

Thirty-second Session, Bangkok, Thailand  
11–13 October 2011

# WHO South-East Asia Advisory Committee on Health Research

*Report to the Regional Director*



**World Health  
Organization**

Regional Office for South-East Asia



**Thirty-second Session, Bangkok, Thailand, 11–13 October 2011**

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# **WHO South-East Asia Advisory Committee on Health Research**

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Regional Office for South-East Asia

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## Contents

	<b>Page</b>
1. Opening session.....	1
2. Business session .....	4
2.1 Follow-up actions on the recommendation of the Thirty-first Session of WHO SEA ACHR (Agenda item 2.1).....	4
2.2 Review of recommendations made by the SEA ACHR between its Twenty-sixth and Thirtieth sessions (Agenda item 2.2) .....	5
2.3 Review of global research activities (Agenda item 2.3) .....	7
2.4 Assessment of the quality of research funded by WHO (Agenda item 2.4).....	8
2.5 Strengthening research capacity in Bhutan, Maldives and Timor-Leste (Agenda item 2.5).....	10
2.6 Report of the SEA ACHR Subcommittee on Vaccine and Drugs Development (Agenda item 2.6).....	11
2.7 Review of the regional policy on research aspects of immunization (Agenda item 2.7).....	14
2.8 Regional Strategy on Research for Health (Agenda item 2. 8).....	16
2.9 The Research Institute for Health Sciences, University of Chiang Mai (Agenda item 2. 9).....	18
3. Closing Session .....	20

## Annexes

1. Address by Dr Samlee Plianbangchang Regional Director, WHO South-East Asia .....	21
2. Conclusions and recommendations of the group discussions on Strategic Directions of the Regional Strategy on Research for Health .....	24

3.	Group discussion guidelines Regional Strategy on Research for Health .....	31
4.	List of participants.....	37
5.	Agenda .....	40

## 1. Opening session

The Thirty-second Session of the WHO South-East Asia Advisory Committee on Health Research (SEA ACHR) was held in Bangkok, Thailand from 11-13 October 2011. The Chief Guest, Professor Charas Suwanwela, Chairman, Chulalongkorn University Council, Thailand, delivered the welcoming remarks. Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, thanked the Chief Guest, Professor Charas Suwanwela for being present at the inaugural session. He also thanked all the distinguished members of the SEA ACHR, the special invitees and honourable guests.

### ***Inaugural address of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region***

The Regional Director in his opening speech stated that the SEA ACHR had been established in the year 1976 to provide advice to the Regional Director on matters related to policies and strategies of health research. The agenda of ACHR is framed on the basis of health research needs in the Region.

Dr Samlee Plianbangchang also stated that the main objective of the Thirty-second session of the SEA ACHR was to report on the progress made in following up on the salient recommendations made by the Thirty-first session of the SEA ACHR held in 2009 in Kathmandu, Nepal. The meeting was to discuss among others issues, the Regional Strategy on Immunization, the Regional Strategy on Research for Health, establishment of the subcommittee on drugs and vaccines, research capacity strengthening of three small countries of the South-East Asia (SEA) Region, namely Bhutan, Maldives and Timor-Leste.

The SEA ACHR members may recall that at the 31<sup>st</sup> session of SEA ACHR, research for health was discussed at length. The Sixty-third World Health Assembly (May 2010) passed a resolution on the WHO Global Strategy on Research for Health. Following this, the focus of health research changed to research for health whereby health has gone beyond the health sector, requiring many sectors to work together to achieve the goal of

health for all. Research for health is now in line with health policy and healthy public policy (health-in-all policy).

Regarding research for health, Dr Samlee Plianbangchang stressed that the role of SEA ACHR was to coordinate all stakeholders who shared the same purpose of promoting health, to achieve efficient research management at all levels. Coordination is required at the country level among researchers, research institutions, the non-health sectors, namely agriculture, environment, law, economics as well as funding agencies to efficiently make use of meager resources for research and to avoid duplication. At the same time, there are other organizations and bodies that too are working to promote research in health. “We must get familiar with those organizations to get better access to research”, Dr Samlee said.

In conclusion, the Regional Director mentioned that management of health policy and health programmes depended on evidence-based research in health.

Dr Samlee Plianbangchang welcomed Dr Tikki Pang, WHO-HQ, and invited Professor Charas Suwanwela to deliver his remarks. He wished the participants a successful meeting and a pleasant stay in Bangkok.

***Welcome remarks by the Chief Guest, Professor Charas Suwanwela, Chairman, Chulalongkorn University Council***

Professor Charas Suwanwela started by informing the gathering that he became a SEA ACHR member in 1977, the year in which health research was beginning to be recognized in the SEA Region. Under the leadership of Dr U Ko Ko, the then Regional Director, the SEA Region was leading in promoting health research.

Professor Suwanwela traced the history of public health research in Thailand, where it started 40 years ago due to serious concerns on population growth and rise in fertility. Despite the controversy surrounding the use of injectable contraceptives, a study has proved the effectiveness and safety of injectables.

With the rise in emerging and reemerging diseases, social determinants of health have become more important as they have brought into focus the needs of other sectors beyond health.

Though living in the millennium era, people still faced old health problems such as snake bites in Thailand. As for crossborder health problems, Professor Suwanwela felt that there was a need to strengthen regional collaboration since health problems were the business of more than one country.

On the challenge of “what are the research needs in developing countries”, Professor Suwanwela stated that the Council on Health Research and Development (COHRED) was an example of how an international organization had put great focus on research in the developing world.

Regarding the area of clinical research, Professor Suwanwela felt that though the contribution of clinical research to improve human health was obvious, most of it was still being carried out in an incremental manner.

In the year 2000, at the World Conference on Health Research for Development. WHO, World Bank, and the Global Fund produced a global architect for health research. Being aware of the different needs in each WHO region, ten years later, COHRED, Global Fund and WHO examined the architect of health research at the regional level and decided that collaboration among partners was a priority.

Relating the development to the Thirty-second session of the SEA ACHR meeting, Professor Suwanwela again stressed that in this era of research for health, collaboration at Member States with various stakeholders was essential.

The Regional Director thanked Professor Charas Suwanwela for his inspiring remarks in which he recapitulated the work of ACHR, globally and regionally. Professor Suwanwela reminded participants that while discussing the current issues and challenges in research for health, they should not leave the agenda regarding health research unfinished.

The Regional Director continued by saying that in its 50 years of existence, the constituency of the ACHR seemed to be restricted to the health sector only. Thus, in order to go beyond health, i.e. to research for

health, reform of the ACHR constituency should be considered. The efforts to attain the goal of health for all needed to be integrated into policies of sectors other than health too. This will add a new dimension to research by getting more people to work together.

