REPORT ON
THE THIRD INTERCOUNTRY MEETING OF
NATIONAL OFFICERS RESPONSIBLE FOR MEDICAL RESEARCH
Khartoum, Sudan, 25-27 November 1986

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EDITORIAL NOTE

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I  INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II ELECTION OF OFFICERS</td>
<td>2</td>
</tr>
<tr>
<td>III UPDATING INFORMATION ON NATIONAL MECHANISMS EMPLOYED FOR THE</td>
<td>2</td>
</tr>
<tr>
<td>MANAGEMENT AND COORDINATION OF HEALTH RESEARCH</td>
<td></td>
</tr>
<tr>
<td>IV IMPLEMENTATION OF RESEARCH STRATEGY OF THE EM/ACHR AND THE RELATED</td>
<td>3</td>
</tr>
<tr>
<td>ROLE OF NATIONAL MEDICAL RESEARCH COUNCILS</td>
<td></td>
</tr>
<tr>
<td>Some recent approaches for health research strategy</td>
<td>5</td>
</tr>
<tr>
<td>V  HEALTH SYSTEMS RESEARCH AND THE ROLE OF NATIONAL MEDICAL RESEARCH</td>
<td>6</td>
</tr>
<tr>
<td>COUNCILS IN ITS PROMOTION</td>
<td></td>
</tr>
<tr>
<td>National health councils and the promotion of HSR</td>
<td>9</td>
</tr>
<tr>
<td>VI COORDINATION OF RESEARCH AMONG VARIOUS INSTITUTIONS AND ENSURING</td>
<td>11</td>
</tr>
<tr>
<td>INTERSECTOR COLLABORATION</td>
<td></td>
</tr>
<tr>
<td>VII RESEARCH CAPABILITY STRENGTHENING PROGRAMMES OF WHO</td>
<td>14</td>
</tr>
<tr>
<td>VIII RECOMMENDATIONS</td>
<td>21</td>
</tr>
<tr>
<td>ANNEX I AGENDA</td>
<td>23</td>
</tr>
<tr>
<td>ANNEX II LIST OF PARTICIPANTS</td>
<td>24</td>
</tr>
<tr>
<td>ANNEX III MESSAGE FROM DR HUSSEIN A. GEZAIRY</td>
<td>27</td>
</tr>
<tr>
<td>REGIONAL DIRECTOR, WHO EASTERN MEDITERRANEAN REGION</td>
<td></td>
</tr>
<tr>
<td>ANNEX IV COUNTRY PRESENTATIONS</td>
<td>33</td>
</tr>
</tbody>
</table>
I. INTRODUCTION

The Third Intercountry Meeting of National Officers Responsible for Medical Research was held from 25 to 27 November 1986, at the Friendship Palace Hotel in Khartoum, Sudan.

The meeting was attended by participants from nine countries, some members of the Eastern Mediterranean Advisory Committee on Health Research (EM/ACHR) and staff members of the WHO Eastern Mediterranean Regional Office (WHO/EMRO). The agenda is shown in Annex I to this Report and the list of participants in Annex II.

H.E. Dr. Hussein Suleiman Abu Salih, Minister of Health of Sudan, gave the opening address of the meeting. He began by extending his thanks to WHO/EMRO for holding this meeting in Khartoum. He emphasized the role of health research in planning for effective health services which play an essential role in development of a healthy society, so crucial for progress and welfare. He mentioned that research is now a very costly endeavor that most developing countries are unable to afford, especially with the present reduction in their resources. This has made research almost a monopoly of the developed world. However, developing countries are still in need of research in health problems from which the developed world has ceased to suffer for a considerable time; hence such problems are a real priority for them. It seems that the gap between health research needs and research resources can only be overcome through effective cooperation between the developed and developing countries. WHO plays a very important part in enhancing such cooperation.

In addition, developing countries should maximize the utilization of their relatively limited research potentials in addressing issues that directly benefit their policies, strategies, plans and management of health systems that will enable them to achieve Health for All by the Year 2000.

In its new era, the Sudanese Government is giving high priority to the development of health services and fully realizes the role of health research in guiding this development.

Dr. Ali Khogali, Director, Programme Management, WHO/EMRO read the message of Dr. Hussein A. Gezairy, Regional Director, WHO/EMRO. In his address Dr Gezairy pointed out the important place of health research in health planning and health services delivery and also the need in developing countries to develop the capacity to do their own research. He also mentioned the great role of National Medical Research councils as centres for coordination and support of health research at the national level. The full text of his address appears in Annex III.
II. ELECTION OF OFFICERS

Professor El Sheikh Mahgoub was elected as the Chairman of the meeting and Dr. Daoud Niazi as Rapporteur.

III. UPDATING INFORMATION ON NATIONAL MECHANISMS EMPLOYED FOR THE MANAGEMENT AND COORDINATION OF HEALTH RESEARCH (Agenda item 3)

Country reports were presented by the respective participants. After each presentation the country report was discussed and questions and points raised by other participants were clarified by the representative of the country concerned. A summary of each country presentation is given in Annex IV.

Overview of country presentations

According to country presentations, comparison of the present status of health research management and coordination with that of 1984 reported in Islamabad shows that some progress has taken place as regards many of the constraints mentioned in the report of the Second Intercountry Meeting of National Officers Responsible for Medical Research. As expected, the level of progress in organizing national mechanisms for research varied among the countries represented. Political commitment to support medical research has increased considerably. A coordinating structure has been or is being established in the government hierarchy, while some bridge mechanisms exist in most reporting countries between the ministries of health and universities. There was no evaluation of bilateral projects supported by friendly countries. Effective mechanisms for dissemination of research results have been developed in many countries. It should be pointed out that, of the twenty-three countries of the Region, only twelve were represented at the meeting in 1984, and only nine at this meeting.

The following points emerged during the discussions on country reports:

(1) Scarcity of competent research manpower generally, and particularly in the field of health systems research. A shortage of mid-level research workers was also mentioned in many reports.

(2) In most countries the function of the national mechanisms requires improvement, especially in the areas of development and implementation of health research plans. The cumbersome administrative procedures involved in financing research projects was mentioned by some countries as constituting a great obstacle. Coordination was especially mentioned as one of the very difficult areas as it is differently perceived in different cultures.
(3) The poor quality of health research proposals and their presentations, hence the inability to attract funding, was singled out as the main concern of almost all the countries represented. Health systems research suffers more in this respect since it requires the integration of a variety of disciplines with which most of the health researchers are not familiar.

In addition, the structure of the health research incentive system (material and non-material) is geared more towards biomedical research. Also, some determinants or factors which influence the quality of health research in general are beyond the influence of the health sector, mainly influenced by the pre-university as well as the university educational system.

(4) In spite of the difficulties mentioned above, financing of health research was not considered a major obstacle as much as management of finances of research. In fact, in some cases the capacity to use available funds is limited.

(5) Priority setting for health research was highlighted by most represented countries as an area that requires more attention.

(6) Although technical facilities have been provided for health research in many countries, health research is still in its infancy because people are not research-minded and there is lack of interest in and motivation for research.

IV IMPLEMENTATION OF RESEARCH STRATEGY OF THE EM/ACHR AND THE RELATED ROLE OF NATIONAL MEDICAL RESEARCH COUNCILS (Agenda item 4)

This item of the Agenda was introduced by Dr. A. Khawall, Director, Programme Management, WHO/EMRO. First, he gave a short history of the research activities of WHO and informed participants about the global research strategies of WHO, as proposed by the Global ACHR and approved by the Executive Board. According to this global strategy, health research will be directed towards the following priority areas:

(a) Control of diseases associated with poverty.
(b) Control of tropical diseases (both communicable and non-communicable).
(c) Control of diseases associated with affluence.
(d) Treatment and care of the sick.
(e) Delivery of health services.

He then gave a short history of the research activities of WHO EMR and previous discussions and consultations on Regional research strategies.

