SOUTH-EAST ASIA ADVISORY COMMITTEE ON HEALTH RESEARCH

Report to the Regional Director on its Seventeenth Session

Yangon, Myanmar, 21-27 April 1991

WHO Project: ICP RPD 001

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views appearing under their names.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>2. INAUGURAL SESSION</td>
<td></td>
</tr>
<tr>
<td>2.1 Address by the Regional Director</td>
<td>1</td>
</tr>
<tr>
<td>2.2 Address by the Deputy Director-General of WHO</td>
<td>2</td>
</tr>
<tr>
<td>2.3 Address by the Chairman, National Health Committee, Myanmar</td>
<td>3</td>
</tr>
<tr>
<td>2.4 Address by the Minister of Health and Education</td>
<td>3</td>
</tr>
<tr>
<td>3. BUSINESS SESSION</td>
<td>4</td>
</tr>
<tr>
<td>3.1 Address by the Regional Director</td>
<td>4</td>
</tr>
<tr>
<td>3.2 Introductory Statement by the Chairman</td>
<td>4</td>
</tr>
<tr>
<td>3.3 Introduction of Documents</td>
<td>4</td>
</tr>
<tr>
<td>3.4 Adoption of Agenda</td>
<td>5</td>
</tr>
<tr>
<td>3.5 Progress Report on the Regional Research Promotion and Development Programme</td>
<td>5</td>
</tr>
<tr>
<td>3.6 Matters Arising out of Meetings of Global ACHR and ACHRs of other Regions</td>
<td>18</td>
</tr>
<tr>
<td>3.7 Role of Health Research in the Strategy for HFA 2000</td>
<td>20</td>
</tr>
<tr>
<td>3.8 Progress Reports on Special and Global Programmes</td>
<td>23</td>
</tr>
<tr>
<td>3.9 Research into Delivery of Health Care in Slums and Villages</td>
<td>30</td>
</tr>
<tr>
<td>3.10 Research in Control of Cancer in Developing Countries</td>
<td>32</td>
</tr>
<tr>
<td>3.11 Research into Youth (and Adolescent) Behaviour as Related to Health</td>
<td>34</td>
</tr>
<tr>
<td>3.12 Strategic Plan for Future ACHR Activities</td>
<td>35</td>
</tr>
<tr>
<td>3.13 Suggestions for the Agenda of the Eighteenth Session of SEA/ACHR</td>
<td>37</td>
</tr>
<tr>
<td>3.14 Time and Place of the Eighteenth Session of the SEA/ACHR</td>
<td>38</td>
</tr>
<tr>
<td>3.15 Any other Business</td>
<td>38</td>
</tr>
<tr>
<td>3.16 Adoption of Report</td>
<td>39</td>
</tr>
<tr>
<td>4. CLOSING SESSION</td>
<td>39</td>
</tr>
<tr>
<td>4.1 Address by the Regional Director</td>
<td>39</td>
</tr>
<tr>
<td>4.2 Address by the Outgoing Chairperson, SEA/ACHR</td>
<td>39</td>
</tr>
<tr>
<td>4.3 Address by the Incoming Chairperson, SEA/ACHR</td>
<td>40</td>
</tr>
<tr>
<td>RECAPITULATION OF CONCLUSIONS AND RECOMMENDATIONS</td>
<td>40</td>
</tr>
</tbody>
</table>
## ANNEXES

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Agenda</td>
<td>45</td>
</tr>
<tr>
<td>2.</td>
<td>List of Participants</td>
<td>47</td>
</tr>
<tr>
<td>3.</td>
<td>List of Working and Information Documents</td>
<td>49</td>
</tr>
<tr>
<td>4.</td>
<td>Text of the Inaugural Address by Dr U Ko Ko, Regional Director</td>
<td>52</td>
</tr>
<tr>
<td>5.</td>
<td>Text of the Inaugural Address by H.E. Major General Khin Nyunt,</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Chairman, National Health Committee, Myanmar</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>H.E. Minister of Health and Education, Myanmar</td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

The seventeenth session of the South-East Asia Advisory Committee on Health Research (SEA/ACHR) was held in the Department of Medical Research, Yangon, Myanmar, from 21 to 27 April 1991. For agenda, list of participants, list of documents, texts of speeches by the Regional Director, Chairman, National Health Committee, Myanmar, and H.E. Minister of Health and Education, Myanmar, see Annexes 1, 2, 3, 4, 5 and 6 respectively.

2. INAUGURAL SESSION

Dr. May May Yi, Director-General, Department of Medical Research, Ministry of Health, Myanmar, welcomed H.E. Major-General Khin Nyunt, Chairman, National Health Committee, Myanmar, and H.E. Col. Pe Thein, Minister of Health and Education, Myanmar, Dr. M. Abdelmoumene, Deputy Director-General of WHO, and the Regional Director of WHO members of SEA/ACHR, and special invitees.

2.1 Address by the Regional Director

Dr. U Ko Ko, Regional Director, thanked the Government of Myanmar for hosting the seventeenth session of the WHO South-East Asia Advisory Committee on Health Research (SEA/ACHR), and expressed his gratitude for the presence of H.E. Major General Khin Nyunt, Secretary, State Law and Order Restoration Committee (SLORC) and Chairman of the National Health Committee, for his interest and support to health research.

He welcomed most warmly the distinguished members of SEA/ACHR, the special invitees and colleagues from WHO/HQ, and paid a special tribute to the Deputy Director-General of WHO, Dr. M. Abdelmoumene, who, in spite of his heavy responsibilities, had been able to join the session.

He reported to the invitees an event of great importance for health research - the resolution on the "Role of Health Research", adopted by the Forty-third World Health Assembly in May 1990. The resolution took note of the important principle that national health policy should be based on "valid scientific evidence", and that such evidence required health research. It pointed out that many developing countries lacked scientific and institutional capacity to address their particular problems, especially in the critical fields of epidemiology, health policy, social science, nursing and management research. The resolution called upon Member States, the international community and the research community to increase their respective commitments towards the development of essential health research appropriate to national needs. He further stated that the seventh meeting of Directors of Medical Research Councils or Analogous Bodies, held in Kathmandu...
in November 1990, endorsed the call for action embodied in Health Assembly resolution WHA43.19 and urged the formulation of national plans of action by way of initial response.

He went on to mention that two recent interconnected events of importance for health research in the Region - the completion of the review of the role and function of SEA/ACHR after fifteen years of functioning, and a similar review of WHO's collaboration with medical research councils and analogous bodies and the biennial meeting of Directors thereof, including the interactive role and function of these two chief mechanisms for obtaining advice, support and collaboration to the WHO research promotion and development programme - needs to be emphasized. He looked forward with renewed faith and confidence to the collective wisdom of ACHR and its guidance to WHO.

In conclusion, he once again thanked, on behalf of WHO and the Regional ACHR, the Government of Myanmar, for hosting the seventeenth session of SEA/ACHR. He especially thanked H.E. Major General Khin Nyunt, Chairman, National Health Committee, H.E. Col. Pe Thein, Minister of Health, Dr Daw May May Yi, Director-General, Department of Medical Research, and members of the organizing committee.

2.2 Address by the Deputy Director-General of WHO

Dr M. Abdelmoumene, Deputy Director-General, WHO, said that it was an honour for him to be present at the seventeenth session of the South-East Asia Regional Advisory Committee on Health Research and lauded the efforts Myanmar had made to promote, strengthen and support health research as an essential strategy for national health development beginning from 1962, with the formation of the Burma Medical Research Council, up until now when the scientists and institutions under the various departments of the Ministry of Health and other related ministries were undertaking research with full commitment towards furthering the health of the people of the country.

He referred to snakebite research which has made significant contributions to the pathophysiology, prevention and treatment of viper bites and the multicentre studies on drug-resistant malaria, viral hepatitis, acute diarrhoea, leprosy and dengue haemorrhagic fever.

Above all, health research is a national concern. It is up to the countries themselves to determine their essential needs, including the types of research to be undertaken, the themes for that research, and the managerial modalities for planning, implementing and evaluating it. This Region has been particularly successful in showing the way, one positive step being the regular meetings with representatives of the national medical research councils and analogous bodies of the countries of the Region.

The Technical Discussions at the Forty-third World Health Assembly provided an opportunity to review the overall research policies and priorities of WHO. Delegates of WHO's Member States gave an account of health research experience from the national perspective. Dominant problems of health research in various settings were brought to the fore and a number of approaches recommended for streamlining and fostering health and health-related research.
Among the areas of priority for WHO in its programmes of cooperation on which ACHR will have a major influence are activities for the prevention and control of diseases such as AIDS, hepatitis B infection and tuberculosis.

He also drew attention to the eighty-seventh session of the WHO Executive Board where the Director-General focused on the world's changing political, economic and social climate. He considered the effect of current changes of WHO approaches emphasizing the need to rethink about the Organization's operations for helping Member States to face their health problems and reach the goal of HFA through PHC. He announced his intention to outline a "paradigm for health" on the basis of a deeper analysis of the political, economic and social realities of the world today. In this research would most certainly play a crucial role.

2.3 Address by the Chairman, National Health Committee, Myanmar

H.E. Major General Khin Nyunt, Chairman of the National Health Committee and Secretary I. of the State Law and Order Restoration Council of Myanmar, welcomed the Deputy Director-General of WHO, the Regional Director and the participants, and stated that the Government has undertaken various tasks of national reconstruction and development. Among these activities the health sector has been given prominent emphasis and, to provide guidance to this effort, a National Health Committee has been established.

In terms of health expenditure, Kyats millions 1599.2 has been assigned for work in border areas.

In carrying out the health activities for the nation "Health for All by the Year 2000" has been the guiding principle. The National Health Committee has also provided guidance for undertaking those research activities that are directly linked to the priority health problems of the country.

These research results must now be widely disseminated so that full benefit of the research may be obtained.

In conclusion, he hoped that the discussions of the meeting would further develop health research in the Region.

2.4 Address by the Minister of Health and Education

H.E. Col. Pe Thein, Minister of Health and Education, Myanmar, welcomed the participants and the special invitees of the Advisory Committee on Health Research and added that his country was honoured to host this high-level meeting in Myanmar.

Myanmar is striving to achieve the goal of Health for All by the Year 2000, using primary health care as the key approach. Primary health care is an equity-oriented health and development strategy and health research is an essential and important tool to solve priority health problems and promote scientific approaches to primary health care.
There is a tendency amongst some to believe that research must wait until health priorities have been met. He believed that research should be conducted simultaneously, especially in developing countries, since the findings of this research will be needed to help decision-makers and implementors who must accomplish more with fewer resources.

Health research in Myanmar is led by the Department of Medical Research. One of the aims of this department is to contribute towards scientific knowledge through research. To fulfil this aim and mission, the Department of Medical Research works in close collaboration with other departments and teaching institutions, including health-related departments under ministries other than health. Likewise, it was essential to work hand-in-hand with countries within the Region to promote the development of innovative strategies for the solution of health problems of the Region.

In conclusion, he wished the participants all success in their deliberations and hoped for a fruitful meeting.

3. BUSINESS SESSION

3.1 Address by the Regional Director

Or U Ko Ko, Regional Director, thanked the members for sparing their time from their busy schedules to attend the meeting, and welcomed them. He also welcomed the Deputy Director-General, Or Abdelmoumene, for being present at the meeting in spite of his commitments in Geneva. He welcomed Or Charas Suwanwela as a special invitee and the HQ staff, Or M.F. Fathalla, Or Tore Godal and Or J. Srczerban.

He said SEA/ACHR is the principal advisory body on health research, and looked forward to lively discussions and wise recommendations on the many agenda items selected for the session, including the one on the strategies for ACHR's own activities.

3.2 Introductory Statement by the Chairman (Agenda item 1)

Dr Fernando thanked the Regional Director, on his own behalf and on behalf of the members of the ACHR, for the confidence placed in them. He welcomed Dr Abdelmoumene and thanked him for the interest shown to ACHR by his presence.

Dr May May Yi (Myanmar) and Or S. Bhargava (India) were elected Vice Chairperson and Rapporteur respectively.

3.3 Introduction of Documents (Agenda item 3)

Dr M.M. Kapur, Regional Adviser in Medical Research, introduced the working and information documents in relation to specific agenda items.
3.4. Adoption of Agenda
(Agenda item 4)

The provisional agenda and the suggested working schedule were adopted.

3.5 Progress Report on the Regional Research Promotion and Development Programme
(Agenda item 5)

3.5.1 Introduction

Dr. D.B. Bisht, introducing the Regional Research Promotion and Development (RPD) progress report, said that this is presented to the Regional ACHR annually with a view to obtaining its guidance. The activities are laid out in a new format in line with the views expressed by ACHR and as a follow-up of the recommendations of ACHR, the report takes up selected areas for presentation in depth. This year, information support for research and health systems research have been selected. In line with the views of ACHR, a strategic plan for ACHR is being discussed under Agenda item 12. A detailed report on the supported research projects, collaborating centres and national centres is being provided, as in the past.

3.5.2 Summary of RPD Activities During the Preceding Year
(Agenda item 5.1)

Dr Aung Than Batu, RHR, in presenting the summary of RPD activities during the preceding year, stated that the Eighth General Programme of Work serves as a framework for the Research Promotion and Development programme which is formulated on the basis of further guidance provided by the policy decisions of the WHO governing bodies, and on the scientific and technical aspects by the advice received from the South-East Asia Advisory Committee on Health Research and its sub-committees. The views expressed in the biennial meetings of the Directors of Medical Research Councils are also taken into consideration.

