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Eastern Mediterranean**

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Strategic directions for scaling up research for health in the Eastern Mediterranean Region

Research for health is a vital component in developing health systems, in understanding the causes of poor health and predicting and mitigating the effects of other factors on health. Aligned with the WHO strategy on research for health, endorsed by the World Health Assembly in 2010, the strategic directions for scaling up research for health in the Region are based on the premise that research is not a luxury that is affordable only in times of plenty but is a continuing necessity. They propose support for, and the utilization of, research to improve health through the use of evidence, responding to the challenges in the Region.

A draft resolution is attached for consideration by the Regional Committee.

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Executive summary

Globally, research for health is sometimes considered a luxury and is therefore at risk of financial cuts when countries are stressed. However, the importance of research for health and for socioeconomic and health development has been proved and it is now considered an essential investment. Research for health provides the knowledge required to understand the concerns, as well as the effectiveness and efficiency, of the health services and the future needs of the health sector in general. Research for health is needed, not only to understand health conditions but to understand other determinants of health, including education, poverty, gender, human rights and environmental changes. Yet, it is still underfunded in many areas, and does not necessarily address the needs of people.

The Eastern Mediterranean Region is undergoing political, social, economic and demographic changes which will have impact on health. A number of countries are experiencing emergencies, while others are prone to natural disaster. The paper provides a situation analysis of research for health in the Region and outlines strategic directions for the utilization of research to improve health through the use of evidence, responding to the challenges in the Region. The strategic directions emphasize the overall message that research for health is not a luxury, but a necessary investment in socioeconomic and health development and is essential at all times.

These strategic directions are proposed at this time in order to provide a flexible framework, taking into account the regional diversity, that can be adapted by Member States to address their health needs and formulate national research for health strategies. The paper builds on previous achievements, highlights opportunities and sets the stage for addressing new challenges in a multisectoral approach, especially at a time of emergencies and financial constraints. The strategic directions outlined in this paper should be understood as relating to both Member States and the Secretariat. This supports the thesis that collaboration and cooperation is needed to implement the strategic directions proposed.

1. Introduction

National governments and international organizations, including WHO, have recognized that the generation and application of knowledge are fundamental factors for achieving health, equity and development (1,2,3), and are a key factor in strengthening national health systems. Research is an investment, and there is clear evidence that even a small amount of investment in generating and applying available knowledge result in substantial health gains (1,4). It is, therefore, a necessity for all countries, at all times, and should not be considered a luxury for high-income countries only.

With the current challenges the Eastern Mediterranean Region is facing, including political change, demographic and epidemiological transition, climate change, food insecurity and the repercussions of global financial crisis, new approaches and institutional realignments are critical to meeting these emerging trends. When countries are stressed and stretched, financially socially or politically, inequities in health are amplified and rise to the surface. Research provides the essential evidence to tackle the causes, impact, prevention and treatment of ill-health.

The achievement of social and economic development, health, equity and the Millennium Development Goals in the Region can be enhanced by generating and sustaining high quality national health research systems and promoting evidence-informed policy-making (5,6,7,8). This can be attained by developing: capable and relevant capacity and leadership in research and ethical review; tools for monitoring and evaluation of the health research system; guidelines for ethical norms and standards for health research; and research-based approaches in health policy and planning.

One of the principles guiding the Constitution of WHO is that enjoyment of the highest attainable standard of health is a fundamental human right. Protection of health is thus a human right also and therefore the need to continuously bring the evidence of this linkage through research is vital during emergencies. One of WHO's stated functions is "to promote and conduct research in the field of health" (9). The importance and role of research for health is also stressed in the WHO strategy on research for health (resolution WHA63.21) and the global strategy and plan of action for public health innovation and intellectual property (resolution WHA61.21).

The 2008 Bamako Call to Action on Research for Health (10), highlighted the fact that research for health funding is still a challenge globally, and greater equity is needed. Only a small proportion of research expenditure is allocated to health challenges that disproportionately target the vulnerable, poor and disadvantaged, also known as the '10/90 gap'. Internationally, some countries are studying the returns on investing in research for health. A study in the United Kingdom (11) showed that for every £1 investment in cardiovascular disease research, the annual benefits were equivalent to earning £0.39 (i.e. total health and GDP returns from such research is around 39%, 1975–1992). In Australia, a similar study (12) revealed that health research and development (R&D) investment of US\$ 1 returned an average of US\$ 2.17 in health benefits.