He pointed out that, at the present time, research topics of priority to the Region may be divided into the following three broad groups:
(1) The first group covers all research activities in the field of health systems research, such as:

(a) determination of country health profile;
(b) policy-making processes and management;
(c) health manpower research, including determination of shortages and imbalances in the production, distribution, and utilization of health personnel at all levels and identifying ways to improve the situation from the point of view of both quality and quantity;
(d) accessibility and acceptability of health services for various social groups; epidemiology of programme acceptance;
(e) financing of the health sectors and possible ways to improve it;
(f) environmental sanitation services, their availability, acceptability, utilization, efficiency and effectiveness;
(g) ways and means of ensuring community participation and involvement in health services activities.

(2) The second group consists of behavioural research. Although part of the research related to the other two groups has behavioural components, specific research proposals in the field of human behaviours as determinants of health are of high priority. The following are some examples:

(a) health impacts of rapid socio-technological changes (modernization, urbanization, migration, etc.) and methods of buffering the impacts of adversities and hazards generated by these changes;
(b) health impacts of life-style (including sexual behaviour, social activities, etc.);
(c) fertility behaviour and its effect on population increase; identification of ways of changing fertility behaviour with the objective of controlling population increase;
(d) alcohol-related problems, their identification and measurement; development and evaluation of the applicable and acceptable preventive strategies;
(e) smoking and health; research on practical ways of control and prevention of smoking;
(f) drug abuse;
(g) research on positive behaviours which lead to promotion of health, e.g. sports, various techniques of mental relaxation, etc.
(h) other behavioural determinants of mental disorders.

(3) The third group addresses major health and disease problems in the Region, such as:

(a) endemic tropical diseases covered by the Special Programme on Tropical Diseases Research (TDR) (i.e. malaria, schistosomiasis, filariasis, leishmaniasis, leprosy and African trypanosomiasis);
(b) diarrhoeal diseases;
(c) diseases preventable by vaccination, including research aspects of EPI;
(d) some other important parasitic and infectious diseases, e.g. tuberculosis, soil-transmitted helminthic diseases, brucellosis, hydatidosis, sexually transmitted diseases, hepatitis, rabies, etc.);
(e) Nutritional disorders, especially those affecting children and women of childbearing age, including malnutrition, iron deficiency anaemia, iodine deficiency disorders, vitamin A deficiency, etc.

(f) Other health problems affecting maternal health and child survival;

(g) Human reproduction, family planning and population control;

(h) Chronic diseases of adults (cardiovascular diseases, cancer, diabetes, etc.)

(i) Health aspects of ageing;

(j) Research in the area of essential drugs (types, quality control, efficiency and effectiveness, storage, distribution, economic aspects, etc.)

Dr. Khogali also pointed out that not all of these health problems have similar priority in all countries of the Region. Countries differ widely in their economic, social and cultural conditions and they are at different stages of development and industrialization. There are, in the Region, countries with the lowest per capita income in the world, as well as others with the highest. Some diseases are hyperendemic in some countries, while not existing at all in others. Therefore research priorities in the third group (major health and disease problems) must be decided upon separately for each country; the final decision on priorities rests with the respective country according to existing conditions. Moreover, as these conditions are continually changing, the priority areas will change accordingly.

As for the approaches of WHO, Dr. Khogali reiterated the underlying principles in WHO's research promotion activities, viz. utilization of available facilities and resources, focusing on priority areas and helping Member States to work towards self-reliance in health research. He then listed various activities of the Regional Office for promotion and development of health research.

Some Recent Approaches for Health Research Strategy

Dr. M. Abdussalam, former Chairman of EM/ACHR and member of the task force for implementation of research strategies at country level, briefed the participants about the plan of work of this group. He informed the group that the Regional Director, Eastern Mediterranean Region, has assembled a small task force which would visit a few selected countries in order to help strengthen research management. The approach of this task force would be to improve awareness of senior managers of services for research, directed toward the solution of problems mainly through health systems research (HSR). This will be done by promoting discussion among representatives of various disciplines and sectors of problems which the country is actually facing, and the approach to research strategy for their possible solution. The principles of research strategy enunciated by the ACHR will be used to the fullest extent.

The task force must develop approaches to the formulation of policy and strategy for research and a plan of operation, in cooperation with the appropriate authorities and scientists of the country, and make these fit into the stage of development already reached and the material, cultural and other conditions of the country.
In general, the first step would be a better understanding of problems and the role of research in solving them. This may itself require some preliminary epidemiological, social, behavioural and other investigations.

The next step would be to investigate various approaches to more rational health planning. An important component of this would be research to develop a more effective and efficient health care system, which at the same time would be better attuned to the cultural and spiritual needs of the people.

Another important area would be the crystallization of factors which encourage greater personal, family and community self-reliance in health matters by actively involving people in the study of their own problems.

An important constraint which may prevent full implementation of research plans will be shortage of trained manpower and budget allocations. These problems have to be approached in the light of conditions prevailing in each country.

It is expected that the task force's work in different countries will provide indications for approaches to health research strategy, which would be more widely applicable than the present methods. The cooperation of the global ACHR should prove particularly helpful in achieving this goal.

In discussions of the Regional research strategies and their implementation, the group was informed about the publication of the new journal by the Regional Office, "Eastern Mediterranean Region Health Services Journal", the purpose of which is mainly to help diffusion of information about HSR and health manpower development activities in the Region. The importance of the support and strengthening of health information systems for further promotion of HSR was also mentioned by some participants. Also, wide distribution of the WHO publication on "Health Research Strategy" (WHO/RPD/ACHR (HRS) 86) was recommended. It was suggested that this document be translated into local languages and be distributed to all researchers at the country level.

V HEALTH SYSTEMS RESEARCH AND THE ROLE OF NATIONAL MEDICAL RESEARCH COUNCILS IN ITS PROMOTION (Agenda item 5)

This agenda item was presented by Dr. Y. Nuyens, Chief, Health Systems Research, WHO Geneva. He first gave a brief description of Health Systems Research and then discussed the role of National Medical Research Councils in its promotion.

Health systems research (HSR) is research aiming to optimize the utilization of the techniques and resources available in a country in order to promote health and health care delivery at all levels of the national health system. Considering the crucial role of manpower in the health care delivery systems, it is clear that health manpower research (HMR) is an important component of health systems research. The trend towards integration of HMR and HSR has been endorsed recently by the Health Manpower Research Subcommittee of the WHO ACHR, Geneva, 1986.
Three distinctive characteristics of HSR are:

- it is a prelude to action;
- its scope goes beyond the health sector;
- it is a multidisciplinary activity.

There are many systems problems in various areas for which operational solutions are needed; some are listed hereunder:

- political; e.g. unsuitable health policies
- economic; e.g. no effective cost control
- technologies; e.g. inappropriate technologies
- managerial; e.g. lack of planning
- socio-behavioural; e.g. no community involvement
- ethical; e.g. inequity
- coordination; e.g. no intersectoral cooperation.

The results of HSR are expected to be integrated into the managerial process for health development:

- by providing evidence to decision-makers that certain approaches work and are feasible under prevailing conditions;
- by providing managers with the technical knowledge necessary to translate policies into action;
- by discovering ways in which the health system and the community can together increase people's capacity to solve their own problems.

The slow development and use of HSR are due to many factors. Some are specific to individual countries while others are common to all. The following reasons have been identified as the causes of delays in the development of HSR:

(a) The management and action process

- Time: a tension between the need for timely managerial information and the process and products of research.
- Attitude: a tension between the (managerial) requirement for direct and decisive action and an inquisitive attitude regarding the uncovering of problems, the collection of valid and reliable information, and the seeking of solutions.
- Perception: action-oriented decision-makers may perceive HSR as an esoteric and academic enterprise with little relevance to the practical concerns of management, or as a threat to existing plans and programmes.
(b) Practical Constraints

- **Inadequate HSR budgets**: only a few countries earmark part of their regular WHO or national budget for HSR. Also, external funding is less easily attracted.

- **Lack of national capabilities**: trained and experienced staff capable of proposing, designing and carrying out HSR are scarce and opportunities for obtaining such training locally are very limited.