Dr Htun Naing Oo was selected Chairman of the Thirty-second session of SEA ACHR and Dr Chenchu Dorji, the Rapporteur. Professor Ranjit Roy Chaudhury, Dr Choplal Bhusal and Dr Al Nazeem comprised the Drafting Group.

## **2. Business session**

### **2.1 Follow-up actions on the recommendations of the Thirty-first session of WHO SEA ACHR (Agenda item 2.1)**

Dr Gunawan Setiadi, Regional Adviser, Research Policy and Cooperation, WHO-SEARO presented “briefs” on the follow-up actions taken on recommendations made by the Thirty-first SEA ACHR.

The Thirty-first SEA ACHR held in 2009 came out with 12 broad recommendations. However, WHO-SEARO focused on six priority recommendations to be followed up rigorously. These six priority recommendations were reported upon in a very detailed manner at the session.

Some highlights of the other recommendations were:

- Much has been done in the areas of the H5N1 and H1N1 influenza surveillance. Among others, two workshops to review the progress of H1N1 surveillance were held in Thailand (2009) and in India (2010). An Informal consultation was held in New Delhi (2009) to assess the capacity of countries in the Region to produce influenza vaccine, as well as the possibility of a public-private partnership regarding its production.
- In 2000, WHO-SEARO organized a conference on epidemiology and a meeting to strengthen networking among the WHO CCs in the area of communicable diseases. A digital library on priorities in communicable disease research was established and shared with Member States.

- A regional meeting to discuss health and social challenges of non-communicable diseases (NCDs) and mechanisms to address those challenges was held in 2011 in Jakarta involving multiple stakeholders and partner agencies. Nine Member States organized national-level multisectoral advocacy meetings to sensitize stakeholders on the importance of different sectors in prevention and control of NCDs.
- The research unit at WHO-SEARO continues to support Member States in strengthening institutional capacity on various aspects of health research and research ethics.

The conclusion and recommendations of Agenda item 2.1 were discussed together with those for Agenda item 2.2.

## **2.2 Review of recommendations made by the SEA ACHR between its Twenty-sixth and Thirtieth sessions (Agenda item 2.2)**

Professor Dulitha Fernando reported on the review of five SEA ACHR sessions' recommendations, namely from the Twenty-sixth SEA ACHR held in 2001 to the Thirtieth SEA ACHR held in 2007.

As the first step, Professor Fernando developed a set of tools and guidelines to assess the quality and implementation of recommendations. The recommendations were analysed on two broad aspects: the first was on recommendations that related to promotion and strengthening of health research and the second was on recommendations that related to technical programmes such as on NCDs, communicable diseases and environmental health.

The information was collected using structured questionnaires that were sent electronically to technical staff concerned at WHO-SEARO and the SEA ACHR members. It was then realised that collecting the information was not easy and that the response rate was to satisfactory. One reason could be changes in email addresses of the ACHR members.

The WHO-SEARO RPC unit that is responsible for research policy and cooperation does not have a tracking system to follow up on how the recommendations of the SEA ACHR sessions were further discussed or used

in the country. It is also unclear to what extent were the SEA ACHR reports disseminated at the country level.

A total of 55 recommendations came out from the Twenty-sixth to the Thirtieth SEA ACHR sessions, out of which 27 (49%) focused on actions to promote health research. The rest focused on specific health problems relevant to countries of the Region. Many recommendations were “general” and included several follow-up actions by different agencies.

Of the 55 recommendations, 35 were to be followed up at WHO-SEARO, 5 by SEARO in collaboration with relevant units at WHO-HQ and others (15) at the country level. A total of 35 (64%) recommendations have since been implemented, while some are being followed up. Four recommendations i.e.7% have not been implemented with no information being available on 4 others (7%). In respect of 12 (22%) recommendations, information available was not adequate to enable an assessment to be made on the status of implementation.

### ***Conclusions***

- The ACHR recommendations are being implemented, but need some active follow up.
- Some recommendations within the broad area of research were found to be repetitive in the five SEA ACHR reports.
- There appear to be some gaps in dissemination of research results, moreover little is known on how research results are utilized at the country level.

### ***Recommendations***

- (1) There should be a focal point at both the WHO country office (WCO) and at national government levels to monitor the implementation of SEA ACHR recommendations.
- (2) The Research Policy and Cooperation (RPC) unit at WHO-SEARO should develop a plan to follow up the SEA ACHR recommendations, both at the Regional Office and country office levels.

- (3) The existing forum at SEARO (e.g. Research Development Committee) should be used to discuss the implementation of recommendations of the SEA ACHR sessions.

### **2.3 Review of global research activities (Agenda item 2.3)**

Dr Tikki Pang, WHO-HQ presented a review of activities related to WHO's research for health strategy and on the World Health Report 2012 titled "Research for Health". He emphasized the close linkages between the strategy and the report and said that the implementation of the strategy at WHO-SEARO will help provide a framework for regional activities in health research. He invited comments from the ACHR members on draft 4 of the report.

The discussion highlighted the importance of having mechanisms that can sustain research. The report on research must also include all stakeholders and address the key areas such as behavioural research and traditional medicine. It was emphasized that the report should not address intellectual property issues in any detail nor should it attempt to review the current state of global health research.

#### ***Conclusion***

- The SEA ACHR members appreciated the draft World Health Report 2012 titled "Research for Health".

#### ***Recommendations***

- (1) The World Health Report 2012 needs to take into account the regional research needs, priorities and capacities.
- (2) Both SEARO and SEA ACHR members should contribute the regional perspectives for the World Health Report 2012.

## **2.4 Assessment of the quality of research funded by WHO (Agenda item 2.4)**

Professor Ranjit Roy Chaudhury reviewed the assessment of the quality of research funded by WHO, which was one of the recommendations made by the Thirty-first SEA ACHR. The assessment was carried out on 68 research reports received from WHO country offices.

The research reports were reviewed according to the following criteria:

- Relevance of the research project to national health priorities
- Quality of the design of the proposal
- Whether ethical clearance was mentioned and obtained
- Whether the project was completed
- Whether the research resulted in any publication
- Whether the research results were presented at national/international seminars
- Whether the findings were communicated to the national government, and whether the research results resulted in any change in health policy of the country.

The review was presented country-wise, with no intention to compare the findings between countries. Each review was followed by general comments based on the findings obtained from countries.

Certain weaknesses in the regional programme supported by SEARO have been highlighted in the hope that such weaknesses would be avoided in future.

The findings were as follows:

- Although most research projects were relevant to the priority research needs of the country, the number of proposals with a very high relevance needs to be increased.
- The number of well designed projects needs to be increased.

