

Thirty-third Session, Bangkok, Thailand
17–19 July 2013

WHO South-East Asia Advisory Committee on Health Research

Report to the Regional Director



**World Health
Organization**

Regional Office for South-East Asia

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WHO South-East Asia Advisory Committee on Health Research

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**World Health
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Regional Office for South-East Asia

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Acronyms

SEA ACHR	South-East Asia Advisory Committee on Health Research
IPV	Inactivated Polio Vaccine
OPV	Oral Polio Vaccine
VAPP	Vaccine associated Paralytic Poliomyelitis
NCD	Non Communicable Diseases
UHC	Universal Health Coverage
RHR	Reproduction Health Research
KMC	Kangaroo Mother Care
MCH	Maternal and Child Health
EVIPNet	Evidence-informed Policy Network Programme

1. Opening session

The Thirty-third Session of the WHO South-East Asia Advisory Committee on Health Research (SEA ACHR) was held in Bangkok, Thailand from, 17 to 19 July 2013. The Chief Guest, Professor Pirom Kamolratanakul, President, Chulalongkorn University, in his opening remarks noted that the agenda items to be discussed in the Thirty-third SEA ACHR meeting are very timely and relevant to the health problems in the WHO South-East Asia Region. He stressed that the role of research is very important in health development.

Welcoming the participants, Dr Yonas Tegegn, WHO Representative to Thailand, stressed that research and the evidence that it yields are critical elements for improving global health and health equity, as well as economic development. Countries with highly developed research capacities are also those with successful health development and high health status. He said that Thailand has been acknowledged all over the world due to impressive health achievements that would not have been possible without inputs from health research. Thailand has not only been able to conduct high quality research, but also disseminates and utilizes knowledge generated from research very effectively. The current global health situation is complex and characterized by an array of new and existing health challenges, many of which call for greater efforts in the areas of research.

It is, therefore, essential that Member States mobilize sufficient resources for research. He observed that most countries in the Region allocate inadequate budget for research.

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region stated that health research continues to play a critical role in health development to improve health outcome, especially in view of the current and emerging health challenges. These challenges are becoming more multidimensional and increasingly difficult to handle by national health authorities. Research is indeed needed to help in facing the challenges in the most efficient and effective manner.

He stressed that it is particularly important to develop health policies and support programmes by the best research evidence, to ensure that they will respond effectively to the priority health needs of all people. Such response must be in the most cost-efficient and cost-effective manner in view of the competing demands for limited resources for health.

Dr Samlee explained that exploiting research optimally for solving priority health problems is not simple. It has to go through a complex, and, sometimes, difficult process: from policy to operation and from proposal development to application of research results. Furthermore, health research is sometimes not focused enough on the areas of great need. Health research may not always be intended for solving priority health problems, but is pursued with some other purpose, depending on the interest of the individual researchers. Even when there is an agreement on health research priorities, the best way to finance research and development in those priority areas to produce public goods for health improvement is still not clear.

The Regional Director further elaborated that health research policy needs to be developed within the framework of national health policy. Health research should be managed through close collaboration between research institutions and national health authorities to ensure the application of research results by national health programmes. Research institutions, even though outside the ministries of health, are part and parcel of national health systems.

During the past three decades, SEA ACHR has significantly contributed to research capacity strengthening. Some examples of the WHO research work that has been carried out with close advice of the SEA ACHR are: research in chronic liver disease; studies on the treatment of snake bite and chronic respiratory infections, and research and development of dengue vaccine.

These research activities were undertaken in the initial years of SEA ACHR. Later, the research subjects chosen were broader, focusing on areas of research policy and strategy development as well as research management in general.

