WHO South-East Asia Advisory Committee on Health Research

Report to the Regional Director

WHO Project: ICP IER 001

Regional Office for South-East Asia
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1. **Inaugural session**

The thirtieth session of the WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR) was held in Jakarta, Indonesia from 14 to 16 March, 2007. The Minister of Health, Indonesia HE Dr Siti Fadilah Supari inaugurated the meeting. In his opening address, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, thanked the Government and the National Institute of Health Research and Development, Indonesia for hosting the meeting.

The Regional Director mentioned that to be effective in our pursuit of health development, the relevant sets of evidence is needed for the formulation of health policy and programme. These have to be generated through health research. However, the availability of health research alone is not enough. To have any impact on health, these research results must be properly utilized by policy-makers, planners and managers. He also highlighted the importance of health research capacity strengthening in Member States both in human and financial terms. Along with an increase in research funds the Regional Director stressed on optimal utilization of resources for research.

Dr Samlee emphasized the need for quality medicines and vaccines at affordable prices by health services systems. He added that this was one of the acute and long-term needs of Member States of the Region. He pointed out that for such medicines and vaccines to be adequately accessible, capacity for research and development (R&D) has to be established and strengthened in countries, and technology transfer in the areas of pharmaceuticals and biologicals promoted. He urged the Committee to come up with a set of realistic and feasible recommendations on this issue.

The Regional Director mentioned that at the end of this session, the ACHR would be expected to arrive at an operational framework which could ensure among other things, closer cooperation in health research among all stakeholders, particularly among and between Member States of WHO. This framework could lead to the development of quality health research in the
Region. Giving special attention to research and technology transfer in the areas of medicines and vaccines could facilitate regional self-reliance in the production of medicines and vaccines.

The Minister of Health, HE Dr Siti Fadilah Supari welcomed the Regional Director, members of the SEA-ACHR and special invitees. In her inaugural address, she stated that several important issues in health research needed to be discussed to improve the health research strategy in countries and the Region. Priority health problems of countries in the Region should be solved by implementing innovative and effective country-specific programmes. The Minister expressed her concern over the burden of communicable diseases, chronic enteric diseases, injuries, and new and re-emerging infectious diseases. She drew attention to the problems of inequity in health, poor quality of health-care services, health behaviour and lifestyles of the modern communities and environmental factors related to health. The Minister mentioned that Indonesia was facing growing problems in the management of dengue haemorrhagic fever and avian influenza. These areas deserve special attention not only in the aspects of health promotion, health preference but also research and development activities for new technologies, genome identification and vaccine development.

Dr Supari urged the ACHR members and special invitees to discuss ways by which to strengthen health research capabilities and improve mechanisms for better coordination of research at the national and regional levels. She anticipated that the session would produce concrete and practical recommendations for accelerating health research activities and capacity strengthening in the Region.

The Minister expressed her gratitude and thanks for the support extended by WHO for sharing influenza tissue specimens. She lauded the role of WHO in addressing important and emergent health issues. In conclusion, Dr Supari wished the ACHR members a pleasant stay in Jakarta.

2. **Introductory session**

The session was attended by 13 members of the SEA-ACHR, 12 special invitees including one Regional Director Emeritus and 13 staff members of the
WHO Secretariat headed by the Regional Director (see Annex 2 for list of participants).

In his introductory remarks in the Business Session, the Regional Director thanked all ACHR members and special invitees for sparing their valuable time to attend the session. He stated that main role of the WHO Advisory Committee on Health Research is to advise the Organization on matters relating to research policies, strategies and programmes. He elucidated the strategic issues that were proposed for consideration by the ACHR such as: research on emerging infectious diseases including avian influenza, WHO’s global health policy and strategies, WHO’s work in the Special Programme for Research and Training in Tropical Diseases (TDR), review of WHO’s work on health research in SEAR during the biennia 2004–2005 and 2006–2007, key issues and challenges in health research in SEAR and national capacity in pursuing health research. The Regional Director mentioned that the poor quality of research projects and uncoordinated efforts resulting in duplication of work should be minimized; these were the real challenges in the management of health research.

The Chairman of SEA-ACHR, Professor N. K. Ganguly, Director General, Indian Council of Medical Research, welcomed the participants and congratulated the ACHR members for their outstanding teamwork in the past. He anticipated active participation by ACHR members, special invitees and others to make this a fruitful meeting.

The ACHR members and other invitees were then introduced. Dr Somsak Chunharas, Secretary-General, National Health Foundation, Thailand was nominated as Vice-Chairman. The Chairman also proposed the constitution of a group to draft the final report, consisting of Professor Harun-Ar-Rashid (Bangladesh), Dr Thein Tun (Myanmar), Professor G. P. Acharya (Nepal) and Professor Kraisid Tontisirin (Thailand). The Committee unanimously endorsed these proposals.

Dr Sultana Khanum, Director, Health Systems Development (HSD), WHO SEARO, made a brief presentation on how the agenda and programme of work of the present session had been developed. The ACHR adopted the agenda and programme unanimously (Annex 3).
3. Business session

3.1 Report of implementation of the recommendations of the twenty-ninth session of WHO SEA-ACHR (Agenda Item 3.1)

Dr Myint Htwe, DPM-SEARO presented the implementation status of the recommendations of the twenty-ninth session of WHO SEA-ACHR held in Yangon, Myanmar. The main scientific theme was “Emerging infectious diseases (EID)”. The ACHR made four vital recommendations on EID: surveillance and development of new diagnostics and tools; discovery of new vaccines and drugs; studies to strengthen laboratories and health systems; and socioeconomic impact analysis.

In line with the ACHR recommendations, a document entitled *Combating emerging infectious diseases* was prepared by a Technical Working Group and published in 2005. A working paper on EID vis-à-vis economic development was also prepared and presented at the Regional Conference of Parliamentarians on “Healthy public policies and emerging diseases” held in October 2005. Comprehensive assessment of the national disease surveillance system and response (including the laboratory aspect) was carried out in Indonesia, the Maldives, Myanmar and Sri Lanka. Workshops were also conducted to develop a plan of action for the integrated surveillance of diseases for these countries.

In SEARO, an Operations Room for Outbreak Alert and Response System was set up in February 2006. Support was provided to medical officers from Bhutan, Myanmar, Nepal and Sri Lanka for participation in a 12-week Field Epidemiology Training Programme (FETP). In July 2006, SEARO published literature and non-peer reviewed reports and documents on avian influenza in the past five years. In addition, *Avian influenza in the South-East Asia Region: priority areas for research* was published in October 2006. A bi-regional meeting on EID was organized by SEARO and WPRO during 18–20 July 2006. Another meeting was organized by SEARO on 30–31 March 2006 to assess the drug manufacturing capacity in the Region for pandemic influenza preparedness.

A manual on the diagnosis of avian influenza was published in collaboration with the WHO Country Office, India and distributed to all
Member countries. To facilitate research on organisms that require laboratory biosafety level 3 (BSL3) facility, technical support to establish the requisite laboratory infrastructure was provided to Thailand and India.

WHO SEARO and the Western Pacific Regional Office (WPRO) work in close collaboration to combat emerging diseases using the biregional approach under the “Asia–Pacific strategy on emerging diseases”, which provides a framework for strengthening national capacities for preparedness, and prompt detection and rapid response to EID in order to protect national and global health security in the Asia–Pacific. A biregional technical advisory group (TAG) has been established to guide the implementation of this strategy by the two Regional Offices. The WHO vision for communicable disease prevention, control and elimination/eradication was articulated in the Regional Office publication entitled CDS profile and vision as well as a regional strategy Combating emerging diseases in SEAR.

