Agenda Item 2.1.2 – Regional work

THE WORK OF REGIONAL PROGRAMME:
RESEARCH POLICY AND COOPERATION
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Introduction

The 43rd World Health Assembly, in its resolution WHA43.19 in 1991, stated that all national health policies should be based on valid scientific evidence and that such evidence requires health research. In pursuance of this, the Organization-wide Research Policy and Cooperation (RPC) Programme of WHO has been aiming “to strengthen the information, scientific and ethical foundations of health research systems so that it can perform effectively and efficiently in contributing to health system development and health improvement, especially in poor countries”. Similarly, the Regional RPC Programme of the WHO South-East Asia is developed with the following strategic objectives:

- To advocate for and facilitate research promotion and development in member states by providing support to draw up and implement health research agenda,
- To build and strengthen national research capability through collaboration with medical / health research councils and analogous bodies and other health research-related institutions, including national, regional and international NGOs.
- To elucidate and foster public debates on the social and ethical implications of science and health development in their social, economy, medical and cultural environments,
- To strengthen analytical capability and to devise common approaches to analytical reporting within the organization, and
- To further develop and maintain health research information systems


Promotion of Health Research

The role of Regional ACHR as a policy advisory body for health research policy and promotion

The Regional ACHR members are actively involved in national and international activities related to health research policy, and research development and promotion. The Regional Director has organized the 28th session of Regional ACHR in Male, Maldives in August 2004. The main scientific theme was on "Thalassaemia" and it also dwelt upon the "Health research on TB Prevalence". The Chairman of ACHR had reported the outcome of the ACHR meeting at the 56th session of the Regional Committee held at SEARO, in September 2004. The Regional Committee noted the work of the ACHR with appreciation.

The Chair of SEAR-ACHR, along with similar chairs of Regional ACHR of other regions, participated at the 42nd meeting of Global ACHR, held in May 2004 in Geneva, and reported the conclusions and recommendations of the regional ACHRs. After discussing the activities in health research policy and promotion to further strengthen inter-regional work, the Global ACHR came up with a number of recommendations, among others were: developing communication network among regional ACHRs, developing and facilitating health research on disease burdens that cross cuts regions, fostering debate at national levels on inter regional issues in health research and development of knowledge repository at regional offices followed by building network among the repositories.

WHO Director General, at the concluding session of the 42nd Global ACHR, emphasized the important role of the global and regional ACHR in the work of WHO as well as in promoting health research regionally and globally. He endorsed that the Regional ACHR Chairs have to be involved in
the private discussion with him, together with Global ACHR members, and this has to start from next Global ACHR meeting. The Director General expressed his view of conducting the Global ACHR twice a year, in order to keep abreast of the scientific development, to provide advice to the DG on time, and to monitor the progress of activities.

The Regional Director of WHO South-East Asia, after taking the Office from 1 March 2004, gave his guidance that the regional health research should be one of the priority areas of WHO. He indicated that health research should be part and parcel of any major programme that WHO Regional or Country Offices have initiated as major development efforts. He also advised to revisit the Terms of Reference of the SEAR-ACHR and the criteria for its memberships. The present ACHR meeting has been structured to focus on one specific theme and to discuss in-depth in order to come up with regional strategic plan.

**Involvement of SEA countries in the global initiative on analysing health research system performance**

Since early 2002, the RPC/HQ had launched the global initiative called -- “Health Research Systems Analysis Initiative” (HRSAI). The main aim of this initiative is to facilitate member countries with a framework and tools to improve their ability to analyse national health research systems (NHRS) and the results to be used for policy actions. The generic framework of measuring the performance of the health research systems consisted of 42 descriptive variables and 14 indicators. During 2002 and 2003, a total of 16 countries world-wide involved in pilot-testing the framework and instruments. The data collection stage was finished by early 2004 and sent to the HQ for analysis. To date, the statistical tools for analysis are ready to be shared with the national counterparts to enable countries to conduct own analyses. The descriptive reports of the findings are available.

Based on the experience and feedback on data collection of countries involved in the pilot-testing phase, the initial framework and existing instruments to analyse national health performance will be refined and simplified. Countries will be invited to use the refined framework to evaluate progress of national health research systems. Indonesia and Thailand were involved in the pilot phase. India is going to use the refined instruments to appraise its national health research systems.

One of the key findings in the HRSAI pilot-study was the need for involvement of all those stakeholders who managed and governed the health research systems, in the study from the beginning to the end, so that the research results can be incorporated into the policy reforms. The results of the national health research systems analysis and other studies related to cross-cutting issues in health research will be published in the special issue of the British Medical Journal (BMJ).