During the period under review (from April 1990 to March 1991), the Regional Office undertook a number of interconnected activities for research promotion and development which may be conveniently described under:

(a) Promotion of Research - scientific meetings
(b) Direct support of research projects
(c) Development of national mechanisms for research promotion
(d) Research capability strengthening
(e) Highlight of RPD activities in specific areas
(f) Regional input into the activities of the special programmes

Promotion of Research

Till April 1991, twelve scientific meetings related to research were promoted and supported by the intercountry RPD programme.
Research capability strengthening has been an inherent part of the RPD programme from its inception, and fellowships, Visiting Scientists and Research Training grants are the usual means of doing this. Up to now 14 VSGs/RTGs have been awarded on the requests of governments in subjects ranging from tuberculosis, hepatitis and diabetes to statistical methods.

In addition to the small number of VSG/RTGs from the intercountry RPD programme, some grants are also awarded by WHO from country budgets and other WHO programme areas as well as a large number from the TDR/HRP Special Programmes.

As of March 1991, there were a total of 66 active WHO collaborating centres with a wide scope of functions ranging from health programme development to cardiovascular diseases. New centres have been added during the year and none were de-designated. The directory of WHO collaborating centres was published in 1990. While a number of these collaborating centres are being used by WHO for research and training and collaborative research projects, some are not being used to their full potential.

Development of National Mechanisms for Research Promotion and Coordination

As previously reported, nine of the eleven countries of the Region have established national mechanisms for research promotion and coordination, such as medical research councils or analogous bodies.

The strengthening of these national mechanisms is a continuous process. Part of the WHO RPD and HSR country budget in Indonesia, Nepal, Thailand, and, to a certain extent in Myanmar, is being used for infrastructure support for these mechanisms. The biennial meeting of the MRCs is an important means of strengthening these national mechanisms. WHO's research programmes as well as other areas of mutual interest related to RPD and infrastructure development are presented and discussed at these meetings. The seventh MRCs meeting was convened in Kathmandu, Nepal, in November 1990 where an important item was the consideration of WHA resolution WHA43.19, which the meeting endorsed.

Another significant item discussed during the seventh MRCs meeting was the review of the collaboration between WHO and MRCs.

Direct Support of Research Projects

Thirty-four new research proposals were received and reviewed in the RPD unit of SEARO during the period from May 1990 to March 1991. Eleven projects found to be scientifically sound and within the priority areas identified by SEA/ACHR were funded: seventeen await revision by the Principal Investigators while and six did not meet the necessary requirements.

Sixty-seven research projects which received support from RPD were still ongoing at the end of March 1991. Of these, 38 are concerned with communicable diseases (acute respiratory infections, dengue haemorrhagic fever, diarrhoeal diseases, Japanese encephalitis, liver diseases and malaria), three on environmental health, four on health of the elderly, six
on health manpower development, seven on maternal and child health, one each on mental health, nutrition, operational research and primary health care, and five others. Twelve projects may be regarded as HSR projects, while most of the others also contain an element of HSR.

Considerable efforts were expended to enable research projects to be commissioned in the increasingly important area of health economics. In addition to the above, there are a number of research projects supported from sources other than the intercountry RPD programme which are administered by some of the technical units in SEARO, such as EPI, EH, CDD and Medical Education.

Bangladesh, DPR Korea, India, Indonesia, Mongolia, Myanmar, Nepal, Sri Lanka and Thailand allocate funds for RPD and HSR activities from the WHO country budget, out of which there is a further allocation for the support of research projects. For the 1990-1991 biennium, the approximate funds allocated are: Bangladesh - US dollars 50,000; Indonesia - 367,000; Nepal - 28,000, and Thailand - 270,000 for support of research projects.

Research proposals submitted for funding by WHO country budgets are screened by review mechanisms established by national research bodies where they exist. A two-tier system of review is at present being practised. RPD/SEARO will continue to assist in the improvement of the Peer Review mechanism in the countries and provide closer and regular technical back-up as requested.

TDR/HRP/GPA directly funded a large number of projects in the countries of the Region, as reported separately.

Highlight of RPD Activities in Specific Areas

Health systems research - HSR continues to receive emphasis in research promotion, research training, and institutional strengthening as well as in direct support for research projects.

In order to establish health systems research within a more institutionalized framework, the Regional Office is promoting national consultative meetings for the assessment of priority research needs in Member Countries and to identify multi-disciplinary research teams.

As a further step towards institutionalization of HSR, a consultative meeting to develop criteria for the appraisal of HSR project proposals was convened from 2 to 4 April 1991. At this meeting, it was possible to construct a conceptual framework for the formulation of criteria for the appraisal of HSR projects. The criteria developed were based on this framework.

The Regional Office actively collaborates with WHO headquarters as well as other bodies in promoting HSR, including the training of research workers.

With regard to the status of implementation of the institutional strengthening scheme in Myanmar, WHO supported the establishment of an HSR unit in the Department of Health. Similarly, an HSR unit is being supported
at NIPSOM, Dhaka, Bangladesh. A dialogue has been opened with Nepal Medical Research Committee for establishing an HSR unit under its control in the Ministry of Health.

The RPD unit in HQ and RPD/SEARO have jointly promoted and supported Strengthening of research capability for health development research at the ASEAN Institute for Health Development (AIHD), Mahidol University, Bangkok. It is aimed at using this Institute as a model for research capacity building in HSR.

The Institute of Public Health Administration of the Ministry of Health in DPR Korea has been provided with a vehicle for undertaking field work in HSR.

A meeting of the Task Force members was organized from 3 to 4 December 1990 in SEARO, which was attended by experts from various fields involved in tuberculosis control from the Member Countries, besides Chief, TUB/HQ. At this meeting, the problem of tuberculosis in the regional context was analysed and nine research protocols were developed.

BCG vaccination was considered during the Consultation on Tuberculosis Research Development, Geneva, in October 1990, in which SEARO participated.

Molecular biology and modern immunology offer new possibilities for rapid, sensitive and specific diagnosis of tuberculosis.

The programme for vaccine development and transdissease vaccinology at WHO/HQ has formulated a strategic plan for the development of tuberculosis vaccines. The activities include epitope analysis, gene cloning and genomic analysis, gene probes, antigen production (recDNA technology), engineered BCG and trials.

Study on low birthweight and infant mortality and morbidity - Data collection and field activities through the neonatal period for the study of low birthweight and infant morbidity and mortality, conducted in four study centres of three SEAR countries (India, Nepal and Sri Lanka) were completed in 1990. A concluding meeting of the Principal Investigators and Statisticians was held in September 1990 to review the progress of the project and to review and assess the individual study centre's findings and final reports.

Establishment of SEA Regional Nutrition Research-cum-Action Network - A South-East Asia Nutrition Research-cum-Action Network has been established with six aims and objectives. The first consultative meeting of the Network took place in Thailand in August 1990 with SEARO support (document SEA/NUT/124).

A mechanism for the Network was devised consisting of focal points in each Member Country, four collaborating centres in nutrition and WHO/SEARO acting as a clearing house. The collaborating centres are: the Nutrition Research Development Centre, Bogor, Indonesia; the National Institute of Nutrition, Hyderabad, India; the Institute of Nutrition of Mahidol University, Bangkok, Thailand, and the Department of Food and Nutrition, M.S. University, Baroda, India.
Research-cum-action projects have been designed to deal with priority operational issues in nutrition in primary health care.

SEARO will support some of the network research activities in the coming years.

DHF Haemorrhagic Fever - For the control of dengue haemorrhagic fever, the Regional Office is supporting studies for the development of an effective vaccine against four sero types of dengue virus. The Eighth Peer Review meeting was held in Bangkok from 29 to 30 September 1990. The results of trivalent vaccine D1, D2 and D4 were discussed and it was felt that this vaccine is safe and immunological response is good in human beings.

Regional inputs into Special Programme activities - The main areas of activity in which SEARO participated with the Special Programmes are focused in the areas of research capability strengthening in the countries (particularly, the least developed countries of the South-East Asia Region). It undertook joint site visits and organized and participated in promotional and scientific meetings of the Programme.

Conclusion

Activities carried out by the Regional Office for the promotion and development of research in countries constitute one aspect of the total quantum of input by WHO for research and development. The various special programmes, including TDR, HRP, and GPA make substantial contributions towards research and development in countries in accordance with their specific programme objectives and strategies in coordination and collaboration with the Regional Office. Member Countries also utilize WHO country budgets to promote and support research and scientific activities in direct support of health programmes in countries. The total of such efforts of WHO is, therefore considerable. They should also be viewed against the background of various inputs for health-related research from other international, governmental and nongovernmental organizations.

Discussion

Considerable discussion took place on the subject of HSR and the promotional and supportive activities of WHO. ACHR commended on the efforts made by SEARO to strengthen HSR in countries and the institutional strengthening scheme of HSR in 1988 was now beginning to produce some visible results. It observed that the establishment of WHO support for HSR units (or cells) in departments of health actively responsible for health care delivery was laudable and merits to be pursued further.

There was considerable interest in the project for the strengthening of research capability in health development research at the ASEAN Institute for Primary Health Care at Salaya Campus, Mahidol University, Bangkok. The essential features of the project were that Mahidol University, Khon Kaen University, and the Ministry of Public Health will cooperate in training health administrators and health care providers, (especially at the district level) in HSR at the ASEAN Institute for Health Development. The short course of training will include the development of protocols for small HSR projects.
of immediate relevance to be undertaken and completed within about one year by the trainee back at their work station in the district. These projects will be supported by small grants of about $1,000 - 2,000 to be funded by the project.

ACHR proposed that this approach to research capacity building for HSR needs to be further pursued and considered for introduction in other countries, if the project succeeded.

The secretariat explained that this model for research capacity building for HSR may be repeated in one or more other institutions in the SEA Region and elsewhere. The model, after evaluation, may be replicable in its essential features in other countries of the SEA Region.

This initiative by WHO/RPD/HQ and SEARO was part of the efforts by WHO to implement WHA resolution WHA43.19 and progress in the development of this initiative of research capability building would need to be reported to the Executive Board in 1992.

ACHR recalled past efforts in some countries where short training courses in research methodology, including HSR which were not reinforced by opportunities and modest resources to put the training into practice, had seldom been effective in promoting HSR. Without such reinforcement, whatever enthusiasm stimulated or principles and skills imparted had been quickly dissipated, especially when faced with the hard realities of the work pressures and other hindrances to research in the environment to which the trainees return. The broadcast approach of trying to train about 50 or so health care providers or academics in research methodology; repeated every year, may need to be rationalized. Like trying to increase herd immunity, this approach may lead to a generally increased level of awareness of the importance of HSR to more rational decision making in health management, but it does not appear to be cost-effective and has had little discernible impact over the years. A focused intensive effort targeted at key personnel or the Salaya approach, as described above, is more worthwhile.

Regarding WHO collaborating centres and WHO recognized national centres, the ACHR appreciated the renewed efforts by WHO to revitalize some of the WHO collaborating centres and make greater use of the tremendous potentialities. It also recognized that some of the existing centres may have outlived their essential role as WHO collaborating centres for the WHO programmes for which they had been initially designated. WHO would be more careful in reassessing the need for redesignation of WHO collaborating centres. It was acknowledged that more scientific contact between WHO and some of the centres was desirable. It would also be useful for more functional linkages to be forged between the WHO collaborating centres and the national centres within each country within the region and with centres elsewhere. There was nothing to prevent direct contact between these centres and indeed this would be desirable especially between centres within each country. It was suggested that WHO should make the interlink perhaps through the country WHO offices. The directory of WHO collaborating centres in the region provide adequate information which is supplemented by periodic information from WHO regarding the distribution and nature of WHO collaborating centres worldwide. The technical units in SEARO and in headquarters do promote linkages but it was acknowledged that some dormant centres may need to be reawakened and that WHO should be more active in
recognizing and making use of their invaluable resources. An observation was made concerning the desirability of giving small regular financial support for work at collaborating centres. It was explained that designation of a WHO collaborating centre did not imply any financial support on a regular basis. Support is provided when the centre performs specific assignments for WHO on request according to programme needs.

Regarding national mechanisms for research promotion and coordination, some observations were made with reference to the role played in countries by national research councils established by governments — whether these bodies do indeed play an apex role and the desirability of such a role for these bodies. These issues had been touched upon in the report of the consultant for review of WHO's collaboration with MRCs and had already been dealt with by the 7th MRC meeting at Kathmandu. It was again acknowledged that these issues, which were of national concern, were best left to be addressed by individual governments and countries.

The secretariat confirmed that the promotion and support of nursing research in the Region was proceeding, as reported to ACHR previously, and that the Regional Consultative Meeting on Nursing Research is planned to take place in Chiang Mai in June 1991, following a series of national meetings in some countries, including Indonesia and Thailand.

With regard to Dengue vaccine development, the issue of product development will have to be addressed in the near future and taking lessons from TDR, SEARO would need to formulate policies regarding the development of products arising out of research supported by SEARO.

A number of scientific and technical questions were asked and observations made with respect to dengue vaccine and tuberculosis research. The secretariat explained that in the case of the Dengue Vaccine Development Programme a Peer Review group composed of eminent scientists from within and outside the Region had been entrusted with the task of scrutinizing and advising on all scientific and technical aspects of the project. The Peer Review group would welcome any suggestions and observations offered by members of the ACHR as individual scientists with expertise in the subject. Likewise, a Task Force composed of experts, national programme managers and the Chief, Tuberculosis Unit, WHO headquarters, had convened to consider all aspects of research for the control of tuberculosis. The specific question of case-holding and the important issue of control had been looked into in depth.