WHO missions were fielded to assist Member countries in the investigation/management of outbreaks of avian influenza in Indonesia and Thailand; Nipah virus disease in Bangladesh; Japanese encephalitis (JE) in India; myocarditis in Sri Lanka; dengue in Indonesia, the Maldives, India, Nepal; botulism in Thailand and other communicable diseases in the other countries.

The Regional Office continued to support Member countries in the control and containment of communicable diseases through a surveillance and response programme, with major assistance from donor agencies such as the Asian Development Bank (ADB), World Bank, AusAID, United States Agency for International Development (USAID), US Centers for Disease Control (CDC) and Canadian International Development Agency (CIDA).

The Communicable Disease Surveillance and Response (CSR) unit at SEARO coordinates the overall work of WHO relating to emerging infectious diseases including surveillance, response and capacity building, and works in close collaboration with Country Offices, WPRO and WHO Headquarters. Support for training has been given to medical officers from Bhutan, Myanmar, Nepal and Sri Lanka in the 12-week FETP course at the National Institute of Communicable Diseases (NICD), India. Paramedical staff has also been trained for four weeks in epidemiology, and prevention and control of communicable diseases.
In order to bring WHO operations closer to countries, WHO SEARO has established two CSR subunits – one in Bangkok and the other at NICD, New Delhi in 2006. Formal agreements to make these two subunits fully functional were signed between the Health Ministers of the two countries and the WHO Regional Director for each of the subunits. The agreement for Bangkok was signed on 27 October 2006 and the agreement for New Delhi on 7 April 2007.

**Discussion**

The Chairman spoke about the tremendous achievement of the last ACHR meeting on emerging and re-emerging infections through a series of workplans and documents, and the creation of a network for assessment. Through the two-year FETP courses in India 75 people have been trained, infrastructure has been put in place, an EID preparedness, response and surveillance system network developed and BSL 3–4 facilities have been created in these countries so that they benefit from the response to these onslaughts.

The Chairman pointed out that in the last meeting the Regional Director spoke about the existing need to create both vaccines and drugs, and non-vaccine drug interventions which are the result of south-to-south cooperation. This meeting would be focused on how greater collaboration and south-to-south cooperation can be achieved and the Region empowered to combat these diseases through the generation of tools. The Indonesian Health Minister as well as the Regional Director emphasized that regulations and international laws must be examined and followed; these would help in moving forward in a proper fashion and empowering ourselves. The Chairman congratulated SEARO for achieving so much in a short time and invited comments from the participants.

Members revealed that capacity assessment and standard public health reference laboratories had been discussed for several months and should be in place in a more practical manner. With the existing national capacity in Indonesia, eight laboratories and 44 hospitals were not enough and SEARO could put agenda in such a way with financial support and the help of other countries.
Recommendations

(1) All important documents on EID produced by SEARO should be uploaded on the SEARO website. The ICMR and other disease surveillance websites should be linked with the SEARO website.

(2) Integrated disease surveillance activities should include animal diseases. Veterinary and human public health activities must be linked as much as possible.

(3) SEARO should coordinate and facilitate technology development/innovation/transfer of new vaccines, medicines and other interventions among SEAR countries, enabling the Region to be self-reliant. There is a need for strengthening public health laboratories, clinical research and ethical evaluation systems for the utilization of new products and technologies.

(4) Research activities on avian influenza should be geared up to strengthen health systems. More evaluations or impact assessments should be done on the activities implemented with regard to EID. Appropriate indicators should be developed for use.

3.2 Research on avian influenza (including the avian influenza situation in Indonesia) (Agenda Item 3.2)

Dr Nyoman Kandun, Director General, Disease Control and Environmental Health, Ministry of Health, Indonesia made a presentation on the avian influenza situation in Indonesia. The disease was first reported in August 2003 from poultry farms and the first human case was detected in June 2005. Till now, cases had been detected in 29 districts; in three, the number of cases was high. A National Strategic Plan for Avian Influenza Control and Pandemic Influenza Preparedness 2006–2008 was adopted in December 2005. Important strategies for the control of avian influenza include control of highly pathogenic avian influenza in animals, management of human cases and protection of high-risk groups, epidemiological surveillance of animals and humans, capacity building, action research and risk communication, information and public awareness. He highlighted the activities carried out under the Tangerang Pilot Project, which was launched to apply Indonesia’s national strategic plan in a defined geographical area.
Professor N. K. Ganguly, Director General, Indian Council of Medical Research (ICMR) presented the ICMR’s Influenza Surveillance Network which started with the establishment of eight influenza monitoring centres by the ICMR during the 1980s. He discussed the objectives and expected outcomes of the multisided surveillance of human influenza viruses in India along with quality control and assurance, as well as awareness-generation programmes. He also highlighted the collaborative efforts in this area, future plans, setting up of BSL-3 laboratories and strengthening of the surveillance network. Professor Ganguly pointed out the directions of the influenza vaccine developed by the National Institute of Virology (NIV)–Serum Institute of India and summarized initiatives for the research and development of an H5N1 vaccine. He described the studies on H5N1 isolated from infected poultry in the outbreak area in 2006, which provided information on processing of samples, detection, identification and characterization of isolates. He also focused on the genetic diversity and evolution of avian influenza.

**Discussion**

The members proposed sharing of specimens within the SEA Region. The Region has the capacity to make vaccines, though much clinical research is needed. There should be a rapid mechanism to respond to and control outbreaks. Newer medicines should be used. WHO should build partnerships between research institutes and pharmaceutical industries in the countries. A larger number of trained people, capacity development and drug development are essential. The DPM appreciated the suggestions of the members and agreed to include them in the WHO workplans.

The Regional Director informed members that the recommendations of the 29th ACHR meeting had not been implemented because no ACHR meeting had been held in the past two years. The members expressed the need to develop strategies for the future such as targets for the current year, and so on. It was suggested that the Member countries should be self-reliant and able to build capacity. Resource mobilization should be kept in mind and available resources judiciously used.

**Recommendations**

1. The results of the Pilot Avian Influenza Prevention and Control Project should be made available to Member countries for use as
appropriate in their respective countries. The data generated from avian influenza prevention and control activities, including morbidity and mortality, should be used to promote good management practices for the control of EID. SEARO should assist in identifying a data analysis expert to analyse the existing data collected in Indonesia.

(2) A Technical Advisory Group on avian influenza should be set up by SEARO.

(3) Research should be carried out on newly developed medicines such as oseltamivir regarding bioavailability, correct dosage and drug–drug interactions. Action-oriented clinical research should be done along with investigation of outbreaks.

(4) WHO SEARO should promote partnerships between research bodies/institutions/pharmaceutical companies in the Region. South-to-south collaboration and networking for the control of avian influenza should be promoted and communities empowered.

3.3. Review of the regional work of WHO on health research (Agenda Item 3.3)

Dr Sultana Khanum, Director, Health Systems Development (HSD), SEARO, briefly described the work of WHO on health research in two parts: part I: activities during 2004–2005 and part II: during 2006–2007.

