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

*Report to the Regional Director*



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## 1. INAUGURAL SESSION

H.E. Major General Ket Sein, Minister for Health, Myanmar, inaugurated the 24<sup>th</sup> session of the WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR). The Minister underlined that health research, being an essential guide for health action, generates information and understanding, which could be used to achieve better health. The Minister reiterated his Government's commitment to achieve universal access to primary health care, including for national races residing in border areas. Extensive national campaigns of immunization days had made an effect on controlling diseases of childhood, especially for the eradication of poliomyelitis by the year 2000. He said that there was an improvement in the access to safe water supply and sanitation. Health development activities were being extended for preventing iodine deficiency disorders and eliminating leprosy by the year 2000. Health development in Myanmar was also addressing the double burden of communicable and noncommunicable diseases. So was the need to address the unfinished agenda of childhood and sexually transmitted infectious diseases, malnutrition and poor maternal health.

H.E. Major General Ket Sein further said that the development of health research has a crucial role to play in the achievement of overall national health development goals, including sustainability and equity. It could also help in the more efficient use of resources, as well as in determining the impact of reforms being introduced. He also indicated that health researchers from Myanmar were closely collaborating with different departments and institutions within the country. These researchers were also exchanging experiences with health researchers from other countries, especially those belonging to the Association of South East Asian Nations (ASEAN). H.E. Major General Ket Sein concluded by wishing the participants success in their deliberations.

Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region, in his address, thanked the Government of the Union of Myanmar for hosting this meeting and welcomed participants to the 24<sup>th</sup> session of the WHO South-East Asia Advisory Committee on Health Research. He mentioned that it was the second time that Myanmar was hosting the meeting since 1991. Dr Uton emphasized that health research and development strengthen the overall mission of WHO and, therefore,

stronger partnerships for health research were required. In order to do so, as well as to render its efforts more effective, WHO is currently reviewing the role of health research in WHO as well as WHO's role in health research. The Director-General, WHO, had recently established external and internal working groups to review the policies and strategies to support WHO in health research, at all levels of the Organization. Dr Uton indicated that WHO's overall ACHR system might change as a result thereof. Dr Uton also reiterated the Director-General's statement that the expansion of the knowledge base represented a key challenge for global health in the 21<sup>st</sup> century. Against this background, Dr Uton invited the participants to contribute their thinking and expertise to enable the Committee to answer a series of relevant questions. For instance: How can health research strengthen the overall mission of WHO? How can stronger partnerships for health research be achieved? How best can health research improve its own application? How can health research findings be translated effectively and without undue delay into WHO and national policies along with technical guidelines?

Dr Uton concluded that health research should be promoted in the priority health development areas of Member States. Good practices in health research management should be established and health research findings be disseminated and utilized, and national capacities in research promotion and development strengthened. He closed his address by requesting the 24<sup>th</sup> session of SEA-ACHR to make a good contribution to these endeavours. (See Annex 1 for the full text of the Regional Director's Opening Address.)

## **2. BUSINESS SESSION**

The seven ACHR members attended the 24<sup>th</sup> session of SEA-ACHR, along with seven special invitees and the WHO Secretariat headed by Dr Uton Muchtar Rafei (see detailed List of Participants in Annex 2). Dr Uton Muchtar Rafei, in his introductory remarks at the Business Session, highlighted that WHO is currently reviewing its role of research promotion, development and cooperation. He emphasized that expansion of the knowledge base would be a key challenge for global health in the 21<sup>st</sup> century, and then briefly elaborated on the topics and major issues to be discussed during this meeting. Dr Uton recapitulated the areas to be addressed by the four scientific working groups, the basis for which had been laid at the first joint session of the SEA-ACHR and the Directors of Medical Research Councils (MRC), organized in April 1998, in Sri Lanka. He said that the main modalities and directions for these four working groups had been agreed to at the meeting of their Chairpersons held at WHO/SEARO in December 1998.

Since Dr Broto Wasisto from Indonesia, who is the Chairperson of the SEA-ACHR, was not able to attend this meeting, Dr Uton Muchtar Rafei nominated Professor Mathura P Shrestha, Chairperson, Nepal Health Research Council, as the interim Chairperson of the present session. Members agreed by acclamation. Upon assuming the chair, Professor M P Shrestha expressed his gratitude for the nomination as well as for the trust placed in him. He requested cooperation from members in the proceedings, and proposed a drafting group consisting of Professor Dulitha Fernando, Professor Porapan Punyaratbhandhu and Dr Agus Suwandono. The Committee assented to these arrangements. The Chairperson proposed the tentative agenda and the working schedule, which were adopted unanimously (see Annex 3). The WHO Regional Director also welcomed Professor U Mya Oo, Deputy Minister for Health, Myanmar, who joined the business session as an observer.

## **2.1 Report on the Regional Research Policy and Strategy Coordination Programme**

The Regional Director drew attention to the regional research policy and strategy coordination programme which is regularly discussed at SEA-ACHR meetings and elsewhere. He underlined the impact of rapid changes taking place across the world on the promotion and development of health research. There was a need to keep track of those changes, which may have a direct or indirect bearing on health research in particular, and subsequently on the overall health development in this Region.

An overview of the regional research policy and strategy coordination programme was presented, covering briefly the historical, contemporary and future perspectives. The development of the programme could be seen as reflected in the programme description, which has evolved from research promotion and development (RPD) (historical); to research policy and strategy coordination (RPS) (contemporary), and to research policy and cooperation (RPC) (future). The earlier programme focused on capacity development for health research at country and regional levels, whereas the programme later concentrated on research policy and strategy formulation and their coordination. The present and future work in this regard will concentrate on policy development and cooperation within the partnership framework. Landmark resolutions, passed by the WHO Regional Committee for South-East Asia in this context, led to the development of regional research objectives (RC29, 1976), regional health research strategies (RC46, 1993) and review of WHO collaborating centres (RC50, 1997). The key elements of the regional research strategy include its orientation towards attaining health for all, its close linkage to the essential elements of primary health care and the importance of

intersectoral action for health. The health research system is being developed as a whole and linked to the health care system.

The 23<sup>rd</sup> session of the SEA-ACHR held in 1997 underlined the need for analysis of health policy and health sector reforms. Subsequently, the Declaration on Health Development in the South-East Asia Region in the 21<sup>st</sup> Century, adopted by Ministers of Health of countries of this Region and endorsed by the Regional Committee in 1997, mentioned the important role of health research. This regional health declaration emphasized the five foremost challenges of the future, namely closing the gaps and inequities in health; creating conditions which promote health and self-reliance; ensuring basic health services to all, especially the poor, women and other vulnerable groups; upholding and enforcing health ethics, and placing health at the centre of development. Important health research actions to help address these challenges would be to reduce the gap between researchers and policy-makers; promote the use of evidence-based information, and focus on health systems development in order to address the problems of the poor and the underprivileged.

Since addressing these challenges required closer cooperation and a better coordinated approach, the first joint session of SEA-ACHR and directors of medical research councils (MRC) or analogous bodies was organized in 1998. This joint session focused on the various aspects of health research management at the country level, such as the need for formulating research priorities and defining research agendas for countries and WHO; the need to dedicate staff time for analysis and synthesis; the need for resources, and the need for good management *per se*. Following this first joint session of SEA-ACHR and MRC, an internal evaluation of the WHO regional research programme was carried out in the latter part of 1998. The evaluation covered the integrated areas of research promotion and development; research capability strengthening, and health systems research promotion.

In early 1999, at the initiation of the Director-General, WHO, internal and external reviews of policies and strategies to support WHO in health research were carried out. A regional group of internal and external experts was formed, which met and contributed to this ongoing global review from a South-East Asia perspective. The outcome of this review will be relevant in supporting WHO in health research in the global and regional context. The presentation highlighted the following areas for future action:

- Defining and/or refining national and regional health research agendas;
- Enhancing health research capacity at both national and regional levels;
- Strengthening health research information and its management;

- Improving national and regional capacity for health research management, and
- Increasing the role of WHO collaborating centres and national centres of expertise.

