as whole exist among different economic groups of countries in the world.

In terms of health research systems, there are some lessons for countries in the Region to learn in order to improve quality, governance, ethics and coordination, to set research priorities from biomedical to research benefiting policy and action and to broaden the base of stakeholders in the systems approach to health research.

Referring to the pre-summit consultation at the WHO Regional Office and the WHA resolution regarding the Ministerial Summit on Health Research, health-related research and development policy at the Regional Office supports health research studies, the promotion of capacity building in health research, the development of health research policies, the focus on ethics in health research in terms of application of advances/new technologies in public health, information dissemination and networking and collaboration in health research. Data are available on financial support provided by the Regional Office to health research in priority areas of public health and the Commission of Scientific and Technological Cooperation (COMSTECH) joint support for research in applied biotechnology and genomics in health. Data are also available on regional funded health research contributing directly or indirectly to achieving the targets of the MDGs in the Region.

Several WHO regional meetings were convened in 2003 which covered various aspects of health research policies and programmes in the Region. The Regional Office has also provided support for health research-related publications and has formed partnerships with TDR, COMSTECH, the University of Toronto, the American University in Cairo, the Global Forum for Health Research, Johns Hopkins University, the Gulf Cooperation Council (GCC) and the Council on Health Research for Development (COHRED), to establish joint research grants and training in health research and health research policy.

The national and regional health research agenda should be directed in accordance with the specific needs and the short- and long-term goals in light of the 2004 WHA resolution, the global commitment to attain the targets of the MDGs, the regional and national needs, capacity constraints and national supportive environments and finances.

## **5. RESEARCH FOR POLICY AND PRACTICE**

### **5.1 Overview of research to policy/practice: Frameworks, challenges and options**

*Dr Jonathan Simon, Boston University, School of Public Health, USA*

The publication *Knowledge for better health* describes the salient features of health research systems and their intrinsic goals and functions. The lack of coordination between scientists and policy-makers in health research can be explained by real and structural differences, such as goals, information, language, time, etc. Other major differences include the choice of different career paths, different levels of accountability, the lack of incentives for coordination, the difference of opinions about the role of science in policy, and in some cases, a lack of mutual trust and respect.

There is a need to find a balance between relevance and excellence in health research despite the fundamental tensions which exist between researchers and decision-makers in regard to academic subordination, segregation and integration. There are also issues related to internal brain drain in the area of health research which need to be identified.

Priorities in health systems research include: health care-seeking behaviours, financing implications, social insurance, community financing, franchising, subsidization and other private sector options for the poor as key issues. There is an important role for nongovernmental organizations and faith-based organizations and other private sector providers of health services in determining health research priorities.

There are available options for improving linkages between policy and research through audiences, approaches and products. Audience-specific products such as scientific papers, presentations, reports, media products and reports generate health research data. There are also various audience-specific approaches. A vision is needed to strengthen health systems research, to identify research topics able to attract funds, to ensure transparency at all levels, and to ensure quality of research and interaction between dissemination and advocacy.

### **5.2 Nongovernmental organizations and national health development: The role of nongovernmental organizations as catalysts for change**

*Dr Sania Nishtar, Heartfile, Pakistan*

Heartfile's mandate is to develop an evidence-based strategy for chronic disease prevention and control and implement a plan based on a private–public multiple stakeholder partnership. This is being achieved through a three-phase process which involves planning across each disease domain; priority-setting within proposed action agenda items; and the development of an integrated approach for chronic diseases. Challenges within this approach

include the need to be supported by strong political commitment, infrastructure and capacity building, in addition to the need for procedural clarity in public–private relationships.

### **5.3 Health services rehabilitation and reconstruction after the earthquake in Pakistan: Challenges, issues and research needs**

*Dr Khalif Bile Mohamud, WHO Representative, Pakistan*

The earthquake in Pakistan represented a greater challenge in terms of health service rehabilitation and reconstruction than the Tsunami in 2004. It resulted in more than 78 000 deaths with more than 4 million of the population in Pakistan affected. The earthquake-affected area covered approximately 28 000 km<sup>2</sup> and relief work was hampered by the extremely difficult terrain and severe weather. Out of 574 health facilities in affected areas, only 199 were left functional following the earthquake. There are available statistics on patients, health manpower, public health relief teams, the performance of the Expanded Programme on Immunization (EPI), the disease burden and national/international health facilities distribution related to the disaster.

## **6. GROUP WORK**

### **6.1 Group work 1**

For the first set of group work, participants were asked to assess the regional and country barriers for research to policy interface. They cited these barriers as a lack of coordination between research and programmes and between researchers and funding authorities, and the lack of advocacy to ministries and institutes of higher education.