2. Business session

2.1 Research capacity strengthening in Bhutan, Maldives and Timor-Leste

Dr Hari Kusnanto, Professor of Public Health, Faculty of Medicine, University of Gadjah Mada, Indonesia presented the report of a study of research capacity strengthening in Bhutan, Maldives and Timor-Leste. In the past four years, the WHO Regional Office for South-East Asia has implemented comprehensive capacity building to strengthen health research in Bhutan, Maldives and Timor-Leste. Building research capacity at the individual level encompasses two main areas of training – (a) knowledge in a particular discipline, such as nursing, epidemiology, public health administration, health programme evaluation or biostatistics; and (b) capacity and skills in research methodology. Since 2010, the Regional Office has supported 14 fellowships from Bhutan to study for master's degrees in various health disciplines and 36 short-term training programmes in various fields, eight fellowships to study for bachelor's and master's degrees in various health disciplines; 55 short-term fellowships in various fields from Maldives; three fellowships for master's degree programme; and 14 short-term fellowships from Timor-Leste. Various training courses and workshops related to research methodology have also been conducted. Library and laboratory services and health information systems in Bhutan, Maldives and Timor-Leste have also been strengthened to enable them to support health research through fellowships, training courses and workshops, procuring equipment.

WHO supported institutional capacity strengthening in Bhutan, Maldives and Timor-Leste, through three strategic major areas: establishment of a research unit within the Ministry of Health; development of policy and planning in health research; and development of national health research priorities.

To date, capacities of health research in Bhutan, Maldives and Timor-Leste have improved significantly. Several articles by researchers in Bhutan and Timor-Leste have been published in international journals.

Conclusions

- Health research capacity strengthening in Bhutan, Maldives and Timor-Leste was supported through international and national training courses and intercountry activities. Each of these countries has established a research unit within the Ministry of Health.
- Research studies have been published from these countries on topical issues of public health importance. Much of this was done by external researchers. It was stressed that nationals should be encouraged to undertake research studies.
- Ethics review committees have been established in these countries. National health research structures and plans have been developed and research priorities defined.
- Bhutan, Maldives and Timor-Leste have developed mechanisms to disseminate research findings to the public as well as policy-makers.

Recommendations

- While a number of studies have been published from Bhutan, Maldives and Timor-Leste, there is a need to involve more nationals in research and publication of research findings.
- Countries should consider allotting adequate budget dedicated for health research.
- The twinning programme of research in Bhutan, Maldives and Timor-Leste should be further strengthened with countries with strong research infrastructure.
- Intercountry research capacity strengthening and resource mobilization for research is needed. This should be done through: establishment of a regional research network, development of common research protocols, and bi-annual meetings.
- WHO should continue to support Bhutan, Maldives and Timor-Leste to strengthen research units in the ministries of health.

2.2 Research to support routine immunization in the South-East Asia Region

Dr Sangay Thinley, Director, Family Health and Research, in his presentation on research to support routine immunization in the South-East Asia Region, stated that WHO has provided technical and/or financial support for a number of studies in the Region. Two studies were supported in Bangladesh between 2010 and 2012; 11 studies in India between 2007 and 2012 and three that will be completed by 2014; one study in Indonesia from 2007 to 2012; two in Myanmar; one in Sri Lanka; and 19 in Nepal. The studies ranged from vaccine clinical trials, seroprevalence studies and immunological dynamics to impact evaluation and operational research. The majority of the studies in India were focused on polio vaccines. The range of subjects covered in Nepal was much larger, whereas the focus in Indonesia was on inactivated polio vaccine.

Some of the research conducted has had a huge impact on the programme and on national policy as well. The most important instances are given below.

- The introduction of clinical trials and seroprevalence studies in India led to the rapid development of monovalent and bivalent oral polio vaccines helped the country achieve zero-polio transmission in early 2011.
- Nepal's studies on seroprevalence of rubella and burden of congenital rubella syndrome resulted in a policy decision to conduct a measles and rubella catch-up campaign followed by introduction of the measles and rubella vaccine in the national immunization schedule.
- Indonesia completed the IPV project in Yogyakarta, which demonstrated that the switch from OPV to IPV can be successfully made without any adverse effects on the vaccines, the cold chain and the service delivery system, and that three doses of IPV provided very high levels of protective immunity.
- The planned measles/rubella serosurveys in Myanmar and Nepal in 2013 will compare seroassays on oral fluids versus serum samples in a post-measles-immunization campaign scenario and help to determine the feasibility of using oral fluids instead of

serum for measles/rubella diagnosis in the future, which has huge implications on the cost of surveillance.

