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on Health Research
for Development*



*Regional
Consultative Process
Eastern Mediterranean*

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EASTERN MEDITERRANEAN
REGIONAL CONSULTATION ON
HEALTH RESEARCH FOR DEVELOPMENT

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Contents

Executive summary	3
1. Introduction	6
2. Global conference on health research for development, October 2000	7
3. Challenges facing health development in the Eastern Mediterranean region	8
4. Current situation of health research in countries of the region	11
5. WHO perspective on the future development of health research	14
6. Capacity-building for health research	16
7. Presentation of the World Health Report 2000	17
8. External collaboration for health research	18
9. Future directions for health research in the Eastern Mediterranean region	20
10. Conclusions and recommendations	24
Annex 1	26
Agenda	26
Annex 2	27
Programme	27
Annex 3	28
List of Participants	28

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Executive summary

A regional consultation on health research for development was held jointly by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and the Council on Health Research for Development (COHRED) from 24 to 26 June 2000 in Cairo, Egypt, as part of a broad consultative process in preparation for a global conference on health research for development to be held in Bangkok, Thailand, in October 2000. The consultation, which was attended by 16 experts from 10 countries of the Region as well as by staff from WHO and COHRED, reviewed the current situation of health research in the countries of the Eastern Mediterranean Region and proposed future directions for health research.

The review of the current situation of health research in the Eastern Mediterranean Region revealed the following:

- In most countries there is political commitment for health research, and some sort of health research policy exists
- Priority-setting is being done through workshops and consultations and based on results of health surveys
- Stakeholders are mostly limited to staff in the universities and in research institutions
- Most countries report little utilization of research findings by planners and policy-makers. In fact, there is hardly any demand for research by health service managers and planners, and except for ad hoc contacts no sustained linkages exist between researchers and decision-makers
- Different models for coordination of research exist in the Region. However, there is considerable room for improving their effectiveness
- Weaknesses are widely present in defining research problems, use of appropriate research methods, data analysis and interpretation and writing scientific papers
- Very few functioning networks exist in the Region
- Some attempts are being made to strengthen research capacities of young researchers, mostly through short-term national training courses. However, no systematic national plans exist for developing research capacities of concerned stakeholders
- There appears to be an urgent need to demystify research and create a research culture in which research training is integrated early in medical education and planning for research is included as an intrinsic component of national health plans.

Regarding strategic directions for health research during the coming decade, the following recommendations were made.

To countries

1. Health research units should be created/strengthened in ministries of health and encouraged to create a demand for research
2. National forums should be established to periodically bring together all of the stakeholders involved in health research, particularly nongovernmental organizations and community representatives
3. Health research should be promoted as an integral part of health development
4. Research priorities should be set not only at national levels but also at subnational and district levels, and they should take into account explicit principles and values
5. Universities and ministries of health have complementary roles in health, and every effort should be made for collaboration between them on health problems of national importance
6. Broad social objectives should be used as an entry point for promoting multidisciplinary research
7. All national bodies funding health research services should develop explicit policies and procedures for reviewing proposals as well as for monitoring and evaluating those which are funded.

To WHO and/or COHRED

8. WHO/EMRO and/or COHRED should document and disseminate country experiences in community mobilization in priority-setting and in health research
9. WHO/EMRO should disseminate information about the strengths and weaknesses of different national mechanisms being used for coordinating health research
10. WHO/EMRO should facilitate and support research projects among countries on common and priority topics
11. WHO/EMRO should play a key role in supporting the development of appropriate learning materials for enhancing the research capacities of different target groups of stakeholders, including in areas such as research management, communication skills, advocacy, social marketing, participatory techniques, etc
12. WHO/EMRO and/or COHRED should support studies on research flows for health research
13. WHO/EMRO research policies and programmes should reflect regional diversity

14. The WHO Regional Advisory Committee for Health Research should reconvene and meet regularly. It should be multisectoral and include subcommittees to represent different stakeholders and research themes
15. WHO/EMRO and COHRED should explore the idea of establishing a regional fund for health research. Possible donors might include the Organization of Islamic Conference and Gulf Cooperation Council, as well as other regional donor organizations
16. WHO Representatives' Offices should be strengthened to support health research in their respective countries
17. The presence of COHRED in the Region should be strengthened.

