35TH SESSION OF WHO SOUTH-EAST ASIA ADVISORY COMMITTEE ON HEALTH RESEARCH (SEA-ACHR)
24-26 OCTOBER 2017 | NEW DELHI, INDIA
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
</tr>
<tr>
<td>CDS</td>
<td>Department of Communicable Diseases</td>
</tr>
<tr>
<td>IT</td>
<td>information technology</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>reproductive, maternal, neonatal, child and adolescent health</td>
</tr>
<tr>
<td>RPC</td>
<td>Research Policy and Cooperation (Unit)</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SEA</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>SEA-ACHR</td>
<td>South-East Asia Advisory Committee on Health Research</td>
</tr>
<tr>
<td>SOP</td>
<td>standard operating procedure</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TDR</td>
<td>WHO Special Programme for Research and Training on Tropical Diseases</td>
</tr>
<tr>
<td>UHC</td>
<td>universal health coverage</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
WHO’s constitutional mandate is to help secure “the attainment by all peoples of the highest possible level of health”. Article 2 of WHO’s Constitution mandates that the Organization should “promote and conduct research in the field of health”. One of WHO’s six core functions is to “shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge”. The WHO Strategy on Research for Health, approved by the Sixty-third World Health Assembly in 2010, emphasizes that policies and practices in support of public health should be grounded in scientific knowledge and research-based evidence.

The research for health agenda of WHO’s regional offices emerges primarily from region-specific priorities and needs. (The newer term “research for health” – reflecting the understanding that important determinants of health lie outside the health sector – has been used interchangeably in this report with the traditional term “health research”.) In the South-East Asia Region, the South-East Asia Advisory Committee on Health Research (SEA-ACHR) has long played a valuable advisory role in guiding and shaping the health research agenda and efforts. The ACHR comprises select experts from the Region’s 11 Member States, appointed by the Regional Director of the WHO Regional Office for South-East Asia.
The 35th Session of SEA-ACHR, held on 24–26 October 2017 in New Delhi, India, was not a “business as usual” meeting but was devoted to a far-reaching review of how the mechanism could most effectively support the Regional Office in developing and executing a roadmap for research aligned with the Region’s evolving priorities, particularly the eight Flagship Priority Areas rooted in the Sustainable Development Goals (SDGs). The meeting brought together 13 SEA-ACHR members and 40 technical experts, development partners and WHO officials. Four commissioned background papers were shared in advance, focusing on review, capacity-building, research financing and a regional strategy. The discussions led to the successful development of a revised vision and roadmap for SEA-ACHR.

- Benchmark and ongoing assessments of country capacity to conduct health research
- The Regional Strategy on Research for Health
- A regional portal and “virtual marketplace” for health research
- A situational assessment of health research financing and study of resource needs.

A special session with development partners helped familiarize them with SEA-ACHR’s work and the Region’s research priorities, and highlighted the crucial role development partners can play in the Region in promoting health research and bringing research to fruition as public goods.
Background

The attainment by all peoples of the highest possible level of health” is the World Health Organization’s constitutional objective. This makes it imperative for the Organization to promote high-quality research on the diverse determinants of public health. Article 2 of WHO’s Constitution mandates the Organization to “promote and conduct research in the field of health”. One of WHO’s six core functions is to “shape the research agenda and stimulate the generation, translation and dissemination of valuable knowledge”. In May 2010, the Sixty-third World Health Assembly approved the WHO Strategy on Research for Health, which emphasizes that policies and practices in support of health should be grounded in scientific knowledge and research-based evidence.

Over the years, health research undertaken in WHO’s South-East Asia (SEA) Region has played a critical role in tackling the Region’s health challenges and promoting health for all. Important contributions on this front have been made by the South-East Asia Advisory Committee on Health Research (SEA-ACHR), an advisory body of 13 experts from the Region’s 11 Member States, which has a consultative mandate to support the WHO Regional Office for South-East Asia in advancing health research.

In end-2015, following the 34th session of SEA-ACHR, its members and senior staff of the Regional Office resolved to dedicate the following year’s session to a thorough review of SEA-ACHR’s role and functioning.

Many factors led to the need for undertaking this far-reaching review. Health and socioeconomic conditions, as well as capacities for health research had changed fundamentally in the Region since the 1970s, when the SEA-ACHR had been constituted. Investments in biomedical research were slowing or declining in western countries that were members of the Organisation for Economic Co-operation and Development (OECD), but rising within the Region and more broadly in Asia. Several countries in the Region had become key manufacturers of generic medicines. The global Advisory Committee on Health
Research had been wound down in 2010. SEA-ACHR’s efforts needed to be closely aligned with the Regional Office’s current workplan, which focuses on eight Flagship Priority Areas rooted in the Sustainable Development Goals (SDGs), which have been identified as the common agenda for all Member States in the Region to address key public health needs. All these changes raised opportunities that were markedly different from those of previous decades, even while many of the critical old challenges persisted, particularly insufficient government spending on health, vast inequalities in health access and outcomes, and massive numbers of people lacking health and other essential services.

A revitalized SEA-ACHR mechanism was needed to provide effective support to the WHO Regional Office for South-East Asia in finding solutions to old challenges and taking advantage of new opportunities.

Consequently, the 35th Session of the SEA-ACHR, held from 24 to 26 October 2017 in New Delhi, India, focused on the following interrelated objectives. The programme details are given in Annex 1 and the list of participants in Annex 2.

Objectives of the 35th session of SEA-ACHR meeting

1. Review the current SEA-ACHR framework and make recommendations for possible changes, alternate structure and functions to best address the needs of health research in this Region.

2. Identify health research priorities and gaps, and setting up of mechanisms for a Regional Observatory on Health Research.

3. Enable research through capacity-building, developing partnerships and resource mobilization.


An inventory of ongoing research in the Region, mapping of research products, listing of priority research areas and assessing country capacity for conducting health research.
Preparatory consultations

Before the 35th Session of SEA-ACHR, the SEA-ACHR Secretariat at the Regional Office’s Research Policy and Cooperation (RPC) Unit made extensive efforts to ensure that the Session’s objectives were facilitated by informed evidence.