- **Limitations of institutional resources**: the requirement is for research institutions or networks of institutions capable of training and carrying out research and entering into a dialogue with the health system at different levels about how policies can be promoted by research means.

(c) **Deficiencies in the practice of HSR:**

The assumption is made that HSR is effective in bringing existing technology and science into health care and can improve effectiveness and efficiency of health services. Is this true in practice? To date, there has been inadequate documentation of both successes and failures. Managers/decision-makers need guidance into unfamiliar territory, not with heavy textbooks but with the nearest equivalent to direct consulting.

(d) **Lack of relevance**

Many HSR projects, particularly those initiated by individuals and research centres, have made little effort to link their research to action, either before or after the research itself. This results in a gap between the research findings and their use in effecting changes in the health system. It calls into question the relevance of research to managers and decision-makers.

(e) **Failure to identify HSR priorities**

This is not only a shortcoming of health and planning authorities who have neglected to identify key areas in the health system requiring research, but also a deficiency of the HSR community because it too has not settled priorities.

Five strategic areas for future development of HSR at country level have been indicated:

1. **Establishment of an effective HSR process**, e.g. country research programme plans, setting of priorities, allocation of funds, managerial structures, evaluation.

2. **Manpower development and training**, e.g. review of manpower resources, training activities, grants or fellowships, training material.
3. Institutional strengthening, e.g. national health research committees, research structures and institutions, networks.

4. Facilitating the utilization of research findings, e.g. mechanisms for interaction between decision-makers and researchers.

5. Diffusion of information, e.g. HSR directories, newsletter-type publications, community organizations and mass media.

National health councils and the promotion of HSR

Referring back to the problems and constraints encountered in the development of HSR, it is clear that HSR still has a long way to go before it is fully accepted and integrated into the managerial processes for health development at country level. For this reason HSR needs further promotion, in which national health/medical councils or research foci in the relevant ministries can play leading roles, by taking up the following functions:

(a) Centralization of research information

This clearinghouse function should emphasize information relevant to the applied research needs of major health problems at national level. The information gathered should include material needed for national research planning, such as demographic data, health status indicators, coverage, infrastructure, manpower, etc.

(b) Development of programmes based on national health goals

National councils or research foci should provide advice and make recommendations on country programme plans for the coordinated development of health systems research, including, for example, priority setting; infrastructure; human, technical and material resources required; administrative strategies in support of HSR policies.

(c) Encouragement of HSR

Councils or foci should play a catalyst role in initiating or strengthening an effective HSR process at country level by identifying key types of personnel for involvement in HSR, and establishment of structures or machinery whereby such key personnel would meet and offer positive assistance, from the identification of priorities through to planning, initiation, monitoring, implementation and data utilization of specific projects.
(d) Manpower development

The support of HSR manpower development includes:

- organization of or support to workshops where concepts, methods, management and results of HSR can be reported and discussed;

- development of an organized structure of awards, scholarships and fellowships to enable HSR researchers to visit and observe other programmes;

- organization of and support to meetings for heads of training programmes of medical, nursing, or other health personnel, to review the HSR component in their curricula and to develop strategies for the integration of HSR within their study programmes;

- promotion of communication and linkages between institutions, in order to provide all the disciplinary inputs necessary to HSR.

(e) International cooperation

Links with international research organizations are appropriately vested in national councils or research foci within the relevant ministries. These links could not only facilitate the soliciting of funds but also contribute to better coordination between international agencies, donor countries, bilateral assistances, etc.

International cooperation should also extend to the relationship between councils/foci in different countries. It is especially important in the context of HFA that the well-endowed councils in developed countries offer assistance to councils which are less fortunately placed. In the spirit of Technical Cooperation between Developing Countries (TCDC) WHO should encourage and support Regional countries with similar problems to collaborate and share experiences in this field. This applies particularly to personnel training programmes but may also involve other types of cooperation, e.g. exchange visits and collaboration in specific research projects.

During the discussion the strategic importance of HSR was strongly emphasized and there was general agreement that the National Medical Research Council or an analogous body in each country of the Region should give high priority to the further promotion of this type of research, within the national research plans. It was noted that the present capacity for research in this field, at both individual and institutional levels, is seriously limited in most of the Member States and, considering the social, political, economic and cultural specificity of the problems and issues to be addressed by HSR, it is essential to build up local capabilities with support from national and international sources. To this end, it is suggested that WHO make special efforts to collaborate with Member States in the organization of training workshops in HSR methodology, in the development of appropriate training materials, including national case studies, and in convening orientation sessions for decision-makers and top-level managers, in order to foster a positive and supportive environment for HSR. In such training initiatives special
attention should be given to attitudinal and behavioural requirements for researchers intending to embark on this field of research. Finally, it was noted that within the Region there is no time left for a slow-growing process of HSR but that HSR has to demonstrate, from the very beginning, its practical value for solving priority problems at the country level. For this reason it should be integrated within the managerial process for health development and WHO should make special efforts to support countries in organizing linking mechanisms between decision-makers, service managers and researchers.

Some participants mentioned that although fostering awareness is essential for promotion of HSR, it is not sufficient by itself. Countries in our Region need support and encouragement. In discussion of the role of medical research councils in promotion of HSR, and the question as to whether these councils should be involved in coordination only or also in the implementation of research projects, the consensus was that it is difficult to generalize and impose one method. The methods of work of each council have evolved through historical development. Obviously their first roles in the promotion of HSR are coordination and encouragement through workshops and courses for research workers, designed to orient them towards HSR activities. If such a council is also doing research, this should be in the line of priorities and care must be taken not to duplicate what has already been carried out in the universities or in units of the Ministry of Health. In the light of these discussions, each participant was asked to give a list of activities they envisaged doing in the next two years in their research councils for the promotion of HSR.

VI. COORDINATION OF RESEARCH AMONG VARIOUS INSTITUTIONS AND ENSURING INTERSECTORAL COLLABORATION (Agenda item 6)

Dr. A. Hassouna, President, SINAI Health Systems Consultation Group, Cairo, introduced the subject. In discussing the need for coordination of health research, he pointed out that health is affected by four principal factors, and their interaction, namely: (1) the population's genetic make-up; (2) behaviour; (3) physical, biological, and socio-economic environments; and (4) the performance of the health system (encompassing personal health services and public health programmes). The health system is shaped by, and also shapes, the cultural and socio-economic context in which it operates. The challenge for those responsible for the population's health is great, because health is affected by factors beyond the health services, requiring coordination not only among the various components of the health system (intersectoral) but also between the health and other sectors (intersectoral). Based on the above facts, improvement and maintenance of health status is dependent on social, cultural, environmental, economic and political factors which can be partially influenced by the health system, but mostly
lie within the domain of other service and production sectors. In the light of the above facts, the effectiveness of health research is seen to be highly dependent on its ability to deal with the multiplicity of factors which affect the improvement and maintenance of health status, hence the need for intersectoral collaboration. This, in turn, requires the institutionalization of a coordinating mechanism that brings together the various health-related sectors and institutions, to maximize the utilization of their research resources in meeting challenges for improvement and maintenance of the population's health status.

Such a mechanism usually takes the form of a council, i.e. a health or medical research council, either as a separate entity or as part of an overall research council. The main functions usually performed by such councils are: (1) development of an overall policy, strategy, and plan for health research; (2) funding of appropriate research proposals which address research priorities established by the research council; (3) monitoring of implementation of research projects and evaluation of their outcome; (4) promotion of health research through dissemination of information, support and development of health research capabilities, development of inter-institutional linkages and networking, etc. The composition, authority and responsibility of such councils varies in different countries, but the Ministries of Health and the universities (medical and health institutions) are usually given leading roles.

The effectiveness of such councils is highly dependent on: (1) the hierarchical status and quality of leadership; (2) the level of cooperation between the members of the council; (3) the existence and quality of the technical and administrative secretariat of the council; and (4) the authority of the council regarding funding of research proposals.

Dr Hassouna mentioned that the challenges facing medical or health research councils can be listed as follows:

(1) Traditionally, medical or health research councils are used to deal with health intrasectoral issues. Dealing with intersectoral issues requires, in addition to changes in the composition of such councils so as to represent other services and production sectors, a reorientation of the council members toward the new approach.