Review of the regional work of WHO on health research during 2004–2005

Comprehensive assessment was conducted of the national disease surveillance system and response in Indonesia, the Maldives, Myanmar and Sri Lanka and effective integrated disease surveillance systems in these countries were strengthened. The laboratory surveillance system in Member countries was assessed and guidelines reviewed to strengthen laboratory facilities and support for EID. In order to facilitate outbreak preparedness/management a document entitled Combating emerging infectious diseases in SEAR was published in 2005 and disseminated widely.
SEA countries had constraints of lack of technology, experience and financial resources for the development of new vaccines and drugs.

The national health research system profiles of Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand were completed. These will be compiled in the form of a book which will depict the overall current situation of health research systems in Member countries. A “Capacity strengthening workshop on health research systems analysis” was conducted in October 2004 with the objective of building national capacity to assess and analyse health research policies and programmes.

Technical support was provided for the establishment of a network of WHO Collaborating Centres (CCs) and Centres of Expertise in Thailand. Health personnel were trained in research methodology, data analysis and research management. Medical/health ethics was introduced in the core curriculum of medical schools in seven countries. Modules were developed for improvement of research management capacity; these were piloted and are being modified in line with the changing needs. The modules would be further discussed at a regional consultation on research management review to be conducted in 2007. These research management modules will be published in the form of a book for use in training workshops as part of research capacity strengthening activities in Member countries.

Under the Small Research Grant TDR Project, nine out of seventeen research proposals were supported in the areas of dengue, filariasis, malaria and tuberculosis from Member States such as Bangladesh, Bhutan, Indonesia, the Maldives, Myanmar, Sri Lanka and Thailand.

WHO/SEARO supported a national conference on “Ethical issues in health research” conducted in Bangkok. An intercountry consultation on “International collaborative research initiatives” was organized in Chennai. A biregional conference on “International collaborative research and health ethics” was conducted in Jakarta. A workshop entitled “The role of ethics in the rational use of medicines” was organized in the Regional Office.

The number of active WHO CCs in SEAR rose from 77 (in 2005) to 83 (in 2006). The national workshops on WHO CCs held in Jaipur, India and Bangkok, Thailand recommended that WHO CCs should be maximally used at the international, regional and national levels. As of March 2005, there
were 80 experts in the Region engaged in 41 different WHO Expert Advisory Panels. A workshop on the “Development and promotion of national and regional experts in the SEA Region” was held in December 2004. The Regional Office undertook a programme to establish a national research database in each of the countries of the Region. The following countries have successfully completed the establishment of such database and are committed to updating and further developing the databases: Bangladesh, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand.

To date, all countries in the Region have benefited from the existence of the Health Literature, Library and Information Services (HELLIS) except Timor-Leste. The Health Inter-Network Access to Research Initiative (HINARI) is a comparatively 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. Many countries of the Region have access to HINARI.

Review of the regional work of WHO on health research during 2006–2007

Dr Sultana Khanum, Director, Health Systems Development (HSD), SEARO provided an overview of the budget allocation for health research at country level during 2006–2007, focusing on WHO regular budgets. She mentioned that the research programme encompasses the following five priority areas of work: (i) strengthening national health research systems, (ii) formulating health research policy, (iii) mobilizing resources for health research, (iv) building human resources in health research, and (v) analysing national health research systems.

WHO supports research activities under the regular budget (RB) and other sources (OS). Under the RB, support is provided for research activities of other programmes in addition to the Health Information, Evidence and Research Policy (IER) Programme (the specific programme for research activities).

Country-wise allocation of the total country budget for health research under the IER Programme compared with “other programmes” reveals that at the country level, with the exception of DPR Korea and the Maldives, the lion’s share of funding for health research is planned under other programmes. When all programmes are combined, on an average, 5.2% of
the total country budget is allocated for health research. However, the percentage of total allocation for health research varies from country to country, from a low of 2.7% in Nepal to a high of 9.4% in Thailand. According to the percentage of resource allocation for research, countries of the Region can be grouped into three categories: I. Countries allocating >6% of the WHO country budget to health research (India, Thailand); II. Countries allocating 4–6% (DPR Korea, Indonesia and Sri Lanka); and III. Countries allocating <4% (Bangladesh, Bhutan, the Maldives, Myanmar, Nepal and Timor-Leste).

A review of the overall allocation of funds for various types of research activities supported by WHO at the country level revealed that the maximum attention has been given to research funding and dissemination (63.7%), while institutional and individual capacity strengthening have received 18.5% and 12% of the allocation, respectively. The remaining 5.8% of the budget is targeted for technical assistance (5.8%).

In conclusion, Dr Sultana Khanum drew attention to the following important issues to be discussed by ACHR members: advocacy by WHO for a minimum percentage allocation of the total WHO country budget for health research, allocation of a certain percentage of the research budget for capacity building, both individual and institutional, and inequality in fund allocation for health research in countries of the Region.

Discussion

ACHR members revealed that allocation for health research is limited in most of the countries of the Region. Countries should invest substantially in health research as it has a significant impact on health development. Funds should be allocated for neglected areas and the health research system of countries should actively interact with the respective health systems towards enhanced health development.

Members pointed out that even within the WHO budget the allocation for research was not sufficient to cope with the numerous health problems in Member States. Members agreed that research allocation under the WHO country budget should be increased. They concluded that resource allocation for health research should be equitably distributed among the countries of the Region.
Members noted that research activities under the WHO RB are mostly conducted under the IER Programme. On an average, 65% of the funds of this programme is targeted for health information and only 35% is allocated for research. Considering the importance of research in generating information, members concluded that a major portion of the funds of the IER Programme should be allocated for research activities.

ACHR members strongly felt that investment in health research under the WHO country budget should be enhanced and a certain percentage of the allocation identified for research activities. In this connection, members referred to the Council on Health Research for Development (COHRED) recommendation of allocating 5% of the total development aid for health research and capacity strengthening. These recommendations were highlighted by WHO in several documents including the Mexico Ministerial Summit. WHO, while playing a catalytic role in increasing research funds at the country level through advocacy, should enhance the research budget in WHO’s own country programme.

ACHR members observed that although on an average 5.2% of the total allocation is earmarked for research in countries of the Region, the distribution of resources for research in individual countries indicated distinct disparities; the research budget ranges from 2.7% to 9.4% of the total country allocation. Countries of the SEA Region are at different stages of development with regard to research and a gap exists between countries. In formulating its own programmes for countries, WHO may through its country offices strongly advocate for allocation of at least 5% from the total country budget for research and research-related activities in countries where research is less than expected. Otherwise, the existing inequalities in resource allocation for research in countries of the Region under WHO programmes will persist.

Despite acknowledging the importance of research and its ability to solve problems, and reduced constraints in promotion of health research in countries of the Region, capacity strengthening of both individuals and institutions has been neglected and poorly funded compared with other components of the research activities planned in the Region. WHO SEARO could explore possibilities to give more attention to individual and institutional capacity development in countries of the Region in its future efforts.
Research management deserves utmost priority for promotion of health research in countries and in the Region as a whole. National Medical Research Councils (MRCs)/analogous bodies should play a key role and they need to be made more dynamic and responsive in promoting research in the Region. Review and formulation of health research policies in Member countries requires immediate attention. The policy should have concrete provisions for resource mobilization for research, and facilitate a culture conducive to research and leadership development. MRCs should play a key role in the formulation of health research policy in the respective countries.

