



Report on the thirty-fifth session of the global Advisory Committee on Health Research (ACHR)

Report by the Director-General

This document provides a summary of the thirty-fifth session of the global Advisory Committee on Health Research (Geneva, 21-24 October 1997). A full report of the session is available on request.

The Executive Board is invited to note the report.

WHO COLLABORATING CENTRES

1. ACHR emphasized that WHO collaborating centres provided “added value” to WHO, while the quality of management of the network by units or programmes was uneven. To make it more effective might require a strengthening of WHO’s infrastructure. Collaborating centres - or many of them - saw advantages to designation, which provided the countries concerned with access to international knowledge. A trial period was thought to be a useful mechanism. For newly designated centres in developing countries a period of twinning with an established centre might be useful. In general, the utilization of existing mechanisms for regular review should be improved. ACHR also emphasized the need for leadership from WHO in the motivation and coordination of networks of WHO collaborating centres, and recommended that WHO should use all means in its power to utilize the capacities and competences of collaborating centres fully and, in particular, networks such as that for occupational health.

FOLLOW-UP TO RECOMMENDATIONS OF THE THIRTY-FOURTH SESSION

Organ transplantation

2. In its report (document ACHR35/97.8) the task force on organ transplantation pointed out that patients needing transplants, particularly in the developing countries, were now so numerous that cost-effective methods of increasing the donor pool had to be found. Meanwhile the production of a monograph covering the various aspects of transplantation was felt to be timely. The task force felt that the regional offices and regional ACHRs should collect information and develop further the network of WHO collaborating centres in this field.

3. Noting particularly the recommendation of the task force that WHO should collaborate with the United Nations Commission on Human Rights, with respect to Article 22 of its resolution 1997/22, concerning the clear distinction that should be made between the suspected abuse of children for organ recovery and voluntary organ donation by a competent adult, ACHR recommended that the WHO guiding principles of 1991 should be reviewed.

Health measurement

4. The current tasks of the subcommittee on health measurement are to produce a monograph on new concepts in health measurement; to monitor and contribute to several research activities being conducted on levels and dimensions of health, the visual health information profile, and “knowledge-based” indicators; and to undertake a pilot study to assess inequity in different aspects of health, between regions or population groups.

5. The latter is to consider the possibilities for an “index of inequity”, first using a quantitative approach and second, adding a “knowledge-based” component. It is hoped to prepare and undertake a field study but, in the meantime, sufficient data are available from Sri Lanka and from Tunisia to allow exploratory work to proceed. International collaboration will be sought at an appropriate time.

Neurosciences

6. A monograph on “Neuroscience, neurology and health” has been produced.¹

Geographical information systems

7. ACHR recognized the value of geographical information systems and related mapping technology for disease monitoring and control. It was recommended that their application should not be limited to this field but considered in the broader scope of public health. Various initiatives supported by ACHR could benefit from the integration of geographical information systems in their activities (initiative on ethics, equity and health for all, “healthy borders”, and health measurement).

Health and development in border areas

8. ACHR noted with interest a report on the first year of progress in “Health development in border areas” in the light of its previous recommendations. It concluded that there was still a need for emphasizing subjects amenable to research, such as the influence of the interaction of populations on disease prevention, environmental safety, health care systems, and health promotion in border areas.

DEVELOPMENT OF A “RESEARCH AGENDA” FOR SCIENCE AND TECHNOLOGY TO SUPPORT THE HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY

9. ACHR endorsed the draft document setting forth the “research agenda” and agreed that a final version and a synopsis should be prepared by a drafting group, under the title “Research policy agenda: science and technology in support of global health development”.

¹ Document WHO/RPS/ACHR/97.2.

REVIEW OF RESEARCH PLANS AND ACTIVITIES AT GLOBAL LEVEL

Health promotion, education and communication

10. The Committee agreed that successful health promotion required a solid basis of knowledge on two fundamental questions: (1) where and how is health promoted? (knowledge of causes); (2) which investments create the largest health gains? (knowledge of the action/measures to be taken).

Nursing and midwifery research

11. It was pointed out that the success, or lack of success, in health systems delivery depended to an appreciable extent on nurses, midwives and auxiliary workers. The following examples were given of areas requiring further investigation: the nursing/midwifery supply and demand in countries at different stages of development; health care reforms and their effect on equity, sustainability and quality of care; various forms of health care organization and the effects of working conditions, remuneration, technology and supervision on the motivation and productivity of nursing/midwifery personnel; appropriate methods of delivery of quality nursing care to vulnerable populations according to the context (e.g., urban slum dwellers, etc.); control of infection in nursing/midwifery practice; and occupational health risks for health workers.