**WHO - World Report 2004 on Knowledge for Better Health**

WHO Headquarters is preparing the World Report 2004 on Knowledge for Better Health. As an advocacy document the report will consist of discussion on the benefits of health research investment, followed by the dynamics and performance of a model healthy research system. To address the necessary vision and resources for knowledge, the next chapter will be on creation of an enabling environment conducive for health research where knowledge of research findings will be discussed as an international public good. The last part of the report will contain of chapters on synthesis of research, bridging the know-do gap, pathways to evidence base practice and policy and a framework for a health policy and systems research agenda. The Report will also contain the success stories of the countries and regions that could show that research can make an impact to health policy and health systems.
As part of the consultative process, an inter-regional meeting to review the inputs and messages to be included the World Report as well as the preparation for the World Summit for Health Research in Mexico to be held in November 2004 was organized. The meeting discussed and made recommendations for inputs not only for the World Report, but also to develop an Asian Voice on health research development to be submitted and debated at the Mexico Summit. Similar Asian voice had been developed by a group of health researchers from Asia and the pacific Regions at the Bangkok International Health Research Conference in 2000.

The World Report on Knowledge for Better Health is to be launched at the World Summit on Health Research at Mexico in November 2004 where 30-40 health, science and technology ministers will be attending.

**Country activities**

**Bangladesh:** The Bangladesh Medical Research Council (BMRC) is the national focal point to organize, promote and coordinate health research; train manpower in health research and disseminate research results/information for application and utilization. With the WHO country support BMRC succeeded in achieving targeted products of trained health personnel in research, operational research conducted, research findings disseminated. Dissemination of research findings were done through 3 Scientific Conferences with multidisciplinary professionals. Infrastructure of BMRC was also improved, and the procurement of MEDLINE Compact Disc has enabled BMRC to provide literature search service. During 2003 – 2004, three workshops on Health Systems Research, Research Methodology and Data Management and 4 Essential National Health Research (ENHR) meetings were conducted with participants from different health related institutions. Nineteen Research grants were provided to postgraduate students, 17 promotional research grants were given for conducting research studies in PHC.

**Bhutan:** Many health researchers are still attending ongoing training outside the country and, thus, not much work can be done. Despite this shortage, Bhutan conducted a few studies on safe motherhood practices and other aspects of health. A KAP study related to the use of impregnated bed nets was carried out in collaboration with the Malaria Programme. The Mental Health survey, the EPI survey, in-depth analysis on health-seeking behavior and reproductive health were carried out last year. Besides being involved directly in the above research activities, the Research Unit in Bhutan has the sole responsibility of conducting technical reviews of research proposals. Compilation of all the research reports from 1992 to 2002 is published by mid-2003.

**DPR Korea:** The country has requested support to strengthen research in public health, even though the focus is still on the support for graduate and post-graduate medical education and curriculum development. Practical health research methodology on public health areas is planned and the country is now preparing the training package in local language.

**India:** The focus of WHO support to India in 2002-2003 was in area of ethical and biomedical research. Training workshops for researchers, sponsors and policymakers in selected states of the country were carried out to familiarize the selected trainers on essential principles and practices of ethics in biomedical research. These trainers in turn conducted further workshops in their respective regions so as to sensitize medical and health professionals in their regions regarding ethical issues in biomedical research. A survey to examine the function and actual manner in conducting ethical review was carried out in different institutional ethical review committees (IERC) located in the country. 1200 questionnaire were circulated, and replies received from over 250 Institutes (22.3%). The survey was of utmost importance to develop various training & capacity building exercises and would
help in recommending appropriate corrective measures. 16% of IERCs had a standard operating procedure for review of research proposals. Mostly ethics committee members do not get any honorarium and no separate financial allocation is allotted to these institutions for this purpose. Only half of them reported to receive adequate administrative support. Another activity was development of a 12 chapters’ textbook teaching material aimed at development of quality-teaching material for promoting medical ethics for medical students and faculty. It consist chapters among other on International Collaboration, Publication Ethics, Genetics and Genomics and Traditional Medicine Research.

Indonesia: The WHO support in the past biennium was utilized to promote research ethics and capacity building in health research management. A National Commission on Health Research Ethics was established under the Ministerial decree on February 10, 2003. The Committee has finalized the National Guideline for Health Research Ethics, the Guideline for operationalization of the National Commission that incorporate the Vision and Mission, Role and function, duty and authority, organizational structure, membership, mechanism for cooperation with the institution research committee and strategic plan.

Developed curriculum and modules for training on health research ethics consist of 10 modules. The modules have been field-tested and currently revision for refinement in underway. Next will be the Master trainer course on Health Research Ethics, involving research institutions committee. In the later stage these master trainers will train the local research to strengthen the implementation of health research ethics.