Dr Sultana Khanum agreed to the recommendations made by ACHR members on increasing the investment in health research. She mentioned that the governments of Member countries should play an active role in this regard and WHO SEARO will pay due attention to increasing research funds from its regular budget.

The Regional Director pointed out that the presentation was made on the planned budget. He mentioned that analysis of expenditure on health research also deserves attention and it is important to compare the actual expenditure with the planned budget. He emphasized that monitoring and evaluation of research projects should be done by establishing a strong monitoring mechanism. The Regional Director urged for improvement in the quality of research by ensuring relevance, ethical standards and scientific merit (methodology). In capacity strengthening, a large number of experts needed to be trained to form a critical mass and utilization of trained manpower (based on country needs) should get utmost priority.

**Recommendations**

1. Resource allocation for research under the WHO country budget should be increased. Capacity strengthening at both individual and institutional levels should be given due attention, and equitable distribution of resources to Member countries ensured.

2. An analysis should be done to compare the planned budget with the actual expenditure. The component-wise allocation (information, evidence and research activities) pattern should also be analysed.
Research management in Member countries should be strengthened. Utilization of research findings should be promoted through the development of a mechanism for communication between researchers and users. An evidence-seeking behaviour of planners should be also promoted.

3.4. Review of the global work of WHO on health research
(Agenda Item 3.4)

Dr Tikki Pang, Director, Department of Research Policy and Cooperation (RPC), WHO/HQ presented a brief report on “Creating a health research strategy of the World Health Organization” and an update on the “Global Ministerial Forum on research for health” (Bamako 2008).

Creating a health research strategy of the World Health Organization

Dr Pang said that the primary target of the “strategy” is the Organization itself but extends to how WHO interacts with Member States and the multiple constituencies and partners in the global health and health research arena.

The strategy will be based on the five guiding principles (stewardship, quality, cohesion, convener and capability), which address both the internal (within WHO) and external (outside of WHO) dimensions of health research and are based on the Organization’s strengths and comparative advantage.

Dr Pang emphasized that ultimately it is hoped that a positive behavioural change will be effected within the Organization and an improvement in how it is perceived by the outside world. Successful implementation and operationalization of the “strategy” will require some thought to be given to the way research is managed and governed within the Organization.

Dr Pang then drew attention to the contemporary public health scenario in low- and middle-income countries. These contemporary issues were captured in the key messages from the Mexico Ministerial Summit on health research in November 2004: (1) more investment is needed in health systems research; (2) strengthen public confidence in science; (3) translate knowledge into action to improve health.
The benefits which may accrue from the creation and implementation of an effective “strategy” would include: better use of evidence in health policy and practice; strong capacity to generate, use and disseminate research in developing countries; greater use of existing knowledge, techniques and interventions to improve health outcomes and empower people; improved efficiency of global health research through more effective and harmonized partnerships and networks.

**Update on “Global Ministerial Forum on research for health” (Bamako 2008)**

Dr Pang briefly updated the committee on the “Global Ministerial Forum on research for health” (Bamako 2008). He mentioned that the 2008 Global Ministerial Forum on research for health to be held in November 2008 in Bamako, Mali, is a joint initiative between COHRED, Global Forum for Health Research, UNESCO, WHO, World Bank and the Government of Mali. The objectives of the meeting are:

- Developing coherence and coordination at the global and national levels between the many different stakeholders in research and innovation for health;
- Empowering national governments to develop research for health in a structured and prioritized way, as a part of the broader research system;
- Enabling and strengthening national capacities for knowledge management, research governance and evidence-based policy-making;
- Promoting public confidence in research for health endeavour, and supporting the participation of civil society organizations in setting the research agenda; and
- Agreeing on indicators and methodologies to monitor global initiatives and partnerships in research for health, to measure impact and to increase accountability.

The orientation of the forum towards “research for health” reflects the need for health research to be more closely linked with ongoing developments in scientific technology and innovation; with the broader
research community in health, education, food and agriculture; and with research on the social determinants of health. Dr Pang emphasized that the 2008 Global Ministerial Forum on research for health is the culmination of nearly 20 years of global effort to focus research towards improving the health of the poor.

Discussion

There was a strong feeling among ACHR members that utilization of research results remains a major challenge and WHO must promote this in countries as well as in its own work. The evidence is clear but governments often do not act on it – the role of communities and social empowerment/mobilization in “pressurizing” governments should not be underestimated. This includes farmers and households which are key “producers of health” and at the forefront of “delivering health”. The Committee noted that the utilization of research also extends to its role in informing regulatory frameworks, and not just to policy- and decision-making.

ACHR members appreciated the emphasis on health systems research. This area remains weak in countries; there is much duplication, poor quality research, minimal utilization and an over-emphasis on a project-based approach rather than a problem-solving one. Members noted that good country experiences in solving problems should be analysed, and captured and shared with others, e.g. Nepal’s experience with the Millennium Development Goal (MDG) 4 for reducing child mortality.

The ACHR expressed its view that policy-makers must be involved in health systems research and dialogue with them must use language they understand; a focus on cost–benefit analysis often captures their attention and interest. Different approaches and different kinds of evidence are needed for different policies – hence, different kinds of research skills are needed for evidence generation which, in turn, has implications for the management of research within a country.

Regarding public confidence in science, members were of the opinion that risk communication and risk management are crucial in areas such as EID and new technologies. This extends to issues of ethics and bioethics, and also in demonstrating the impact and value of investments in research.
**UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)**

Dr Ayoade Oduola, Coordinator, Strategic and Discovery Research (SDR), Special Programme for Research Development and Tropical Diseases (TDR) presented the TDR activities. He mentioned that the availability of genome sequences for pathogens that infect humans and some of the insect vectors that transmit diseases as well as the development of new genomic technologies represent important resources for enhancing effective development of new diagnostics, drugs, vaccines and vector control tools against diseases of poverty.

Health research is increasingly seen as critical for poverty alleviation and for achieving the MDGs. TDR was created in 1975 to support the development of new tools to fight tropical diseases of poverty and to strengthen the research capacity of affected developing countries. TDR has done this effectively. The research environment has changed significantly over the past decades in part due to TDR’s efforts.

TDR’s new vision and strategy responds to the new research environment and to the need to make the collective global research effort more effective and responsive to research priorities in disease-endemic countries (DECs). It also recognizes the need for these countries to play a major role in research and priority setting to ensure relevance, sustainability and optimal health impact for the poor. Hence, TDR’s renewed vision for the next ten years is to foster an effective global research effort on infectious diseases of poverty, in which DECs play a pivotal role.

In order to achieve the new vision, TDR will use a three-pronged strategy (i) to provide a collaborative framework and information services for research partners; (ii) empower scientists from DECs as research leaders; and (iii) support research on neglected priority needs. Three major strategic functions will underpin TDR’s activities in the coming 10 years:

- Stewardship for research on infectious diseases of poor populations;
- Empowerment of researchers and public health professionals from DECs; and
Research on neglected priority needs that are not adequately addressed by other partners.

Other strategic considerations are: disease scope, regional needs and strategic links with co-sponsoring agencies including WHO.

To effectively deliver on its strategy TDR will restructure its operations to a limited number of clearly delineated business lines. Each business line is inherently end-product oriented with a business plan that details deliverables, milestones, timeliness, responsible persons and partnerships.

