

Research for Health: Driving equity and development after the Arab Spring

Bellagio Conference Report

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BELLAGIO CONFERENCE REPORT

Acknowledgements

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Key words: Research for health, innovation systems, capacity building, equity, development, Arab Spring, Arab World

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Executive Summary

Background

The Arab Spring, a revolutionary wave that began in late 2010, was a key historical event in the Middle East. Millions of people in the Arab World took to the streets to demand change, calling for freedom, democracy, and equitable development. Until this time, many Middle Eastern countries had arguably neglected the role of research, science and innovation in development. The social and cultural revolution stirred up by the Arab Spring also offered the opportunity to revitalize scientific research, improving the evidence-based culture of policy making. It is vital build on this momentum to push for health, equity and development through 'research and innovation for health'.

The Bellagio meeting's objective was to discuss how best to use the current opportunities to strengthen research, science and innovation for health in the region. Benefitting from a very dynamic and interactive meeting environment, participants were called on to identify the main goals to be concretized later through a plan of action. They also were expected to identify the relevant partners and networks to achieve these goals and explore funding perspectives.

The discussion led to debating how to achieve objectives: should it be through Research for Health (R4H) system building, should it be through revisiting the training and teaching of public health or should it be through focusing on issues of inequities and policy framing? These issues are interrelated and the transformative change should benefit from a strong R4H system that can lead to generate evidence for informed decision making. For this to happen, we need to anchor research within a new vision embraced by public health researchers as well as to engage in a special type of research aiming for policy impact. Public health training and institutional capacity for policy research are crucial components for achieving health equity aspirations and realizing development goals.

The main goal was to build a regional movement in the Arab World inspired by the current transitions to transform R4H into a tool to promote sustainability, reduce health inequity and improve people's life and wellbeing. A plan of action to achieve this goal was detailed and the main institutions involved in this initiative committed to respect the timeline leading to a regional conference bringing together the main stakeholders, that will serve as the launching platform of this movement.

This report offers a summary of the rich and varied discussions that took place over the conference.

Bellagio Report

The mission of the Bellagio meeting was to discuss how best to leverage the political and societal changes in the Arab region to strengthen research, science and innovation for health.

The meeting aimed to produce:

- A call for action to strengthen system capacity for research and innovation for health
- A communication strategy to disseminate and keep this call to action alive until the regional conference to be planned for 2014
- In the long term, to establish a platform that might facilitate regular interaction between the partners in the region, to discuss challenges and opportunities for advancing research and innovation for health in the region.



Participants

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The Key Issues

The Arab Spring has triggered major political change and regime change is underway in Tunisia, Egypt, and Libya. Several other countries are engulfed in mass protests. People have called for freedom, democracy and equitable development based on justice and rights including better health and social services.¹ Research for Health (from now on referred to as R4H) can help respond to these demands.

R4H is essential to developing solutions that contribute to health improvements² and to policy changes promoting equity.³ Such investments in research contribute to health⁴ and economic growth.⁵ Well-structured, coordinated and sustainable national research systems are needed to foster development of relevant R4H. Before the recent political changes, most countries in the Arab region did not prioritize research, science and innovation as key to their development.

In the Arab World, weaknesses of R4H are seen in three areas:

1. Low investment in research and development

Despite some progress in advancing research and development, the Arab region still lags far behind other regions in investments in science, technology and innovation.⁶

2. Weak national R4H systems

A study of National Health Research Systems (NHRS) of ten Arab countries of various levels of development and resources found that “few countries have formal NRHS...there is considerable fragmentation and limited coordination in the system.”⁷ Only three countries have set

national health research priorities. A similar study in five other Arab countries, reported the same findings.⁸ Arab countries have not produced a critical mass of well-qualified researchers in the majority of disciplines, including health, and there is little or no coordination at the national level between research communities⁹ and across disciplines.

3. Scientific output and impact

As a result of low investment and weak systems, scientific production is weak,¹⁰ with Libya experiencing negative publication growth¹¹. Research productivity is particularly weak in the area of policy and health systems research.¹²

Political changes in many countries in the Arab World provide an opportunity to renew interest in research, science and innovation. Such research-based knowledge is needed to provide guidance to new leaders to develop knowledge societies. Crucially, since most research uses public funds, it must be transparent and accountable.

Creating knowledge societies require that research and science governance structures need to be improved, so that innovation can flourish. This is the opportunity to do things differently. At this crucial time, first, we need to underpin the changes from Arab Spring with science and health research. But, secondly, it is also very important to note that there is the risk of the gains of the Arab Spring being lost because of continued lack of economic opportunities related to the current difficult global economic circumstances.

1. See interview with Hani Serag, a member of People's Health Movement in Egypt at: <http://www.youtube.com/watch?v=TnIl0xIlANs>

2. Editorial (2008) The Bamako call to action: research for health. *The Lancet* 372: 1855.

3. Rust G, Cooper LA (2007) How can practice-based research contribute to the elimination of health disparities? *Journal of the American Board of Family Medicine* 20: 105-114.

4. CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health World Health Organization, Geneva.

5. CMH (2001) Macroeconomics and health: Investing in health for economic development. Report of the Commission on Macroeconomics and Health. World Health Organization, Geneva.

6. Arab Knowledge Report 2009: Towards Productive Intercommunication for Knowledge. Mohammed bin Rashid Al Maktoum Foundation and the United Nations Development Programme/ Regional Bureau for Arab States.

7. Kennedy A, Khoja T, AbouZeid A, Ghannem H, IJsselmuiden C (2008) National health research system mapping in 10 Eastern Mediterranean countries. *Eastern Mediterranean Health Journal* 14: 502-517.

8. Ghannem H, Becerra-Posada F, IJsselmuiden C, Helwa I, de Haan S (2011) National research for health system mapping in 5 countries in the Eastern Mediterranean region and perspectives on strengthening the systems. *Eastern Mediterranean Health Journal* 17: 260-261.

9. Badran A, Zou'bi M (2010) Arab States. In: UNESCO Science Report 2010: The Current Status of Science Around the World. UNESCO Publishing.

10. see Bredan A, Benamer HTS, Bakoush O (2011) Visibility of Arab countries in the world biomedical literature. *Libyan Journal of Medicine* 6: 10.3402/ljlm.v6i0.6325. Also, Benamer HTS, Bakoush O (2009) Arab nations lagging behind other Middle Eastern countries in biomedical research: a comparative study. *BMC Medical Research Methodology* 9: 26.

11. Benamer HTS, Bredan A, Bakoush O (2011) A negative trend of biomedical research in Libya: a bibliometric study. *Health Information and Libraries Journal* 26: 240-245.

12. El-Jardali F, Jamal D, Ataya N, M Jaafar, S Raouf, C Matta, S Michael, C Smith (2011) Health policy and systems research in twelve Eastern Mediterranean countries: a stocktaking of production and gaps (2000-2008). *Health Research Policy and Systems* 9:39

Future Collaborators in R4H

Three institutions that were represented at the Bellagio meeting are partnering to engage in debate on research, science and innovation opportunities created by the Arab Spring. These institutions are well positioned to work with key stakeholders to lead this process.

The **Council on Health Research for Development (COHRED)** has been involved in capacity-building in Arab countries since 2004 in collaboration with the **Research Policy and Cooperation (RPC) Unit of the World Health Organization's Regional Office for the Eastern Mediterranean (WHO/EMRO)**. Between 2004 and 2009, the RPC/EMRO and COHRED, working with partners such as the Health Ministers Council of the Gulf Cooperation Council states (GCC), have carried out three studies to assess research systems for health in almost 20 countries of the region.

The **Faculty of Health Sciences (FHS)** of the **American University of Beirut (AUB)**, Lebanon, and the **Social Research Center (SRC)** of the **American University of Cairo (AUC)**, Egypt, have a long history of work and impact in the region through collaborative research, advocacy and networking for health, education, short-term training of health professionals and public health practice.

There are clear complementarities between the partners: COHRED is an 'enabling' organization – bringing together actors like FHS/AUB to synergize with others. COHRED works globally on management and coordination issues for R4H at the country level, while FHS/AUB and SRC/AUC are academic institutions with excellent capacities that are attuned to the realities, resources and needs of the region.



Session Summaries

DAY 1

Session 1: Inaugural session: setting the scene

After a round table of presentations from each participant, a brainstorming discussion highlighted the need for research support and the lack of adequate funding, and aimed to generate ideas in how to strengthen research capacity and fill the gap between academia and society.

During this discussion, many key questions were raised:

- Why wasn't health or R4H the main demand from society when the Arab Spring started?
- How can health be a common denominator for equity and development?
- How can institutions work together towards fairness and accountability?
- How to make sure health becomes part of the changes, even if not a mentioned resource in the Arab World?
- Is it possible to rethink how R4H can lead to development as a driver/solution for growth and economic development?
- How can R4H contribute for development to be mainly driven by the big proportion of young population in the Arab World?

Transformative change and opportunities for R4H

Samer Jabbour

Starting in December 2010 with the self-immolation of Mohamed Bouazizi, a wave of uprisings engulfed several countries in the Arab World, and garnered sympathies from peoples across other countries both in the region and globally. Since then, the Arab World has undergone transformative changes that potentially have profound implications for health. The demands for rights, dignity, accountability, better governance and participation, but also the extremely unstable nature of transition in some countries and the violent conflict that have pursued in others, pose new questions and challenges for health and development initiatives about their ethos and how they intend to respond, both to be part of the change and to influence the change.

However, these issues are yet to be widely discussed.

Does transformative change mean the political and social changes like those in Tunisia and Egypt, or does it also mean destruction and wars like those in Syria, Libya, and Iraq? As how to engage research into the long history of social movements, Arab countries face both challenges in issues such as climate change, desertification, lack of water. Many see opportunities in the region and there are many publications and blogs that document and respond to threats to public health, and the need to rebuild/strengthen public health, push for the right to health in constitutions and use health workers as citizens.

The work of COHRED in the region

Carel IJsselmuiden/Hassen Ghannem

What is COHRED doing in the region? The question should be how to make the link between what we do and the transformative change that is happening. COHRED's work is supporting countries on how to build systems for research and innovation. Did research drive changes or was economic change the force for improvements? Even in a region where there is a large amount of complexity and diversified views, we can find common denominators that might help to develop and strengthen growth, and find opportunities. Previous work of COHRED in the region showed weak research for health systems. Several studies demonstrated that few countries in the region had structured R4H systems, and that

there is considerable fragmentation and limited coordination between the various parts of the systems of research. Findings showed there is substantial room for improvement in the structure and operations of the R4H systems that countries need to implement, such as setting and updating research priorities, creating more functional policy frameworks, and increase the effectiveness of governance and management mechanisms to boost research outputs and impact. This meeting can be the starting point of a larger movement and transformative changes to take place through research, with the final goal of achieving equity and development.

The work of academic institutions

Iman Nuwayhid

Research for health can contribute to the enhancement of people's health and livelihood if it serves as a vehicle for their voice transmitting their stories and aspirations beyond their own communities, as a tool to expose social injustices and health inequities, and as evidence to inform health and social policies. Alas, the current picture of health-related research in the region is quite different. Such is mostly local, decontextualized, and locked within health disciplines (medicine, public health, nursing,) with no cross-fertilization or interdisciplinary collaboration. No wonder our region ranks at the bottom of research productivity and output in the world.

This is a heterogeneous region, it is actually 'many Arab Worlds', with clear improvements and formidable challenges at the same time, with both old health problems and new ones (as non-communicable diseases) causing high burden in the region. Does the Arab Spring offer academic institutions an opportunity? According to a report presented at a meeting in Cairo just recently, there were 1,139 higher education institutions in the region and close to 400 universities versus 174 a decade ago. Overall, public universities account for 51% of the total and private institutions are growing, but does quality grow too? Lebanon has 50 universities and only one of these is public.