It should be emphasized that the effectiveness of a coordinating mechanism is highly dependent on the level of cooperation between the members of the council. One way to achieve such cooperation is to delineate the role of each participating sector in health research and the expected returns to the participating sector.
(2) Lack of qualified and adequate technical, financial and administrative support is one of the main factors that seriously reduces the effectiveness of such councils.

(3) Inadequate funds for research or inability to influence funding according to research priorities may greatly reduce both the effectiveness and credibility of medical councils.

(4) Lack of appropriate intersectoral research proposals may require special attention and more efforts in reorientation and training of researchers.

(5) The use of unnecessarily strict criteria for evaluation of submitted research proposals or the cumbersomeness of administrative and financial procedures for funding research proposals can seriously inhibit research activities.

As for the role of medical or health research councils in intersectoral collaboration, the following activities could be listed:

(a) the development of clear policies and strategies that encourage intersectoral health research;

(b) establishment of priorities for health research to achieve overall health development goals;

(c) guiding the allocation of research funds to support research proposals which address research priorities;

(d) promoting intersectoral health research through various mechanisms, including development of research capabilities, networking, dissemination of information, reward of distinguished researchers, etc.

The participants realized the challenges which a health research council faces in intersectoral coordination and the need to reorient such councils so as to effectively perform their functions. The strengthening of the role of the health research council by endowing it with appropriate authority to guide funding of research projects according to the priorities which it has itself set was emphasized. The role of the council in guiding training of potential HSR workers through the development of training curricula in which technical and behavioural requirements are balanced was endorsed by the participants. The participants appreciated the variety of possible functions which could be undertaken by health research councils and the difficulties associated with involving such councils in actual management of research institutes. They also emphasized that a council is only one form of developing a coordinating mechanism for intersectoral health research; other forms may be used in different socio-economic and political set-ups.
VII. RESEARCH CAPABILITY STRENGTHENING PROGRAMMES OF WHO (Agenda item 7)

The subject of "Research Capability Strengthening Programmes of WHO" was presented by Dr. A. Nadim, Regional Adviser, Research Promotion and Development, WHO EMRO. He pointed out the emphasis which WHO places on research capability strengthening in the Member States, leading towards self-reliance in the area of health research.

The main objective of the research capability strengthening programme of WHO is to overcome existing constraints in the development of health research. However, some of these constraints are so deeply rooted and linked with the socio-political, cultural and economic conditions of a country, that WHO has little scope and no influence to overcome them.

Research capability strengthening programmes of WHO are administered by the Regional Office or by the Special Programmes in Headquarters. The programme supported and administered by the Regional Office focuses primarily on national problems in each country, while those of the Special Programmes are for the support of targeted research objectives developed globally. Only two Special Programmes, namely the Special Programme for Research and Training in Tropical Diseases (TDR) and the Special Programme for Research, Development and Research Training in Human Reproduction (HRP) have specific research capability strengthening activity. Other Special Programmes, e.g. Control of Diarrhoeal Diseases (CDD), although supporting a considerable number of research projects, do not have separate research capability strengthening activities.

VII.1. Research capability strengthening activities of the Regional Office

Research capability strengthening activities of the Regional Office can briefly be listed as follows:

1. Helping to establish and/or strengthen national mechanisms for coordination and support of medical research, viz. medical research councils, in all the countries of the Region.

2. Organizing meetings of national officers responsible for medical research, held once every two years. This is for coordination of activities and orientation of national medical research councils towards national research priorities.

3. Arranging for visits by senior-level scientists or consultants to the countries in order to sensitize decision-makers about the vital importance of health research in planning and evaluation of services, and to help in the preparation of workplans for the implementation of health research activities in support of national health programmes.
(4) WHO Research Training Grants. These grants are intended to enable research workers to spend a period of training in one or more appropriate institutions. The grants are available not only for advanced research training at postgraduate level, but also for training allied health and technical support personnel from developing countries.

(5) WHO Visiting Scientist Grants. These grants are awarded to senior research workers to enable them to visit their peers in other countries who are working in similar or related fields in order to exchange ideas, discuss techniques and problems of their work, or analyse the results of studies.

(6) WHO Fellowship Programme. In its essentials, the award of a WHO fellowship means that an appropriate programme of study abroad is planned and arranged for an individual and the necessary financial assistance is provided to carry it out. Although WHO fellowships are not solely for the purpose of research capability strengthening, to a great extent they include this aspect as well.

(7) Group Educational Activities. In the area of research promotion, the following four types of group educational activities are supported by WHO:

(a) workshops on research management for present and future managers of research projects and research institutions, as well as those involved in the management of research in the universities, medical research councils and research managers in the Ministries of Health;

(b) workshops on research methodology for mid-level administrative personnel in which participants are encouraged to generate concrete and practical proposals;

(c) workshops for top-level health managers and health administrators designed to sensitize them to the importance and role of health research in health planning, decision-making and evaluation of services;

(d) workshops on research aspects of specific health and/or disease problems (this type of workshop is usually held by technical units)

(8) Institutional Support. There is no specific institutional support programme for the provision of equipment, supplies, vehicles and other research facilities in the Regional research capability strengthening programme, but some of these elements are provided as part of the support of research proposals, and some as part of other ongoing programmes of cooperation at the country level in various programme areas, e.g. library support, maintenance and repair, provision of equipment and supplies for some of the WHO Collaborating Centres, etc.
VII.2. Research capability strengthening programme of TDR

TDR is a goal-oriented research and training programme which has two interdependent objectives:

(1) Research and development to obtain new and improved tools to combat major tropical diseases. This part of the activity is conducted by multi-disciplinary Scientific Working Groups (SWGs). Initially, six diseases have been selected for this programme, namely malaria, schistosomiasis, filariases, trypanosomiasis, leishmaniases and leprosy. There are one or more SWGs for each of the above disease problems. Also there are other SWGs active in "trans-disease" areas, namely biological control of vectors, epidemiology and social and economic research.

(2) Institution strengthening and training activities: This programme area includes all the research capability strengthening part of the activity and is being carried out only in tropical countries where the above-mentioned diseases are endemic. It is conducted by the Research Strengthening Group (RSG); on average it accounts for 25% of the total budget of TDR. The support given by the RSG is in two forms: training grants and institution grants.

A. Individual Training Grants

1. Research Training Grants: Staff members (scientists, technicians, nurses, librarians, etc.) of institutions selected for strengthening are eligible for research training grants for graduate, doctoral or post-doctoral work to broaden their research experience in a country other than that of the institution when such training opportunities are not available nationally. Trainees who receive research training grants for a Ph.D. or equivalent degree outside their own countries will be encouraged to carry out their research in a developing endemic country, preferably their own.

2. Visiting Scientist Grants: Established scientists, usually from supported institutions, may apply for this type of grant if they require specific training outside their countries, such as that provided by courses, seminars or workshops, research discussions, or short-term joint research. Visiting Scientist Grants may be awarded for periods of up to eleven months.

3. Re-Entry Grants: Staff members returning to their home institutions in developing countries after training abroad may (usually within eighteen months of the date of completion of training) apply for a Re-entry Grant. These grants are awarded on the basis of a formal proposal, including an acceptable technical outline of a research and/or training project designed to enable the scientist to utilize the knowledge and expertise he has acquired.
B. Group Training Grants

(1) Ad hoc courses and formal training programmes: Support will be provided for ad hoc courses and formal training programmes in tropical countries, preferably if they also serve the needs of other countries in the Region.

(2) Workshops, seminars and scientific meetings: Support for workshops, seminars and scientific meetings will depend on their direct relevance to the Special Programme's activities, particularly those given priority by RSG or the SWG for such activities. Preference is given to institutions supported by RSG.

(3) Master's or equivalent courses: This form of grant mainly consists of supporting some Master's courses designed to develop in students the competencies required for research in the six TDR diseases, e.g. medical entomology. In designing curricula, particular attention should be given to developing such competency in students. Because of the differing specific university entrance requirements for Master's level courses, this may not always be the most appropriate way to train scientists. On-the-job training, which is an important part of research education, can in itself be an excellent way of providing staff with the required experience.

