

EM/RSR/18
EM/6TH.MTG.ACMR/11
February 1982

REPORT ON THE EM ADVISORY COMMITTEE ON
BIOMEDICAL RESEARCH, SIXTH MEETING
Islamabad, 14-17 September 1981

The views expressed in this report do not necessarily reflect the official policy of the World Health Organization.

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I INTRODUCTION

The Sixth Meeting of the Eastern Mediterranean Advisory Committee on Medical Research was held at the National Institute of Health, Islamabad, Pakistan, from 14 to 17 September 1981. It was attended by members of the Committee, resource experts and WHO staff members from the Regional and Geneva Offices. The list of participants is given in Annex I.

II OPENING OF THE MEETING

The Opening Session of the Meeting was presided over by H.E. Dr Nasir Uddin Jomezai, Minister of Health and Social Welfare, Government of Pakistan. The Minister and the guests invited to the Opening Session were welcomed by Major General M.I. Burney, Executive Director, National Institute of Health, Islamabad. Dr Jomezai in his address expressed the pleasure of his Government in hosting this important scientific meeting in Pakistan. The Minister referred to various ongoing health programmes in the country for preventing and controlling the commonly prevalent diseases and stressed the importance of research in the successful implementation of these programmes. Dr Jomezai also referred to the Government's commitment, in line with other countries of the world, to achieve the goal of HFA/2000, and pointed out the need for directing research for facilitating the attainment of this goal.

Dr A. H. Taba, Regional Director, WHO, in his address (Annex II), which was delivered on his behalf by Dr Alexander Robertson, Director, Health Manpower Development, EMRO, expressed his thanks to the Government of Pakistan for hosting the meeting. Dr Taba said that the Regional Programme in Biomedical and Health Services Research, now in its sixth year of operation, has become an important

component of the Organization's collaborative efforts with its Member States. This Advisory Committee has played a vital role in the development of the Programme. Its annual meetings, such as this one, have become important milestones in our activities. He added that in order to enhance WHO's collaboration with the countries of the Region in the development of their research programmes, there was an urgent need to establish effective national planning and coordinating mechanisms, appropriate to each country's policies and procedures. Where such mechanisms already exist they should be suitably strengthened in order to increase their effectiveness. As one contribution towards strengthening country mechanisms of this kind, a Regional Workshop in Research Management was held in Islamabad, earlier this year. He would look forward to the advice of the Committee on ways and means of further developing research management capabilities in the Region.

Dr Taba pointed out that a major constraint in the development of national research programmes was the shortage of people trained in research methodology, and experienced in preparing research proposals, especially with regard to Health Services Research, a subject to which the Committee has rightly given so much priority. He mentioned various training activities sponsored by WHO so far, and expressed the Organization's willingness to provide further assistance in this connection, should it be required.

The extension of health coverage was a major issue facing most of the countries in the Region. The inter-country health coverage study, undertaken on the recommendation of the EM/ACMR, in order to seek information which could be used by the countries in developing strategies for achieving the global goal of HFA/2000 through effective primary health coverage of their population, has been completed within the stipulated period of 18 months and, besides training a number of nationals in health services

research concepts and methodologies, has yielded some very useful and interesting results. The Committee will be reviewing the final report of this study. Should it consider that the results justify the carrying out of a similar or modified version of the coverage study in other countries of the Region, WHO would in principle be agreeable to provide appropriate support.

Immediately preceding the EM/ACMR meeting, a Consultation had reviewed the regional priorities for research in two important and closely related areas of health services and manpower development. The Consultation has proposed and outlined a short list of priority research proposals which, when put into effect, could help the countries in which they are carried out to plan and implement more effectively their national strategies for achieving the goal of HFA/2000.

Dr Taba referred to the research programme in diarrhoeal diseases and pointed out that the focus of research activities has been on applied research on various aspects of diarrhoeal disease control; the Committee will be reviewing the progress of the various projects and advising on how to stimulate further development of research activities in this field.

Death rates in pregnancy and childbirth still remain at somewhat high levels in many of the countries of the Region. A Regional Scientific Working Group on Maternal Health, which met in November 1980, reviewed the rather scanty available data on this subject in the Region, and has prepared protocols for the study of the extent and causes of maternal and perinatal mortality and morbidity, and on the measurement of needs of maternal care. Dr Taba was sure that the EM/ACMR, while looking at these proposals, will make useful suggestions for their implementation.

In conclusion Dr Taba pointed out that the Organization was promoting research, not as an end in itself, but rather as one way to systematically evaluate health programmes and to make the appropriate needed changes in their implementation, so as to render them more effective and to extend their coverage. It was evident now that, with increased regional involvement, the research programme has assumed greater vigour and has become an increasingly vital link in the Organization's collaboration with its Member States.

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III ELECTION OF OFFICERS AND ADOPTION OF AGENDA

The following officers were unanimously elected:

Chairman: Major General M. I. Burney
Director
National Institute of Health
Islamabad

Rapporteur: Dr W.A. Hassouna
Head of Social and Cultural Planning Centre
Institute of National Planning
Cairo

The Agenda (Annex III) was adopted with the addition of an item to be discussed as Agenda item 10(a) i.e. the Supply and Utilization of Animals for Biomedical Research and Testing.

IV THREE-COUNTRY COVERAGE STUDY - Agenda item 4

The Committee had before it a summary as well as a detailed report of the Three-Country Coverage Study, sponsored by WHO and completed earlier this year. The study was carried out in Bahrain, Egypt and Yemen Arab Republic, and the major findings were presented to the Committee by the Principal Investigator, Dr W.A. Hassouna.

The study aimed at providing the three countries with the information necessary to develop alternative strategies for achieving HFA/2000 through effective primary health care coverage of their populations.