Gross expenditure in R&D at global level averages 0.7%, while it is just 0.2% for the Arab region. Public funding is the main source of research. Schools are facing many challenges; for example one third (some 5000) of professors in Iraq have left the country, 414 were killed, and 74 were kidnapped. There is a need to revolutionise graduate public health education. In Cairo University, masters and PhD programs are limited only to medical doctors. Also, in Egypt, you can only teach in the university you graduated from. The uprisings in the Arab World have confirmed that people are ready for change, and this is really an opportunity for change. Academic institutions in this region are simultaneously the target of such a demand as well as the beacon of hope and change. It is a dilemma that we all (especially donors and international organizations) need to face. We have to invest heavily in academic institutions of this region. It is a leap of faith that we cannot afford missing. If entrusted, academic institutions will deliver.



DISCUSSION

The Arab World should learn from what has happened in other regions, e.g in Latin America and Eastern Europe. Something needs to be done from the academic side in order to have a real change, not just to keep 'business as usual'. That links to publications and research dissemination: why not ask scientific journals to encourage policy makers to use research results?

The Arab World is mainly a consumer of research not a producer, but consuming research is important in knowledge transfer, in terms of moving research to policy and practice. We see that publications in high impact journals do not necessarily result in change at the local level. There is a need to target different groups to promote change and touch the topics of social interest: how can you create a demand that leads to development and increased equity? The Arab World is under-researched despite the growing number of academic institutions. This is in itself an opportunity, as many international research institutions are requested by the US National Institutes of Health (NIH) to meet with Middle East researchers and to teach on how to apply for funding. These needs are unseen, and opportunities missed. Is there a database of the researchers working in the region, on who is doing what and where? Simply having that data, for example, would be already a significant advancement for collaboration and cooperation.

Session 2: Situation analysis and existing work on R4H strengthening

Egypt

Hoda Rashad

Public health in Egypt is now part of the global discussion, but at the local level there is still confusion when talking about social determinants for health or equity. What we need now is for people to value social justice and a paradigm shift. Ministries of Health are not the leaders here, we need to broaden the views when we talk about health, and we can do a lot to clarify that health is multisectoral. There is urgent recognition that policy changes should address social justice. There is no clear understanding of what can be implemented of real social justice. Researchers have to be clear on how to react and how to support change; they also have to undertake research geared towards supporting the needed changes. We have a lack of ability to signal what has to be changed. Despite the limitations, there are centers that have managed to have good impact. Those centers do have good contributions in many fields, as capacity building, policy influence, but there is also a heavy price to pay for it. To influence policy as a scientist you need to go the extra mile.

Tunisia

Fekri Abroug

Human Development Index for Tunisia is 0.692, a rather high score considering that GDP is not large. In the period frame 2002-2009, Tunisia has invested more in R&D than neighboring countries. Public funding is key for research, and health plays a key role in research investment. Output of all scientific research has placed Tunisia at 52nd position worldwide as for scientific publications and at 42nd position regarding health-related publications. Clinical research is the main kind of health research performed in the country. The Arab Spring has brought temporary suspension of research funding due to the internal changes and the world economic crisis. There is currently a good opportunity for stating priorities for research, but better funding and better coordination is needed. One of the main reasons for the so called 'Jasmin Revolution' was the search for dignity by unemployed university graduates, of whom many were educated and trained in the health field, and may represent fruitful health research resources. The first few years following the Arab Spring represented a real threat for the continuation and activity sustainability of many existing health research structures in the country. This threat seems to have been dispensed with, and there is great hope for a new beginning for health research.

Lebanon

Ziad Abdel Samad

Use of research by Civil Society Organizations (CSOs) can be a really important tool for fostering changes, to improve public health conditions, and to demand social change and health. In order for this to happen, we need to keep these topics under discussion and make the link between efforts for health justice/changes to social justice and the need to adopt a comprehensive agenda. Researchers work in their own niches and are not contributing with a multidisciplinary perspective. We also need to elaborate a new development paradigm. Health problems run deep in the region and the current paradigm under which development is played out needs to take this complexity into due consideration.

We need to address policy makers and engage in policy making with parliamentarians and civil servants. We need to engage public's awareness and interest in research, as well as to attract attention from potential partners, both at the national and international level. International partners (Banks) do influence local policies (International Monetary Fund, World Bank), and Millenium Development Goal (MDG) 8 mentions global partners. If we want to be able to have a positive impact we have to consider challenges, like structural and institutional problems, and a complex and often unclear process of policymaking. The right to access information to serve interests of decision makers to make informed decision must be enforced.

Morocco

Chakib Nejari

Morocco has adopted a new constitution in which the right to health is clearly expressed. The country is in an epidemiological transition, with non-communicable diseases (NCD) growing rapidly. Health expenditure is 5.6% of GDP and medical insurance for economically disadvantaged (RAMED) has been introduced recently. In the 20 public universities present in the country and in the few existing private research institutions, scientific production is very weak. Thanks to political stability and good connections with regional and international partners, the opportunity for R4H strengthening is concrete. But this process also faces challenges, such as the lack of culture of research, poor financing, lacking political will and absence of clear strategy.

Gulf countries

Hanan F. Abdel Rahim

The Arab World is heterogeneous. Wealth and political stability are common in Gulf countries. Its population is important (80% of its people are expatriates). Collaboration needs to be institutional, not only at the level of interested individuals. Qatar, with 2.8% of GDP devoted to R&D, has the largest expenditure of the region. The issue here is the impact of that investment, not only measured by publications, but rather by innovation and growth. Therefore, there is a need to change the metrics of research impact, seen as a driver of change towards better health and equity. The rapid pace of change in these countries is due to gas and oil, and this can turn into a transformative change. There is a disproportion in health research and basic research, the latter receiving more support. There is a need to think bi-directionally in terms of research and linking the education system to the health system. We need to see the education system as a system that can support health improvement.

Session 3: Perspectives of R4H strengthening

ACCESS

Adnan Hammad

There are around 5 million Arabs in the US. The concentration of Arab Americans in Michigan is the largest outside Middle East. The 560,000 Arab Americans in Michigan State are mostly Syrians, Palestinians, Iraqi and Jordanians. This group is unfortunately not considered as a specific minority group in the US, and is thus not counted in the US National census. The Arab Community Center for Economic and Social Services (ACCESS) is doing work on epidemiological research and community health. ACCESS is present in 17 US states and in some Arab countries with local partners. This NGO can play a role as facilitator when it comes to have a collaborative work with US researchers.



DISCUSSION

Discussion highlighted the problem of definitions and conflict of interpretation on equity, equality, common understanding and language for people to understand. The region has wealthy and poor countries, thus the question is: is there a common Arab reality?

There is a need for a regional framework of cooperation that would bring real growth and progress to all the involved partners. A strong encouragement to strengthen regional solidarity would be pivotal in order to achieve this goal. The region is seen differently by international agencies, in spite of sharing a common language, and is even indicated sometimes by using different names. There is not a real support amongst the countries in the region. Thus, we can ask ourselves if actually a regional solidarity exists.

The real topic under discussion is how R4H can bring change into the region. How to influence international aid to change and have a positive impact in the region? How to mainstream the right to health into the constitutions, while engaging the entire society in the transformation? We have three categories of countries (very rich countries, very poor countries and in between), and we have to deal with very underdeveloped states in some cases. National spending in health and social changes should be reviewed, as it was done in Lebanon revealing that 90% of health expenditures goes to private hospitals. We should be careful in our use of indicators. We know that differences and division within the Arab World is a reality, so the challenge is how to bring unity and solidarity to this fragmented world. What's the role donors can play in fostering R4H in this region?

MENA HPF

Mary E. Deeb

There is a scarcity of systematic research and analysis of health developments in the region. Health policy is critical in the fulfilment of social justice. Some health problems have a regional dimension and could be fruitfully tackled (i.e. trained health workers). Health policy reforms require collective action to overcome resistance to change vested interest. The Middle East and North Africa Health Policy Forum (MENA-HPF) was created in 2008 to promote the use of knowledge to enhance policy changes.

The objectives are: monitoring health policy issues and reform; capacity building; networking and exchange promoting; knowledge generation and dissemination of health policy issues. "Health is far from the aspirations of the people", was the result of a regional survey on the topic. Inequitable access to quality health care and quality issues, top-down decision making, low accountability and corruption were expressed by people in the Arab countries with a focus on governance and social accountability in health. The Arab Spring has brought high expectations as for its impact on health systems performance, ensuring social accountability, addressing conflict of interests and breaking health inequity.

WORLD BANK

Enis Baris

The World Bank works in 19 different sectors; youth and unemployment are especially relevant for the World Bank for the MENA region. Poverty is not that high compared to other regions. Corruption is a common concern in most of the countries. Discrepancies within countries on health data are relevant. What people think of health care in Egypt after the Arab Spring: health care and education are the main concerns, non-communicable diseases (NCD) are becoming a burden.

Implications for health research include: responsiveness of health systems; tracking info on patients safety; payment mechanisms to improve health outcomes; effect of non-health system factors on health outcomes in the Arab World.

Political mapping of stakeholders and their stands to identify the gaps in data capture systems. There is a need for routine monitoring systems to understand delivery of health care, tracking health expenditures and evaluating health programs.

GHRI & IDRC

Ibrahim Daibes

In 2006 IDRC started a program to support health research in various countries. In the Arab region, there is currently incapacity of researchers to access available resources. How to enable researchers in the region to increase access to these existing resources?

Being cognizant of the low research capacity throughout the region, IDRC's approach in the foreseeable future is likely to focus on research capacity building through supporting institutions and systems to enhance their capacity for the production and use of health systems research. IDRC is likely to shift from supporting individual small research projects towards supporting interdisciplinary and possibly regional systems and networks of research. IDRC's approach to research capacity strengthening is likely to rely on existing institutions and networks such as the work that has recently started at FHS/AUB with IDRC support.

DISCUSSION

There is a need to consider the participation of Arab scientists outside the Arab World. They should be part of this initiative, as they would like to give back by building relationships to support countries. The Arab Spring is not over and it will be a long-term process, as any revolution takes years to settle. This is the time to do research and encourage donors to engage and support its growth and development. Researchers complain and demand funding, but at the same time they don't apply for available funds. The way forward is promising. There is a need for forums to foster discussion and to bring institutions together. There are gaps in research and data. We are missing the success stories that say that change is possible and research can yield results. We have to look to Latin America on the social programs (as the one in Mexico – Popular Insurance). Is it a threat or an opportunity? It is threat to institutional inertia, but a great opportunity for individuals and institutions that want to advance. Many of the research institutions are outside the debate; they are somewhat disconnected, still engulfed in old discussions. They need to move on and discuss new topics, new realities. There is a lot to be learned from other countries that lived the same process in the past, keeping in mind that the equation has to be balanced. South-South collaboration/fertilization is possible.

Session 4: How to engage partners in efforts to strengthen Research for Health systems

Lessons from the Research for Health-Africa and from Latin America

Francisco Becerra

COHRED aims to make an essential contribution to improve health, equity and development around the world. While there are many ways to do so, we focus on research and innovation – by and for low- and middle-income countries and populations. Our focus is on the systems needed for research and innovation for health. We believe that strong systems produce more and better research and innovation, with a greater relevance to the country and its population.

COHRED defines research and innovation systems for health, equity and development as the people, institutions, their interactions and activities whose primary purpose is to generate high-quality knowledge and translate this into useful products, technologies, methods and tools that can be scaled up, being available and accessible to all and contribute to higher levels of health and wellbeing.