Institution Grants

Institution grants are awarded to groups of individuals making a joint proposal to increase their research capabilities. Such groups may consist of the whole staff, or part of the staff, of a single institution, or they may belong to different institutions.

An institution-strengthening grant can, if necessary, support simultaneously more than one department, section, unit or other part of the same institution. However, support for one part of an institution implies no commitment to support any other part.

Only national or Regional institutions (or the national component of such Regional institutions) in tropical countries are eligible for institution-strengthening. An institution that employs a significant proportion of expatriate staff from outside the Region can receive support only if it presents a satisfactory plan for the development of self-sufficiency in research, together with a satisfactory plan with particular reference to the provision of career posts, the effective use of qualified local personnel, and the training of local counterparts to replace at least a high proportion of the expatriate staff.

Four types of institution grant have been established. These allow for considerable flexibility in order to meet a great variety of circumstances:
(a) **Small grants:** Small grants are intended to provide initial support for research or training in keeping with the objectives of the Special Programme.

In the case of research, small grants may be awarded to initiate the research or, when justified, may follow a Re-entry Grant. These grants are awarded once only and are for a maximum of US$15,000. They cannot cover the salary of the grantees or expenses for travel abroad.

In the case of training within the staff development plan of an institution that is being strengthened, a small grant may be made to provide training in the trainee's own country. Such small grants cover the stipend of the trainee and may be renewed annually.

In the case of a trainee carrying out a part of his research for his dissertation thesis in his own country, a small grant could be awarded for a maximum of US$15,000. The trainee should not receive a stipend during this period from TDR, but is allowed to receive support for his travel to his country and back to his place of training. The Special Programme would pay also for a visit of his supervisor from the training institution to offer advice during the period of data gathering in his own country, or in the place selected to conduct the field research.

(b) **Short-term support grants:** A short-term support grant is awarded by RSG, either to provide initial support while another type of proposal is being prepared, or to accommodate special cases that do not fit into the other categories of institution grants.

(c) **Capital grants:** Capital grants serve to support well-established institutions, staffed by competent scientists, which need a fixed sum of capital to increase their research capability. Such grants carry no implication of continuing support.

(d) **Long-term support grants (LTGs):** Long-term support grants (LTGs) represent the largest type of commitment that the Special Programme makes with respect to institution-strengthening. They are usually approved in principle for a period of up to five years, and are reviewed and funded annually. They may, exceptionally, be renewed at the end of the five years, after a full evaluation involving the progress and plans of the institution and the plans of the national authorities.

To an application for an LTG, an institution must attach a profile of its research and training capability. A site visit is usually made before the approval of such a grant. LTGs can provide most of the items necessary for full participation of the institution in the Special Programme's network.
of activities. Equipment and supplies are one example. Local salaries may also be included, although they must be subject - like any other recurrent cost - to progressive take-over by the institution. Major building costs cannot be supported, although the cost of relatively small alterations to, say, laboratories or animal houses, may be provided.

VIII.3 Research capability strengthening programme of HRP

HRP was established in 1972 as the main instrument within WHO for the promotion, coordination and support of international research and development of technology relating to human reproduction and family planning.

The objectives of this Special Programme may be summarized as follows:

- to promote, support and coordinate international research in human reproduction and family planning of special relevance to developing countries;

- to promote and support national self-reliance in family planning research in developing countries through international development and research training.

The first part of these objectives is conducted by various Task Force Steering Committees (17 task forces) of this Special Programme. The second part, which includes all research capability strengthening activities of this Special Programme, is conducted by the Committee for Resources for Research (CRR) and, on average, 30% of the total expenditures of HRP is spent on this programme area.

These activities mainly comprise the support of institutions capable of conducting research in human reproduction through the development of a network of collaborating centres and through the strengthening of research capability, especially in developing countries.

The various activities of HRP in the area of research capability strengthening are as follows:

(1) Research training grants

Research training grants are awarded only in the context of institution-strengthening. All institutions requesting research training grants should initiate and formulate five-year plans for research development, including staff development. Flexibility is necessary to modify plans as an institution develops, but the objectives, research plan, staff development (training, courses, etc.), consultant visits, resources, equipment and budget should all be identified at the start to facilitate a comprehensive development plan.
Length of training should be tailored to the needs of institutions, with a balance of short (up to one year) and long (up to three years) periods. In the past the emphasis has been on training related to the development of contraceptives. It now includes training in health services research, epidemiology, statistical analysis, clinical research and demography. However, essential basic-science training in fertility control methods are not overlooked.

(2) M.Sc. courses

M.Sc. courses (of 1-2 years) are expensive to develop anew. They require an adequate administrative basis, sufficient staff and provision for curriculum development and examinations. The Special Programme considers such courses only when other means of training are not available. If possible, this consists of an adaptation of an existing course, with modifications or additions requested by the Special Programme, rather than the establishment of a completely new course.

(3) Support for short group-learning activities (workshops, short courses, symposia)

Short group-learning activities on specific topics have proved to be valuable for promoting research in human reproduction. They are cost-effective, especially when located in institutions collaborating with the Special Programme.

(4) Institutional grants

(a) Long-term institutional development grants

Institutions that have not previously received substantial strengthening support from the Special Programme, and other "new" institutions in developing countries, will be eligible to apply. This consists usually of a five-year support or the institution, providing it with salaries, consultant support, training, grants, equipment and supplies, data processing facilities, library resources, vehicles and transport and other items necessary for the work of the institution. As regards salaries, these will be covered only for new staff and will be in accordance with the national salary scale; the amount requested should reflect progressive national take-over of salaries.

(b) Capital grants

A capital grant is a single large grant meant for a fairly well-developed institution to enable it to acquire a major piece of equipment, to replace an old one or to divert institutional research interests towards research into fertility regulation.

(c) Small grants

Small grants are mainly for institutions that have completed their period of Special Programme Support, to enable them to acquire small supplies and journals. The Secretariat will draw up a form for such grants, each of which would not exceed US$5 000; however, the CRR wishes to review this figure later.
(d) **Grants for small supplies**

Grants for small supplies apply only to centres which are not currently receiving or have not received institution-strengthening support; they are usually for the purchase of supplies not available in the country; the amount of the support for each centre is limited to US$1,500.

* * *

The low level of the use of research capability strengthening programmes of WHO in the Region was discussed. It was pointed out that the majority of requests for research training grants are rejected because they are not part of a planned research activity at the national level, and are not supported by the government concerned. Also, many research proposals are rejected because of poor presentation.

It was noted that many potential research workers are not aware of the opportunities provided by WHO. Participants believed that more work is needed in distribution of information about research capability strengthening opportunities available in WHO; this task should be undertaken by various means, including health research councils or research departments within ministries of health.

**VIII. RECOMMENDATIONS**

The following recommendations were made:

1. Since health research has important implications for health development, in which health and other services and production sectors need to coordinate their efforts, the role of mechanisms such as health research councils or analogous bodies should be not only to coordinate but to support the roles of the participating sectors in their efforts to develop health research.

2. The word "health" instead of "medical" should be used in naming existing medical research councils and analogous bodies, in order to emphasize their wider role and implications regarding their composition and broader terms of reference.

3. Health research councils and analogous bodies should strongly support the initiation and/or strengthening of an effective health systems research (HSR) process at country level, aiming at contributing to improvements in the health system. More efforts should be directed towards motivation of potential health systems researchers, using appropriate and innovative approaches, with regard to both material and non-material incentives for HSR.
(4) Training activities in HSR should include a behavioural component dealing with attitudinal and behavioural requirements of researchers embarking on health systems research.

(5) Health research councils should identify research priorities. In doing so, they should involve decision-makers, research workers and communities.

(6) Health research councils should adhere to priorities in support of research and make every effort to reorient on-going research towards them.

(7) Ministries of Health should allocate adequate resources for HSR.

(8) Active support of the Regional Office in the promotion of health systems research should continue.

