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DEVELOPMENT OF HEALTH RESEARCH

This document summarizes the major activities of the regional research promotion and development programme. It outlines some of the activities of the special programmes conducted in the Region by WHO headquarters, as well as various research activities conducted within the priority areas of the Region. Important directions for the future include the development of human resources for health and the need to establish a regional information network. The observations and recommendations made by the Western Pacific Advisory Committee on Health Research and the directors of health research councils or analogous bodies at their joint meeting in August 1992 are annexed for the endorsement of the Member States.

1. INTRODUCTION

WHO's involvement in health research stems from article 2(n) of its Constitution, which calls on the Organization "to promote and conduct research in the field of health". The WHO research programme ensures substantial participation by regions and countries. WHO's policy has been to support the building up of national research capabilities, particularly in developing Member States. It has also endeavoured to promote effective and efficient systems for health research management, including information support for research. The emphasis has been on applied or operational research rather than on basic or fundamental research.

WHO's research programmes generally have two interrelated purposes: to obtain results that are relevant and applicable, and to strengthen the research capacity of the countries themselves. These two purposes are evident in the work of large research programmes such as the special programmes on tropical disease research, human reproduction research, diarrhoeal diseases and acute respiratory infections research, but, to a greater or lesser extent, they underlie all the research programmes of WHO.

2. MAJOR ACTIVITIES

2.1 National health research management mechanisms

Member States have been encouraged by the Regional Committee, the Western Pacific Advisory Committee on Health Research (WPACHR) and the working group meetings of directors of health research councils or analogous bodies to develop adequate mechanisms for coordinating their research activities. These should link research priorities to the solution of major health or health-related problems. Focal points to coordinate and manage activities have now been established in Australia, Brunei Darussalam, Fiji, Malaysia, New Zealand, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands and Viet Nam. Those countries which have not yet established focal points are strongly encouraged to centralize coordination and management of research activities.

A meeting on health research management in the South Pacific was held in Fiji in July 1991. All eight countries participating named a committee or council that had sufficient responsibility for research to be recognized as a national focal point for health research management.

2.2 Strengthening of national research capability

Fifteen workshops have been held since their inception in 1981. The most recent, a national workshop on research design and methodology, was held in Viet Nam (1993). The aim of these workshops is to provide a broad framework of research methodology for use in biomedical or health systems research.

The manual entitled *Health research methodology: a guide for training in research methods* was published in May 1992. It will be used extensively during future workshops on research design and methodology.

Thirteen research training grants were awarded during 1991-1992.

2.3 Research projects

Twenty-four research proposals from six countries were supported by WHO during this period (Annex 1).

2.4 Collaborating centres

As of December 1992, there were 202 WHO collaborating centres in the Region, representing 17.2% of the total in the world. The majority are in China, Japan and Australia. The programmes for which there are the most centres are clinical, laboratory and radiological technology; other communicable disease prevention and control activities; and human reproduction research.

The heads of WHO collaborating centres in Australia met in August 1991. The meeting clarified the functions, role and rationale of the centres, particularly their contribution to research and the transfer of technology to developing countries of the Region. It also improved their links with WHO and the Commonwealth Department of Health, Housing and Community Services. The third national meeting of the directors of WHO collaborating centres in China was held in November 1991. Among the topics discussed was how the centres could support the six regional priority areas.¹

¹The six regional priority areas are: eradication of selected diseases, health promotion, environmental health, human resources development, management strengthening and information exchange.

3. ACTIVITIES CARRIED OUT BY HEADQUARTERS' SPECIAL PROGRAMMES

3.1 Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

The activities of this Special Programme may be categorized as: (1) research in human reproduction; and (2) strengthening of national research capacities in reproductive health.

During the reporting period, the Special Programme supported 422 projects with a budget of US\$4 661 700, of which 43% was for research activities. The majority of the current studies concerned the safety and efficacy of existing contraceptive methods and the development of new birth control technologies. Other studies included psychosocial factors affecting family planning acceptance, epidemiology of infertility, and health service aspects of family planning.

The remaining funds were allocated to strengthening research capability in reproductive health, including family planning. Institutions were supported by providing equipment and supplies, as well as research training, and by collaborating in developing expertise and planning research.