1. Introduction

A regional consultation on health research for development was held jointly by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and the Council on Health Research for Development (COHRED) from 24 to 26 June 2000 in Cairo, Egypt. The consultation was held as part of a broad consultative process in preparation for a global conference on health research for development planned for October 2000 in Bangkok, Thailand. The objectives of the consultation were to identify critical issues facing the development of health research in countries of the WHO Eastern Mediterranean Region and to initiate the development of a strategic plan for promoting the role of research in health development and for strengthening research capacities. The consultation was also expected to result in suggestions for an optimal framework for the governance of research at the national, regional and global level.

The consultation was attended by experts from 10 countries in the Region as well as by staff from WHO and the Council on Health Research for Development (COHRED). The agenda, programme and list of participants are attached as Annexes 1, 2 and 3, respectively.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, opened the meeting. In his address, Dr Gezairy referred to regional efforts to promote and support health-for-all related research in Member States, including country visits by a high-powered task force. He also referred to the glaring disparity between the resources spent on research on health problems of the industrialized world and the expenditures for research on problems afflicting developing countries. In view of worldwide interest in removing this disparity and in devising a system for more equitable distribution of resources for health research, a global conference on health research for development was scheduled to be held in October 2000. The regional consultation, like others held in Africa, Asia and Latin America in preparation for the global conference, provided a unique opportunity for scientists in the Region to take a critical look at the current state of health research in their respective countries, identify major challenges and outline a strategy for further development. In conclusion, Dr Gezairy thanked the Council on Health Research for Development for its support in organizing the consultation.

Dr Ibrahim Badran, Egypt, and Dr Tasleem Akhter, Pakistan, were appointed as Chair and Vice-Chair, respectively. Dr A. Mechbal and Dr J. Hashmi were nominated as rapporteurs.

2. Global conference on health research for development, October 2000

Dr Y. Nuyens, Coordinator, COHRED

A global conference on health research for development will be held in Bangkok, Thailand, in October 2000. A series of events during the last decade led to the decision to the conference; these events included publication of the report of the Independent Commission on Health Research in 1990, the technical discussion at the Forty-third World Health Assembly in 1990 which focused on the role of health research in the strategy for health-for-all by the year 2000, the publication in 1993 of the first ever World Bank annual report dealing with health and in 1996 the publication of the report of the Ad Hoc Committee on Health Research relating to future intervention options.

The global conference is being sponsored by WHO, World Bank, Global Forum for Health Research and COHRED. The broad aims are to elaborate a vision, agenda and an action plan for health research for development in the first decade of the millennium and to suggest a better architecture for health research cooperation at the international, regional and country level. The conference is expected to be attended by people engaged in health research as well as by policy-makers, community leaders, professional associations, international and nongovernmental organizations and stakeholders from related sectors, such as education, agriculture, nutrition and housing.

Since the beginning of 2000 a number of regional consultative meetings have been held to identify critical issues facing the further development of health research in countries of different regions, to make suggestions about strengthening national research capacities and to promote the role of research in health development. The outcomes of these regional meetings will feed into the international conference.

Participants were encouraged to disseminate information about the global conference on return to their respective countries and try to persuade senior researchers and managers to attend.

3. Challenges facing health development in the Eastern Mediterranean region

Dr A. Saleh, Assistant Regional Director, WHO/EMRO

The extreme diversity within and among the 23 countries of the Eastern Mediterranean Region poses a challenge for developing regional policies and programmes dealing with health development. The populations of individual countries range from 643 000 in Bahrain to 139 million in Pakistan and are predominantly young, with people over 65 years of age constituting under 5% except in Cyprus (11.2%) and Tunisia (7.4%). More than 90% of the regional population lives in middle and low-income countries. Health systems in these countries are under-funded, while high-income countries are concerned with the rapidly escalating costs of health care. Access to local health services and immunization coverage has substantially improved with the exception of a few countries affected by civil strife and/or severe economic constraints. The problem of tuberculosis is being energetically tackled through strengthening national tuberculosis control programmes and implementing the directly observed treatment, short course (DOTS) strategy. According to 1998 figures, 94% of new cases of tuberculosis in the Region occur in nine countries, and 43% occur in one country alone. There are six countries in the Region with a severe malaria problem. The AIDS epidemic is slowly spreading. In addition to vaccine-preventable and other communicable diseases, countries in the Region are facing a rapidly increasing incidence of noncommunicable diseases, especially coronary heart disease, hypertension and diabetes mellitus.