Two issues were raised relative to the nature and scope of HSR, and the framework and criteria for the appraisal of HSR. The first issue concerns support of research projects which were of local relevance or which would contribute to perceived gaps in knowledge available locally and contribute to new knowledge locally. The other issue concerns the grey area between HSR and good management practice wherein situation analysis, planning based on valid information with implementation and evaluation are acknowledged to be accepted steps in the management process. The secretariat explained that these were the very real issues confronting SEARO and other funding agencies when appraising HSR projects and was the reason for convening the Consultative Meeting referred to. The Consultative Meeting had addressed these issues and SEARO will be guided by the conclusions and recommendations which will be published and would be open to further comment from ACHR and other institutions, organizations and scientists.
ACHR commented favourably on the comprehensive report submitted to it and the range, relevance and significance to countries of RPD activities undertaken by SEARO. Chief, RPD/HQ observed that the SEA/ACHR was the strongest functioning link of the global ACHR system of WHO. There were discernible linkages between advice tendered by SEA/ACHR, and ACHR systems, RPD activities of SEARO and research development activities by national authorities in countries which indicate the good interrelationship that has matured over the years between these three essential components for the effective implementation of the Regional RPD programme. The secretariat acknowledged the invaluable advice and support of ACHR and, as stated by the Deputy Director-General, implementation of its advice may not always be 100%, dependent as it is on other factors also, but its advice will be seriously considered.

Conclusions and recommendations

(1) HSR activities promoted and supported by SEARO in countries in the context of the Regional Research Promotion and Development Programme are proceeding in the desired direction.

(2) The institutional strengthening scheme for HSR is now visible in some of the targeted countries and within the context of the scheme – the recent initiative by SEARO/RPD/HQ aimed at developing a model for strengthening research capabilities in HSR is commendable and worthy of consideration for introduction into other countries of the Region after it has been properly evaluated.

(3) Current efforts by WHO at making greater use of the full potential of WHO collaborating centres should continue. WHO should help in forging functional links and contacts between WHO collaborating centres and national centres within countries in the Region and elsewhere.

(4) Research methodology training activities should be reviewed for effectiveness and alternative approaches, including a focused targeted approach to such training, explored and put into effect.

3.5.3 Review of RPD activities in relation to past SEA/ACHR recommendations in specific areas
(Agenda item 5.2)

(a) Information Support for Research
(Agenda item 5.2a)

Introducing the subject, Dr Mya Tu, Short Term Consultant, referred the members to the background document No. SEA/ACHR/17/6 entitled "Biomedical Literature and Information Support for Research in the South-East Asia Region".

SEA/ACHR, from its very first meeting in January 1976, had requested WHO to support the availability of biomedical literature and information for research in the Region. Since then ACHR had made recommendations on the subject at five of its subsequent meetings, the latest being at the 18th meeting held last year. The efforts of WHO, and in particular SEARO, in
following up those recommendations were then reported on briefly. Activities in strengthening information support for research were described under three headings:

1. those of WHO on the provision of medical and health literature and information to Member States and the supply of information from the technical divisions and Special Programmes in WHO/HQ and from the technical units in WHO/SEARO;

2. those relating to the establishment, functioning and assessment of the Health Literature, Library and Information Services (HELLIS) Network in the countries of the South-East Asia Region; and

3. those related to the supply of information on, and by, the WHO/RPD Programme.

WHO's activities that were described included: the supply of medical and health literature to Member States through WHO projects; arrangements for Member States which are short of hard currency to purchase foreign books and periodicals through the use of the WHO Revolving Fund; the provision of medical and health literature by the WHO Library at headquarters and at the Regional Office for South-East Asia, and the WHO publications programme; and the supply of technical information by the Special Programmes (TDR, HRP), and other Technical Divisions and Units at WHO headquarters and the Regional Office for South-East Asia.

The review of the development of the HELLIS Network in the South-East Asia Region included a description of the philosophy, objectives, the national HELLIS Networks, the services provided, and other aspects. The results of an assessment of the services provided by the HELLIS Network in 1985 and in 1990 showed that in spite of years of activities in this area, the researchers and other users were of the general opinion that the services for the provision of biomedical and health literature and document delivery were still unsatisfactory. The reasons for this state of affairs at the national and the regional levels were also identified.

The role of the WHO/RPD Programme on the provision of information on research promotional activities by WHO, as well as the provision of technical and financial support to research projects of regional priority projects were described.

Dr Aung Than Batu, Director, Research and Human Resources, elaborating Annex 2 of the background paper showing the present status of information support for research, described the three categories of information namely - technical information, information on WHO/RPD programme, and information about research information available.

Supplementary information was provided by Dr T. Godal, Director, TDR/HQ and Dr M.F. Fathalla, Director, HRP/HQ, on the supply of information with regard to their respective programmes.

TDR considered the supply of information as a very important problem, especially in developing countries. As mentioned in the background paper,
the quarterly bibliography is at present its main publication, and is distributed to over 5,000 scientists all over the world. TDR was exploring the use of new technologies to put on compact disc, literature published on tropical diseases in leading journals and from textbooks, which may later replace the quarterly bibliography. Also being explored is the possibility of searches and document delivery through satellite transmission. TDR also gives specific support for supplying key journals, but these are linked to projects.

The HRP views the dissemination of information in a broader perspective of three components:

1. dissemination amongst scientists of information support for literature and for information about current developments;

2. dissemination of information of results of research to policy makers and providers of health care;

3. dissemination of information to the public at large.

As regards publications by HRP, there are those in scientific journals, those published as symposia, and those in the quarterly newsletter. In addition, the biennial progress report lists all scientific publications emerging from support by the programme. The publications are all available from HRP. An annual technical report is being produced starting from this year, specifically aimed at scientists interested in HRP. This technical report will be distributed to all members of ACHR, and will also be distributed to HRP collaborating centres. The technical report series is also another way of dissemination of information to scientists. Another way HRP is providing information support to scientists is to support their participation in scientific conferences. Finally, dissemination of information is always emphasized in project support, and there is always an element in the project of how the research results are to be disseminated to the relevant audience.

The SEA/ACHR members then discussed possible lines of action for the future development of information support for research in the Region.

Some members reiterated that the HELLIS Network has been useful to researchers in their countries. However, to make it more useful, WHO should consider testing and introducing newer information science technologies for bibliographic searches and document delivery to make it quicker, since supply of photocopies was very slow.

As regards the use of modern technologies, it was mentioned that it appears the weak link in the HELLIS Network is at the national level. Communication between the national focal points and the regional focal point appear to be adequate, but it is weaker between the national focal point and the participating libraries. How can modern technologies be utilized to improve this communication?

The HELLIS Network and library seem to be underutilized and it was suggested that support for the network is required at the policy level.
Coordinated acquisition of periodicals between the HELLIS Network libraries was important.

Although facilities for information support have been developed for the benefit of researchers and other scientists, it seems that these facilities are not fully availed of due to lack of knowledge of the existence of these facilities (and the procedures for having the information desired). It was, therefore, recommended that a "Technical Report" on "Information Support Facilities" or a suitable publication be brought out and distributed to the librarians, medical colleges, and scientists, etc. so as to facilitate and promote better utilization.

Although the HELLIS network has been useful, there seems to be insufficient contact between the HELLIS national focal library and the Network participating libraries. It was therefore suggested that regular meetings be held of all the national HELLIS network libraries with representatives of research institutes and other policy makers and administrators to get the most out of HELLIS.

Mention was made of the importance of user-education which is as important as the facilities and services provided. User-needs should also be reassessed since the level of information required by junior researchers, senior researchers, and the policy/decision-makers and managers would vary.

Effective mechanisms should be established for the dissemination of research results to facilitate exchange of information for its proper utilization.

There was a suggestion that the facilities as well as the status of librarians need strengthening. Physical storage space in libraries were becoming inadequate very rapidly and alternative methods such as micro-storage techniques should be promoted.

It was suggested that since adequately recorded, stored and analysed medical records in hospitals formed a good source for research, the training of medical records officers should have a sizeable component of medical librarianship and vice versa.

A question was raised as to whether TDR and HRP would be interested in the documentation and dissemination of fugitive literature relevant to the programmes. It was pointed out that TDR was in fact publishing as separate TDR reports research findings of social scientists who, unlike biomedical scientists, do not have a strong tradition about publishing their results. HRP would be happy to pursue with the Regional Office this aspect on fugitive literature.

Recommendations

(1) WHO should support national meetings for the purpose of strengthening information support for researchers. All the national HELLIS Network libraries, representatives of research institutes, and policy makers and administrators should be invited to participate in the meetings.
WHO should consider testing and introducing newer and alternative information science technologies in the HELIS Network to make bibliographic searches and document delivery more efficient, and also for improving storage of literature.

WHO should consider producing a suitable information document describing the facilities available nationally, regionally, and globally for information support for research, and this document should be widely distributed and regularly updated.

User-needs should be reassessed and user-education programmes further improved and implemented.

Effective mechanisms should be explored for the dissemination of research results for their proper utilization.

Documentation and dissemination of fugitive literature from the Region should be further pursued, and also with TDR and HRP for fugitive literature relevant to their programmes.

**Report on Health Systems Research**

(Agenda item - 5.2b)

Dr Aung Than Batu explained the rationale for convening the consultation on the development of a framework and criteria for the appraisal of HSR projects. It has been generally accepted that research in any context should be based on universally applicable fundamental principles and approaches and that HSR is no exception. The differing viewpoint which has gradually emerged is that HSR may require a different set of paradigms or framework for its appraisal. This important issue was presented to the consultative meeting which was then requested to develop criteria for the appraisal of HSR projects. These, it is believed, would be of use to funding agencies including WHO, Peer Review groups and editorial committees and, more importantly, to researchers and institutions conducting HSR.

Dr Charas Suwanwela, special invitee, who presided over the Consultative Meeting, gave an outline of the main issues that were considered:

As a framework for appraising HSR projects or activities, the Consultative Meeting had developed three sets of attributes: (i) the Scientific Attributes, (ii) the Utility Attributes, and (iii) the Contextual Attributes.

(i) **The Scientific attributes** comprise elements of the research process, scientific rigour, participation in research, ethics, dissemination and publication of results and generation of new knowledge.

With respect to the scientific attributes, the meeting considered that originality is not as important in HSR as it is in basic research. While the acquisition of information for managerial decision-making is the *sine qua non*
for HSR, the search for new knowledge and innovation is also an element of HSR.

There was unanimous agreement that the need to maintain scientific rigour was equally important in health systems research as in biomedical research. Hence, measures should be taken to ensure that the data that are collected, analysed and interpreted are valid and reliable. It was emphasized that scientific rigour is applicable to the techniques of data collection by all disciplines that contribute to HSR.

Scientific rigour in relation to the choice of study design implied that the design should be appropriate to the nature of the problem that is being investigated and the degree of certainty that is desired in applying the findings of the study. The degree of certainty that is required would of course be influenced by the context in which the findings will be applied and the consequences that will flow from the decision that will be made on the basis of the research findings. Therefore study designs other than the true experimental design, e.g. the quasi-experimental design, the non-experimental design, the case-study and the observational study, may be compatible with good quality research.

With regard to the research process, problem identification and problem clarification in HSR have special requirements in that there is a need for a participatory process that would involve interaction of the researcher not only with the decision-maker but also with other actors in the process.

(ii) The Utility Attributes comprise acceptability, level of participation, relevance to HFA, timeliness and communication mechanism.

Since the major concern of HSR is to provide information for decision-making, the utility and utilization of the research results is a prime concern. Therefore, HSR projects should have several essential characteristics that increase the possibility of utilization. The meeting identified several such characteristics.

(iii) The Contextual Attributes comprise feasibility, contribution to capacity building, management and feasibility of implementation of results.

In health systems research, it is necessary to consider the larger context in which the research project is to be undertaken because this will determine the feasibility of implementation and also its contribution to the development of HSR in its various phases.

Criteria for the Appraisal of HSR Project Proposals

Based on the framework, criteria were developed for the appraisal of HSR project proposals. The criteria were also categorized into three groups - criteria pertaining to scientific attributes, criteria pertaining to utility
and utilization of results, and criteria pertaining to the contextual attributes.

Mechanisms for use of Framework and Criteria

In the application of criteria, the weightage given to the different components would vary in accordance with the perspective of the user, the funding agency and the researcher.

The Consultative Meeting agreed that there should be no differential application of the criteria at different levels of the health structure but there may be varying emphasis on the different aspects of the framework and criteria.

A document should be prepared for publication as a WHO/SEARO Technical Report with an appendix that is user friendly.

Discussion

During the subsequent discussions, ACHR members offered their own viewpoints on the important issues of originality, in relation to utility, scientific rigour, and hardness of data. Inevitably, the nature and scope of HSR and the conceptual evolution from health services research to health systems research were brought up.

It was explained that the Consultative Meeting was not expected to reach agreement nor to provide answers to all the issues and questions put to it. However, it made an in-depth analysis of them and provided a framework and set of criteria which would be usable for appraising HSR.

Regarding whether HSR needed a different framework, the Consultative Meeting concluded that there were many similarities in the scientific attributes between HSR and research in the basic sciences but that there were also important differences which had been identified and described for consideration in the appraisal of HSR.

3.6 Matters Arising out of Meetings of Global ACHR and ACHRs of Other Regions

(Agenda item 6)

Dr J. Szczerban, Chief RPD/HQ, introduced the subject on behalf of the Chairman, Global ACHR, Professor M Gabr, who was not able to attend the meeting.