The Regional Committee for the Eastern Mediterranean, in 2001 and 2008, respectively, endorsed resolutions on renewed health research for development (EM/RC48/R.8) and on bridging the gap between health researchers and policy-makers (EM/RC55/R.7). These two initiatives emphasize the importance of integrating research with practice and policy, and using research evidence to ensure effective decision and policy-making in the Region. The Eastern Mediterranean Advisory Committee on Health Research, in 2009 and 2010, recommended the development of a regional research strategy (13,14).

The term "research for health" reflects the reality that a multisectoral approach and the involvement of a range of sectors and disciplines in research are imperative in improving health

outcomes. The term “research for health” throughout this document covers the full spectrum of research, which spans the following five generic areas of activity (15):

- measuring the magnitude and distribution of the health problem;
- understanding the diverse causes or the determinants (factors could be biological, behavioral, social or environmental) of the problem;
- developing solutions or interventions that will help to prevent or mitigate the problem;
- implementing or delivering solutions through policies and programmes;
- evaluating the impact of these solutions on the level and distribution of the problem.

Research for health has been identified as a driving force in economic development. Knowledge translation is a key element in this process and reflects the benefits of health research, both health and economic, through the promotion of policies and interventions that lead to better health in the population (16). Investment in research for health results in improved health systems (17) leading to extended life expectancy, reduction in health inequity and thus improved quality of life (16,18).

The strategic directions for research for health outlined in the paper aim to address the challenges facing the implementation of the various WHO resolutions regarding research for health in the Region. They advocate for greater coordination in research for health, and for prioritizing and improving research governance. This is particularly relevant in regard to the health issues in the Region that disproportionately affect the poor and marginalized, including access to technology, information, health services and resources.

2 Regional situation analysis

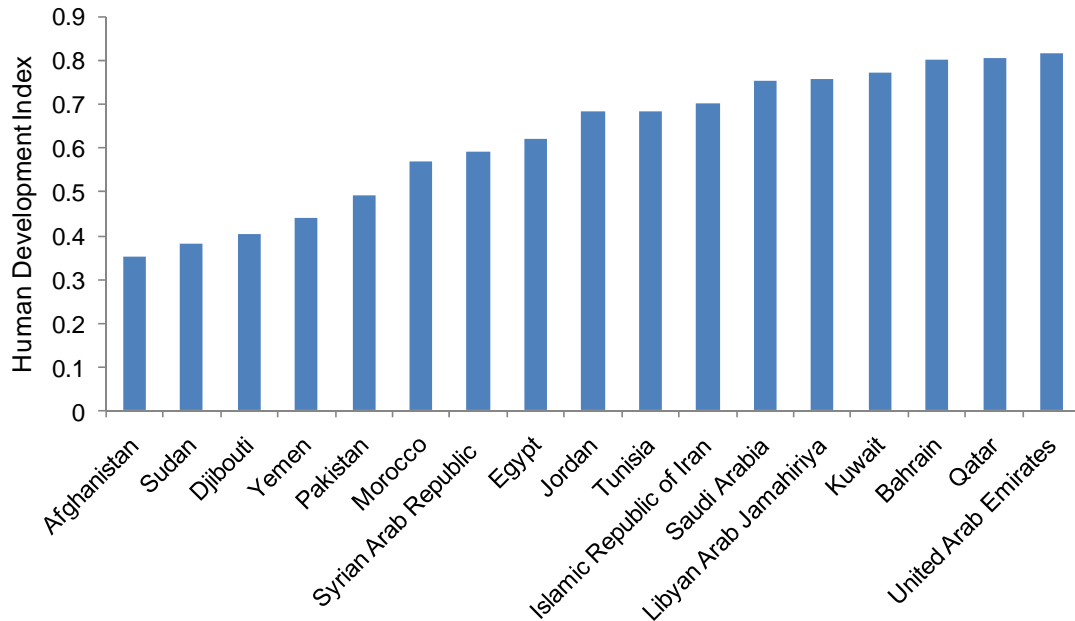
The Eastern Mediterranean Region is undergoing political, social, economic and demographic changes which will have impact on health. A number of countries are experiencing emergencies, while others are prone to natural disaster. Each country has distinct socioeconomic and environmental conditions, as well as different epidemiological and demographic profiles. High-income countries in the Region suffer from a high and increasing burden of noncommunicable diseases and injuries. Low-income and middle-income countries face a double burden of disease, characterized by rise in the burden of noncommunicable diseases and injuries and a persisting burden of communicable diseases and malnutrition.