Countries in the Eastern Mediterranean Region have been slow to participate in the global explosion of new knowledge as it applies to better understanding of disease processes, ultimately leading to their prevention, control and/or better management. The major challenges faced by the health sector in most countries of the Region and which have an implication for research are:

- Rising costs of health care, which governments are increasingly unable to bear, coupled with an increasing demand for quality health care
- The moral imperative of providing health care to the poor and marginalized segments of society
- Political pressure for decentralization of administrative services, including provision of health care
- Increasing the effectiveness and efficiency of the health care systems, which are largely based on tertiary care facilities and are inefficient
- Persistent mismatch between the production of different categories of health care personnel and the needs of the health system and of communities

- Decision-making which is not based on sound and scientific evidence
- Increase in risk-taking behaviour, particularly among adolescents and young adults (especially as related to smoking, drug abuse and transmission of HIV)
- Malaria (in a few countries) and tuberculosis
- Maternal health and safe motherhood
- Striking an appropriate balance between allocating resources to develop the potential for participating/contributing to the global development of knowledge and the need to carry out country specific health development research.

Research questions/topics for most of the above have been delineated at the global and/or regional level. However, there remains a need for closer scrutiny and re-ordering of priorities at the national level. This is a task in which all the concerned stakeholders should be involved and can be a way to strengthen the research process in the countries of the Region. Obviously, it will not be possible to address all the major challenges at one time, but the skills and competencies required to address the research issues connected with these health challenges are similar.

The WHO Regional Office for the Eastern Mediterranean is prepared to collaborate with governments not only in deciding on priorities among these health challenges for research purposes but also in the planning and implementation of the entire research process.

WHO had released *The World Health Report 2000. Health Systems: Improving Performance* shortly before the consultation. In view of its importance and implications for research, the participants received a briefing on the framework used for the report and on the various performance indicators calculated for countries in the Eastern Mediterranean Region.

Discussion

In the ensuing discussion participants emphasized the diversity in the Region, both among and within countries, and expressed concern over the widening gaps between the haves and have-nots. Rapidly advancing technology meant rapidly increasing economic disparities in many populations of the Region.

One theme that emerged from the discussion was the need to establish linkages between research and decision-making. Several participants reported that although their countries had demonstrated firm commitment to research by establishing research units or councils, decision-making and policy-making were not subsequently based on research or scientific evidence. Associated with this problem was the fact that research results were often ignored or not translated into action at any level.

Another issue that was identified as a challenge for health development in the Region was widespread misconception about the complexity of the research process. Participants cited a need to demystify research and to create a “research culture” in which research training is integrated early into medical education and research planning is included as an intrinsic component of national health plans. This type of research-oriented environment would also encourage utilization of research findings as evidence for policy-making at the national level.

The potential benefits of forming a regional body for research that could oversee and assign collaborative research efforts were discussed. Such a body would facilitate coordination of proactive research efforts and dissemination of research results and might guide countries in setting research policies.

4. Current situation of health research in countries of the region

Participants were divided into two groups to discuss the current and most recent (i.e. in the last decade) situation of health research in their respective countries. Discussion groups were provided with a list of suggested issues for discussion but were encouraged to address any other issues that might emerge. A summary of the discussions was presented following the group sessions.

Political commitment and funding

Primary indicators for political commitment identified by the participants included financial support and the presence of national structures for research, as well as other indicators such as explicit statements about research and the establishment of dialogue between researchers and decision-makers. Most countries reported a trend towards greater political commitment; Oman, Pakistan, Sudan and Tunisia had established research units within their respective ministries of health, and Egypt, Islamic Republic of Iran, Morocco and Tunisia were increasing resource allocations for research. Egypt, Islamic Republic of Iran and Sudan all had explicit statements supporting research within national health plans.

Challenges:

- Political commitment must be maintained
- Dynamic, country-specific indicators are needed to monitor health research.

Policy-making

Most countries have some sort of health research policy, which may be spelled out as a national health research plan or contained within a broader national health plan.

Challenges:

- Policy is not always translated into practice
- Countries are in need of a “culture” of research.

Priority-setting

Forums for priority-setting include workshops and consultations, at national or subnational levels, and national commissions. Priorities are set according to consensus within these forums. Other approaches to priority-setting include the use of data from scientific studies, such as burden of disease analysis in Pakistan.

Challenges:

- Donor sovereignty can disrupt national priorities
- More involvement is also needed by other stakeholders and by civil society
- Mechanisms are needed to empower and involve the community and other stakeholders
- Priority-setting at subnational/district levels remains difficult.

Stakeholders in research

Stakeholders were found to be mostly limited to managers, academia and the medical community, with few linkages between these groups. Nongovernmental organizations and the private sector, with the exception of pharmaceutical companies, are rarely involved. Some countries are involving communities at the district level (Islamic Republic of Iran, Pakistan and Tunisia) and regional level (Sudan), in a multisectoral team approach.