COHRED currently works mainly in Africa and Latin America. In Africa, the collaborations are with Guinea Bissau, Liberia, Mali, Mozambique, Senegal, Sierra Leone and Tanzania. The focus of the activities in these countries is on strengthening the governance of research and innovation for health in each country. The work is in collaboration with key regional political and technical organisations, most notably the New Partnership for African Development Agency (NEPAD) and the West African Health Organisation (WAHO).

In Latin America and the Caribbean, COHRED has developed regional and country based activities. Most notably with Paraguay (which led to a presidential decree on the Policy for research and innovation for health), with Uruguay on the establishment of a financial mechanism for R4H, and the support to priority setting in, among others, Argentina and Honduras. In Latin America, COHRED works with key regional partners: the Pan-American Health Organisation (PAHO/WHO), the Ibero-American Network on Learning and Research on Health (RIMAHIS) and the Council of Ministers of Health of Central America and Dominican Republic (COMISCA).

A key aspect of COHRED's work is to facilitate exchange and interaction among countries in a region. We strongly believe in this exchange with peers to stimulate research and innovation development. Regional meetings were therefore organised in Latin America (in 2008, 2009 and 2011), and a knowledge exchange workshop for the African countries was organised in 2012 in Tanzania.



DISCUSSION

How can researchers or policymakers be encouraged to engage in capacity building in the long term? Each country is different; if there is no interest, you start creating interest and exposure through meetings and raise awareness. There are leaders and recognized researchers who can be generators of change. Countries should work on human resources for health research, then measure and evaluate. When thinking on priority setting is mostly seen on diseases and mainly deducted from the burden of disease. How artificial is it? Maybe the main issue is the excellence of research, ethics and ability to focus on taking action in a particular issue. Poor quality research is unethical research. Some of the discussions that the World Bank is having are kind of a cyclical thing. It goes back and forth: ethical principles of research, inclusive, multidisciplinary, capacity building, processes to do it, action and content of the research. Stakeholders and how they approach research need to be realistic that we can't dictate organizations on doing things. We need to measure what research will do for the system. We need research efforts that will have a clear impact on decision-making. In getting to the practical, on the one hand we have the local will and capacity; on the other hand we have someone that can help: an enabling organization like COHRED to make the change happen. We need a plan on how to work in the region, what it takes to do that. The available options would be to at least work with the interested institutions. We have to think beyond health research and think on innovation and products that can bring new jobs and changes to the country, as a way to get interest in the region and respond to aspiration of the population after the Arab Spring. Sometimes, it needs one dedicated person to move this agenda forward.



DAY 2

Session 5: Working groups on country-specific needs for Research for Health system strengthening: A proposed strategy for the Arab countries

Group 1: Regional strategy and plan of action;

Group 2: Engaging partners and building networks;

Group 3: Funding perspectives.

In a very dynamic and interactive session through “a world cafe” format, the participants moved from group to group and contributed to discuss each topic. They had to identify one or two main goals that they had to concretize later through a plan of action. They had to identify the relevant partners and networks and explore the funding perspectives.

The discussion defined the entry points to the problems. Should it be through R4H system building, should it be through revisiting the training and teaching of public health, or should it be through focusing on the issues of inequities and policy framing? These issues are interrelated and the transformative change should benefit from a strong R4H system that can lead to generate evidence for informed decision making. For this to happen we need a new vision for public health training and building institutional capacity that can help resolving the inequities issues in the region.

The main, agreed-on goal that was retained after extensive discussion was: improving health equity and protecting the right to health by building a regional movement in the Arab World inspired by the current transitions to transform research in health into a tool to promote sustainability and improve people's life and wellbeing.

The discussion that followed was then on how to reach the stated goal, i.e. how to prepare a plan of action that can lead to creating and fostering this regional movement in the Arab World.

Session 6: Moving forward

Open discussion on how to strengthen system capacity for research and innovation for health in the Arab World.

What would be the big idea to move forward the agenda? A profound discussion was launched and we can summarise the views expressed as having two venues or options:

Should we take the opportunity of this ‘window of change’ and call for a regional conference bringing together key stakeholders (policy makers, researchers, NGOs, media) to raise awareness and help build national research for health strategy?

Should we prepare more-in-depth position papers on the three areas of R4H system strengthening, public health institutions capacity building, policy framing for equity?

This latter option recognizes the need for research to contribute to improved health and wellbeing. A cadre of well-trained public health personnel that is capable of engaging with adequately diagnosed health priorities and partnering with public and policy stakeholders to recommend solutions and actions is part and parcel of strengthening R4H. It was also recognized that there is a need to include more stakeholders and then to come to a regional conference as a launching process for a movement that has a long-term perspective.

These two options were to be discussed in depth during the third day by a core group of participants.

DAY 3

The movement inspired by the Arab Spring was an opportunity to see health as both an anchor and a motivator. The goal of building a movement in the region was accepted and seeks realization actions in three interrelated components: R4H system strengthening, public health institutions capacity building, and policy for equity. The idea was to end up with a single concept paper that links the three above mentioned pillars.

Public health training and education change is political matter, since you sometimes have to break with tradition methods. Solidarity in using the agenda of public health training might bring changes everywhere. Changing public health from traditional training ways is the way to move forward and work towards the Millennium Development Goals (MDGs) and post MDG world as a way towards equity. The goal is to mobilize support around the Arab World for a R4H movement that focuses on public health training, research environment and policy makers towards health, equity and development. We need partnering with other actors in order to achieve better health. Health can't be improved if there is not a comprehensive approach addressing fairness and distribution of health through research and innovation.

After drafting the concept paper the group will focus on

funding, needed to implement the defined activities. Institutions can support development of the three position papers that will be discussed in a small meeting bringing together the main institutions and enabling organization involved in this process. A second larger meeting will involve stakeholders who will be giving support to the idea. For funding, we need to think and shop around with various potential donors allowing partial funding of the defined set of activities that will lead to the regional conference serving as a launching of the movement towards building strong R4H systems in the Arab World.

The core group should look for a track record in the region on which we can build on. Funders are there, they want to help but they do not know how. To keep the momentum, taking into account the lessons from Latin American countries, it is needed to start working on a proposal that brings together all these ideas in one agenda. We have to think about the "bigger idea" of research influencing policy and policy that is sensitive to social needs. There is a need to think on public health training and education, research, policy makers, communities to be involved in a regional conference.

In parallel to the production of the position papers, the core group will start developing the proposal that describes the whole process.



Plan of Action

FHS/AUB (Iman Nuwayhid) will be responsible for drafting a concept note linking the above mentioned three pillars. AUB will be participating in the lead process for follow-up with all involved parties. COHRED (Hassen Ghanem, together with Francisco Becerra and Carel IJsselmuiden), SRC/AUC (Hoda Rashad), and FHS/AUB (Iman Nuwayhid) will be responsible for drafting the position papers to be discussed at the June meeting (see below).

Dates and Responsibilities

END OF APRIL 2013: Draft proposal. Samer Jabbour will work on it, with the collaboration of AUC (as PI), and FHS/AUB, University of Sousse, and COHRED (as CoPIs);

31ST OF MAY 2013: Position papers to be ready on the following themes: R4H systems strengthening (Hassen Ghanem and COHRED), public health institutions capacity building (Iman Nuwayhid and FHS/AUB), and policy for equity (Hoda Rashad and AUC);

JUNE 2013: 'Small meeting' at FHS/AUB to structure content and integrate the three position papers in one single concept paper and to discuss the proposal for a larger meeting to be held in October 2013 in Morocco. This meeting at FHS/AUB will be open to the main institutions that led this process (around twelve people from AUB, AUC, University of Sousse and COHRED).

OCTOBER 2013: 'Medium-sized meeting' in Morocco, to get inputs from newcomers to integrated position/concept paper and to create ownership of the paper by all participants, and to have inputs for the regional conference and ideas for funding. This enlarged meeting will be open to other institutions from the region, like EMRO, NGOs, Gulf countries institutions. The meeting should also inspire an in-depth discussion around the way forward and the need for a regional conference to be held in 2014, bringing in key stakeholders like policy makers, researchers, NGOs, and media, to permit the launch of a regional movement to strengthen R4H systems in the Arab World.

List of Acronyms and Abbreviations

ACCESS: Arab Community Center for Economic and Social Services

AUB: American University of Beirut

AUC: American University of Cairo

COHRED: Council on Health Research for Development

CSO: Civil Society Organization

EMRO: Eastern Mediterranean Regional Office

FHS: Faculty of Health Sciences (American University of Beirut)

GCC: Gulf Cooperation Council

IDRC: International Development Research Centre

IMF: International Monetary Fund

LAC: Latin American and Caribbean Countries

LAU: Lebanese American University

MDG: Millennium Development Goal

MENA-HPF: Middle East and North Africa Health Policy Forum

NCD: non-communicable diseases

NEPAD: New Partnership for African Development Agency

NRHS: National Research for Health System

R4H: Research for Health

SRC: Social Research Center (American University of Cairo)

WAHO: West African Health Organisation

WB: World Bank

Related notes around the Bellagio meeting:

<http://blogs.bmj.com/bmj/2013/03/05/richard-smith-research-and-the-arab-spring/>

<http://scidevnet.wordpress.com/category/boosting-research-for-health-in-the-new-arab-world/>

Annexes

Annex 1: Meeting agenda

DAY 1, 27 February 2013:

SESSION 1: INAUGURAL SESSION: SETTING THE SCENE

Chairs: *Dr Hassen Ghannem, Dr Carel IJsselmuiden*

08.30-08.45	Welcome and Introduction of participants: Dr Carel IJsselmuiden
08.45-09.00	Objectives of the meeting: Dr Hassen Ghannem
09.00-09.15	Transformative change and opportunities for Research for Health: Dr Samer Jabbour
09.15-09.30	The work of COHRED in the region: Dr Carel IJsselmuiden/Dr Hassen Ghannem
09.30-09.45	The work of academic institutions: Dr Iman Nuwayhid
09.45-10.30	Discussion
10.30-10.45	Tea/Coffee Break

SESSION 2: SITUATION ANALYSIS AND EXISTING WORK ON RESEARCH FOR HEALTH STRENGTHENING

Chairs: *Dr Enis Baris, Dr Hoda Rashad*

10.45-12.00	Perspectives of Research for Health strengthening in countries: experiences of key stakeholders: Dr Hoda Rashad (Egypt); Dr Fekri Abroug (Tunisia), Dr Ziad Abdel Samad (Lebanon), Dr Chakib Nejari (Morocco), Dr Hanan Halabi (Gulf countries)
12.00-13.00	Discussion
13.00-14.00	Lunch Break

SESSION 3: PERSPECTIVES OF RESEARCH FOR HEALTH STRENGTHENING

Chairs: *Dr Iman Nuwayhid, Dr Ibrahim Daibes*

14.00-15.15	Research for Health strengthening: perspectives from National, Regional and International organizations: Dr Adnan Hammad (ACCESS), Dr Mary E. Deeb (MENA HPF), Dr Enis Baris (World Bank), Mr Ibrahim Daibes (GHRI & IDRC), Dr Hisham Fakha (Islamic Development Bank)
15.15-15.45	Open discussion
15.45-16.00	Tea/Coffee Break

SESSION 4: HOW TO ENGAGE PARTNERS IN EFFORTS TO STRENGTHEN RESEARCH FOR HEALTH SYSTEMS

Chairs: *Dr Samer Jabbour, Dr Adnan Hammad*

16.00-16.15	Lessons from the Research for Health-Africa: Dr Francisco Becerra
16.15-16.30	Lessons from Latin America: Dr Francisco Becerra
16.30-17:30	Discussion & end of day 1

DAY 2, 28 February 2013:

SESSION 5: WORKING GROUPS ON COUNTRY-SPECIFIC NEEDS FOR RESEARCH FOR HEALTH SYSTEM STRENGTHENING: A PROPOSED STRATEGY FOR THE ARAB COUNTRIES