- All research projects were found to be deficient in the area of clinical research. Considerable attention needs to be paid to the important feature of clinical research. Also, the awareness on the need for ethical clearance has to be urgently improved. In all the four countries, ethical approvals would be needed for 52 projects.
- The projects should be completed as planned; otherwise, it will not be possible to use the results obtained in the study.
- The number of presentations made of results at scientific meetings remains low. Out of a total of 22 completed projects, results were presented for only 4 projects.
- Reports of only 5 of the 22 completed projects were forwarded to the governments concerned; there would probably be a change in government policy as a result of four of these projects.

### ***Conclusions***

- The WHO-funded research projects were mostly found to be relevant to country needs.
- The results of 5 of the 22 completed research projects have been presented at scientific meetings. Also, a paper has been published.
- Report of five research projects were expected to lead to policy changes by governments concerned.
- It was assumed that ethical clearance was not required to be obtained for some research projects. Hence, clearance was not obtained.
- It is essential to build capacity of researchers to develop research proposals, including research methodology, research ethics, implementation, reporting and utilization of research results.

### **Recommendations**

- (1) The awareness on the need for ethical clearance has to be urgently improved.
- (2) WHO-SEARO should provide support to countries in building their capacities on research for health (from research proposal writing to implementation to research reporting).
- (3) WHO-SEARO should provide support in order for researchers to take part in the process of translating research results into policy formulation and programme implementation.
- (4) Information on research projects funded by WHO (from country office, Regional Office and/or headquarters' funds) should be shared through the existing SEARO website .
- (5) WHO-SEARO should develop an active mechanism to monitor the progress of research projects funded by WHO.

## **2.5 Strengthening research capacity in Bhutan, Maldives and Timor-Leste (Agenda item 2.5)**

The report was presented by Professor Harun Ar Rashid, who was one among the six WHO-SEAR research experts who were assigned to visit Bhutan, Maldives and Timor-Leste with the aim to strengthen research capacity in those three countries.

The first visit to the three countries was performed in 2010 and the second visit an year later. During the second visit, it was observed that some of the recommendations made during the first visit had been followed up. Inadequate funding remained the main challenge to build capacity in research as well as to carry out research.

One way to enhance capacity in research is through twinning mechanism. The Regional Director foresees the twinning as a realization of horizontal collaboration among two or more SEA Member States and is in full support of this mechanism.

Although the three countries of the SEA Region are in the developing stage of establishing a viable national health research mechanism, each one of them has different needs. To measure the success in capacity strengthening, simple benchmarks will be useful and as the capacity grows stronger, the level of the benchmarks can be increased.

### ***Conclusions***

- Capacity strengthening on research in Bhutan, Maldives and Timor-Leste needs to be continued. However, it should be more strategic and should address the local context and needs.
- A functional twinning mechanism has been initiated to strengthen research capacity in those three countries

### ***Recommendations***

WHO should:

- (1) Support and further strengthen the twinning mechanisms in Bhutan, Timor-Leste and Maldives in order to build their research capacities;
- (2) Promote horizontal collaboration/multicountry activities among WHO country offices (WCOs) for capacity strengthening (e.g. on training, twinning mechanism) in those three countries; and
- (3) Set up feasible benchmarks to measure improvements in research capacity strengthening in those three countries.

## **2.6 Report of the SEA ACHR Subcommittee on Vaccine and Drug Development (Agenda item 2.6)**

This report was presented by Professor N.K. Ganguly and supplemented by Professor Ranjit Roy Chaudhury.

Following the recommendations made at the Thirty-first session of SEA ACHR, in 2010, a Subcommittee of SEA ACHR on Vaccine and Drug Development was established with six terms of reference, comprising five members with a tenure of two years. The members of the

subcommittee are: Professor N.K. Ganguly (India), Professor Ranjit Roy Chaudhury (India), Dr Nyoman Kandun (Indonesia), Dr Somsak Chunharas (Thailand), and Dr Harun Ar-Rashid (Bangladesh). WHO serves as the secretariat. The subcommittee has met twice.

The following were the outputs provided by the Subcommittee on Vaccine and Drug Development in the years 2010 and 2011:

- The Regional Vaccine Policy for South-East Asia was developed in the year 2003. Based on subsequent developments and deliberations during the subcommittee meetings, the above-mentioned title was changed to Regional Policy on Immunization 2011-2015, which also covers the vaccine policy. The Regional Immunization Policy was presented at the Immunization Technical Advisory Group-SEAR meeting on 2-3 March 2011 and at the EPI Managers meeting on 3-4 August 2011.
- Keeping in mind the current situation regarding influenza vaccine production, as well as the trend in the SEAR Member States, there is a critical need to enhance the regional production capacity.
- There is a need to examine the available data on vaccine-preventable diseases for which vaccines are already available or for which new vaccines would soon be available. The efficacy, safety and cost-effectiveness of each of the available vaccines need to be examined. There is an urgent need for priority vaccines such as Rubella, *Haemophilus influenzae* type b (Hib), Conjugate pneumococcal, typhoid, seasonal influenza, rotavirus and cholera.
- The objectives of the public-private partnership are to make available new vaccines to developing countries at affordable cost, stimulate vaccine research and development to meet the needs of vaccines such as for dengue, malaria and HIV for which currently no vaccines are available. Also, there is the need for technology transfer to manufacturers of developing countries. However, there are various constraints/challenges for the public-private partnerships such as provision of assured-quality vaccines (free or at minimum cost) and adequate policies and programmes regarding equity of access.

- WHO-SEARO has supported the strengthening of capacity of National Regulatory Authorities (NRAs) in Bangladesh, India, Indonesia and Thailand. Out of these, India, Indonesia and Thailand have well-established vaccine production capacity.
- All SEAR countries except DPR Korea and Timor-Leste have established a National Committee for Immunization Practices (NCIPs), and have developed strategies to assist evidence-based decision-making regarding immunization practices. Maldives has limited expertise, while Bhutan, Indonesia and Nepal have conducted orientation programmes to strengthen their capacities. India has undertaken an analysis on the functioning of its NCIP. The countries' engagement in the process of establishment of NCIPs is leading to independence and neutrality.
- Documentation:
  - (1) WHO-HQ has developed a document on Public-Private Partnerships in Drugs.
  - (2) WHO-SEARO has developed a paper on Current Situation on Traditional Medicine Research in the South-East Asia Region.
  - (3) WHO-SEARO has prepared a map of countries of the Region that are having expertise in drug development. Also, a paper providing an overview on clinical trials in the SEA Region was developed.