For monitoring and evaluation, indicators will be developed that address the progress, outcome and impact of strategic functions and business lines; managerial and administrative efficiency; and mainstreaming of key cross-cutting issues such as gender. The strategy outline requires a considerable increase in resources, with a possible doubling of TDR’s current annual budget by 2012, in order to effectively implement the stewardship and empowerment functions and the research business lines, which were highlighted by Dr Aduola.

Discussion
ACHR noted that genomic tools and data provide important and unique opportunities for DECs, institutions and investigators to effectively participate and contribute to the discovery and development of novel interventions against diseases that affect their populations. The new technologies and their applications also provide an important platform that DECs could use for innovation and technology transfer of product development in their countries.

Some of the areas that could be explored to promote innovation and its use for meeting the challenges of these diseases in the countries include:

- Development of a regional network and identification of novel targets for vector control tools, diagnostics and drugs (creation of target portfolios);
- Development of partnerships between regional networks and industry and international institutions to gain access to chemical libraries and reagents for the identification of new drug leads, insecticides or diagnostics;
➢ Development of a framework for south–south collaboration to share technology and its applications for drugs, diagnostics, and insecticide discovery and development as part of the innovations in the Region.

➢ Creation of innovation funds to support activities as well as the development of partnerships with international organizations for technology transfer and capacity building in the Region.

**Recommendations**

1. Investment in health research should be increased. Public confidence in science should be established and strengthened through translation of knowledge into action for health development.

2. DEC should play a pivotal role in priority setting for research activities to be funded by development partners.

3. TDR should consider reducing the gap between institutions/universities conducting research and users – MoH. Linkages to the TDR knowledge platform should be facilitated to enhance access of information in the Region.

4. TDR should continue to increase the resource allocation for small-scale research grants to expand the research activities of SEAR countries. TDR needs to consider the investment pattern for research funding in the context of the impact to be achieved by conducting the research.

5. TDR offers to support a preparatory meeting of technical experts and Ministers of Health in the Region before the Bamako 2008 conference.

### 3.5 Issues in health research and key regional strategies in SEAR (Agenda Item 3.5)

Dr Myint Htwe, Director, Programme Management (DPM), SEARO, made a presentation on “Issues in health research and key regional strategies in SEAR”. He indicated eight issues in health research in Member countries: Resources (individual and institutional capacity, research fund), Environment (culture), Stewardship (leadership), Education (capacity development related
to research methods/management), Application (utilization), Recognition and Reward (career development), Collaboration (networking) and Health Information Systems (research information management). He emphasized on capacity strengthening and specified four important areas – knowledge generation (research methodology), knowledge assessment (peer review), knowledge transfer (scientific communication) and knowledge of research ethics including the ethics of researchers.

Resource mobilization is considered one of the essential functions of a health research system. It is important to ensure appropriate and adequate human, financial and other material resources. Ascertaining the extent of tangible/intangible gains from research work deserves attention.

Dr Myint Htwe discussed the process of policy-level decision-making to implement WHO’s recommendation of investing 2% of the national health expenditure and 5% of development aid for the health sector towards health research. He mentioned that although the average allocation for research under the WHO regular country budget during 2006–2007 is 5.2% of the total allocation, distinct disparities exist in resource allocation for health research among the countries of the Region and the allocation ranges from 2.7% to 9.4% of the total WHO country budget. It is necessary to ensure effective and efficient use of available resources, and ascertain increased and equitable investment in research among Member countries.

Most countries need to further develop an environment or a culture conducive to health research by demanding/advocating for evidence in the policy-making process, and provision of rewards and recognition for research. The gap between those who produce research and users should be reduced. Health research should be connected to health development through appropriate utilization of research findings. Networking and collaboration between researchers and research institutions/centres at the country and regional levels are important issues that need to be addressed. Quality leadership in health research is needed to continuously promote and develop effective and efficient health research systems.

Dr Myint Htwe highlighted key regional health research strategies for analysing national and local health research systems (HRS), strengthening research capacity, managing knowledge, providing strategic support to HRS,
and ensuring good governance and directions for translating the strategies into action.

**Discussion**

ACHR members stated that the quality of research should be ascertained through a rigorous peer-review mechanism. WHO should develop its own criteria to determine the quality of research funded by WHO and its partners, and put in place a monitoring and assessment system. The quality of the research proposal should be assessed using criteria such as (i) relevance to the country policy, (ii) ability to address priority health problems, (iii) scientific merit, (iv) ethical aspects, and (e) deliverables.

Strategies should be formulated for research culture development in universities right from the school level.

**Recommendations**

1. Ethical standards should be practised in conducting health research. The focus should be on the ethical practices of the researcher.

2. The quality of research should be ascertained through a rigorous peer-review mechanism. WHO should develop its own criteria to determine the quality of research funded by WHO and its partners, and should have a monitoring and assessment system in place.

3. Research should be directed towards improving the health status of the people/community, and public confidence in research should be established and strengthened. Evidence-based decision-making by policy-makers and the sustainability of research outcomes in improving health status should be promoted.

4. More research investment should be made in primary health care and health promotion, taking into consideration the fact that health promotion goes beyond the health sector. The budget for policy research should be increased.

5. The research capacity of countries with limited health research infrastructure should be strengthened to develop good research
proposals in order to attract funds from different sources. A “mentoring scheme” mechanism should be put in place to promote the capacity of researchers and research institutions.

(6) SEARO should commission research studies in countries to evaluate the infrastructure and research environment of research institutions.

(7) WHO should play a catalytic role in facilitating linkages between research institutions in the Region. Networking of research institutions should be facilitated through partnerships among institutions in Member countries in order to develop critical mass of researchers.

3.6 Health research capacity strengthening (Agenda Item 3.6)

The participants were divided into three groups – A, B and C – to discuss human resources for health research, strengthening health research management, and promoting utilization of health research. A summary of the groups’ presentations is given below:

**Group A**

Group A divided countries of the Region into two categories: Category 1 – countries with limited/no health research systems (HRS) – Bhutan, Maldives and Timor-Leste; Category 2 – countries with established HRS – India, Thailand, Bangladesh, Indonesia, DPR Korea, Nepal, Sri Lanka and Myanmar. The group identified the following gaps related to promotion of health research: inadequate individual and institutional capacity, limited financial allocation for research, poor communication and utilization of research results due to a gap between researchers and policy-makers, lack of collaborative and institutional networks, poor linkage of research to community needs as public health is not at the core of research philosophy and principles of ethics not being fully embedded in research funding and implementation.

The following strategies were suggested by the Group:

(1) Conduct periodic HRS analysis/profiles in all countries for prioritizing country-specific gaps (Country/WHO).
(2) Identify priority human resource needs for research – for institutions, individuals and the community (C).

(3) Identify appropriate mechanisms for ensuring leadership/focal points to guide HRS, particularly in small countries – provide training opportunities (C).

(4) Establish a network of public health schools of international standard to address public health needs for quality health research to strengthen health systems (C/W).

(5) Establish communication and IT systems in HRS (C/W).

(6) Develop institutional partnerships – both south–south and south–north, and appropriate public–private partnerships; WHO to facilitate

(7) More research methodology workshops are needed – these should be linked to provision of grants to trainees (C/W).

(8) Integrate research in the curriculum at an early stage and take it through medical school/academic health institutes to motivate young researchers; also create a critical mass of PhDs in health research (C/W).

(9) Link career advancement to research achievements, empower young researchers and give them incentives in terms of compensation, reward, opportunity for international training/scholarships (C)

(10) Develop the capacity for cost–benefit analysis research (C/W).