The lessons learnt from these research studies as follows.

- In vaccine preventable disease control, and in particular elimination and eradication, it is important to continue to conduct research on the relevant vaccine, programme operations, vaccine delivery systems and community participation.
- The results are likely to have a greater impact on policy and programme decisions.
- If the research has been conducted on the basis of a defined programme need and with national leadership and participation, then:
 - research results are likely to have a greater impact on policy and programme decisions;
 - research results can guide the country programme in the right direction and establish a meaningful basis for evidence-based decision making;
 - research is likely to have more relevance and success by involving stakeholders.
 - it does not cost much money to conduct meaningful research. Countries should be encouraged to make research a firm component of future programme plans and provide dedicated funding for research.
 - research provides opportunities to build research capacity, including data analysis and interpretation of results in the country.

Conclusions

- Forty studies on immunization have been launched in the Region since 2007 with WHO support (21 completed 19 ongoing). These include vaccine trials, seroprevalance studies, immunologic dynamics, impact evaluation and operational research.

- Immunization research has had a significant impact on immunization policy and programmes in several countries.
- Future immunization-related research needs to increase emphasis on increasing access and demand, perceptions and communication needs around adverse events and serosurveys to better define population immunity against selected vaccine-preventable diseases.

Recommendations

- Investment should be made in implementation research and health technology assessment of new vaccines such as HPV, and their introduction.
- Research should be conducted to find solutions for safe disposal of unutilized Oral Polio vaccine (OPV) to avoid Vaccine associated Paralytic Poliomyelitis (VAPP) (especially in light of the polio end-game).

2.3 Research to support prevention and control of noncommunicable diseases

In the presentation made by Dr Renu Garg, Regional Adviser, Noncommunicable Diseases, WHO Regional Office for South-East Asia, it was emphasized that although there is enough knowledge for scaling up the NCD prevention and control programme, emphasis on policy and operational research to find best ways of formulating policies and programme is likely to accelerate programme implementation in the Member States. Research is also needed to sharpen the knowledge base about the pathways to disease occurrence and prevention in diverse sociocultural and economic contexts and settings. In addition, innovative ways of tracking the progress of prevention and control programmes, especially in low-resource settings, are also needed.

Operational research for finding the best ways of implementing the NCD programme has lagged behind in the Region due to limited capacity and resources. Hence, WHO conducted a workshop in the South-East Asia Region in 2012: to review the prioritized research agenda; identify research priorities; augment research capacity for generating innovative ideas for

scaling up the NCD prevention and control programme. Workshop participants concluded that health system/implementation research is the need of the hour in the Region. Lack of financial and human resources for research was identified as an important impediment in implementing the research agenda. The support of WHO and other development agencies for advocating increased investment in research organizations in the region was emphasized. Several research projects were also identified by Member States.

Conclusions

- More Region-specific research on effective advocacy, multisectoral action and health systems interventions for control and management of NCDs is needed.
- NCD research predominantly focuses on biomedical dimensions. There is a need to include sociocultural behavioural research for NCD risk factors.

Recommendations

- (1) Countries should establish context-specific research priorities for NCDs.
- (2) Field practice areas for long-term studies should be created.
- (3) Focused research is needed in the following areas:
 - sociobehavioural research factors that influence positive/negative deviance;
 - economics of NCD prevention and control;
 - childhood obesity;
 - the role of traditional medicine;
 - effectiveness of primary health care - based models/community-based interventions;
 - road safety;
 - tobacco control;
 - occupational/environmental health and NCDs;
 - ageing.

- (4) Both the WHO Regional Office for South-East Asia and the members of SEA ACHR should contribute the regional perspectives for the World Health Report 2013.

2.4 Research for universal health coverage

Mr Robert Fraser Terry, Programme Manager, Public Health Innovation, WHO headquarters, presented the salient features of World health report 2013: research to support universal health coverage.