They also identified the need for ministries of health to allocate the funds and define and describe the problems to communities in a transparent way in order to create appropriate interaction.

The groups expressed their wish to see greater public participation in research in terms of identifying priorities, packaging research, promoting interaction between partners to act together in order to recognize the differences that exist between physicians and the community and to exert greater control over donor influence as countries themselves are often unable to afford the same levels of funding given by donors.

### **6.2 Group work 2**

For the second group work, groups were asked to identify areas of need for empirical work in research to policy interface. They identified as a high priority the need to pose research questions which lead to the identification of solutions to the most important health problems and the need to strengthen health research. They also identified the need to address specific topics in genomics to harness emerging technology, including genomics and biotechnology, to solve health problems and to strengthen health systems research to improve health care. They also acknowledged the need for health research strategies to be developed in order to achieve the targets of the MDGs.

*Discussion*

The discussion concentrated on building health research capacity and creating centres of excellence in the Region. Participants also suggested that a regional fund for health research was established. WHO's role in promoting health research was discussed and the need to strengthen country offices for the purpose of promoting health research was stressed.

**7. CONCLUSIONS**

In recognition of the increased importance accorded to health research and particularly health policy and systems research as a result of the Mexico Ministerial Summit on Health Research, and in support of operationalizing the recommendations of the Summit, an expert group was convened by WHO Regional Office to make recommendations for regional activities in support of the Summit. The group emphasized the need to make recommendations operational, pragmatic and feasible, and yet, sufficiently flexible to allow for local adaptation.

**8. RECOMMENDATIONS***To Member States*

1. High level political commitment should be obtained for health policy and systems research within countries and senior leadership should be assigned to this role.
2. Capacities of stakeholders should be mapped in order to integrate the roles of the spectrum of people involved in the work to encourage greater involvement and improve policy relevance.
3. Increased investment should be made to develop dedicated capacity and a supportive environment for health research, including appropriate incentives for conducting health policy and systems research.
4. Proactive efforts should be made in order to demonstrate the critical linkages between health policy and systems research and reaching internationally-agreed targets, such as the targets of the MDGs.
5. Mandates, roles and responsibilities for health policy and systems research should be clearly articulated within countries.

*TO WHO*

6. Research capacities of the Regional Office and Member States should be enhanced to conduct and utilize health research to improve the performance of their health systems in order to meet the targets of the MDGs.

7. Efforts should be undertaken to strengthen the linkages between researchers and policy-makers. Stakeholders who are in a position to improve the health system should be identified and utilized.
8. Greater support should be provided to health policy and systems research through increased funding and improved global advocacy efforts.
9. Health policy and systems research should be advocated for and mainstreamed in the health agendas of countries at policy and operational levels and evidence generated on the benefits of health policy and systems research in the context of overall human development.
10. Resource allocation should be enhanced to support sustainable health policy and systems research in countries with a particular emphasis on capacity building and the development of tools, methodologies and mechanisms.
11. WHO should develop a clear policy position and establish norms for health policy and systems research and develop an associated code of ethics.
12. Assistance in the dissemination of information should be provided and the sharing of experience fostered regarding capacity strengthening and research results.
13. The identification of health policy and systems research priorities should be promoted at country level.
14. WHO country offices should be strengthened with staff positions dedicated to coordinating health research efforts with all national stakeholders and other partners.
15. A dedicated training programme should be developed to sensitize the media to health and development.
16. Strategic research should be supported within Member States to improve the performance of national health systems, timed for reporting at the next summit scheduled in Africa for 2008.

**Annex 1****PROGRAMME****Tuesday, 29 November 2005**

08:30–09:00	Registrations
09:00–10:30	Inaugural session
10:30	<b>Technical presentation</b>
10:30–10:50	Mexico Ministerial Summit on Health Research <i>Dr Ulysses Panisset, RPC/EIP, WHO/HQ</i>
10:50–11:00	Open discussion
11:00	<b>Health research challenges</b>
11:00–11:30	Achieving the targets of the MDGs for maternal and child health: can health systems research help? <i>Professor Zulfiqar Bhutta, Aga Khan University, Pakistan</i>
11:30–11:40	Open discussion
11:40–12:10	Strengthening health systems research in the Region <i>Dr Abdul Ghaffar, Global Forum for Health Research (GFHR)</i>
12:10–12:20	Open discussion
12:20–12:50	Research to promote action on health inequities and poverty <i>Ms Nicole Valentine, Commission on the Social Determinants of Health, WHO/HQ</i>
12:50–14:00	Open discussion
14:00	<b>Health research support</b>
14:00–14:20	Equity and health care financing in the Islamic Republic of Iran <i>Dr Hussein Salehi, Health Economics, WHO/EMRO</i>
14:20–14:30	Open discussion
14:30–14:50	Health research and social equity in the Region: Issues and challenges <i>Dr Hoda Rasha, Social Research Centre, American University in Cairo</i>
14:50–15:00	Open discussion
15:00–15:30	Health research support in the Region: Renewed health research policy <i>Dr Mohamed Abdur Rab, Research Policy and Cooperation, WHO/EMRO</i>
15:30–16:00	Open discussion
16:00–17:00	Group work 1  Regional and country assessment of barriers for research to policy interface
17:00–17:45	Group work presentations: findings and discussions