3.2 Special Programme for Research and Training in Tropical Diseases (TDR)

Malaria, schistosomiasis, filariasis and leprosy continue to pose problems within the Region. Leishmaniasis is of concern in certain areas only in China.

During the period 1991-1992, 172 projects were supported by TDR, with a budget of nearly US\$4.3 million (Annex 2). Approximately 46% of that amount was allocated to institution strengthening and training activities, with the balance going to research projects.

The numbers of institutions receiving long-term support during 1991-1992 were as follows: nine in China; two in the Philippines; and one each in Papua New Guinea and Viet Nam.

The Malaria Control Service of the Philippines continues through WHO to produce and distribute globally *in vitro* kits for testing the sensitivity of malaria parasites to antimalarial drugs as well as low-cost portable incubators, which can be used where a constant temperature is required.

4. RESEARCH ACTIVITIES WITHIN THE REGIONAL PRIORITY AREAS

4.1 Eradication of selected diseases

The elimination of leprosy as a public health problem is now within reach, thanks to the success of multidrug therapy.

A three-year study on "serodiagnosis and monitoring chemotherapy of leprosy using phenolic glycolipid I (PGL-I) of *Mycobacterium leprae*" was recently completed by the Department of Microbiology, Yonsei University College of Medicine, Seoul, Republic of Korea. The results suggest that the PGL-I antigen and antibody detection methods are useful as supplementary tools for assessing leprosy patients before and after starting WHO multidrug therapy and for measuring the degree of *M. leprae* transmission among household contacts and controls.

4.2 Health promotion

A study was conducted in the Republic of Korea to compare "the knowledge, attitudes and practices related to noncommunicable diseases among Korean adults residing in urban and rural areas". This study has provided very useful information for designing and implementing noncommunicable disease prevention and control programmes.

"A survey of the social and health status of the elderly in an urban area in Beijing" used the same format as that of the WHO-sponsored four-country study on the social epidemiology of aging in Fiji, Malaysia, the Philippines and the Republic of Korea. The survey showed that the methodological study could be extended to a national study.

Although iodized salt remains the preferred public health measure in goitre and iodine deficiency disorders (IDD), in limited areas in some countries, other mechanisms have a role to play, e.g., iodinated water, oral iodized oil, fortification of fish sauce, etc. Through research on goitre and IDD prevention and control measures, namely, water iodination and iodized oil capsules, the cost-effectiveness of the two methods is being studied in the Philippines.

WHO provided support to the Shanghai Mental Health Centre, a WHO collaborating centre, to conduct a national multi-centre study on the feasibility of making widespread use of a rehabilitation and family education support programme for schizophrenics living in the community. The study showed the usefulness of a family training programme for the mental patients and confirmed it to be the appropriate approach in countries with limited psychiatric resources. The

results have influenced several of the participating provinces to develop community-based mental health services.

Cigarette smoking in the Republic of Korea has been increasing during recent years. A study using the methodological framework of social cost-benefit analysis has demonstrated that substantial expenses, both direct and indirect, are associated with cigarette smoking for smokers in every age group, the highest being in the age group 50-59 years. These findings may: (1) provide a basis for developing strategies on tobacco control; (2) contribute to the development of smoking cessation campaigns; (3) be useful in providing a tool for public education; and (4) provide basic information for prioritization in budget allocation exercises.

A study on "the influence of mass media on health-related behaviour and its implication for health promotion" was carried out by the WHO Collaborating Centre for Health Reporting, University of the Philippines, Diliman. Results showed that in general the media gave limited coverage to smoking and alcohol-drinking; exposure to these topics through the media was almost entirely by way of commercial advertising; and the media images projected were that smoking and drinking were positive and desirable behaviours.

4.3 Environmental health

In many atolls in the Pacific, increases in population have resulted in the construction of new latrines near wells used as drinking-water sources, leading to a potential health hazard from pollution. A study to analyse groundwater quality at varying distances and directions from a pour-flush latrine is being implemented in the Federated States of Micronesia. Its results will help in the development of guidelines for situating the latrines.

A study in China will assess the cost-effectiveness of current chlorination procedures for the cistern water supplied to villagers from irrigation canals. It will provide information on the quality of the cistern water, both with or without chlorination, and the effect of storage on the water. The extent to which poor sanitation is causing disease will also be studied.