## Discussion

Members debated their country experiences on research promotion and development, including coordination at both national and international levels and agreed that the actions proposed above should be further discussed. They have identified a few areas that need to be further strengthened and developed, especially in defining/refining national and regional health research agendas, strengthening health research capacity and health research information management, and improving the roles of WHO collaborating centres and national centres of expertise. In addition, there was a need to focus attention on the monitoring and evaluation of health research. Members underlined the importance of continuing interaction between the regional ACHR and directors of MRC, in carrying out such actions.

The future research in the Region must recognize the full involvement of different sectors, especially where the developmental activities directly or indirectly affect human health. Intersectoral action is a key principle for the promotion of health research in the 21<sup>st</sup> century. In this context, a viable linkage between researchers and policy-makers should be developed and sustained.

It is important to know how to liaise with non-health sectors when dealing with resource mobilization for health research to address priority health problems. The rising cost of patient management and care and advances in biomedical sciences are going to be inevitable scenarios during the 21<sup>st</sup> century. In view of this, research on the cost-effectiveness of care, equity and access to health care should be a priority. Equity issues must be given maximal attention, in order to align affordable health care with the best scientific knowledge.

There is no doubt that health policy research is a complex issue. It needs to take into account why the available knowledge and technology are not applied fully. Ideally, national health policies should be formulated using evidence-based information. It was also noted that relatively few research activities had been undertaken in relation to health policy development, especially in developing countries.

Establishment of national and regional research priorities must take place before future actions of the regional research programme are finalized. As there are many criteria

for prioritizing the areas for health research in the formulation of national and regional research agendas, it is important to select and define the most appropriate and practical criteria for the region and the respective countries. For example, the criteria developed by *COHRED (Council on Health Research for Development)* may be reviewed and modified appropriately to meet the requirements of the country (and region) concerned. It was observed that different countries might have taken this issue at different periods of time and at various development stages, in formulating their own research agendas. Furthermore, there was a need to define clearly the scope and content of national, regional and global health research agendas.

In developing national capacity and capability, which continued to be an important objective, there is a need to develop (or renew) a sustainable health research strategy through a participatory approach. In order to do so, a synthesis of the current situation would be beneficial. In building up national research capacity, it is important to think in terms of continuity and the absorption capacity of the respective countries. This was also necessary to improve the utilization of research findings. It is necessary to explore the possible ways to narrow the gap between researchers, policy-makers, communities and other partners. The need to develop effective methods of communicating and disseminating research results to the general public was also discussed.

It may be remembered that health research carried out by an individual or institution may not have sufficient leverage to convince policy-makers. Research conducted by WHO collaborating centres (WHO CCs) and/or by national centres of expertise may have greater influence on policy- or decision-making. Future action of research promotion and development by countries of the SEA Region should be based on well-documented evidence. The present regional ACHR mechanism should be fully utilized to obtain the best possible evidence-based information in a systematic and regular manner.

The meeting observed that the regional ACHR needs to be more active between its sessions. Toward this end, an appropriate *modus operandi* should be worked out.

## **2.2 Review of Actions Taken on the Recommendations of the First Joint Session of SEA-ACHR and MRC**

The salient actions undertaken by Member States and the WHO South-East Asia Regional Office (WHO/SEARO) in response to the recommendations of the joint session of the WHO/SEA-ACHR and MRC, held in Sri Lanka last year, were presented. The working paper SEA-ACHR-24-E contained a detailed summary of actions taken by Member States and WHO, in relation to a series of different substantive areas such as: linkages between health researchers and policy-makers; mainstreaming gender issues; research in human reproduction and reproductive health; tuberculosis prevention and

control; indicators to monitor and evaluate health for all; development of a regional research agenda in relation to the Regional Health Declaration; utilization of research findings; activities of scientific working groups in four areas of health research management, and research related to health sector reform.

It may be stressed that linkages between health researchers, health care professionals and policy-makers are important for appropriate development of research priorities, agenda and implementation. Several SEAR countries have conducted national workshops on health research management and health research prioritization. This has brought together a wide range of intersectoral actors and policy-makers, health professionals, health researchers and end-users.

For example, the *Nepal Health Research Council* conducted a workshop at district level, for the coordination and promotion of health systems research. The wider purpose was to develop functional research units, and networking and research management guidelines for such units. While ambitious, it may be achievable in phases. Nepal also convened two consultative meetings on health research prioritization, bringing senior planners, researchers and health professionals together and thereby strengthening the linkage among them. *Sri Lanka* organized a national workshop on health research management (in 1998) and carried out research promotion activities. Health research management was included in all training programmes for health personnel. The country also held a consultative meeting to develop broad national ethical guidelines (in 1999).

*Myanmar* conducted a national workshop on health research management. Senior health professionals from departments under the Ministry of Health were involved to exchange views and ideas, develop collaborative activities and recommended the establishing of an interdepartmental body for implementation, monitoring and evaluation. The Department of Medical Research convened a workshop on enhancing the utilization of research results, to evaluate the existing situation, identify channels for improvement and develop national coordination mechanisms. Similarly, the *Bangladesh Medical Research Council* organized an orientation workshop in research management with a view to streamline activities in health research management and to improve the utilization of research findings. The workshop served as a bridge between researchers and the Research Council, and policy-makers since professionals from different domains were involved. The Council also held consultative meetings for prioritization of health research areas at the divisional level.

*India, Indonesia* and *Thailand* already have an extensive range of mechanisms to bring together concerned parties under the leadership of the respective research councils. Thailand promoted the linkage between researchers and policy-makers

through scientific exchange, both nationally and internationally. The country's extensive experience is of considerable value to the Region. The *Indian Council of Medical Research (ICMR)* conducted a workshop on biomedical ethics, discussing draft ethical guidelines on biomedical research involving human subjects. Once finalized, this document is expected to be most useful not only for India but other countries in the Region as well. To promote the utilization of research results, the Council applied various well-established mechanisms, such as the *ICMR Bulletin*, the National Science Day, a range of Scientific Advisory Committees in addition to its own governing and advisory boards. *Indonesia* held a national workshop on health and medical research and development, discussing networking mechanisms, the development of a national health and medical research ethics system, guidelines for international research collaboration and utilization of research findings.

*Partnerships between COHRED and WHO* have been fruitful with regard to research prioritization, applying the principles of essential national health research, with *Indonesia* and *Nepal* being good examples of this. An extensive intersectoral exercise was undertaken in both countries to develop and prioritize a national health research agenda.

In 1998, the first joint session of ACHR/MRC had laid some conceptual groundwork in four areas of health research management. Subsequently, a meeting of chairpersons of the joint session's scientific working groups (SWGs) was convened at WHO/SEARO. This meeting was important for defining the modalities of work and direction for SWGs in the following four areas:

- Formulation of national health research policies and strategies;
- Management of health research information;
- Criteria for setting health research priorities, and
- Mechanisms for coordination of health research activities in countries.

A regional consultation on the health impact of the economic crisis was organized in close collaboration with the Ministry of Public Health, Thailand, to assess the situation and help prepare for cooperation in response. Significantly, the Ministry of Public Health, Thailand, and the Ministry of Health, Indonesia, established Health Intelligence Units to monitor and assess developments quickly.

In support of gender mainstreaming in the Region, the existing tools, reference materials and training manuals on gender and development are currently reviewed for their relevance to gender, health and development in SEAR. It was considered to be more effective to build on and adapt whatever exists, rather than develop new

materials, unless there are clear gaps. The development of a resource package for gender mainstreaming has commenced. A regional consultation on *Violence against women and the role of the health sector* was held in January 1999 in Myanmar. The meeting identified priority issues related to violence against women and the role of the health sector in its prevention and management. It also examined country experiences and discussed issues related to the development of a regional strategy.