2.1 Relation between socioeconomic development and type of research

The countries of the Region include some with very high gross domestic product (GDP), as well as some of the poorest countries in the world. On average, the total expenditure on health as a percentage of GDP was 4.1% in 2007, ranging from a minimum of 2.2% to a maximum of 8.9% (19) across countries of the Region. The comparative human development indices (HDI), calculated for countries in which data was available¹ (Figure 1), show the range of diversity in development (20). In terms of development and health status, countries of the Region can be grouped into three clusters, based on comparative HDI:

1. Low HDI: Afghanistan, Djibouti, Sudan, Yemen;
2. Medium HDI: Egypt, Morocco, Pakistan, Syrian Arab Republic; and
3. High HDI: Bahrain, Iran (Islamic Republic of), Jordan, Kuwait, Libyan Arab Jamahiriya, Qatar, Saudi Arabia, Tunisia and United Arab Emirates;

¹ Iraq, Lebanon, Oman, Palestine, and Somalia were not included in the 2010 HDI rankings due to lack of “current, verifiable and comparable data in one or more of the HDI’s dimensions” (20).



Source: (20)

Figure 1. Human development index values of countries of the Eastern Mediterranean Region

Countries in the low-HDI group are characterized by high burden of disease, weak health systems, low public investment in health and severe lack of skilled staff, coupled with poor institutions and absence of governance. Research in these countries can inform policy and promote development of the health sector by providing basic health-related data, accurately assessing available and needed resources (capacities and funds), and seeking solutions to priority problems, such as unregulated and counterfeit medicines, drug resistance and aid effectiveness, among other things.

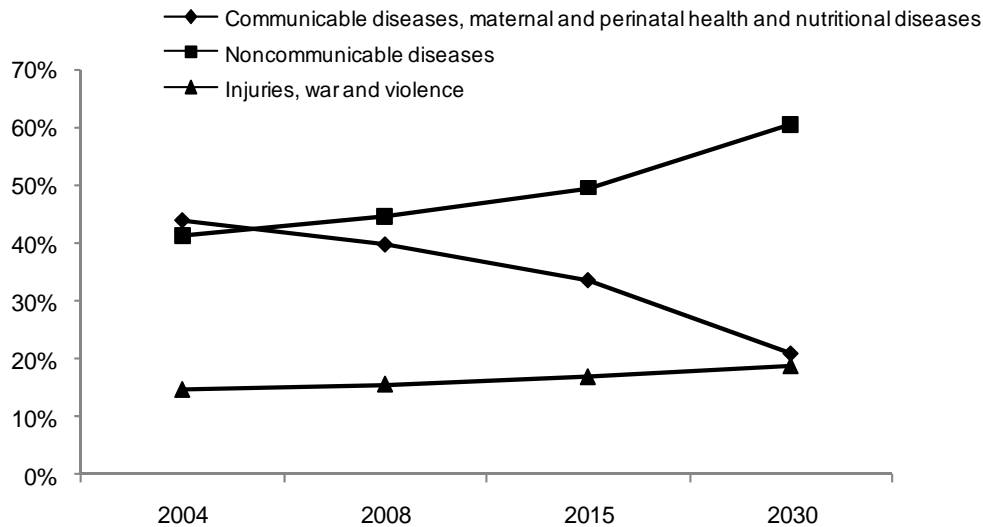
Countries in the middle- and high-HDI groups are characterized by disease and health system disparities within the countries, by limited resources for research and by the need to enhance the research culture. Research can support health development through the study of burden of disease, health financing, hospital management, efficacy of health delivery, quality of services delivered and patient safety, and through assessment of curricula for training of health staff, behavioural studies, and studies on risk factors for health and governance of health in relation to other sectors.

