

Letter to the Editor

National research for health system mapping in 5 countries in the Eastern Mediterranean Region and perspectives on strengthening the systems

Sir,

Background

The importance given to developing national systems for research for health is increasing rapidly around the world, especially following the Global Ministerial Meeting on Research for Health, held in Bamako, Mali, in 2008.

In 2004, the Research, Policy & Cooperation Unit (RPC) of the World Health Organization's Regional Office for the Eastern Mediterranean (WHO/EMRO) published the results of a National Health Research System (NHRS) analysis that it had undertaken in 5 countries of the WHO Eastern Mediterranean Region [1].

In 2007, a similar study was initiated to assess the NHRS in 10 other countries in the WHO Eastern Mediterranean Region [2]. The 10-country study was a collaborative effort between the EMRO/RPC, the Council on Health Research for Development (COHRED), and the Health Ministers Council of the Gulf Cooperation Council States (GCC).

Mapping

To complement these previous 2 studies, WHO/EMRO supported COHRED to extend the NHRS mapping study to the remaining 8 member countries in the Region to be carried in 2009/2010. Of the 8 countries invited, 5 responded: Afghanistan, Iraq, Pakistan, Palestine and the Syrian Arab Republic.

Equipped with the NHRS-assessment tool developed by COHRED, each participating country carried out their own assessment in the period leading up to presenting their results in a meeting held in Cairo, 20–21 September 2010, hosted by Egypt's National Research Centre (NRC), and organised by COHRED and the New

Partnership for Africa's Development (NEPAD) North Africa Biosciences Network at NRC/Cairo. Focal points from 3 of the 5 participating countries, i.e. Afghanistan, Pakistan and Palestine, were able to provide updated information describing their own NHRS. Key regional actors that included Egypt's Ministry for Scientific Research and Ministry of Health and Population, as well as USAID's Health and Nutrition group, and researchers from NRC and other Egyptian institutions met to review the results from the 3 studies, extract lessons, and discuss the next steps to strengthen research for health and health research systems in the Region. The group also identified potentially interested partners and other resources needed to facilitate implementation of the next steps.

Findings

The main findings resulting from this initial mapping effort can be summarized as follows:

- All countries have a designated structure in their ministries of health which has the overall responsibility for the governance of national health research. These structures are monitored by executive managers in Afghanistan and Palestine. In Pakistan, there is an elected Board of Governors constituted of federal divisions.
- Palestine and Iraq do not conduct a formal evaluation of health research. The Syrian Arab Republic began such evaluation in 2009. The other countries have an annual evaluation. Evaluation reports are transmitted to various authorities but there is no information about the content, the quality of these reports, nor about the actions taken on negative evaluations.
- There is no substantive legislation to guide health research in any of the 5

countries. Some acts or restrictions deal only with ethics or value aspects that differ between countries.

- A health research plan has been developed in both Afghanistan and Pakistan and includes a strategic and policy vision. The Syrian Arab Republic is adopting the WHO/EMRO cooperation development process as a basis for planning. There is no formal strategic or policy plan in Iraq or Palestine. All the countries have national health priorities, while Pakistan and the Syrian Arab Republic also have clearly defined health research priorities. It is not clear if these are widely known inside and outside the countries.

The way forward

Almost all countries in the WHO Eastern Mediterranean Region (19/22) now have at least a baseline assessment that can be and has already been used by national decision-makers to strengthen their health research management and governance system. In fact, all low- and middle-income countries will benefit from more efficient management of NHRS and the adoption of effective national health research policies [3].

Providing evidence to and engaging policy-makers and other stakeholders in research priority-setting increases the likelihood of the utilization of research evidence by policy-makers. This has been shown in Tunisia, which undertook a comprehensive national health research priority-setting effort in 2008, the results of which are currently used by the Ministry of Health [4]. Except for a few initiatives [5], no other previous efforts have been undertaken to set priorities for health policy and systems research in countries of the Middle East.

It is clear that collaboration is key to facilitate national improvements and

regional collaboration and to increase available funding for health research. COHRED and NEPAD will encourage countries, organizations and decision-makers to develop benchmarks of high performing NHRS that can meaningfully improve the health status of the population and reduce inequities.

There is both an opportunity and an urgent need to support further development of NHRS in countries of the WHO's Eastern Mediterranean Region. Follow-up action between countries, WHO/EMRO, COHRED and NEPAD is envisaged for 2011 – the assessments having been completed, the time for action has arrived.

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