Research to accelerate tuberculosis control included the promotion of operational research, especially in relation to the five components of DOTS (**D**irectly **O**bserved **T**reatment, **S**hort **C**ourse) to strengthen national tuberculosis control programmes. While DOTS has been accepted as a strategy for tuberculosis control by SEAR countries, the pace of implementation in some countries is not satisfactory. A regional consultation to intensify action for tuberculosis control was, therefore, organized in SEAR, which identified major constraints as well as ways of expanding the DOTS coverage. Tuberculosis research has been supported by WHO, for example cost-effectiveness studies in Thailand and research into the efficacy of a new treatment regimen in India. The latter is in collaboration with the Tuberculosis Research Centre (TRC), Chennai, a WHO collaborating centre. The Centre will also be conducting the model DOTS centre study, a major community intervention trial funded by USAID through WHO.

Further relevant developments flowing from the regional research agenda included the regional consultation, in October 1998, to develop a ten-point strategic plan for food safety in SEAR, which included a research component. The WHO South-East Asia Research-cum-Action Network in Nutrition continued to exchange vital experience and utilized research as an important tool for the implementation of national plans of action for nutrition. WHO/SEARO organized an intercountry workshop in 1998, which reviewed the implementation and further development of the research agenda flowing from the International Conference on Nutrition (ICN) (1992). The overall purpose of the research-cum-action network and of national nutrition programmes is to achieve the ICN goals, through sustained improvements in nutrition for health and development.

The SEA-ACHR members appreciated the achievements made by WHO/SEARO and the concerned Member States within a short period of time. It was observed that there was a need to share the consolidated information of country and regional activities as related to the recommendations made, for the benefit of those who are still to complete their required activities or for those who need to learn from the experience of others. There was a need to study the national and intercountry coordinating mechanisms and the functioning of the national health or medical research councils and other research bodies related to health, in order to elucidate specific ways for improving these mechanisms and processes. There was much to be learnt from such a study. In

considering the working modalities of SWGs, the Committee emphasized that it would be crucial to know the national health research cooperation and policy development mechanisms. This information is a prerequisite for an efficient review by the SWGs. The respective national health or medical research councils and other analogous bodies should be the prime movers in elucidating these mechanisms and communicating the results to WHO/SEARO, and through it, to the working groups. Every effort should be made to conduct the activities of the four SWGs cost-efficiently. This can be achieved by adopting appropriate methods of implementing the work involved.

The Committee welcomed WHO/SEARO's efforts in facilitating the implementation of recommendations made at previous meetings of ACHR.

The Committee fully appreciated the comprehensive documentation prepared by WHO/SEARO, containing all recommendations made by SEA-ACHR since its inception in 1976. It felt that this document should be reproduced as a booklet, together with additional briefing on major achievements and historical development. WHO/SEARO needs to work in close collaboration with national health or medical research councils (or research foci in relevant ministries), in order to achieve the smooth implementation of SEA-ACHR recommendations. The regional ACHR should periodically review the progress of implementation of its recommendations. It was also observed that a system of following up on the implementation of ACHR recommendations should be established. Appropriate indicators and milestones should be defined and incorporated whenever recommendations are made.

It was noted that, in response to one of the earlier recommendations of SEA-ACHR, an SWG for operational research in reproductive health had been established in 1996. The Committee appreciated that this SWG had accomplished the task of defining the areas of research in reproductive health. However, the Committee felt that it would be highly beneficial if this SWG could review the progress made and enhance it.

### **Recommendations**

- (1) WHO/SEARO should collaborate with national health or medical research councils (MRC), in respective countries, to collect necessary baseline information required by the four scientific working groups responsible for specific areas of health research management. Special attention should be given to elucidating the mechanisms and the national process of health research management existing in the respective countries.
- (2) The SWG on operational research in reproductive health should review the progress of its work, enhance it, and submit its progress report to the forthcoming SEA-ACHR meeting. Recommendations passed by the first

joint session of SEA-ACHR and MRC in 1998 with regard to research in reproductive health should be taken into account in this regard.

- (3) WHO/SEARO should publish, as soon as possible, a briefing document containing all recommendations of SEA-ACHR, and the major achievements in implementing these recommendations, since its inception. This would serve as a good tool for follow-up and as a briefing booklet for new members of SEA-ACHR and others.
- (4) National health or medical research councils, or analogous bodies, should be closely involved in the implementation of recommendations made by SEA-ACHR; and they should also be involved in joint monitoring and evaluation.

### **2.3 Report on the 36<sup>th</sup> Session of the WHO Global Advisory Committee on Health Research**

The summary report on the outcome of the 36<sup>th</sup> session of the global ACHR, held in October 1998, was presented. The Director-General, WHO, in her opening address to that session, stated that while WHO cannot do everything, it should promote and coordinate health research efforts. She also urged the expansion of networks of functional WHO collaborating centres and other scientific bodies. The Committee reviewed and discussed the main areas of outcome of the global ACHR, including research policy matters, regional contributions to the global ACHR system, as well as follow-up on recommendations by the 35<sup>th</sup> session of the global ACHR.

#### **Discussion**

Members noted that the 'winds of change' are blowing. This could have a significant impact on the regional ACHR, which is part of WHO's global network of the ACHR system. It was also noted that one of the essential functions of the global ACHR was to develop *foresight into health futures*, similar to the *technology foresight exercises*, which are being conducted in some countries. It is vital to maintain and strengthen the collegial relationship between the global and regional ACHR systems, as well as with scientific research communities in countries. The Committee felt that the work of the regional ACHR is complementary to the work of the global ACHR. The regional ACHR has the major responsibility for translating global research policies into regional research strategies and research actions at regional and national levels. It also has the responsible task of translating national research needs into a regional outlook and contribute towards a global perspective.

While commending the efforts of WHO/SEARO in following up the recommendations of SEA-ACHR meetings, there is a need to strengthen follow-up at national and sub-national levels, especially in least developed countries. WHO/SEARO should explore, with the assistance of relevant national focal institutions, all possible mechanisms for follow-up to tackle specific technical and managerial issues of health research, e.g., technical committees, task forces, working groups, consultations, and building up of research capacity and capability.

### **Recommendation**

The Committee agreed that the global and regional ACHR system should be maintained. The needs of regions and countries should be adequately reflected when deliberating the global ACHR agenda.

## **2.4 Report on Other Important Health Research Activities at the Global Level**

### **(1) *WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (TDR)***

The Director-General, WHO, in her 1998 article on "Reaching out for World Health", stated that the potential, passion and perception of scientists who are close to the major problems of world health needed to be tapped. The presentation on the WHO/UNDP/World Bank Special Programme for Research and Training in Tropical Diseases (TDR) highlighted the global activities, which had taken this statement by the Director-General seriously, by combining capacity-strengthening with strategic and applied field research, and also with product research and development. Expenses on research capacity-strengthening made up 27% of the TDR programme budget, while strategic and applied field research took 16% and 24%, respectively. The remaining 33% of TDR funds are invested in product research and development related to specified tropical diseases. If analysed by disease, malaria research has taken up over 50% of the current TDR funds.

As a result of the third external review of the TDR programme in 1998, a number of reforms are in the process of implementation. These include: maintaining the global TDR programme's independence and autonomy; broadening the mandate of the work of the global TDR programme into bacterial, parasitic and viral diseases in tropical countries, and enhancing its efforts in mobilizing more resources. On research capacity-strengthening, the third external review recommended, among others, a balanced approach between the training of individuals and institutional strengthening; the need to work closely with national institutions to determine

priorities; encouraging the networking of institutions especially where disease burden is heaviest, and the creation of an Internet Web-page and a database of trainees, grantees and institutions. The TDR programme's current portfolio consists of eight tropical diseases (African trypanomiasis, chagas disease, lymphatic filariasis, leishmaniasis, leprosy, malaria, onchocerciasis, schistosomiasis). The third external review has proposed to add two tropical diseases, namely tuberculosis and dengue/dengue haemorrhagic fever (DHF), which are highly endemic in tropical countries. Strategically, it can be assumed that the global TDR programme would remain relevant for at least the next decade.