Chairs: *Dr Hoda Rashad, Dr Francisco Becerra*

08.30-08.45	Summary of issues from Day 1: Dr Hoda Rashad
08.45-10.30	Working groups: Dr Francisco Becerra, Mrs Karen Hodges Group 1: Regional strategy and plan of action; Group 2: Engaging partners and building networks; Group 3: Funding perspectives
10.30-10.45	Tea/Coffee Break
10.45-13.00	Presentation and discussion of groups work
13.00-14.00	Lunch Break

SESSION 6: MOVING FORWARD

Chairs: *Dr Carel IJsselmuiden, Dr Iman Nuwayhid, Dr Ibrahim Daibes*

14.00-16.00	Open discussion on the call for action to strengthen system capacity for research and innovation for health in the Arab World
16.00-16.30	Wrap up & end of day 2

DAY 3, 1st March 2013:

(A small group convened to write the executive report & recommendations from the meeting)

Annex 2: Biosketches of participants



Ziad Abdel Samad

Executive Director of the Arab NGO Network for Development (ANND), based in Beirut, Lebanon. Since 1999 ANND brings together 30 NGOs and 9 national networks from 10 Arab countries, all of them active in the protection of social and economic rights. National engagements: active in the Civil Campaign for Electoral Reforms (CCER). Regional engagements: regional coordinator of Social Watch, an international network of citizen coalitions that monitors the implementation of the commitments made at the 1995 World Summit on Social Development in Copenhagen. Co-Founder and member of the administrative board of the Euro-Mediterranean NGO Platform, and coordinator of the Arab Network for Electoral Reforms (ANDE). Member of: the advisory board of the Asia Pacific Research Network (APRN) and the advisory board of the Reality of Aid Network (RoA). Global engagements: member of the coordination group of the Civil Partnership for Development Effectiveness (CPDE), the advisory council of the International Center for Non-Profit Law (ICNL), and the UNDP CSO Advisory Committee to the Administrator.



Hanan F. Abdul Rahim

Hanan F. Abdul Rahim has been involved in research, teaching, training and consulting in the area of public health for the past fifteen years. In addition to her current role as a Consultant in the Office of the President of Qatar University, Dr. Abdul Rahim is the Associate Director of the Social and Economic Survey Research Institute (SESRI), Qatar University. SESRI is an academic-based survey organization with the mission to provide sound and reliable empirical data to guide policy formulation, priority setting and evidence-based planning in the social and economic sectors. In 2011/2012, Dr. Abdul Rahim also assumed the position of Coordinator of the newly established program in Public Health in the Department of Health Sciences at Qatar University. The mission of the program is to facilitate the development of effective public health policies on both national and regional levels and to provide leadership in public health education. Before moving to Qatar in August 2008, Dr. Abdul-Rahim was at the Institute of Community and Public Health (ICPH), Birzeit University, Birzeit, West Bank, Palestine, where she coordinated and taught course in the Institute's Diploma and Master in Public Health Programs. Dr. Abdul Rahim's research interests are in the social determinants of health, with a special interest in the health and wellbeing of women and in non-communicable diseases. Her research has focused on reproductive health in the context of health systems building in developing countries, health services in conflict areas, particularly in relation to women, and non-communicable diseases. At present, she is involved in two research projects funded by the Qatar National Research Fund (QNRF) related to marriage delay among Qatari women and to the factors that influence the transition of women into the labor force. She was also the Principle Investigator from SESRI on a recent household survey on Health Expenditure and Utilization sponsored by the Supreme Council of Health in Qatar. Dr. Abdul Rahim has provided consultations for a number of national and international organizations, including the United Nations Population Fund (UNFPA) and ictQatar, on various projects related to health, youth and development. An Associate Professor, Dr. Abdul Rahim has authored and co-authored a number of research and policy-oriented articles and reports. She received her Bachelor of Science in Biology from Salem College, Winston-Salem, NC, USA (1992), a Master of Science in Biology from Illinois State University, Bloomington-Normal, IL, USA (1994), and earned her Ph.D. from the Faculty of Medicine (epidemiology), University of Oslo, Oslo, Norway in 2002.



Fekri Abroug

Fekri Abroug is a Professor of Intensive Care Medicine and Head of the Intensive Care Unit (ICU) at the University Hospital (CHU) Fatouma Bourguiba, Monastir, Tunisia. He is also the Director of the Research Laboratory on cardio-pulmonary alterations in acute care. He has chaired the medical committee, and is currently the president of the Ethics and Research committee of CHU Fatouma Bourguiba. Fekri Abroug is member of the Tunisian Scientific Committee on Coordination and Monitoring of Biomedical Research. He is the past vice-president of the French Speaking Society of Intensive Care medicine (SRLF), and is currently member of the council of the European Society of Intensive Care Medicine (ESICM). He is member of the advisory board of the journals *Intensive Care Medicine* and *European Respiratory Journal*. He has reviewed several papers for the *Lancet*, *Annals of Internal Medicine*, and *American Journal of Respiratory and Critical Care Medicine*. He authored several research papers in the fields of scorpion envenomation, COPD (chronic obstructive pulmonary disease) exacerbation, acute respiratory distress syndrome (ARDS), and biomarkers.



Enis Baris

Enis Baris is a medical doctor with graduate degrees in Public Health (M.Sc.) and Epidemiology (Ph.D.) and a wide range of experience as director, manager and technical expert in development and research in over 30 countries in Europe, East Asia, Middle East and North Africa, Sub Saharan Africa and Latin America. At present, Dr Baris is Sector Manager for Health, Nutrition and Population in the Middle East and North Africa (MENA) Region of the World Bank, a position he came back to recently after having been Director of the Division of Country Health Systems at the European Regional Office of the World Health Organization. Since joining the Bank in 1999, Dr Baris has been engaged in leading the policy dialogue and preparation of lending and non lending technical operations on health and human development in the regions of East Asia and Pacific, Europe and Central Asia and now Middle East and North Africa. His technical work at the Bank also includes development research on HIV/AIDS, Tuberculosis, indoor air pollution and lung health, as well as broader health system development issues. Prior to joining the World Bank in 1999, Dr Baris was at the International Development Research Centre of Canada, as Chief Scientist and Senior Scientific Advisor. While with IDRC, he also was Executive Director of the Research for International Tobacco Control, a multi-donor funded secretariat to promote public policies for tobacco control. Until 2009 he was a Board Member and Chair of the Coordinating Committee of Scientific Activities of the International Union against Tuberculosis and Lung Diseases where he also served as President for a short while before joining WHO. Dr Baris also served in the past on the Board of the Council of Health Research for Development and the Alliance for Health System and Policy Research for many years. He is the editor and author of several books and peer-reviewed publications.



Francisco Becerra

Mexican national, he is Medical Doctor from the National Autonomous University of Mexico, Mexico City, Mexico and MPH from the Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA. He is currently enrolled in the Doctor in Public Health Program at the Instituto Nacional de Salud Pública (INSP) in Mexico. He has been an international consultant for PAHO, WHO, USAID, CARE, CORAT-Africa and Save the Children-US, among others. In Mexico he has held diverse positions, such as Director General for the State of Morelos Health Services, Director for Academic Agreements for the Coordinating Office of the National Institutes of Health, and Assistant Director for the Center in Health Systems Research. Before joining COHRED, he was Joint Director General for Federal Hospitals in Mexico. In COHRED he is developing the COHRED LAC unit, supporting COHRED TECH work and is the coordinator of the EU/FP7 funded project MASCOT. He also participates to another EU/FP7 project, namely EU-LAC HEALTH.



Ibrahim Daibes

Senior Program Specialist at IDRC in Ottawa, Canada, Ibrahim Daibes manages research on health services in low- and middle-income countries and is an expert on Canada's role in global health research. Daibes joined IDRC in 2006. As part of the Global Health Research Initiative, he manages the Teasdale-Corti Global Health Research Partnership, a program that fosters partnerships for health research and its effective use. His main areas of interest are health policy and systems research, and evidence-based health planning. Before joining IDRC, Daibes directed research programs for the Health Development Information Project in Palestine, and was a health development advisor for the Oxfam GB program based in Jerusalem. He also worked with UNICEF and the Micronutrient Initiative, examining how information and communication tools affect nutrition policies in developing countries. Daibes holds degrees in public health from Columbia University in New York (NY, USA) and biology and biochemistry from Birzeit University, Birzeit, West Bank, Palestine.



Mary E. Deeb

Mary E. Deeb is presently an associate professor at the Gilbert and Rose-Marie Chagoury School of Medicine of the Lebanese American University (LAU) in Beirut, Lebanon. She is also coordinator of the population health and global medicine theme. Dr. Deeb graduated with a Ph.D. degree from the Johns Hopkins University, Department of Population Dynamics, with a strong emphasis in epidemiology and biostatistics. She has also an MPH from the American University of Beirut (AUB). Prior to joining LAU, Dr. Deeb was the chair of the Department of Epidemiology and Biostatistics, Faculty of Health Sciences at AUB. Dr. Deeb has been closely involved in the implementation of health strategies at the country level within a long-term goal of development and sectoral policy. She was involved in analyzing statistical data and reporting on findings for strategic planning for several projects, such as the National Housing and Population survey undertaken by the Ministry of Social Affairs and the PAPChild surveys conducted by the Ministry of Health of Lebanon. She also contributed as part of multidisciplinary expert and task force committees in policy dialogue at the ministerial level on population issues, health sector reform, chronic diseases and reproductive health in Lebanon and the region. Dr. Deeb has an extensive experience as leader and member of tasks teams in advising ministries, non-governmental organizations in planning for long-term sectoral investment. As a consultant to UNICEF, WHO, World Bank and UNFPA, she prepared evaluation reports on the Health situation in Lebanon that included infant and child mortality, child immunization, nutritional status, gender and reproductive health analysis and which constituted background material for country situation analysis planning. She is active in many of the regional and national committees that address health sector reform, primary health care, reproductive health, Arab maternal health and PAPChild surveys. Dr. Deeb collaborated as a researcher with international scholars and colleagues in the United States and in Europe, namely in the UK and France and in the Arab region. She has authored and co-authored numerous peer-reviewed articles and was the editor of the book Beirut a Health Profile: 1984-1994, published by the American University of Beirut (1997).



Hassen Ghannem

Hassen Ghannem is currently Professor of Community Medicine and Head of the Department of Epidemiology at the University Hospital Farhat Hached, Sousse, Tunisia. He graduated from the Faculty of Medicine of Sousse, Tunisia and holds a Masters degree in Community Medicine and Public Health from the Faculty of Medicine of Montreal University, Canada. He is also Senior Consultant to COHRED (Council on Health Research for Development) in North Africa and the Middle East. He is a Steering Committee member of the Initiative to Strengthen Health Research Capacity in Africa (ISHReCA) and member of the WHO Eastern Mediterranean Advisory Committee on Health Research. Hassen Ghannem has worked as Regional Adviser acting for non-communicable diseases in WHO/EMRO. He was member of AfriHealth and responsible for mapping public health schools in North Africa, as part of an Africa-wide mapping project. His career interests include epidemiologic transition and chronic disease prevention along with health research capacity assessment and strengthening in developing countries. He is currently leading the Chronic Disease Prevention Research Centre of Sousse, Tunisia in the UnitedHealth Group & NHLBI chronic disease initiative (<http://www.nhlbi.nih.gov/about/globalhealth/centers/tunisia-center-of-excellence.htm>).