2.2 Funding for research in the Region

Funding for scientific research in general in the majority of the countries of the Region is still among the lowest in the world (21). On average, expenditure on research does not exceed 0.3% of GDP, 97% of which comes from government sources (22). Additionally, some countries are witnessing a shift from public to private funding in the health sector, largely affecting the health of and access to health services for, the vulnerable and poor. Improving the utilization of available funds and exploring the diverse sources of funding should be directed by and based on research evidence. Countries in the Region are increasingly adopting science and technology policies and strategies (23). Among the countries that have boosted their R&D investments are the Islamic Republic of Iran which has now allocated 4% of GDP (compared with 0.59% of GDP in 2006), and Tunisia 1.25% of GDP (0.03% of GDP in 1996) (24).

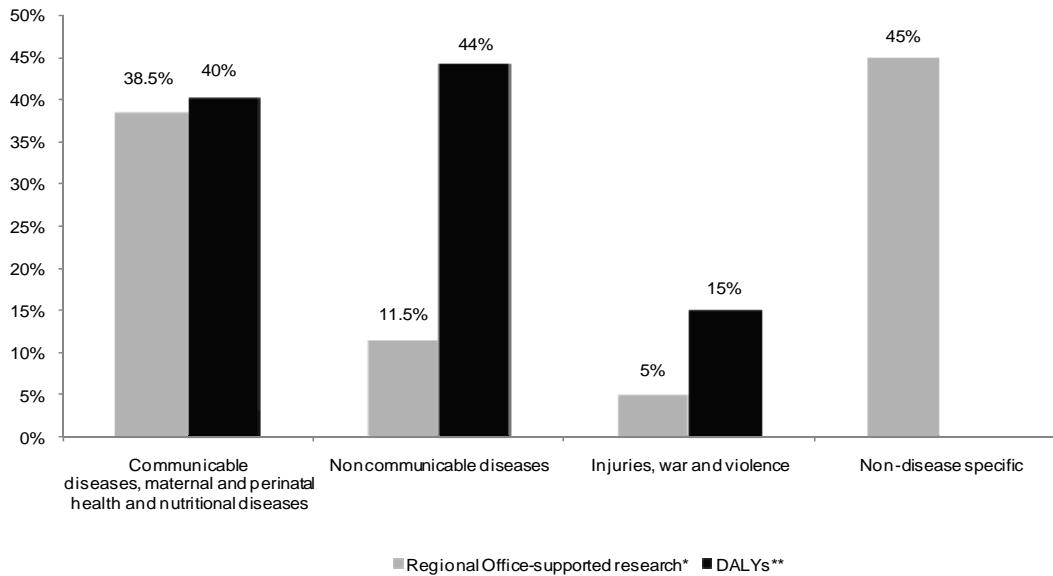
2.3 Regional burden of disease and WHO supported research

The burden of disease trend in the Region, as expressed by disability-adjusted life-years (DALYs), shows an increase in noncommunicable diseases and a decline in the burden of communicable diseases, maternal and perinatal health and nutritional diseases (Figure 2) (25). A preliminary study of 2008–2009 research-related activities supported by the Regional Office compared to the burden of disease (2008 estimates) indicates that 38.5% of research activities were related to communicable diseases, which represent 40% of DALYs (Figure 3). Only 11.5% were related to noncommunicable diseases, which represent 44% of DALYs and only 5% of research activities were related to injuries, war and violence, which account for 15% of DALYs in the Region. With the current turmoil in the Region, these figures can be expected to increase, calling for more research to address the area of injuries, war and violence. A fourth area, which is not a burden of disease but was introduced by Terry et al. to include non-disease-specific areas (26), including, among other things, health research systems and policy, health workforce, health financing, innovation and essential medicines, accounted for 45% of the research-related activities supported by the Regional Office. Similar studies at national level would help provide the evidence necessary to guide policy and planning.



Source: (25)

Figure 2. DALYs in the Eastern Mediterranean Region



Source:

* WHO Regional Office for the Eastern Mediterranean, unpublished data 2010.

** (25)

Figure 3. Comparison of Regional Office-supported research activities

Another indicator of relevance of research in various strategic directions for WHO cooperation with countries could be obtained from the country cooperation strategies. Strategy documents covering the period 2005–2011 were reviewed to summarize the strategic directions identified for each country. The desk review showed that the strategic directions where research is indicated as relevant by more than half the countries of the Region included: health information systems, health financing, evidence for informing policy, noncommunicable and communicable disease. These results can help in identifying the research for health priorities in the Region, and guide the work in supporting Member States and health policy change, since this analysis may be assumed to reflect the thinking of countries in identifying their research for health priorities.