(11) Embed social, behavioural and anthropological sciences into health research to enhance access (C).

(12) Try to create the capability to address the needs of genomics and modern biology in health sciences and delivery (C/W).

(13) Create translational research capabilities for product development and utilization (C/W).

(14) Strengthen the ethical framework to address human rights and equity (C/W).

(15) Provide library linkages to all countries (W).
Strategies – special need for Category I countries

(16) Establish an appropriate institutional structure/unit for health research – obtain support from institutional partners from regional institutions – WHO could assist in identification of partner institutes and facilitate the process.

(17) Assess special training needs for human resources and speedily provide for these (C).

(18) Countries with an established capacity could allocate more resources for training and capacity building of countries with limited resources; WHO to facilitate

(19) Emphasize on health research management and existing knowledge management (C).

**Group B**

Group B came up with six functional areas of health research management: strategic planning, implementation, coordination, monitoring, evaluation and dissemination. The group identified the following key management issues: organizational structure, human resources, financial resources, research information and quality control. The group strongly felt that the establishment of a Medical/Health Research Council in each Member country (where it does not exist) is a prerequisite for strengthening health research management. Countries with limited resources should organize at least a focal point for health research coordination in the MoH or related institution. The Medical/Health Research Council should have broader representation and its roles and responsibilities should be clearly defined. The Council should develop a health research policy appropriate for the country.

The Group identified the following key strategies with respect to health research management:

(1) Strengthen human resource capacity for health research.
   (a) Identify potential human resources for health research.
   (b) Develop a critical mass of researchers.
   (c) Build capacity through training, experiential learning (attachment), fellowships, exposure visits.
(2) Develop institutional capacity and leadership through
   (a) Visioning and strategic thinking
   (b) Building an organizational culture and environment with the values of accountability, information sharing, trust, autonomy, transparency and ethics
   (c) Developing infrastructure
   (d) Adequacy of funds
   (e) Networking and collaboration

(3) Establish strategic partnerships and networking
   (a) International level - twinning
   (b) National level
   (c) Local level
   (d) Partnership between health systems (MoH) and research institutions/universities
   (e) Public–private partnerships

(4) Mobilize funds from various sources
   (a) Enhanced allocation of funds for research
   (b) Spending at least 2% of the health budget on health research
   (c) Programme-based research (e.g. malaria, TB, HIV, etc.)
   (d) Improved and timely flow of funds
   (e) Improved expenditure on research

(5) Harmonize health research
   (a) Identify and match health research gaps and needs between ministries and universities/research organizations

(6) Strengthen health research information management
   (a) Information generation
   (b) Data management and analysis
   (c) Information and evidence
   (d) Dissemination and communication of information (through publications, workshops, seminars)
   (e) Linkage for research to policy formulation and research to action
(7) Develop strategic planning for promotion and coordination of health research
   (a) Assessment of health needs (disease burden)
   (b) Performance assessment (efficiency and effectiveness)
   (c) Assessment of essential research needs
   (d) Assessment of capacity (human resources)
   (e) Resource analysis – financial
   (f) Existing knowledge
   (g) Research opportunities
   (h) Stakeholders’ and demand analyses

(8) Set priorities (essential health research)
   (a) Technical and financial feasibility
   (b) Potential impact on health
   (c) Potential impact on health systems performance

(9) Plan implementation
   (a) What activities, timelines, responsibilities, resource needs and allocation

(10) Ensure coordination
   (a) Steering Committee or Coordination Committee
   (b) Equality of partners (big brothers)
   (c) Leadership

(11) Perform monitoring and evaluation
   (a) Input, process and output indicators
   (b) Quality

WHO’s key role and responsibilities were identified as follows:

- Identifying opportunities for health research
- Coordination between research organizations and ministries – harmonizing
- Promoting intercountry networking and linkages
Providing technical support and assistance
Capacity building in health research
Acting as a data repository and ensuring information dissemination
Providing financial support and leveraging funds
Providing stewardship

**Group C**

The Group suggested the establishment of databases and development of mechanisms/units at country level to manage/facilitate utilization of research results. The mechanism should encompass funding agencies such as MRCs. Programmes related to priority areas, policy units of the MoH and other knowledge partners/brokers. The following strategies were recommended:

1. Development of appropriate mechanisms in countries to manage the utilization process in a proactive manner involving the following units
   (a) Medical Research Council
   (b) Priority research programme managers
   (c) Policy development units of the Directorate of Health and MoH
2. Adoption of different approaches:
   (a) Client-oriented research programme
   (b) Annual research forum, ad hoc forum on hot policy topics
   (c) Project/programme-based research
   (d) Producing policy briefs, research newsletters
   (e) Working with the media
3. Capacity building on knowledge brokering
4. Provision of funding for research communication, dissemination and utilization (2–5% of research funds)
5. Establishment of research database services at country level to ensure a rapid response to requests. The database may be
developed at the regional level and could even be a biregional effort (WPRO–SEARO)

**Discussion**

The Chairman invited comments/suggestions from Dr Uton Muchtar Rafei, Regional Director Emeritus. These were as follows:

- Communication has advanced tremendously, because of everyone’s efforts, especially the Regional Director’s.
- The area of WHO CCs has to be explored.
- Introduce experienced members from WHO, MoH and institutions dealing with health in the area of research.

The Chairman invited comments from the members on the group presentations.

**Group A**

The gaps identified by Group A were that there was no or an inadequate critical mass of researchers, and the reasons for this were the lack of an enabling research environment and few reward-oriented systems. A research culture is lacking or inadequate.

Career development is not linked to research. A lot of time is invested in research, but how that investment is linked to career development is not clear. Training is not linked to grants and programmes. The second major point was inadequate financial allocation for research.

There is poor communication on research, poor utilization of research results, and gaps between research and policy planning. In addition, research institutions lack the autonomy to function and there is interference from the government in their activities. Hence, research institutions need greater autonomy. Networking between collaborating institutions is limited and even though countries have been categorized into two levels, this was a general statement applicable to both the levels of countries.

Public health is not at the core of the research philosophy; it is very important for research activities to have a public health perspective.
The usefulness of research has to be linked with the community needs at the grassroots level – with the people at the receiving end. The gaps in ethics and a human rights perspective was thought to be important. Strategies must be devised to conduct research in areas of health priority. A situational analysis should be done based on which work should be undertaken.

Regarding health systems research analysis and profiles of all countries, the first applies to both countries and WHO, the second identifies human resources as a priority need for research, both for institutions and individuals. Each country should identify appropriate mechanisms for ensuring a leadership focal point to guide health research, particularly in small countries; these include providing training opportunities, establishing international standards, networking of public health schools to address public health needs for quality health research to strengthen health systems. Both WHO and countries can closely collaborate to achieve higher quality research results.

Communication and IT systems as well as health research systems are very important areas. SEARO is taking the initiative not only in telemedicine but also in tele-education; these can be linked to research.

Developing institutional partnerships is crucial; south–south, south–north as well as appropriate public–private partnerships. WHO will mainly facilitate this task by holding research methodology workshops, linking provision of grants to trainees, and integrating research into the curriculum at an early stage in medical schools and academic health institutes to motivate young researchers. At a higher level, this would help reach a critical mass of PhDs in health research for countries in category 2.