(9) WHO, together with the various health research councils, should actively collaborate in diffusing and disseminating health systems information, taking into consideration the recommendations of various WHO consultations on health information systems.

(10) Wide distribution of the booklet on Health Research Strategy and translation of this document into national languages, where necessary, are highly recommended. This document should be used by countries in preparing their national health research plans.
ANNEX I

Agenda

1. Opening of the Meeting
2. Adoption of the Agenda and Programme of Work
3. Updating Information on National Mechanisms Employed for the Management and Coordination of Research
4. Implementation of the Research Strategy of the EM/ACHR and the Role of National Medical Research Councils in this Respect
5. Role of National Councils for Medical Research in the Promotion of Health Systems Research (HSR)
6. Coordination of Research among Various Institutions and Ensuring Intersectoral Collaboration
7. National Research Capability Strengthening and the Role of Medical Research Councils
9. Closure of the Meeting
ANNEX II

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In the name of God, the Compassionate, the Merciful

Message from
DR HUSSEIN A. GEZAIRY
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION
to
THE THIRD INTERCOUNTRY MEETING OF NATIONAL OFFICERS RESPONSIBLE FOR MEDICAL RESEARCH
Khartoum, Sudan, 25-27 November 1986

Ladies and Gentlemen, dear Colleagues,

It gives me great pleasure to welcome you all to the Opening Session of the Third Intercountry Meeting of National Officers Responsible for Medical Research, at which you are going to discuss various aspects of the involvement of Medical Research Councils, or analogous bodies, in the promotion of health research in the countries of our Region. I would like to take this opportunity both to thank your host, the Government of Sudan, for their hospitality and to welcome, in particular, the Minister of Health, Dr Hussein Suleiman Abu Salih.

Improvement in the health status of its population is a part of a nation's development. Such improvement cannot be attained without research, aiming at answering questions and finding solutions to problems related to the improvement of health. The idea that developing countries need not do
research and that the results of research carried out in developed countries
could simply be transferred to developing countries is absolutely
unacceptable. Developing countries need to develop the capacity to do their
own research and to find answers to their own research questions. It is the
duty of each society to identify the problems, set priorities, conduct the
research, make the right decisions on the basis of the research results and
evaluate the implementation of activities.

WHO has always paid great attention to the establishment and
strengthening of National Medical Research Councils or analogous bodies as
centres for coordination and support of health research at national level. We
feel that these bodies play a great role in strengthening research capability
and pave the way for self-reliance as regards health research needs in each
country.

The first Intercountry meeting of National Officers Responsible for
Medical Research in the Eastern Mediterranean Region was held in Limassol,
Cyprus, in April 1983. The Regional intercountry research programme was
discussed and potential areas for WHO collaboration in the field of medical
research were delineated. The second meeting took place in Islamabad,
Pakistan, in December 1984; reorientation of research in support of national
strategies for Health for All, research manpower development, training in
research management and collaborative research between Member States were
discussed.

At your meeting this year you will discuss the Regional health research
strategies and priority areas as identified by the global and regional
Advisory Committees on Health Research. Based on the recommendations of the
Eastern Mediterranean Region Advisory Committee, a task force has been
established, consisting of two members of the Committee and other experts, to
work in a few countries on the development of a rational policy and strategy
for health research and preparation and implementation of a plan of operation
for research. This will be carried out with the collaboration of national
authorities and the global Advisory Committee. The working methods of this
task force will be reported to you by one of its members. You will also
discuss how medical research councils can help in the implementation of
national health research strategies.
With the identification of the attainment of Health for All by the year 2000 based on primary health care as the main goal of WHO, health systems research has become of primary importance to all countries during the remaining years of the century. Careful study is required of the problems and constraints affecting decisions on the adoption of appropriate, effective health systems and their development. This kind of study enables decision-makers to make better informed decisions and, indeed, this is what health systems research is all about. I am sure that, after discussing this subject, you will be able to come to some useful conclusions on ways in which Medical Research Councils or analogous bodies may get involved in health systems research.

Proposals for research which would be needed to attain the goal of Health for All will, of necessity, go beyond the scope of biomedical research. They will include political, social, behavioural, managerial, economic, anthropological, cultural and many other sciences, as well as the involvement of other sectors, such as agriculture, communication and education.

The matter of coordinating research among the various institutions and the need for intersectoral collaboration for health research will also be discussed during your meeting, and I particularly look forward to hearing your recommendations and views on ways of implementing the recommendations on this subject.

Finally, you will be briefed on all the research capability strengthening programmes of WHO. It is hoped that this will enable you to advise your governments and national institutions about the possible benefits from these WHO activities for increasing national health research capabilities in your own countries.

It remains only for me to wish you a pleasant stay and successful deliberations; I look forward to receiving your suggestions and recommendations on the various subjects of your discussions.
رسالة الدكتور حسن عبد الرزاق الجزائري
المدير الإقليمي لمنظمة الصحة العالمية
إقليم شرق البحر المتوسط
إلى
الاجتماع البلداني الثالث للمسؤولين عن البحوث الطبية
الخرطوم، السودان، 5-7 تشرين الثاني/نوفمبر 1986

ابيها السيدات والسادة،
ابيها الزملاء الأعزاء،

يسرني بالغ السرور، أن أرحبا بحضوركم جلسة افتتاح الاجتماع البلداني الثالث للمسؤولين عن
البحوث الطبية، الذي سيقامون فيه مشاركه مباشرة لمجال البحوث الطبية والهيئات المختلفة في
تعزيز البحث العلمي في بلدان الإقليم. وأود بهذه المناسبة أن أعبر عن عميق الشكر والتقدير للحكومات
السودانية البوغرة، التي تستضيف هذه المرة. كريم الصيفي، كما أخضاعها، كما أخبر بالتهنئة.
الأمر الدكتور حسن يعيش أبا صالح.
لا تحقق التحسين權益، ولا يعترض عليه في البلدان النامية، ولكنها تركز في البلدان المتقدمة، حيث تنص على تنفيذ مثل هذه البحوث في بلدان معينة.

لقد دارت منظمة الصحة العالمية على توجيه قدر كبير من اهتمامها لإقامة وتعزيز مراكز البحوث الطبية الوطنية، والعلاقات العائلية، وكيف يمكن تحقيق ودعم البحوث الصحية على المستوى الوطني. وتعزز هذه البحوث في بلدان معينة.

لقد جمعت البحوث في بلدان وإنجاز الخطة في بلدان إقليم شرق البحر المتوسط، في ليبيا، مصر، في نيسان/أبريل 1983. وتحت اتفاقيات برنامج البحوث البلداني في الإقليم، كما تم تعزيز أوجه التعاون الممكن مع منظمة الصحة العالمية، في مجال البحوث الطبية، وانعقد الاجتماع الثاني بمدينة إسلام آباد في باكستان، في كانون الأول/ديسمبر 1982، ووضعت فيه مسالة إعادة توجيه البحوث، حيث تأتي مدعية الاستراتيجيات الوطنية لتحقيق الصحة للجميع. كما وُجِّهت موضوعات تطوير الجهاز العام في مجال البحث، والتدريب على إدارة البحوث، والبحوث التعاونية فيما بين الدول الأعضاء.

وقد تناولت في اجتماع هذا العام، استراتيجية البحوث الصحية الإقليمية، والسياسات التي دعتها اللجان الاستشارية الإقليمية والعالمية للبحوث الصحية. وبناءً على توصيات للجنة الاستشارية الإقليمية لشرق البحر المتوسط، تم تشكيك مجموعة عمل، تضم عضوين من اللجان، وخبراء آخرين، مهمتها أن تعمل في عدد من البلدان على وضع سياسة رشيدة، واستراتيجية للبحوث الصحية، وإعداد وتنفيذ خطط عمل للبحوث، وتيتم ذلك بالتعاون بين السلطات الوطنية واللجنة الاستشارية العالمية، وسوف يقدم إليهكم أحد أعضاء مجموعة العمل، تقديراً عن أسلوب عمل المجموعة.
كيا سيتناول اجتباعكم هذا بالمناقشة، كيفية التي ستقدم بها مجالات الأبحاث الطبية مساعدتها في تنفيذ الاستراتيجيات الوطنية للبحوث الصحية.