### ***Conclusions***

- Mapping was done of centres for drug development in four countries (Bangladesh, India, Indonesia and Thailand) of the SEA Region.
- A paper providing an overview of centres carrying out clinical trials has been prepared.
- The role of Contract Research Organization (CRO) in clinical trials in phases 3 and 4 in the Region is increasing.

- The role of national regulatory authorities in countries of the Region needs to be further strengthened to enable them to take active part in research for drug and vaccine development, including clinical trials.
- The benefit of a public-private partnership regarding quick production of pandemic influenza vaccine has been documented; the same model can be used for both vaccine and drug development.
- Many countries of the Region have capacity for drug and vaccine development.

### ***Recommendations***

- (1) WHO-SEARO should register and map the vaccines and drugs production capacity in SEAR countries.
- (2) WHO-SEARO should identify and develop collaborative priority projects on development of vaccines and drugs.
- (3) WHO-SEARO should develop guidelines and support the building of national capacities on how to conduct ethical clinical trials for drugs and vaccines.
- (4) WHO-SEARO should support Member States to build national capacity and to expedite the review of legal and regulatory mechanisms for national registration of new drugs, vaccines medical devices and diagnostics.
- (5) Member States should involve national drug regulatory authorities in developing new drugs and vaccines.

## **2.7 Review of the regional policy on research aspects of immunization (Agenda item 2.7)**

Dr Monir Islam, Director, Family Health and Research, WHO-SEARO, reported on the regional policy on research aspects of immunization.

In his presentation, Dr Islam described the context for a policy framework on the research aspects for improving the immunization programme in general and for improving the coverage of routine immunization in particular. He pointed out the great opportunities for SEAR countries to carry out various types of research work on immunization, particularly vaccine development and its utilization, as well as the long-term surveillance and monitoring of its impact on the population. However, he pointed out that so far most research work in countries of the Region had concentrated on biomedical and clinical trials and on vaccine development. But in order to improve routine immunization coverage and address the narrowing of equity gaps and ensuring the reaching of the unreached, marginalized and excluded sections of the population, countries of the SEA Region need to concentrate more on operational and implementation research involving researchers from various disciplines e.g. social science, anthropology and health systems. There is need to have a better coordination between research institutes, drug companies, national drug authorities and programme managers in research priority-setting.

In order to support research work in the Region, WHO-SEARO proposed the following:

- Support the National Committees to actively promote, set priorities, and monitor the quality and utilization of research findings to improve the immunization coverage.
- Advocate for research capacity and investment.
- Identify a pool of investigators with vaccine research expertise and interest.
- Develop field/facility-based vaccine clinical trial site.
- Develop best practice guidelines, SOPs and regional cooperation for multicentric vaccine trials.
- Strengthen capacity of NRAs in clinical trial monitoring.
- Emphasize on operational research.

### **Conclusions**

- The research work should prioritize operational and implementation research to further improve immunization coverage.
- The vaccine development research should not only emphasize new vaccine development but also include research on quality, efficacy, safety, acceptability and affordability of the vaccine.

### **Recommendations**

- (1) The Regional Office should support Member States in health system research with priority on carrying out operational and implementation research for improving the coverage and delivery of routine immunization.
- (2) Countries should be supported in developing a mechanism for technology assessment (that involves quality, efficacy, safety, acceptability and affordability) vis a vis the introduction of new vaccines.

## **2.8 Regional Strategy on Research for Health (Agenda item 2. 8)**

Dr Poonam Khetrpal Singh, Deputy Regional Director, WHO SEA Region, presented the Draft Regional Strategy on Research for Health, which was developed by SEARO for the Thirty-second session of SEA ACHR.

The Bamako Global Ministerial Forum on Research for Health held in November 2008, provided the embryo for research for health. It was jointly convened by five other partners: the Government of Mali, UNESCO, the World Bank, the Global Forum for Health Research and the Council on Health Research for Development (COHRED). In that forum, it was agreed that research for health required the involvement of many sectors and other disciplines outside health. Further, the Sixty-third Session of the World Health Assembly in May 2010 adopted a resolution on WHO Strategy on Research for Health.

The basic principles of research for health are quality, impact and inclusiveness.

The following are the five priority issues that have been identified for the purpose of the regional strategy:

- (1) Weak health systems;
- (2) Insufficient capacity of health research;
- (3) Lack of evidence-based policy making;
- (4) Inadequate protection of human participants; and
- (5) Inadequate resources for research.

A conceptual framework was developed for the regional strategy, starting by describing the issues and challenges faced in research for health, which lead towards the six strategic directions on research for health, namely prioritization for research for health; capacity building in health research; research ethics; health research management; managing research knowledge to bridge research–policy gap; and monitoring and evaluation.

The Regional Strategy on Research for Health is a “forward looking strategy” to guide Member States to strengthen their national health research for the upcoming five years i.e. 2012 to 2016.

The presentation was followed by group work to discuss the six strategic directions. Three working groups were formed and each group was assigned to discuss 2 strategic directions. Conclusions and recommendations of the group discussions on strategic directions of the Regional Strategy on Research for Health are in the Annex 2. The discussions proposed follow-up actions to implement the regional strategy.

### ***Conclusions***

- In principle, the ACHR members agreed on the Regional Strategy on Research for Health.
- Research on ageing, mental health, communication, environmental health and social determinants were suggested for inclusion in the research agenda involving all sectors that have a bearing on health.

### **Recommendations**

- (1) WHO-SEARO should provide support to countries in developing national research for health strategy in alignment with the Regional Strategy on Research for Health and taking into account of local context, needs and priorities.
- (2) The Regional Strategy on Research for Health should become the guiding document for Member States to improve national health policy development.
- (3) WHO-SEARO to develop mechanisms and provide support to all relevant sectors for promoting, developing and implementing research that has a bearing on health

## **2.9 The Research Institute for Health Sciences, University of Chiang Mai (Agenda item 2. 9)**

Dr Suwat Chariyalertsak, Director, Research Institute for Health Sciences (RIHES), Chiang Mai University, Thailand made a presentation on the Research Institute for Health Sciences, Chiang Mai University.

The Research Institute for Health Sciences (RIHES) was formally constituted as part of Chiang Mai University in 1978. The institute has three major roles: (1) conduct research relevant to the local context; (2) carry out research training; and (3) to serve as a resource centre on public health issues. The principal themes of the research programme at RIHES are infectious and tropical diseases concentrating on HIV/AIDS, malaria and dengue, opiate and methamphetamine addiction, pollution, environmental health, human nutrition and metabolism.