Two medical schools, University of Indonesia and University of Gadjah Mada finalized their work in testing the SEARO case materials on medical ethics. Both applied the field testing using different methodology. However, in both settings, there was a common finding that the case materials are well suited to achieve the learning objectives. The medical students feel that the case materials are very helpful to get a more in-depth understanding and internalization of medical ethics issues. This initiative will be socialized and expanded to broader number of medical schools who are currently conducting the review of their medical curricula. The initiative therefore is very timely as to provide input into this process. The activities on health research management in Indonesia have been explained in the following section of this paper on capacity building.

Maldives: In 1990 Maldives conducted a, intervention community quasi experimental study with groups of sampled mothers in two atolls. The intervention was on educating mothers for health practices. That time the study evaluated the indicators that lead to the increased knowledge of the mothers, but the one year period of the study was not sufficient to measure indicators that relate to the mothers’ behaviors, thus were not measured. In 2003, with the WHO support, the study done in 1990 was now followed by a new study to evaluate the progress in behavioral change towards improved community and family health action taken by mothers of the two atoll communities in the Maldives. The latter is underway. Maldives is among the 4 countries in the region targeted for the “small grant research project of TDR/HQs, in collaboration with SEARO.

Myanmar: Myanmar continues to be active in development and promotion of health research. To further promote health research activities in the country, new research departments such as Department of Medical Research (Upper Myanmar), and Department of Medical Research (Central Myanmar) have been established at Pyin Oo Lwin and Pyinmanar, respectively. Research priorities have been identified in the National Health Plan (2001-2006) and research works in the following areas:
1. Research on priority diseases (Malaria, TB, Diarrhoea, Dysentery, Diabetes Mellitus, Hypertension),
2. Research on other communicable and non-communicable diseases,
3. Research on traditional medicine,
4. Research on technology development,
5. Research on emerging health problems and,
6. Research capability strengthening.

The research work under the WHO 2002-2003 and 2004-2005 biennial cycles were being carried out in accordance with the expected contributions outlined. In both biennia, a series of research activities were integrated under the different programme areas and work plans to support the notion of programme related research rather than research per se. This is likely to enhance their public health relevance over time.

In addition, various research activities were carried out supported by the Ministry of Health in collaboration with UN organizations such UNDP, UNICEF, IAEA and governmental and non-governmental organizations such as JICA and Population Council.

Ethics in health research is considered as an important issue and Department of Medical Research (Lower Myanmar) has organized a seminar on ethical issues in medical practice and research during 2003. It was attended by 120 senior officials from medical institutions and health research departments. The objectives of the ethical seminar were to strengthen medical ethics to health professionals and to enable participants to be aware of ethics in conducting health research. Furthermore, an ethical review mechanism has been established under the Director-General of Department of Medical Research (Lower Myanmar) and research proposed to be carried out by the department and involving human subjects requires approval by the ethical review committee.

**Nepal:** As in Bangladesh, the Nepal Health Research Council is the national body who take care the promotion and development of health research and ethics in health research. The WHO support in the last biennium was used for promotion of research ethics. A national meeting on promoting Coordination between NHRC Ethical Review Board and other Ethical Committee was carried out in 2003. The objectives was to highlight the responsibilities, composition and functions of ERCs, to discuss the various key elements involved in ethical review process, to discuss the various ethical issues encountered during the research process and to prepare the coordination mechanism between the NHRC ethical review board and ethical review committees. Training cum workshop on Ethical Issues in Health and Social Research to sensitize and protect researchers, research subjects and to enable organization and individuals to develop appropriate mechanisms for ethical self regulation; and training on research ethics to promote ethical practices in research related to family health were carried out. The Nepal Health Research Council continues to organize health research methodology workshop on a monthly bases every year with participants of different discipline working in health research or associated with health research. NHRC also granted funds for research proposals on sensitive research issues such as child abuse and violence against women.

**Sri Lanka:** The universities continued to conduct their research programmes in a wide range of areas ranging from development of markers as probes for common diseases to clinical research and policy/programme-related research. In March 2004, a Health Systems Research Unit was established at the Department of Community Medicine, Faculty of Medicine, University of Colombo. This Unit plans to assist in developing a service oriented research programme in an identified province, with support from WHO. WHO HRP continued their support to the coordinating Committee of HRP through a maintenance grant. The Faculty of Medicine, University of Colombo has established a programme for development of research ethics and plans to conduct Seminar on Bioethics writing
workshop and several activities have been conducted. Several decentralized units in the Ministry of health conducted research in relations to their areas of responsibility e.g. Family Health Bureau in areas on family health. Forum to present the findings of studies carried out by decentralized units in the Ministry of Health, to policy makers is planned to be done during the next few months. The National Health Research Council Act, with the legal draughtsman, provided financial support to several research projects through WHO country budget.