Adnan Hammad

Dr. Hammad is the Senior Director of the Community Health & Research Center at the Arab Community Center for Economic and Social Services (ACCESS) and is the Chairman of the National and International Health Research Initiative. In this capacity he adopted a holistic approach to manage the health care needs of the community. This approach integrates public health research and environment, mental health, primary and specialty medical care. In addition to his role with ACCESS in serving the community, he currently serves as adjunct professor at Wayne State University School of Medicine and Michigan State University. Dr. Hammad also holds numerous leadership roles in professional, non-profit and non-governmental organizations including serving in various capacities on a number of regional, national, and international organizations. They include the American Cancer Society Board (ACS), the American Near East for Refugee Aid (ANERA) Medical Committee Board, Barbara Ann Karmanos Cancer Institute Board of Directors, and the Advisory Committee on Health Research of the WHO/EMRO. Dr. Hammad's collaborations include: National Institute of Health (NIH) as a principal and co-principal investigator on several research projects in the area of environment, diabetes, tobacco, cancer, and refugees health. He has authored and co-authored over 100 publications in the fields of behavioral health and epidemiological research with focus on Arab American health. He is currently the Chairman of the biennial Conference on Health Issues in the Arab American Community. He has received numerous recognitions for his advocacy and health research including the Health Consultant for the Harvard Institute of International Development in the Middle East, the American Cancer Society's National Humanitarian Award 2009, and the Wayne State School of Medicine Pathfinders in Medicine Award 2004, just to quote a few.



Karen Hodges

The essence and focus of Karen's vision is the development of people and greater understanding through stimulating creative behaviour in children, adults, teachers and those in the corporate environment. Karen is a registered whole-brain practitioner and master trainer with the Kobus Neethling Group (South Africa). She specialises in family and child guidance within the whole-brain context. She leads people to greater understanding and acceptance of their thinking preferences to ultimately achieve respect for their own and others' uniqueness. She practices as a career counsellor ensuring the perfect fit between thinking preference, subject choice and career opportunities. Her formal qualifications include a BA Degree in Applied Psychology in the Professional Context from the University of South Africa (cum laude), a certificate in HIV/AIDS Counselling and Care from the University of South Africa and a certificate in Neuro Linguistic Programming from the University of Greenwich, UK. She is co-author and developer of one of the first global internet based learning and corporate e-training programmes. This programme carries the accreditation of the Business School of The University of the North. She served as specialist advisor on an internet based counselling website, her portfolio being the creative child. She is a member of the South African Creativity Foundation (SATORI). Her experience covers presenting and training in the corporate, public and educational sectors for organisations such as Council on Health Research and Development (COHRED), Nedbank Motor Finance Corporation, ABSA Bank, Bester, ZF Gearbox, WOW Factors India, Creative Education Foundation (USA), Bank Windhoek Namibia, Tswane University of Technology, Centurus Colleges, Geen & Richards, Elleries, and The Education Department Eastern Cape South Africa. She has been invited as keynote speaker and workshop presenter at numerous conferences including ACRE (International Creativity Conference in Africa), Business Creativity above the Japanese Garden at Tswane University SA, UK Creativity Jamboree, Mindcamp Canada and the Creative Thinkers International Conference 2012 in Dubai. Karen is a regular contributor to various radio stations, magazines and articles on motivation, creativity and thinking preference. As a member of Facilitators Without Borders she has been invited to facilitate the Forum 2012 (COHRED/Global Forum for Health Research) meeting in Cape Town (South Africa). A partnership between Karen and Liesl Schoonwinkel produced a 12 module certificate course for educators at schools and colleges. It has produced good results in South Africa and internationally. The success of this programme is indicated by the increase in student pass rates, which in turn has led to an increase in the number of educational bodies participating in the programme. As a local community project Karen taught creativity, whole-brain learning and teaching methods to children and educators from disadvantaged backgrounds. She developed and launched a reading programme involving the greater local community and has successfully obtained corporate funding for local disadvantaged communities needs. Karen loves her husband, children and grandchildren (in no particular order), painting, the outdoors, gardening, reading, culinary experiences, decorating her house and life with loved ones, friends and expanding her mind and horizons. She is a lifelong learner and her daily aim is to look at the world with fresh eyes.



Carel IJsselmuiden

Carel is a public health physician and epidemiologist. He has worked in rural medicine, peri-urban and urban health care and environmental health services, as well as in academic public health education and research ethics training. He has also published in various areas in applied research and public health. Carel was the founding Director of the University of Pretoria's School of Health Systems and Public Health until his appointment as COHRED Director in January 2004.



Samer Jabbour

Samer completed a medical degree (MD) at the Aleppo University Faculty of Medicine, Siria, a Master degree in public health (MPH) at the Harvard School of Public Health, and a fellowship in cardiology at Brigham and Women's Hospital (a Harvard affiliate) in Boston, USA. As such, he pursues a dual career path in public health and medicine/cardiology. He is currently Associate Professor of Public Health Practice in the Faculty of Health Sciences, American University of Beirut (FHS/AUB). Samer is the lead editor of *Public Health in the Arab World* (Cambridge University

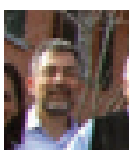
Press, 2012) which has been "Highly Commended" in the British Medical Association Medical Book Awards in 2012. At FHS/AUB, Samer coordinates several regional initiatives to promote a new public health in the Arab World, the Secretariat of the Eastern Mediterranean Regional Academic Institutions' Network for Public Health (EMRAIN) which aims to strengthen academic public health and its engagement in public health and health system change, and the Nodal Institute for the Eastern Mediterranean Region which promotes capacity development and regional collaboration in the area of health policy and systems research (in collaboration with WHO's Alliance for HPSR). Samer is a member of WHO's Eastern Mediterranean Advisory Committee on Health Research and the Regional Technical Advisory Group on Non-Communicable Diseases. His interests include health, politics, and social change, health equity and determinant, health systems, and non-communicable diseases.



Chakib Nejari

Professor of Epidemiology. Director of the Laboratory of Epidemiology, Clinical Research and Community Health. Head of the outpatient consultation centre, University Hospital, Fez, Morocco. Past president of the Association of French Speaking Epidemiologists. Dr. Nejari obtained a Master in Clinical Epidemiology and Evaluation of Actions in Health from the University of Nancy, France, in 1992, and a Ph.D. in Epidemiology and Public Health from the University of Bordeaux, France, in 1995. Selected professional experience: Lecturer in Biostatistics, epidemiology

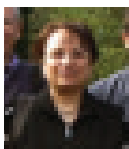
and public health in Casablanca (1996-2002, and in Fez (2002-2012); Member of the Scientific Committee of the Faculty of Medicine and Pharmacy of Fez (2002-present); President of the Association of Francophone Epidemiologists (2006-2010); Vice-President of the 'Tobacco prevention section: International Union against tuberculosis and lung diseases' (2004-2008); Member of the Scientific Committee of the University of Sidi Mohamed Ben Abdellah (2005-2009); Researcher at INSERM (French National Institute of Health and Medical Research) and in Association of Medical Research in Aquitaine (ARMA), Bordeaux (1992-1995); Organizer (or coordinator) of several regional and international research meetings on epidemiology, health and environment (1994-present); Expert of the European Union (European Commission Directorate-General for Education and Culture Education cooperation with non-EU countries, Bruxelles (2004).



Iman Nuwayhid

Iman Nuwayhid is a Professor and Dean of the Faculty of Health Sciences at the American University of Beirut (AUB), Lebanon. He received his MD from AUB and his MPH and DrPH in Occupational Health from The Johns Hopkins University. He is American Board Certified in Occupational Medicine. He is a member of the editorial board of *International Journal of Occupational and Environmental Health*. He is an elected fellow to the Collegium Ramazzini (since 2004) and was inducted into the Johns Hopkins University Society of Scholars (2012). Nuwayhid is a strong

believer in interdisciplinary and community-based research and has successfully bridged his three areas of specialization in medicine, general public health, and environmental and occupational health. His research interests include ecosystem approach to human health (Ecohealth), environmental determinants of health, and occupational health with a focus on working children. His research is action-oriented and particularly involving local communities and leadership like the cases of Bebnine (rural town, North Lebanon) and Bab Al Tebbaneh (in Tripoli, North Lebanon). His research on leaded gasoline/lead toxicity and cost of air pollution provided evidence that guided policy on air quality in Lebanon. He is a co-editor of the book entitled *Public Health in the Arab World* (Cambridge University Press, 2012). The book addresses a broad range of current public health issues in the region, offering fresh perspective in public health. It brought together 81 researchers and practitioners working in various disciplines in different Arab countries, Europe, North America, and Australia.



Hoda Rashad

Dr. Hoda Rashad received her Ph.D. in population studies from the University of London (1977). She is Director and Research Professor of the Social Research Center of the American University in Cairo. She is a resource person and consultant to a number of national and international organizations, including the Social, Humanity and Population Science Council of the Egyptian Academy of Scientific Research and Technology. She is currently: Member of the Advisory Committee of the WHO Center for Health Development (ACWKC) in Kobe, Japan, for the period 2012-2014;

Member of the Scientific Committee for the 8th Global Conference on Health Promotion, WHO (2011-present); Member of the Advisory Group of the WHO Global Strategy for Health System Research (HSR) (2011-present); Member of the Regional External Advisory Panel for UNFPA Arab States Regional Office (2009-present). Previously worked as Chief Technical Advisor of the United Nations (1993-1995), associate of the International Population Council (1989-1993), faculty member at the Institute of Statistical Studies and Research, Cairo University (1991-1995), Member of the Senate (El Shoura Council, one of the two parliamentary bodies in Egypt) (2004-2011), Member of the Council of the International Union for the Scientific Study of Population (IUSSP) (2006-2009), Member of the WHO global as well as regional (EMRO) Advisory Committee on Health Research (ACHR) (2007-2011), Member of the Commission on Social Determinants of Health established by WHO (2005-2008), Elected member of a committee to establish the Arab Council of Social Sciences (2006-2008) (the Council was established on December 2008), Vice Chairman of the Dutch Development Assistance Research Council (RAWOO) (2002-2007), Member of the governing body of the Global Development Network (GDN) (2001-2004), Member of the Scientific and Technical Advisory Group (STAG) of UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (1998-2004).



Andrea Rinaldi

Andrea is a freelance science writer and journalist. Based in Cagliari, Italy, he holds a Ph.D. in biochemistry from the University of Rome. Specialized in biomedical and health issues, Andrea is a regular contributor to web-based news hubs like The Science and Development Network (SciDev.Net, <http://www.scidev.net>) and to scientific journals, such as EMBO reports, PLOS Medicine, PLOS Neglected Tropical Diseases.



Richard Smith

Richard Smith is director of the UnitedHealth Chronic Disease Initiative, a programme with the National Heart, Lung, and Blood Institute (Bethesda, MD, USA) that has created 11 centres in low and middle income countries that work to counter chronic disease (cardiovascular disease, diabetes, chronic obstructive pulmonary disease, and common cancers). From 1979 to 2004 he worked at the *British Medical Journal* (BMJ) and was the editor of the journal and

chief executive of the BMJ Publishing Group from 1991 until he left. A member of the board of the Public Library of Science from 2004 to 2011, he continues to blog for the BMJ and to publish regularly. An adjunct professor at Imperial College Institute of Global Health Innovation (London, UK) and a visiting professor at Warwick Medical School (Coventry, UK), he is chair of Patients Know Best (a start up that is using information technology to enhance the clinician patient relationship), chair of the Oversight Committee of the Cochrane Library, and a member of the boards of ICDDR, B (formerly the International Centre for Diarrhoeal Disease Research, Bangladesh), the UK Research Integrity Office, C3 Collaborating for Health, the Klevis Kola Foundation, and Children's HeartLink. Having qualified in medicine in Edinburgh, Smith worked in hospitals in Scotland and New Zealand before joining the BMJ. He also worked for six years as a television doctor with the BBC and TV-AM and has a degree in management science from the Stanford Business School. He was made a Commander of the British Empire in 2000, and, coming from a family of comedians, he enjoys making porridge, soup, marmalade, and trouble.