The main focus of the coverage study was on analysis of present conditions and structural and functional capabilities of the health services delivery system (RSDS). Factors affecting user and non-user perceptions about the accessibility and acceptability of available health services and treatment-seeking behaviour were studied in order to understand the content of health care and the interface between providers and intended beneficiaries.

Women in the reproductive age (i.e. actual and potential mothers) with children 0-5 years, were selected as the target population and within the primary health concept MCH services were chosen as the target health services delivery component. The above selection of the target group enabled the study to deal with the crucial health problem of infant and maternal mortality common in the three countries of the study.

A common design was developed to be used in the three countries in order to allow for comparability. The main feature of the design was its three-level approach (national, intermediate and community) which provided information that could be used to explain the interface between providers and consumers of health care at the community level within the context of health policies, plans and structural and functional capabilities of the health delivery system in each country. Anthropological and sociological research methods were used in the study, and an effort was made to blend these approaches to achieve a holistic view of the coverage situation.

1. The main conclusions of the coverage study were:

- It confirmed that while the three countries are committed to a policy of total coverage, their present strategy emphasizes physical rather than functional coverage.
- Self-care supported by the informal health system including traditional healers (Bahrain, Egypt and the Yemen Arab Republic) pharmacies (Egypt), medicine shops (Yemen Arab Republic), is still the major source of Primary Health Care to most people in the three countries, except for immunization for which they resort to the government health facilities either due to awareness or to avoid penalties.

- Mothers use basic health facilities more for their children than for themselves.
- Most of the people perceive children's sickness as less serious and hence tend to use self-care for relatively long periods before they resort to the formal health system, which may result in severe complications or premature death of the child.
- More people in Bahrain tend to use the government health facilities at a much earlier stage than in Egypt or in the Yemen Arab Republic. This may be the relatively high accessibility to the health centres and the home visiting programmes by the public health nurses.
- The use of expatriate health personnel to staff community level health facilities alleviates pressures caused by lack of sufficient national health manpower in the short term. However, in the long term, a policy of reliance on expatriate health professionals is not advisable because of the social and economic costs implicit in such a policy. Hence the emphasis on training nationals; this should be a top manpower development priority.
- In all three countries, health professionals' perception of low utilization of basic health services by the people was almost identical and emphasized: lack of health awareness, overcrowdedness of health facilities, long waiting time and unnecessary referrals (lack of specialized services; drugs or laboratory investigations).
- In all three countries, people's perception of low utilization of basic health facilities was due to inadequate care. Over-referral to larger health centres or Salmaniya hospital was emphasized in Bahrain, irregular attendance, absenteeism, demand for gratuity by health personnel in Egypt; and inaccessi-

- bility, especially in cases of referral to hospitals, in the Yemen Arab Republic.
- Outreach services are generally lacking (Yemen Arab Republic, Egypt and Bahrain), irregular or totally absent. They are provided mostly by health personnel almost without any community involvement and tend to extend the functions of the health centre as provider of care to the homes rather than to promote and render more scientific the self-care potentials within the community.
 - Community involvement and participation in provision and management of health services is generally lacking except for a few experimental cases.
 - The source of primary health care (PHC) as essential and practical care provided at affordable cost to the people is by and large catered for by the people themselves, supported by the informal health system.
 - The perceived under-utilization of basic health services in the three countries reflects the inability of the formal system to compete with the informal system which is capable of catering to the perceived needs of the people within their cultural, social and economic context and which also saves them the trouble of dealing with the formal system.
 - The reluctance of the formal system to recognize the critical role which could be played by the people's informal healing system is a real obstacle in achieving HFA/2000 through effective PHC coverage. The common strategy to overcome this obstacle, i.e. through expansion of a physician/nurse staffed network of health facilities, promotion of health education and promulgation of legislations to outlaw the informal system, has mostly failed during the last 30 years.

- The relatively high infant high mortality rates in the three countries highlight the need for a more effective preventive role on the part of the formal health system. This can only be achieved by developing a mechanism that ensures more coordination with other sectors, e.g. public works, education... in which the Ministry of Health plays a key role.
- All three countries suffer from varying degrees of inefficient management of their formal health system, as evidenced by the referral issue (Yemen Arab Republic, Bahrain and Egypt) and the attendance and gratuity issue (Egypt).

2. The major achievements of the Coverage Study were:

- Creation of awareness regarding coverage and health services research training in senior nationals involved in health policy formulation in their own countries.
- Identification of the context of health and health care through providing information on structural and functional capabilities of HSDS relative to the coverage issue among the target population of government-sponsored health services.
- Application of multifaceted data collection and analysis in order to understand the functioning of the interface between the HSDS and those it is designed to serve.
- Training of the Ministry of Health personnel in the concepts, methods and management of health services research.
- Development of a Guideline for implementation of the Coverage Study to assist other countries in undertaking similar efforts.
- Demonstration of the managerial feasibility of undertaking such HSR studies.
- Demonstration of feasibility of incorporating training with research activities.

In view of the findings of the Study, some of the possible strategies proposed for meeting the coverage issues were:

- Teaching health personnel how to become more competent as resource persons in the Management of Community Health; to instill a sense of dedicated service during the training; and to train them as health educators so that they in turn can train others, representatives of the informal system, and other opinion leaders in the communities; as to how to provide primary home-based care.
- Salaries and/or incentives of national health manpower (especially in Egypt) will have to be increased. Salaries should be commensurate with the responsibility of basic health unit personnel to carry out their innovative work of teaching people how to manage their health.
- Better linking of the formal with the informal system and integration of external agencies working in the health field. In the Yemen Arab Republic in particular, there are a number of external (foreign) agencies active in health care delivery. The Yemen Arab Republic needs to consider how best to mobilize the efforts of the voluntary agencies now active in order to avoid duplication of efforts and over-concentration in some areas to the detriment of others; problems which may arise in the future if a plan for integration of such efforts is not undertaken now.
- Study data showed that in all three countries informal providers exist and practise, albeit to a greater extent in the Yemen Arab Republic and Egypt than in Bahrain. Such healers have the confidence of some of the people. Linking them to the formal system presents a challenge to physicians and nurses who are trained differently. But efforts to outlaw such practitioners have not succeeded, and the people's health interest would be better served by recognizing that they exist and by upgrading their skills.