Challenges:

- Experiences and lessons learned to date should be disseminated among countries. Communities also need to be enabled with resources and training and empowered with a legal framework for health research.

Utilization of research findings

Most countries reported little utilization of research by planners and policy-makers. Some countries, such as Pakistan and Tunisia, reported ongoing dialogue and partnerships between research producers and potential consumers which need to be strengthened. In addition, donor agencies that develop and support research projects do not necessarily support associated projects such as feasibility studies or comprehensive evaluation.

Challenges:

- A critical mass of research may be needed in order to influence policy and planning. Utilization-focused research should involve potential users at all stages
- Data are not systematically disseminated, and access to data may be limited.

Coordination of health research

Mechanisms for coordination of research included institutions, such as national councils or centres, committees and networks. The Islamic Republic of Iran reported that research was coordinated at the level of the President; some countries reported no explicit mechanism for research coordination.

Challenges:

- Better descriptions, analysis and assessment of different coordination mechanisms are needed
- External support, such as from WHO, would be helpful in assessing effectiveness of various models.

Content of health research

The type of research being carried out varies according to country situations. Egypt, Islamic Republic of Iran, Morocco, Pakistan and Sudan reported an emphasis on health systems research due to recent health systems reform. Other countries reported problems in maintaining a balance between basic, clinical and health systems research. There is a lack of systematic information due to weak health management information systems and little training in health research.

Challenges:

- Weaknesses exist in defining problems, in data analysis and in preparing results. Training is needed in research methodologies and in preparation of reports and scientific papers
- Research training needs to be integrated early into health education.

Networking

Participants agreed that networking should involve nongovernmental organizations and civil society. Lack of information dissemination was a common problem; most countries reported the absence of a research database at the national level. The Public Health Network in Pakistan was cited as an example of an effective national network for collaboration and resource sharing.

Challenges:

- External support is needed for network models. Donor organizations could provide support by organizing regular consultative meetings
- Intercountry collaboration is mostly lacking and could be facilitated by the establishment of an external alliance for regional research coordination.

5. WHO perspective on the future development of health research

Dr A. Mechbal, Regional Adviser, Research Policy and Coordination, WHO/EMRO

Extensive review of the WHO research strategy and mechanisms of cooperation with Member States has taken place over the last year. The review highlighted the unique role WHO can play in research and development in areas such as: gathering and disseminating information on the advances made in research; emphasizing the need for adequate allocations for health research and development; promoting and supporting essential national health research in developing countries, especially the type which will help in addressing inequities in health; building and sustaining institutional research capacities; and promoting international partnerships. Research will underpin and link the major thrusts of the WHO corporate strategy aimed at reducing the burden of disease and risk factors, developing better health systems and promoting a health dimension to development policy. Special attention will be paid to stimulating research for, with and by developing countries, especially through initiatives for research capacity strengthening with the ultimate aim of establishing research as a foundation for policy.

In order to ensure that WHO policies and programmes are based on the best scientific evidence, all WHO technical programmes will be periodically reviewed externally. The review has also resulted in changes in how expert advisory panels and expert committees will be managed. Similarly a number of modifications have been proposed in the manner in which WHO collaborating centres are designated and managed in order to make their activities more relevant to the needs of WHO programmes and of the countries in which they are located.

Following an informal consultation held in November 1999, the membership and functioning of the global advisory committee on health research has been modified. It will act as a scientific advisory committee on critical research issues to the Director-General of WHO, will ensure the quality of WHO research initiatives and of in-house research and perform an "intelligence" role in identifying the latest scientific developments. Similar modifications are expected in the functioning of the regional advisory committees for health research.

Discussion

During the discussion following the presentation, several of the participants expressed an interest in the Regional Office's health research strategy for the coming years and its role in facilitating the access to biomedical and the so-called 'grey' literature. Dr A. Saleh, responding on behalf of WHO/EMRO, indicated that research is viewed as an integral part of all WHO programmes. The Regional Office is currently reformulating its strategy in support of health research in Member States and the discussions at the present consultation

will be of great assistance in this task. He pointed out that information dissemination is a regional priority and also informed the group about the various health literature-related activities sponsored by the Regional Office, including the publication of the *Eastern Mediterranean health journal* and compilation of a regional Index Medicus. Within the limited budget available, the Regional Office is also supporting a number of technically worthwhile research projects. In order to assist researchers in formulating proposals and assist them in writing papers for publication, the research and editorial services units in the Regional Office have been conducting special training courses in Member States.