Dr Alaka Singh, Regional Adviser, Health Economics & Health Planning, in her presentation, defined Universal Health coverage (UHC) as a pragmatic way to operationalize the concept in countries – countries can then plan systematic phasing in of measurable outcomes towards a broader, longer-term aspirational vision. Detailed indicators based on country context and grouped under the three dimensions of UHC are useful in informing national policy formulation and revision. For international comparison of progress on UHC, measurements would need to be simpler and require further discussion and agreement. Health-related inequities both as a result and cause of ill-health – need to be better understood to develop policy and strategy responses including multisectoral action on social determinants of health. For UHC, countries must strengthen their health systems to meet health needs through people-centred integrated care (with respect to the continuum of care and vertical programmes) that is available, accessible, acceptable and affordable.

Government financing is central to the UHC effort in the Region. However, there are ways to manage and supplement this source of funding, notably through social health insurance based on the same principles of prepayment and pooling, that could improve both equity and efficiency in a mixed system of health financing. Countries in the South-East Asia Region must examine the effective use of purchasing to improve performance, contain costs, and balance prevention and curative care. Addressing access to essential medicines has been demonstrated as very effective ‘quick wins’ that can be sustained for both improved equity and efficiency. Human resources for health will be a crucial input for UHC and countries need to assess the use of financial and non-financial incentives in their specific contexts for strengthening deployment, retention and performance, especially in underserved areas. Governance and ministry of health leadership will be critical for the UHC effort in the countries of the Region.

Conclusions

- The WHO Regional Office has supported research on UHC based on country priorities. In the past two years, the thrust has been on applied/action research to inform policy. Broad areas include: measuring UHC; understanding inequities; managing and supplementing government financing; containing costs in service delivery; improving equity and efficiency through free access to medicines.
- There is an urgent need to develop capacity in the field of health economics in the countries of the Region.
- The World health report 2013 will be titled Research for Universal Health Coverage. It will focus on research needed for improving access and creating a best environment for research.
- One of the points relevant to the Region that the report will emphasize is the need for low-and middle-income countries to not only be consumers of research, but also to become producers of research.

Recommendations

- (1) Member States should carry out research on universal health coverage for evidence-based solutions with due emphasis on preventive and promotive health interventions.

2.5 Knowledge gap and research priorities in maternal and perinatal health

Dr Martin Willi Weber, Regional Adviser, Maternal & Reproductive Health, WHO Regional Office for South-East Asia, informed the participants that a technical meeting was held from 24 to 26 April 2013 at the Department of Reproductive Health Research (RHR), WHO headquarters to: identify knowledge gaps and establish priorities to reduce the burden of maternal and perinatal mortality, morbidity and long-term disability; identify priority questions and critical outcomes to be made into recommendations in the forthcoming WHO guidelines on preterm births.

It was further elaborated that almost 600 experts were invited to submit areas to be given priority in research in maternal and perinatal health, to be expressed as research questions. About 360 research questions were submitted by about 300 experts. These were further reviewed by RHR, arriving at 184 questions distributed in the seven categories as follows:

- abortion (20)
- antenatal care (21)
- labour and delivery (39)
- obstetric complications (49–28 for postpartum haemorrhage and 21 for hypertensive disease of pregnancy)
- neonatal health (26)
- health systems (19)
- others (10).

There were five priority interventions each for the mother and the preterm baby that will be further researched, and the evidence generated will be used in the guidelines on pre-term births.

Five priority interventions for the mother	Five priority interventions for the pre-term baby
1. Antenatal corticosteroids to enhance lung maturity of the foetus	1. Supplemental oxygen
2. Tocolytic agents to slow down the labour process	2. Mechanical ventilation support in the labour room
3. Magnesium sulfate for neuro-protection/brain development of the fetus	3. Kangaroo mother care (KMC) – early and continuous
4. Antibiotics with premature rupture of membrane	4. Kangaroo mother care – intermittent
5. Antibiotics without premature rupture of membranes	5. Parenteral nutrition