The Research Institute for Health Sciences (RIHES), Chiang Mai University (CMU), is a sponsored unit of the three National Institute for Allergy and Infectious Diseases (NIAID)-sponsored networks, namely HIV Prevention Trials Network (HPTN); the Aids Clinical Trials Group (ACTG); and the Implementing AIDS Prevention and Care (IMPACT). The RIHES has been a collaborator and/or subcontractor with the John Hopkins University, Bloomberg School of Public Health, and other universities in the United States of America on several other NIH-sponsored projects.

The RIHES has established several facilities that are essential components of a clinical trial unit. These facilities were established with help of the John Hopkins University (JHU) and Bloomberg School of Public Health (JHSPH), USA.

These facilities or units are:

- clinical trial clinics,
- regulatory compliance unit,
- research pharmacy unit,
- clinical laboratory unit,
- specimen processing unit,
- data management unit,
- grant management unit, and
- community relations office.

Along with the core competencies of all the units listed above, the RIHES has also obtained much needed scientific equipment, supplied largely by NIAID.

The principal source of funding for the RIHES has been the Royal Thai Government's Ministry of Education, which provides annual allocations for both research and infrastructure support, including salaries of government staff and other expenses for utilities and maintenance.

For international sources of funding, the RIHES is directly funded by grant from the National Institute of Health (NIH), United States. Other NIH institutes that have funded the RIHES research projects include the Office of AIDS Research, National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Mental Health (NIMH) and the National Institute of Drug Abuse (NIDA). The RIHES is also funded by the Bill and Melinda Gates Foundation and the United States NIH through the Emory University in Atlanta, Georgia. Other public and private donors include the Water Reed Army Institute of Research, the Henry M. Jackson Foundation, the World Health Organization, the Thai Red Cross Society, the British Government through its DFID-funded higher education links programme and the Wellcome Trust.

### **3. Closing Session**

Dr Samlee Plianbangchang in his closing remarks appreciated the contributions made by the SEA ACHR members and the Special Invitees that led to a successful conclusion of the session. He also took note of the recommendations made by the Thirty-second session of SEA ACHR, which were straightforward and easy to understand. The Regional Director made a special mention of the following three recommendations that should be followed in a big way:

- (1) Capacity strengthening of the small countries, namely Bhutan, Maldives and Timor-Leste.

Much more remains to be done in continued strengthening of the capacity for research for health in these three countries. Strategies need to be developed to increase the capacity in an incremental manner so that the three countries can enhance their health development.

- (2) Research to support the immunization programme in the SEA Member States. Much research has to be conducted to support the year 2012, which is going to be the year of immunization programme focusing especially on increasing coverage of routine immunization.
- (3) The idea of research for health, which was first mooted at the Global Ministerial Forum for Research for Health, held in Bamako in 2008 provides a good subject to move forward. The experience has been that to coordinate other sectors is not an easy task. With the new perspectives on research for health, WHO needs to promote research in other sectors that have a bearing on health. Starting in 2012, WHO should therefore look at how other sectors pursue health in their respective areas of work and how they contribute to health.

Dr Samlee Plianbangchang ended his closing remarks by saying that in the upcoming years it will be exciting to follow up on the above-mentioned three salient recommendations. The outcomes of the follow-up will be reported to the Thirty-third session of the SEA ACHR. The Regional Director promised to do his best to serve the interests of research in the SEA Region. He thanked the ACHR members, Special Invitees and the WHO Secretariat, and wished everybody a safe trip back home.

## **Annex 1**

### **Address by Dr Samlee Plianbangchang Regional Director, WHO South-East Asia**

Professor Charas Suwanwela, Chairman of the University Council, Chulalongkorn University; distinguished members of SEAR-ACHR; distinguished special invitees; colleagues and guests; ladies and gentlemen,

It is my pleasure to welcome you all to the Thirty-second meeting of the SEA ACHR. I thank all of you for sparing your valuable time to come to attend the meeting. I thank Professor Charas Suwanwela, Chairman of the University Council, Chulalongkorn University, for kindly gracing the opening of the meeting.

Ladies and gentlemen, the Advisory Committee on Health Research for the WHO South-East Asia Region was established in 1976 to advise the Regional Director on matters relating to health research of WHO in the Region and especially on policies, strategies and specific priorities. The SEA ACHR is a part of the “global network” of WHO Advisory Committees on Health Research. The agenda of the ACHR Meeting is framed on the basis of the current trends and needs in health research in the Region. The SEA ACHR meets annually or biennially, depending on the situation.

This, Thirty-second meeting, is being held two years after the previous one. We spent the past two years to follow up on the recommendations of the Thirty-first meeting. Therefore, this meeting will pay particular attention to these follow-up actions. These are especially the actions on subjects such as:

- Regional Strategy on Research for Health;
- Regional Policy on Research Aspects of Immunization;
- Research and development in areas of vaccines and drugs; and
- Strengthening Country Capacity in Health Research.

Certainly, during the course of our deliberations some other issues of common concern may be brought up for discussion.

Distinguished participants, at the Thirty-first meeting, we discussed at length the issues relating to “research for health”. In view of the fact that today “health” has gone far beyond the health sector, health development needs the involvement of the disciplines in sectors other than health. In order to achieve the social goal of HFA, health and all other sectors must work together for “health”, either collectively or individually. The goal is to achieve the level of health that will permit all people to lead a socially and economically productive and satisfying life. “Health concern” and “health protection” must be explicitly reflected in development policies and programmes of all sectors concerned. And therefore, research to support today’s health development is no exception.

Research for health is to promote research in support of “healthy public policies” and “health in all policies”. At the last ACHR meeting we were of the opinion that “research for health” is a timely idea in today’s health development work to support our pursuit towards the HFA goal. All research results, from both within or outside the health sector that can have a bearing on health should be efficiently coordinated and utilized for supporting the development and implementation of policies and programmes towards universal health coverage and health for all people.

Distinguished participants, with the multiplication of stakeholders and partners in health development, “research for health”, including “health research”, becomes a complex undertaking that requires efficient management and coordination at all levels. Inadequate coordination or cooperation among “researchers” and “research institutions” has led to wastage of resources due to “unhealthy competition” and “unnecessary duplication” of efforts.

As a means to reduce such competition and duplication, the WHO system of ACHR has served well as an important platform for promoting coordination and networking among researchers and research institutes. Globally, at the same time, there are a number of other international organizations or bodies that serve the same purpose of promoting such coordination and cooperation among researchers and institutions. We should get ourselves familiarized with those organizations and bodies in order to have better opportunities of getting access to resources for research worldwide.