The RPC Unit consulted all departments at the Regional Office to elicit their views on how SEA-ACHR could add value to their work. It discussed expectations from the meeting with departmental directors and also how the ACHR could be a strong value addition for WHO.

Four working papers on key regional aspects of health research were commissioned:

- **Review of the WHO SEA Advisory Committee on Health Research**: accomplishments, barriers, challenges and the way forward
- **Assessing the country capacity for health research**
- **Health research funding in the SEA Region**: an approach paper on levels and gaps
- **Strategizing health research for the WHO South-East Asia Region**: innovations as keys to bridging the health gap of millions

The first paper reviewed SEA-ACHR’s functioning and the relevance of its work in light of its existing objectives and mandate. The other working papers focused on core areas of SEA-ACHR’s work.
Proceedings of the 35th Session

The 60 participants included 13 ACHR members from 10 Member States, as well as technical advisers, special invitees, development partners and WHO staff.

1 OPENING

The opening session on 24 October highlighted three key points: the importance of health research in achieving the SDG health goals and targets; the increasingly important responsibilities of SEA-ACHR, given the global trends in biomedical and health research funding; and the need for new initiatives by SEA-ACHR to align health research in the Region with the regional Flagship Priority Areas, the SDGs and various regional targets. These points were reflected in the remarks of Dr Poonam Khetrapal Singh, Regional Director (Annex 3), Dr Pratap Singhasivanon (Chair of SEA-ACHR) and Dr Soumya Swaminathan (Co-chair).

Reviewing the broad global and regional scenario of health research, Dr Singh said

The ACHR member from Democratic People’s Republic of Korea could not participate in the 35th Session of SEA-ACHR.
that the Region needed to invest more in health research in order to obtain the much-needed scientific advances to realize SDG 3. Though countries of the SEA Region now occupy centre-stage globally on economic and political matters, they lag behind in investment in research for health. For example, Brazil’s per capita investment in health research is more than twice that of India’s, a regional leader, reflected in the body of scientific evidence generated to address priority health issues. Brazilian scientists produce nearly seven times more health-related scientific publications than Sri Lanka’s and nearly nine times more than India’s.

Dr Singh emphasized that beyond the need to sharply increase investments in health research, far greater research efforts were needed on the major causes of illness and mortality as well as the primary determinants of health. A recent review of scientific research in the Region found that the health sector in general was under-prioritized and there was particular neglect of major causes of morbidity and mortality, including communicable diseases, noncommunicable diseases (NCDs) and traffic accidents. And in a Region where poverty and social exclusion are at the root of many health problems, too little research is focused on the social and structural determinants of health, Dr Singh emphasized. In addition, the Region has to build capacity and support strategic partnerships to undertake health research.

In their remarks, the SEA-ACHR Chair and Co-chair emphasized the challenges of translating health research and evidence into national policies. Dr Pratap Singhasivanon said that one important path to ensuring that research focuses on national needs and priorities is to involve policy-makers in research from the very first steps of topic selection. Making the process of consultation and discussion on health research inclusive and transparent would also lead to faster translation of evidence into relevant health policies. Dr Swaminathan urged SEA-ACHR members to become advocates for health research in their respective countries, so as to convince more policy-makers of the fundamental importance of such research in securing health improvements.
There are multiple stakeholders for health research in the Region and these stakeholders share common objectives. Therefore, it is important that we should work together to ensure that there is no redundancy in activities and the limited resources available for the Region are efficiently and effectively used.

- Dr Poonam Khetrapal Singh
Trend of publications (Pubmed) from South-East Asia Region

Number of publications
Publications per million population in SEAR

Publications vs Income SEA Region

- **Low income**
- **Lower middle income**
- **Upper middle income**

Per Capita GDP (US dollars), 2017
Word clouds of publications (Abstracts) in SEAR
Dr GB Nair presented a report on the work of the SEA-ACHR Secretariat, listing various achievements such as helping to draft the National Health Research Policy for Bhutan and Maldives, and capacity-building on research methodologies and human-research ethics. He stated that the RPC Unit has additional responsibilities, which include being the focal point for research review at the Regional Office, small grants activities of the Special Programme for Research and Training on Tropical Diseases (TDR) and WHO collaborating centres.

Regional Strategy for Research on Health

This was followed by a presentation by Dr Swarup Sarkar, Department of Communicable Diseases (CDS), on the new Regional Strategy on Research for Health (2018–2021) currently being developed. He noted that the Strategy focuses on the eight Flagship Priority Areas that guide the Regional Office’s workplan; these Flagship Areas are rooted in the SDGs and address the key public health needs of the Region’s Member States. A strong regional effort on research for health is vital for success in the Flagship Areas, particularly in terms of generating evidence for action, demonstration and implementation research, and translating research into public goods. The Strategy has several interrelated strategic objectives, including facilitating research by improving national and regional capacity, and building a supportive environment, and translating research into products, practices and policies that equitably promote health gains.
GROUP WORK

GROUP 1

For health research to have a significant, equitable impact on people’s health, it must be translated into products, practices, policies and public goods. A subgroup considered ways and means of making this happen. They concluded that multiple stakeholders are involved in the process of transformation of health research into interventions that benefit people’s health. These stakeholders include researchers, scientists and innovators; various levels of government; such professional and civil society organizations as medical associations and nongovernmental groups; practitioners and other health professionals; and communities themselves. The group delved into barriers to translating health research into public goods. It was noted that greater complexities in products make adoption difficult due to both demand- and supply-side challenges. Another major barrier is the lack of acceptability at the top political level, and also lack of evidence on what works. Therefore, the subgroup felt, there is a need to generate evidence on the best ways to speed up adoption of a health technology or product or service. In addition, the evidence has to be country-specific, which means research will have to be country-specific or adapted to particular needs.

GROUP 2

Another subgroup examined how to translate research into products, practices, policies and public goods for the Regional Office’s eight Flagship Areas. In the case of NCDs, for instance, policy research could focus on developing multisectoral action plans for tobacco control or reducing the harmful use of alcohol, promoting physical activity, promoting healthy diets or combating air pollution. Research for health could impact practice by, for instance, providing evidence-based insights into NCD burdens and trends, the economic losses caused by NCDs, or the implications of urbanization for health. Research-based products in the area of NCDs could include low-cost screening methods, standardized surveillance tools, and models of task-shifting through information technology (IT)-enabled frontline workers.