**Thailand:** Research on Health-related topics in Thailand is on-going in academic institutions such as universities as well as in government operating units such as the departments of Ministry of Public Health. Existence of the Health System Research Institute (HSRI), the Thailand Research Funds (TRF), and the National Research Council (NRC) in the government system are evidences to the deliberation that the government has put into research development, especially in the area of health. Leading non-profit seeking organizations working towards health development such as the National Health Foundation (NHF), the Thai Action on Smoking and Health (ASH) also do research. Funds for health research are available through various sources including TRF, NRC, HSRI, the government budget, WHO, NGOs, etc. Available research funds in total are seen as not big enough according to the need for health research in this country. However, a need to have good health research system has been stated and a few projects to strengthen national health research system and management of health research work are in the analysis stage by the HSRI and College of Public Health, Chulalongkorn University, through support from WHO. Due to the direction of health reform in this country researches on different aspects of decentralization in the national health system, health systems responsiveness, and universal health coverage have also been supported, among other things, in 2002-2003 biennium through the WHO country programme and are on going. A wide range of issues, policy and managerial, has been covered. For example, a study to measure the impact of the autonomization of a public hospital on health services- a case study of Ban Phaeo Hospital; Evaluation of capacity building in support of decentralization in health; the study of healthy Thai indicators; Effect of hospital accreditation on in-patient adverse events; Impact of the Universal Coverage on the Health Care Accessibility and Utilization on Underprivileged population in Thailand; health sector reform and Tuberculosis control programme in lower part of Southern Thailand 2002-2003; prototype of oral health care provision at primary care level under national universal coverage scheme; etc. Two school of medicines are now conducting field testing of the regional teaching guidelines on medical ethics. As a follow up of the workshop to promote and strengthen WHO collaborations and National Centres of Expertise of Thailand organized by the College of Public Health Chulalongkorn University in June 2003 with around of 30 eminent institutions, a working group was established to develop Charter for promotion and network of national centres of expertise and WHOCCs. The draft of Charter has been brought to a 2 days workshop which comes now to the final charter. With WHO support, Database of Thai Expertise has been developed and is accessible through [http://w3.whothai.org/qn/qn/menu.asp](http://w3.whothai.org/qn/qn/menu.asp). The field testing of the WHO teaching guidelines on medical ethics have came into an end and the findings of Thailand and other countries will be presented in the Pi meeting in August 2004.

**Timor-Leste:** As the new country and the newest member of SEAR, the country priority is not yet given to health research activities. To build capacity of health researchers in the country, the TDR small grant research project has included Timor-Leste, together with three other countries Bhutan, Maldives and DPR Korea for the training on practical health research methodology.

**Research capacity building**

*Capacity building on Health Research Management*
Health research managers exist at various levels of national health research systems. In 2002, WHO-SEARO, with the support and advice of a group of selected ACHR members, eminent health scientists and senior health research managers, developed the draft "Modules on health research management". The aims of the modules are to motivate, stimulate and promote the application of the principles of good management and leadership, and to improve the managerial competencies, knowledge and skills. The modules are need-based and flexible to enable the course organizers to select appropriate modules or sections for use in training or orientation to a specific type of health research managers.

As a follow up, Indonesia and Thailand organized two-day preparatory workshops in October/December 2003, to familiarize the members of core group with the content of the modules and to develop training workplan, and also to discuss the target audience and to select appropriate modules that would fit with the requirement of the selected target audience. National core group, consisting researchers and faculty members and trainers, was formed in Indonesia. The relevant modules will be selected and they will be enriched with case studies and translated into Indonesian language. The target audience selected is the institutional middle level health research managers and expected that the participants will further conduct similar training at their working stations. The Asian Institute for Health Development in Thailand also carried out similar activities. Target participants selected for orientation on health research management are the policy makers. With this approach, both countries will develop specific targeted health research management modules and master the specific training directed to specific target audience. The feedback from the training will provide ways to improve the modules in order to make them for wider distribution.

The Small Grant Research TDR Project

The 28th Session of SEA-ACHR in 2003 recommended WHO-SEARO to strengthen the capacity of young researchers to enable them to prepare good research proposals. In collaboration with the Special Programme for Tropical Disease Research and Training (TDR), a regional project — “Small Grants Research” was implemented. The project was planned to support the operational research in the areas related to TDR priority diseases, such as Dengue, Lymphatic Filariasis, Malaria, Leishmaniasis, Leprosy, and TB, and targeted to institutions/researchers in countries with limited capacity for health research (namely Bhutan, DPR Korea, Maldives and Timor-Leste). A WHO fellow was assigned at SEARO to be responsible for assisting the Regional Office in administering “Small Grant Research Project”.