Career advancement should be linked to research achievements. Young researchers should be empowered and offered incentives such as compensation, rewards, opportunities for international training, scholarships. Financial incentives should be provided for researchers; capacity for research in cost–benefit analysis developed and social, behavioural and anthropological sciences integrated into health research training.

The capability to address the needs of genomics and modern biology in health science delivery should be developed.
Translational research capabilities should be created for product development and utilization. The ethical framework to address human rights and equity should be strengthened. Library linkages to all countries could be provided through HELLIS and HINARI.

A separate national budget for health research should be ensured. WHO will act as a catalyst for additional resources from donors and banks, as well as create mechanisms for equitable distribution of the WHO country budget. A minimum of 5% of the country budget should be reserved for AIDS research.

WHO should ensure mechanisms for early implementation of the WHO Resolution on budgetary commitment for health research in Member countries. Hence, the number and quantum of small grants and scholarships for small research-capacity countries should be increased. Special training needs for human resources should be assessed and speedily fulfilled.

**Group B**

The Chairman mentioned that in category 1 countries there were three issues: the situational analysis was different, e.g. in Timor-Leste the medical school has a public health structure and also provides training for paramedical people. These need to be managed, coordinated and unified. In category 1 countries such as the Maldives, there is a tremendous communication network, hence health indicators can be worked out very well. The existing health system in the Maldives is well coordinated. Similarly, Bhutan’s health system is strong with a very large investment in primary health care and may be Bhutan can itself bank roles many of the things. Hence, all category 1 countries are not similar. The term “small research capacity country” is preferred to be used instead of “small country” by the committees.

What mechanisms will be set up for earlier implementation of the WHA Resolution on more budgetary commitments for health research in Member countries? This has a very wide implication for all countries in the Region.

**Group C**

Two recommendations were made:

1. Develop a unit that takes care of the research utilization of countries. Research utilization functions are a part of existing
mechanisms of agencies such as Medical Research Councils or existing priority programmes or even the policy analysis unit in the MoH. The rest would be essential knowledge management and capability building. One aspect of country needs development is that WHO should provide training, and opportunities for learning and sharing. Broadly, while working with small countries, production should come after research utilization. Research capability in knowledge-brokering should be developed.

(2) WPRO and SEARO can work together; they can pool their resources and create a unit that can provide active knowledge and services. By combining two Research funds, the unit could be based in countries. Such a unit could be called the WHO unit for brokering.

There are three possibilities for WHO SEARO’s approach to working with small countries. First, use priority research programmes as an entry point, starting with utilization and linking these to decision-making; gradually new knowledge will need to emerge. The second is the training approach, in which larger countries can be identified to work with smaller countries, the so-called systemic health research system to identify weaknesses. This could help to strengthen stewardship of selected research institutions. The third is the selective system development approach which is not popular as this approach is too fragmented; examples include sending people for fellowships, creating an ethical review unit. The idea is to not start with production but with utilization.

**Recommendations**

(1) WHO shall provide standard guidelines for high-quality and relevant research, especially for WHO Collaborating Centres.

(2) WHO shall circulate a brief summary of the facts and new findings of research to be used for policy-making and programme implementation.

(3) WHO shall provide incentives in the form of fellowships or funds for institutions carrying out research that has been utilized successfully.
3.7 Adoption of conclusions and recommendations

The Chairman of SEA-ACHR summarized the key points of the presentations, discussions and recommendations of each session held during the three-day meeting. ACHR members reviewed the draft summary report thoroughly and adopted it with additional observations and comments.

4. Conclusions and recommendations

Professor N. K. Ganguly, the Chairman of the session, summarized and recapitulated the highlights of the meeting, and ACHR members and invitees adopted the following recommendations to the Regional Director and Member States.

Recommendations

The SEA-ACHR:

(1) Recommends that WHO SEARO should coordinate and facilitate technology development, innovation and transfer of new vaccines, medicines and other interventions among SEAR countries, enabling the Region to be self-reliant. It is necessary to strengthen the public health system through research for development including the research information system, research laboratory system, clinical research system and ethical evaluation system for utilization of new products and technologies.

(2) Strongly endorses the view that resource allocation in health research remains a critical issue in countries of the Region and that more investment in health research is necessary for health development in Member States. WHO SEARO should advocate for national governments to allocate the necessary funds for health research. SEARO should increase the allocation for health research under the WHO budget, ensuring equitable distribution of funds among the Member countries, with due attention to individual and institutional capacity strengthening.
(3) Recommends strengthening of research management in Member countries. Utilization of research findings should be promoted through development of a mechanism of effective communication between research producers and users, as well as promotion of evidence-seeking behaviour of policy-makers, planners and managers.

(4) Recommends the setting up of a Technical Advisory Group on Avian Influenza in SEARO. WHO SEARO should disseminate the results of the Pilot Avian Influenza Prevention and Control Project to Member countries for use as appropriate, and assist in identifying data analysis experts to analyse the existing data collected in Indonesia.

(5) Endorses the view that DECs should play a pivotal role in setting priorities for research activities of the TDR to be funded by development partners. The Committee recommends that the TDR should consider reducing the gap between institutions/universities/researchers and research users – the Ministries of Health. The investment pattern for research funding should be considered in the context of the impact to be achieved by conducting the research. The Committee requests the TDR to increase the resource allocation of small-scale research grants to expand research activities in SEAR countries.

(6) Requests WHO SEARO to play a catalytic role in facilitating linkages between MRCs/research institutions in the Region. SEARO should commission research studies in Member countries to evaluate the infrastructure and research environment of research institutions. Networking of research institutions in Member countries should be promoted to develop a critical mass of researchers. ACHR recommends strengthening of MRCs or analogous bodies to provide stewardship to the national health research system of each country. In countries where MRCs do not exist (Bhutan, the Maldives, Timor-Leste) SEARO should work with them using priority research programme(s) as a starting point and move towards establishing research coordinating units/centres.

(7) Recommends that WHO SEARO promote ethical standards in conducting research in Member States through various mechanisms.
WHO SEARO should establish a Technical Working Group (TWG) to develop a strategic framework for Member countries to better organize, manage and disseminate existing knowledge in order to facilitate utilization of research findings through promotion of evidence-based decision-making.

Recommends an interactive forum for ACHR members as well as other regional advisers be established in SEARO so that they can exchange views on health research in SEARO in between ACHR sessions. This will help to sustain interest and generate ideas as well as actions in health research more energetically and regularly through ACHR members.

5. Closing session

Dr Samlee Plianbangchang, the Regional Director, in his closing remarks to the 30th Session of the SEA-ACHR, appreciated the active participation by ACHR members and special invitees. He mentioned that the Regional Office would be responsible for taking follow-up actions on implementing the recommendations of the 30th Session of the SEA-ACHR. To ensure implementation, it is important to assign relevant areas of work in the Regional Office to revisit the respective workplans and activities in order to accommodate the recommendations.

Dr Samlee thanked the Government of Indonesia and H. E. Dr Siti Fadilah Supari, the Minister of Health for inaugurating the meeting and providing full support to the 30th session of SEA-ACHR in Jakarta.

The Chairman of SEA-ACHR, Professor N. K. Ganguly, thanked ACHR members, special invitees, the Director-General and staff of the National Institute for Health Research and Development, the WHO Representative, Indonesia and staff for their participation and cooperation which contributed to the success of the session.
Inaugural Address by Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia Region

I warmly welcome you all to the 30th session of WHO South-East Asia Advisory Committee on Health Research. I thank Members of the committee and the special invitees for sparing their valuable time to attend the session. I am also glad to see our HQ colleagues who have made themselves available for the meeting. I thank them.