A knowledge-attitudes-behaviour-practice survey on endemic fluorosis was conducted in China. The objective was to determine the receptivity of the rural population to changes in their lifestyles and customary practices in order to prevent high fluoride exposure.

A cross-sectional study on the "epidemiology of chronic respiratory symptoms and illnesses among "jeepney" drivers, air-conditioned-bus drivers and commuters exposed to vehicular emissions in Metro Manila" was recently completed by the College of Public Health, University of the Philippines. The study involved questionnaires; pulmonary function tests; measurements of

exposure to motor vehicle-related air pollutants; and ambient air quality measurements at congested intersections. The results indicated that all participants were exposed to air pollutants such as total suspended particulates, sulphur dioxide, carbon monoxide and lead at levels above the values listed in the WHO guidelines as well as in the Philippine national air quality standards. It also showed that the prevalence of chronic respiratory symptoms and the impairment of pulmonary functions is relatively higher among "jeepney" drivers.

A study in Viet Nam examined the hazards associated with food consumed by students in their homes and in school cafeterias as well as assessing food sold on the streets. It included a hazard analysis critical-control-point approach to assessing the risks of diseases associated with such food.

4.4 Human resources development

Disease profiles of the Pacific island countries which send students to the Fiji School of Medicine were developed. These profiles will be used in the development of curricula and problem-based learning materials for the School.

WHO has also provided support to the Fiji School of Medicine for elaborating a module on health research methodology for medical students and testing the module with a view to its incorporation into the curriculum.

4.5 Management strengthening

China has a training programme in health systems research. High priority is given to health care financing. A workshop was held in China in 1992 for managers, particularly those interested in the health insurance aspect of financing. A significant step has been taken with the establishment of a network of research institutions coordinated by the Ministry of Public Health. The purpose of this network is to promote and facilitate research on topics of health care financing.

Malaysia continues to be very active in training managers in the use of health systems research. There are three phases conducted over a period of about six months: (1) introduction to health systems research; (2) conduct of a small-scale project; and (3) a review process. The first and third phases are formal periods of training while the second phase is conducted as part of the manager's routine work schedule. At least one group of managers completes this programme each year.

Republic of Korea

The collaborating centre at the Department of Policy and Management, Seoul National University, continued to improve the district management systems through its research project. It has developed ways to improve technical programme coordination, involving institutions (hospital, health centre and sub-centre) as well as various staff members. The project area will now become a learning laboratory for the training of physicians.

Two developmental activities were completed and evaluated in the Republic of Korea; the school primary health care programme and the integration of primary health care teaching into the basic nursing curriculum. As a result, a new regulation for the school health programme was adopted, and the recommendations made for the integrated teaching of primary health care in the basic nursing curriculum have been accepted. A number of training institutions have been designated for the training of home nursing practitioners using this curriculum.

Viet Nam has management training in health systems research, which is very practically oriented, with strong emphasis on the financial aspects of health care. A principal concern is determining whether and how health insurance can be effectively used in the context of the country's health system. As Viet Nam reorients its management structure and systems, health systems research methods are providing much helpful information in this process of change.

The global health systems research training modules have now been produced. They are: (1) Volume 1 - Promoting health systems research as a management tool; (2) Volume 2, Parts 1 and 2 - Designing and conducting health systems research projects; (3) Volume 3 - Strategies for involving universities and research institutes in health systems research; (4) Volume 4 - Managing health systems research; and Volume 5 - Training of trainers for health systems research. Malaysia has been the first country to use these modules.

Activities in district health systems based on primary health care in six countries (China, the Lao People's Democratic Republic, Malaysia, the Philippines, the Republic of Korea and Viet Nam), were evaluated in March 1992. All had in common the effort to develop a management information system at various levels of the district health systems in support of primary health care.

4.6 Other areas

Operational research and training projects on the use of pyrethroid-impregnated mosquito nets to control malaria vectors have been supported in Papua New Guinea and Viet Nam. This strategy has contributed to a reduction in the incidence of malaria cases by 70% or more and substantially cut vector densities. As a result of these findings, impregnated nets are being used on

an operational scale in several countries giving protection to approximately 7 million inhabitants. Promotion of the use of impregnated nets will be extended to Samoa and Tonga for the control of filariasis vectors.