In response to the “Call Notice for health research proposals” issued by SEARO, a total of 9 proposals were received: 2 from Bhutan, 6 from DPR Korea and 1 from Timor-Leste. These proposals have been reviewed and observed that they are not up to the scientific requirement. It was so decided to organize in-country practical health research methodology trainings in those countries, to help them producing good health research proposals meeting the WHO & TDR standards.

The work on ethics in health research and medical practices

Testing of Medical Ethics Teaching Guidelines

The testing of teaching guidelines on medical ethics which was started in 2002 in seven medical schools in Thailand, Indonesia, Sri Lanka, Myanmar and Bangladesh has came to an end. The orientation of the faculty members concerned (e.g. faculty members from the departments of Forensic Medicine, Obstetric and gynaecology, Pharmacology and Internal Medicine) on how to carry out the testing using the WHO teaching guidelines have proven to be effective in updating the
knowledge and skills of the faculty members. Some medical schools have used the guidelines to review and update their existing medical ethics curriculum. Additional medical cases specific to the medical schools concerned have been added to the guidelines. The revision of the guidelines will be made based on the feedback and will follow by producing and disseminating widely the final product of the teaching guidelines in medical ethics.

**Intercountry Consultation on Ethical and Legal Aspects of International Collaborative Health Research**

The ethical and legal aspects of international collaborative research are of concerns of many countries of SEAR, especially with the increasing numbers of south north collaborative clinical trials. Countries like India, Indonesia, Thailand and Sri Lanka experienced and conducted many south north collaborative researches in the areas of medicine and only India is equipped with national guidelines on the subject. The research proposals are required to go to a national technical and ethical review in cases like Indonesia and Thailand, and the review committee is at the MOH. International research proposals on HIV/AIDS have a special review committee at the MOH. Research ethics committees and policy-makers responsible for research ethics at national levels from all SEAR Member countries reviewed and provided opinions on ethical and legal aspects of ICR. The complexity of the subject brought the need for an intercountry workshop which was organized by SEARO with the National Institute of Health USA and ICMR, in January 2004 in Chennai. Those attended were representatives from ethical review boards in the member countries of SEAR. The workshop intended to improve the knowledge on principles in international collaborative research. The recommendations went toward specific issues on the international collaborative research to be carried out. Two specific issues were on the IPR and transfer of biologicals.

There was great demand of countries for regional guidelines to assist them when developing their national guidelines in ICR. Since the use of traditional medicine is widely practiced in the countries of the SEA region, it is recommended that countries may jointly collaborate to develop ethical guidelines for research in traditional medicine.

The mushrooming numbers of ethical review committees in many countries of SEA have threaten the quality of the committees and international collaborative research tends to obtain the approval from weak and less stringent committee. Still many ethical review board members are not equipped with proper training on research ethics, the quality of the reviews are questionable. The workshop addressed the needs for studying further the profile and functions of the ethical review committees in order to identify the specific needs for them to review international collaborative research proposal in a qualified manner.

**Collaborative activities**

**Progress of SEA-EMR bi regional consultation**

Building and improving collaboration with other WHO regions on health research has been addressed by the ACHR members globally and regionally during the last five years. The first Bi-regional meeting of the Eastern Mediterranean and the South-East Asia (EM/SEA) countries was held in Maldives in August 2003, with the support of the RPC/HQ and regional offices. Eminent scientists and researchers from both regions shared information and experiences on their activities in health research to come up with commonalities and identified opportunities and mechanisms for strengthening collaboration and network. Besides members of Advisory Committee on Health Research (SEA-
ACHR), considerable number of participants from India, Pakistan, Iran, Saudi Arabia, Yaman and Oman participated.

The Bi-regional meeting agreed to stimulate operational research in collaborative and networking manners in four specific technical subjects as follows: Maternal, Child Health and Nutrition, Surveillance and Emerging Diseases, Ethics and Public Health including Genetics and Biotechnology and, Health Research and System Capacity Development. As a follow up, the Indian Council for Medical Research (ICMR) is proposed to develop multi country research proposals that can later be implemented in countries of both regions on one specific subject. The selection was on child health and nutrition. The Indian Council of Medical Research and the Pakistan Medical Research Council were interested to lead the bi-regional work.

In regard to dissemination of information, soon after the SEA/EM bi-regional meeting, participant from Pakistan published an article on “Maternal and Child Health in countries of both regions” in the BMJ’s South Asia April 2004 edition. The article reflected situation on maternal and child health in selected countries of both regions. Furthermore, professor Jack Bryant, one of the initiator of the bi-regional consultation brought the report of the bi-regional meeting was shared at the annual conference of the American Public Health Association in late of 2003.