**Wednesday, 30 November 2005**

- 08:30            **Research for policy and practice**
- 08:30–09:00    Overview of research to policy/practice: Frameworks, challenges and options  
*Dr Jonathan Simon, Boston University, School of Public Health, USA*
- 09:00–09:15    Open discussion
- 09:15–09:45    Nongovernmental organizations and national health development: The role of nongovernmental organizations as catalysts for change  
*Dr Sania Nishtar, Heartfile, Pakistan*
- 09:45 –10:00    Open discussion
- 10:00–10:30    Health services rehabilitation and reconstruction after the earthquake in Pakistan: Challenges, issues and research needs  
*Dr Khalif Bile Mohamud, WHO Representative, Pakistan*
- 10:30–11:00    Open discussion
- 11:00            Group work 2
- 14:00–14:30    Group work presentations: findings and discussions
- 14:30–16:00    Finalization of the recommendations of the consultation and the drafting of a regional declaration on health research
- 16:00            Concluding session: summary and conclusions
- 16:00–17:00    Presentation of the recommendations
- 17:00            Closing remarks

**Annex 2**

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**Annex 3**

**Message from**

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

**to**

**REGIONAL CONSULTATION TO FOLLOW UP ON MEXICO MINISTERIAL  
SUMMIT ON HEALTH RESEARCH**

**Islamabad, Pakistan, 29–30 November 2005**

Distinguished Participants, Ladies and Gentlemen

It is my pleasure to welcome you to the beautiful city of Rawalpindi and to this Regional Consultation to follow up on the Mexico Ministerial Summit on Health Research. It is a gathering of experts from some of the leading institutes of science and technology in the Eastern Mediterranean Region who are here to review the recommendations of the Mexico Ministerial Summit and resolution WHA58.34 of the World Health Assembly and discuss their implications in the Region. I would like to thank you for taking time out of your busy schedule in your organizations, to be with us here today. I hope that your contributions to this important Consultation will be of high value for formulating policy and strategic direction for future courses of action to be taken by the Regional Office and the Member States in accordance with the recommendations of the Ministerial Summit on Health Research.

The Ministerial Summit addressed the pivotal role of research in the improvement and sustainable development of population health with specific emphasis on how to transform knowledge into action—the 'know-do gap'—to improve health. It provided a platform for dialogue on improving global cooperation on health research and narrowing the disparities in health systems performance between developing and developed countries. Adopting measures to address human resource shortages was seen as critical. The Summit also focused on identifying the research needed to reach the health-related targets of the Millennium Development Goals (MDGs) by 2015. Particular emphasis was on targeting research on primary constraints to health systems performance, such as human resources shortfalls, and the urgent need to promote knowledge access and sharing for achieving better health and health equity. The Summit expanded on the message that scientific knowledge must be turned into action to improve public health.

Participants at the Summit issued the "Mexico Statement on Health Research", a strategic document that guides WHO and other stakeholders in advancing health research and provides the foundation for resolutions on research policy. The recommendations of the

Mexico Summit were presented to the WHO Executive Board and the Fifty-eight World Health Assembly. This Assembly adopted a resolution affirming its support for the Mexico Ministerial Summit Statement, and called upon all relevant stakeholders and WHO to take the necessary steps to follow up on the recommendations of the Mexico Ministerial Summit. The next Ministerial Summit will be held in 2008, in the WHO African Region, to review the progress and promote further, research culture and practices, to generate knowledge and use it for achieving health goals at national and international levels through improved performance of national health systems and strengthen the socioeconomic development of countries.