Referring to the thirtieth session of the Global ACHR, he informed the SEA/ACHR that the Technical Discussions on the Role of Health Research in the Strategy for HFA/2000, the report on the Technical Discussions during the Forty-third WHA and resolution WHA43.19, which was subsequently adopted, provided the conceptual and programmatic basis for a substantial portion of the deliberations of the session. The Technical Discussions intended to look at the situation of research in WHO as well as to analyse the state of the art of current health and health-related research developments. The objective also was to reinforce research orientation, in Member States, where needed.
Global ACHR considered in depth the policy and strategic aspects of the Technical Discussions and the sequential series of actions at WHA and the thirtieth Global ACHR may be regarded as an important landmark in the further evolution of research concepts in WHO and, consequently, in Member States.

In order to cover the variety of evolving research issues identified and as a practical approach to implementation of resolution WHA43.19, Global ACHR had established one sub-committee and three task forces: (1) Task Force on Health Development Research (Coordinator: Professor M. Davies); (2) Task Force on Investigation of Evolving Problems of Critical Significance to Health (Coordinator: Professor T. Fliedner); (3) Task Force on Monitoring of Emerging Areas of Science and Technology (Coordinator: Professor B. Sayers), and a Sub-committee on Research Capability Strengthening (Chairman: Professor M. Gabr).

The Task Force on Health Development Research intended to look at such topics as measurement of health problems; health information systems; health policy: health systems and their research methodology; health economics; development of health: health behaviour; development of local health research strategies; and the balance between different kinds of research.

The Task Force on Evolving Problems of Critical Significance to Health has included in its agenda such topics as demographic transitions (including ageing) and their consequences: migration; urbanization; employment; environment: educational and economic status; socio-political change and political stability; interaction between development and health: new and evolving diseases and vectors: and nutritional problems.

The Task Force on Science and Technology for Health intended to consider monitoring emerging science and technology for potential relevance to health: matching existing technology with existing health needs: management of information technology: transfer of technology (conditions for optimizing receipt and utilization): development of methodology for design of indicators, for knowledge bases, for adapting technology to national needs, for decision-support technology and technical problems arising from the use of technology.

The Sub-committee on Research Capability Strengthening was designed to cover topics such as the role of institutions, universities and networks within and between countries, regions and within WHO, collaborative links (including those within the United Nations system) and the involvement of collaborating centres, nongovernmental organizations and donor agencies: manpower needs training, motivation, career structures, creation of environments that will foster scholarship and creativity: multidisciplinary and multisectoral research links, and quality assurance.

Another item to which special attention was given by Global ACHR was the acquisition of scientific advice by WHO for its work. Existing systems comprising collaborating centres, expert panels, expert committees and specific expert advisory bodies serving the technical programmes as well as NGOs will be reviewed in order to make better use of the entire wealth of expertise available to the Organization and to foster and harmonise WHO's programmatic activities. A Working Group was presided by the chairman of the Global ACHR was assigned to this task,
SEA/ACHR was also informed that in order to streamline WHO health research strategies, work is being carried out to update the health research strategy document WHO/RPD/ACHR/HSR/86.

A progress report on the implementation of WHA resolution WHA43.19 on the Role of Health Research covering the 'whole range of health research-related problems including global and regional ACHR inputs, will be presented by the Director-General to the Executive board in January 1992.

Recommendation

SEA/ACHR appreciates the initiative taken by the global ACHR in establishing the task forces and the subcommittee aimed at implementing WHA43.19, and suggests that the regions be involved to provide inputs into the work of these task forces and subcommittee, especially those on health development research and research capability strengthening. It suggests that the Regional Office collaborate closely with RPD/HQ to secure and make available such inputs as and when requested for.

3.7 Role of Health Research in the Strategy for HFA 2000

Dr. J. Szczepan, Chief, RPD/HQ, in presenting the subject "Role of research in the strategies for HFA 2000", reflected on research in relation to development. He predicted that the importance of research in contemporary societies attempting to achieve further steps in development obviously will be increasing. Research being a major driving force of development is continuously challenged to find optimal solutions to speed up the process, to make it sustainable and cost-effective. Research has the mission to find general principles governing social progress. Health is indisputably a cardinal part of this process and the extent and pattern of health changes have to be predicted, anticipated and controlled. A mandatory WHO obligation is to foster any national and international efforts to cope with health problems in a rational, methodologically sound, ethically acceptable and scientifically proven manner. Research by critical analysis, based on verified facts, is able to provide a rationale for policy decisions and can ensure a desirable level of efficiency in action. But then, there also should be congruity of all research efforts which should lead to practical outcomes.

It is clear that in order to embrace the whole spectrum of health-related issues at global, regional and country levels, and to find acceptable and affordable solutions thereto, a global health policy, based on research-oriented fundamentals, is essential.

He then gave an account of the Technical Discussions on the "Role of research in the strategies for HFA/2000", held in conjunction with the Forty-third World Health Assembly, May 1990. These were the first and only Technical Discussions that dealt with health and health-related research in a strategic context. The Technical Discussions were structured in such a way as to encompass the principal global priorities in health research, and
emphasized the strategic role of research in health development. The discussions were sub-divided into four thematic panels relating to:

1. Health systems research;
2. Nutrition research;
3. Research capability strengthening; and
4. Recent advances in biological and physical sciences and their implications for health care.

The Technical Discussions were attended by over 600 participants in the World Health Assembly, including political leaders, high-level health administrators, experts in various fields of public health, medical and health researchers and scientists. These made up a major forum for debate on health research issues and provided a rare opportunity for communicating the messages related to health research not only to the research community itself but also to politicians, decision-makers and health practitioners.

The idea of linking research with the decision-making process ran through all the panels as an indispensable prerequisite for solving perplexing health problems at the country and community levels.

The discussions repeatedly stressed that research does not organize itself. Science can help solve many problems but will only be applied if there is political will for the improvement of health, and the national commitment to the steps necessary to obtain the information and produce the knowledge as it is required.

At the conclusion of the Technical Discussions, participants agreed that while the primary emphasis should be given to the application of existing scientific knowledge, there is nevertheless a desperate need for new knowledge which will lead to new or better adapted treatment, drugs, devices and vaccines needed for assessment, prevention and alleviation of disease.

This perception of the significance of research for health led to the adoption by the World Health Assembly of a resolution WHA43.19 which noted that all national health policies should be based on valid scientific evidence, and that such evidence requires health research, and included a call to Member States, development agencies and the research community itself to emphasize essential health research appropriate to national needs.

Dr Charas Suwanwela, special invitee, who was secretary to the HSR Panel of the Technical Discussions, was invited to supplement the presentation by Dr Szczerban. Using as an illustration the Demand-Supply equation for health care with HSR as the interlinking process, he gave an explanation of the various factors influencing demand and supply. The supply of a critical mass of HSR researchers is related to the institutionalization of HSR. There is a need to create an increased demand for HSR and for champions to promote HSR.

In discussing the importance of the Technical Discussions it was observed that implementation of the resolution WHA43.19 requires the commitment of decision makers and a plan of action for researchers and institutions at the country level which fits within the framework of a national health research policy.
Following the Technical Discussions certain follow-up activities had been undertaken, one of which was the consideration of the Resolution WHA43.19 by the meeting of Directors of Medical Research Councils and Analogous Bodies and Concerned Foci in the Concerned Ministries (MRCs) held in Kathmandu, Nepal in November 1990.

Some countries have reported on their follow-up action; for instance, Indonesia convened a workshop to which research scientists from research institutions and universities and top health managers were invited to develop a health research plan; this will also sensitize the participants and help in the implementation.

WHO should use its prestige and influence to prevail on policy makers to provide health research and accept its importance for the total health effort, as was done successfully in the case of public health.

If policy makers are directly committed and are involved in research activities, internalizing it into policy becomes easier.

Although the results of research should provide the basis for policy-making, a major problem is the low utilization of research findings by policy makers and those delivering health care in countries of the region and this would have to be resolved by countries.

In concluding the discussion the DDG/HQ, Dr M. Abdelmoumene, touched upon the several points brought up. He stated that WHO in implementing resolution WHA43.19 realizes the problems that have to be faced. It was not intended that the conceptual framework conceived at the global level be imposed on countries. It has to be understood that the problem in developing countries is development. Resources and competencies should be pooled systematically and delivered as a comprehensive package to serve national needs, especially to countries in most need where WHO is intensifying its efforts. He was determined to bring funds from the research training components of TDR and HRP into institutions and countries in a systematic way.

In view of the multiplicity of problems the ultimate objective should not be lost sight of. We all know what we have to do when we really want to do it.

Recommendations

(1) The Regions and the Regional ACHR should provide inputs in further developing the global strategy for health research, and cooperate in updating the document "Health Research Strategy" (WHO/RPD/ACHR/HSR/86).

(2) SEA/ACHR calls upon national MRCs and analogous bodies, health and scientific institutions and health professionals and scientists in the countries to respond effectively to the challenges contained in WHA resolution WHA43.19 and recommends to WHO to cooperate with Member Countries in developing national plans of action in response to the call for action in resolution WHA43.19.
3.8 Progress Reports on Special and Global Programmes
(Agenda item 8)

3.8.1 The Special Programme for Research, Development and Research Training in Human Reproduction (HRP)
(Agenda item 8.1)

Dr Fathalla, Director of HRP, introducing the subject, expressed appreciation for the contribution of the scientific institutions and scientists of the Region, and for the inputs of the Regional Office in the Programme's activities. The Programme is keen to strengthen its links with the Regional ACHR. Members of ACHR will receive the regular publication about the Programme's activities. A representative of ACHR will be regularly invited to the HRP Regional Sub-committee of Resources for Research to participate in the planning and monitoring of research capability strengthening activities in the Region.

The Annual Technical Report of the Programme's activities in Asia has been circulated as an information document. A number of new directions and shifts of emphasis have been made, based on the Programme's experience of twenty years and on changing needs and perceptions. These have been guided by the recent External Impact Evaluation of the Programme. A country approach to research capability strengthening is replacing the narrowly focused institutional approach. Country research needs assessments have now been completed in Sri Lanka and Myanmar and an assessment is planned for Nepal. The assessment brings policy makers and service providers together with the researchers to identify priority research areas. In the research activities of the Programme, more emphasis is now put on epidemiological and social research, and more attention is directed to research on technology introduction and technology transfer. Results from such research can be fed back immediately for action into services and programmes. The Programme is also broadening its scope into the field of reproductive health research, while still retaining a major emphasis on the important area of fertility regulation. The different elements of reproductive health are so interrelated and complementary as to justify an integrated approach. Activities will remain focused but the menu for selection will be larger. The Programme, in collaboration with TDR, will give more attention to research capability strengthening in the least developed countries.

A major new emphasis in HRP is the promotion of collaboration between developing countries in research capability strengthening. There are now well developed research institutions in developing countries capable of such collaboration. There are also the advantages of similarity in socioeconomic and health situations and in the set-up for research, less cost for training and less likelihood for brain drain. This South-to-South collaboration is not meant to replace North-to-South relations but to supplement them. Currently, not less than 25% of HRP research training grants are in host institutions in developing countries. There are several examples of this type of collaboration in the Region, including the Mahidol University Master's Degree training programme in population and social science, collaboration in the development and production of matched reagents for assay of reproductive hormones, and collaboration between countries in research planning and implementation. The relationship can be best described as symbiotic between equal partners. The Programme is expanding its role in promoting this collaborative activity and the Rockefeller Foundation will match the
financial contribution of the Programme. It is anticipated that the Region, with its well-developed institutions will play an active role in this type of collaboration.

The Chairman then called upon Dr. Sneh Bhargava to report on her participation on behalf of ACHR in the meeting of the Sub-committee on Resources for Research of HRP in Shanghai in April 1991.

Dr. Bhargava expressed her thanks to the Regional Director, Dr U Ko Ko, and the Director, HRP/HQ, Dr. H. Fathalla, for providing the opportunity to attend the CRR of HRP in Shanghai in April 1991. She felt that the Shanghai Institute of Planned Parenthood Research was one of the best examples of successful stories of the HRP efforts at RCS in developing countries. The Institute has grown around dedicated scientists with proven track records and has not only established its own programmes but also expanded its activities to include a national toxicology centre on its new premises, thus helping in research capability strengthening on a national basis.

The CRR reviewed the applications submitted for grants. The grants covered biomedical research as well as the fields of epidemiology and social sciences. They were reviewed according to laid down procedures and kept within the specified budget.

It was felt by members that though broadening the scope of HRP may lead to a wider coverage of the field, it also does lead to stretching the resources thinner and, in the long run, may not have the desired impact that a special focused programme looks for.

The Committee noted that like China, countries in the Region, had significantly benefited from the Programme and the larger institutions were in a position to provide guidance and serve as resource centres for smaller institutions, as envisaged by the Programme.

Sri Lanka and Myanmar had completed research needs assessments and Nepal had been initiated into the process. Some other smaller nations were not yet ready to take on such studies.

India had a significant national commitment and had not used any significant HRP funding during the period under review. Another point that the Committee considered, discussed and felt worth recommending was that a number of agencies were providing inputs into the general area of mother and child, nutrition, family planning, population control, maternal mortality, the girl child, etc. Therefore, WHO may consider joining up with these agencies, wherever possible, to give impetus and wider coverage to their programme from aspects that these agencies were pursuing, while retaining the emphasis on the basic HRP goals, as envisaged by WHO, with inputs that WHO alone can provide. This resource sharing would also avoid duplication of efforts in particular fields, reinforce efforts in other fields and hopefully have more impact.

Discussion

Members welcomed the newer approaches outlined by Director HRP. These initiatives, being more practical would introduce more relevance to the
Programme and would have a corresponding response from countries of the Region.

Interest was expressed in the broadening of research efforts in reproductive health. ACHR was informed that the Programme did not expect any slowing down of its momentum in contraceptive research but would introduce a holistic approach.

