



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
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## **Research strategy and mechanisms for cooperation**

### **Report by the Secretariat**

#### **BACKGROUND**

1. During the past few years a number of studies have reviewed the health needs of countries, the research required to address them, the available research capacity and ways to strengthen it, approaches to setting research priorities, and essential interventions. These studies have emphasized the need to promote and support health research and development relevant to the needs of the poorest segments of the population worldwide. They have also highlighted the unique role WHO can play in research and development.

C gathering information on the need for and the advances made in research;

C emphasizing that adequate resources in health budgets should be dedicated to research and development, and that these resources should be invested according to an appropriate policy relevant to the poor;

C promoting and supporting essential health research that will raise the standard of health in developing countries and in deprived subgroups of developed countries;

C building/sustaining stronger institutional research capacity and catering for the needs of researchers in both developing and industrialized countries, with a view to providing essential support for intensified public health efforts;

C promoting international partnerships to further the above goals and to reduce the time span between research and its application in the public health field, in order to enhance the productivity of current expenditure on research and development;

C furthering the research component of its own work with a view to ensuring that each programme conducts essential research activities in order to achieve technical excellence.

#### **ISSUES**

2. With this mandate in mind, the Director-General decided to reconsider the internal mechanisms for supporting the efforts of WHO in research and development and to propose to the Executive Board effective mechanisms to direct the Organization's policy and programmes in this area.

3. Accordingly, the Director-General appointed an internal working group and an external board of advisers in December 1998. The former included representatives from all technical clusters at headquarters, while the latter consisted of 13 distinguished scientists and policy-makers, with balanced representation by gender, region and discipline. In addition, the meeting of the external board was attended by representatives from four regional offices. The groups were requested to develop and propose policies and strategies that would:

C keep the health research agenda up to date, determine priorities and promote equity in the use of resources for research and development by ensuring that the health needs of the poorest segments of the population are catered for;

C promote, support and coordinate the conduct of essential research activities as an integral part of the work of all WHO technical clusters;

C coordinate the work of existing research-related mechanisms and ensure that adequate and timely advice is given to the Director-General on the Organization's global role in research as well as on specific subjects.

As a first step, both groups focused their attention on WHO headquarters, while recognizing that it would be desirable for the regional offices to carry out similar reviews.

4. The internal working group prepared a report for the external board of advisers, which met on 12 and 13 March 1999, discussed the issues and alternative options raised in the report, and made recommendations in five major areas. These are: research promotion and programme reviews; expert advisory panels and expert committees; WHO collaborating centres; the role of ACHR; and the role of the Department of research policy and cooperation. The Cabinet has subsequently reviewed the recommendations of the external board of advisers. The following are the results of these consultations for consideration by the Executive Board.

## **RECOMMENDATIONS**

### **General comments on research in WHO**

5. For the purposes of this report, research includes:

C creation of new knowledge;

C validation of knowledge;

C transformation of knowledge into best practice, including dissemination;

C identification of gaps in health knowledge, and development of initiatives to fill them.

6. Greater investment is needed in expanding the knowledge base pertinent to the mission of WHO. Throughout the Organization a culture is needed that respects the standards and role of science, giving WHO the capacity to act creatively to couple state-of-the-art knowledge to the global health needs, with special attention to the poor. For this purpose, WHO requires external scientific advice of the highest quality. Furthermore, it must have the in-house capacity to assess scientific debate and make timely decisions in

important areas where the scientific issues are sometimes unresolved. Finally, it must be able to identify critical gaps in knowledge and to use its resources in a selective and concentrated manner in order to play a strategic role in filling those gaps.

7. Research and research capacity-building are integrally linked and inseparable. This should be reflected in WHO's interaction with countries with a view to strengthening the scientific knowledge base needed to inform policy choice, and with particular reference to capacity-building in the national system for health research.

### **Research promotion and programme reviews**

8. A key mission of WHO is to keep abreast of science in all fields of interest. In the new cluster structure, research is managed in different ways. In some clusters, with strong research programmes, dedicated departments have been given responsibility for research and development; in others, research activities are less prominent.

9. To ensure that policies and their implementation are based on the best scientific evidence available, all technical programmes at WHO should have a periodic external review. It is recognized that internal review mechanisms exist in many programmes and have clearly contributed to the quality of WHO activities. Nevertheless, there is a need for systematic external review to assure overall direction and balance, sound priority setting and resource allocation, quality of work and agile mechanisms to bring new knowledge to the Organization.

10. It is widely accepted that peer review of research proposals is an essential method for ensuring high-quality science. However, some programmes in WHO still rely exclusively on internal review. It is recommended that all research proposals be reviewed for their scientific relevance, design and budget by external researchers expert in the field of the proposal.

11. These reviews may involve a review committee (such as a steering committee for a specific topic), a scientific and technical review group (for large research-based programmes), or a less formal mechanism (such as informal panels or ad hoc meetings). This process should be subject to a periodic random audit.

12. Review of ethical policy issues should be carried out by an appropriately constituted committee that includes external experts. WHO should play a key role in providing guidance on the often complex ethical aspects of health research, including both research design and the publication of results, and should assist in the development of national capacity in this area.