The group recommended to the Regional Office that support should be provided for strengthening existing national mechanisms for managing/ coordinating health research rather than for creating new structures. It was also suggested that WHO Representatives' Offices in countries should become better informed about the health research situation in their country of assignment and be more supportive of health research activities, including facilitating linkages with researchers in other countries within and outside the Region.

6. Capacity-building for health research

Dr J. Hashmi, Consultant, COHRED

Capacity-building for health research is primarily a national responsibility which, if well planned and executed, can serve as a major strategy for enhancing the role of research in national health development. Globally, there is now a large body of information available, accumulated mostly through the experience of certain bilateral and multilateral research programmes, such as Tropical Disease Research (TDR) in WHO headquarters, concerning different approaches to capacity-building and factors contributing to successful or unsuccessful outcomes. A summary of various approaches and of factors influencing the outcomes of capacity development were presented. The participants were also informed that following extensive discussions, guidelines for evaluating the impact of capacity-building are now available for field testing. Finally, they were reminded that capacity-building efforts should not be limited to individuals and institutions but that efforts should be equally directed to other components of the research process such as advocacy for research, priority setting, resource generation, networking, etc.

Discussion

The participants agreed that strengthening research capacities is a key approach to development of health research in countries, and WHO/EMRO was requested to support Member States in drawing up needs-based, feasible and cost-effective plans for strengthening research capacities in areas critical for future health development. In this connection information was provided about short courses being organized by the Aga Khan University in Pakistan for various categories of health personnel. It would be worthwhile for WHO to disseminate information about these courses to other countries and, where possible, provide support to some of the participants from outside Pakistan.

Participants indicated that it was crucial for WHO to engage in a dialogue with the health research community in Member States on an annual or biannual basis to assess the development of health research capacities. The need for developing capacities for policy research was pointed out; special efforts were also needed to instil an appreciation of the need for research among the nongovernmental organizations and community representatives. The group proposed that some efforts should also be directed to building relevant research capacities among senior officers in the ministries of health as a means for creating a demand for research. Intercountry collaboration in health research was proposed as a mechanism for developing research capacities on a subregional basis.

7. Presentation of the World Health Report 2000

Dr A Mechbal, Regional Adviser, Research Policy and Cooperation, WHO/EMRO

The world health report 2000. Health systems: improving performance presents a new way of assessing health system performance based on indices of goal attainment. The report identifies the main goal of a health system as improving the health of the people, which means both improving the average health of the population as well as reducing health inequalities. Two other intrinsic goals that the health system shares with other social systems are: responsiveness to the legitimate expectations of the population, and fairness in financing. This second goal is somewhat different from the simple concept of per capita health expenditure; the core values of it are that people should not be exposed to impoverishing levels of health spending and that there should be no financial barriers to care. Fairness requires some degree of risk pooling.

The report also identifies and analyses the four main functions of all health systems: stewardship, financing, resource generation and provision of personal and non-personal health services. These four functions of the health system provide a basis for understanding performance variation over time and among countries, even with similar level of resources.

Five attainment indicators are used to measure how well the system is doing. These are the average level of health, health inequalities, the average level of performance, inequalities in responsiveness and fairness in aspects of financing. One composite index has been developed, based on a specific weight attached to each of the specific goal attainment indices. This is the overall goal attainment index.

The report also compares the current achievement of a health system with what it could reasonably be expected to achieve, given its available resources. For this the average age of the schooling in adult populations was used as determinant for the estimation of the maximum level that could be achieved. Two performance indicators are used: performance on the level of health index, and overall health systems performance index.

The annexes of the report contain a first assessment of performance of health systems over the world for 191 countries. Countries are ranked for the eight (8) indices, using the best available data and a sophisticated methodology for calculation and estimation of these indices.

8. External collaboration for health research

Dr J. Kasonde, Analytical Team

Key players in the international health research and development system are: investors, research and development networks, research institutions, health care providers, foundations and private industry. In 1996 the Ad Hoc Committee on Investing in Health Research recommended the creation of a forum to bring together all these players for exchange of views on priorities to be addressed; however, the problem of coordinating international health research has remained, as shown by concerns expressed in recent consultations with individuals, regions and agencies.

Concerns have been expressed that donors tended to distort recipient country priorities by funding agency-favoured research projects; that effective collective action to address common problems was not being achieved; and that global research initiatives were not always responding to critical problems as perceived by the countries. The participants were urged to identify such constraints to international health collaboration and to suggest solutions.