WHO Centre for Health Development, Kobe

12. Since March 1996 the work of the Centre had been accelerating and ACHR was pleased to note its publications, conferences and lectures (the research plans and activities were reported in document ACHR35/97.18).

REVIEW OF THE COMMITTEE'S RESEARCH PLANS AND ACTIVITIES AT REGIONAL LEVEL

13. The regional Advisory Committees on Health Research had witnessed a revival of attention to the role of research in regional health policies and strategies. The African Advisory Committee had discussed and adopted a five-year regional strategic plan for research (1997-2001) emphasizing operational research (1) to increase knowledge and understanding of health problems and (2) to assess tools for control or improve on existing options for intervention research.

14. The Eastern Mediterranean Region's Advisory Committee was actively involved in research capacity building and had convened a meeting of several WHO collaborating centres with a view to enhancing their involvement in support for national health policy development and implementation.

15. The activity of the European Advisory Committee had been revitalized and the Committee had prepared a strategy and action plan for 1997-2001. ACHR noted the renewed activity with great satisfaction and found it important not only for Europe but for the world health research community. ACHR recommended: (1) that sufficient resources should be provided since continuity and regular meetings of the European Advisory Committee were vital for the development of health research in the Region; (2) that the renewed regional strategies for health for all should contain a distinct element of health research; (3) that the European Advisory Committee should continue its efforts to promote research and research training in the countries in transition; and (4) that all European research bodies and institutions should be invited to join in efforts to implement the global "health research agenda".

16. PAHO/WHO continued to maintain a high level of involvement in health research; members of the regional Advisory Committee had had the opportunity to visit technical programmes in the Region and make

recommendations on the research component. ACHR also discussed the activities of the WHO collaborating centres in the Region of the Americas in the light of resolution WHA50.2.

17. The South-East Asia Advisory Committee had emphasized strategies for effective application of research results to health development: promotion of research in health sector reform, potential of “health futures” research in the formulation of the health-for-all strategy for the next century, and programme for tuberculosis and emerging/re-emerging diseases had been discussed in detail. In the interests of effective promotion of health research it was agreed to hold a joint meeting of ACHR and directors of medical research councils.

18. The Strategic plan for health research in the Western Pacific Region, 1997-2001 was endorsed by the joint meeting of the Western Pacific Advisory Committee on Health Research and directors of the health research councils or analogous bodies in August 1996. A committee on strategic plan implementation was established to encourage, expedite and oversee the implementation of the strategic plan.

FUTURE ACTIVITIES

19. ACHR intends to continue with the work of the task force on organ transplantation and the subcommittee on health measurement, and to keep the subject of WHO collaborating centres under review.

20. Several new subjects are being considered: drug resistance, misuse of antibiotics and duration of treatment; emerging infections; a broader approach to issues of cloning and responsible parenthood (anticipation of genetic defects, types of research to be encouraged, regulated, or condemned); clinical trials in developing countries; early warning systems for emerging threats to health.

21. ACHR noted that modern communication technology - in particular the Internet - had been extensively used in the preparation of the session and in the work of its subcommittees and task forces. It also noted with satisfaction that WHO was currently studying uses of satellite communication technology for health purposes.

COLLABORATIVE RESEARCH ACTIVITIES

Council for International Organizations of Medical Sciences

22. CIOMS continued to collaborate actively with WHO (and ACHRs) especially regarding the ethical aspects of research and in ensuring the incorporation of equity and human rights concepts in the renewed strategy for health for all in the twenty-first century. In March 1997 the Council had convened an international conference of ethicists and scientists in order to examine the implications of equity and human rights in health for all.

Council on Health Research for Development

23. ACHR reviewed the background and current activities of the Council, noting the contributions in essential national health research and the opportunities for cooperation particularly at regional level.

International Council of Nurses

24. The International Council of Nurses had convened an expert group of nurse researchers in September 1997 to advise on priorities and on the Council’s leadership role in nursing research. The group had reviewed global needs and trends and recommended priority for nursing research in two major areas: “Health and illness” and “Delivery of care services”. The Council was committed to helping to strengthen capacity for research and fostering interdisciplinary approaches.

International Council of Scientific Unions

25. The International Council of Scientific Unions had expressed willingness to assist ACHR in seeking the support of the international scientific community. This offer was received with appreciation by ACHR, which sought to recruit the international support crucial for catalysing global research for health development.

ACTION BY THE EXECUTIVE BOARD

26. The Board is invited to note the report.

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