An area that is often under-represented in research for health in the Region relates to the significant determinants that are not directly encompassed within the health sector (2). These determinants are mainly cross-cutting in nature, and interact with each other to affect the health of people. They include poverty, inequity, environment, education, gender, human rights, nutrition and food security, among other things.

The Eastern Mediterranean Region is highly vulnerable to the adverse effects of climate change, being already the most arid and water-scarce region in the world. Increases in public health risks and food insecurity are expected as a result of the impact of climate change in the Region. This threatens to slow and even reverse the progress made in some countries towards achieving the health-related Millennium Development Goals (27). Research and development has been identified as an efficient and effective adaptation, mitigation and response mechanism in managing macro-vulnerabilities (27). In 2008, the Regional Committee endorsed the implementation of a framework to (among other things) implement adaptive strategies at local and national level to minimize impacts of climate change on population health (EM/RC55/R.8). These strategies cannot be developed and implemented without a solid evidence-base. Assessment of health vulnerability and interdisciplinary applied research have been identified as major components in achieving this objective (28).

2.4 Research in primary health care

Instability and conflict affect a number of countries in the Region. Vulnerable health systems often do not receive the attention and resources necessary to address emerging issues. Accordingly, supporting Member States to fulfil the commitments expressed in the Qatar Declaration on Primary Health Care 2008 has never been more important. They include commitments to:

- support the urgent revival and revitalization of disrupted health systems in countries in complex emergency situations and the removal of all barriers to access to health care;
- monitor and evaluate health system performance through the development and use of national and regional observatories; and
- promote policy and health systems research, community-based participatory research and knowledge translation for evidence-based policy-making.

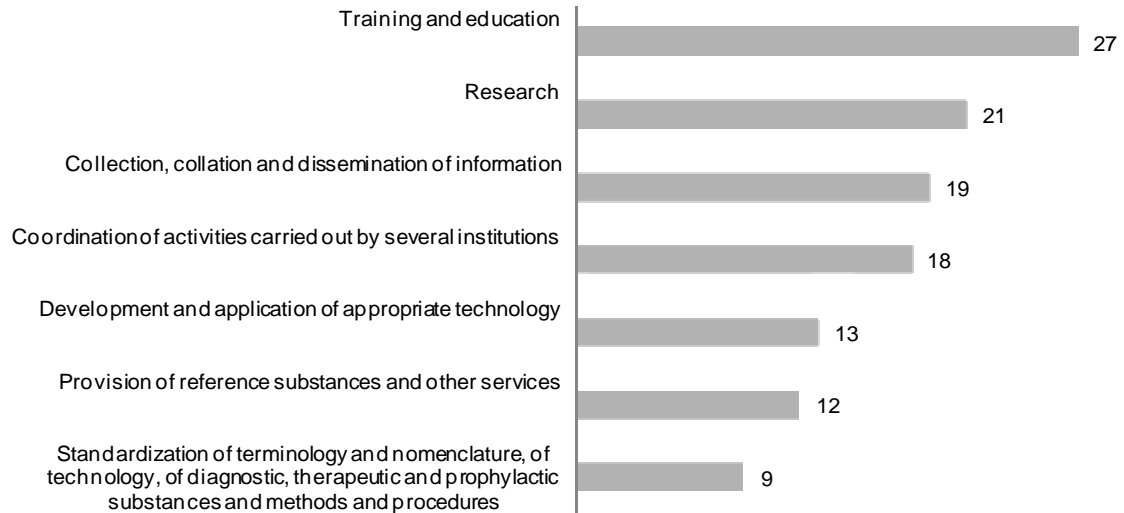
The Qatar declaration clearly identified the importance of engaging the community and the media to ensure that research addresses community needs, and results are communicated to them (29). The media can play a major role in bridging the gap between researchers and their research findings, and the community and policy-makers, through its “knowledge translation” ability. The media’s role in knowledge translation is to disseminate results, sensitize people and publicize research outcomes. Together these constitute one of the missing links in utilizing research results with accountability (30). The light that the media sheds on research for health may also prove to be beneficial in increasing the demand and appreciation for research.