### **Expert advisory panels and expert committees**

13. Expert committees are one of the scientific bases of the Organization. However, the whole process, from the planning of their meetings to the publication of their reports, is cumbersome and slow, requiring high-level approval, selection of members from expert advisory panels (until now exhibiting important gender imbalances in their composition) and other formal constraints, which are not in keeping with the rapid pace of science.

14. A new process should be established eliminating the requirement that the membership of such committees be drawn from formal panels of experts, and allow a variety of approaches to obtaining the world's best expertise - whether for standard-setting or other specific purposes. It is thus proposed that WHO no longer maintain expert advisory panels and proceed with expert committees through direct and flexible

selection of members. In so doing, specific measures should be taken to assure the transparency of the process.

15. The proposed changes in expert committees and suppression of the expert advisory panels would need to await consideration by the Executive Board in January 2000 and a final decision by the Fifty-third World Health Assembly.<sup>1</sup>

### **WHO collaborating centres dealing with research**

16. A recent study<sup>2</sup> pointed to a number of potential improvements to bring WHO collaborating centres closer to the work and concerns of the Organization, to avoid the designation of centres without direct relevance to a WHO programme, and to terminate centres that no longer have any activities linked to WHO. There are at present more than 1200 WHO collaborating centres, and the Executive Board has recently emphasized the need for more dynamic and modern management of the collaborating centres system in WHO.

17. Despite some reservations, it was generally felt during the consultations that the system of collaborating centres could, with some modification, serve the interests both of WHO and of the countries themselves, especially regarding long-term investment in national research capability. A broader review of WHO collaborating centres, now being undertaken and to be finalized in July 1999, is examining how WHO should reach out to establish new partnerships, including those in research. It is considering the creation of a new competitive process (within subregions so that it does not hinder institutional development) for the designation or re-designation of WHO collaborating centres; the development of criteria for their selection and clear terms of reference (time-limited, true institutional collaboration beyond an individual researcher, and outcome-oriented) for their relationship with WHO; and the simplification of the current process of designation. Attention should be paid to the possibilities of drawing them into collaborating networks.

### **Advisory Committee on Health Research**

18. ACHR was originally established in 1959 through resolution WHA12.17 to provide the Director-General with the necessary scientific advice in relation to research. The current size of the Committee (17 members and a chairman) and the cost of its meetings and related administration mean that it is difficult to meet in a timely manner to deal with emerging issues, and have drawn the Committee away from its original purpose.

19. Complexity and rapid evolution in the field of science require prompt response to strategic issues. The external board of advisers thus proposed that ACHR be replaced by a strategic research council reporting to the Director-General. The council would consist of a small group of highly qualified researchers (about 10 members, serving in their personal capacity and not representing specific constituencies), who would be available on a continuing basis for advice and would meet as required, at least every two years, to: (1) assist in the continuing renewal of WHO by advising the Director-General on important new research issues; (2) review the WHO research effort with regard to its overall quality, balance (with special attention to cross-cutting issues in research), scope, structure and resource allocation; and (3) assist in the recruitment of high-

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<sup>1</sup> The regulations for expert advisory panels and committees were adopted by the Thirty-fifth World Health Assembly (resolution WHA35.10), in replacement of the regulations adopted by the Fourth World Health Assembly. An amendment was adopted at the Forty-fifth World Health Assembly (decision WHA45(10)), and another at the Forty-ninth (resolution WHA49.29). See *Basic documents*, 42nd ed. Geneva, WHO, 1999, pp. 98-106.

<sup>2</sup> Manciaux M. *The WHO collaborating centres: an analytical review*. Geneva, WHO, 1998 (document WHO/RPS/ACHR/98.4).

level scientists to WHO or its advisory groups. It would have authority to create ad hoc committees as needed to assist the review process and to advise the Director-General on specific or urgent matters. This level of review would be most helpful if it were linked to the budget process.

20. Following further analysis requested by the Cabinet, it was concluded that it was possible to accommodate the substantive recommendations of the external board of advisers within the current authority for ACHR as set out in resolution WHA12.17, thus restoring the original intent of its founders,<sup>1</sup> while adapting it to current requirements.

### **Department of research policy and cooperation**

21. Within the cluster of Evidence and information for policy, the Department of research policy and cooperation would:

- C promote research within the Organization in country offices, regions and headquarters;
- C strengthen WHO's internal scientific capacity, by promoting appropriate training opportunities, internships, etc.;
- C monitor resource flows in relation to health research;
- C develop and maintain other essential databases relating to WHO research;
- C link with research bodies in countries and regions;
- C link with research funding bodies and research coordinating bodies such as the Global Forum for Health Research and the Council on Health Research for Development.

### **Regional research efforts**

22. With the exception of WHO collaborating centres, the review was confined to research efforts at headquarters. It is thus proposed that one of the first tasks of the new strategic research council should be to consider and advise the Director-General on the relationship regarding research matters between headquarters, regions and country offices.

### **ACTION BY THE EXECUTIVE BOARD**

23. The Executive Board may wish to provide guidance with respect to the above recommendations.

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<sup>1</sup> The initial recommendation to establish the type of advisory body that eventually became ACHR was set forth in the 1959 report on the "Intensified WHO Medical Research Programme", which formed the basis for resolution WHA12.17. Among other suggestions, the report recommended the establishment of an "advisory council on research policy" composed of a chairman and 12 members.