- As an alternative to the free service concept pursued today, the countries need to seriously consider whether even the most wealthy country (Bahrain) can afford to offer a free service delivery system. A more viable alternative for the future is the provision of government-sponsored speciality services which are based on a fee-for-service concept with payment scales adjusted depending on the client's income while at the same time encouraging the development of employer and/or self insurance plans.
- Countries should invest in efforts to communitize health care; to strengthen home care through home and community-based health education and environmental improvement programmes, and to train health manpower in how to mobilize the communities (i.e. community health managers). In these ways many problems can be ameliorated.

The Committee was deeply appreciative of the efforts put in by the Principal Investigator and his Co-Investigators in the three countries in implementing this study within the stipulated period of eighteen months. The Committee considered this study as a practical demonstration of multidisciplinary health services research, which well demonstrated the feasibility and usefulness of health services research in developing a strategy to deal with the overall problems of the health care delivery system.

The study also resulted in the development of a practical methodology for re-considering health priorities in developing countries in a relatively short period and at a reasonable cost.

The Committee was assured that the conclusions, especially those referring to the issues of "fee-for-service" and "payment incentives" to doctors and health personnel, were backed up by adequate data. These of course would certainly

require revalidation in other countries where similar or modified studies may be carried out in the future.

The Committee recommended that the Summary Report of the Study should be distributed to all Member States in the Region, drawing their attention to the major findings. Should any of the Member Countries desire to undertake a similar or modified form of Coverage Study to help achieve the goal of HFA/2000 in their respective countries, WHO should actively collaborate and facilitate its implementation, keeping in view that the design and focus of the Study should be tailored to the actual needs of the country concerned.

It was felt that this Study should be maximally employed as a teaching tool in health services research and planning, and it was recommended that a case study and/or other relevant learning material based on the experience of the Coverage Study be developed.

V REPORT OF THE REGIONAL WORKSHOP ON RESEARCH MANAGEMENT - Agenda Item 5

In pursuance of the recommendation of the Consultation convened by the Regional Office in September 1980, to advise on the planning and organization of a training programme in research management, and its subsequent endorsement by the EM/ACMR at its Fifth Meeting, a Regional Workshop on Research Management was held at the National Institute of Health (NIH), Islamabad, 4-14 April, 1981. The objectives of the Workshop were: to inculcate in the participants an appreciation of the scientific approach to the management of medical research, and to acquire relevant knowledge of the elements of research management, so as to be able to apply and disseminate this knowledge in their own countries.

It was attended by 14 participants from Egypt, Iran, Pakistan and Sudan, and also by some observers from the host country. The participants were mainly senior level health professionals involved in managing research activities at national as well as institutional levels. The topics covered included the management process, research planning and research organization, assessment of scientific activities, staff planning and development, formulation and evaluation of research proposals, project monitoring and control, behavioural aspects of research management, research information and utilization of results of research.

The participants undertook two major case studies, one dealing with the formulation and evaluation of research proposals and the other with the planning and carrying out of an evaluation of the scientific activities of two Divisions of the NIH, Islamabad. Toward the end of the Workshop the participants, working in country groups, developed guidelines for promoting training in research management in their respective countries.

The detailed report of the Workshop was examined by the Committee.

A wide-ranging discussion took place under this item, dealing with the problems of the promotion and development of research, as well as those connected with exchange of information, including difficulties involved in publishing and disseminating the results of research.

The Committee, appreciating the efforts that have gone into the holding of the Regional Workshop, nevertheless emphasized that the expertise now developed in this subject, both in the Secretariat and in some countries of the Region, should be utilized to the fullest extent in training others in research management. The Committee recommended that WHO, while planning and supporting future training

activities at the national level, should include appropriate aspects of research itself, rather than dealing purely with the process of research management. It was felt that one way in which this could be approached was to plan for national workshops, wherein the research required for achieving the goal of HFA/2000 should be elaborated and its management worked out. This could result in making a large number of national scientists aware of the actual research required and how it could be managed to produce usable results within the limited time and resources available.

As an outcome of the Islamabad Workshop, further efforts will be required to strengthen the health research managerial capabilities of countries in the Region. This was especially in order to maximise the utilization of existing national and international resources and to accelerate the application of relevant scientific knowledge.

The Committee, therefore, recognizing that the establishment of national research management mechanisms was a vital means for promoting and developing research and for assuring effective utilization of resources, recommended that WHO continue to collaborate actively with Member States in establishing such mechanisms and fortifying those which already exist.

It was felt that, through establishment of effective national research management mechanisms, the national priorities for research could be better linked to the overall health and development priorities. The Committee was informed that the Organization would continue its efforts to improve the interlinking between various national and regional research priorities.

Some of the Committee members expressed their concern about the lack of availability of data on ongoing research at the national and regional level. It was pointed out that the matter had been discussed at the previous EM/ACMR meeting and it was decided that the establishment and operation of an appropriate biomedical and/or research management information system was primarily the responsibility of the countries themselves. However, WHO would be prepared to collaborate in the planning of such information systems, should countries so desire.