2.5 National health research systems

While some countries in the Region have national health research systems that are efficient and functional, others either do not have national health research systems or need to develop their systems further. As a result, provision of knowledge and evidence in these countries is limited and often unbalanced in focus (6). To address this issue, a number of researchers have identified the need to invest in, promote and enhance local capacity to conduct and apply research for health, especially in times of difficulty, and to promote a research environment at the university level (31,32,33). There is also need to explore and promote the opportunities for mentorship and fellowships. During the period from January 2006 to December 2010, the Regional Office supported a total of 1417 fellowships for individuals (66.6% male, 32% female, 1.4% data not available) from Member States in different fields of health. Yet, even in parts of the Region which have considerable capacity to conduct research for health, the production, dissemination and utilization of research evidence remains weak (34). Insufficient attention to the development of mechanisms for motivating and promoting the demand for research for health is another impediment to progress in this field (1,35).

Currently, funds allocated to research for health and capacity strengthening in developing countries are overwhelmingly provided by international donors, and the Eastern Mediterranean Region is no exception. This external funding, as much as it is beneficial, has a cost and impact on the development of national health research systems and needs to be studied from an ethical standpoint, since funds are not necessarily directed towards the needs of the community, and rarely address national priorities (36,37,38). The Paris Declaration on Aid Effectiveness (39) clearly outlined the necessity for coordination of funds and better alignment and harmonization of funding for low-income and middle-income countries with the needs at the national level. This would bring more accountability. Promotion of national ownership and leadership through strengthening human and institutional capacity is also important to ensure sustainability and long-term benefits.

Source: WHO Regional Office for the Eastern Mediterranean, unpublished data, 2010.



2.6 Role of WHO collaborating centres

Figure 4. Functions of WHO collaborating centres in the Region (functions not mutually exclusive)

WHO collaborating centres have a responsibility to promote and enhance research for health at the national level. The preliminary results of an exercise to map the WHO collaborating centres in the Region ($N = 47$) against their stated functions showed that all the centres that responded ($n = 27$), conduct training (including research training) and 79% conduct research (Figure 4). A particular challenge for WHO is to follow up on how results are being used to inform policy at the regional and national levels. Both WHO and countries can benefit from these designated centres, as they can play a role in research capacity strengthening at the national level and help bring together other national research for health stakeholders.

2.7 Research outputs and their use and application

Research for health output in the Region can be reflected by the number of related publications in countries of the Region. A study comparing research publications globally and in the Eastern Mediterranean Region (by income group), showed that the Region has a lower average number (213) of research for health publications compared to the global average (551) (40). Although this is an indicator for research output, it does not necessarily reflect the impact that the research results have on influencing and directing policy.

Like other developing regions, the Eastern Mediterranean Region still needs to address the gap between supply of and demand for research for health. Researchers need to communicate their results to the various stakeholders, especially policy-makers, and policy-makers need to communicate the national priorities and needs to those responsible for directing the research agenda. A measure of the success of research for health is reflected in the degree of utilization and adaptation of results to guide health policy and planning. The establishment of the Evidence Informed Policy Network (EVIPNet) in the Region is a major step, but more needs to be done to empower the rights of the community to access knowledge and innovation.

3. Challenges

WHO's Eleventh General Programme of Work 2006–2015 and Medium-Term Strategic Plan 2008–2013 identified some of the challenges hindering the impact of health research as: lack of a sustainable basis for needs-driven, essential research; low recognition of research as a priority at

the country level; inadequacy of resources allocated to research in general, and especially health research, and lack of direction of funds towards priority health problems; and limited national capacity. Lack of collaboration and partnership among the various stakeholders within and between countries is also a challenge (32,33,41,42).

In general, there are a number of persistent challenges for research for health in the Region, including:

- insufficient resources (financial and institutional);
- lack of conducive and supportive research environments;
- low political commitment to research as an important contributor to economic and health development;
- insufficient networking and partnerships among the various sectors to conduct and utilize research for health;
- fragmented and weak management, collaboration and coordination of research for health, within and between countries;
- poor identification of priorities in line with the changing health scene in the Region (social, demographic, political and economic);
- insufficient preparedness (based on research-evidence) to respond to immediate emergencies and needs.

Specific challenges in relation to the Regional Office's support for research in the Region include the need for:

- effective use of the limited resources allocated to research for health activities;
- research competency;
- consistency in methodology and approach to practice;
- coordination of research activities and efforts across the Organization;
- translation of knowledge, that is the outcome of research, for planning and priority-setting;
- lack of a clear mechanism to organize and coordinate research.