Conclusions

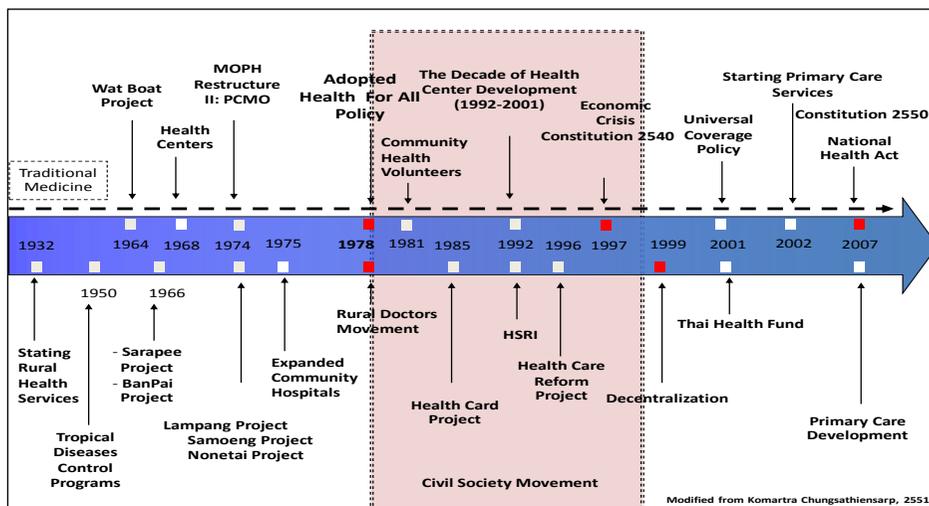
- WHO has set in process a mechanism to define research priorities in maternal and perinatal health by involving researchers, programme managers and other stakeholders. The identified priorities include: research questions on abortion, antenatal care, complications of pregnancy and delivery, neonatal care, preterm birth, community-based approaches and financial incentives.
- The final list of research priorities will be available in April 2014.

Recommendations

- (1) Countries may utilize the global research priorities to guide national priorities for research in maternal and perinatal health.
- (2) Research on adolescent pregnancy and family-planning relevant to the regional context needs to be prioritized by countries of the Region.
- (3) Relevant multidisciplinary research on maternal and perinatal health needs to be carried out with involvement of other specialists like sociologists and social anthropologists.
- (4) In order to improve access Maternal and Child Health (MCH) to services in resource-constrained scenarios, research for optimal utilization of available human resources for health must be implemented.

2.6 Utilizing research evidence for policy-making

Dr Somsak Chunharas, Secretary General, National Health Foundation, Bangkok, Thailand, presented Thailand's experience in using research evidence for policy-making. He explained the history of health system development in Thailand, underlining some milestones in relation to the conceptual thinking behind the development of policies.



Dr Somsak then shared the recent experiences of the Health Intervention and Technology Assessment Programme in using research evidence in determining benefits package of Thailand’s universal health coverage programme.

This was followed by a description of the WHO initiatives in promoting utilization of research evidence for policy-making through the establishment of Evidence-informed Policy Network Programme (EVIPNet). Some major activities conducted by WHO, such as capacity-building through training and workshops, and development of a portal and database of evidence were also outlined.

Dr Agus Suprpto, Director, Center for Research on Health Policy and Community Empowerment, National Institute of Health Research and Development, Ministry of Health Indonesia briefly explained that basic health survey *Riskesdas* was a huge, nationwide community-based research that in 2007 visited 258,446 households and interview 973,657 respondents in 440 districts/cities. In 2013, it is expected to visit 300,000 households and interview 1.3 million respondents in 497 districts/cities because of new developments. The findings of the *Riskesdas* have been used to identify priority districts/municipalities in health development in Indonesia. The *Riskesdas* findings have also been used to persuade the Indonesian Parliament to provide operational funds for primary health care centre (*Puskesmas*).

Conclusions

- Experiences presented from Indonesia and Thailand suggest that autonomous/semi-autonomous and adequately-funded public health research institutes closely linked with the Ministry of Health have the potential of creating an impact on evidence-informed health policy development and strategic planning.
- WHO can provide technical support to countries wishing to develop capacity in the area of evidence for policy-making through its Evidence-informed Policy Network Programme (EVIPNET)
- Researchers have a responsibility to ensure the best dissemination of their research findings to make them available for policy-making. They need to be trained to ensure that the interpreted research findings and advocacy are responsibly and in a manner easily understood by policy-makers.