Ladies and gentlemen, I would like to underline the importance of “research coordination” particularly at the “country level”. We need to ensure the most efficient use of all potential resources for research for health, in particular those resources that are locally available in sectors other than health in individual countries, such as agriculture, environment and industry. All in all, we need to

always keep in mind that efficiency and effectiveness of our efforts in the development and management of health policies and programmes depend on the availability and use of research-based evidence and information. Let us forge forward together in the most efficient manner to generate adequate research-based evidence for the development of effective health policies and programmes.

Distinguished members of the ACHR, special invitees and other participants, I thank all of you once again for your interest and for sparing time to attend this meeting. I particularly thank our colleague from WHO headquarters, Dr Tikki Pang, for his participation. Finally, I wish you all productive deliberations and a fruitful outcome from the meeting, and I wish your stay in Bangkok to be an enjoyable experience.

Thank you.

## Annex 2

# Conclusions and recommendations of the group discussions on Strategic Directions of the Regional Strategy on Research for Health

Three groups were formed. Each group discussed two strategic directions of the Regional Strategy on Research for Health, namely:

- (1) Group 1: Priority setting, and capacity building on research for health.
- (2) Group 2: Research ethics, and management on research for health.
- (3) Group 3: Translating research results into policy, and monitoring and evaluation on research for health.

### ***Strategic Direction 1: Prioritization on research for health***

#### *Conclusions*

- Prioritization in research for health is needed for effective use of limited manpower and financial resources in research.
- The different administrative and geographical situation of the SEAR Member States (e.g. federal/decentralization, post-war, small, island countries) is important to be considered when carrying out prioritization on research for health.

#### *Recommendations*

- (1) To develop a working mechanism among health, non-health sectors (agriculture, industry and environment, etc.) and other stakeholders (donors, civil society groups, gender activists, nongovernmental bodies involved in health care) to prioritize areas of research for health.
- (2) Prioritization in research for health should be harmonized with donor groups so that priority areas coincide.

- (3) Member States to develop a sound scientific database that would include epidemiological data, demographic survey, available manpower, and institutional capacities, etc. as inputs for effective prioritization in research for health.
- (4) Inequities in health care such as, regional, social, class-based or gender-based, should be taken into consideration in deciding on priorities.
- (5) Finances, both internal and external should be used to support priority areas. Suboptimal finance does not yield good results. Hence, only those areas that can be fully financed should be chosen. A research flow analysis to monitor how the money is being spent should be put into place.
- (6) An analysis of the impact of research findings on economy should be made an integral part of the policy.
- (7) WHO-SEARO should facilitate Member States in advocating and promoting that health be included in other sectors' research priorities.

### ***Strategic Direction 2: Capacity building on research for health***

#### *Conclusion*

- Research for health requires sufficient capacity for the areas chosen for research. Such capacity includes manpower, money and material. If an area is considered to be of utmost priority, capacity building becomes permanent.

#### *Recommendations*

- (1) Attention should be given to institution building. Inter-institutional collaboration between the health sector and other sectors having a bearing on health should be encouraged
- (2) Training facilities at country level to promote and advocate that health be included in other sectors' research priorities should be in place.
- (3) Manpower planning should be undertaken keeping in mind the areas of priority in research for health.
- (4) Taking the help of diaspora may be an option for some countries.

- (5) Capacity building should be a dynamic and continuous process with short, intermediate and long-term plans. More experienced Member States in capacity building should help the less experienced countries in conducting such planning.

### ***Strategic Direction 3: Research ethics***

#### *Recommendations*

- (1) Every research related to human subjects should be reviewed and cleared by the Ethical Review Committee (ERC).
- (2) Ethical clearance should become part of the mindset of all researchers at all levels.
- (3) Every major health educational/research institution should have a dedicated independent Institutional Ethical Review Committee (ERC).
- (4) The roles of the ERC should be to:
  - Address the question of essentiality of the study from the point of view of improvement of human health.
  - Ensure human rights while conducting such studies.
  - Ensure that no exploitation of the weaker and marginalized sections of the society occurs.
  - Ensure that investigators involved in the study have proper expertise.
  - Ensure that consent procedure is adequately elaborated.
  - Ensure that safety, supervision, compensation and insurance issues, etc. are adequately addressed.
- (5) Every country should have defined ethical guidelines incorporating local, national and global thinking on human rights.
- (6) For framing guidelines, templates from the Indian Council of Medical Research and UNESCO documents etc. could be considered. However, local and national perspective should be at the core.
- (7) The ERC structure should consist of representatives from health, legal (lawyer), social and community sectors. The Chairman should mandatorily be from outside. Special invitee(s) should cover the specialities concerned.

- (8) Professional associations as well as educational (medical/health research) institutions should be informed that it is mandatory for all research to get all research protocols (aiming for WHO fund) to be reviewed by the ERC.
- (9) The ERC review could be at national or institutional level depending on the scope of the issue. A review by an institutional ERC is a must. However, wider issue will require national ERC.
- (10) The ERC should be a separate body from the Scientific Review/Advisory Committee.
- (11) The ERC review should be done only for research that has been approved by the Scientific Committee.
- (12) The ERC should also scrutinize the monitoring reports of studies approved by it, wherein it should be stated that ethical procedures were followed as approved.
- (13) For multisite study (ies), approval is required from the ERCs of all involved institutions.
- (14) The ERCs should be registered at national level.
- (15) There should be orientation/training programmes for ERC members, researchers, potential researchers (medical students/ biomedical students etc.).
- (16) Auditing of functioning of the ethical committees should be ensured.
- (17) Monitoring the implementation of research ethics:
  - When approval is given, consent form should have all the details and information about benefits, potential harmful effects, monitoring procedures and schedule, and compensation/ insurance, etc.
  - The consent form should be both in local and national language and should be approved by the ERC.
  - The researcher should report/inform ERC immediately if any serious adverse effect occurs. If no serious/adverse effect occurs, reporting should be done periodically.
  - The principal investigator and his/her institution should ensure that the study is monitored by an appropriate local ethics committee.

(18) WHO-SEARO should:

- Facilitate the orientation and training for setting up of an ethical review system;
- Promote the growth and harmonization of the system's guidelines/functioning in relation to international guidelines/practices.

***Strategic Direction 4: Enhancing the management of research for health***

*Recommendations*

- (1) In promoting and advocating that the subject of health be incorporated by other sectors having a bearing on health, a mechanism should be created for dialogue between the health sector and non-health sectors and other stakeholders in research for health for identifying commonalities, as well as their responsibilities, deciding the priorities for action and developing joint/complementary projects and ensuring their implementation.
- (2) Role of the SEA ACHR in advocacy:
  - Facilitate the creation of networks, guidelines and Standard Operating Procedures
  - Capacity building
  - Technical guidance
  - Facilitate information-sharing among countries.