Support is being provided to Viet Nam for a multi-centre study to test an algorithm for the management of severe and complicated cases of persistent diarrhoea. The results should help to direct the development of standard guidelines for the management of persistent diarrhoea, which causes 35% of diarrhoeal deaths in many developing countries.

China and Viet Nam received support for the local production of hepatitis B vaccine and diagnostic reagents on a large scale. Optimal dosage for immunization is being determined for the locally produced hepatitis B vaccine in China. An epidemiological study on hepatitis C virus infection, which has been confirmed as a major cause of non-A non-B hepatitis, was begun in China in 1992.

Field testing of locally produced Japanese encephalitis vaccine was initiated in Viet Nam in 1992. Studies on the genetic stability and the mechanism for the attenuation of live vaccine are being conducted in China. Work on the development of a recombinant Japanese encephalitis vaccine is now in progress in Japan.

The WHO Collaborating Centre for Oral Health (Yuncheng Stomatological Health School, China) is involved in developing human resources for oral health, oral health programmes with emphasis on prevention, and delivery and support systems appropriate for the rural population in China. Six categories of personnel have been trained, ranging from the village primary health care worker with minimal basic training to the most sophisticated sub-professional group capable of carrying out the bulk of the treatment required by the rural population. These personnel are now assigned to provide care services at various levels of the delivery system, and their performance and curriculum will be evaluated in the near future. Various types of preventive activity have also been initiated and their appropriateness and effectiveness will also be evaluated.

5. OBSERVATIONS AND RECOMMENDATIONS MADE BY THE WESTERN PACIFIC ADVISORY COMMITTEE ON HEALTH RESEARCH (WPACHR) AT ITS FOURTEENTH SESSION IN 1992

The Western Pacific Advisory Committee on Health Research held its fourteenth session in Manila in August 1992 as a joint meeting with the directors of health research councils or analogous bodies. The observations and recommendations, arranged by subject, are in Annex 3.

6. FUTURE ACTIVITIES

Future activities of the health research programme in the Region include the following: (1) development of a nucleus of research scientists; (2) support of research projects that are deemed priority in nature and vital to the Member States; and (3) establishment of an effective regional health information system.

In order to enhance national capabilities to carry out health research, efforts to develop researchers will be continued, primarily by providing both individual and group research training activities. National workshops on research design and methodology on health research will be stressed.

With research funds so limited, WHO must focus on priority research areas only, especially those that are applied or operational in nature, the results of which can be immediately applied for the benefit of the Member States.

Information dissemination was noted at the discussions during WPACHR in 1992 as being an important and recurring theme. Suggested means for distribution of health-related information included the use of new technology such as the "Healthnet" satellite link and CD-ROM. Newsletters and other more traditional methods of information exchange remain useful and will be encouraged. Another suggested mechanism for information transfer is through the cooperation of the national health research councils or analogous bodies. The promotion of technology exchange, especially between developed and developing countries in the Region, will also be strengthened through existing collaborating centres. The establishment of a regional health research and information centre in the South Pacific is currently being explored.

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Summary of research projects funded by the WHO Regional Office for the Western Pacific during 1991-1992

Programme	China	Japan	Papua New Guinea	Philippines	Republic of Korea	Viet Nam	Total
Acute respiratory infections		1			1		2
Disease vector control					1	1	2
Food safety				1			1
Health of the elderly					3		3
Health risk assessment of potentially toxic chemicals				1			1
Leprosy				1	1		2
Nutrition				1		1	2
Other noncommunicable diseases			1				1
Parasitic diseases	1						1
Prevention and treatment of mental and neurological disorders	1					1	2
Primary health care					2		2
Public information and education for health				1			1
Workers' health	1				1	2	4
TOTAL	3	1	1	5	9	5	24

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Funding (\$) of TDR projects in the Western Pacific Region by country and by component

1 January 1991 to 31 December 1992

(Number of projects in brackets)