Recommendations

- (1) Depending upon the local context, Member States may consider creating/strengthening well-funded, autonomous structures and mechanisms for evidence-informed health policy and strategy formulation.

2.7 Research for health carried out by non-health sectors

Dr Gunawan Setiadi, Regional Adviser on Research Policy and Cooperation, WHO Regional Office for South-East Asia presenting the concept note on building and strengthening research for health carried-out by non-health sectors in the South-East Asia Region, emphasized that developments in non-health sectors have large externalities to human health, both positive and negative. Hence, research for health cannot be the business of the health sector alone. Involvement of many disciplines is required in several sectors that have a bearing on health such as agriculture, industry, environment, housing, social welfare, and transportation. The interrelationship between social policies and health has been recognized by the advocates of health-in-all-policies. However, this understanding has not yet made its way into the academic, research and policy arenas in most of

the sectors. Therefore, strategies need to be designed for engaging several disciplines and sectors to search for sustainable solutions that place health at the centre of development initiatives.

He elaborated that research for health can simply be defined as all research that has a bearing on health. Research for health is broader than health research, reflecting the fact that health is also influenced by policy actions taken by non-health sectors. Research for health seeks to understand the impact of policies, programmes, processes, actions or events that originate in any sector but affect health. The challenges that have been identified in promoting research for health in non-health sectors are:

- health is an externality for the development goals of their own sector.
- the sectoral orientation of funding, budget control, planning, monitoring, and accountability;
- lack of awareness on intersectoral issues with no one sector able to take responsibility or advocate effectively for results;
- differences in paradigms, worldviews, mindsets, and professional language;
- sectoral competition among priorities, incentives, and decision-making processes;
- capacity constraints, including lack of knowledge about and training in multisectoral work;
- rapid turnover of staff that impedes the formation of the relationships and partnerships necessary to bridge institutional divides across sectors; and
- the tendency for students at universities and other institutions to be funnelled into their respective disciplines without much exposure to peers, faculty, and professionals in other departments who share similar research interests, but have a different professional language or perspective to view a common issue.

Based on the lessons learnt and issues mentioned above, some strategic directions have been proposed to build and strengthen research for health in non-health sectors.

Conclusions

- Given that health is influenced by multiple factors, there is a need to proactively engage sectors other than health in research for health. This should include research on:
 - health impacts of interventions of other sectors; and
 - research that other sectors need to do for improving health related outcomes of their policies and programmes.
- The health sector must advocate for and provide evidence to other sectors for implementing research for health.
- There is need for more dialogue between health researchers and researchers from other sectors to formulate mutually beneficial research programmes.
- Research for health is crucial for embedding health in all policies.
- At present, there is a dearth of randomized controlled trials by non-health sectors on health impacts of their sectoral interventions.
- Schools of public health and similar institutions should provide a platform and institutional framework for encouraging research for health by non-health sectors. Training of personnel in public health and research from non-health sectors should be encouraged.
- Overall, the challenges and success factors for promoting mechanism for strengthening research for health, priority research agendas and involvement of relevant non-health sectors need to be considered by countries based on country context and supported by technical partners.

Recommendations

- (1) Research for health by non-health sectors should be proactively supported.
- (2) As a first step, national workshops to initiate a multisectoral dialogue on promoting multicentric research for health should be initiated. The workshops should aim to develop plans for

implementing research for health by focusing on the following issues:

- identification and prioritization of sectors that affect health based in the context of local epidemiologic, social, cultural and political factor such as agriculture, education, industry, urban development;
- identification of opportunities such as initiatives for NCD, climate change, media including social media, and challenges such as inadequate information/understanding of the issue, funding, turf issues;
- establishment of institutional structures such as an autonomous empowered body to implement, oversee and monitor research for health and joint funding mechanisms for implementing research for health.

2.8 Nomination for the Jacques Parisot Foundation Award

Dr Gunawan Setiadi briefed the Members about the Jacques Parisot Foundation Award and the research proposal developed by Dr Htin Zaw Soe, Myanmar to be considered by the SEA ACHR.

Conclusion

The proposal “Pilot studies on newly developed botanical larvicides and repellents against aedes mosquitoes in Myanmar” submitted for the Jacques Parisot Award was deliberated upon and endorsed.