***Strategic Direction 5: Bridging the research - policy gap***

*Recommendations*

- (1) Strategies to narrow the gap between researchers and policy-makers or programme managers:
  - Involve stakeholders, mainly policy-makers and programme managers from the beginning
  - Involvement of media to disseminate findings – for public awareness
  - Use role models, public figures
  - Involve senior people from communities, religious leaders and parliament members, etc.

- Provide easy access to research resources ( specially for smaller countries)
  - Mobilize dedicated NGOs equipped with capacity (research oriented): e.g. tobacco control policy in Thailand, for legislation. An NGO in Thailand has been conducting research on bad advertising practices of the industry
  - Continuous policy advocacy to other sectors
  - Establish or create a policy-level coordinating mechanism or “policy entrepreneur” or focal point (especially smaller nations) to translate research findings into policy.
- (2) WHO should:
- Support, encourage or foster establishment of policy entrepreneur groups
  - Develop, document and disseminate useful research examples of case summaries (short)
  - Support dissemination of information (seminar, journal etc.)
  - Disseminate information in national panels
  - Support NGOs in capacity building, etc.
  - Provide technical assistance
  - Provide financial assistance to governmental organizations and NGOs, e.g.: National Health foundation in Thailand supported by WHO
  - Strengthen linkages with other countries and organizations.

### ***Strategic Direction 6: Monitoring and evaluation of research for health***

#### *Recommendations*

- (1) The indicators should cover every aspect in research for health and to use the indicators proposed in the regional strategy that cover:
- Research prioritizing
  - Capacity building – clinical practice evidence practice development, utilization and evaluation

- Practices advocated through evidence generated from systematic reviews
  - Advocate country-organized meetings (WHO to facilitate)
  - Knowledge production and utilization.
- (2) WHO to:
- Motivate SEAR countries to join the Evidence-informed policy networks (EVIPNet)
  - Provide technical assistance to improve capacity of human resource
  - Build capacity for entrepreneurial research selling
  - Build capacity of NGOs in supporting policy advice in all sectors
  - Create political will and commitment to create good environment to absorb research findings into policy
  - Bridge gap between researchers and policies.

## **Annex 3**

# **Group discussion guidelines Regional Strategy on Research for Health**

## **Group I: Prioritization on research for health and Capacity building in research for health**

### ***Group members***

- (1) Professor N.K. Ganguly
- (2) Dr Chench Dorjee, Bhutan
- (3) Professor Mahmud Hasan, Bangladesh (Chairperson)
- (4) Dr Ali Nazeem, Maldives
- (5) Dr Kyaw Zin Thant
- (6) Professor Arjun Karki, Nepal
- (7) Dr L.T. Gamlath, India
- (8) Dr Joao Soares Martins, Timor-Leste
- (9) Professor Dr Ascobat Gani, Indonesia
- (10) Dr S.D. Gupta, India
- (11) Dr Ong-Arj Viputsiri, Thailand

Facilitator: Dr Adik Wibowo

### ***Challenge and issues***

Research for health requires the involvement of many sectors and disciplines.

In many countries of the WHO South-East Asia Region, agreeing on research priorities for improving health and taking action to pursue them remains a

significant challenge. Prioritization of research agenda in health is urgently needed in order for Member States to utilize the limited available resources more effectively and efficiently. In addition, national research capacity needs to be aligned with country priority research needs, complex global environment and the existence of diverse sources of funding for research.

Capacity building is more than just providing training. There are basic prerequisites for a functional health research institution, such as clear national research policy, leadership, a capable research workforce, adequate financing, priority-setting mechanisms, strong regulatory frameworks and structures (including ethical oversight), well-equipped research institutions, effective information systems and dissemination plans.

Unfortunately, it is unclear how much capacity exists to conduct research for health that could be useful to influence policy decisions in other sectors.

Taking into consideration the term research for health, in the discussions on research priority as well as in capacity building, one must always consider the involvement of other non-health sectors and disciplines in health research and also for them to put concerns regarding health in their research agendas:

The group discussion had to come up with:

- (1) What can we do to ensure that prioritization of research will also include research for health.
- (2) Identification of ways and means to collaborate with non-health sectors, private sector, academia and research institutes to produce research projects as part of the priority research for health.
- (3) Identify the role of the SEA ACHR in the context of points 1 and 2.
- (4) Identification of priority areas for capacity building and recommend activities to strengthen the capacity for research for health.
- (5) Exploration of resources/funding options that are needed for building capacity in research for health in a continuous way.
- (6) Identify the role of the SEA ACHR in the context of points 4 and 5.

## **Group 2: Protection of human participants involved in research/ research activities and enhancing the management of research for health**

### ***Group members***

- (1) Dr Shams El Arifeen, Bangladesh
- (2) Professor Ranjit Chaudhury, India
- (3) Dr Htun Naing Oo, Myanmar
- (4) Dr Yashovardhan Pradhan, Nepal
- (5) Dr Deni K. Sunjaya, Indonesia
- (6) Dr U.A. Mendis , Sri Lanka
- (7) Dr V. M Katoch, India (Chairperson)
- (8) Mr Valente da Silva, Timor-Leste
- (9) Dr Narongsakdi Aungkasuvapala, Thailand
- (10) Dr Lalit Nath, India
- (11) Professor Tipaporn Wonghongkul
- (12) Dr Siripen Supakankunti, Thailand

Facilitator: Dr Prakin Suchaxaya

### ***Challenge and issues***

A SEARO-funded research proposal requires ethical approval from the local ERB. Due to the growing importance of research ethics, Ethical Review Boards are mushrooming in SEAR Member States, many of whose members have joined them based on their interests with little training on bio-ethics and research ethics. Not all SEAR Member States have national guidelines for research ethics. As such, international ethical guidelines are used, which sometimes do not suit the country's local cultural context. Researchers also get little information on research ethics.

Once a research proposal is ethically approved, very little attention is given to monitor whether the research is implemented according to approved ethical aspects.

Management of health research is a vast area. In fact, it has now become even bigger. The issues of how to enhance the stewardship and governance, prioritize research and develop the research agenda, plan for human resources for research including capacity building, and mobilizing resources for research, are the major components of management of research.

Research for health accords greater importance to coordination, partnerships, advocacy and promotion of health.

The group discussion had to come up with:

- (1) Identification of ways and means to ensure that ethical review and ethical clearance of research are carried out in a proper manner at the country level, both from the ERB side as well as from the researcher's side.
- (2) Identification of ways and means in monitoring the ethical aspects during the entire implementation of research.
- (3) Identify the role of SEA ACHR in the context of points 1 and 2.
- (4) Identification of mechanisms to improve management of research for health at institutional and national levels.
- (5) Identification of ways and means to promote/advocate to other non-health sectors for them to incorporate health into their research agendas.
- (6) Identify the role of the SEA ACHR in the context of points 4 and 6.