**WHO Collaborating Centres and WHO Expert Panels**

WHO Collaborating Centres (WHO CC) and National Centres of Excellence (NCE) are the main institutions to carry the WHO programme in the countries of the Region. To streamline the process of designation and redesignation of a WHOCC, new forms and checklists were produced by RPC HQs and mandatory uses of those centres are required. The GSC was established to review proposals for designations. Bearing in mind of having less number of WHOCCs with high quality, starting April 2004, WHOCCs with long period of overdue will be considered for automatic discontinuation. In elation to this, 13 overdue WHOCCs in SEA Region will be affected by the sanction. A small team of technical units in SEARO is currently working on a concept paper on promotion of utilization of the national centres of expertise and WHOCCs.

As of April 2004, the total number of active WHO Collaborating Centres in the Region has risen up to 72 during the period of 2003-2004 where 22 new proposals are under review. As a sequel to the directives given by the Regional Director of SEARO, HSD Department has constituted a Technical Group to initiate the process or mechanism to identify national centres as regional centres.

The RPC SEARO is also handling the WHO Expert Advisory Panels (EAPs) and Expert Advisory Committees (EACs); where their role are to support the technical programmes with appropriate advice and collaboration. These experts have been selected and appointed by the Director-General at the recommendation of the Member countries and WHO technical programmes. Resolution WHA 55.24 made an amendment to the regulations for the Expert Advisory Panels (EAPs and Committees, and also called on the Director-General to encourage nominations of experts from the developing countries. WHO is working closely with the scientific communities of the Member countries to identify experts to be selected and appointed as EAP/EAC members.

As of April 2004, there are 101 experts in the region being engaged in 48 different WHO Expert Advisory Panels. Country wise and gender wise representations on WHO Expert Advisory Panels are as follows: Bangladesh (1 female), Myanmar (2 male, 2 female), India (30 male, 11 female), Thailand (16 male, 8 female) and Indonesia (13 male, 3 female), Nepal (4 male, 1 female), Sri Lanka (7 male, 4 female) and Thailand (16 male, 8 female). The female-male ratio of EAP membership from SEAR is the most favourable of any WHO region. No EAP member was
identified from DPR Korea, Bhutan and Maldives. There is a need to promote the national and regional experts in the SEA region, and a small technical group in SEARO developed a concept paper, taking into Thai experience, to further develop the system for promoting health experts in 3-4 more countries of the region.

Follow up of the 28th ACHR Recommendations

Regional Vaccine Policy

The Immunization and Vaccine Development (IVD) unit presented a draft Regional Vaccine Policy (RVP) to the ACHR during its 28th meeting in August 2003. The ACHR endorsed the policy and requested the Regional Office to further update the document with specific recommendations. IVD incorporated the suggestions of the ACHR and finalized the Regional Vaccine Policy in September 2003. The final draft policy was presented and endorsed by the Regional Committee. The final policy was printed and widely distributed to all member countries as well as interested partners in December 2003. Work plans have been drawn up for activities in 2004-05 which will implement specific policy approaches advocated by the RVP. A key priority is strengthening the National Regulatory Authority (NRA) and National Control Laboratories (NCL) as recommended by the ACHR. SEARO is the first WHO region to fully assess all member countries. To date, only the NRA of India, Thailand, and Indonesia have been judged to be fully functional. Training is being provided to other member countries to insure that their NRA meet WHO standards by 2005.

In addition, particular attention is being paid to strengthen the NRA and NCL of the region’s vaccine producing countries in order to expand their capacity to insure the quality of new vaccine research and development. As part of this plan, IVD and WHO/HQ conducted an inter-regional training workshop on oversight of clinical trials in November 2003 in Bangkok, Thailand. Relevant staff from the NRA and NCL of India, Thailand, and Indonesia attended as well as representatives from other regions. Under the umbrella of the Global Training Network, additional training courses are planned throughout the biennium. Based on the broad guidelines of the RVP, IVD has continued to expand the available data on the burden of vaccine preventable diseases (VPD) in order to guide further research on priority vaccines. In the last year, IVD sponsored a disease burden review of Japanese encephalitis (JE) in Nepal and began to regularly collect epidemiologic data from Sri Lanka and Thailand. In collaboration with WPRO, IVD plans to organize an inter-regional workshop on further developments on JE surveillance and vaccine in the first quarter of 2005. In February 2004, IVD and WHO/HQ organized an expert review of the disease burden of Hib in Asia. The group provided recommendations for further studies and guidance on vaccine introduction. Other regional initiatives are underway with the GAVI-funded Accelerated Development and Introduction Programs (ADIP) for rotavirus and pneumococcus.

The information gathered from these disease burden reviews will help to drive the research agenda for further vaccine development in the region. Concurrently, each country will need to develop a policy framework and criteria for deciding which new vaccines to introduce to their EPI schedules. To date, only India, Sri Lanka, and Thailand have established formal review mechanisms. At the upcoming EPI Managers’ Meeting in August 2004, IVD plans to work with the remaining countries to assist in their development of national plans of action for the introduction of new vaccines.