In addition to NCDs, the subgroup identified specific areas where health research could translate into policies, practices and products in the other Flagship Areas of Health Systems Development, Family, Gender and Life Course, and Communicable Diseases. The subgroup also identified four research areas that could potentially interest donors and other partners. These are: evaluation of different models for providing universal health care (UHC) packages and financial protection; programmes for improving coverage of measles and rubella vaccines in varied epidemiological settings; a regional innovation centre for implementing tuberculosis (TB) control and elimination; and identifying models of task-shifting through IT-enabled frontline workers.
In the opening session, SEA-ACHR Chair Dr Singhasivanon stressed that it was imperative to review the functioning of SEA-ACHR, as the scope and nature of health research had become more complex. Traditionally, health research had focused on clinical, biomedical, basic and epidemiological aspects. But the powerful concept of “research for health”, now embraced by WHO and health specialists globally, had broadened the scope to also cover the fundamental drivers and determinants of health, such as social, economic, political and environmental factors. Dr Singhasivanon emphasized that the role of SEA-ACHR too must change correspondingly.

The need to review the SEA-ACHR framework was flagged in the opening session itself and was the focus of productive discussions over the next two days.

In the opening session, SEA-ACHR Chair Dr Singhasivanon stressed that it was imperative to review the functioning of SEA-ACHR, as the scope and nature of health research had become more complex. Traditionally, health research had focused on clinical, biomedical, basic and epidemiological aspects. But the powerful concept of “research for health”, now embraced by WHO and health specialists globally, had broadened the scope to also cover the fundamental drivers and determinants of health, such as social, economic, political and environmental factors. Dr Singhasivanon emphasized that the role of SEA-ACHR too must change correspondingly.
Specifically, he emphasized that SEA-ACHR cannot itself decide research priorities, set research agendas in specific areas or propagate new tools. Instead, it should focus on the higher-level or macro aspects of research for health, such as improving coordination and governance of research, transparency and accountability, research ethics, evidence for policy-making, and the monitoring and analysis of funding and spending in Member States.

In his presentation on the SEA-ACHR framework, Dr NK Ganguly, Ex-Director General, ICMR, recalled that over the years, the consultative mechanism had contributed in numerous ways. These included developing priorities for health research, knowledge management strategies, capacity-building for ethics in health research, and developing various enablers for health research. It also encompassed providing valuable inputs to developing regional vaccine policies, research on dengue and TB, triple-drug therapy for kala-azar, and combating antimicrobial resistance (AMR).

However, Dr Ganguly noted, lack of clarity on the role of SEA-ACHR was evident because the Regional Office had not followed up on all its recommendations and had not productively linked SEA-ACHR with its workplans. Another major barrier was the absence of any linkage between SEA-ACHR and the various technical advisory groups (TAGs). The SEA-ACHR Secretariat also lacked the capacity to disseminate, monitor and track recommendations made by the body.

Dr Ganguly said that SEA-ACHR needed to focus on identified areas on both the demand and supply sides of research for health. Clear steps had to be taken to reduce duplication of SEA-ACHR’s work with that of TAGs and global working groups. In addition, SEA-ACHR should ensure that its recommendations are focused and “accomplishable”. There should be a clear mechanism for providing feedback as well as for mobilizing resources to implement the recommendations. A revitalized and reconstituted SEA-ACHR, supported by a strengthened RPC Unit and a regional knowledge portal could contribute significantly towards the Regional Director’s Strategic Vision for the SEA Region, and reaffirm the centrality of high-quality research, evidence and knowledge in guiding WHO’s work.
Based on these and other insights, several recommendations were made regarding how SEA-ACHR could be of even greater value to the Region:

1. **SEA-ACHR recommendations should be made a regular agenda item for the annual Regional Committee meeting.**
2. **A productive link should be established between SEA-ACHR and the TAGs.**
3. **Greater clarity should be brought to SEA-ACHR’s functions, impact and results.**
4. **The Regional Office should actively follow up on SEA-ACHR’s recommendations.**
5. **SEA-ACHR should focus its workplan on specific and time-bound issues.**
6. **Member States and development partners should be brought into the SEA-ACHR framework.**
7. **The SEA-ACHR Secretariat needs to be strengthened to provide meaningful support.**
8. **SEA-ACHR’s role should be clearly defined in the forthcoming Regional Strategy on Research for Health.**
GROUP 3
The issue of a productive framework was discussed by another subgroup of SEA-ACHR members. This group built a new framework for SEA-ACHR (Annex 4), which was later unanimously approved by all SEA-ACHR members.

SEA-ACHR should have up to 15 members appointed by the Regional Director for a three-year period, taking into account diversity in expertise, gender and representation from the Region’s Member States.

Meetings should be held annually with active follow up of recommendations.

Recommendations by SEA-ACHR and TAGs and task forces should be shared with each other.

SEA-ACHR should give high priority to facilitating the process of translating research into solutions and public goods in the Regional Office’s eight Flagship Priority Areas.

A framework to monitor the status of SEA-ACHR recommendations needs to be operationalized.

3 OVERVIEW OF RESEARCH NEEDS IN EMERGING PRIORITIES
Dr NK Ganguly presented the current status of research relating to AMR in the Region. All 11 Member States in the Region have developed national action plans on AMR and the Regional Office is supporting implementation of these plans. However, Dr Ganguly emphasized the need to urgently develop the infrastructure and resources to strengthen AMR research, including robust AMR surveillance and updated AMR databases.

Dr Lesley Onyon discussed research challenges and opportunities in relation to

**Infrastructure and resources**
- Public and private fundings
- Robust AMR surveillance
- Updated AMR database

**Policy**
- National privatisation
- Incentivisation

**Translational processes**
- Faster approval process
- AMR diagnostic R&D
- IP protection cost incentive

**Operational factors**
- Stakeholder participation
- Multidisciplinary R&D efforts

**Key factors to promote AMR research**
health and the environment, and pointed out that the “health impacts of climate and environmental change” have been identified as one of the four health priorities of the Director-General. It is also a regional priority, as reflected in the SEA Regional Framework for Action on Building Health Systems Resilience to Climate Change (2017–2022).