The Committee's attention was drawn to the existence of the WHO Regional Visiting Scientists and Health Administrators Programme, whereby research workers and teachers could visit their colleagues in different countries of the Region, and thereby obtain up-to-date information first hand on the ongoing research activities in their area of expertise as well as teach; learn and share common experiences;

In view of the considerable difficulty and delay being encountered by medical scientists in the Region in publishing their research in international journals, it was of utmost importance to improve the quality of the existing scientific journals in the Region. In this connection, reference was made to a planned WHO-sponsored meeting of the editors of biomedical journals, published in the English language in the Region. The Committee recommended that WHO should take appropriate steps to facilitate the up-grading and improving the quality of biomedical journals in the Region, in order to provide effective vehicles for the publication of research work conducted in the Region on topics of regional importance.

VI REPORT ON THE CONSULTATION ON RESEARCH PRIORITIES
IN HEALTH SERVICES AND MANPOWER DEVELOPMENT RELEVANT
TO THE GOAL OF HFA/2000 - Agenda Item 6

A Consultation on Research Priorities in Health Services and Manpower Development relevant to the goal of HFA/2000 was convened by WHO/EMRO in Islamabad, 12-13 September 1981. It was attended by some members of the EM/ACMR, resource experts and WHO staff members.

The objectives of the Consultation were:

1. To advise the Regional Director on priorities in Health Services and Manpower Development research.
2. Based on these priorities, to produce a series of outlines of research proposals related to them.
3. To render advice on how these proposals could best be implemented in countries of the Region.

The group had reviewed the various relevant WHO/EMRO-sponsored research and training activities in the closely allied areas of Health Service and Health Manpower Development, and indicated broad priority areas in which research would appear to be needed. The following criteria were proposed for selecting research proposals related to these areas for possible support from WHO:

- The proposed research should aim at yielding results capable of eventually improving the health of populations and should be in line with the approved policy related to HFA/2000.
- The proposed research should draw upon all appropriate disciplines in the health and social sciences and should use appropriate research methods designed to provide such information and data as are sufficient to indicate the solutions to the problems posed.

- The resources (human and financial) required for conducting the research and for the application of its results should be within available means.
- The proposed research should be capable of producing results within a reasonable period of time.
- As far as possible, the proposal should provide for the training of a suitable number of nationals in appropriate research methods.
- In so far as possible, the research should be carried out in joint collaboration between the appropriate research, training and health service agencies in the country concerned.

The Consultation recommended the following priorities for research in Health Manpower Development:

1. Evaluation of the effectiveness of problem-based community-oriented training programmes for health personnel in the Region.

Considering the complex nature of the topic, and its high priority, the group recommended that the task of developing a detailed protocol for an evaluative study of regional efforts in the subject should be assigned to a suitably selected working group at an early date.

2. The development of learning units and strategies for teaching of behavioural sciences to various categories of health personnel.

The purpose of the research would be to identify the deficiencies in behavioural sciences teaching and to suggest ways and means of bringing psychology, sociology and cultural anthropology, the main disciplines of the behavioural sciences, into the educational programmes of health personnel. Instructional units will be developed for particular vocational groups, such as doctors or nurses as opposed to health workers in general, and a particular focus of the curriculum would be on ways

and means of promoting community participation in health care and developing the skills of the health personnel in this activity.

3. The development of practical strategies for continuing education of health personnel.

The purpose of the study would be to develop practical strategies at national level for the continuing education of each category of health worker. These strategies would include practical efforts to promote team training among the different categories.

4. Studies to improve the managerial and supervisory skills of health personnel.

Recognizing that Member Countries and WHO had recently embarked on quite large-scale training activities in the subject, it was proposed that as these activities are devised and implemented during the coming biennium, serious efforts be made to build into them, from the start, sound evaluative techniques. There was a need to develop further researchable questions in the area of management training and to recognize the very high priority which will have to be given if the management needs of the health services at all levels are to be met.

5. Evaluative research on specific training programmes.

It was apparent that, in a number of countries in the Region, there were various training courses or programmes, which held specific promise of high relevance to their own or other countries' health needs, and were in need of serious attempts at evaluation. The group felt that there was currently a lack of expertise in most countries in undertaking an evaluation of such programmes. Therefore, it was recommended that consideration be given to the mounting, in collaboration with WHO, of national workshops on educational programme evaluation. Such workshops could lead to the development of specific protocols for the evaluation of the various training programmes.

6. In addition to the above topics the Consultation also awarded a high priority to the further development and testing of simplified guidelines on manpower planning.

In the area of Health Services, the Consultation suggested the following list of topics for possible development of research proposals:

- Cost effectiveness of various medical interventions for achieving the goal of HFA/2000.
- Measurement of household expenditure on health services.
- Effective use of drugs by non-professionals.
- Perception of health needs by the community and health workers.
- Perception of basic felt needs of the community to find solutions for provision of PHC to achieve HFA/2000.
- Factors affecting referrals.
- Impact of mass media on health awareness.
- Effectiveness of health education and community participation in promotion of health.
- Management of decentralized system.
- Mechanisms for change in the health system.
- Self-help in promoting primary health care.
- Review of the effectiveness of basic health systems with a view to minimizing waste.
- Attitudinal reaction and effectiveness of various approaches to health care.
- Community participation in disease control.
- Development of information system for management in health services.
- Social and economic determinants of health and disease.

From the above list, which was not considered to be exhaustive or final, the group considered the following four proposals as being of top priority:

1. Socio-cultural, economic and technical factors which influence referrals from and to different levels of the health system infrastructure including the community level.

The objective would be to study the various socio-cultural, economic and technical factors which lead to unnecessary referrals from and to different levels of the health system, as perceived by both consumers and providers of basic health services. The information generated by the study could be used in reorganization of basic health services so that they become the effective link between PHC and higher levels of health services.

2. Social and Economic Factors impeding the effectiveness of the basic health services

The purpose of the study would be to investigate the various factors that impede the effectiveness of peripheral health services and to utilize the generated information to develop ways and means to increase their effectiveness. It would also aim at redefinition of their functions in relation to PHC.