Discussion

Coordination at *country level* was identified as the most important approach. All input needs to be integrated through country-level mechanisms. Even donor priority-setting should follow country or regional consultations to determine the needs of the countries concerned. However, governments need to know their own priorities in order to make such consultations useful. COHRED could assist countries with scientific methods for priority-setting, taking into account culture, family structure and organizational structure. A regional forum for priority-setting and information exchange was urged.

Capacity-building should always be part of donor-funded projects. Recipient countries should be allowed to decide what proportion of funds should be allocated to capacity-building, so that each research project contributes. If capacity strengthening is not successful, there should be evaluation of the reasons; COHRED and the Global Forum on Health Research could assist in evaluating reasons for failure.

A regional *clearinghouse* for information sharing should be considered, in which ideas could be shared, proposals developed and advocacy for research initiated. International and internal brain drains could be monitored and other problems identified through such a mechanism.

There was concern that all research foundations were outside the Region, despite the resources available within the Region. Participants urged that investors within the Region establish *endowments* or foundations in support of health research. The idea of a regional alliance for health research,

proposed by the WHO Regional Director for the Eastern Mediterranean in his opening address, was strongly supported.

Collaborating centres for health research at country level were suggested. Because of the breadth of health research, it was suggested that no single centre could deal with all the problems, but the idea of utilizing more expertise from within the Region was supported.

Private industry, particularly in the pharmaceutical field, should be regarded as part of the research and development system within the Region and should be urged to contribute more to health research.

The *global network* of resources for research support has historically been underutilized by countries of the Region.

In summary, *country-based* coordination for international health research was urged, with external inputs being integrated, priorities being set by the country and a proportion of all research projects being allocated to capacity-building. A *regional forum* for information exchange and possible funding through an alliance for health research was recommended.

9. Future directions for health research in the Eastern Mediterranean region

A second round of group discussions focused on future (5–10 years) strategic directions for health research in the Region. Participants were urged both to identify strategies and to propose concrete actions which could be implemented at subnational, national and/or regional levels. A summary of the discussions was presented following the group sessions.

Strengthening political commitment

Demand for health research was identified as an important requirement for generating political commitment. Suggested ways to create this demand included community mobilization and involvement of academia, government, nongovernmental organizations and the media. It was also noted that civil society, as users of health research, would be effective agents to press for change.

Other suggestions for strengthening political commitment were to establish, or strengthen existing, health research units within ministries of health. In addition, developing an inclusive health research platform would help bring together all stakeholders. Systematic provision of research data to decision-makers would promote evidence-based decision making.

Suggested activities were to: hold regular consultations to help strengthen civil society; develop/maintain direct links with important parliamentarian/legislative committees, opinion leaders and the media; and hold specific meetings within a regional network. The prime movers for promoting research should be the dedicated players within countries; donor organizations may be able to assist but should not be key players.

Promoting health research as a tool for health development

There were many overlaps in the activities proposed for promoting health research and those for strengthening political commitment. Additional suggestions for promoting health research for development included creating national-level forums for health research and using students for research and community mobilization as catalysts for change. Integrating research as a component of all programmes, such as in pre-programme feasibility studies and post-programme evaluation, and sensitizing beneficiaries were also identified as ways of raising awareness of research as a tool.

Participants identified a need to demystify research in order to help create a research-oriented culture. Early integration of research training into education would help correct misconceptions about the complexity of the research process. Use of a bottom-up approach with the community as a reservoir of knowledge would build long-term orientation to a research process in which research would be an integral part of development.

Expanding the pool of stakeholders

Participants shared country experiences and offered suggestions according to different country models of research programmes. One suggestion was to expand membership of existing bodies, such as the Pakistan Medical Research Council (PMRC), by including stakeholders from different arenas. Another example was community-based research projects in the Islamic Republic of Iran in which the community was directly involved in each phase of the research process: problem identification, priority-setting and monitoring and evaluation.

The community figured prominently in all discussions about stakeholders, and was consistently identified both as one of the most important stakeholders and as one of the least represented in the research process. The goal should be to make the community a first-tier stakeholder in the research process by involving it as both a producer and beneficiary of research.

Health system needs and national priority-setting

Participants urged decentralization of health research and priority-setting on a district level. Needs assessment and priority-setting must be based on explicit principles and values, such as benchmarks for equity and gender-sensitivity. Tools and methodologies for needs assessment and priority-setting already exist; they must be adapted according to country specificity. Involving communities in the process of research priority-setting is an important goal, but consideration must be given to equity within communities, and efforts should be made to ensure participation of vulnerable or marginalized groups.