In a presentation focused on UHC, Dr Phyllida Travis said that ageing populations and the growing burden of NCDs have put new demands on frontline services and health workers across the Region, and new service models were needed specifically for NCDs within the UHC framework.

To familiarize SEA-ACHR members with the Flagship Priority Areas and other important issues, special presentations were made, based on the request of the SEA-ACHR Chair.

<table>
<thead>
<tr>
<th>FLAGSHIP AREA</th>
<th>PRESENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 and 8 Finishing the task of eliminating diseases on the verge of elimination (kala-azar, leprosy, lymphatic filariasis and yaws)</td>
<td>Dr Swarup Sarkar</td>
</tr>
<tr>
<td>Accelerating efforts to End TB by 2030</td>
<td></td>
</tr>
<tr>
<td>3 The unfinished MDGs agenda: ending preventable maternal, newborn and child deaths with a focus on neonatal deaths</td>
<td>Dr Neena Raina</td>
</tr>
<tr>
<td>1 Measles elimination and rubella control by 2020</td>
<td>Dr Sunil Bahl</td>
</tr>
<tr>
<td>4 Universal health coverage with a focus on human resources for health and essential medicines</td>
<td>Dr Phyllida Travis</td>
</tr>
<tr>
<td>6 Scaling up capacity development in emergency risk management in countries</td>
<td>WHE</td>
</tr>
<tr>
<td>2 Prevention of noncommunicable diseases through multisectoral policies and plans with a focus on “best buys”</td>
<td>Dr Thaksaphon Thamarangsi</td>
</tr>
</tbody>
</table>

Exhibition of ACHR Reports
An important front on which progress has been made in recent years is on building research capacity in the Region. The 31st session of SEA-ACHR held in 2009 had highlighted the need to strengthen the research capacity of Bhutan, Maldives and Timor-Leste. Several initiatives were implemented in these three countries through the Regional Office and development partners, including training fellowships, establishment of research units within the ministries of health, development of national health research priorities, and twinning of institutions within the Region. Subsequently, expert groups were set up to develop national health research policies for Bhutan and Maldives. Teams from the Regional Office visited Bhutan in April 2016 and Maldives in May 2017. Dr Anand Krishnan, Professor of Community Medicine at the All India Institute of Medical Sciences, New Delhi, a member of both the teams, made a presentation on the progress made.

These countries have shown great interest in developing their national capacity for research for health. The Regional Office will be supporting these countries in promoting research for health. Now that health research policies have been developed, the focus should shift to more practical guidance (such as tools, standard operating procedures [SOPs], guidelines) to implement these policies.
Dr D Prabhakaran (Director, Center for Chronic Conditions and Injuries, New Delhi, India) spoke on ways to strengthen the capacity for health research in the Region. He noted the urgent need for a technical and managerial tool that can be used to assess a country’s existing capacity to undertake research for health. The tool builds on the four functions of the health research system as defined by WHO: stewardship; financing; creating and sustaining resources; and producing and using research. A detailed questionnaire has been developed to assess these four areas.

The tool would analyse country capacity in the following four areas:

- In - country expertise in reviewing scientific documents to guide policy-making;
- In - country expertise along with collaborators in conducting essential health research;
- In - country expertise in conducting high-quality basic science, evaluation and intervention health research;
- In - country expertise in conducting cutting-edge research on current or emerging health challenges, as well as improved products, practices or policies.

A detailed questionnaire has been developed to assess the four areas of leadership and governance; health research resources; health research financing; and producing and utilizing research.

### Framework for capacity-building

**Knowledge consumers to knowledge generators**

### Addressing Challenges of public health: Need to move beyond our comfort zones

- **Epidemiology:**
  - Distribution
  - Determinants

- **Basic Sciences:**
  - Proof of concept

- **Translational Sciences:**
  - Transfer scientific evidence into practice to reduce morbidity + improve QOL

---

**SOURCE:** Detsky 1990 Ali 2013

Slide from Dr D Prabhakaran’s presentation

<table>
<thead>
<tr>
<th>Efficacy</th>
<th>Efficiency</th>
<th>Availability</th>
<th>Diffusion of intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etiology/ Burdens/ Laboratory</td>
<td>Ideal settings</td>
<td>Real world settings</td>
<td>Supply</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Effectiveness</td>
<td>Efficiency</td>
<td>Distribution</td>
</tr>
</tbody>
</table>

**The Philosophy**

- Bench to Bedside and beyond
- Molecules to markets
- Individuals to Populations

**Surveillance And Epidemiology**
GROUP 4
A subgroup of SEA-ACHR members discussed diverse issues related to capacity-building.

They suggested developing a scoring system based on the following parameters:

- capacity to conduct basic primary research and guide decision-making (clinical and policy);
- capacity to conduct multidisciplinary and epidemiological research;
- capacity to conduct single-site clinical trials;
- capacity to conduct high-end research, multisite clinical/community trials.

The group recommended that the Regional Office conduct periodic assessments of research capacity in each country, so as monitor the progress being made in capacity-building. They supported the idea of developing tools for assessing country capacity and establishing benchmarks. They recommended establishing a platform to share best practices, tools and guidelines between countries on health research, including ethics. They also recommended establishing a "SEA Regional Health Research Capacity Development Fund", with the help of governments and partners, which would fund sustainable capacity-building initiatives such as PhD/fellowship programmes and development of courses. The group also recommended setting up of a regional health policy platform or forum to get producers and users of research together.

Bibliometric analysis of health research

Dr D Prabhakaran discussed the results of a bibliometric analysis of biomedical and health research published in the Region between 2014 and 2017. A total of 21 health categories were used to classify the type of disease or health issue being studied, encompassing all diseases, conditions and areas of health. Similarly, 48 “research activity” codes were used to classify the type of research being undertaken, ranging from basic to applied. It emerged that infections continue to be the top research area in the Region while etiology was the top research activity.

Research ethics

Dr Roli Mathur, Head, Bioethics Unit, Indian Council of Medical Research, spoke on capacity-building in health research ethics. Dr Mathur emphasized that the SEA Region had the potential to greatly expand clinical trials and biomedical research but a precondition for doing so was to develop and nurture a robust bioethics framework and system in each country, putting special safeguards in place to address poverty, low literacy and other disadvantages. Researchers must behave responsibly and be held accountable, engage with communities and all other stakeholders to build societal trust, and from the outset, plan the sharing of benefits.
Closing Session

The 35th SEA-ACHR Session ended with a special meeting with development partners.