3. Perception of felt basic needs of the communities to find solutions for provision of PHC

The objective of this study would be to determine, through surveys, the perception of PHC by the community and their felt needs. Based on the data generated from the above survey, a package of intersectoral interventions, acceptable to the community, will be prepared.

4. Development of a health information system to improve management of health services

The purpose of the study was to develop an information system which will allow the generation of timely indicators to assess performance, health return and cost, and to stimulate a dynamic readjustment of resources and performances to improve health return.

The EM/ACMR agreed with the priority topics spelled out by the Consultation, and recommended that the outlines of the research proposed on these topics, prepared during the Consultation, be developed into detailed proposals as quickly as possible. This task would be assigned to appropriate experts in the Region. Where required, WHO should provide necessary expertise, either through its own staff members or through short-term consultants, to assist in preparing these proposals. As research on some of the priority areas may already be underway in other Regions, efforts should be made to secure the methodologies employed. These would of course be adapted to suit the needs of the countries in EMR where these studies would be implemented.

After the proposals have been formulated and, on review, found to be scientifically acceptable, WHO should adopt a variety of flexible approaches, for their implementation in selected countries of the Region.

The Committee further recommended that WHO should provide funds for the detailed preparation and implementation of the project proposed by the Consultation.

WHO, in collaboration with the appropriate national authorities, should be closely involved in the implementation and monitoring of these projects, so that the validity of results obtained is widely accepted. Efforts should be made to ensure that the project implementation should not be hampered by unnecessary formalities and procedures.

The Committee also recommended that the report of the Consultation should be widely distributed to public health authorities and training institutions in the Region, and that a summary of it be inserted in "Health Researcher", and other public health journals in the Region.

VII RESEARCH PROGRAMME IN DIARRHOEAL DISEASES - Agenda Item 7

The Committee, at its last session, had reviewed the research programme in diarrhoeal diseases, including the report of the meeting of the Regional Scientific Group on Diarrhoeal Diseases Research.

Since then, a system of reviewing proposals submitted for funding had been established, and several projects have been funded. A summary of the research projects currently being supported by WHO in the Region was presented to the Committee. These included aetiological studies, the effect of antibiotics on the duration of diarrhoea and speed of rehydration, assessment of feeding practices in diarrhoea, and studies dealing with the formulation and delivery of oral rehydration salts.

There has been a notable lack of projects on some of the priority areas for research, such as (i) nutritional management of cases with acute diarrhoea giving simple and feasible dietary recommendations, (ii) studies on simple effective environmental interventions to reduce disease transmission and (iii) studies on the role of health education in the prevention and control of diarrhoeal diseases. On the other hand there is a significant number of applications in the area of aetiological studies. WHO is endeavouring to have these studies modified in a manner that will relate causative agents to clinical manifestations or to epidemiological factors. A standardized protocol is being developed on an interregional basis to be used in hospital-based aetiology studies.

To facilitate the implementation of aetiological studies, especially on rotavirus, it was proposed that WHO should provide diagnostic facilities, including reagents, to the investigators concerned.

The importance of *Campylobacter* infection in the aetiology of diarrhoea was brought out. A recent study in Egypt has shown 6% infection with this organism.*

The Committee recommended that the clinical antecedents be determined of cases dying from diarrhoeal diseases together with the aetiological agent involved.

The Committee expressed its satisfaction with the progress of the research programme in diarrhoeal diseases, and further recommended that WHO should take steps to actively promote research on reducing the cycle of faecal/oral transmission through improving environmental sanitation/hygienic conditions in rural areas and deprived urban areas.

* It should be looked into in studies on diarrhoeal diseases in other countries of the Region.

VIII RESEARCH PROGRAMME IN MATERNAL AND CHILD HEALTH (MCH) - Agenda Item 8

Before introducing the Regional Programme for MCH, reference was made to some of the priority areas for research in WHO's Global Programme in MCH. These included:

1. Risk approach

The aim is to define managerial strategies that are effective in improving quality and coverage of MCH/FP services, based on identification of "risk profiles". A collaborative study is in progress in Cuba, Malaysia and Turkey, monitored by a Global Advisory Scientific Group. Research training activities include workshops and production of a handbook on how to conduct risk strategy research.

2. Breastfeeding

A document has now been prepared on the methodology of carrying out surveys of breastfeeding patterns, and is being tested in three countries.

3. Perinatal care

Global data on infant mortality, birth weight, maternal mortality, etc. are being reviewed. The emphasis is now on trying to identify simplified techniques for surveys or recording of mortality and of birth weight, to be utilized also by less trained staff or dayas. Low birth weight (LBW) is a very important indicator of MCH and of health status, more directly useful in health planning than is crude infant mortality.

Appropriate perinatal technology: the aim of this programme is to identify and test various technologies applicable to perinatal problems and easy to use and to teach. Examples: Neonatal heat regulation; a "growth chart" for monitoring foetal growth; a "partogram" for monitoring of labour and improvement of referral patterns.

4. Studies related to effectiveness of training in MCH/FP

This programme includes, for instance, work studies for development of more appropriate job descriptions for various categories of workers, as a basis for integrated curriculum development.

5. Reproductive health in adolescence

The adolescent population (teenagers) have, for a variety of reasons, been identified as one key population group for strategies for HFA/2000, due to their specific reproductive health problems. Research has been used as a tool to create awareness of the issue.

6. Intersectoral approaches to MCH/FP care

Studies are being developed on the relationship between health - or ill-health - and factors outside the health sector, such as poverty, housing, etc; also action research on new approaches by communities themselves to deal with health and development from their own angles. Some examples of such studies are:

- Social correlates of infant mortality.
- Study on child labour/health.
- Studies on utilization of e.g. cooperatives in health actions.