Research on TB prevalence

Plans for strengthening TB surveillance through routine data collection and compilation and through the undertaking of population based infection and disease surveys have been incorporated into country
5-year plans for TB control. These will be supported technically by WHO in-country staff and through short-term professionals who will undertake missions to assist member Countries in this area. Some financial support will be available through WHO country work plans developed for the biennium 2004-2005, subject to final approval of these plans.

An inter-country workshop on epidemiology and surveillance is being organized in SEARO in April 2004 and National TB programme staff from all Member Countries in the Region will be invited to participate. This workshop aims to strengthen skills for data management and analysis; update participants on methods to assess the performance and impact of national TB control efforts and discuss surveillance and research methods to better measure, analyse and predict epidemiological trends in TB also taking into consideration the impact of other variables such as HIV/AIDS. This workshop is being undertaken together with the technical, monitoring and evaluation unit at WHO/HQ.

Activities to continue assistance (both technical and financial) for operational research have been planned for in the Regional work plan for TB control in the SEA Region.

**Research on human genetics and thalassaemia**

Human genetics research was first time discussed in the 26th session of the SEA-ACHR in 2001 in Bhutan, followed by a scientific debate in the 27th SEA-ACHR in 2002 in Maldives on Thalassaemia, a single gene disease which is prominent in Maldives. The country’s presentations emphasized the increasing prevalence of thalassemia in some other countries of the region which ensured the need for concerted collective efforts to prevent and control the disease. There is one WHOCC in Thailand which focused its work on thalassemia. In September 2003 an inter-country consultation was held involving genetic and related discipline experts from Bangladesh, Bhutan, Indonesia, Nepal, Myanmar and Thailand. Considerable discussion was made on the ethical legal and social implications (ELSI) of human genetics research. The experts agreed to impress upon the concerned national authorities to initiate appropriate actions in the priority areas of human genetics. In the area of ELSI of human genetics, strong recommendation went for empowering ethical review committees with appropriate technical knowledge and skills for conducting proper review on proposals of human genetic research. Some countries felt the needs for regional guidelines to direct them in developing their national guidelines on human genetic research.

**Health research information management**

This challenge focuses on micro context of managing knowledge which is health research where research is directed to respond the knowledge gaps, shares the knowledge securely and uses new and existing knowledge for evidence based decisions.

Countries in the region do carry out research activities - no matter how small it is and further, produce research results. Within SEARO, RRC is one of the mechanisms in the structure of SEARO to review the validity of technical and methodological aspects of a research proposal wanting to obtain WHO funds. When a proposal involves human as subjects, the committee also checks the approval from the national/ institutional ethical review board. However, little knowledge is gathered about the actual technical review occurring at the country level.

The role of libraries are important as a main site for collection of research results and at the same time plays as server for the audience to cater knowledge gained from research. Unless they are connected to some network, many libraries are still only collect research results produced by the staff within the institutions. This is overburdened by limited number of library staff who is already loaded
with the basic library tasks such as compiling, indexing and catching backlogs. Due to limited budget, many libraries are still relying on manual system. The health Literature, Library and Information Services (HELLIS) is an information network founded in 1979 by the WHO SEARO, based on recommendations from the 2nd session of SEA-ACHR in 1976. Its objective is to share information resources among health science libraries in the region so as to better serve the information needs of scientists, researchers and health professionals in the region. HELLIS functions as an important link between production and utilization of information by performing the task of information dissemination. To date, all countries in the region enjoyed the existence of HELLIS. One of the key products of HELLIS is the Index Medicus for South-East Asia Region (IMSEAR) which provides a bibliographic database of articles from selected medical and health science journals published in the region (Currently, over 100,000 articles published in the region available), contributed by HELLIS network member libraries in the region. The database can be accessed at http://library.whosea.org/regional/ . Scientists and researchers can receive full text documents to support their research works through document delivery services from HELLIS.

The Health Inter Network Access to Research Initiative (HINARI) is a new initiative to provide free or nearly free access to the major journals in biomedical and related social sciences, to public institutions in developing countries with GNP per capita below $1,000. It is a part of the Health InterNetwork launched by the Secretary General of the United Nations in September 2000 and led by the World Health Organization with the objective of ensuring equitable access to health information. The core elements of the project are content, Internet connectivity and capacity building. Bhutan, Myanmar and Nepal have been benefiting the free online access initiative since January 2002. Institutions in Bangladesh and Timor-Leste are eligible to free access to the journals starting from January 2003. Starting from January 2003, institutions in countries with GNP per capita between $1,000 - 3,000 are being provided nearly free access the journals. Price per institution for online access is $1000 per year, beginning with a six-month free trial. Maldives is eligible for online access in this initiative. HINARI considers registered institution’s librarian as main contact point and registration is available at http://www.healthinternetwork.org/src/ registration.php.