Members expressed concern at the continuing trend of high growth rate and loss of lives through maternal mortality and sought information on research efforts in male and female contraceptive services. Dr Fathalla informed ACHR that emphasis was laid in the Programme on safety in three broad areas i.e. safety in sex, safety in fertility regulation, and safety in pregnancy and childbirth. An important objective is to empower women to have a child or not to have a child.

Recommendations

(1) ACHR appreciates the activities of HRP in the countries of the Region and welcomes the broadening of research efforts in reproductive health and the new approaches in research capability strengthening, namely:-

(a) a shift in emphasis from institutional strengthening to country research capability strengthening;

(b) emphasis on LDCs;

(c) a greater emphasis on epidemiological and socio-behavioural research and technology introduction and transfer (and not just development);

(d) a shift toward research both in reproductive health and fertility regulation;

(e) shift from networking with the Programme as the focal point to networking between collaborating centres.

(2) It urges national health authorities, research institutions and scientists to take full advantage of these opportunities and prepare themselves to closely participate in HRP activities.

3.8.2 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) (Agenda item 8.2)

In his presentation, Dr. Godal emphasized three aspects:

(1) Highlight of TDR related research in the region relates to the four major diseases: malaria, filariasis, leprosy and leishmaniasis.

In 1989, TDR supported 77 projects at a level of US$2,148 million in the SEA Region.
(2) Reorientation of the Programme by laying more emphasis on product development and health systems research (operational research) aimed primarily at reducing the cost delivery of the new tools that have been developed.

(3) Research capability strengthening where TDR now lays increased emphasis on output and deliberately uses research projects as a vehicle for training as well as institution strengthening. Programme-based grants are used to strengthen linkage and networks in countries. A differentiated approach is also taken with more emphasis on LDCs and a more selective approach to the most advanced developing countries which are effectively competing in the R & D field.

A brief account was given of the experience of Myanmar with Artemisinine derivatives in the treatment of cerebral malaria. Preliminary data suggest that mortality can be reduced by as much as 50%.

Discussion

Some members sought clarification on the differential approach that TDR now applies to research capability strengthening whereby support to the most advanced developing countries will be selective and scaled down. The advanced centres would then be more involved in providing training to less advanced ones and, in this way, may continue to receive support for such activities.

In discussing Mefloquine resistance and ways to diminish its spread, the present stand of WHO with respect to the combination of Mefloquine(M) with Sulphadoxine(S) and Pyrimethamine(P) was clarified. Although WHO had initially advocated that Mefloquine should be used in combination with S-P, the superiority of M-S-P with respect to efficacy and prevention of development of resistance to Mefloquine could not be clearly demonstrated, partially because resistance to S-P had already developed in the population and partly because of differences in pharmacokinetics between M and S. WHO had now abandoned its advocacy of the combined use of Mefloquine and S-P.

In discussing the use of Artemisinine derivatives for drug resistant malaria and for the treatment of cerebral and complicated malaria, some members raised the question of how and to what extent TDR could assist and support the development and transfer of technology for producing Artemisinine derived antimalarials such as Artemether, Artesunate and others. These drugs are, in practice, being extensively used in areas where malaria mortality and drug-resistant malaria are major problems. It was explained by TDR that while TDR could provide the technical advice with respect to the technology for production, financial support would not be possible.

TDR is seeking ways to maintain the "resilience" of research capability strengthening efforts to protect these efforts from the negative impact of political instability and fluctuation in the continuity of national effort. It aimed at rapidly building up a nucleus of scientists and not just at depending upon an individual, and to nurture trained scientists from countries who may be displaced elsewhere so as to be available to the country.
concerned when needed. It is also exploring ways and means of attracting the best brains to tropical disease research.

ACHR showed interest in the "small grant system" aimed at quickly supporting research to solve immediate operational issues which is being tried in Nigeria by TDR. TDR and the Regional Office could explore the introduction of this system on a trial basis in the Region.

ACHR was also interested in the innovative methods for reducing the delivery cost of drugs from the centre to the PHC - such as piggy-backing on other delivery systems, use of the private sector, etc.

It was explained that any question as to whether the TDR Programme should be expanded to include other diseases, such as tuberculosis, was up to the Director-General to decide. There was already close collaboration between tuberculosis and leprosy to ensure that the Organization's resources are used most effectively.

Research related to self-diagnosis and self-treatment of malaria, which is common practice in countries of the Region, was an area for study in which WHO/SEARO, TDR and countries could participate. The realities of self-diagnosis and self-treatment of malaria and ways and means of coping with this situation and taking advantage of it to improve control and treatment of malaria is an area of research with great potential for producing results which would be useful for Malaria Control Programmes.

Conclusion and Recommendations

(1) ACHR appreciates the support given by TDR to countries of the Region in their research and research capability strengthening activities. It particularly commends recent increased efforts to strengthen research capability in countries which have not yet benefited greatly from previous such efforts. It urges national health authorities, academic and health institutions and scientists in the countries to take full advantage of the opportunities offered by TDR.

(2) In applying the differentiated approach to research capability strengthening, TDR should recognize that institutions within each country are at different levels of research capability development with respect to TDR areas of interest: therefore in the more advanced developing countries greater attention needs to be given to facilitate technology transfer and to foster mutual cooperation between the well developed and less developed institutions and appropriate support by TDR would be important in this regard.

(3) In view of the emerging pattern of drug resistance to malaria in the countries and the continued high mortality from cerebral and complicated malaria TDR should give increased attention to provide technical and other appropriate support for the development and acquisition of technology for the production of Artemesia-derived antimalarial drugs in the countries of the Region, when so requested.

(4) The high mortality and case fatality from cerebral and complicated malaria which persists in the countries of the Region even when modern drugs
and facilities are available, deserves greater attention and increased research efforts in the areas of pathophysiology and clinical research. WHO and TDR should consider greater promotion and support of such research.

3.8.3 Global Programme on Acquired Immuno-Deficiency Syndrome
(Agenda item 8.3)

Dr M M Kapur, Regional Adviser in Medical Research, presented the working paper prepared by the WHO/HQ Global Programme.

The paper provides an overview of the activities of the Programme followed by the identification of research priorities in five major categories:

- Vaccine development
- Clinical research and drug development
- Diagnostics
- Epidemiological research, surveillance and forecasting
- Social and behavioural research

The specific research priorities in each of these areas were then identified as follows:

Vaccine Development

Studies to systematically isolate and uniformly characterize HIV strains from different parts of the world, in order to describe geographical and temporal antigenic variability and provide this information to vaccine developers.

Clinical Research and Drug Development

Description of clinical and immunological changes during the course of HIV-1 and HIV-2 infection in adults, infants and children; their sequence over time; and reasons for any differences so that a staging system of clinical manifestations and immunological/biological markers can be formulated to guide, evaluate, and adapt therapeutic schemes and assess the prognosis of patients.

Diagnostics

Evaluation of sensitivity and specificity of commercially available assays for detecting antibody to HIV-1 and HIV-2 and other retroviruses using geographically representative panels of serum and field-testing of these assays in developing country laboratories.

Epidemiological Research, Surveillance and Forecasting

Field-testing of assays for the detection of HIV antigen and antibody in urine and saliva.
Identification of factors which influence HIV infectivity and/or susceptibility to infection, including quantification of the relative and attributable risks of STDs, in particular genital ulcer disease, to HIV transmission.

Quantification of the risk of nosocomial transmission of HIV to patients and health workers in developing country health care settings.

Estimation of the risk of HIV infection in non-health care settings in developing countries.

Social and Behavioural Research

Research to identify and describe the cultural, socioeconomic, demographic, ethnic, legal and social context and characteristics of drug injecting.

Discussion

The members felt that the natural history of AIDS in SEAR countries should be determined, including whether the clinical manifestations and associated diseases are different from those reported elsewhere. This effort would also aid drug trials, when available.

In addition, a need was expressed for more epidemiological studies to determine the present status of AIDS in Member Countries of the Region. These studies should include not only high-risk groups but also youths and other groups. Research should focus on social and behavioural aspects that would help design the intensive health education programmes that are necessary. A more intensive study of homosexuals and IV drug abusers to determine their role in the introduction of HIV and their multiplier effect is also needed.

HIV strains in this Region may differ from those in other regions. Thus facilities should be developed in the countries of the Region for the isolation and identification of HIV virus. Where facilities for genetic identification of HIV are already available, this activity should be encouraged. HIV virus isolated from the Region should undergo genetic analysis at institutions where facilities for such studies already exist, and this knowledge could then be used, as appropriate, in the development of HIV vaccine programmes. These research efforts in HIV would increase the scientific base in the Region and would help to develop methods to diagnose HIV infection.

In this Region, epidemiological studies and vaccine trials should include opportunities for technology transfer.

The members in the end expressed the view that CPA would gain greater momentum if it were to develop horizontal links with other programmes like STD.

Recommendations

(1) Countries of the Region should continue to focus on research on epidemiology and behavioural aspects for AIDS control and prevention.
(2) WHO to consider and support, if required, the upgrading of one or two laboratories in each country for AIDS virus isolation and identification.

3.9 Research into Delivery of Health Care in Slums and Villages

(Agenda item 9)

Dr. Bisht introduced the working document SEA/ACHR/17/12 on Research into Delivery of Health Care in Slums and Villages.

While introducing the subject, he emphasized on certain common determinants of health and ill-health in villages as well as slums. He referred to a number of major attempts that have been made in the past dealing with various aspects of development of health services for better care of people who are still underprivileged. These were the Sarvodaya movement of India, Basic Minimum Needs Programme of Thailand, and the Janasaviya Programme of Sri Lanka. He felt that it was important to embark on research-cum-action programmes which, in addition to generating new information, incorporated interventions focused on well-known causes of disease and ill-health.

The first part of the paper described the main issues prevalent in "problem villages" besides the availability of water and sanitation. These were economic and socio-cultural factors, which also resulted in morbidity and underprivileged status of communities through low incomes, ignorance and lack of education, malnutrition and poor housing.

There are a number of aspects of research that can be conducted to improve the quality of life. It was, however, essential for Member Countries to identify, assess and intervene in an appropriate manner depending upon what was acceptable to the local situations.

In the second part of the paper, it was recognized that health status in urban slums was worse than in rural areas and the causes were poor housing, overcrowding, air pollution by toxic automobile and industrial wastes, sanitation and water supply. Despite the grim picture of the urban slums, there were a number of studies of interest in the paper that described interventions that produced positive results through initiatives that achieved objectives by: (a) improvement of environment; (b) activities of voluntary organizations; (c) government programmes; and (d) community involvement.

The paper then detailed researchable areas in the fields of social organization, health system, environment and intersectoral coordination. The paper, in addition, identified roles for the private sector, voluntary sector, academics and WHO.

Finally, he emphasized the need to check some basic issues before undertaking research. This included a clear definition of objectives and likely outcomes and to then ensure that the resources for research are available.
Discussion

Members appreciated that the research issues involved and the problems in providing healthcare services to the village and slum dwellers are different and therefore need to be separately considered. The factors leading to unsatisfactory levels of health include factors such as poverty, social injustice, ignorance, low standard of sanitation, water supply, inaccessibility of the health care facilities etc. There is a need to identify the impediments that may adversely influence the process of health development: acceptable interventions must then be planned and introduced to overcome these impediments. Efforts to mobilize local resources were suggested. The overall objectives should be to improve the quality of life through integrated rural development.

In many ways, conditions of slum dwellers are worse than that of villagers. Having migrated from villages owing to economic and social pressures, slum dwellers are maladjusted to their urban surroundings. There is a conflict due to difference in value systems; separation also influences behaviour patterns. Slums are densely populated and heterogeneous and dwellers live under poor housing and hygienic conditions. They do not have adequate access to health service facilities, and employment conditions are uncertain.

Enlightened government agricultural and industrial policies are needed to balance the inequities of development of the rural population. Studies into income generating schemes for rural populations so as to ensure accessible health care to fulfil the basic human needs for better quality of life are needed. Members were informed of the Technical Discussions on Urbanization at the Forty-fourth World Health Assembly in May 1991. The report was relevant to issues concerning urban slums.

The other research areas described were the interventions required through intersectoral collaboration to upgrade rural development so as to reduce migration and thus the pressure on urban slums. Members also felt that the use of women’s organizations for purposes of introducing health care in urban slums would be particularly successful in maternal and child care programmes.

Recommendations

(1) Epidemiological studies on the people living in urban slums and villages be initiated, particularly on the determinants of ill-health and including collection of disaggregated data on their health profiles.

(2) Studies be initiated on the availability and utilization of the existing health facilities in urban slums and villages to identify approaches for their improvement in collaboration with other sectors concerned with poverty alleviation.

(3) Compilation of the existing knowledge about the outcome of successful intervention programmes undertaken so far by countries should be initiated.
(4) There should be development of different national projects for the betterment of the health of the people with strong emphasis on nongovernmental organizations and people's participation and mobilization of resources from other agencies.

3.10 Research in Control of Cancer in Developing Countries (Agenda item 10)

In introducing the subject, Prof. Usha K. Luthra, Additional Director-General, Indian Council of Medical Research and Director, Institute of Cytology and Preventive Oncology, New Delhi, India, referred the members to the working document SEA/ACHR/17/13 entitled Cancer Control Programmes in Developing Countries - Research Needs and two information documents SEA/ACHR/17/Inf.10 and SEA/ACHR/17/Inf.9 entitled Cancer Control - A Regional Perspective and Researchable issues in the Management of Cancer in Developing Countries respectively.