Annex 3: Conference abstracts

SITUATION ANALYSIS AND EXISTING WORK ON RESEARCH FOR HEALTH STRENGTHENING PERSPECTIVES OF RESEARCH FOR HEALTH STRENGTHENING IN COUNTRIES A PERSPECTIVE FROM A CIVIL SOCIETY ACTOR

Ziad Abdel Samad

The advocacy role of civil society is one of the most important forms of civic engagement in public policy making. This can be achieved by using different strategies of intervention, that vary from: a) raising public awareness, b) capacity development, c) lobbying, d) negotiating, e) participating in public debates, f) mass mobilization, g) social media, h) coalition building, etc.

Researches are important tools for the definition of the challenges and the existing problems; they should be useful during the implementation of the above mentioned strategies by highlighting the challenges and the objectives.

Research for the Social and Economic Rights in general, and for the Right to Health in particular, are important elements enhancing advocacy for the “rights based approach in public policy making processes”. This can be achieved when the two following objectives are met:

- 1- To ensure a proper process for public policy making, where both the experts and the decision makers are aware of the real needs and the challenges to address and how to address them properly.
- 2- To serve in a better civic engagement, particularly in protecting the citizens’ rights and in making public policies.

From a civil society perspective, research should be a useful tool in serving the above mentioned purposes. This therefore can be achieved through the following:

- 1- It should be “friendly user” to the decision makers, the experts and the advocates (CSOs, the private sector, the government official, etc.), i.e. the analysis should be well augmented, the results very clear, uncontested, and the conclusions and recommendations should be as much as possible concrete.
- 2- It should be objective, professional and not biased, so the results are used for the public interest, and not serving narrow private interests. Consequently, the data should be scientifically sound and the sources transparent.

There are four main obstacles facing the efforts for research strengthening in the Arab World:

- 1- The limited resources available for researches, including data and financial support. This might be the result of the lack of political will (in order to keep the service delivery controlled by the ruling elites; often, the results of the researches and the surveys are formulated in a way to serve the government’s objectives during the negotiations with the donors and the partners).
Example: the first survey on poverty implemented by ESCWA in 1997 showed that poverty in Lebanon was 28%. The government denied the results because they could not serve its objectives. Later on, in early 2000, the government needed arguments to be used during the Paris I conference (February 2001), thus it adopted the ESCWA figures showing the high percentage of poverty.
- 2- The weak structural and institutional framework of the state. Some experts tend to define it as a “neo-patrimonial state”, some others like a “booty state” (we suggest the use of the concept and term of “booty state,” in the sense of “neo” patrimonial, based on Max Weber’s concept of the patrimonial state. Whatsoever the definition is, the nepotistic character of the state affects a lot the decision making of the public policies; Accordingly, the pathetic governance and the weak transparency, accountability and responsibility weaken the citizenship and the citizens’ impact on the public policy making.
- 3- The weak enabling environment for civic engagement. This includes the legal framework, the political and civic environment, the economic and social conditions, the lack of transparency, the restrictions on the access to information and on the freedom of expression, the weak institutional public consultation processes, etc. Consequently the role of Civil Society becomes limited to service.
- 4- The absence of comprehensive macro-policies taking into consideration the link between the different sectors including education, public awareness, environmental standards, public health care, housing, rural development, food security, etc.

It is thus important to take the above mentioned challenges into the consideration and to address them properly, particularly the public health sector in Lebanon. It is worth adding that the influence of the external factors is a very important element that should be underlined while analyzing public policies and preparing researches. The external factors are the following:

- 1- The trade negotiations and agreements (bilateral and multilateral agreements); i.e. agreements on investment and competition measures, trade in services (GATS), Intellectual Property rights (TRIPS), trade in agricultural (AoA), Non Agricultural Market Access (NAMA), etc. The International financial institutions; (WB, IMF, EIB, EBRD, etc.).
- 2- The international organizations, namely the UNO (UNDP, WHO, UNICEF, UNESCO, UNEP, ESCWA, etc.), and the Civil Society coalitions and movements (PHM, Social Watch, social watch, Oxfam international, etc.).

Civil society must adopt an advocacy strategy enabling effective civic engagement in public policy making; with both general and specific objectives, The main strategy is monitoring (by creating watchdogs): to gather information, to develop parameters to measure and to compare with other countries (if necessary). Concretely, this can be achieved through:

- a. Preparing periodic reports
- b. Issuing statements and press releases
- c. Following the Human Rights mechanisms
- d. Following the UN processes (for example the MDG, especially the post 2015 and the conferences rio+20, UNCTAD, WHO, FAO).

The specific target groups can be the following:

- 1- Working with the parliamentarians
 - a) Following the laws (limiting smoking, social fund, etc.)
 - b) Monitoring the public budget
 - c) Assessing the national strategies and policies.
- 2- Following the state actors
 - a- Monitoring the government
 - b- Engaging with the ministry of public health
 - c- Dealing with other concerned ministries (social affairs, labor, environment, economy, finance, energy, agriculture, etc.).
- 3- Following the non-state actors, such as the private sector, civil society organizations, donors (implementers, advisors and funders).

There is a link between democracy and civic engagement. However, civic engagement should not be limited to the political dimension through the electoral processes, but it is also reflected in the active and effective participation in public policy making. One of the main conditions to achieve civic engagement is by strengthening researches on public policies. This can be realized by creating the enabling environment to conduct objective and professional researches, but also by making the link between civil society actors and the research institutions. Researches should serve as useful tools for civic engagement.

STRENGTHENING RESEARCH FOR HEALTH: PERSPECTIVES FROM THE GULF

Hanan F. Abdul Rahim

Effective health policies cannot be separated from the social, political and economic contexts in which they are developed and implemented. Countries of the Gulf Cooperation Council (GCC) share a number of characteristics that shape their epidemiological profiles, organization of health services, and quality of health research. To varying extents, the six nations (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates) are wealthy but dependent on an expatriate work force due to small national populations. As young “modern” states, many boast generous government spending on health and education with state-of-the art health care and research facilities and internationally-connected tertiary education institutions. While acknowledging many impressive achievements, the presentation will touch on the following concerns:



- (1) The extent to which a health research agenda is clearly articulated and appropriately aligned with the countries' epidemiological profiles and health services: current research is not adequately aligned with health needs. In particular, despite wide recognition of the importance of lifestyle factors in the prevention of now-epidemic non-communicable diseases, behavioral research and research on the social determinants of health (particularly issues of equity) are lacking. With a larger emphasis on biotechnology, research on financing and delivery, quality of care (technical quality and cultural sensitivity), and appropriate human resource development is also inadequate.
- (2) Building a sustainable cadre for health research: building a qualified and capable cadre of health researchers is challenged by the low demand among nationals for careers in research and by the weak performance of education systems, especially in areas of science and math. National universities have only recently begun to emphasize research training.
- (3) Funding health research: most Gulf countries have dedicated substantial funds for research (including health research). The more pertinent question related to research funding is measuring its impact, especially in terms of national capacity building and in ensuring “more health for the money”.
- (4) The link between empirical evidence, rational policy making, and effective health services: at present, there are few indications of a link between policy making and local research-based evidence with inadequate research evaluating interventions and policies. As the economic outlook for these countries changes, there will likely be growing demands for accountability in research spending.

This presentation will focus on current initiatives in the Gulf (with special reference to Qatar) in supporting health research. It will discuss the alignment between the newly released Qatar National Research Strategy (QNRS) and the country's health strategy, highlighting the issue of sustainability.

PERSPECTIVES OF RESEARCH FOR HEALTH STRENGTHENING IN COUNTRIES THE CASE OF TUNISIA

Fekri Abroug

Existing opportunities:

With the lowest GDP, Tunisia has achieved the highest clinical research performance among the Maghreb countries. While at the time of independence (1956), Tunisia had no higher education system and almost no research base, the country has now one of the best-educated populations in the Arab World, with a 97% literacy rate in 2006 compared to 94% in Egypt and 86% in Morocco. Meanwhile, research-development funding moved from 0.4% of GDP in 1999 to 1.02% in 2007. Moreover, Tunisia stands among the regional leaders regarding the ratio of researchers per million population.

All these strengths have enabled Tunisia to score well among similar Arab and African countries on research metrics regarding both global science and health research. The global research report on Africa for the period 2004-2008 ranked Tunisia (in publications number) among the top five countries in 16 out of 21 main scientific fields (from clinical medicine to immunology, toxicology, engineering etc).

The Arab Spring and needs to boost research:

One of the main reasons for the so called “Jasmin Revolution” is the search for dignity by unemployed university graduates, of whom many were educated and trained in the health field, and may represent fruitful health research resources. The combination of better governance, increased funding, and a better use of research results should boost research-development and help reduce existing health inequalities.

The first few years following the Arab spring represented a real threat for the existence and activity sustainability for many existing structures in health research. This threat faded away, and today there is great hope for a new beginning for health research.

The following are among the most pressing needs to boost health research in Tunisia:

- Create a clearer governance between the main funding body (Scientific Research Ministry) and its interface with research structures (i.e., Health Ministry)
- Establish a research evaluation activity that is both accurate and equitable
- Define priorities in research
- Develop and encourage clinical research.

COHRED EXPERIENCE IN STRENGTHENING RESEARCH AND INNOVATION SYSTEMS FOR HEALTH IN OTHER REGIONS

Francisco Becerra, Sylvia de Haan, Gabriela Montorzi

COHRED aims to make an essential contribution to improve health, equity and development around the world. While there are many ways to do so, we focus on research and innovation – by and for low- and middle-income countries and populations. Our focus is on the systems needed for research and innovation for health. We believe that strong systems produce more and better research and innovation, with a greater relevance to the country and its population. We define research and innovation systems for health, equity & development as the people, institutions, their interactions and activities whose primary purpose is to generate high-quality knowledge and translate this into useful products, technologies, methods and tools that can be scaled up. These should be available and accessible to all and contribute to higher levels of health and wellbeing.

COHRED currently works mainly in Africa and Latin America. In Africa, we collaborate with Guinea Bissau, Liberia, Mali, Mozambique, Senegal, Sierra Leone and Tanzania. The focus of the activities with these countries is on strengthening the governance of research and innovation for health in-country. We work in collaboration with key regional political organisations, most notably NEPAD and WAHO. In Latin America and the Caribbean, COHRED has developed regional and country based activities. Most notably is the work with Paraguay (which led to a presidential decree on research and innovation for health), the collaboration with Uruguay on the establishment of a financial mechanism for research for health; and the support to priority setting in, among others, Argentina and Honduras. In Latin America we also work with key regional partners: the Pan-American Health Organisation (PAHO/WHO), the Ibero-American Network on Learning and Research on Health (RIMAIS) and the Council of Ministers of Health of Central America and Dominican Republic (COMISCA).

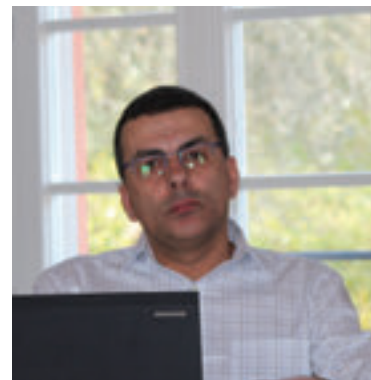
A key aspect of COHRED's work is to facilitate exchange and interaction among countries in a region. We strongly believe in this exchange with peers to stimulate research and innovation development. Regional meetings were therefore organised in Latin America (in 2008, 2009 and 2011), and a knowledge exchange workshop for the African countries was organised in 2012 in Tanzania. Increasingly, low- and middle-income countries are beginning to invest in research and innovation – viewing this as a realistic way towards sustainable and country-driven development. Health progress is becoming dependent on research and innovation capacity in low- and middle-income countries themselves, and countries act by increasing their research and innovation budgets, putting in place enabling policies, or by engaging in large collaborative partnerships in research and innovation. While COHRED still receives part of its funding from 'traditional' donors, we increasingly see an interest from countries to invest in their own systems, thus strengthening their research and innovation capacity.