Ladies and Gentlemen,

The Mexico Summit took place last year at the time of Eid ul Fitr. Therefore, many interested people from our Region could not take part. However, as part of the pre-Summit consultations, the Regional Office in collaboration with WHO headquarters held a regional consultation on health research development in Egypt. The objectives of the consultation were to identify critical issues facing the development of health research in Member States and table the regional and country perspectives to the Mexico Summit agenda. The Regional Office has already started to follow through on Mexico Summit recommendations. A discussion on the key messages from the Mexico Ministerial Summit on Health Research was one of the main agenda items during the Twenty-first Session of the Eastern Mediterranean Advisory Committee for Health Research that was held in March this year. The Committee acknowledged the role of the Mexico Summit in drawing attention to health systems research and in achieving the targets of the Millennium Development Goals. It stressed the importance of demand-driven research and the mobilization of the community and decision-makers to support health research in the Region. This consultation is aimed at reviewing the recommendations of the Mexico Ministerial Summit and the World Health Assembly Resolution and discussing their implications for the Region, identifying priorities, options and future directions for health research, as well as identifying the critical needs and areas for integrating research into policy development.

Ladies and Gentlemen,

2005 has been a painful test for several nations of the world and humanity as whole. The list of world tragedies became heavy as we added the tsunami, Hurricane Katrina, the floods in Guatemala and recently an earthquake in this country which is estimated to have killed more than 80 000 people. The risk of the spread of avian influenza looms large. These recent experiences, unfortunately, have shown us that there is little help for the developing countries in crises. In spite of global efforts to reduce the health disparities among the rich and the poor, it seems that the health divide is widening and the poor are being marginalized more and more. These are ominous signs for those living in the developing world. With each passing day over 10 000 people become infected with HIV, nearly 5000 die from tuberculosis and more than 1000 women die from complications of pregnancy. Similarly, more than 12 million people, half of them just children, die unnecessarily every day in the developing world. Two-thirds of this childhood mortality can be prevented through simple interventions, such as vaccinations, provision of clean water, use of mosquito nets, timely provision of oral rehydration salts, measures to ensure safe pregnancies and simply washing hands. The big

challenge therefore is to understand and address the obstacles and scale up at least the interventions that are known to work to maximize health benefits.

Ladies and Gentlemen,

The Regional Office has embarked upon the renewed policy for health research in the Region. The Regional Office currently supports three major health research funding programmes. These are a) the Small Grants Scheme in Tropical Diseases, a venture in collaboration with the UNICEF\UNDP\WHO\World Bank Special Programme for Research in Tropical Diseases; b) the EMRO Grant for Research in Priority Areas for Health Research, which primarily focuses on health systems research, using the 2% allocated by Member States from WHO's regular budget to countries; and c) the EMRO-COMSTECH research grant in applied biotechnology and genomics. The Regional Office also supports capacity-building in health research, networking and coordination, building linkages with new partners and developing national ethical review mechanisms. The Regional Office has particularly addressed issues in the Region such as ethics in health research, harnessing the potential of genomics, biotechnology and bioinformatics for public health, translating research into policy, supporting health systems and dissemination of research knowledge to Member States.

Scientific advances in biomedical research in health have revolutionized the way in which present day health care is delivered. Health systems and behavioural research have somehow failed to capture the interest of researchers. Yet, there is gross inequity in the distribution of health care; the poorest are the hardest hit by ill-health and the least able to afford health care; many are pushed further into poverty each time they seek care through the health system. We do not understand why some of the simplest, proven and most cost-effective interventions that could prevent nearly half of global deaths are not implemented. The greatest challenge therefore is to discover how to make these interventions available to those in dire need. If we cannot deliver the interventions to those who need them most, then clearly we will have millions of preventable childhood deaths on our conscience.

Ladies and Gentlemen,

This consultation has been organized with the objective of taking forward the World health research agenda spelled out by the World Health Assembly, to help the developing countries bridge not only the knowledge gap but also the know-do gap by making sure that proven interventions are implemented where they are needed. There is need for clear empirically driven policy directions and strategic action plans that are strongly focussed on priority options and interventions. I understand that the agenda of this consultation has been designed for this specific purpose. I look forward very keenly to your discussions and deliberations. I view this Consultation as a means and a stimulus that will have significant impact on and shape the health research agenda in our Region, and drive us forward in our quest for better health, poverty alleviation and social and economic development. I wish you a pleasant stay in this beautiful country, which sadly has very recently witnessed the worse earthquake not only in living memory, but perhaps in recorded history. All of us can feel the pain, the anguish and the sorrow that the victims of the earthquake and the people of Pakistan have suffered. I have no doubt that our brothers and sisters in Pakistan will by the grace of the

Almighty, overcome the massive trauma and destruction, and the country and its people will rise once again more beautiful and more shining. Our prayers, sympathies and good wishes are with the people of Pakistan.

Thank you.