إن اعتبار تحقيق الصحة للجميع بحلول سنة 2030، من أسس الرعاية الصحية، الهيكل الأول لمنظمة الصحة العالمية، قد جعل بحوث النظام الصحي اهميتها كبيرة لدى كل بلدان الإقليم، على مدى السنوات الـ21 من القرن الحاضر. لذلك كان من الضروري إجراء دراسة مثالية، للمشكلات والمصاعب، التي تؤثر في القرارات الخاصة ببيئات الصحة المعيشية والاقتصادية، وتطويرها. وهذا النوع من الدراسة يمكن تقييمه، من خلال قراءات متعددة تركز على النسج واضحة، وهذا هو ما تجدر إليه بحوث النظام الصحي أولًا وآخرًا. إن نذاعك، من أي سمتلك هذا الموضوع، سوف تمكنك من الوصول إلى نتائج مفاده يمكن سبيلنا الذي قد تؤدي إلى إجراisions مجال البحوث الطبية والهياكل المميزة، في بحوث النظام الصحي.

إن المقترحات الخاصة بالبحوث التي قد تدعو إليها الحاجة في سبيل تحقيق هدف الصحة للجميع، تتجاوز، بالضرورة، نطاق البحث العلمي، ليشمل العلوم الاجتماعية، والأدبية، والتنفيذية، واللغوية، والاقتصادية، والسياسية، والثقافية، ومجالات أخرى كثيرة. كيا نحن نتقدم إجراisات قطاعات أخرى، كالزراعة، والوسائل، والتعليم.

ويناقش إجتباعكم أيضًا، مسألة تنسيق البحوث بين مختلف الموضوعات، ومدى الحاجة إلى التعاون بين القطاعات في ميدان البحوث الصحية. وإلى لائحه بصورة خاصة، إلى تعاون توصياتكم وآرائكم حول طرق تنفيذ التوصيات التي سبق إصدارها بشأن هذا الموضوع.

ثم إنکم سوف تتعرفون على كل إمكانيات البحث التي تعزز برامج منظمة الصحة العالمية. واليامول، إن يمكنكم ذلك من إطلاق حكوماتكم والمؤسسات الوطنية الصحية على الواجهة الطلبية من جهود المناضلة التي تشتد بها منظمة الصحة العالمية، في سبيل زيادة إمكانيات البحوث الصحية الوطنية في بلدانكم.

وختاماً، فإننا لكم إقامة طيبة، ومداولات مثمرة، واتباع إلى الوقوف على ما سوف تنتهبون إليه من اجتهادات وموضوعات حول مختلف الموضوعات التي تتناولتها مناشداتكم.

وفقكم الله وسدك خدماتكم.
ANNEX IV
COUNTRY PRESENTATIONS

DEMOCRATIC YENEN

At present there is no official organ or apparatus responsible for planning, management and coordinating medical research within the Ministry of Public Health. In spite of that, the Ministry has demonstrated increasing interest in medical research and its link and application to the process of promoting the national health system capacity and efficiency. The Five-Year Health Plan (1986-1990) included an operations research programme in its activities.

The Ministry of Public Health is seriously studying the different possible variables that could be used to organize a national mechanism for planning, managing and coordinating medical research and its orientation to the main health problems of the country.

The Faculty of Medicine, Aden University, is actively engaged in health and medical research. In this Faculty, although there is no separate department for research, it is an integral function of all academic departments and the teaching staff.

There is no independent career structure for medical research, but it is an integral duty for academic staff as well as an essential prerequisite for promotion to different academic posts, particularly professorships (Professor and Assistant Professor). In addition, the following incentives are practised:

- research output contributing to promotion,
- study leaves,
- award of medals or special prizes,
- attendance at scientific meetings within and outside the country.

There is an increasing awareness of the importance of the orientation of research to the problems of social development, education, health, agriculture, etc. Concomitantly, there is an increasing tendency to establish a mechanism at the national level to take over the responsibility of coordinating research activities among different sectors, as well as to define lines of research and determine priorities at national level as required by the National Plan of Socio-Economic Development.
The Ministry of Health established the Department of Research to be responsible for drawing up the policy for medical and health services research at national level, in cooperation and coordination with the different research institutions.

In 1971 the Academy for Scientific Research and Technology (ASRT) replaced the Supreme Council for Scientific Research established in 1966. In 1977 the ASRT formulated its plans and agreed upon certain research programmes and projects. Eleven specialized councils have been set up within the ASRT, one of which is the Council for Medical and Drug Research.

In spite of the existence of this Council, the Permanent Committee on Research (under the Ministry of Health) and the Department of Research in the Ministry of Health, no national plan for health services research could be made, nor could an integrated mechanism for managing health research be established.

Nevertheless, research activities are being carried out in:

(a) The ASRT: through the Theodore Bilharz Institute for Tropical Diseases Research, and the National Research Institute which centres its activities on basic medical sciences;

(b) The Universities: most research is undertaken in the ten medical faculties, and the High Institute of Public Health in Alexandria. This research is clinically oriented.

(c) The Ministry of Health

(i) Qualyub Centre for Field and Applied Research
(ii) the Centre for Dental Research in Cairo
(iii) the Centre for Dental Research in Alexandria
(iv) the Organization of Teaching Hospitals and Institutes - eight research institutes in different fields come under this Organization
(v) the Egyptian Organization for Biomedical Products and Sera
(vi) the National Organization for Drug Control and Research
(vii) joint research projects financed by joint funds, for examples, with WHO and UNDP, and under the Egyptian American Agreement (through USAID and PL 480)

(d) Institute of National Planning, in collaboration with the Ministry of Health.

The ASRT controls the funds for research; it allocates them for each project according to national priorities, e.g. to the specialized Council for Medical and Drug Research. Different research centres submit their proposals to the Council. If a project is accepted (being valid and of national priority) the required funding is approved.
The Directorate General of Health Research is administratively attached to the Ministry of Health. It was established by a law promulgated in 1983, and has been functioning since 1984. For the time being the Office includes some health researchers, and through the cooperation of different bodies inside the country like the other research centre and university research work, is run according to the Five-Year Plan of priorities in health research.

Financial arrangements are made to support research in buying equipment in addition to the use of equipment already present in other offices of the Ministry of Health. Two days per week are allowed for researchers to do their research, and leave for attending conferences outside the country is granted, as well as sabbatical leave in the case of university staff.

To date the budget, which comprises purchase of equipment and materials, transport, etc., is part of the general budget of the Ministry of Health. Other financial resources for health research in the country are available through the universities and the Scientific Research Council. No bilateral resources are available.

The following institutes engage in research in Iraq:

(a) In the Ministry of Health:

- Central Public Health Laboratory
- Regional Centre for Malaria and Medical Entomology
- Institute of Nutrition
- Centre for Pharmaceutical Research
- Institute of Endemic Diseases

All the above are service institutes in which research is not obligatory; therefore it is not possible to enumerate the number of researchers or research workers.

(b) Other Bodies:

- Medical Colleges
- College of Pharmacy
- College of Dentistry
- Veterinary College
- Agriculture Colleges
- Biological Centre in the Scientific Research Council

These are situated outside the Ministry of Health and mostly undertake research with teaching activities; they all have their own budget.

There is a career structure for researchers in the universities and in the Scientific Research Council.
Incentives for research workers, e.g. allowances and recognition of research output as contributing to promotion, exist only in the Ministry of Health, the universities and the Scientific Research Council. They consist of study/sabbatical leaves, medals or special prizes and attendance at scientific meetings within and outside the country.

National priorities for health research have been drawn up by consulting scientists, researchers and health institutes.
The Pakistan Medical Research Council (PMRC) is the main governmental coordinating body for medical research in Pakistan. It is under the administrative control of the Ministry of Science and Technology. The Council was reconstituted in July 1985 to give it a more autonomous character and to enable its unhindered and efficient functioning as recommended in the National Science and Technology Policy.