Research coordination

Participants focused on the role of information in coordinating research within and among countries. Health research information systems needed to be developed with mechanisms for both storing and sharing information. Within countries, different centres or organizations might coordinate different aspects or types of health research information.

Competitiveness among centres was cited as a possible hindrance to information-sharing. WHO could play a role in facilitating the exchange of information among countries and research centres. It could also facilitate joint/collaborative research among countries on specific common issues, such as tropical disease research and health systems reform.

Ministries of health and universities

Ministries of health and universities have complementary roles and should collaborate and coordinate research efforts, but role specificity and clarity are needed to avoid overlaps.

The role of universities is the direct generation and dissemination of knowledge. They are involved in training and capacity-building for research, and their students should be considered a resource for health research. Universities should have a strong presence within communities, and should offer short courses and workshops in research. In the Islamic Republic of Iran, universities are involved in community-based development projects.

Ministries of health should create enabling environments for the generation of knowledge. They can initiate and facilitate coordination between research partners. Policy-making is the responsibility of ministries of health.

Multidisciplinary research

As health and development are increasingly regarded as different aspects of the same process, and there is a growing awareness of research as a multidisciplinary endeavour. Broad social objectives could be used as entry points for promoting multidisciplinary and intersectoral research, such as projects for researching gender violence or social determinants of health.

Networking and capacity-building

Countries need to develop the networking process and include all stakeholders. Country-based newsletters and journals, in paper or electronic form, can be effective means for networking. Multicountry and multicentre research initiatives, such as the South Asia Infectious Disease Network (SAIDNET), should be supported.

Capacity-building activities could include short courses in research, health information systems, etc. Small grants could be used for supporting course participation. WHO could help in supporting short courses and training of trainers.

Utilization of research

Utilization of research is weak in the Region; the beginning and the end of the research process should be strengthened. Users need to be involved in all phases of the research process, including problem identification, priority-setting and resource mobilization. In addition, research data must be disseminated effectively to all stakeholders and, in some cases, could be marketed. The mass media can play a key role in disseminating information for social change.

Evaluation

Organized policies are needed for review of research proposals. The review process should be transparent, and there should be clear criteria for acceptance. Suggestions for such criteria included degree of community participation, multidisciplinary relevance and scientific value. The review process itself should also be reviewed periodically.

Research projects should include funding for feasibility studies/formative evaluation and summative evaluation. In addition, there should be periodic review to strengthen the evaluation process.

10. Conclusions and recommendations

Regarding strategic directions for health research during the coming decade, the following recommendations were made.

To countries

1. Health research units should be created/strengthened in ministries of health and encouraged to create a demand for research
2. National forums should be established to periodically bring together all of the stakeholders involved in health research, particularly nongovernmental organizations and community representatives
3. Health research should be promoted as an integral part of health development
4. Research priorities should be set not only at national levels but also at subnational and district levels, and they should take into account explicit principles and values
5. Universities and ministries of health have complementary roles in health, and every effort should be made for collaboration between them on health problems of national importance
6. Broad social objectives should be used as an entry point for promoting multidisciplinary research
7. All national bodies funding health research services should develop explicit policies and procedures for reviewing proposals as well as for monitoring and evaluating those which are funded.

To WHO and/or COHRED

Participants repeatedly emphasized the role of WHO in influencing proactive research through its linkages with health programmes in ministries of health throughout the Region.

8. WHO/EMRO and/or COHRED should document and disseminate country experiences in community mobilization in priority-setting and in health research
9. WHO/EMRO should disseminate information about the strengths and weaknesses of different national mechanisms being used for coordinating health research
10. WHO/EMRO should facilitate and support research projects among countries on common and priority topics
11. WHO/EMRO should play a key role in supporting the development of appropriate learning materials for enhancing the research capacities of

different target groups of stakeholders, including in areas such as research management, communication skills, advocacy, social marketing, participatory techniques, etc.

12. WHO/EMRO and/or COHRED should support studies on research flows for health research
13. WHO/EMRO research policies and programmes should reflect regional diversity
14. The WHO Regional Advisory Committee for Health Research should reconvene and meet regularly. It should be multisectoral and include subcommittees to represent different stakeholders and research themes
15. WHO/EMRO and COHRED should explore the idea of establishing a regional fund for health research. Possible donors might include the Organization of Islamic Conference and Gulf Cooperation Council, as well as other regional donor organizations
16. WHO Representatives' Offices should be strengthened to support health research in their respective countries
17. The presence of COHRED in the Region should be strengthened.