Recommendation

The recommendation of the ACHR for the Jacques Parisot Foundation Award should be presented to the Sixty-sixth Session of the Regional Committee for South-East Asia for its consideration.

3. Closing session

In his closing remarks, Dr Samlee Plianbangchang, appreciated the contributions made by the SEA ACHR members and the special invitees that led to a successful conclusion of the session. The Regional Director especially thanked the Chair and Co-chair for conducting the meeting smoothly. He also noted the recommendations made by the Thirty-third Session of SEA ACHR, which were practical, do-able and easy to understand. The Regional Director suggested the following topics to be discussed in the next SEA ACHR:

- (1) ethics on research which will not only cover ethics on proposal development, but all the stages of research from proposal development to data management and publication. All aspects of research need ethical consideration, including code of ethics for the researcher;
- (2) health systems research to strengthen management and development of any programme;
- (3) clinical research, particularly in the context of globalization of research.

Annex 1

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

Distinguished ACHR members, distinguished special invitees, honorable guests, ladies and gentlemen,

With great pleasure, I warmly welcome you all to the Thirty-third Session of WHO South-East Asia Advisory Committee on Health Research (SEA ACHR). I thank you all for sparing your valuable time to attend this important meeting.

WHO SEA ACHR was established in 1975, to advise Member States through the Regional Director on matters relating to regional policy, strategy and programme in health research. Members of the Committee are experts in the field of health research and they serve the Committee in their own personal capacity.

At the same time, prominent public health professionals are specially invited to participate in the discussions of particularly important subjects at each session of ACHR. Recommendations derived from the discussions of the Committee have been used as a basis for the development and management of health research programmes in the Region in various specific areas of “country research capacity strengthening”. In each session of ACHR, we review actions taken on the recommendations of the previous meetings and bring out the results from those actions for presentation at the subsequent ACHR meeting.

As such, for this meeting, the Committee will deliberate upon a number of topical subjects of particular interest, such as:

- health research capacity strengthening in Bhutan, Maldives and Timor-Leste;
- research to support the efforts towards “routine immunization;
- research in areas of NCD prevention and control;

- research to support the development of Universal Health Coverage;
- knowledge gap and research priorities in maternal and perinatal health;
- utilizing research evidence for policy development; and
- research for health carried out by non-health sectors;

I hope that at the end of the meeting a series of concrete recommendations would have been made for further strengthening “country health research capacity”, as well as for generating more “research evidence” to support “health improvement” in the Region.

Ladies and gentlemen,

Health research continues to play “critical role” in health development to improve “health outcome”, especially in view of the current and emerging “health challenges”. These challenges are becoming more “multi-dimensional” and increasingly difficult to handle by “national health authorities”. Research is indeed needed to help in facing the challenges in the most efficient and effective manner.

With the competing demands for limited resources for health it is particularly important that the development of health policies and “programmes are supported by the best research evidence, to ensure that such policies and programmes will respond effectively to the priority health needs of all people and such response must be in the most “cost-efficient” and “cost-effective” manner.

However, exploiting research optimally for solving priority health problems is not simple. It has to go through a complex, and, sometime, a difficult process: from policy to operation and from proposal development to application of research results. Furthermore, health research is sometimes not focused enough on the areas of great needs and health research may not always be intended for solving priority health problems but, it is pursued with some other purpose depending on the interest of the individual researchers.

Even when there is an agreement on “health research priorities”, it is still not clear on the best way to finance “research and development” in those priority areas to produce public goods for health improvement.

In South-East Asia Region, a number of challenges is identified in managing health research. We are facing difficulties due to weak health systems to support health research in some countries. These difficulties also include:

- absence of clear “national policy” on health research, in most cases;
- weak coordination of health research activities at both national and institutional levels;
- general weakness in the management of research information; to ensure wide dissemination and use of research results;

There is a general shortage of research staff, including researchers and facilities to back up research work are insufficient in several countries. In particular the facilities need to be made available, in areas, such as, laboratory, literature and library services, modern tools for data processing, and management etc. Incentives to motivate and encourage researchers to improve their competencies are not sufficient. Most importantly, specially in this part of the world, funds to finance health research are difficult to be mobilized.