PMRC has organized research centres in various medical institutions of the country. These centres are lodged in premises provided by the host institutions. At present fourteen research centres are in operation. Each centre has technical, administrative, secretarial and other supporting staff, who are full-time employees of the Council. The centres provide laboratory, statistical, secretarial and transport facilities to researchers whose projects are registered with PMRC. Assistance in the preparation of research projects, literature search, reporting and publication is provided when required.

Limited research work is undertaken by the Federal and Provincial Health Ministries; however, no separate research units deal with health research in these Ministries.

Other institutions engaged in medical research in Pakistan include: universities, medical institutions, specialized institutes, the Ministry of Health, and some other ministries.

Under the Pakistan Medical and Dental Council rules, an essential requirement for promotion in the teaching cadre is publication of original research work. Pakistan Medical Research Council grants honoraria at the rate of 20% of the basic salary to selected research workers whose projects are approved and registered by the Council. No other incentives are currently provided for research workers.

Since the PMRC is, to date, a small organization, no separate career structure has yet been prepared for its research workers.

The national health priorities for health research are prepared through meetings of the various advisory panels of the Council and recommendations from seminars and Biennial Research Congresses organized by the Council.

The Federal and Provincial Secretaries of Health are members of the governing Board, as is also the Senior Chief, Health Section, of the Ministry of Planning and Development. This ensures the linking of research to the national health development plans. The Health Services Research project of PMRC is specifically designed to collect data on basic socio-economic, demographic and health problems at the community level for the implementation of national strategy for HFA/2000.
In 1976, a Health Research Department (HRD) was opened in the Ministry of Health for the establishment of comprehensive and well-organized applied and basic research activities, in order to upgrade the standards of health care provision in Kuwait.

In summer 1982, a major administrative reorganization plan for HRP was implemented, and new tasks and objectives regulating its activities were defined.

The current general aims of the HRD are to promote both basic and applied research by:

(a) design and execution of short and long-term plans for research according to the requirements of the Ministry of Health and its policy of continuous improvement of the health services;

(b) collaboration, coordination and cooperation with national, Arab and international agencies for health research, in planning and implementation of relevant projects, research training and dissemination of information.

There are four main divisions in the HRD, each one dealing with some aspects of research coordination and implementation, as follows:

(a) Division of Research and Training Studies, concerned with the processing of research projects and the code of ethics in health research;

(b) Division of Administration and Finance, concerned with the preparation of research contracts, equipment, supplies, etc.;

(c) Division of Information, with a computerized information system and a MEDLAR station;

(d) Division of Research Laboratories, in charge of all laboratory activities and covering such aspects as animal houses, instrumentation, infectious materials, radioactive materials, etc.

It is now almost four years since the HRD was reorganized. The following conclusions and recommendations can be reached, on reviewing its activities:

- there is continued high priority need for health research development and training in Kuwait

- the HRD should continue its present course of being strongly motivated towards achieving current objectives.
There is no national health research authority. In April 1983, the Ministry of Health was reorganized and a new Department for Medical Research established. As part of the Five-Year Plan (1985-1990), of the Ministry of Health, a Health Research Plan has been prepared in which research priorities have been set. At the present time, most medical research is carried out in the following institutions:

- College of Medicine, King Saud University, Riyadh
- College of Medicine, King Abdul Aziz University, Jeddah
- College of Medicine, King Faisal University, Dammam
- College of Medicine, Abha
- King Faisal Specialist Hospital in Riyadh (full-time and part-time researchers)
- King Khalid Eye Specialist Hospital in Riyadh

For research projects which are beyond the capacity of the College concerned, financial support can be requested by the principal investigator from King Abdul-Aziz City for Science and Technology (KACST), an independent governmental agency located in Riyadh. Its main function is to encourage and support research in applied sciences and technology. Between 10 to 20% of its budget is allocated to health research projects.

There are the following incentives for medical research workers:

- in academic institutions, research is a prerequisite for promotion
- study leaves are granted if justified
- attendance at scientific meetings is allowed

During the last two years, the Ministry of Health has launched several new research projects, some of which are financed by the Ministry of Health and others by the KACST.
SUDAN

The National Council for Research (NCR) is the official governmental body in Sudan responsible for the organization, management, supervision, and financing of all research in the country.

The Medical Research Council (MRC) was initiated in 1970 as one of the four specialist councils branching from NCR. The Act governing the establishment of the Council was passed in 1973. The present Council is composed of 23 appointed representatives from institutions active in medical research and beneficiaries from results of medical research.

Specialized committees may be formed by the Council on the recommendation of the Chairman to give advice on all matters relevant to submitted research project applications and other relevant academic and ethical matters, etc.

There are three institutions and one centre established by the MRC:

- the Tropical Medicine Research Institute
- the Medicinal and Aromatic Plants Research Institute
- the Traditional Medical Research Institute
- the Immunology Research Training Centre.

In addition, the MRC has links with almost all the organizations involved with research in medical and allied fields. It then draft up plans of action and circulates them to all the universities and ministries concerned, these being the executing agencies.

Specialized committees assist the MRC in evaluation of research proposals submitted by institutions and individuals. Once the proposals are approved the MRC provides the necessary facilities in the form of funds and expertise according to available resources. Approved funds are made available for each research project according to the original submission of the agency or the chief investigator. Although there is no defined budgetary ceiling, all exaggerated budgets are either cut to a working level, or rejected.
Medical research forms part of the scientific research that the Supreme Council of Sciences, established in 1958, was given the task to encourage, orient and supervise. Since 1960 this Council has organized an annual Week of Science; most of the presentations are the outcome of postgraduate studies undertaken by candidates for postgraduate diplomas at the three medical schools.

There is no special fund allocated for research in the budget of either the Ministry of Health or the Ministry of Higher Education. Expenses for the above mentioned research studies are met from existing items in the budget.

Within the framework of WHO Regional Programmes, EMRO established in 1984 a Regional Demonstration, Training and Research Centre for Oral Health in Damascus.

Although research represents a major component in each WHO-assisted programme in Syrian Arab Republic, it is not always given the same importance as the other components are given when programmes are implemented. This is essentially due to the lack of the specialized trained manpower, necessary to undertake the required research adequately.

When considering the research needs in the field of health in Syrian Arab Republic, it can be stated that the existing medical institutions are capable of undertaking research projects pertaining to health problems prevailing in the country, provided that the department responsible for research organization in the Ministry of Health is strengthened, in order to be able to plan a comprehensive research programme for health, and to assist these institutions to implement the programme, with WHO assistance and that of donor countries.
TUNISIA

The coordinating body in charge of health research in Tunisia is "La Direction de la Recherche Scientifique et Technique", set up in 1979 under the authority of the "Ministère de l'Enseignement Supérieur et de la Recherche Scientifique".

The Office is helped in its task by the Scientific and Technical Research Council set up in 1982, whose role is to define research guidelines, to fix the budget and to coordinate the various activities at both national and international levels.

It includes 14 sections one of which is in charge of medical sciences. This Medical Sciences Section is composed of university staff members, and high-ranking officials from the Ministry of Health. It organizes and plans medical research and selects projects to be financed by government funds.

In addition, within the medical schools there are permanent scientific committees which deal with research projects and follow up their progress.

There is neither an individual medical research structure nor permanently engaged researchers in Tunisia. Research structures are provided by medical schools, pharmacy schools and hospital services; they are manned mainly by university teachers.

There is no department within the Ministry of Health dealing with medical research; however, recently, a body has been set up in charge of epidemiological studies, information and medical research. Many research projects carried out using funds from bilateral agreements (mainly with France).

Incentives for medical researchers are as follows:

(a) full-time university members receive a premium every year, according to their research activities (publications, lectures, communications, thesis supervising);

(b) university promotion takes into account the research activities of faculty members;

(c) opportunities are given for training abroad, attendance at scientific meetings, etc.;

(d) prizes or rewards may be granted.

As shown through the various incentives offered to research workers, the Tunisian authorities seem to be highly aware of the ever-growing importance of medical research. Nevertheless, given the limited resources available, the level remains insufficient.