At the outset, Prof. Luthra gave an outline of the two information documents. Document SEA/ACHR/17/Inf.10 outlines the burden of cancer from the global and SEAR perspective and reviews the situation regarding cancer control programmes and cancer statistics/registries in the Region. Current knowledge on risk factors, especially avoidable ones like tobacco, hepatitis B, diet and sexual behaviour/hygiene are documented.

Document SEA/ACHR/17/Inf.9 describes a model of a community cancer centre (CCC) established by the Tata Memorial Centre, Bombay, with the three-fold objectives of educating and preventing, of diagnosing early and of effectively treating cases in the local environment at Barsi in Sholapur in the state of Maharashtra, India. The Indian Council of Medical Research's first population-based rural cancer registry was set up in Barsi in 1988 which will help in evaluating the Cancer Control Programme. The cost of registration of a cancer case in this registry was very high - approximately US$ 80 as against US$ 8 in the urban cancer registries. The main goal of CCC is to create a model for proven time-effective treatment and management of cancer patients diagnosed in stages I and II and proper palliation of those in stages III and IV in a basically rural environment.

Research needs as related to cancer control were discussed in the areas of epidemiological research, health systems research, research into health-promoting behaviour, especially for youth, and innovative approaches to health manpower utilization. Priority setting for research needs should be dynamic and should aim at an optimal mix of research into primary prevention, early detection and case management encompassing pain relief, palliative care and rehabilitation, and not merely focus on treatment as was the case hitherto. Thus, research should reflect the comprehensiveness of good cancer control programmes. It should further focus on the four commonly encountered cancers in SEAR i.e. oral, cervical, breast, and liver cancer.

(a) Researchable areas in oral cancer

Feasibility, cost and resource implications, sustainability of an integrated approach to primary prevention, early detection and treatment of oral cancer using the existing health care delivery system
Data on morbidity and mortality attributable to tobacco use: sensitive measures of trends in tobacco use.

(b) Researchable areas in cervical cancer

Secondary Prevention - Feasibility and implications of clinical downstaging using non-specialist health staff and following a high-risk approach. Researchable issues include age of starting, frequency of screening, high-risk cervical lesions etc. Cervicography holds considerable promise for outreach programmes and this should be evaluated.

Primary Prevention - Cervical cancer was another important issue raised where the role of age at first sexual intercourse, genital infections and genital hygiene, cervical erosions, sexual promiscuity and sexually-transmitted disease were highlighted and considered important for primary prevention. Possible interventions to reduce these risk factors need further field-testing for their feasibility, cost-effectiveness and efficacy.

(c) Researchable areas in breast cancer

Secondary Prevention - Early detection through physical examination by physicians, paramedical workers and breast self-examination. These need to be evaluated through randomized trials, especially in the form of outreach programmes. Identification of high-risk groups for mammography, management - Optimal treatment that is cost-effective in relation to locally available facilities.

(d) Researchable areas in liver cancer

Primary prevention of liver cancer through vaccination against HBV is now possible. However, no information exists on the possible role of HCV, or on its carrier status in SEAR. Possible interactions may exist between high levels of alcohol intake and other risk factors. However, it may be difficult to clarify these except through expensive and difficult longitudinal studies.

Epidemiological studies on sporadic NANB hepatitis in relation to HCV. Development of screening methods for the identification of HCV, and of a non-radioisotopic dot blot technique for the identification of HBV-DNA in serum

Discussion

Members appreciated the comprehensive review made available to them of the cancer burden in the Region and prevalence of organ systems involved. They considered that primary prevention and early detection should be emphasized because the majority of the cancers were preventable or curable if discovered early. Health education would, therefore, have to be the mainstay of cancer control programmes. It was appreciated that scientifically evaluated apportionment of skills and tasks in the control of the most common cancers will require considerably more research. This includes clinical downstaging,
especially of oral and cervical cancers. Concern was expressed and note made of the rising incidence of cancer of the stomach and of ovarian malignancies for which only palliatives are available.

ACHR, while commending the effort to prepare a comprehensive and scientifically updated document on research needs for cancer control, felt that it is time that WHO initiated action on research development and research capability strengthening, especially in the field related to cancer control in the Region, with particular emphasis on primary prevention, early detection and palliative care.

Recommendations

(1) WHO should set up an appropriate mechanism to consider and propose on the direction and content of a well-formulated programme for research into the control of cancers highly prevalent in countries of the Region.

(2) Steps should be taken by countries to set up/strengthen cancer registries as one of the tools for epidemiological research into the prevalence and distribution of cancer in the country: WHO should promote and support such efforts.

3.11 Research into Youth (and Adolescent) Behaviour as Related to Health (Agenda item 11)

Dr M M Kapur, Regional Adviser in Medical Research, presented the working paper SEA/ACHR/17/14 that described the determinants of behaviour in childhood and adolescence. The factors being control exercised by parents, teachers and other adults in temporary contact with them in childhood. In adolescence, peers act as role models in addition to parents. However, there is a trend towards risk-taking and challenging established rules and value systems.

This risk-taking plays a role in pathways to drug taking and other substance abuse, youth violence and sexual behaviour. The paper then identified the research issues and possible research studies to resolve them. In each of these areas of risk taking behaviours, the main theme of the paper was to highlight the fact that all the research results were from studies conducted in developed countries and there was lack of information on youth behaviour from countries of the Region.

In the end, the paper emphasized the need for stepwise ethnographic studies to establish a conceptual framework of youth behaviour and identify determinants of health behaviour as an initial step. It also identified the role of WHO in promoting these studies.

Discussion

The issue of the extent/depth to which SEARO should be involved in research on the factors that determine health including socio-cultural determinants was raised. At a certain point these become general societal issues to be addressed by many other bodies/organizations equally or better suited for such studies and undertakings.
Some members expressed the view that research in this area was the domain of social/behavioural scientists while others felt that behaviour was so germane to health and quality of life that it should be in collaboration with epidemiologists and biomedical and behavioural scientists. An optimal mix of behavioural and medical scientists should serve the purpose of research in this area. Errant behaviour of youth is an expected part of exploratory behaviour of youth. While biomedical scientists worked with existing instruments, social scientists had to construct and validate instruments before research could be embarked upon.

SEA/ACHR was informed of the Technical Discussions on youth during the Forty-second World Health Assembly, and the UNICEF Child Care to Youth Programme and Commission in Vienna on Social Aspects of Youth, where issues and questions relating to youth behaviour and health had been similarly raised.

It was pointed out that societies were heterogeneous in South-East Asia and groups in the communities have different socio-cultural and economic backgrounds, and thus there are youth with diverse upbringings. These issues need to be reflected in the survey methodology. Information on the urban youth survey from Indonesia was then presented.

It was pointed out that negative markers of behaviour as well as positive determinants should be identified. The missing information should emerge from the open ended mapping studies being proposed.

Recommendations

WHO should consider setting up a small technical group of social science, biomedical and epidemiology experts to prepare a first outline of exploratory mapping studies in youth behaviour related to health.

3.12 Strategic Plan for Future ACHR Activities
(Agenda item 12)

Dr Aung Than Batu, Director, Research and Human Resources, introduced the subject and recalled that in reviewing its own functions in 1990, SEA/ACHR had agreed to develop a strategic plan for its own activities. The working paper (SEA/ACHR/17/15) had interpreted this to mean that SEA/ACHR could plan its own activities ahead in accordance with a strategic plan in order that its activities would have continuity so that it may be pro-active as well as reactive to matters put up for its consideration by the Regional Office.

Discussion

After the presentation of the working paper, the rationale for the development of its own strategic activities was discussed generally.

Other issues related to ACHR relationship with the MRCs were brought up. The varying stages of development of research promotion and coordination in the countries, the limitation of the constitutionally appointed MRCs and the different ways in which MRCs operate in Member Countries was pointed out.
A proposed plan for its own activities put up for consideration was as follows:

that for the next five years, approximately, its activities would place emphasis on the generation of advice to be given to the Regional Office with respect to research capability strengthening (RCS) including development of infrastructure for health research. This would include:

(a) the difficult issue of translation of RCS goals into practical programmes;

(b) how WHO should cooperate with countries in promoting and developing national policies and strategies for RCS; and

(c) how WHO should cooperate with countries in order to enable them to identify, screen and acquire appropriate technology.

SEA/ACHR would focus on research capability strengthening in health services research.

Thus, most of ACHR activities such as topics selected for Technical Discussions, and appointment of task forces, scientific working groups will be in accordance with the strategic plan. This does not preclude other activities, especially those of critical importance which may emerge from time to time. But, in principle the main emphasis and focus of these activities will be in accordance with those included in its strategic plans.

In discussing the proposed strategic plan, it was pointed out that if research capability strengthening efforts are directed to and through MRCs as it is usually done, it may not have an impact on certain types of institutions. For example, where institutional strengthening for HSR is most needed at district or intermediate managerial level, these structures may not be reached if HSR strengthening takes place through MRCs because in some countries, MRCs may have no linkage with these intermediate structures.

It was also suggested that SEA/ACHR should keep WHA resolution WHA43.19 in view in planning its activities and that these activities should help WHO in implementing the relevant operative paragraphs of the resolution.

While agreeing to the strategic plan, as proposed, it may be regarded as still-evolving, and members were invited to continue to give suggestions for future refinement of the plan to SEA/ACHR Chairperson or the Regional Office. It was envisaged that the plan may eventually be brought out as a SEA/ACHR report (or publication similar to 'Research Needs for Health for All by the Year 2000').

A related issue brought up was how ACHR should deal with reports of Scientific Working Groups, Consultative Meetings, and Task Forces appointed by the Regional Office. It was proposed and agreed that they be dealt with as given below

(1) Sub-committee/SWG/task forces appointed on the recommendations of SEA/ACHR are − (a) responsible to Regional Director − through SEA/ACHR; (b)
SEA/ACHR should endorse/make observations on (i) scientific content: and (ii) strategic issues.

(2) In the case of SWG - appointed by the Regional Director on advice from other sources, these are not the responsibility of ACHR. Reports may be submitted to SEA/ACHR for information as part of progress report on specific areas concerning research promotion and development. SEA/ACHR has no responsibility for the reports and its content. It need not discuss the content, but may discuss the implications of the report for the RPD Programme.

(3) Because the time-frame for processing through SEA/ACHR will take at least two years, subjects with long lead time may be submitted to SEA/ACHR. For others, SEA/ACHR may have to delegate responsibility to the Chairman or a specific member or the Regional Office.

Conclusions

The ACHR agreed on the following strategic approaches for its own activities during the time horizon of five years.

(1) It would emphasize:

- research capability strengthening, including infrastructure for health research. Towards that end, SEA/ACHR should aim at providing advice on:
  (a) the difficult issue of translation of RCS goals into practical programmes;
  (b) how WHO should cooperate with countries in promoting and developing national policies and strategies for RCS; and
  (c) how WHO should cooperate with countries in order to enable them to identify, screen and acquire appropriate technology.

(2) It would focus on HSR and aim at providing advice on research capability strengthening for HSR.

(3) The strategic plan for its own activities would be linked to the appropriate operative paragraphs of resolution WHA43.19.

3.13 Suggestions for the Agenda of the Eighteenth Session of SEA/ACHR
(Agenda item 13)

Discussion

A query was raised (in Agenda 12) as to whether ACHR should discuss the "Monitoring of HFA Strategies". It was explained that the Monitoring of HFA Strategies would not be part of ACHR activities. However, it may be
worthwhile bringing it to the attention of ACHR in some way in future sessions.

A list of items previously sent to the Regional Office by ACHR members, together with an annotated list of these items prepared by the Secretariat was reviewed.

The list of technical subjects already discussed at previous ACHR meetings had already been distributed for information.

The members, after discussion, keeping in mind the strategic plan of its own activities and resolution WHA43.19, recommended three items for technical discussions at its next meeting.

Recommendation

It was agreed that the following items be discussed at the eighteenth meeting of ACHR in 1992:

(1) Strengthening the capability for epidemiological research - a regional approach.

(2) Research on prevention of cardiovascular diseases.

(3) Research on maternal mortality.

3.14 Time and Place of the Eighteenth Session of SEA/ACHR
   (Agenda item 14)

It was recorded that the last five meetings had occurred outside the Regional Office.

Recommendation

It was agreed that the eighteenth meeting of SEA/ACHR would be held in the South-East Asia Regional Office in New Delhi in the latter part of April 1992, the exact date to be fixed by the Regional Director in consultation with the Chairperson of SEA/ACHR.

3.15 Any other Business
   (Agenda item 15)

The ACHR took note of the field visits organized by the national authorities.

The Department of Medical Research, Yangon, had organized visits to the various sections in accordance with their interests. Members visited the following sections to acquire first-hand knowledge of the work in progress at the Department:

- Malaria research
- Nutrition research
- Viral hepatitis research
A film on research and management of snakebite, prepared by the Department, showing its field stations and laboratory research efforts was screened for the benefit of the members, and was highly instructive and appreciated.

The group also visited the sports complex and the new stadia, where they were treated to a magnificent display of athletics and martial arts performed by various age-groups with an effort to induce sports spirit at an early age and throughout the development process.

A special feature of the display was sports by the physically handicapped who demonstrated that loss of a limb and acquiring artificial limbs were no hindrances to achieving excellence in sports and enjoying them in the spirit of the game.

3.16 Adoption of Report
(Agenda item 16)

The ACHR considered the draft presented by the secretariat. It adopted the draft after minor modifications. The final draft will be arrived at in consultation with the Chairman and Rapporteur, and their suggestions will be incorporated.