The global TDR programme's own reform (starting in 1994) as well as WHO's current reform process have created favourable conditions for promoting changes, both inside and outside. While a series of changes are being implemented concerning important strategic, managerial and organizational issues, others depend on the availability of additional funds. However, the two major objectives of the global TDR programme remain valid, namely to undertake research and development of new and better tools for the control of major groups of tropical diseases, and to strengthen research capabilities in countries where these diseases are endemic.

## **Discussion**

The meeting took note of the progress made in implementing activities under the WHO Special Programme of TDR, which was now organized under the responsibility of the new Communicable Diseases Cluster at WHO headquarters. The Committee reaffirmed the significant contribution made by the TDR programme in the promotion and development of health research, including capacity-building in research in tropical diseases (especially filariasis, leprosy, malaria and kala-azar) in countries of the SEA Region.

The Committee noted that a great contribution had accrued from research grants and institutional strengthening grants provided by the TDR programme to collaborating institutions in the Region. They also appreciated the collaborative activities related to networking, which have further strengthened the regional and national capacities in health research development. There were some concerns expressed as to why managerial mechanisms similar to the global TDR programme had not been adopted by WHO in the area of research on HIV/AIDS.

A question was also raised about research on the prevention and control of tropical diseases that are endemic along the borders of many countries. It was clarified that the global TDR programme had supported a few research grants, which have activities related to the prevention and control of tropical diseases prevailing at the border areas of countries in the Region. During the last four years, under its

intercountry programme, WHO/SEARO had also initiated a series of border area-related activities in the prevention and control of locally endemic diseases such as malaria and kala-azar.

The Committee underlined the rationale of the global TDR programme continuing beyond the next decade, as the Region envisages a higher proportion of the burden of tropical diseases in future. It also endorsed the proposal made to its Joint Coordinating Board (JCB) to be held during mid-1999, to broaden the mandate of the TDR programme with the addition of two tropical diseases (tuberculosis and dengue/dengue haemorrhagic fever). Members also took note that the current global tuberculosis control programme of WHO does not have a specific research component, and similarly the research programme related to dengue and DHF is not currently operational in WHO. In addition, a new steering committee on social and behavioural research is proposed under the direction of the TDR's long-term basic and strategic research programme area.

### **Recommendations**

- (1) The Committee endorsed the proposal to broaden the mandate of the Special Programme for TDR, with two additional tropical diseases, viz., tuberculosis and dengue/dengue haemorrhagic fever, which are of considerable concern in this Region.
- (2) The Committee recommended that WHO/SEARO, in collaboration with the TDR programme and other relevant WHO programmes and institutions, should develop a comprehensive regional plan for the prevention and control of malaria in border areas, including inter-country research promotion, within the context of the regional roll-back malaria initiative.

### **(2) *WHO/UNDP/UNFPA/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)***

The presentation on '*Sexual and reproductive health research needs and research agenda: an Asian and Pacific perspective*' summarized the main developments of the WHO/UNDP/UNFPA/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The definition of reproductive health and its paradigm shift as proclaimed by the International Conference on Population and Development (ICPD), held in Cairo (Egypt) in 1994, were the basic concepts underlying the presentation. The following twelve key areas under reproductive health research were included in this presentation: (1) fertility regulation; (2) unsafe abortion; (3) maternal mortality; (4) low birth weights (LBW); (5) adolescent reproductive health (unwanted pregnancy, too

early delivery); (6) reproductive ageing; (7) reproductive tract infections and sexually transmitted diseases including HIV/AIDS; (8) infertility; (9) male involvement in reproductive health; (10) planning and programming for reproductive health; (11) environment and reproductive health, and (12) goal-oriented basic research such as implantation and sperm biology. It was therefore necessary to have a holistic approach in reproductive health research, including the cross-cutting issues of gender, ethics and integrated reproductive health services. These areas were identified at the Asian and Pacific symposium on '*Intra-regional cooperation in reproductive health research*', held in China in October 1998. The main cross-cutting issues in reproductive health research were considered to be male involvement and gender equity.

Members were informed that the joint regional research programmes in the area of reproductive health were being developed with the assistance of the regional scientific working group on operational research in reproductive health and WHO collaborating centres. The importance of strengthening the linkages among the institutions was also emphasized for achieving better coordination and cooperation between the global and regional research activities and also between research and policies (as well as service delivery). There is also a need for a balance between conducting research and building research capacity.

## **Discussion**

Members recalled the follow-up activities on reproductive health research in the South-East Asia Region. In particular, the Committee took note of the results of the regional consultative meeting of WHO collaborating centres and national centres of expertise relating to the areas of reproductive health and emerging/re-emerging infectious diseases. The Committee debated the need for a follow-up of the meeting of SWG on operational research in reproductive health, convened during 1997, as well as various national and regional research initiatives related to reproductive health.

The Committee appreciated the successful contribution of the global HRP programme towards capacity-building in the Region and the continued importance of partnerships in areas of reproductive health, including reproductive health research. Systematic identification of reproductive health research, and the use of WHO collaborating centres and national centres of expertise were positive factors in this regard. The quality of reproductive health care in the Region needs to be further improved, especially at district levels and below. Public health and clinical interventions, based on the use of appropriate technology, should be adequate, acceptable, accessible, available and affordable. Equity considerations need to be the overriding principle.

Reproductive health development is determined by many social and cultural factors. Therefore, research in reproductive health needs to be locally specific. Some Member States in this Region still have very high maternal mortality rates. The three major delays in maternal care, i.e. in seeking care, in reaching care and in getting care, continue to be key issues of health reform. A critical review should be undertaken of research already carried out on these issues related to maternal mortality.

Safe motherhood would remain the main vehicle to promote reproductive health. The related issues include: anaemia in pregnancy; gender discrimination; early marriage and adolescent pregnancies; displacement of people; migration of workers; unsafe sex; unsafe motherhood; unsafe abortion due to unethical practices, and violence against women. Reproductive health problems should therefore be considered holistically and research promotion and development on reproductive health should address the solving of the above issues.

The Committee noted that a number of countries in the Region still have very high rates of maternal mortality and low birth weights (LBW). There is no dearth of information on the causes of maternal mortality, LBW and perinatal deaths. However, a thorough analysis of research studies already undertaken in the Region and of other information available elsewhere needs to be carried out in order to identify appropriate strategic interventions, especially for countries where these problems are considerable. Further research on community-based intervention may be necessary. A multidisciplinary approach should be applied in studying the linkages among several factors influencing reproductive health. Research should also focus on specific aspects of programme management.

The issue of ethics in health research featured prominently during the debate. The Committee felt that ethical guidelines, where they exist, should be widely shared and relevant information and experience among countries of this Region exchanged. It was important to advocate and promote the "*responsible conduct of research*", both nationally and internationally. National medical or health research councils should be proactive in developing and proposing ethical guidelines appropriate for their respective countries.

## **Recommendations**

(1) The Committee recommended that:

- Countries with a high proportion of low birth weights should undertake a critical review of the situation and conduct appropriate health intervention studies, in order to mitigate this problem.

- Countries with high maternal mortality rates should carry out intervention studies to address this priority problem.
- (2) WHO/SEARO should form a task force before the end of the year, represented by experts from the Region, with the purpose of reviewing the existing national ethical guidelines and developing a regional framework for preparation of ethical guidelines, for use by countries.