Dr Swarup Sarkar noted that it was the first time that development partners had participated in a SEA-ACHR session. It was vital to do this routinely as development partners should also be shaping, energizing and – through resource support – facilitating the Region’s research for health agenda.

Dr Poonam Khetrapal Singh noted that development partners had a critical role to play, as their support was vital for translating the research agenda into action, in view of the limited technical and financial resources available. She noted that development partners could help ensure against unproductive duplication and redundancy in health research efforts within the Region. Dr Singh also briefed representatives of development partners on the Flagship Priority Areas that the Regional Office had identified as the common agenda for all Member States of the Region. Eighty per cent of the Regional Office’s resources were allocated to these Flagship Areas, while the remaining 20% were kept aside for emerging and unexpected issues.
In her closing remarks, Dr Soumya Swaminathan highlighted the imperative need to strengthen health research capacity in the Region and globally, so that research and innovation keep ahead of changes in health conditions. She emphasized that development partners can make vital contributions on this front.

Dr Pratap Singhasivanon emphasized that not enough of the research for health undertaken in the Region was being translated into concrete products, interventions, policy improvements or public goods. He recommended that the Region do more to embrace the “academic entrepreneurship concept”, which encourages researchers and scientists to work closely with the private sector so as to put research to practical benefit.

Dr Swarup Sarkar gave a formal vote of thanks. He thanked and congratulated all the participants for ensuring that the 35th Session of SEA-ACHR had been path-breaking, resulting in landmark recommendations.
Members of the 35th Session of SEA-ACHR made seven sets of recommendations to the Regional Director of the WHO Regional Office for South-East Asia.

1. **A revised framework and operating functions for SEA-ACHR.** Detailed strategic changes have been proposed with the interrelated aims that SEA-ACHR focus on the most needed health research tasks, and the linkages between SEA-ACHR and the Regional Office be made synergistic. The specific changes include, among others, that SEA-ACHR focus its efforts on the Flagship Priority Areas; give priority attention to the advocacy and guidance needed to translate research into public goods; raise the number of SEA-ACHR members to 15, with careful consideration of expertise, gender and geographical representation; build productive ties and close coordination between SEA-ACHR and the Regional Director as well as country offices and WHO collaborating centres; hold SEA-ACHR sessions annually instead of every second year; review SEA-ACHR recommendations at every Regional Committee meeting as a regular agenda item. The Regional Office should consistently follow through on recommendations made by SEA-ACHR. Productive linkages should be built between SEA-ACHR and the various TAGs and task forces through structured sharing of information, workplans and strategies.

2. **An effective SEA-ACHR Secretariat.** A strong secretariat at the RPC Unit is essential to realizing the contributions made by SEA-ACHR to promoting research for health in the Region. The Unit’s capacity to effectively serve as the secretariat needs to be increased through the recruitment of a second professional staff member and assured support from core funding.
The next recommendation focuses on facilitating research for health through strengthening the research environment.

Two recommendations focus on shaping the roadmap for research and making it responsive to emerging needs.

3. **Benchmark and ongoing assessments of country capacity to conduct health research.** A benchmark situational assessment of country capacity to undertake health research should be undertaken in each of the Region’s 11 Member States. A benchmark assessment is essential for developing country-specific roadmaps aimed at capacity-building, as well as for periodically monitoring progress. A tool to assess health research capacity in both quantitative and qualitative terms is needed.

4. **The Regional Strategy on Research for Health.**

   The Regional Strategy on Research for Health for the period 2012–2016 provided a broad framework for health research in the Region as well as guided the work of the RPC Unit. A new regional strategy, covering the 2018–2022 period, should go significantly further, responding to the emergence of new goals and strategies at the Regional Office as well as broader opportunities and challenges in the Region. The new regional strategy will be an invaluable complement to the efforts of SEA-ACHR in identifying health research priorities for the Region and analysing how health research can best be strengthened to realize large, equitable and timely gains in health conditions.

5. **A regional portal and “virtual marketplace” for health research.** The Regional Office should establish a web-based regional portal focusing on health research in the Region, detailing
   - indexed publications (peer-reviewed articles);
   - inventory of ongoing research activities;
   - inventory of research products;
   - baseline and periodic assessments of country capacity to conduct health research;
   - developing areas for health research prioritization.

   This knowledge base will encourage synchronization of efforts and reduction of duplication among the various stakeholders in research for health, as well as help speed the research response to new threats or changing conditions.
A marketplace linked to the regional portal would facilitate collaboration between researchers and, importantly, would enable governments, the private sector and development partners to review research for health undertaken or proposed in the Region. This would allow them to invest efficiently in research that holds potential for being translated into tangible public health benefits.

6. **A situational assessment of health research financing and study of resource needs.**
   Basic information about the investments being made in health research is currently not available for the Region. These gaps in knowledge should be corrected through a situational assessment that documents and analyses the current state of investments in health research, including, for instance, how much is being spent, on which areas and subjects, and by whom. A related study should analyse the resource needs for scaling up health research in the Region to the desired levels.

7. **A “health research fund”.** A regional common financing fund would enable rapid and adequate support for priority health research. The fund could pool finances from Member States, development partners, and traditional and newer donors. It could be managed as a special purpose vehicle by a designated development partner/donor or, alternatively, by the Regional Office. The fund would make investments in research plans selected by SEA-ACHR. Financing would be available for any stage of research, from initial seed grants to clinical trials and implementation/impact studies. This would go a long way in ensuring that SEA-ACHR recommendations are implemented.