Annex 1

Agenda

1. Opening
2. Election of officers and introduction of participants
3. Adoption of agenda and programme of work
4. Global Conference on Health Research for Development (October 2000); background and preparatory work
5. Current challenges facing health development in the Eastern Mediterranean Region
6. Current situation of health research in the Region with special reference to formulation of national health research policies, establishment of national priorities for health research, strategic planning, management and financing of health research
7. WHO's perspective on the future development of health research
8. Capacity-building for health research
9. External collaboration for health research
10. Future strategic directions for health research in the Region
11. Summary conclusions and recommendations
12. Closing

Annex 2

Programme

Saturday, 24 June 2000

08.30–09.00	Registration
09.00–10.15	Opening of the consultation Address of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean Nomination of the Chairman Introduction of the participants Adoption of the agenda and programme of work
10.15–11.00	Global Conference on Health Research for Development Dr Y. Nuyens, COHRED
11.00–12.15	Current challenges facing health development in the Eastern Mediterranean Region Dr A. Saleh, ARD, WHO/EMRO
12.15–14.30	Discussion in two working groups on the current situation of health research in the Region
14.30–15.30	Presentation of the summary of discussions in working groups–plenary discussions

Sunday, 25 June 2000

08.30–09.30	WHO's perspective on the future development of health research Dr A. Mechbal, RA/RPC, WHO/EMRO
09.30–10.45	Capacity-building for health research Dr J. Hashmi, COHRED
10.45–11.30	External collaboration for health research Dr J. Kasonde, COHRED
11.30–15.00	Introduction to future strategic directions for health research Discussion in working groups

Monday, 26 June 2000

08.30–10.45	Summary of working group discussions related to the plenary discussions
10.45–11.30	Conclusions and recommendations
11.30–11.45	Closing

Annex 3

List of Participants

Egypt

Dr Ibrahim Badran
Former Minister of Health
Cairo

Dr Zaki Salem Bassiouni
Primary Health Care Department
Ministry of Health and Population
Cairo

Dr Mostafa Habib
Director-General of Research, Centre for Field and Applied Research
Ministry of Health and Population
Cairo

Islamic Republic of Iran

Dr Hossein Malek Afzali
Deputy Minister for Research Affairs
Ministry of Health and Medical Education
Teheran

Jordan

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Head, Department of Community and Family Medicine, Faculty of Medicine
Jordan University of Science and Technology
Irbid

Lebanon

Dr Abdo Jurjus
Faculty of Medicine
American University of Beirut
Beirut

Morocco

Dr Jaafar Heikel
Professor of Epidemiology, Faculty of Medicine, Casablanca
Regional Director of Health, Region of Casablanca
Casablanca

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Dr Asya Al-Riyami
Director of Research and Studies
Ministry of Health
Muscat

Pakistan

Dr Tasleem Akhter
Director, Provincial Health Services Academy
Peshawar

Dr Anwar Islam
Chief, Health Sciences Division
Department of Community Health Sciences
Aga Khan University
Karachi

Dr Jahangir Khan
Acting Chairman, Pakistan Medical Research Council
Islamabad

Dr Khalida Usmani
Principal
Fatima Jinnah Medical College
Lahore

Sudan

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Director, Research Directorate
Federal Ministry of Health
Khartoum

Syrian Arab Republic

Dr Habib Abboud
Director, National Drug Quality Assurance and Research Laboratories
Ministry of Health
Damascus

Tunisia

Dr Zohair Fekih
Focal Point for Research
Ministry of Public Health
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Dr Riadh Ben-Ismaïl
Chief, Department of Medical Parasitology
Pasteur Institute
Tunis

Council on Health Research for Development (COHRED)

Dr Y. Nuyens, Coordinator/COHRED

Dr J. Hashmi, Consultant

Dr J. Kasonde, Analytical Team

Dr Pat Butler, Senior Officer/COHRED

WHO Secretariat

Dr Hussein A. Gezairy,
WHO Regional Director for the Eastern Mediterranean

Dr A. A. Saleh,
Assistant Regional Director,
WHO Eastern Mediterranean Regional Office

Dr K. Behbehani,
Director,
EML/WHO, Geneva

Dr Z. Hallaj,
Director, Communicable Disease Control,
WHO/EMRO; Acting WHO Representative,
Egypt

Dr A. Mechbal,
Regional Adviser, Research Policy and Cooperation,
WHO/EMRO

Ms Catherine Foster,
Short-term Professional, Reports Office,
WHO/EMRO

Mrs Nadia Khoury,
Administrative Assistant,
WHO/EMRO

Mrs Laila Korayem,
Secretary,
WHO/EMRO