In reviewing the recent and current research activities in Maternal and Child Health in the EM Region, the Technical Discussions Paper at the 1978 Regional Committee entitled "The Present State of Child Health in the Region", was taken as a reference point. This paper demonstrated that, of the estimated 11 million children born alive in the Region each year in the late 1970s, almost 2 million died before the age of 5, and just under one and a half million of these before the age of 12 months. The principal causes were stated to be diarrhoeal diseases, respiratory infections, and the six immunizable diseases: tetanus, measles, pertussis (whooping cough), poliomyelitis, tuberculosis and diphtheria. Low birth weight, protein-energy malnutrition and anaemia significantly contribute, even if not commonly the primary causes of death.

It was obvious that research in child health should not be discussed only in terms of the MCH programme. It is also concerned with the Expanded Programme of Immunization (EPI) and with a major part of the Diarrhoeal Disease Control Programme.

A Summary of recent and current research activities in the field, supported by WHO during 1978-1981, was presented to the Committee. These included:

- Breastfeeding

This is of course associated with protection from diarrhoeal disease in early infancy. The analysis of the results of a longitudinal study of the patterns of breastfeeding, intercurrent illness, growth, resumption of menses and inter-birth interval, is at present receiving WHO support.

- In the Expanded Programme of Immunization a most obvious need was sound epidemiological baselines, because ultimately the evaluation of the EPI rests on whether or not the diseases were controlled. A poliomyelitis survey has just been completed in Yemen Arab Republic and is being published in the WHO Bulletin. Neonatal tetanus surveys are taking place between September and December 1981 in Democratic Yemen, Pakistan, Somalia, Sudan, Syria and Yemen Arab Republic. This is a major research effort which will serve to fix the baseline figures and provide the basis for formulating better strategies to control this disease. Research and development of cold chain equipment has taken place already in cooperation with the Pakistan Design Institute in Karachi.

- "Risk Approach in MCH Care"

As mentioned above, this is an area of research promoted by WHO globally. Recently EMRO was collaborating with UNRWA in a study on the West Bank to identify indicators of risk of children becoming malnourished with a view to better-directed preventive and early treatment activities.

- Infant Mortality

The results of the infant mortality studies in Afghanistan and Sudan have been published during the last three years. WHO is collaborating with Tunisia in measuring infant mortality with special reference also to low birth weight and haemolytic anaemias. A consultant mission to Oman recently explored the incidence of low birth weight.

- Maternal Mortality

A Regional Scientific Working Group was convened in November 1980 in Geneva and its report was before the Committee. The Working Group, after reviewing what very few representative data were available, felt that the most urgent research priority in Maternal Health was to find out more about the causes and extent of maternal mortality, which in many parts of our Region was very high. The Group felt that it was time now that the well-known system of Confidential Enquiry into Maternal Deaths, which has served industrialized countries so well, should be adopted in all the countries of our Region. Accordingly, Afghanistan, Democratic Yemen, Egypt, Kuwait, Pakistan and Sudan have accepted WHO's offer of assistance in establishing such systems, and these activities are in progress.

The following subjects were suggested for new or for continued research during 1982-1985:

Oral Rehydration

Most of the unanswered questions concern how to implement this measure. Clarification was required as to which children were most in need of oral rehydration; and different ways of providing oral rehydration salts (ORS) need to be evaluated comparatively, in different environments.

The Research Essential to EPI

Research concerning public attitudes and acceptance, and cold chain equipment development were high priorities. The epidemiological side also needed to be developed, because without this it will never be known whether the programme is really succeeding in progress towards its ultimate objectives. Tetanus and polio-myelitis incidence in particular must be measured periodically in this way. To assist in all this needed research, it was proposed to establish an inter-country project in Research and Training in EPI.

- Research Promoting Maternal Health

It was proposed to implement a system of Confidential Enquiry into Maternal Deaths in all countries of the Region by 1985. This form of research was continuous, and yielded information of a most usable kind. Consideration of the total reports of a period showed health authorities just what needed to be done to improve maternity care.

- Health services research aimed at measuring the needs for maternity care and formulating strategies to meet these needs more adequately, was required. WHO proposes to initiate several such investigations in the next few years.

- Regarding research concerning the at-risk approach in MCH care, a Workshop on this subject is to be held jointly with AFRO, which is expected to lead to several "risk approach" investigations in MCH.

- A Regional Scientific Working Group on Breastfeeding, which met in Nicosia in January 1981, had pointed to the need for periodic surveys of the situation vis-à-vis breastfeeding as one of the most necessary forms of research. It is intended to collaborate in several studies on breastfeeding and factors associated with it, in different countries of the Region.

While discussing the above proposal, a plea was made for studies concerning the benefit of involving community and religious leaders in health programmes. Some valuable suggestions were made by members of the Committee on factors influencing the incidence of tetanus, and attention was drawn to infant botulism, a relatively recently understood disease different in manifestation from the adult disease and for which the pre-conditions probably exist in the Region. Some poor response to tetanus

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toxoid in infants was reported and noted as a possible research need, at least as far as repeating experiments to assure that the most effective toxoids were being used.

The Committee endorsed the proposals made for research in MCH during 1982-1985, and recommended that WHO take suitable steps to implement them in the Region.

IX REPORT OF THE SCIENTIFIC WORKING GROUP ON MENTAL HEALTH RESEARCH
KARACHI, 6-9 JUNE 1981 - Agenda Item 9

It was recalled that at its last Session the EM/ACMR had reviewed the research component of the Regional Programme on Mental Health. The Committee had been informed about measures taken so far for promoting research in this field and of the progress of various studies being conducted in some of the EMR countries with WHO collaboration. While agreeing in principle with the research programme submitted by the Secretariat, the Committee had recommended that these proposals be further scrutinized and refined by a Scientific Working Group on Mental Health Research.