4. CLOSING SESSION

4.1 Address by the Regional Director

In his closing remarks, the Regional Director thanked the Deputy Director-General for his contribution, HQ staff HRP, TDR, RPD for their participation and the Director-General, Medical Research, for organizing a very productive meeting. The important issues discussed in relation to WHA resolution WHA43.19 and the recommendations related to the strategic plan of ACHR activities soon after completion of a review of its own activities will provide a new thrust to its functioning. He assured ACHR that its advice is taken very seriously by the Regional Office and follow-up actions will ensue on the items discussed. He thanked the outgoing members, Dr A.H.M Towhidul Anower Chowdhury, Dr N.S. Deodhar, Dr Darwin Karyadi, Dr Kosin Amatayakul and Dr Preeya Kashemsant. He also thanked Dr S.D.M Fernando for his contribution as member since 1987 and as Chairman of ACHR since 1988. The Regional Director then informed ACHR of the appointment of Dr Sneh Bhargava as the next Chairperson of ACHR and presented mementos to the outgoing and the new Chairperson. The outgoing members thanked the Regional Director for providing the privilege to participate in the regional RPD activities and assured him of their cooperation in the future.

4.2 Address by the Outgoing Chairperson, SEA/ACHR

The outgoing chairperson thanked the Regional Director and added that he had, during his chairmanship, received great regard and consideration. The committee members had cooperated, and discussions had been informative. He
thanked the Government of Myanmar for its hospitality and the WHO secretariat and RPD unit for their support.

4.3 Address by the Incoming Chairperson. SEA/ACHR

The new Chairperson thanked the Regional Director for the trust placed in her and assured him that she would uphold the high standards and policies of WHO.

RECAPITULATION OF CONCLUSIONS AND RECOMMENDATIONS

Summary of RPD Activities During the Preceding Year
(Agenda item 5.1)

(1) HSR activities promoted and supported by SEARO in countries in the context of the Regional Research Promotion and Development Programme are proceeding in the desired direction.

(2) The institutional strengthening scheme for HSR is now visible in some of the targeted countries and within the context of the scheme - the recent initiative by SEARO/RPD/HQ aimed at developing a model for strengthening research capabilities in HSR is commendable and worthy of consideration for introduction in other countries of the Region after it has been properly evaluated.

(3) Current efforts by WHO at making greater use of the full potential of WHO collaborating centres should continue. WHO should help in forging functional links and contacts between WHO collaborating centres and national centres within the countries in the Region and elsewhere.

(4) Research methodology training activities should be reviewed for effectiveness and alternative approaches, including a focused, targeted approach to such training, should be explored and put into effect.

Information Support for Research
(Agenda item 5.2a)

(1) WHO should support national meetings for the purpose of strengthening information support for researchers. All the national HELLIS Network libraries, representatives of research institutes, and policy makers and administrators should be invited to participate in the meeting.

(2) WHO should consider testing and introducing newer and alternative information science technologies in the HELLIS Network to make bibliographic searches and document delivery more efficient, and also for improving the storage of literature.

(3) WHO should consider producing a suitable information document describing the facilities available - nationally, regionally, and globally - for information support for research, and this document should be widely distributed and regularly updated.
(4) User-needs should be reassessed and user-education programmes further improved and implemented.

(5) Effective mechanisms should be explored for the dissemination of research results for their proper utilization.

(6) Documentation and dissemination of fugitive literature from the Region should be further pursued, and also with TDR and HRP for fugitive literature relevant to their programmes.

Matters Arising out of Meetings of Global ACHR and ACHRs of Other Regions (Agenda item 6)

The SEA/ACHR appreciates the initiative taken by the global ACHR in establishing the task forces and the subcommittee aimed at implementing resolution WHA43.19, and suggests that the regions be involved in providing inputs to the work of these task forces and subcommittee, especially those on health development research and research capability strengthening. It suggests that the Regional Office collaborate closely with RPD/HQ to secure and make available such inputs as and when requested for.

Role of Health Research in the Strategy for HFA/2000 (Agenda item 7)

(1) The regions and the Regional ACHR should provide inputs in further developing the global strategy for health research, and cooperate in updating the document “Health Research Strategy” (WHO/RPD/ACHR/HSR/86).

(2) SEA/ACHR calls upon national MRCs and analogous bodies, health and scientific institutions and health professionals and scientists in the countries to respond effectively to the challenges contained in WHA resolution WHA43.19 and recommends to WHO to cooperate with Member Countries in developing national plans of action in response to the call for action contained in WHA resolution WHA43.19.

Special Programme for Research, Development and Research Training in Human Reproduction (HRP) (Agenda item 8.1)

(1) ACHR appreciates the activities of HRP in the countries of the Region and welcomes the broadening of research efforts in reproductive health and the new approaches in research capability strengthening, namely:

   (a) a shift in emphasis from institutional strengthening to country research capability strengthening;

   (b) emphasis on LDCs;

   (c) a greater emphasis on epidemiological and socio-behavioural research and technology introduction and transfer (and not just development);
(d) a shift toward research both in reproductive health and fertility regulation: and
(e) a shift from networking with the Programme as the focal point to networking between collaborating centres.

(2) It urges national health authorities, research institutions and scientists to take full advantage of these opportunities and prepare themselves to closely participate in HRP activities.

UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)
(Agenda item 8.2)

(1) ACHR appreciates the support given by TDR to the countries of the Region in their research and research capability strengthening activities. It particularly commends recent increased efforts to strengthen research capability in countries which have not yet benefited greatly from previous such efforts. It urges national health authorities, academic and health institutions and scientists in the countries to take full advantage of the opportunities offered by TDR.

(2) In applying the differentiated approach to research capability strengthening, TDR should recognize that institutions within each country are at different levels of research capability development with respect to TDR areas of interest: therefore in the more advanced developing countries, greater attention needs to be given to facilitate technology transfer and to foster mutual cooperation between well-developed and less-developed institutions and appropriate support by TDR would be important in this regard.

(3) In view of the emerging pattern of drug resistance to malaria in the countries and the continued high mortality from cerebral and complicated malaria, TDR should give increased attention to provide technical and other appropriate support for the development and acquisition of technology for the production of Artemesia-derived antimalarial drugs in the countries of the Region, when so requested.

(4) The high mortality and case fatality from cerebral and complicated malaria which persists in countries of the Region even when modern drugs and facilities are available, deserves greater attention and increased research efforts in the areas of pathophysiology and clinical research. WHO and TDR should consider greater promotion and support of such research.

Global Programme on Acquired Immuno-Deficiency Syndrome
(Agenda item 8.3)

(1) Countries of the Region should continue to focus research on epidemiology and behavioural aspects for AIDS control and prevention.

(2) WHO should consider and support, if required, the upgrading of one or two laboratories in each country for AIDS virus isolation and identification.
Research into Delivery of Health Care in Slums and Villages
(Agenda item 9)

(1) Epidemiological studies on people living in urban slums and villages be initiated, particularly on the determinants of ill health and including collection of disaggregated data on their health profiles.

(2) Studies be initiated on the availability and utilization of existing health facilities in urban slums and villages to identify approaches for their improvement in collaboration with other sectors concerned with poverty alleviation.

(3) Compilation of the existing knowledge about the outcome of successful intervention programmes undertaken so far by countries should be initiated.

(4) There should be development of different national projects for the betterment of the health of the people with strong emphasis on non-governmental organizations and people's participation and mobilization of resources from other agencies.

Research in Control of Cancer in Developing Countries
(Agenda item 10)

(1) WHO should set up an appropriate mechanism to consider and propose on the direction and content of a well-formulated programme for research into the control of cancers highly prevalent in countries of the region.

(2) Steps should be taken by countries to set up/strengthen cancer registries as one of the tools for epidemiological research into the prevalence and distribution of cancer in the country: WHO should promote and support such efforts.

Research into Youth (and Adolescent) Behaviour as Related to Health
(Agenda item 11)

The Regional Office may consider setting up a small technical group of social science, biomedical and epidemiology experts to prepare a first outline of exploratory mapping studies in youth behaviour as related to health.

Strategic Plan for Future ACHR Activities
(Agenda item 12)

The ACHR agreed on the following strategic approaches for its own activities during the time horizon of five years.

(1) It would emphasize:

research capability strengthening; including infrastructure for health research. Towards that end, SEA/ACHR should aim at providing advice on:
(a) the difficult issue of translation of RCS goals into practical programmes;

(b) how WHO should cooperate with countries in promoting and developing national policies and strategies for RCS; and

(c) how WHO should cooperate with countries in order to enable them to identify, screen and acquire appropriate technology.

(2) It would focus on HSR and aim at providing advice on research capability strengthening for HSR.

(3) The strategic plan for its own activities would be linked to the appropriate operative paragraphs of resolution WHA43.19.

Suggestions for the Agenda of the Eighteenth Session of **SEA/ACHR**
(Agenda item 13)

It was agreed that the following items be discussed at the eighteenth meeting of ACHR in 1992:

1. Strengthening the capability for epidemiological research - a regional approach.


3. Research on maternal mortality.

Time and Place of the Eighteenth Session of the **SEA/ACHR**
(Agenda item 14)

It was agreed that the eighteenth meeting of SEA/ACHR would be held in the South-East Asia Regional Office in New Delhi in the latter part of April 1992, the exact date to be fixed by the Regional Director in consultation with the Chairperson of SEA/ACHR.
Annex 1

AGENDA

A. INAUGURAL SESSION

Agenda for the Inaugural Session issued separately.

B. BUSINESS SESSION

1. Introductory statement by the Chairman, SEA/ACHR
2. Opening remarks by Dr U Ko Ko, Regional Director
3. Introduction of documents
4. Adoption of Agenda
5. Progress report on the Regional Research Promotion and Development Programme
   5.1 Summary of RPD activities during the preceding year
   5.2 Review of RPD activities in relation to past SEA/ACHR recommendations in specific areas
      (a) Information support for research
      (b) Report on health systems research
6. Matters arising out of meetings of Global ACHR and ACHR s of other regions
8. Progress reports on special and global programmes
   8.1 The Special Programme for Research, Development and Research Training in Human Reproduction
   8.2 UNDP / World Bank / WHO Special Programme for Research and Training in Tropical Diseases (TDR)
   8.3 Global Programme on Acquired Immunodeficiency Syndrome
9. Research into delivery of health care in slums and villages
10. Research in control of cancer in developing countries
11. Research into youth (and adolescent) behaviour as related to health
12. Strategic plan for future ACHR activities
13. Suggestions for the Agenda of the eighteenth session of SEA/ACHR
14. Time and place of the eighteenth session of the SEA/ACHR
15. Any other business
16. Adoption of report

C. CLOSING SESSION
Annex 2

LIST OF PARTICIPANTS

I. SEA/ACHR MEMBERS

1. Dr A.H.M. Towhidul Anower Chowdhury, Director, Institute of Postgraduate Medicine and Research, Dhaka, Bangladesh

3. Dr N.S. Deodhar, 134/2/20, Baner Road, Aundh, Pune-411007, Maharashtra

4. Dr (Mrs) Sneh Bhargava, A-103, New Friends Colony, New Delhi-110065

5. Dr (Mrs) Usha K. Luthra, Additional Director-General, Indian Council of Medical Research, Ansari Nagar, New Delhi 110 029

6. Dr Darwin Karyadi, Director, Nutrition Research and Development Centre, National Institute for Health Research and Development, Ministry of Health, Bogor, Indonesia

7. Dr Sunarme P. Soedarmo, Head, National Institute of Health Research and Development, Ministry of Health, Jalan Percetakan Negara 29, Jakarta, Indonesia

8. Dr Peljeguin Dolgor, Member, Medical Research Council, Ministry of Public Health, Chief of Department of Surgery, State Medical Institute, Ulaanbaatar, Mongolia

9. Dr Gopal Prasad Acharya, Head of the Department of Medicine, Tribhuvan University, Post Box No. 1524, Mahara, Kathmandu, Nepal

10. Dr S.D.M. Fernando, 13, School Lane, Nawala, Rajagiriya, Sri Lanka

11. Dr U.T. Vitarna, Director, Medical Research Institute, Baseline Road, Colombo-8, Sri Lanka

12. Dr Kosin Anmatayakul, Research Institute for Health Sciences (RIHES), Chiang Mai University, P.O. Box 80, CMU, Chiang Mai 500 002, Thailand

13. Dr Preeya Kashemsant, Director-General, Department of Medical Sciences, Ministry of Public Health, Devavesm Palace, Bangkok, Thailand

14. Dr Daw My May Yi, Director-General, Department of Medical Research, Ministry of Health, No.5, Ziwaka Road, Yangon, Myanmar

*Unable to attend
II. SPECIAL INVITEES

1. Dr Charas Suwanwela, President, Chulalongkorn University, Bangkok, Thailand

2. Professor M. Gabr (Chairman, Global ACHR), Head, Paediatric Department, Faculty of Medicine, Cairo, Egypt

III. WHO SECRETARIAT - (South-East Asia Regional Office)

1. Dr U Ko Ko, Regional Director

2. Dr D.S. Bisht, Director, Programme Management

3. Dr U Thein Nyunt, Acting WHO Representative, Myanmar

4. Dr Aung Than Batu, Director, Research and Human Resources

5. Dr M.M. Kapur, Regional Adviser in Medical Research

6. Dr Mya Tu, Short-Term Consultant

IV. WHO HEADQUARTERS

1. Dr M. Abdelmoumene, Deputy Director-General, HQ

2. Dr M.F. Fathalla, Director, HRP/HQ

3. Dr Tore Godal, Director, TDR/HQ

4. Dr J. Szczerban, Chief, RPD/HQ

*Unable to attend
Annex 3

LIST OF WORKING AND INFORMATION DOCUMENTS

Working Documents

1. Provisional Agenda
   SEA/ACHR/17/1 (Rev.1)

2. List of Participants
   SEA/ACHR/17/2 (Rev.1)

3. Suggested Working Schedule
   SEA/ACHR/17/3 (Rev.1)

4. List of Working and Information Documents
   SEA/ACHR/17/4 (Rev.2)

5. Summary of RPD activities during the preceding year
   SEA/ACHR/17/5 (Relating to Agenda item 5.1)

6. Biomedical Literature and Information Support for Research in the South-East Asia Region
   SEA/ACHR/17/6 (Relating to Agenda item 5.2 (a))