Component	Australia	Cambodia	China	Fiji	French Polynesia	Japan	Malaysia	New Zealand	Papua New Guinea	Philippines	Republic of Korea	Viet Nam	Total
Director's initiative fund	(1) 10 000		(3) 28 000							(1) 9 000	(1) 5 000	(3) 25 000	(9) 77 000
Filaria			(1) 15 000	(1) 13 720	(2) 161 448		(4) 159 012						(8) 349 180
Institution strengthening			(11) 699 200						(2) 102 000	(2) 85 000		(1) 10 000	(16) 896 200
Leishmaniasis	(1) 30 500					(1) 15 000							(2) 45 500
Leprosy	(2) 49 000		(1) 10 000							(8) 187 585	(2) 47 500	(1) 70 000	(14) 364 085
Malaria	(10) 451 639		(13) 171 013			(2) 12 300	(3) 59 397		(4) 195 230	(1) 11 020		(3) 83 826	(36) 984 425
Product development units						(1) 15 000		(1) 14 651				(1) 22 300	(3) 51 951
Schistosomiasis			(4) 109 640										(4) 109 640
Socioeconomics	(1) 30 000		(2) 32 910						(1) 33 340	(5) 97 065			(9) 193 315
Training	(1) 31 081	(2) 6 880	(42) 693 950				(3) 87 145			(9) 177 907		(4) 62 760	(61) 1 059 723
Vector biology			(8) 89 450			(1) 32 500	(1) 29 050						(10) 151 000
Country total (\$)	(16) 602 220	(2) 6 880	(85) 1 849 163	(1) 13 720	(2) 161 448	(4) 74 800	(11) 334 604	(1) 14 651	(7) 330 570	(26) 567 577	(3) 52 500	(13) 273 886	(172) 4 282 019

**OBSERVATIONS AND RECOMMENDATIONS MADE BY THE
WESTERN PACIFIC ADVISORY COMMITTEE ON HEALTH RESEARCH
AT ITS FOURTEENTH SESSION IN 1992**

The Western Pacific Advisory Committee on Health Research and the Directors of Health Research Councils or Analogous Bodies (HRC/AB):

(General)

(1) Recognized that research was already a significant component of the regional programmes and noted the need for further research to take into account the following:

- (a) the considerable cultural and social diversity within and among countries in the Region;
- (b) the impact of rapid social change and economic development in many countries associated with industrialization and urbanization, and the variation in their level of development and rate of change;
- (c) the differences in research technology, infrastructure and training among countries; and
- (d) the rapidity and extent of demographic, environmental and economic change in many countries of the Region.

Recommended that the following specific actions be taken in response to these issues by coordinating relevant programmes:

- (a) development by a task force of WPACHR and HRC/AB of a strategic plan for health research in the Region for the next five years, to identify research needs and priorities. Special consideration should be given to methodological development to improve indicators for measurement of health status, for health services and for health research;
- (b) adoption of specific targets to be achieved in this project by WHO officers, and the reporting of progress to meetings of WPACHR and HRC/AB;

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- (c) [establishment of] a consultancy to determine the organization and support for health-related research in the Region such as national infrastructures, resources, existing policy and strategies, and to identify deficiencies to be remedied;
 - (d) initiation of a project to identify needs and resources available for training in research methodology, and to propose appropriate training programmes. Training should focus on projects necessary in the trainee's country, and trainees should achieve competence in research. Support should be increased for training facilities, research workshops and fellowships;
 - (e) identification and training of potential users of research results and convening [of] a regional seminar on utilization of research results to study ways to promote research-minded management styles among decision-makers;
 - (f) review of opportunities to strengthen technology exchange, especially between developed and developing countries of the Region, and the promotion of such cooperation through existing collaborating centres;
 - (g) creation of a regional fund-raising mechanism to promote research for health, especially in less developed countries, with the intention of attracting extrabudgetary funding to support priority health-related research; and
 - (h) establishment of a collaborative network of international agencies and NGOs involved in health-related research to improve coordination, collaboration and identification of regional research priorities and to avoid duplication of effort.
- (2) Noted the need to enhance the efficiency of resource allocation and recommended a WHO/WPRO initiative to gather relevant information on the contributions of various WHO programmes and involvement of national, regional and international agencies in support of health-related research and training, with the intention of encouraging cooperation and collaboration with these agencies and with other regions, especially the South-East Asia Region.

Recommended that WHO/WPRO should then identify some key projects where collaborative effort is warranted and establish an appropriate mechanism for bringing the relevant organizations, agencies and individuals together to plan and implement cooperative programmes.