### **(3) Research on HIV/AIDS**

The presentation highlighted the global situation of HIV/AIDS and the role of research in its prevention and control. There are about 33 000 000 people currently infected with HIV/AIDS with 14 000 000 deaths to date, and 11 new infections per minute. Importantly and worryingly, 90% of HIV infections occur in developing countries. Many scientific and technical advances have been made in HIV/AIDS research to date, which include: identification of the etiologic agent - HIV; elucidating the HIV lifecycle; understanding the natural history of HIV; development of diagnostic markers (CD4+ T cell); development of prognostic markers (plasma virus load); development of strategies to prevent or reduce perinatal transmission, and development of two classes of anti-retroviral agents (inhibitors of *reverse transcriptase* and *HIV protease* inhibitors). Some advances in research in HIV/AIDS have also been made in relation to social and behavioural interventions that encourage risk behaviour change, condom use, postponing sexual debut, and encouraging safer sexual practices. These have generally been developed and implemented through government and nongovernmental organizations as well as community groups.

Advances in AIDS vaccine research have been less significant to date. The problems encountered relate to genetic variability, lack of adequate animal models, and incomplete knowledge on potential immune correlates of protection. Nevertheless, human trials (Phase I and II) of AIDS vaccine started in the United States of America and in Europe as early as 1987, and in Thailand in 1994. Thailand commenced a Phase III clinical trial in March 1999. India is currently considering a national strategy for a global effort in vaccine development, using World Bank funds.

During the 15 years since the discovery of HIV, research on HIV/AIDS has made unprecedented progress in the following fields: understanding basic aspects of the biology of HIV; laying a strong foundation for the development of vaccines, effective therapies and new intervention strategies to prevent infection; prolonging health, and improving quality of life as well as extending survival of infected patients. While the new, powerful anti-HIV drugs available in the market may transform HIV infection from an inexorably fatal condition to a chronic one, it is unfortunate that

these drugs are only available to a small percentage of people. This is perhaps the crux of the issue - many of the advances in scientific research for the prevention and control of HIV/AIDS are unavailable and unaffordable to the vast majority of persons who suffer from this dreadful disease, especially those living in developing countries. Even for those who can have access to these new therapies, many patients decline, or have poor compliance, due to toxic side effects of these therapeutic drugs. Such a situation often leads to worries about possible drug resistance.

Overall, major progress has been made in understanding the basic biology of HIV/AIDS. Significant progress is also seen in the development of preventive and therapeutic tools. However, research in HIV/AIDS is still far away from developing simple, effective and affordable solutions for its prevention and control.

## **Discussion**

Members made a number of pertinent observations in relation to research promotion and development with a view to providing appropriate interventions for the prevention and control of HIV/AIDS in the Region. The Committee stressed that research in HIV/AIDS should be more focused on community-based interventions, as these are likely to be the most viable and effective prevention and control measure for HIV/AIDS in developing countries.

Secondly, each region and country possesses different social and cultural systems, which have a tremendous impact on the epidemiology of the disease. Therefore, interventions for the prevention and control of HIV/AIDS must be adapted to these local circumstances. Thirdly, HIV/AIDS prevention and control have been identified as good models for mainstreaming gender and this should be encouraged.

Members expressed significant interest in the complementary role of alternative medicine (traditional medicine). However, its application and efficiency as an intervention for HIV/AIDS prevention and control has not received widespread evaluation. As the complementary and alternative therapies are widely utilized by people with HIV/AIDS, and may have potential benefit, it was recommended that further research be conducted in this area.

The Committee took note of the present role of WHO within the context of the UNAIDS programme, especially taking the lead in the technical areas of blood safety, clinical care and surveillance. Members were of the opinion that WHO should reestablish its previously more prominent role in the technical aspects of HIV/AIDS and research in HIV/AIDS. WHO should take the leading role in promoting vaccine and drug research with other significant partners, for example the National Institute of Health (USA) and relevant pharmaceutical industries. There is a need, especially at

the country level, to bridge the coordination gap between national HIV/AIDS control programmes and national research institutions. Similarly, research initiatives by UNAIDS at the country level should be coordinated with those supported by other partners.

Members agreed that there is a need to convene a task force or an expert group meeting or a consultative meeting to look into the research needs in HIV/AIDS, especially the research related to interventions at the community level. This is particularly important as the Region has a large number of HIV/AIDS cases and faces the possibility of explosive epidemics.

### **Recommendation**

WHO/SEARO should convene a task force (or an expert group meeting, or a consultation) to review the research needs, including community-based interventions, on HIV/AIDS with a view to strengthening the prevention and control of the HIV/AIDS epidemic in the Region.

## **2.5 Policies and Strategies to Support WHO in Health Research. Next Session of the WHO South-East Asia Advisory Committee on Health Research**

The Director-General, WHO, recently initiated a global exercise to review the policies and strategies to support WHO in health research, as part of the overall WHO reform. External and internal review groups were established at headquarters and regional offices. These were assigned to review the policies and strategies to support WHO in health research, including internal and external coordination and management mechanisms. The external and internal review groups of WHO/SEAR jointly reviewed the policies and strategies to support WHO in health research, from the regional context, at their joint meeting in February 1999 at WHO/SEARO. They specifically looked into various management mechanisms for policy development and coordination of health research programmes. Their regional review report was submitted at the global meeting held in Geneva in March 1999. One of the issues debated at this global meeting was how the ACHR system should function in future. Other issues included: the future role and functions of expert advisory panels and expert committees; the name, criteria, designation process and terms of reference of WHO collaborating centres; improved role of the global Advisory Committee on Health Research, and the functions of the global programme on Research Policy and Cooperation (RPC) in the new Cluster of Evidence and Information for Policy at WHO headquarters. The report of this global meeting together with the

recommendations of the Director-General have been put up to the WHO Executive Board in May 1999, for its review and consideration.

The Committee then made a brief review of the terms of reference and the method of work of the regional and global ACHR and other managerial mechanisms such as Medical or Health Research Councils, collaborating centres and expert panels. Most of these issues have been discussed before at various fora, including WHO Governing Bodies. The present review exercise should continue, as there are many ways to improve the functioning. Some members believed that ACHR, as its name implies, should remain *an advisory body*, constituted with eminent external experts on health research and science, who will help the Organization on matters related to science and technology and their relationships to health. Others believed that ACHR should be *an advisory and a coordinating body*, which bridges the gap between external scientists and WHO's internal scientific and programme staff, with visioning and evaluation functions. This was one of the reasons for the suggestion that ACHR be replaced by a "Strategic Research Council".

Members felt that a mere change of title is not that important. However, the content is. The *'advisory'* part of the title, as well as the advisory function of ACHR, should be maintained. The Committee felt that the work of the ACHR system should not overlap with the work of the WHO secretariat. There is no doubt that WHO, as an international health organization, should keep abreast with the development of science and technology. WHO has a major role of scanning and screening such developments and advising Member States accordingly. In particular, the question of how these developments could be applied or related to the changing health situation of countries is of great importance. The constant monitoring of health development worldwide requires interdisciplinary expertise. WHO has always faced the challenge of integrating the mandate of programmes with the requirements of research. The role of the ACHR system is important for WHO in helping the Organization to address such problems.

Members also noted that the reform initiatives are still going on. They are at various stages of implementation and therefore in a state of flux. The discussions on this subject will continue for some time, and there may be more debates at the WHO Governing Bodies, such as the Executive Board, the World Health Assembly and the WHO Regional Committees. WHO/SEARO should keep members of SEA-ACHR, as well as ministries of health and other relevant partners, informed of the progress of such debates.

Members agreed that the present title and the main function of SEA-ACHR as a regional advisory body (or committee) on health research should be maintained.

However, its membership may need to be changed in order to reflect its function under the new mandate. It was suggested that the members of this advisory body should have experience and knowledge on national health and research development. In addition, they should also be experts who are well versed, to the extent possible, with scientific and technology developments around the world. Therefore, ACHR members should serve in their personal capacities. Its membership should include two main categories of expertise:

- (1) Eminent scientists from the Region, who have substantial experience in science and its application to health development, and
- (2) Senior research managers or directors of medical or health research councils, or analogous bodies, who possess extensive experience and knowledge on strategic research issues of national, regional or global nature.