Based on the discussion of the Flagship Areas, ACHR members recommended the following areas of research over the next four years. These are to be further refined in consultation with various departments of WHO and published in the regional strategy.
These are the tentative plans discussed during the ACHR meeting. The same would be discussed with WHO and finalized for the Regional Strategy for Research on Health.
Annexes
# Tentative Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Organizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900-0915</td>
<td>Welcome Remarks and introduction of ACHR members</td>
<td>Dr Swarup Sarkar, WHO-SEARO</td>
</tr>
<tr>
<td>0915-0930</td>
<td>Keynote address</td>
<td>Dr Poonam Khetrapal Singh, Regional Director</td>
</tr>
<tr>
<td>0930-0940</td>
<td>Opening Remarks</td>
<td>Dr Pratap Singhasivanon (Chair, ACHR), Dean, Mahidol University, Thailand</td>
</tr>
<tr>
<td>0940-0950</td>
<td>Opening Remarks</td>
<td>Dr Soumya Swaminathan (Co-chair, ACHR), DG ICMR and Secretary DHR</td>
</tr>
<tr>
<td>0950-1000</td>
<td>Objectives of the meeting and introduction of other participants</td>
<td>Dr GB Nair, WHO-SEARO</td>
</tr>
<tr>
<td>1000-1030</td>
<td>Group Photograph and Tea Break</td>
<td>Chairs - Dr Pratap Singhasivanon and Dr Soumya Swaminathan</td>
</tr>
<tr>
<td>1030–1045</td>
<td>Report of ACHR Secretariat</td>
<td>Dr GB Nair</td>
</tr>
<tr>
<td>1045–1130</td>
<td>Value addition of ACHR to WHO: Review of ACHR Framework and functions</td>
<td>Dr NK Ganguly, THSTI</td>
</tr>
<tr>
<td>1130-1200</td>
<td>Discussion</td>
<td>Dr Pratap Singhasivanon</td>
</tr>
<tr>
<td>1200-1230</td>
<td>Regional Health Research Strategy</td>
<td>Dr Swarup Sarkar</td>
</tr>
<tr>
<td>1230-1300</td>
<td>Facilitated discussion between the ACHR Members and the Department Directors</td>
<td>Dr Swarup Sarkar</td>
</tr>
<tr>
<td>1300-1310</td>
<td>Concluding remarks by the Chairs</td>
<td></td>
</tr>
<tr>
<td>1310-1430</td>
<td>Lunch Break</td>
<td></td>
</tr>
<tr>
<td>1430-1500</td>
<td>Developing Capacity on Health Research in the region</td>
<td>Dr Anand Krishnan, Professor, AIIMS</td>
</tr>
<tr>
<td>1500-1530</td>
<td>Facilitated discussion between ACHR members and WRs of Bhutan, Maldives and Timor-Leste</td>
<td></td>
</tr>
<tr>
<td>1530-1540</td>
<td>Concluding remarks by the Chairs</td>
<td></td>
</tr>
<tr>
<td>1540-1600</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>1600-1610</td>
<td>AMR in SEA Region</td>
<td>Dr NK Ganguly</td>
</tr>
<tr>
<td>1610-1620</td>
<td>Environment and Health</td>
<td>Dr Lesley Onyon, WHO-SEARO</td>
</tr>
<tr>
<td>1620-1630</td>
<td>Universal Health Coverage</td>
<td>Dr Phyllida Travis, WHO-SEARO</td>
</tr>
<tr>
<td>1630-1640</td>
<td>Best Practices for Collaboration: SEARO TDR collaboration</td>
<td>Dr Garry Aslanyan, TDR, Geneva</td>
</tr>
<tr>
<td>1640-1650</td>
<td>Concluding remarks by the Chairs</td>
<td></td>
</tr>
</tbody>
</table>
### October 25, 2017: Day 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930 – 0940</td>
<td>Recap of day 1 proceedings</td>
<td>Facilitator</td>
</tr>
<tr>
<td>0940 – 1015</td>
<td>Developing Capacity on Health Research in the region</td>
<td>Dr D Prabhakaran, PHFI, Gurgaon</td>
</tr>
<tr>
<td></td>
<td>Part II – Framework for measuring capacity building</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part III – Capacity on Publications</td>
<td></td>
</tr>
<tr>
<td>1015-1030</td>
<td>Capacity Building in Health Research Ethics</td>
<td>Dr Roli Mathur, ICMR</td>
</tr>
<tr>
<td>1030 - 1115</td>
<td>Feedbacks on country capacity for health research by the ACHR members</td>
<td></td>
</tr>
<tr>
<td>1115 - 1145</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>1145 - 1300</td>
<td>Facilitated discussion on the development of ACHR recommendations on framework</td>
<td></td>
</tr>
<tr>
<td>1300 - 1400</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>1400 - 1530</td>
<td>Facilitated discussion on the development of ACHR recommendations on Health Research Strategy</td>
<td></td>
</tr>
<tr>
<td>1530 - 1545</td>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>1545 - 1700</td>
<td>Facilitated discussion on the development of ACHR recommendations on Regional Health Research Observatory</td>
<td></td>
</tr>
</tbody>
</table>

### October 26, 2017: Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930- 1100</td>
<td>Discussion among the ACHR Members on research in focus areas (RD’s flagship areas) and RPC activity</td>
<td></td>
</tr>
<tr>
<td>1100 - 1115</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>1115-1200</td>
<td>Parallel Session 1 (ACHR members): Finalizing ACHR recommendations</td>
<td></td>
</tr>
<tr>
<td>1115-1200</td>
<td>Parallel Session 2 (Partners): Overview on ACHR and recap of day 1 and 2 of the meeting by Dr Swarup Sarkar</td>
<td></td>
</tr>
<tr>
<td>1200-1215</td>
<td>Health Research Financing in SEA Region</td>
<td>Prof Rajesh Chakrabarti, Sunay Policy Advisory, New Delhi</td>
</tr>
<tr>
<td>1200-1330</td>
<td>Networking Lunch Break</td>
<td></td>
</tr>
<tr>
<td>1330-1400</td>
<td>35th session ACHR recommendations</td>
<td>Dr Pratap Singhasivanon</td>
</tr>
<tr>
<td>1400-1430</td>
<td>Feedback on ACHR recommendations</td>
<td></td>
</tr>
<tr>
<td>1430-1515</td>
<td>Introduction and overview by the partners on the recommendations</td>
<td></td>
</tr>
<tr>
<td>1515-1530</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>1530-1545</td>
<td>The way forward</td>
<td>Dr Swarup Sarkar</td>
</tr>
<tr>
<td>1530-1545</td>
<td>Closing Remarks by Regional Director</td>
<td>Dr Poonam Khetrapal Singh</td>
</tr>
<tr>
<td>1545-1600</td>
<td>Closing Remarks by Chairperson</td>
<td>Dr Pratap Singhasivanon</td>
</tr>
<tr>
<td>1600-1615</td>
<td>Vote of Thanks</td>
<td>Dr Arun Thapa</td>
</tr>
</tbody>
</table>