A meeting of the Scientific Working Group was held in June this year, and was attended by experts from Egypt, Kuwait, Pakistan and Saudi Arabia. The Scientific Working Group reviewed and supported the proposals put forward for mental health research in the EM Region. It was stressed that more effort should be made to promote national capabilities in mental health research with special emphasis on:

- The development of appropriate research technology and culturally oriented psychometric tools;
- The development and strengthening of local research resources and institutions; and
- The enhancement of inter-and intra-country collaborative research.

On the basis of past experience and after reviewing the overall regional programme, the Scientific Working Group identified the following areas of mental health research for future action:

- Epidemiological surveys to establish morbidity rates in defined communities and high-risk groups ;

- Studies on socio-cultural and socio-economic factors affecting mental health and emotional development;
- Clinical studies dealing with the aetiology, patho-physiology, biochemistry and psychopathology of mental disorders, as well as diagnosis and classification, assessment of severity, course of and response to treatment;
- Mental health services research, including socio-economic and administrative factors influencing the delivery of care.

As a follow-up to required activities, it is envisaged that during 1982 two meetings will take place. The first one will review the outcome and impact of collaborative studies for the extension of mental health care which were conducted at Fayoum, Egypt, and Kalkh Jebel Awlia, Sudan. The second one will discuss the findings and implications of research work conducted in Kuwait for monitoring mental health needs. These two activities are complementary and will provide the necessary guidelines for improving the quality of psychiatric services and extending mental health care within the total health system.

The Committee reviewed the report of the Scientific Working Group and endorsed the research priorities specified by the group, as well as the steps proposed for the promotion of national programmes.

The EM/ACMR recommended that of the priorities outlined above, more attention be paid to epidemiological studies, and to mental health services research. In doing so, attention should be paid also to the problems of immigrants and migrants, whose numbers are growing in several countries of the Region. Furthermore, suicide and attempted suicide should also be studied.

X SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR) -
Agenda Item 10

The Committee was informed that the research activities being supported in the Region by the UNDP/IBRD/WHO Special Programme of Research and Training in Tropical Diseases, were progressively increasing. A total of 53 projects, costing about 2 million US Dollars, have been funded so far. It was felt that there was still room for greater and more active participation by scientists in the Region in this programme. For this purpose the Committee recommended to further strengthen the research institutions and to implement programmes of research staff development. The countries desirous of collaborating with TDR should clearly describe their priorities for research, which would of course vary from country to country, depending upon the prevalence of the diseases covered by TDR.

There was still need for further dissemination of information about the programme amongst scientists and institutions in the Region. In order to facilitate this, the Committee recommended that those responsible for TDR be requested to take all possible steps, including the holding of information seminars, to make the programme and its activities better known and understood by scientists and concerned authorities in the Region.

The Committee also pointed out the need to ensure speedy communication between research workers and/or institutions, with TDR.

The recent activities by TDR to improve and upgrade the research managerial capabilities in institutions receiving long-term support, was noted with satisfaction.

XI SUPPLY AND UTILIZATION OF ANIMALS FOR BIOMEDICAL RESEARCH AND TESTING
Agenda Item 11

The Committee noted that the supply of suitable animals for research and testing in most countries of the Region was inadequate. This inadequacy sometimes renders the results of experiments and testing unreliable.

Considering the needs and indispensability of animals for research, and as their use both in numbers and scope is likely to increase further in the future, the Committee recommended that:

- WHO cooperation with Member Countries in this field be expanded with a view to improving the selection, production, utilization, protection and conservation of animals for research.
- Emphasis is required on establishment of colonies of defined animal strains, free from disease and of the desired nutritional status.
- Practical guidelines for housing, breeding, feeding, care, standardization, and transport of experimental animals should be prepared. Guidance on occupational hygiene and protective measures for workers is also required.
- A code of practice for rational use of animals in research and testing should be prepared for obtaining maximum benefit and for assuring animal welfare. This may help Member Countries to enact or revise legislation.
- Measures to conserve research animals caught in the wild state, particularly primates, should be intensified.
- Education and training in experimental animal medicine at the professional, auxiliary and specialist levels should be expanded and made an important part of international cooperation in this field.
- Services available from WHO and its Collaborating Centres in this field, should be made known more widely to institutions and scientists in the Region.

XII CONCLUSIONS AND RECOMMENDATIONS

The main conclusions and recommendations of the Committee are summarized below:

1. The Summary Report of the Three-country Coverage Study should be widely distributed to Member States, drawing their attention to the major findings. Should any country desire to implement a similar or modified form of study, WHO should actively collaborate in facilitating its implementation.
2. Based on the Coverage Study, suitable learning materials, including a case study, should be developed for teaching Health Services Research.
3. WHO should continue to support and assist in planning and implementing national workshops in Research Management, which should also focus on specific aspects of research, e.g. research required for achieving the goal of HFA/2000.
4. The Committee, recognizing that the establishment of national research management mechanisms is an important means for promoting and developing research and for assuring effective utilization of resources, recommended that WHO continue to collaborate actively with Member States in establishing such mechanisms and strengthening those which already exist.
5. WHO should take appropriate steps to facilitate the upgrading and improving the quality of biomedical journals in the Region.
6. The projects identified by the Consultation on Research Priorities in Health Services and Manpower Development should be developed and implemented in the countries of the Region as soon as possible, and the Report of the Consultation should be widely disseminated.

7. The Committee noted with satisfaction the progress in the research programme on diarrhoeal diseases and recommended that appropriate research studies be developed and implemented which would investigate the clinical antecedents of cases dying from diarrhoeal diseases, together with the aetiological agents involved.

Research should be promoted with the aim of improving environmental sanitation in rural areas and urban deprived areas with a view to reducing the cycle of faecal/oral transmission.