What is happening in the Arab World? Is there a similar interest in research and innovation and a decisiveness to take this development into own hands? What are the key political and regional players, and how can organisations such as COHRED make a meaningful contribution to research and innovation in the region?

STRENGTHENING RESEARCH FOR HEALTH IN THE ARAB WORLD: AN IDRC PERSPECTIVE

Ibrahim Daibes

IDRC's health portfolio comprises four program initiatives: Governance for Equity in Health Systems; Non-Communicable Disease Prevention; Ecosystems and Human Health; and the Global Health Research Initiative (a partnership between IDRC, the Canadian International Development Agency and the Canadian Institutes of Health Research.) While the four program initiatives focus on different thematic areas of health research, they share a common philosophy and similar approaches to programming: a focus on equity in health systems and interdisciplinary programming that integrates knowledge generation through research, research capacity strengthening at the individual and institutional levels and policy influence through integration of research with policy and practice.



Historically, IDRC's investment in the Arab World has been smaller than its investments in other regions and it had focused on a relatively small number of institutions and on small projects. To a large extent this has been due to lack of research capacity throughout the region that has resulted from a variety of individual, institutional and system-wide factors.

IDRC is particularly interested in supporting interdisciplinary research that informs the development of sound health policies and equitable health systems. Health policy and systems research is, therefore, emerging as an area that IDRC is likely to focus on in the foreseeable future. The dramatic changes that are currently taking place in several countries in the Arab World – with calls for democracy, equality, inclusion and better health and social services – are causing IDRC to pay closer attention to the region and to consider strategies to support this transition through research.

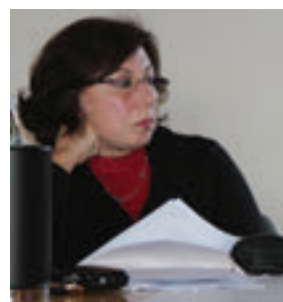
Being cognizant of the low research capacity throughout the Arab World, IDRC's approach in the foreseeable future is likely to focus on research capacity building through supporting institutions and systems to enhance their capacity for the production and use of health systems research. IDRC is likely to shift from supporting individual small research projects towards supporting interdisciplinary and possibly regional systems and networks of research. IDRC's approach to research capacity strengthening is likely to rely on existing institutions and networks such as the work that has recently started at the Faculty of Health Sciences at the American University of Beirut with IDRC support.

Furthermore, IDRC is likely to support a shift from the currently prevailing biomedical orientation of public health in the region towards a population health approach that seeks to investigate and take action on upstream social and environmental determinants of health, including the application of health information systems technologies.

MIDDLE EAST AND NORTH AFRICA HEALTH POLICY FORUM (MENA-HPF)

Mary E. Deeb

The MENA-HPF (<http://menahpf.org/about-us>) is an independent non-governmental forum that was created in 1994 to address issues related to health policy in the Middle East and North Africa region. The aim of the Middle East and North Africa Health Policy Forum is to contribute to the development – particularly in the low- and middle-income countries of the region – of effective, efficient, equitable and sustainable policies that improve health and/or that mitigate adverse consequences of ill health, particularly for those who are most disadvantaged.



Avenues of Impact:

- 1 The Forum will seek to have an impact upon policy formulation by undertaking the following activities:
 - a) Support the development of accessible data sets to conduct comparative analysis of health policy issues and to monitor the effectiveness of health policy reforms
 - b) Support the building of analytical and policy making capacity in the region (through workshops, seminars, occasional internships)
 - c) Commission and dissemination of high quality original research and analysis of health policy questions
 - d) Publish various policy relevant papers, newsletters, and other publications as necessary
 - e) Provide a venue for networking and for exchange of ideas and experience amongst those with interest in health policy
 - f) Support through partnership related academic and research institutions in the region
 - g) Establish a website with Forum papers, resources and links.
- 2 The Forum prioritizes its research agenda giving weight to the following criteria:
 - a) Impact on achieving the Forum's mission, tackling problems that affect a large segment of the population, focusing upon those that appear susceptible to solution
 - b) Policy relevance, focusing in particular on problems that can be addressed by policymakers
 - c) Breadth of regional coverage and importance.
- 3 The Forum ensures quality of the research and policy analysis that it endorses or sponsors by:
 - a) Establishing a quality assurance process involving independent peer reviews both at the proposal and final-draft stages of the process
 - b) Directly commissioning papers by known experts in the field, in addition to the usual competitive tender of papers among regional researchers.
- 4 The Forum ensures the relevance and impact of the research and analysis that it endorses or sponsors by:
 - a) Being sensitive to the political economy determinants of decision making
 - b) Actively engaging policy makers at an early stage of project development to integrate their concerns and priorities (though without compromising independence and integrity) and to gain access to relevant data
 - c) Taking into account in the course of conducting research and policy analysis such dimensions as distributional issues, political calculus (winner/loser analysis, political sustainability), alternative policy options, implementation issues, and budgetary implications and affordability.
- 5 The Forum will employ various dissemination routes and techniques to maximise the impact of its work, including:
 - a) Holding conferences, workshops and seminars that involve all relevant stakeholders: ministers and other government officials, parliamentarians, representatives of professional associations, health insurers, self-help groups, NGOs, charities, and international agencies
 - b) Issuing press releases and directly interacting with the media as appropriate
 - c) Publishing its research and policy analysis in the form of newsletter (paper/electronic), working papers, books, and/or policy positions (endorsed by a two-third majority of the Board)
 - d) Creating a Forum website
 - e) Creating affiliated country chapters (at a later stage).

MAKING THE CASE OF “BOOSTING RESEARCH FOR HEALTH AND INNOVATION IN THE NEW ARAB WORLD”

Hassen Ghannem

The historic context:

Policymakers in the developed world understand that research, science and technology are vital components of economic growth and prosperity. But, in the Arab World, translating this realization into policies and actions backed by resource commitments has been a major challenge. This region is currently experiencing major historical changes with the aspiration to freedom, democracy and more equitable development. Knowledge is needed to provide guidance to new leaders to develop knowledge societies. Sound and relevant research, capacity building of human resources and institutional strengthening and development are important drivers to realize the future to which the masses are aspiring. Research for health is essential to understanding the current and future projected health needs of the population and developing approaches and solutions that can contribute to health improvements. Because research for health and national systems of research for health have been weak in the region, this time of change creates a historic opportunity to undertake key strategic actions in research and innovation, with particular focus on strengthening national systems of research for health leading to improvements in health and development.



Proposed strategy in the region:

a Overall goal

The overall goal is to establish and support a leading collaborative work in the Arab World towards building national research for health and innovation systems and strengthening capacity for research for health and innovation.

b Specific objectives

Through a regional plan of actions, we target to achieve the following specific objectives that will contribute to the strengthening of the national research for health systems in the countries with weak research systems:

1. Engage policy makers and stakeholders to equip them with tools and skills needed for making informed decisions
2. Host dialogues and consultative meetings to bring a range of stakeholders together to facilitate policy dialogues leading to more commitment to fund research in the region
3. Initiate and develop networks that could discuss and support the development of activities around research for health systems
4. Disseminate the outputs of research (in terms of indexed publications: bibliometry) from the region to serve for monitoring and evaluation.

COHRED'S WORK IN THE MIDDLE EAST REGION

Hassen Ghannem, Francisco Becerra, Carel IJsselmuiden

In 2004, the EMRO/WHO Research Policy & Cooperation Unit (RPC) published the results of a National Health Research System (NHRS) analysis that it had undertaken in five countries that form part of the region¹³, namely Egypt, the Islamic Republic of Iran, Morocco, Pakistan and Sudan. Despite the efforts deployed by EMRO/RPC to harmonize objectives and standardize the techniques of data collection, the methodology used for these mapping studies varied from country to country and included questionnaires, structured interviews, focus group discussions and review of existing documents through bibliography search. This study described existing governance structures for science & technology (S&T), health research policies and research for health priority setting, ethical review mechanisms, the scientific production of researchers and institutions, research training programs, dissemination of research findings, and the mechanisms for funding research for health in the five countries.

In 2007, a similar study was initiated to assess the NHRS in ten other countries in the EMRO/WHO region: Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and Yemen.¹⁴ The 10-country study was a collaborative effort between the EMRO/RPC, COHRED and the Health Ministers Council of the Gulf Cooperation Council States (GCC). The study demonstrated that few countries in the region had structured research for health systems, and that there is considerable fragmentation and limited coordination between the various parts of the systems of research. Findings showed there was substantial room for improvement in the structure and operations of the research for health systems that countries need to implement, such as setting and updating research priorities, creating more functional policy frameworks, and increase the effectiveness of governance and management mechanisms to boost research outputs and impact.

To complement these previous two studies, EMRO/WHO supported COHRED to extend the NHRS mapping study to the remaining member-countries in the region. In 2009, another study involved the remaining eight EMRO countries (Afghanistan, Djibouti, Iraq, Libya, Pakistan, Palestine, Somalia, Syria), as to completing the baseline information on health research systems in the region. Five countries (Afghanistan, Iraq, Pakistan, Palestine and Syria) agreed to map their NHRS and collect information on research policies and regulations, governance and management mechanisms (including ethics review boards), and institutions that commission, produce and use research.¹⁵

13. A study of national health research systems in selected countries of the WHO Eastern Mediterranean Region. EMRO/WHOCairo, 2004 (Available at: <http://applications.emro.who.int/dsaf/dsa215.pdf>).

14. Kennedy A, Khoja TAM, Abou-Zeid AH, Ghannem H, IJsselmuiden C (2008) National health research system mapping in 10 Eastern Mediterranean countries. *Eastern Mediterranean Health Journal* 14: 502-517.

15. Ghannem H, Becerra-Posada F, IJsselmuiden C, Helwa I, de Haan S (2011) National research for health system mapping in 5 countries in the Eastern Mediterranean region and perspectives on strengthening the systems. *Eastern Mediterranean Health Journal* 17: 260-261.

THE ACCESS EVIDENCE-BASED HEALTH RESEARCH INTERVENTION: A MODEL FOR RESEARCH CAPACITY BUILDING IN THE ARAB WORLD

Adnan Hammad

The Arab Community Center for Economic and Social Services (ACCESS) is a community-based non-profit health and human agency providing holistic, integrated and comprehensive culturally competent and linguistically appropriate services that maintains well-being, builds trust and ensures that human dignity is preserved to a community of nearly 500,000 Arab Americans in the state of Michigan. ACCESS has been active for over 40 years now. In addition, ACCESS forms part of a larger network of community organizations serving the Arab Community on a national level through the National Network of Arab American Communities (NNAAC). The ACCESS Community Health & Research Center (CHRC) specifically focuses on health, public health and mental health services and research. Through its strong presence in national and international research collaborations the CHRC has developed a culturally-sensitive evidence-based model for health promotion, protection and prevention from disease including the tobacco control initiative, diabetes and cancer prevention, and maternal and child health. Arab Americans are more likely to be affected by these health issues than their counterparts of other racial/ethnic groups due to cultural inhibition around health and health-seeking behaviour, lack of insurance coverage, and change of lifestyle and diet after immigrating to the host country.