Members also felt that due to rapid changes in health and health-related situations in the world, it would be more appropriate to have annual meetings of ACHR, preferably around end-April. This would allow the ACHR to consider any major topics related to the WHO Governing Bodies, such as the Executive Board and the World Health Assembly.

Members also noted the future changes proposed for improving the role and functioning of the expert committee(s), abolishing expert advisory panels, and the anticipated new rules and regulations related to WHO collaborating centres. There was a suggestion that a thorough review of research training grants and visiting scientist grants should be conducted, as there was a possibility of replacing them with the WHO fellowships programme.

The Committee noted the Indonesian invitation to host the next meeting of the WHO South-East Asia Advisory Committee on Health Research in April 2000, or at any other time as may be appropriate.

### **Recommendation**

WHO SEA-ACHR should continue to meet annually towards the end of April, as had been the practice, and also on an ad-hoc basis if required. Members of the SEA-ACHR should serve in their personal capacities, and include:

- (a) eminent scientists who are well-versed with scientific developments, and

- (b) representatives from medical or health research councils (and analogous bodies), who have the knowledge and experience on strategic issues of health research in countries of the Region.

## **2.6 Partnerships in Health Research**

The topic of partnerships in health research was discussed, based on two case examples. One case related to the role being played by the WHO Centre for Health Development, Kobe, Japan. The WHO Kobe Centre is a new global and interdisciplinary research institution, established by WHO in collaboration with partners from developed countries. The main aim of the WHO Centre is to define and explore practical strategies, which can respond to current and future global health and social welfare issues. It tries to coordinate and foster research for health development through an innovative, interdisciplinary and evidence-based approach. The Centre is wishing to focus on the global context of health and social welfare development, for example "health and social welfare systems development", "cities and health" and "ageing and health". The capacity to resolve such challenges is based on intersectoral collaboration and the development of health research networks. The WHO Kobe Centre intends to bring together different stakeholders of health research, such as academics, researchers, local or central governments and civil society, including nongovernmental organizations. The Centre plans to become an important global resource centre for health development.

Another example related to the practical ways of partnerships, based on a case presentation made at the International Conference on Clinical Epidemiology held in Bangkok, Thailand, in March 1999. It has been a useful method and starting point, whereby achievements in partnerships can be plotted against the desirability for partnerships. The optimal results of partnerships will depend upon the purposes envisaged, with whom partnerships are made and to what extent they have been entertained. The reason why this method was a useful starting point for considering the subject is because it illustrates a potential for improvement. Partnerships for health research require commitment and will. Partnerships should be proactive and must have mutual goals, effective mechanisms, and well-planned strategies. They should also be based on equity, fairness and trust. And, they should be participatory.

How could partnerships in health research be enhanced? Examples using the experience of COHRED and the case of the WHO Kobe Centre were debated. COHRED promotes health systems research primarily through essential national health research (at the conceptual level) and through country focal points (at the practical level). This means that COHRED advocates the cause of essential national health research through coordination of the work of national institutions.

## Discussion

Members debated and agreed upon a conceptual framework of partnerships for health research. It should consist of at least three basic elements, i.e. equity, fairness and trust. Research capacity development itself should be part of enhanced partnerships in health research. The capacity to *do* and the capacity to *manage* research are both important means for enhancing partnerships. Furthermore, partnerships should facilitate the capacity to mobilize resources for research, at both national and international levels. Reduction of bureaucratic procedures is needed to make for effective partnerships. With rapid advances in information technology, web sites could be used for strengthening linkages among members. Different perceptions on partnerships may exist between WHO and countries.

The discussions underlined the importance of equity as a principle of partnership. Research on the historical perspective, as well as current situation, of the topic of partnerships itself should be conducted to identify future strategies to enhance partnerships in health research in SEAR. Studies should be encouraged on how best to bring health at the centre stage of development. Consideration should be given for experience-sharing visits by chairpersons, directors or other senior representative(s) of national health or medical research councils to similar councils in other countries utilizing WHO's support and arrangements.

## Recommendations

- (1) WHO should facilitate and enhance partnerships in health research, with suitable organizations and institutions, including nongovernmental organizations.
- (2) WHO should consider arranging experience-sharing visits of chairpersons, directors or other senior representative(s) of national health or medical research councils to similar councils of other countries.

### 2.7 Contribution of Health Research to Evidence-Based Policy- and Decision-Making

The presentation on this subject highlighted the importance of gathering relevant information and evidence to make important decisions on health development. The structural and functional aspects of the new Cluster on Evidence and Information for Policy (EIP) in WHO headquarters were highlighted and discussed. The definition of health research, as outlined in the most recent policy review, encompasses the creation of new knowledge, validation of knowledge,

transformation of knowledge into best practice, and identification of gaps in knowledge. WHO needs to develop a research and development culture throughout the Organization, requiring an active interface with the outside world. The challenge would be to strengthen its capacity to act creatively and responsively, by adopting state-of-the-art approaches. WHO needs the assistance of external scientists to fulfil this function. Within that context, the specific mission and functions of the Evidence and Information for Policy Cluster would include: assessing and projecting the burden of various diseases as well as their risk factors, assessing the cost-effectiveness of health interventions, analyzing country health policies and financing, and their link to equity, efficiency and quality, and the promotion of research policy and cooperation.

Members noted that the application of knowledge and technology required not only evidence on scientific grounds but also judgement on facts related to political and cultural circumstances. Members also recalled that the development of evidence-based policy had long been recognized as a crucial step of health planning for addressing sub-national, national, regional or even global health problems. The different stages of health planning and health policy formulation require research (of one kind or another) to verify and assess the reliability of information or evidence. Examples of the different stages include: situation analysis; identification of problem(s) and determinant(s); priority-setting; selection of problem-solving strategies based on effectiveness and efficacy; programme planning and implementation; monitoring and evaluation, and policy formulation. All these steps require evidence in order to convince others.

Members agreed that there is no dearth of information. Frequently, however, information is neither well structured nor well interpreted or analysed. Research should therefore focus on how to validate health information including data related to the determinants of health in each country. Research could then turn to the important question of how to improve the health information system and how best to build the capacity for it. Advocacy (to utilize the results) and empowerment (to know how to use them) could lead to improved policy and implementation processes and hence to improved quality of life. WHO should collect, analyse and disseminate its findings on the successes and failures of health development around the world. WHO should also promote to develop national capacity on health research, especially in the development of effective indicators for measuring health sector development. Evidence-based information should be integrated at every stage of health policy planning and formulation, and decision-making processes for health development.

## **Recommendation**

WHO should ensure that the mission statement and strategic plan of its global and regional programmes on Evidence and Information for Policy clearly define and delineate WHO's role in health research at all levels of the Organization.

## **2.8 Role of Vaccine Research in Disease Prevention and Control in the 21<sup>st</sup> Century**

Vaccine research, in the prevention and control of both communicable and noncommunicable diseases, has made a vital contribution to national and international health development during the 20<sup>th</sup> century. Neither the eradication of smallpox, nor the progress towards eradicating poliomyelitis, would have been achieved without vaccine research. The presentation focused on latest developments in vaccine-related research, and on the development of vaccines and vaccination likely to have an impact on the prevention and control of both communicable and noncommunicable diseases in the 21<sup>st</sup> century. It is estimated that over US\$ one billion are invested annually in vaccine research and development globally, split almost equally between public and private sectors. While most of the commercial investment in vaccine development is directed towards revenues that accrue from markets in industrialized countries, their products could also benefit others.

While new and emerging communicable and noncommunicable diseases are posing a great challenge, research on and development of vaccines are also expanding at a tremendous pace since the last few years. New technologies have been introduced ranging from DNA immunization, genome sequencing, and oral and mucosal delivery to combination vaccines. New delivery methods, such as patches and powder injection, are also being developed. Vaccines are not only being developed for communicable diseases; trial vaccines are now available for various types of noncommunicable diseases too, such as cancer, diabetes, and multiple sclerosis, which are caused or triggered by infections. Some therapeutic vaccines are also now available in the market. Prospective therapeutic or chronic disease vaccines for insulin-dependent diabetes mellitus, rheumatoid arthritis and melanoma have been identified as feasible within approximately 15 years. However, much work is required to make these vaccines widely available and affordable, wherever needed.