This is another opportunity to take stock of what WHO has done during the recent past in health research in the South-East Asia Region. To be effective in our pursuit of health development, the relevant set of evidence is needed for the formulation of health policy and programmes. This evidence has to be generated through health research. The research that can help identify practical solutions to priority health problems being faced by Member States.

Nevertheless, the availability of health research alone is not enough. It must be quality research to produce quality results. And for these results to have any impact on health, they must be properly utilized by policy makers, planners and managers.

To have quality research, we need competent staff and adequate funds. In this connection, our country capacity in health research needs strengthening, in both human and financial terms. Certainly, we need more research funds; but, at the same time, what is already available with us must be optimally utilized.

I would like to draw your kind attention to one of the acute and long-term needs of our Member States. That is the need for quality medicines and vaccines at an affordable price by health service systems.

For such medicines and vaccines to be adequately accessible, a strong country capacity in research and development (R&D) has to be established. Coupled with this requisite is the technology transfer in the areas of
WHO South-East Asia Advisory Committee on Health Research

pharmaceuticals and biologicals. This issue needs due attention of this ACHR to advise on the effective means to move forward. The international community should not lose any further time in ensuring strong country capacity in these critically important areas. I would like to urge the Committee to come up with a set of realistic and feasible recommendations on this issue.

At the end of this session of the ACHR, we expect to arrive at an operational framework. The framework that can ensure, among other things, closer cooperation in health research in SEAR. The cooperation among all stakeholders, particularly among Member States and between Member States and WHO. The framework that can lead to countries’ capacity in the development of quality research in the Region.

Within this framework, I wish to see special attention being paid to research and development and technology transfer in the areas of medicines and vaccines. Let us look forward together to a long-term endeavour that can result in regional self-reliance in the production of medicines and vaccines.

Finally, I gratefully thank the Government of Indonesia for accepting to host this session of WHO South-East Asia Advisory Committee on Health Research.

I wholeheartedly thank Her Excellency, Dr Siti Fadilah Supari, Minister of Health, Government of Indonesia for accepting to inaugurate the session.

I convey my appreciation to the National Institute of Health Research and Development, the Government of Indonesia, and to the WHO Country Office in Jakarta for the excellent arrangements made for the meeting.

I wish the 30th session of the WHO South-East Asia Advisory Committee on Health Research all success.
Annex 2

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Annex 3

Agenda and working schedule

1. Inaugural session
2. Introductory session
   2.1 Introductory remarks by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region
   2.2 Introduction of participants
   2.3 Nomination of chairperson / co-chairperson
   2.4 Adoption of agenda and programme of the session
   2.5 Establishment of “Report Drafting Group”
3. Business session
   3.1 Report of implementation of the recommendations of the twenty-ninth session of WHO SEA-ACHR (SEA/ACHR/30/5)
   3.2 Research on avian influenza (SEA/ACHR/30/7) (including avian influenza situation in Indonesia)
   3.3 Review of regional work of WHO on health research (SEA/ACHR/30/6)
   3.4 Review of global work of WHO on health research
      3.4.1 Creating a health research strategy of the World Health Organization (SEA/ACHR/30/8)
      3.4.2 Update on “Global Ministerial Forum on Research for Health” (Bamako 2008) (SEA/ACHR/30/9)
      3.4.3 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) (SEA/ACHR/30/10)
      3.4.4 UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development & Research Training in Human Reproduction (HRP) (SEA/ACHR/30/11)
   3.5 Issues in health research and key regional strategies in SEAR (SEA/ACHR/30/12)
3.6 Health research capacity strengthening (Group Work) (SEA/ACHR/30/13)

- Human resources for health research
- Health research management
- Utilization of research results

3.7 Adoption of conclusions and recommendations

4. Closing session
Annex 3 (contd.)

Working schedule

Wednesday, 14 March 2007

09:00 – 09:45  Agenda 1 – Inaugural session
10:15  Agenda 2 – Introductory session
10:45 – 12:30  Agenda 3 BUSINESS SESSION

- Report of implementation of the recommendations of the twenty-ninth session of WHO SEA-ACHR (SEA/ACHR/30/5)
- Research on avian influenza (including avian influenza situation in Indonesia) (SEA/ACHR/30/7)
14:00  Review of regional work of WHO on health research (SEA/ACHR/30/6)
15:45 – 17:00  Review of global work of WHO on health research

- Creating a health research strategy of the World Health Organization (SEA/ACHR/30/8)
- Update on “Global Ministerial Forum on Research for Health” (Bamako 2008) (SEA/ACHR/30/9)

Thursday, 15 March 2007

09:00  Review of global work of WHO on health research (Continued)

- UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) (SEA/ACHR/30/10)
- UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) (SEA/ACHR/30/11)
09:30  Issues in health research and key regional strategies in SEAR (SEA/ACHR/30/12)
10:45 – 12:30  Issues in health research and key regional strategies in SEAR (Continued)
14:00  Group work on health research capacity strengthening (SEA/ACHR/30/13)
   ➢ Human resources for health research
   ➢ Health research management
   ➢ Utilization of research results

15:45 – 17:00  Group work (continued)

Friday, 16 March 2007

09:00  Group work presentations followed by discussion

10:45 – 12:30  Group work presentations followed by discussion (Continued)

14:00 – 15:30  Adoption of Conclusions,

   Recommendations

   Closing session
### Annex 4

**List of working documents**

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<td>Terms of reference for the thirtieth session of WHO SEA-ACHR</td>
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<td>Provisional agenda</td>
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<td>Creating a health research strategy of the World Health Organization</td>
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<td>Update on “Global Ministerial Forum on Research for Health” (Bamako 2008)</td>
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<td></td>
<td>UNDP/World Bank/ WHO Special Programme for Research and Training in Tropical Diseases (TDR)</td>
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<td>UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development &amp; Research Training in Human Reproduction (HRP)</td>
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<td>Issues in health research and key regional strategies in SEAR</td>
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<td>10.</td>
<td>Health research capacity strengthening (Group Work)</td>
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11. Information documents

a. Report on Meeting of the Scientific Working Group (SWG) on Management and Coordination of Health Research Activities in the Countries (SEA-RES-111)


c. Meeting of the WHO Scientific Working Group on Criteria for Setting Health Research Priorities (SEA-RES-113)

d. Meeting of the Scientific Working Group on Management of Health Research Information (SEA-RES-114)

e. Strategies for Health Research Systems Development in South-East Asia Region (SEA-RES-117)


g. Research Prioritization, Regional Health Forum – Volume 3, Number 1, 1999

h. Promoting the Application of Research Findings in Health Development, Regional Health Forum – Volume 2, Number 2, 1997

i. Status of Health Research Management in the Countries of the South-East Asia Region (SEA-RES-MGMT-1)

j. Components of a Conceptual Model of a Comprehensive Coordinated Research Programme (SEA-RES-MGMT-3)

k. Administrative Managerial Competencies Required for Research Management and Strategies to Impart Appropriate Orientation (SEA-RES-MGMT-4)

l. Teaching and Learning Materials on Research Management, Strategies for their Development and use at Different Levels of Management ((SEA-RES-MGMT-5)

m. Strategies for Effective Promotion of the Application of Research Results in Health Development (SEA-RES-MGMT-6)