7. Development of Criteria for Appraisal of Health Systems Research
   SEA/ACHR/17/7 (Relating to Agenda item 5.2 (b))

8. Matters Arising out of Meeting of Global ACHR
   SEA/ACHR/17/8 (Relating to Agenda item 6)

9. Technical cooperation Among Developing Countries - HRP
   SEA/ACHR/17/9 (Relating to Agenda item 8.1)

10. UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) - TDR/JCB(13)/90.5
    SEA/ACHR/17/10 (Relating to Agenda item 8.2)

11. Research Priorities for the Early 1990s Global Programme on AIDS
    SEA/ACHR/17/11 (Relating to Agenda item 8.3)

12. Research into Delivery of Health Care in Slums and Villages
    SEA/ACHR/17/12 (Relating to Agenda item 9)

13. Cancer Control Programmes in Developing Countries - Research Needs
    SEA/ACHR/17/13 (Relating to Agenda item 10)
14. Research into Youth (and Adolescent) Behaviour as Related to Health
(Relating to Agenda item 11)

15. Strategic Plan for Future ACHR Activities
(Relating to Agenda item 12)

16. Topics suggested for Technical Discussion at the 18th ACHR
(Relating to Agenda item 13)

17. Role of Health Research in Strategy for HFA 2000
(Relating to Agenda item 7)

Information Documents

1. Information Bulletin
2. Report of Sixteenth ACHR, Chiangmai, Thailand, 2-6 April 1990
3. Report of Seventh Meeting of Directors of Medical Research Councils or Analogous Bodies and Concerned Research Foci in the Relevant Ministries, 4-9 November 1990, Kathmandu, Nepal
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
( Relating to Agenda item 8.1 ) |
| 10. | Research and Researchable Issues in the Management of Cancer in Developing Countries | SEA/ACHR/17/Inf.9  
( Relating to Agenda item 10 ) |
| 11. | Cancer Control - A Regional Perspective | (SEA/ACHR/17/Inf.10  
( Relating to Agenda item 10 ) |
| 12. | Programme for Control of Diarrhoeal Diseases - Interim Programme Report 1990 | SEA/ACHR/17/Inf.11  
( Relating to Agenda item 8.4 deleted ) |
| 13. | Introduction - Sizze the day | SEA/ACHR/17/Inf.12 |
Annex 4

TEXT OF THE INAUGURAL ADDRESS

by

DR U KO KO
REGIONAL DIRECTOR

Excellencies, distinguished participants and honourable guests,

First of all, I wish to thank the Government of Myanmar for hosting the seventeenth session of the WHO South-East Asia Advisory Committee on Health Research (SEA/ACHR). I recall that the second meeting of the Directors of Medical Research Councils or Analogous Bodies was also convened in Yangon, Myanmar, in this very Conference Room in November 1981. We welcome and greatly appreciate these expressions of interest and support to WHO and its research efforts.

I am most grateful to His Excellency, Major General Khin Nyunt, Secretary, State Law and Order Restoration Committee (SLORC), and Chairman of the National Health Council for his interest and support to health research, as evinced by his presence here with us today. His Excellency, the Minister of Health and Education, Col. Pe Thaik, who himself is a physiologist and a researcher of repute, has always shown strong support for health research, and we are most grateful to him for consenting to inaugurate this session. We most warmly welcome the distinguished members of SEA/ACHR, the special invitees, and our colleagues from WHO/MD. I must express my gratitude particularly to the Deputy Director-General of WHO, Dr M. Abdelnourane, who, in spite of his heavy responsibilities related to the preparation for the Forty-fourth World Health Assembly, has been able to join us at this session. We cordially welcome the distinguished scientists, researchers, high officials from the health profession in Myanmar, and honoured guests who are with us here on this occasion, and through them we extend our warm greetings to all researchers and health scientists in Myanmar.

In the recent past, an event of great importance for health research was the resolution on the "Role of Health Research", adopted by the Forty-third World Health Assembly in May 1990, which is a significant output of the Technical Discussions on the "Role of Health Research in the Strategy for Health for All by the Year 2000". The resolution took note of the important principle that national health policy should be based on "valid scientific evidence", and that such evidence required health research. Citing the mismatch between the burden of illness in the third world and the existing quantum of investment in health research on these problems, it pointed out that many developing countries lacked scientific and institutional capacity to address their particular problems, especially in the critical fields of epidemiology, health policy, social science, nursing and management research. The resolution called upon Member States, the international community and, not the least, the research community to increase their respective commitments towards the development of essential health research appropriate to national needs. The seventh meeting of Directors of Medical Research Councils or Analogous Bodies was also convened in Yangon, Myanmar, in this very Conference Room in November 1981. We welcome and greatly appreciate these expressions of interest and support to WHO and its research efforts.
Councils or Analogous Bodies, held in Kathmandu in November 1990, endorsed the call for action embodied in World Health Assembly Resolution WHA43.19 and urged the formulation of national plans of action by way of initial response.

WHO's broad global strategy for research for HFA/2000 has been outlined in a document produced in 1986 by the Global ACHR in consultation with the Regional ACHR, which was widely discussed in countries. It is an upstream report, conceptual in nature, and downstream elements will need to be developed eventually, which will have a global thrust in general but with room for regional variations. The first priority outlined is for WHO to encourage and assist research of the health system type in order that well-known requirements for raising the standard of health in developing countries, such as sufficient food, clean water, sanitary facilities, limitation of fertility and immunization against some of the common diseases, are met.

A regional strategic plan towards the goal of HFA was also developed by SEA/ACHR in 1983, wherein the basic concepts underlying HSR formed the key elements. Member Countries of the SEA Region, together with the WHO Regional Office have been pioneers in HSR, and have maintained sustained interest and efforts - from initial concept development to programme formulation and towards increasing integration as part of rational management and decision-making from where the germ of the idea of alternative strategies for health was brought up and discussed at a WHO Research Study Group Meeting on Alternative Strategies for Delivery of Health Care, in 1977, to the recent Consultative Meeting, held just two months ago in Surajkund, Delhi, where the fundamental paradigms of basic research were considered and their applicability to HSR was critically scrutinized, after which a framework and criteria for the appraisal of HSR were formulated.

Two recent interconnected events of importance and timeliness for health research in the Region should also be mentioned. They are, first, the completion of the review of the role and function of SEA/ACHR after fifteen years of functioning, and secondly, a similar review of WHO's collaboration with medical research councils and analogous bodies and the biennial meeting of Directors thereof.

The interactive role and function of these two chief mechanisms for obtaining advice, support and collaboration for the WHO research promotion and development programme needs to be emphasized. I may mention here that while the members of SEA/ACHR are appointed to the Committee as individual scientists and, as such, are expected to function in their personal capacity, the heads of medical research councils or analogous bodies can be invited to consultative meetings as official representatives of the respective governments.

I look forward with renewed faith and confidence to the collective wisdom of ACHR and guidance to WHO, particularly to the SEA Regional Office, in shaping and directing regional research goals and strategies in support of health development goals of our countries.

I had reported to the sixteenth session of ACHR last year about the Commission on Health Research and Development and the international initiative of representative scientists. As you may remember, the Task Force of the Commission with the objective of promoting and facilitating support
for essential national health research in the countries, conducted meetings and gathered information to develop options and long-term mechanisms for supporting research on global health problems. The Task Force would meet at least six times during its tenure and will form sub-committees on health research capacity strengthening, research on global health problems and longer term mechanisms for support of essential national health research. Taking essential national health research in the context of health services research, we are closely collaborating with this Task Force.

Being in Myanmar for this seventeenth session of SEA/ACHR, one cannot but reflect upon and take note of the clear policy directives for health research within the framework of health development policy formulated in Myanmar, the commendable way in which Myanmar has been developing its resources for health research, and the dynamism and commitment with which its research activities have supported health development strategies and goals. We in WHO have been impressed with the achievements in some of those areas of health research in which Myanmar has concentrated its efforts - such as snakebite research, viral hepatitis, malaria and leprosy - taking just a few examples. We look forward to further sustained growth in qualitative research of relevance and utility.

In conclusion, I once again wish to thank the Government of Myanmar, on behalf of WHO and the Regional ACHR, for hosting the seventeenth session of SEA/ACHR, especially to His Excellency, Col. Pe Thein, Minister of Health, the Director-General of the Department of Medical Research, Dr Daw May May Yi, the members of the organizing committee and those who have contributed to the success of the session.

I trust that the members of SEA/ACHR will have an opportunity to exchange views and establish contacts with fellow scientists, which is so important in research, and also to savour something of the cultural life of the people of this beautiful "Land of Pagodas".

We convene in the peaceful shadow of the Shwedagon Pagoda, described by Kipling as the "Winking Wonder". I wish the meeting success in its deliberations.
TEXT OF THE INAUGURAL ADDRESS

by

H.E. MAJOR GENERAL KHIN NYUNT,
CHAIRMAN, NATIONAL HEALTH COMMITTEE, MYANMAR

On behalf of the State Law and Order Restoration Council and as Chairman of the National Health Committee, Myanmar, I would like to warmly welcome the Deputy Director-General of WHO, Regional Director, South-East Asia Regional Office, distinguished guests and participants to the seventeenth session of the WHO South-East Asia Advisory Committee on Health Research.

Since taking over of state power by the State Law and Order Restoration Council, the Government has undertaken various tasks of national reconstruction and development. Among these activities the health sector has been given prominent emphasis and it is quite evident that notable successes have been achieved. In order to provide overall guidance and leadership for development of health policies and implementation of health activities, the National Health Committee (NHC) has been established. Since the NHC comprises of cabinet Ministers, interministerial coordination was accomplished.

In 1989, the Ministry of Health was reorganized and two new departments; the Department of Traditional Medicine and the Department of Planning and Statistics were established. Since 1988, 65 hospitals and clinics had been opened and 950 medical doctors have been deployed. In terms of health expenditure, Kyats millions 1599.2 has been assigned for work in border areas. Recently, Myanmar has achieved Universal Child Immunization (UCI) targets and a new National Health Plan has been developed.

In carrying out the health activities for the nation "Health for All by the Year 2000" has been the guiding principle and health research played an important role. In undertaking health research, the health policy laid down by the National Health Committee must be taken into consideration.

It must be emphasized that undertaking research implies search for knowledge. Research activities must be directly linked to the priority health problems of the country. Research in health also requires knowledge of the basic causes of health problems.

Research should not confine itself only to reading and publication of research papers. Research results must be widely disseminated so that full benefit of the research may be achieved for the community.

In Myanmar, support and motivation is provided for researchers. I believe in other South-East Asian countries various options for supporting researchers should be explored.

I understand that the Advisory Committee on Health Research will be discussing various issues related to health research in the forthcoming five days. In conclusion, I hope that in your discussions, the development of health research will be given due emphasis.
Annex 6

TEXT OF THE INAUGURAL ADDRESS

by

H. E. DOL. PE THEIN
MINISTER OF HEALTH AND EDUCATION, MYANMAR

Your Excellency, Chairman of the National Health Committee of the Union of Myanmar, Major General Khin Nyunt, distinguished guests, members of the Advisory Committee on Health Research, ladies and gentlemen,

We are extremely honoured to host this high-level meeting of the WHO South-East Asia Advisory Committee on Health, in Myanmar.

Myanmar, like many other countries, is striving towards achieving the goal of Health for All by the Year 2000, using primary health care as the key approach. Primary health care is an equity-oriented health and development strategy focusing priority on the most appropriate interventions for health problems commonly encountered in communities with the greatest need. Health research is an essential and important tool to solve priority health problems and to promote scientific approaches to primary health care. Therefore, all countries, regardless of their level of development, need to conduct health research.

There is a tendency amongst some of us to believe that research must wait until health priorities have been met. I firmly believe that research should be conducted simultaneously, especially in developing countries like ours, since the findings of this research will be needed to help decision makers and implementers who must accomplish more with fewer resources.

Health research in Myanmar is led by the Department of Medical Research. One of the aims of this department is to contribute towards scientific knowledge through research and to rapidly apply this new and emerging knowledge towards the solution of priority health problems. One of the missions of the Department is to conduct, promote, support, organize, and coordinate all health research in the country. To fulfil this aim and mission, the Department of Medical Research works in close collaboration with other departments and teaching institutions, including health-related departments under ministries other than health, as solutions to various health problems necessitate intersectoral coordination. Likewise, we need to work hand-in-hand with countries within our Region to promote the development of innovative strategies for the solution of health problems of our Region.

I am extremely delighted to see such experienced and renowned health workers, researchers and academicians attending this meeting. I would also like to commend the Committee on the appropriateness of the issues for discussion such as AIDS, diarrhoeal diseases control, acute respiratory infections, human reproductive health, adolescent health, tropical diseases research, health care in slums and villages, control of cancer, information support for research and criteria for the selection of health systems research. These are common problems being faced by all countries in this Region, and the World Health Organization has been very supportive with regard to the research activities conducted in these areas.

In conclusion, I wish you all success in your deliberations for a fruitful meeting.

Thank you.