Not all countries may require all the available vaccines. Vaccine research will help countries to determine the national needs for the adoption of appropriate immunization programmes. Most vaccines are developed and produced by developed countries whereas the utilization of such vaccines is predominantly in the developing world. The vaccine development and utilization continuum needs

to take the key stages and factors into account, for example basic research, ethical considerations, product development, licensing, vaccine production, quality assurance, global market/demand, national use/policy, public acceptance, regulatory control, economics, impact assessment, and national immunization programmes and their feedback. Each country needs to assess the epidemiological situation and availability of, as well as access to, health care, and not just the feasibility of vaccine production. The issue as to how are vaccines best delivered is also an important element of vaccine research.

## **Discussion**

Members debated on the importance of vaccine research in enabling effective interventions for the prevention and control of both communicable and noncommunicable diseases. This included those chronic diseases caused or triggered by infections, and how vaccine research can enhance national capability. The availability of 'therapeutic' vaccines (immunotherapy) is likely to improve in the 21<sup>st</sup> century. However, much effort will be required to make such vaccines affordable, wherever needed, and to convince policy-makers of their value. Of course, not all countries would be requiring all the available vaccines. Priorities should be set and efficiency maximized with regard to vaccination research required by countries.

Vaccination research is necessary to assess local, national, regional or global issues. These include the assessment of morbidity and mortality of unknown origin, assessment on the significance of national or regional diseases or epidemics, local prevalence of strains, and recognition of the disease burden (by specific aetiology) among health care providers and policy-makers. Surveillance or other data on disease burden would be needed in advance of the availability of a (new) vaccine in question. In national or regional programmes, the usefulness of available vaccines should be evaluated from estimates of the disease burden and the effectiveness trials or phased introduction. In this context, the costs involved in current approaches to disease control should be assessed. Examples of such costs include household disruption, time lost at work and burden on the health system, including the use of hospital beds. The evaluation of the existing vaccine delivery system should yield essential information, such as variation in the coverage by region; vaccine(s), and identification of the unreached. The effectiveness trials will also help determine the best strategy for use of new vaccines. Provider attitudes and public demand are important for determining the size of demand. The impact on the incidence of disease should also be evaluated.

Regulatory research is also relevant especially in vaccine-producing countries. Manufacturing methods need to ensure consistency of production. The surveillance system should be sufficiently sensitive to detect adverse events following vaccination.

These should be evaluated in their own right. Overall, the regional ACHR members underlined that each country should have (or develop urgently) a long-term national immunization plan, which is best reviewed periodically. WHO should assist Member States in the development of such a plan, which should also contain a comprehensive vaccine research component. Each country should prioritize, coordinate and utilize different types of vaccine research in order to develop successful and sustainable vaccination programmes.

There is a need to share the experience and expertise on vaccine research including vaccine production. WHO needs to work with its Member States with different policies and strategies on vaccine research. Countries in the Region, with larger populations and higher disease burden, may need to consider local production of most vaccines they require. Countries with smaller numbers of population and without much industrial capacity may need to consider alternative modalities. For example, the adoption of a trust fund mechanism, for continuous and sustained supply of essential vaccines and drugs may be a solution for sustainable vaccination programmes. Bhutan has recently adopted such a mechanism.

There are instances of increasing public questioning on the safety and efficacy of vaccines. This may be due to increased public awareness. Some may also be due to extensive advertising campaigns. WHO needs to work with countries so that the public is well informed about the safety and efficacy of vaccines based on scientific evidence. Wherever appropriate, countries should strengthen their ethical frameworks for vaccine research involving human subjects.

Members noted that much investment has been made by countries of the Region in vaccination programmes, but less on vaccine research and development. Similarly, for WHO programmes in the Region, the allocation of funds for vaccination research is less. It was also noted that vaccine research should include research related to the service delivery aspects of vaccination.

## **Recommendations**

- (1) WHO/SEARO should explore strategic ways of enhancing intercountry cooperation in areas of vaccine production, vaccine research and vaccine delivery.
- (2) WHO/SEARO should set up a working group or task force of eminent public health scientists and vaccine experts, and assign them with the task of proposing a regional vaccine policy, which should be

comprehensive and specific to the Region. The guiding principles of developing a regional vaccine policy should be equity, self-reliance and regional solidarity. It should include the areas of vaccination research, vaccine development, vaccine mix as well as the sustainability of expanded programmes on immunization in SEAR Member Countries in the 21<sup>st</sup> century.

### **3. CLOSING SESSION**

Following the discussion on, and adoption of, the draft report of the meeting, the Chairperson invited the closing remarks to conclude the 24<sup>th</sup> session of SEA-ACHR. The Deputy Regional Director, on behalf of the Regional Director, thanked all concerned in making the meeting a success. The Deputy Regional Director recapitulated and highlighted some of the recommendations passed by SEA-ACHR at this session. He emphasized the need for the future role of SEA-ACHR to be more focused and result-oriented, with fewer recommendations which are implementable within a shorter timeframe. He indicated that depending upon the outcome of the debates on policies and strategies to support WHO in health research, made at the Executive Board and other WHO Governing Bodies, WHO may decide how best to proceed with the reforms in research policies and strategies in future. He informed all present that the recommendations made at this meeting were mostly addressed to WHO, and expressed the hope that a majority of them would have been implemented as far as practicable by the next meeting of SEA-ACHR. He called for close cooperation among all SEA-ACHR members in order to effectively implement the recommendations. Finally, the Deputy Regional Director placed on record his appreciation of the contributions made by those SEA-ACHR members whose term is due to expire at the end of 1999.

A member of SEA-ACHR and a special invitee, on behalf of participants, thanked the Regional Director and the Deputy Regional Director, the secretariat and the contributors to the meeting, for the excellent preparations and conduct of the meeting, both in technical and logistical terms. The deliberations were very informative and the recommendations would be useful to countries as well as WHO, in taking action in health research development. The Chairperson once again thanked all concerned for their cooperation throughout the meeting, emphasizing the usefulness of deliberations, and declared the 24<sup>th</sup> session of ACHR for WHO South-East Asia Region closed.

## **Annex 1**

### **ADDRESS BY DR UTON MUCHTAR RAFEI, REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION**

Excellencies, distinguished participants, colleagues, ladies and gentlemen:

I am very happy to be here at the inauguration of the 24<sup>th</sup> session of the WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR). I wish to thank the Government of the Union of Myanmar for hosting this important meeting. I am especially grateful to His Excellency, Major General Ket Sein, for his keen interest in, and support to, health research.

I am pleased to welcome the distinguished members of the South-East Asia ACHR, the special invitees, our colleagues from WHO Headquarters, and dignitaries from the Government of Myanmar.

Recently, the Director-General of WHO, Dr Gro Harlem Brundtland, identified the expansion of our knowledge base as one of the key challenges in global health. To meet this challenge, the WHO research policy framework is being updated to take into account the changes taking place in science and international health, the changes taking place within WHO, and the strengths and weaknesses of current research practices in Member States.

Towards this end, the Director-General appointed an external working group on Policies and Strategies to support WHO in Health Research. This working group, together with an internal group, critically reviewed the current situation, as well as various alternatives for the future. Some important questions were raised during this review process. For example: Is the WHO regular budget for research adequate for a knowledge-based institution? Would WHO's overall mission be strengthened by increasing this amount? How can the available resources be better utilized?

How can stronger partnerships and better collaboration be achieved? Can improved in-house coordination and evaluation enable WHO to enhance its research role? Can better information dissemination by the Organization improve the utilization and applications of research findings worldwide?