WPACHR

- (1) Noted with satisfaction the actions taken by the WPRO Secretariat in response to the recommendations made at the thirteenth session of WPACHR and the progress towards development of research capabilities in member countries by means of research grants, research training awards and research design and methodology workshops.
- (2) Recommended that these activities be intensified and enhanced in the near future.

Global Advisory Committee on Health Research

- (1) Noted the report of the Global Advisory Committee on Health Research on its thirtieth session at which responsibility was accepted for follow-up and implementation of recommendations arising from the Technical Discussions on health research at the 1990 World Health Assembly, including consideration of ethical issues.
- (2) Noted with satisfaction the support recorded in the Director-General's report in this respect, which was approved by the World Health Assembly in 1992.

Special Programmes

Noted with satisfaction the progress made in the Western Pacific Region during the previous two years by the Global Programme on AIDS (GPA), the diarrhoeal diseases control programme (CDD), the programme for control of acute respiratory infections (ARI), the Special Programme of Research, Development and Research Training in Human Reproduction (HRP), and the Special Programme for Research and Training in Tropical Diseases (TDR).

Health promotion

Supported the recommendations put forward by the WPACHR Subcommittee on Health Promotion and in particular its recommendation that the initial priority be given to urban development with special attention to the health of the urban poor. Research in this field should focus on the study of factors which contribute to building health-supportive public policy.

Environmental health

- (1) Noted the progress made in the Western Pacific Region on environmental health.

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(2) Recommended that there be further emphasis on health-related environmental issues in urban areas, and studies on ways to promote informed decisions relating to the impact of environmental hazards on health.

Task Force

(1) Noted with satisfaction the achievements and successful implementation of the objectives of the Regional Centre for Research and Training in Tropical Diseases and Nutrition at the Institute for Medical Research, Malaysia.

(2) Endorsed the recommendations as contained in the mission report of the Task Force visit, with particular attention to the Centre's leadership role in training and collaborative research.

Nursing research

(1) Noted the findings of the regional study on the participation, productivity and prospects in nursing research in the Western Pacific Region and the changing role of nursing in member countries. An increasing contribution is being made to health research by nurses in the countries surveyed.

(2) Recommended that:

(a) countries should ensure that a nursing perspective be considered during the process of policy-making on health research;

(b) each country should identify a focus for nursing research and provide adequate support for the conduct of useful and relevant studies according to national priorities; and

(c) a multidisciplinary task force at regional level should be formed to develop an action plan for research in nursing and the greater participation of nurses in health research generally.

Oral health

(1) Noted the wide variation in oral health and disease among countries within the Region and the need for continued surveillance of disease trends and development of appropriate systems of delivery of oral health care.

(2) Recommended that research workers should be trained as soon as possible in each country to record changes in oral health trends as one means of identifying appropriate strategies for health promotion and the prevention and treatment of oral disease.

Human resources

(1) Noted the need for a strategy for strengthening human resources for research and the need for a broader range of skills in health research, including specialists in political, economic, social and behavioural sciences.

(2) Recommended that basic training curricula for health workers should include a component of research methodology and that more advanced training courses should also be made available for selected workers.

Health information

(1) Noted the progress made by the health biomedical information programme.

(2) Recommended its continuation through optimum use of new communication technology. Countries should encourage better dissemination of information from national focal points to health workers and research workers in the field.

Health research management

(1) Noted with satisfaction the report and outcome of the meeting on health research management held in Suva in July 1991, and supported the recommendations on management, training, cooperation, mutual support and information networking put forward at that meeting.

(2) Noted the country reports on health research management and the points put forward by directors of national health research councils or analogous bodies and recommended that they continue to meet together with WPACHR, with some time allocated for the directors to discuss specific issues relating to research organization and management. A further effort should be made to identify a national focal point for health research policy management in Japan, China and the Republic of Korea.

(3) Recommended that national health research councils or analogous bodies should be encouraged to develop and implement a network for transfer of information on policies and procedures of research councils and to give attention to issues of special concern, including ethics of research, conduct of international research and training for research.

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Health-related behaviour

- (1) Noted the increasing importance of studying health-related behaviour in the successful implementation of regional programmes in disease control and health promotion.
- (2) Recommended that a consultative group be convened to define the contributions of political, economic, social, cultural and behavioural research as components of health development.