The Eastern Mediterranean Advisory Committee for Health Research (ACHR), in its 25th session, discussed the status of research for health in the Region. Two achievements in particular, specific to the Region, were noted, namely the allocation of 2% of WHO's regular country budget to research for health and the establishment of both EVIPNet and the Eastern Mediterranean Region Academic Institutes Network (EMRAIN). Among other achievements are the research grants that help support research for health in the Region with the aim of generating knowledge relevant to local priority problems and issues of public health importance, and strengthen the research capacity of researchers in the Region. These grants are:

- Eastern Mediterranean Regional Office (EMRO) Research Grant for Priority Areas in Public Health (EMRPPH), 2002–present;
- Eastern Mediterranean Regional Office (EMRO) and Organization of Islamic Conference Standing Committee for Science and Technological Cooperation (COMSTECH) Grant for Research in Applied Biotechnology & Genomics in Health (RAB&GH), 2004–present;
- Eastern Mediterranean Regional Office (EMRO) Grant for Tropical Disease Research (TDR), 1992–present.

Building on these achievements (among others) and aware of the opportunities, the Committee agreed that a sound, action-based regional strategy is needed that builds on the global strategy and is able to accommodate the current realities facing the Region. The proposed strategic directions are vital to addressing the specific health needs, in a manner that is adaptable to the diversity and uniqueness of the Member States. They promote the importance of a research culture and the expansion of research for health as a fundamental tool of health development through informing health policy.

4. Strategic directions

In order to develop the strategic directions for research for health in the Region, an inclusive, participatory and consultative process was conducted from April 2010 to June 2011, soliciting the views of governments, academia, researchers, relevant networks, civil society, funding agencies, nongovernmental organizations, WHO collaborating centres, other United Nations organizations, and WHO staff (at headquarters, Regional Office and country offices). The process included surveys, questionnaires, virtual communication and social media, as well as meetings. With the guidance of the ACHR, the draft document was continuously revised, taking into consideration the changes in the Region and the input from various stakeholders.

4.1 Vision and mission

There is a common consensus on the need for evidence-informed strategic directions to guide research for health in the Region. Such strategic directions should aim at promoting the importance of high quality research in enhancing health, equity and social and economic development in the Member States of the Region.

The vision for the strategic directions for research for health in the Region is to ensure that actions and decisions seeking to achieve the highest level of health and equity for the people, as a human right, are always informed by evidence. This can only be achieved by strong and sustainable national health research systems in all of the Member States and through sustained advocacy for continuing development of the Regional Office as a knowledge-based organization. The mission of the of the strategic directions is for the Organization to cooperate to harness science, technology, innovation and broader knowledge in order to generate and implement interventions that are informed by evidence and which aim at improving health, equity and development.

4.2 Guiding principles

The strategic directions for research for health are grounded in five principles, which will guide the achievement of the goals and objectives as follows:

Impact: giving priority to research and innovation that have the greatest potential to improve health security, enhance health-related development, reduce health inequities and contribute to achieving the Millennium Development Goals (MDGs) in the Region.

Inclusiveness: working in partnership with all stakeholders (Regional Office, governments, researchers, academia, policy-makers, civil society, youth, community representatives and the private sector), thereby encouraging a flexible multisectoral approach to research which encompasses all stakeholders.

Quality: committing to support, promote, generate and utilize high quality research that is accessible to all, efficient, effective and ethical, and reviewed, evaluated and monitored by relevant stakeholders.

Ethical action: promoting research for health that is based on the values of equity, fairness and integrity, and promoting the utilization of scientific evidence and respect for gender and human rights.

Accountability: committing to effectively disseminate and communicate research results to those involved, responsible and interested in a timely manner, and translate results into action.

4.3 Goals

Guided by the five goals of the WHO global strategy on research for health, and adapted to the regional context, the regional goals are as follows.

Goal 1. Organization: promote and strengthen the research culture across the Region and strengthen the management and coordination of research activities.

Goal 2. Empowerment: build, strengthen and nurture capacity and resources for improved conduct and use of health research in order to strengthen national health research systems.

Goal 3. Research priorities: support the setting of research priorities and work towards alignment of resources with health needs, including in emergencies.

Goal 4. Norms and standards: create and advocate an environment of good research practice, adhering to ethical principles, and enable the greater sharing of research evidence, tools and materials.