### **Group 3: Managing research knowledge to bridge the research-policy gap, both in respect of research for health policies and research for healthy public policy**

#### ***Group members***

- (1) Professor Harun Ar-Rashid, Bangladesh
- (2) Ms Asrath Usman, Maldives
- (3) Dr Myo Khin, Myanmar
- (4) Dr Choplal Busal, Nepal
- (5) Professor Dulitha Fernando, Sri Lanka
- (6) Dr Somsak Chunharas, Thailand
- (7) Dr Avelino Guterres Correia, Timor-Leste
- (8) Dr K.K. Talwar, India
- (9) Professor Hasbullah Thabrany, Indonesia (Chairperson)
- (10) Dr Sunsanee Rajchagool, Thailand
- (11) Dr Tikki Pang, WHO-HQ

Facilitator: Dr Gunawan Setiadi

#### ***Challenge and issues***

Research for health requires the involvement of many sectors and disciplines.

The challenge is to identify what the health sector can do to influence decision-making other sectors. One possible solution is through research studies that can be used to inform those deciding on policies in other sectors to ensure that they are in line with healthy public policies.

The goal is to strengthen the links between research, policy and practice, which is not an easy task and can take time. The presenter gave an example on how the evidence of effectiveness of the DOTS programme for TB cure, revealed in India 40 years back, was not taken into consideration by policy-makers in India; it

was only when WHO backed this evidence, based on findings elsewhere, that this was adopted by the country.

Influencing policy-makers is an art rather than a science and using many other appropriate means such as media can improve the effectiveness of advocating research evidence for policy-making.

It is equally important and difficult, if not more, to influence other non-health sectors' policy decision-making to be evidence-based, using research results from the area of health. Thus, any attempt to influence policy-makers to use research evidence must take into account the context and concerns, as well as the decision-making hierarchy.

Monitoring and evaluation of research for health aims to provide research managers and senior scientists with a systematic approach to ensure that research activities are carried out in accordance with a plan and are evaluated in pursuance of the objectives of the Organization. Relevant indicators are needed to measure the success achieved in meeting the outputs of each Strategic Direction selected. Monitoring and evaluation also ensure that the actions developed under the selected Strategic Direction(s) are implemented and evaluated so as to successfully implement the strategy.

The group discussion had to come up with :

- (1) Identification of examples of good practices in research formulation both in influencing health policies and healthy public policies.
- (2) Identification on ways and means to bridge the gap between researchers and programme managers and professional practitioners, including examples of good practices/models to promote greater access to research results
- (3) Identification of the role of the SEA ACHR in the context of points 1 and 2.
- (4) What are the possible indicators to monitor and evaluate how much research has been able to reach or be used by decision-makers at various levels in the health sector.
- (5) Identification of indicators (input, output, outcome) to measure multisectoral and multidisciplinary research.
- (6) Identify the role of the SEA ACHR in the context of points 4 and 5.

## Annex 4

### List of participants

#### **Bangladesh**

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#### **India**

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Department of Health Research  
Ministry of Health and Family Welfare and  
Director-General, ICMR  
New Delhi

Prof N K Ganguly  
Former Director General (ICMR)  
Distinguished Biotechnology Fellow and  
Adviser, Translational Health Science and  
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#### **Indonesia**

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#### **Myanmar**

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National Health Foundation

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### **Special Invitees**

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Dr Prakin Suchaxaya  
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Dr Adik Wibowo  
Temporary International Professional  
Research Policy and Cooperation

Mr Ravinder Kumar  
Administrative Secretary  
Research Policy and Cooperation

Mr Vittal Rao  
Clerk  
Research Policy and Cooperation

#### **WHO Country Office, Thailand**

Ms Thitaree Khotchasenee  
GEAs Assistant  
WHO Thailand

## **Annex 5**

# **Agenda**

### **1. Opening session**

- 1.1 Welcome remarks by Dr Charas Suwanwela, Chairman of Chulalongkorn University Council, Chulalongkorn University
- 1.2 Opening remarks by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region
- 1.3 Introduction of participants by Dr Quazi Monirul Islam, Director Family Health and Research
- 1.4 Nomination of Office Bearer: Chair, Rapporteur and Drafting Group
- 1.5 Administrative announcement (if any) by Dr Quazi Monirul Islam, Director of Family Health and Research
- 1.6 Group photo

### **2. Business session**

- 2.1 Review of the 31<sup>st</sup> SEA ACHR Follow Up Points of Recommendations (Dr Gunawan Setiadi)
- 2.2 Report of the analysis of recommendations of the previous five SEA ACHRs (Professor Dulitha Fernando)
- 2.3 Review of the global work of WHO on health research (Dr Tikki Pang)
- 2.4 Report of the Assessment of the quality of researches reviewed and funded by WHO (Professor Ranjit Roy Chaudhury)
- 2.5 Report of the ACHR Sub-Committee on Vaccine and Drug Development (Professor Ranjit Roy Chaudhury/Professor N K Ganguly)
- 2.6 Review of the Regional Policy on Research Aspect of immunization (Dr Monirul Islam)

- 2.7 Report on the Second Follow Up visits to Strengthening of research capacity in Bhutan, Maldives and Timor-Leste (Dr Harun Rashid)
- 2.8 Presentation of Final Draft on the Regional Strategy on Research for Health (Dr Poonam Khetrpal Singh)
  - 2.8.1 Group Work on Follow Up Actions of the regional Strategy on research for health
- 2.9 Presentation by Research Institute for Health Science (RIHES), Chiang Mai University

### **3. Concluding session**

- 3.1 Adoption of Conclusions and Recommendations
- 3.2 Closing remarks by Regional Director, WHO SEARO
- 3.3 Closing remarks by Chairperson





The report documents the salient discussion points and the recommendations made at the Thirty-second session of SEA ACHR, held in Bangkok from 11-13 October 2011. The session deliberated on: Follow-up recommendations made at the five previous ACHR meetings; Quality of research funded by WHO-SEARO; Report of the Subcommittee on Drug and Vaccine Development; Research capacity building in Bhutan, Maldives and Timor-Leste; and the draft Regional Strategy on Research for Health.

The Regional Director has highlighted three recommendations that would be followed up in right earnest, namely: Capacity strengthening in small countries (Bhutan, Maldives and Timor-Leste); Health systems research to support the immunization programme; and Promoting research in non-health sectors, the work of which has a bearing on health.



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SEA-ACHR-34