And finally, one of the most important questions that needs an answer is: How can research findings be rapidly translated into WHO global policy and technical guidelines, as well as into national health policy and programme formulation?

Ladies and gentlemen,

There is no doubt that WHO has an important role to play in research. Our comparative advantages in this field include our strong platform for global advocacy and our ability to reach out to other partners, our credibility and neutrality, our access to global expertise, and our close collaboration with Ministries of Health. Our technical and programmatic expertise and our commitment to strengthening national capacity are other advantages.

Within this context, WHO has the potential to further promote and support essential health research. It can maintain an up-dated knowledge base in health, and widely disseminate health research information. It can support and direct research that fills the gaps in knowledge and, in addition, provides the technical basis for strategies and tools for health intervention.

We know that the nature of WHO's involvement in research will continue to evolve in keeping with the needs in Member States. We also know that our role should include the promotion of research in priority areas, the coordination of international research endeavours, the provision of leadership in field research and clinical trials, and the strengthening of research capacity in developing countries.

Research capability strengthening is especially important, and is considered an integral part of the research agenda. A number of areas have been identified in the South-East Asia Region for strengthening research capabilities. Establishing good research management practices would help to streamline and better focus research activities. Promoting wide dissemination of research findings and their use in health policy formulation and decision making would help ensure more effective and efficient health systems. Intensifying collaborative research efforts - among countries, institutions, collaborating centres, other UN agencies, NGOs and universities - would help us all to assure the maximum return on our investment.

As you know, WHO headquarters is currently reviewing the global ACHR system. The aim is to provide better focus for the work of ACHR. In the light of this global scenario, the role and functions of the South East Asia ACHR may also change. ACHR should collaborate actively with national medical research councils in countries of the Region, and perhaps other important partners for regional health research development.

In conclusion, I wish to again thank the Government of the Union of Myanmar, and especially His Excellency, the Minister of Health, for hosting this session of the ACHR. I wish you success in your deliberations, and look forward to the outcome of this important meeting.

Thank you.

## Annex 2

### LIST OF PARTICIPANTS

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## **Annex 3**

### **AGENDA**

#### **1. INAUGURATION SESSION**

- 1.1 Inaugural address by H.E. Major General Ket Sein  
Minister for Health, Myanmar
- 1.2 Address by Dr Uton Muchtar Rafei, Regional Director  
WHO South-East Asia Region

#### **2. INTRODUCTORY SESSION**

- 2.1 Introductory remarks by Dr Uton Muchtar Rafei, Regional Director  
WHO South-East Asia Region
- 2.2 Introduction of participants
- 2.3 Nomination of interim Chairperson
- 2.4 Adoption of agenda and programme of the session
- 2.5 Establishment of *report drafting group*

#### **3. BUSINESS SESSION**

- 3.1 Report on regional research policy and strategy coordination programme  
(SEA/ACHR/24/D)
- 3.2 Report on the “First Joint Session of WHO South-East Asia Advisory  
Committee on Health Research and Directors of Medical Research  
Councils or Analogous Bodies and Concerned Research Foci in the  
Relevant Ministries (MRC)” (SEA/ACHR/24/E)
- 3.3 Report on the “36<sup>th</sup> session of the WHO Global Advisory Committee on  
Health Research” (SEA/ACHR/24/F)
- 3.4 Report on other important health research activities at the global level:
  - (a) Tropical disease research (SEA/ACHR/24/G)
  - (b) Human reproduction research (SEA/ACHR/24/H)
  - (c) Research on HIV/AIDS (SEA/ACHR/24/I)

- 3.5 Policies and strategies to support WHO in health research (SEA/ACHR/24/J)
- 3.6 Partnerships in health research (SEA/ACHR/24/K)
- 3.7 Contribution of health research to evidence-based policy and decision-making (SEA/ACHR/24/L)
- 3.8 Role of vaccine research in disease prevention and control in the 21<sup>st</sup> century (SEA/ACHR/24/M)
- 3.9 Next session of “WHO South-East Asia Advisory Committee for Health Research” (SEA/ACHR/24/N)
- 3.10 Adoption of conclusions and recommendations

#### **4. CLOSING SESSION**

- 4.1 Remarks by participants
  - ACHR member
  - Special invitee
- 4.2 Remarks by WHO Regional Director
- 4.3 Remarks by the Chairperson
- 4.4 Closing

**Annex 3 (contd.)**  
**WORKING SCHEDULE**

Date		Morning Session [9:00 – 12:30]		Afternoon Session [14:00 – 16:30]
20.4.1999 (Tuesday)	1.	Inauguration session	3.2	Report on the first joint session of SEA-ACHR and MRC (discussion)
	2.	Introductory session		
	3.	Business session	3.3	Report on the 36 <sup>th</sup> session of the WHO global ACHR
	3.1	Report on regional research policy and strategy coordination programme	3.4	Report on other important health research activities at the global level: — Research on HIV/AIDS
	3.2	Report on the first joint session of SEA-ACHR and MRC (presentation)		
21.4.1999 (Wednesday)	3.4	Report on other important health research activities at the global level: — Tropical diseases research — Human Reproduction Research	3.5	Policies and strategies to support WHO in health research, combined with Next session of SEA-ACHR
			3.9	Meeting of report drafting group (18.00 hrs)
	3.6	Partnerships in health Research		
22.4.1999 (Thursday)	3.7	Contribution of health research to evidence-based policy and decision-making		Study visits to the Department of Medical Research, Yangon
	3.8	Role of vaccine research in disease prevention and control in the 21 <sup>st</sup> century		Meeting of report drafting group (18.00 hrs)
23.4.1999 (Friday)	3.10	Adoption of conclusions and recommendations (10.30 hrs)		
	4.	Closing session		

## Annex 4

### LIST OF WORKING AND INFORMATION DOCUMENTS

#### Working Documents

List of participants	SEA/ACHR/24/A
Provisional agenda	SEA/ACHR/24/B
Tentative programme	SEA/ACHR/24/C
Report on regional research policy and strategy coordination	SEA/ACHR/24/D (Agenda item 3.1)
Report on the "First Joint Session of WHO South-East Asia Advisory Committee on Health Research and Directors of Medical Research Councils or Analogous Bodies and Concerned Research Foci in the Relevant Ministries (MRC)"	SEA/ACHR/24/E (Agenda item 3.2)
Report on the "36 <sup>th</sup> session of the WHO Global Advisory Committee on Health Research"	SEA/ACHR/24/F (Agenda item 3.3)
Report on other important health research activities at the global level:	
(a) Tropical disease research	SEA/ACHR/24/G (Agenda item 3.4a)
(b) Human reproduction research	SEA/ACHR/24/H (Agenda item 3.4b)
(c) Research on HIV/AIDS	SEA/ACHR/24/I (Agenda item 3.4c)
Policies and strategies to support WHO in health research	SEA/ACHR/24/J (Agenda item 3.5)
Partnership in health research	SEA/ACHR/24/K (Agenda item 3.6)
Contribution of health research to evidence-based policy and decision-making	SEA/ACHR/24/L (Agenda item 3.7)

Role of vaccine research in disease prevention and control in the 21<sup>st</sup> century

SEA/ACHR/24/M  
(Agenda item **3.8**)

Next session of WHO South-East Asia Advisory Committee for Health Research

SEA/ACHR/24/N  
(Agenda item **3.9**)

### **Information Documents**

Report of the Evaluation of the Regional Research Policy and Strategy Coordination Programme, WHO/SEARO, 1998 (related to agenda item **3.1**)

Report of the meeting of Chairpersons of Scientific Working Groups, WHO SEARO, New Delhi, 14-15 December 1998 (related to agenda item **3.2**)

Subject-wise recapitulation of recommendations by the South-East Asia Advisory Committee on Health Research, 1976-1998 (related to agenda item **3.2**)

A research policy agenda for science and technology to support global health development, WHO/HQ, Geneva (WHO/RPS/ACHR/98.1) (related to agenda item **3.3**)