Goal 5. Knowledge translation: improve the access of governments and decision-makers to the research evidence necessary to inform health policy and practice.

4.4 Strategic actions

In brief, the principle actions needed to achieve these goals are as follows.

- Strengthen the research governance structure in both Member States and the Regional Office to enable strengthening of national health research systems.
- Invest in creating equal opportunities for educating, recruiting, and training of health professionals, decision-makers, media and the community to enable conduct of research for health, interpretation of results and use of research evidence, and ensure equality of opportunity in this regard.
- Re-evaluate priorities periodically, taking into account the changing environment, and ensure that research for health funding addresses national priorities.
- Integrate the principles of good research practice in planning, implementation, monitoring and evaluation of health policies and programmes.
- Develop, implement and evaluate strategies that strengthen the understanding of the links between research, policy and action, including supporting better alignment and coordination between national health research institutes and ministries of health.

Box 1. Examples of outputs for the strategic directions for scaling up research for health in the Eastern Mediterranean Region (and the goal to which the output is most closely related)

- **Biennial report to the Regional Committee**, indicating:
 - Progress in implementing, monitoring and evaluating the strategic directions (organizational goal)
 - Progress in strengthening national health research systems in the Member States, measured using standardized indicators at the country level (research priorities goal)
- **Biennial report to the Regional Director via the ACHR**, indicating:
 - Research agendas with which the Regional Office is directly involved, or for which it is acting as an advocate (research priorities goal)
 - Whether, and if so, by what means, improvements have been made in the mechanisms by which WHO acts as a research partner (organizational goal)
 - Regional Office's advocacy efforts related to national health research systems (empowerment goal)
 - The processes, coverage and impact of Regional Office's ethical review committee (norms and standards goal)

4.5 Implementation

The Regional Office will coordinate and work in cooperation with the Member States and partners to plan both the technical and operational implementation (a detailed implementation plan with monitoring and evaluation components and indicators will be included in the detailed document) of the strategic directions for scaling up research for health in the Eastern Mediterranean Region, intended to cover the five years from 2012 to 2017. The implementation will be in support of WHO's Medium-term strategic plan 2008–2013 and the Eleventh General Programme of Work 2006-2015. The strategic directions will serve as a framework to guide the development and implementation of national health research strategies for the Member States.

Successful implementation of the strategic directions for scaling up research for health requires that the Regional Office:

- efficiently utilizes investments in research, by addressing the Region's research agenda, including addressing the Millennium Development Goals in emergency situations, knowledge needs, and building sustainable capacities;
- promotes and ensures that ethical and methodological standards and norms in research are followed in capacity-building, conduct, dissemination and implementation of research;
- includes research commitments in the Organization's policies and programming;
- continues to commit a percentage of the budget in support of research; and
- capitalizes on existing collaborations and partnerships, and ensures inclusion of all relevant stakeholders – civil society, media, youth, academia, policy-makers and funding agencies.

5. Conclusion

The increasing calls for equity and rising expectations in the Region for a better life and improved health call for more research to guide the process and to rationalize the effective use of limited resources. Promoting and enabling a culture and environment of research is necessary to plan, design and conduct research and to disseminate, utilize and translate the findings into health policy and interventions, including in times of difficulty. The Regional Office is centrally positioned to serve as an active health convener that can call for collaboration and sensitize all stakeholders on health information, research and innovation for the purpose of health development, taking into consideration ethical values and accountability. The strategic directions propose a flexible framework to align research for health at all levels within the Region to better meet the needs and priorities, given the diversity and uniqueness of the Region.

6. Recommendations to Member States

1. Implement the strategic directions for scaling up research for health in the Region and report periodically on implementation;
2. Incorporate research for health in national health and development policy and strategies, and ensure institutional mechanisms for undertaking research to address national health priorities;
3. Undertake assessment of the national health research system to identify gaps, priorities and achievements at the national level, including organization, coordination and resources; 4. Develop and strengthen national strategies for research for health, based on the strategic directions for research for health in the Region and the assessment of the national health research system;
4. Establish and strengthen networks at the national level to promote in-country research collaboration and the utilization of research results to inform health policy and planning;
5. Establish governance mechanisms for research for health to ensure rigorous application of global norms and standards;
6. Allocate adequate resources from health and science budgets to support research for health efforts at the national level;
7. Improve the collection of reliable health information and data and ensure their free and unrestricted availability in the public domain.

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