Reception hosted by the Regional Director, 1900 hours onwards
TENTATIVE LIST OF PARTICIPANTS

ACHR members

**Bangladesh**
**Dr Tasnim Azim**
Independent Public Health Specialist
Adjunct Scientist, ICDDR,B
Apt16, House 23, Rd 4
Dhanmondi, Dhaka 1205
Bangladesh
Phone No: +8801713090403

**Bhutan**
**Dr Tashi Tobgay**
Director of HR Planning and International Relations University of Medical Sciences
Thimphu Phone No: +17614894

**India**
**Professor Nirmal Kumar Ganguly**
Professor of Eminence Policy Centre for Biomedical Research Translational Health, Science and Technology Institute, Faridabad
Phone +91-11-2674-1501

**Dr Soumya Swaminathan**
Director-General
Indian Council of Medical Research
New Delhi
Phone: 91-011-26588204

**Professor Indrani Gupta**
Professor (Health Economist)
Institute of Economic Growth
Delhi University

**Indonesia**
**Dr Ratna Sitompjul**
Chairperson
Health and Pharmacy Technical Committee of the National Research Council/ Dean, Faculty of Medicine Jakarta
Phone No: +62 8158089900

**Dr Siswanto**
Head
National Institute of Health Research and Development
Ministry of Health
Republic of Indonesia
Jakarta
Phone No: +62 21 4243122

**Maldives**
**Ms Maimona Aboobakuru**
Director General of Public Health
Ministry of Health
Male

**Myanmar**
**Dr Kyaw Zin Thant**
Director-General
Department of Medical Research
Ministry of Health, Yangon
Phone No: 95-1-1375459

**Nepal**
**Dr Paras Kumar Pokharel**
Chief
School of Public Health and Community Medicine
B P Koirala Institute of Health Sciences, Nepal
Phone No: 00977 9851121971

**Sri Lanka**
**Prof P.V. Ranjith Kumarasiri**
University of Peradeniya, Peradeniya
Sri Lanka
Phone No: 94 71 340 2222

**Thailand**
**Professor Pratap Singhasivanon**
Associate Professor
Faculty of Tropical Medicine, Mahidol University, Thailand
Phone No: +66 81 8011293

**Timor-Leste**
**Dr Lidia Gomes**
Director of Midwifery Course
Lecturer on Medicine and Health Science
Faculty
UNTL
Dili
Phone No: + 670 – 7756 4395

Technical Advisers (outside WHO) nominated by Department Directors

**Dr Anand Krishnan**
Director
Centre for Community Medicine
All India Institute of Medical Science (AIIMS)
Ansari Nagar
Delhi 110029
Phone No: +91 11 26594253

**Prof. D. Prabhakaran**
Vice President - Research & Policy,
Public Health Foundation of India (PHFI)
4th Floor, Plot No. 47, Sector 44,
Near HUDA City Metro Station
Gurgaon - 122002

Observers

**Dr RolI Mathur**
Head
ICMR Bioethics Unit
National Centre for Disease Informatics and Research (NCDIR)
Indian Council of Medical Research (ICMR)
Poojanhalli Rd, NH -7
Kannamangala Post
Bangalore 562 110

**Dr Sagri Negi**
Public Health Foundation of India (PHFI)
4th Floor, Plot No. 47, Sector 44,
Near HUDA City Metro Station
Gurgaon - 122002

**Dr Safraj**
Public Health Foundation of India (PHFI)
4th Floor, Plot No. 47, Sector 44,
Near HUDA City Metro Station
Gurgaon - 122002
**WHO Country Focal Points**

**WHO SEARO***

<table>
<thead>
<tr>
<th>Dr Mostafa Zaman</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Professional Officer</td>
</tr>
<tr>
<td>Research and Publication Unit</td>
</tr>
<tr>
<td>WCO Bangladesh</td>
</tr>
<tr>
<td>Dhaka</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Olivia Nieveras</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Administrator</td>
</tr>
<tr>
<td>WCO Sri Lanka</td>
</tr>
<tr>
<td>Colombo</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Arun Bhadra Thapa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director, Programme Management (DPM)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Swarup Kumar Sarkar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Communicable Diseases (CDS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Pem Namgyal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Family Health, Gender and Life Course (FGL)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Roderico Ofрин</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Health Security &amp; Emergency Response (HSE)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Phyllida Travis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Health Systems Development (HSD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Thaksaphon Thamarangsi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
<tr>
<td>Noncommunicable Diseases &amp; Environmental Health (NDE)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr GB Nair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ag Regional Adviser</td>
</tr>
<tr>
<td>Research Policy and Cooperation (RPC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr Rahul Srivastava</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Professional Officer (JPP)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mr Ravinder Kumar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Research Policy &amp; Cooperation</td>
</tr>
</tbody>
</table>

*WHO staff from various technical units also participated in the meeting*
Distinguished members of the WHO South-East Asia Advisory Committee on Health Research, special invitees, honourable guests, ladies and gentlemen,

The value of scientific research to improve health is becoming more and more apparent. The development of antiretroviral therapy has made ending HIV, the worst global epidemic of our era, a reality. New approaches to the treatment of cancer are emerging. And with the combination of scientific advances and local know-how in service delivery, we are seeing marked decline globally in morbidity and mortality among children under five.

The gains from research are most evident in the WHO South-East Asia Region. Guided by research, strategic innovations and interventions helped the Region achieve polio-free certification in 2014. The research done in our Region has contributed to the use of new polio vaccines globally, as well as to the polio endgame strategy to rid the world of all types of polio.

Newer therapies are substantially improving our ability to manage malaria and to prevent its further transmission. Improved diagnostic platforms are allowing us to detect the most difficult and dangerous tuberculosis cases. With a powerful and growing array of scientific tools at our disposal now, the Region has launched a reinvigorated effort to end HIV, tuberculosis, malaria and neglected tropical diseases. These goals, regarded far-fetched not long ago, are today within our reach.