ACCESS health research interventional models such as “KinKeeper” and “tell a friend” take all of these socio-economic and cultural conditions into consideration and have developed a culturally-sensitive awareness program specifically tailored for Arab Americans. ACCESS and many local universities in Michigan and elsewhere in the United States have made considerable efforts to gather and disseminate the fundamental, rare minority health research information that is needed for Metro Detroit’s Arab community. Through our collaborative research efforts it has been made evident that improved health status through community-based and participatory research and education is directly correlated to increased knowledge, resulting in more screening of chronic diseases such as cancer and diabetes, for all groups. Similarly, when emphasis was placed on healthy lifestyle choices and improved dietary modifications, there was a significant increase in physical activity.

The most crucial medium of collecting and publishing health data that is pertinent to Arab Communities on a national and international level has been the biennial international conference on health issues in Arab Communities. This scientific forum, along with activities and events developed in collaboration with our partners, has not only improved healthcare programming for minority populations nationwide but also raised public awareness about the health issues and disparities in our community. The proceedings of these conferences form a valuable resource for healthcare providers, community organizations as well as health policy advocates, not only in the United States but also in Arab Countries.

This presentation will highlight ACCESS’ expertise in community-based participatory research, community-based service models and measures for health policy advocacy and change, specifically in areas of environmental health, cancer and tobacco control.

TRANSFORMATIVE CHANGE AND OPPORTUNITIES FOR RESEARCH FOR HEALTH

Samer Jabbour

Starting in December 2010 with the self-immolation of Mohamed Bouazizi, a wave of popular uprisings engulfed several countries in the Arab World, and garnered sympathies from peoples across other countries, both in the region and globally. Since then, the Arab World has undergone transformative changes that potentially have profound implications for health. The demands for rights, dignity, accountability, better governance, and participation but also the extremely rocky nature of transition in some countries and the violent conflict that have ignited in others pose new questions and challenges for health and development initiatives, about their ethos and how they intend to respond, both to be part of the change and to influence the change. However, these issues are yet to be widely discussed.



In the area of Research for Health (R4H), prior work has established that R4H systems are quite weak in the region, prompting calls to invest efforts and resources to strengthen such systems. An important question in relation to the current moment in the region is whether there is now an enhanced opportunity to strengthen R4H systems, and consequently R4H. In my presentation, I will engage with this question by exploring the opportunities according to several parameters. I will argue that although the wave of change has affected all countries and all peoples in these countries, the defining characteristic of the region remains remarkable diversity and inequalities. This means that the R4H question must be cast differently in different settings and country groupings. This agenda is quite different, for example, in countries where political regime change has taken place such as Tunisia, Egypt, Libya and Yemen, as compared with countries in acute conflict as in Syria. There is a need for a sociopolitical lens to understand how the evolving positions of political and social actors, reform and development initiatives, and indeed the conduct of specific projects, create opportunities for – or hinder – R4H.

I will further argue that discussions must go well beyond merely identifying opportunities. Rather, it is crucial to consider the conditions that must be met and the platforms that need to be created to ensure that advocacy for R4H becomes both meaningful and potentially successful. Considering the similarities and differences among different countries, and the differential availability of resources, advocacy and work towards a framework for common regional work has the best chance of furthering the R4H agenda across the region, including within countries. This is the challenge that the Bellagio meeting and other international initiatives, including Public Health in the Arab World (PHAW; <http://www.aub.edu.lb/fhs/phaw/Pages/index.aspx>), must consider.

HEALTH SYSTEM AND HEALTH RESEARCH SYSTEM IN MOROCCO

Chakib Nejari

Morocco is a Constitutional Monarchy. Since its independence in 1956, the country has founded its institutions based on the multi-party system. Morocco's GDP is relatively high, (100.22 billion US dollars in 2011) compared to the African average. Morocco has a new constitution since July 2011, in which health is considered as a citizen's right. Regionalization is one of the first priorities launched, aiming to set up democratically elected regional institutions allowing regions to ensure sustainable development.

Moroccan health system has to deal with demographic and epidemiological transitions, expectations and needs of the population who increasingly demands a better service quality. The change in the age profile of the population is one of the major consequences of demographic transition. Youth are the main component representing up to one third of the population. But 10% of Moroccan population is currently made of persons aged 60 years or older with almost no infrastructure for this age group, including health care structures specializing in elderly care.

Moroccan health system is currently organized around two main sectors: public and private. The public sector includes the health care resources of the Ministry of Health, the Royal Armed Forces, local communities and other Ministerial Departments. Medical coverage is guaranteed by three strategies: fixed, mobile and roaming, with the aim of adapting health care coverage to the needs of the population while facing the constraints of the environment. The public sector includes Basic Health care Centers, hospitals (general, specialized hospitals, University hospitals). There is also an informal traditional medicine sector.

The private sector is made up of two sub-sectors. The first one is a non-profit sub-sector, grouping the health resources of the National Fund for Social Security (CNSS), the Mutuels and the National Fund of Social Welfare Bodies (CNOPS), the Moroccan Red Crescent, and some NGOs. The second sub-sector is made up of free market health care structures, organized individually or grouped together, including doctors, dental surgeons, pharmacists and other health professionals. This sector includes clinics, dialysis centers and radiology offices, in addition to other specialists, and a significant number of general practitioners.

Unfortunately, as in many other countries, the shortage of human resources in health care is a major obstacle to deliver primary health care, which in turn is very important in achieving the MDG, as well as supporting curative care, health promotion and rehabilitation services. The implementation of any health care policy or strategy requires an appropriately qualified and motivated health workforce able to respond to the needs of the population by providing health care services that are in line with internationally-recognized norms and standards.

From the financial point of view, the situation of the health care system in Morocco shows a global expenditure of 5.6% of the GDP. Compared to other countries at a similar level of development, there is a substantial gap (with Morocco on the lower side). The national health care system spends more than 33.6% of its monetary resources on buying medicine and medical goods. Ambulatory care, including health promotion check-ups and outpatient consultations, represents 35.2% of the spending. Despite representing more than 80% of national bed capacity, public hospitals, receive less than 10% of insurance spending as direct payments and 6.6% of the total health insurance spending. Although some reforms have been implemented since 1995 for hospitals and other health institutions, the main reform for financing health sector has been introduction of the Obligatory Medical Insurance (AMO) in November 2002. In addition to that, Medical Insurance Regime for the Economically Disadvantaged (RAMED) has been introduced recently (2011).

Despite these important reforms in the last few years, an analysis of the Moroccan health system still identifies some difficulties in accessing health care for the poorest and for rural populations, with a clear disparity between access to and demand for care for some diseases. The level of use of health care services is determined by the economical level of the population. Moreover, there are some insufficiencies in the management of public hospitals, which suffer from a range of inefficiencies, making them unable to compete with private clinics. There is also a lack of partnership policy with local communities, civil society and the private sector, which works at the fringes of the health care system without sharing professional and ethical training.

To sum up, the current (2013) Moroccan health context is characterized by a number of positive developments, which should be consolidated. The improvement of many indicators reflects efficacy of these developments. But there are still some disparities in terms of service providers, quality of care, and availability of human resources, and significant difference between different country regions. There is a need to develop a health care system that respects fundamental and universally recognized human rights, in particular those related to the integrity, dignity and freedom of the individuals. Such a health care system should provide quality of care and security. It should also create favorable conditions for health care professionals to play a role that supports development.

INAUGURAL SESSION: THE WORK OF ACADEMIC INSTITUTIONS

Iman Nuwayhid

Research for health can contribute to the enhancement of people's health and livelihood if it serves as a venue for their voice transmitting their stories and aspirations beyond their own communities, as a tool to expose social injustices and health inequities, and as evidence to inform health and social policies. Alas! The current picture of health-related research in the Arab World is quite different. Such is mostly local, decontextualized, and locked within health disciplines (medicine, public health, nursing,) with no cross-fertilization or interdisciplinary collaboration. No wonder our region ranks at the bottom of research productivity and output in the world.

Academic institutions, described as "centers for knowledge dissemination not for questioning, criticism, and an authentic search for new knowledge"¹⁶, are partly responsible for the status of research in the region. On one hand, they have suffered from regional conflicts, lack of funding, a dearth of qualified researchers, lack of institutional collaboration, and restrictions on free scientific inquiry and access to information. On the other hand, these institutions have accepted the status quo and some have even served as a mouthpiece for the political regimes.

However, exceptions exist and a few centers of excellence present models that are distinct but homegrown and worth scaling up in the region. The current call by the people of the region for wider participation and more freedom and justice presents a golden opportunity to do exactly that towards strengthening its own institutions and shaping research in the region.

The referred-to centers of excellence approach health as a social construct rather than a biomedical disease-oriented model. They are engaged in community-based and participatory research that informs policy and action and carries the voice of the region and its own understanding of health concepts (resilience, dignity, wellness, conflict, mental health) to a global level. There is an urgent need for schools and programs of public health and health research institutes to build integrated systems within their structures to create synergy between learning, research, practice, and knowledge translation to inform, and ultimately impact, public health policy and action. Building a regional network of such core academic institutions is no doubt a strict pre-requisite for any effort to support and shape research for health in the region.

The uprisings in the Arab World have confirmed that people are ready for change. Academic institutions in this region are simultaneously the target of such a demand as well as the beacon of hope and change. It is a dilemma that we all (especially donors and international organizations) need to face. We have to invest heavily in academic institutions of this region. It is a leap of faith that we cannot afford missing. If entrusted, academic institutions will deliver.

16. Maziak W (2005) Science in the Arab World: Vision of glories beyond. *Science* 308: 1416-1418.

RESEARCH FOR HEALTH AS A DRIVER OF EQUITY AND DEVELOPMENT: PERSPECTIVES AND EXPERIENCES OF STAKEHOLDERS

Hoda Rashad

There are key differences between the discourse, science and policies for Health Equity (HE) and the mainstream ones on Social Determinants of Health (SDH). These differences are shaping the development of a field of study with ample opportunities and challenges for social science contributions to improved health and health equity.

Indeed, health as social construct and the role of social determinants in health promotion is well established and occupies a reasonable share of public health discourse. Health equity on the other hand, while drawing on SDH frame, is adopting new paradigms (social justice), posing new questions (e.g., how to intervene to achieve fairer distribution of opportunities for health), serving different target groups (civil society, public consciousness etc.), and more importantly inviting new disciplinary backgrounds and multidisciplinary collaborations.



The recent uprisings and articulated calls for social justice do provide impetus for this special field of research. Such public revolutionary movements and calls for change demonstrate the intrinsic values of the equity aspirations and the serious consequences of not meeting the entitlements of decent livelihoods. Health equity is rightfully being conceptualized as a benchmark for progress, development and societal well being.

The science of HE is called upon to serve the demand for a new type of evidence, research and knowledge to support the needed social movement, the sought participatory governance and the called for public policy reforms.

Unfortunately, the opportunities that are opening up are still elusive. The challenges are many, starting from the well known impediments of a weak national research system with limited funding and poor spectrum of policies related to knowledge creation and diffusion, to the additional ones specific to this field of research (special types of capacity building, different types of research, more innovative dissemination and outreach modalities to different target groups, etc.). Furthermore, the recent political prospects for change have clearly not materialized in placing science and scientific thinking as a beacon for progress. On the contrary, many regressive steps are signaling a spiral down movement.

Despite these challenges, there are concrete examples to demonstrate that investment in centers of excellence, regional networks and institutional partnerships are cost effective and would foster very much needed steps in the right directions. These investments need to guard against short-term, pressured and narrowly-defined success criteria and to develop longer-term institutional approaches, allowing programmatic directions to replace scattered project support.

Candidates areas for actions include: capacity building programs that are cumulative and linked to research outputs and/or policy impact within a supportive environment; improving data bases, their accessibility and utilization as well as sharing the knowledge and lessons from successful interventions; strengthening regional partnerships and programs (joint research, degree and training programs, policy support networks, regional publications).

Supporting research and innovation systems for health, equity and development



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