Distinguished participants,

“Health research policy” needs to be developed within the framework of “national health policy”. And health research should be managed through close collaboration between research institutions and national health authorities. This is to ensure the application of “research results” by “national health programmes”. Research institutions, even though outside ministry of health, are part and parcel of “national health systems”.

Ladies and gentlemen,

These challenges are not new to us. We have tried to overcome these for long time. But they still prevail. Tackling these problems indeed needs new initiatives and ways and means. Despite all these, during the past three decades, SEA ACHR has significantly contributed to several areas of the development of health research in the Region, particularly, in the area of research capacity strengthening as already mentioned.

In the specific areas, there were examples of the WHO research work which had been done with close advice of the SEA ACHR. These are:

- research in “chronic liver disease”,
- studies on the “treatment of snake bite”,
- studies on “chronic respiratory infections”, and
- research and development of “dengue vaccine”.

These research activities were undertaken at the initial years of SEA/ACHR. Later, the research subjects had broadened, focusing on areas of research policy and strategy development as well as “research management” in general.

Ladies and gentlemen,

Of late, we started to look at the effectiveness of SEA ACHR work in its contribution to health research in the Region. The question still remains, are we satisfied with the way we are managing our SEA ACHR work? We used to review the relevance of SEA ACHR recommendations, and yet, we are still to look critically at how those recommendations are implemented.

We believe that there is room to further improve the effectiveness of SEA ACHR’s work. If time permits, during the course of this session, we may briefly revisit these issues and suggest ways and means to improve the functioning of our ACHR.

However, ladies and gentlemen, we count on all SEA ACHR members, and other professionals to help in refining and strengthening various aspects of regional health research agenda and programme to ensure that research needs for health improvement in countries of the Region are satisfactorily met and health policies, strategies and programmes are based on “research evidence”.

There are a number of other important issues that needs ACHR’s attention. We need to revisit the issues relating to basic research, clinical research and health systems research. These should be included in the agenda of the meeting.

Once again, I thank all the participants overwhelmingly for attending this meeting. I finally wish you all productive deliberations and fruitful outcome. I wish this session of SEA/ACHR all success and I wish you all an enjoyable stay in Bangkok.

Annex 1

List of participants

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Annex 2

Terms of reference

To advise the Regional Director on the following matters relating to health research:

- strengthening research capacity in Bhutan, Maldives and Timor-Leste;
- research to support routine immunization in South-East Asia Region;
- research for universal health coverage;
- research to support prevention and control of noncommunicable diseases;
- enhancing utilization of research evidence for policy-making;
- promoting research for health carried out by non-health sectors in the South-East Asia Region.

Annex 3

Agenda

- (1) Report of research capacity strengthening in Bhutan, Maldives and Timor-Leste
- (2) Report of the research to support routine immunization in SEA Region
- (3) Research for NCD prevention and control
- (4) Research for universal health coverage
 - Salient features of the World Health Report 2013: Research for universal health coverage
 - Research for universal health coverage supported by WHO SEARO
- (5) Knowledge gap and research priorities in maternal and perinatal health
- (6) Utilizing research evidence for policy-making
 - WHO initiative in promoting research evidence for policy making
 - Using research evidence for policy making: Thai Experience
 - Using national basic health survey for strategic planning and resource allocation: Indonesia experience
- (7) Research for health carried out by non-health sectors
 - Concept note on Strategic direction on building and strengthening research for health carried by non-health sectors
 - Case study on research for health
 - Building and strengthening research for health carried out by non-health sectors in SEAR
 - Nomination for the Jacques Parisot Award

This document contains the follow-up actions on the recommendations of Thirty-second Session of WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR) especially the pivotal role of WRs in supporting health research systems in countries. Besides, the report also focused on the deliberations of small group meeting building and strengthening health research capacity of small countries in the South-East Asia Region which was held on 10–11 April 2013.

It also covers the recommendations for strengthening the research capacity in three countries (Bhutan, Maldives and Timor-Leste) and a roadmap for future collaboration among these countries.



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