Research has been the key to our greatest regional health triumphs, and will continue to be so to address some of the ongoing and emerging health challenges, to be able to reach the SDG goal of ensuring healthy lives and well-being for all people at all ages.

From the growing threat of noncommunicable diseases such as cancer and cardiovascular disease, to the rise of antimicrobial resistance, the Region has many challenges. There is need for robust timely scientific research to generate critical answers and develop health tools to take on these challenges.
Ladies and gentlemen,

Our ability to leverage scientific research to improve health in our Region is hobbled by several factors. An estimated only 10% of the global spending on health research focuses on conditions that account for 90% of the global health burden. Most scientific research is funded by high-income countries and hence, do not reflect the Region’s priorities. For example while tuberculosis is no longer a problem in the high-income countries that fund health research, TB continues to be a big public health challenge in WHO South-East Asia Region, home to more than one in three global TB cases.

Clearly, to obtain the much needed scientific advances to realize SDG 3, the Region needs to:

First, invest more in health research. Though countries in our Region occupy center stage globally on economic and political matters, they lag behind in investment in health research. For example, Brazil’s per capita investment in health research is more than twice as much as in India, one of the leaders in health research in our Region. This is reflected in the body of scientific evidence generated to address priority health issues. Brazilian scientists produce nearly seven times more health-related scientific publications than those in Sri Lanka and nearly nine times more than those in India.

Secondly, our research needs to focus on and address the primary drivers of health. A recent review of scientific research in the Region found that health in general was under-prioritized and there was particular neglect of major sources of morbidity and mortality, including communicable diseases, noncommunicable diseases and traffic accidents. In a Region where poverty and social exclusion are at the root of many of our health problems, it is striking how little our research has focused on the social and structural determinants of health. The Region needs to reverse this neglect and give health research the priority it deserves.

Thirdly, we need to build our capacity and support strategic partnerships to undertake health research. We need to train a new generation of health researchers.

Lastly and most importantly, we need to build regional commitment to prioritize and focus finite resources on scientific research that will help address critical health challenges.

Ladies and gentlemen,

The Advisory Committee on Health Research has been playing an important role in supporting the WHO Regional Office for promoting and coordinating health research.

Over the years the dimensions of research have changed considerably. Hence, the role and functions of ACHR also need to change to cater to the new demands and needs of our Member States in health research. In view of these changes, we have reviewed the existing framework of ACHR and would also like to hear from you. We have also developed a Regional Health Research Strategy with the aim to foster research in the Region. Based on global health research strategy of WHO, the regional strategy seeks to leverage the strengths of the
Region to build a strong research system. It also seeks to define the role of SEARO in supporting enablers of health research, promoting research priorities and supporting translation of research into policies and practices.

We would need resources to implement this year’s ACHR recommendations and Health Research Strategy and, hence, I have invited various partners from around the globe for a two-day meeting, to identify areas of convergence and support.

At this 35th meeting, I look forward to ACHR identifying gaps as well critical health research priorities in the Region. This will help galvanize strategic research to give WHO South-East Asia the scientific tools and guidance it needs to achieve its health goals. Our regional health aspirations have never been greater, and your work has never been more important.

I wish you a productive meeting and a pleasant stay in New Delhi.

Thank you.
This is a follow up on working paper 1:
“Review of the WHO SEA Advisory Committee on Health Research: accomplishments, barriers, challenges and the way forward”, by Dr Kah Sin Cho (independent external consultant),

1. Composition and tenure of ACHR members
   1.1. The ACHR should have up to 15 members appointed by the Regional Director
   1.2. The term of ACHR members may be for 3 years which may be extended by another 3 years by the Regional Director, for half the members, in order to maintain continuity in the functioning of the committee.
   1.3. Appropriate geographical distribution and gender balance should be maintained.
   1.4. At least five members from five different core disciplines should be included.
   1.5. Based on need, the Regional Director may decide to include global/regional experts on health research in the committee as an ACHR members.

2. ACHR meetings should be held annually for three days, with the last day of the meeting being conducted as a retreat for ACHR members.

3. Meeting participants
   3.1. Essential: ACHR members, Secretariat, WHO departmental directors, WHO officers responsible for regional Flagship Areas, WHO country office focal points for research and collaboration, and a representative of WHO headquarters
   3.2. Desirable (based on need and agenda item): relevant WHO representatives, development partners, invited experts (regional/global), TAG representatives, technical advisers, government representatives and collaborators of the RPC Unit

4. Agenda items of the meeting should be finalized a month earlier by the ACHR Secretariat in consultation with WHO departments, the ACHR chair and the Regional Director. This should be circulated to the members two weeks in advance.

5. Linking ACHR with TAGs and task forces
   5.1. The recommendations of TAGs and task forces should be shared with ACHR members in order to ensure that there is no duplication in their work and the recommendations are aligned to each other.
   5.2. ACHR recommendations should be shared with TAGs and task forces.
   5.3. TAG representatives may be invited to the ACHR meeting if there is a common agenda item.

6. Focus areas of ACHR:
   6.1. Assessing and promoting health research capacity;
   6.2. Translating research into solutions for impact on Flagship Areas of the WHO Regional Office for South-East Asia;
   6.3. Transforming research into high-impact public goods;
   6.4. Synergizing and shaping the research agenda, including partner engagement and resource mobilization. ACHR should catalyse the partnership with development partners.

7. The following guiding principles need to be followed while making recommendations:
   7.1. Reducing duplication with TAGs and global working groups/networks;
   7.2. Ensuring that recommendations are focused and doable;
   7.3. Ensuring the supply of research needs in the Region;
   7.4. Focusing on enablers of health research;
   7.5. Acting as an archway for providing feedback on ongoing WHO research and mobilizing resources for the recommendations.

8. ACHR recommendations should be an agenda item during the Regional Committee meeting.

9. ACHR recommendations should be shared with WHO country offices and WHO collaborating centres through the Regional Director.

10. A framework for monitoring ACHR recommendations should be prepared by the Secretariat after the meeting, in order to ensure timely follow up of the recommendations.