Points for ACHR Considerations on Future Work in health research of the region

Managing and sharing knowledge

In SEAR countries, much research results remains unpublished due to problems in study designs or sample size which the results were not acceptable by the journals editors, or client organization does not allow publication of research findings, lack of ability to produce policy paper that take up the policy makers’ language” and not the language of the researchers. Modern information technology is not available to many researchers and institutions in the developing countries, systematic dissemination of research information is not planned and not mandatory since there is no credit award system SEARO funded research has shown that only 37% of the results were published. Many researches have been carried out, but publication and dissemination of research results are yet not reaching satisfaction. Countries where English is not the native language faced double burden. It is of no doubt “grey” papers,- those where research results were never published, written in local language or in English - are found in many developing countries, by which in most cases could be only found in the hands of the researcher or the funding agencies. This situation hampers the development of scientific information nationally and internationally. Consequences could be the duplication of research subjects therefore wasting energy and resources.
The following proposal is aimed to support the national researchers with mechanism to share with and to reach wider audiences (the researchers, the funding agencies and the policy makers) nationally and globally to disseminate and to further make use of the new knowledge gained. It aims to:

- to develop virtual library lead by research information centre in selected countries of the region which will provide support for strengthening and building health research information within countries
- to promote and strengthen links between health research and policy decision through research readings at the sub national, national and international levels
- to build partnerships and develop networks for resource mobilization, building capacity and infrastructure to sustain and improve the use of knowledge gained for policy making
- Strengthening health system research.

Specific aspects of ethics in international collaborative research

The first inter-country consultation to create awareness on ethical and legal aspects of international collaborative research had arrived with recommendations to strengthen countries to deal and manage the conduct of south-south or south-north health research. Most of the south north health research is in the set up of developed country carries out the research in developing countries and seldom or never otherwise. Since international collaborative research is a complex and difficult issue, it is impossible to come up with workable recommendations, unless the discussion is directed to specific issues. It is learnt that WP region is concerned with ethical aspects of organ transplantation. SEARO could join the work of WP region in this. SEARO might also pick up and further work on three recommendations of the inter-country consultation which are on intellectual property rights, transfer of biologicals and development of regional guidelines to assist countries to develop their guidelines on managing international collaborative research in the coming years.

Scientific peer review

Peer review is a mechanism where a group of experts study the validity of research proposal and later, study the quality and technical aspects of the write up of research findings proposed for publications in a journal. Although never such study has been done, it is felt that peer reviews on research proposals and on articles of research findings are still far from satisfactory in many of SEA countries. Many of the peer reviewers have never undergone any training, nor paid with any remuneration, and thus, resulted in a poor quality peer review. On the other side, training on how to write good research articles were scarcely conducted, leaving researchers with unpublished research reports. Grey literatures were reported by many countries, especially in countries where English is not widely used.

In order to improve the quality of research and wider dissemination of the knowledge gained from the research, peer review needs to be strengthened. A situation analysis in some SEARO countries could be a start to identify existing status and specific problems regarding scientific peer review.

Promotion and utilisation of national expertise; promotion and network of national centres of excellence and WHOCCs
There is a need to promote, mobilize and make effective use of available technical experts in various health areas in the countries of the Region. WHO country office in Thailand has started the work on preparing and developing the Thai experts data base, which comes now into function.

In response to the need, a regional framework was developed with the objectives of developing strategies for mapping health experts in SEA region, establish e-database of national individual experts which are able to provide technical expertise at the national, regional and international levels and make use of the system developed. This system is expected to better assist countries in the effective use of health experts as also to develop network among the experts with similar expertise or interests.

As per the directory of WHOCC in the SEA region issued in April 2004, there are 64 WHOCCs who are in the active period of collaboration with WHO. 21 WHOCCs work in the area of communicable disease, 15 in the areas of Non communicable diseases, 5 in the area of sustainable development and healthy environment, 13 in the areas of family and community health and 10 in the areas of health systems development. Besides the active centres there are 22 centres of excellence which are in the process for designation. Still, many of the areas of work of the WHO programmes do not have WHOCCs as partners to carry out the activities such in the areas of immunization and vaccine development, gender and women’s health and health promotion. SEARO has developed a framework to strengthen the national centres of excellence to become equal partners to carry out WHO work, even though they have not been designated as WHOCCs. The framework has set criteria for selecting the national centre of excellence and the mechanisms to upgrade the national centres of excellence so later to be promoted as WHOCCs.

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