8. The proposed research programme in Maternal and Child Health was endorsed and it was recommended that WHO take necessary steps to implement the proposed studies in collaboration with national scientists.

9. The Committee agreed with the recommendation of the Scientific Working Group on Mental Health Research, and suggested that more attention be paid to epidemiological and health services research in this field.

10. The Committee took note of the regional activities being supported by TDR, and recommended strengthening of research institutions in the Region to enable scientists to participate more fully in this programme. The Committee also recommended that information on the activities of the programme be further disseminated amongst scientists and authorities concerned in the Region.

11. WHO's cooperation with Member Countries in the protection and utilization of laboratory animals in biomedical research and testing should be expanded in order to improve the selection, production, utilization, protection and conservation of these animals. Encouragement and support should be given to countries to develop their own facilities in this field.

12. The Committee recommended that regional priorities for research in Cancer and Cardiovascular Diseases be included in the Agenda for its next session.

ANNEX I

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ANNEX II

ADDRESS BY DR A.H. TABA
DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

at the

SIXTH MEETING OF THE EM ADVISORY
COMMITTEE ON BIOMEDICAL RESEARCH

Islamabad, 14 - 17 September 1981

Excellency, dear Colleagues,

It gives me great pleasure to welcome you to the Sixth Meeting of the Eastern Mediterranean Advisory Committee on Biomedical Research. On behalf of the World Health Organization I would like to express our deep gratitude to the Government of Pakistan for hosting this meeting.

The Regional Programme in Biomedical and Health Services Research, now in its sixth year of operation, has become an important component of the Organization's collaborative efforts with its Member States. This Advisory Committee has played a vital role in the development of the Programme. Its annual meetings, such as this one, have become important milestones in our activities.

Apart from directly funding research projects submitted by investigators in the Region, and research training awards, WHO has involved national scientists from several countries in the Region in the planning, implementation and evaluation of several collaborative intercountry research projects. There is a substantial research and/or evaluative component in many of our activities in different fields.

If we, in WHO, are, however, to enhance our collaboration with the countries of the Region in the development of their research programmes, there is urgent need to establish effective national planning and coordinating mechanisms, appropriate to each country's policies and procedures. Where such mechanisms already exist they should be suitably strengthened in order to increase their effectiveness.

As one contribution towards strengthening country mechanisms of this kind, a Regional Workshop in Research Management was held in Islamabad, earlier this year. The fourteen participants in this workshop included senior health professionals holding responsibilities for research in the ministries of health, health training institutions and medical research councils. The detailed report of this workshop will be reviewed this week by the Committee. We look forward to your advice on ways and means of further developing research management capabilities in the Region.

One major constraint in the development of national research programmes, well recognized by all concerned, is, of course, the shortage of people trained in research methodology and experienced in preparing research proposals, especially with regard to Health Services Research, a subject to which this Committee has rightly given so much priority.

During the last two years, WHO has organized and sponsored two intercountry workshops and one workshop at the national level in this field. A manual to assist countries in conducting similar courses is at an advanced stage of preparation and will soon be published. Should any further WHO assistance be required in this connection, we shall be glad to respond. Here, I would like to point out the immediate need for countries to take steps to provide medical research workers with the assurance of sustained career opportunities and a suitable research environment.

The extension of health coverage is a major issue facing most of the countries in the Region. It will be recalled that the Advisory Committee on Biomedical Research at its fourth session in 1979 recommended that an intercountry health coverage study be undertaken in order to seek information which could be used by the countries in developing strategies for achieving the global goal of Health for All by the Year 2000, through effective Primary Health coverage of their population. This remarkably comprehensive study was completed within the stipulated period of eighteen months and, besides training a number of nationals in health services research concepts and methodologies, has yielded some very useful and interesting results.

I am requesting you to review the final report of this study. Should the Committee consider that the results justify the carrying out of a similar or modified version of the coverage study in other countries of the Region, WHO would in principle be agreeable to provide appropriate support.

During the preceding two days, here in Islamabad, a Consultation, among a group of Committee members and selected resource experts, has been reviewing the Regional priorities for research in the two important and closely related areas of health services and health manpower development. They have proposed, and outlined, a short list of priority research proposals, which, when put into effect, could help

the countries in which they are carried out to plan and implement more effectively their national strategies for achieving the goal of Health for All by the Year 2000.

As is well known, diarrhoeal diseases are still the most important cause of childhood mortality and morbidity in the countries of this Region; therefore the programme for diarrhoeal disease control, including the related research activities, is receiving the particular attention of the Organization. The focus of research activities has been on applied research on various aspects of diarrhoeal disease control and the Committee will be reviewing the progress of the various projects and advising on how to stimulate further development of research activities in this field.

Women and children constitute an especially vulnerable group in our Region which is, of course, made up of developing countries. Death rates in pregnancy and child-birth still remain at high levels in many of the countries in the Region. This high incidence of maternal deaths is associated with ill health resulting from multiple pregnancies and a high incidence of low birth weights and deaths of the newborn.

A Regional Scientific Working Group on Maternal Health, which met in November last year, reviewed the rather scanty available data in the Region and has prepared protocols for the study of the extent and causes of maternal and perinatal mortality and morbidity and on the measurement of needs of maternal care. The EM/ACMR will be looking at these proposals and will, I am sure, make useful suggestions for their implementation.

At its last session, the Committee reviewed at length the ongoing and proposed research studies in the area of mental health. These as per the recommendations of the Committee, have also been summarized by a Scientific Working Group of experts who met in June 1981, and we hope that the Committee will give its blessing to the finalized research topics.

The support received by regional institutions and investigators from the Special Programme for Research and Training in Tropical Diseases has considerably increased during the last biennium. However, still more effort is required to bring the participation of this Region in this important global programme to a higher level.

I look forward to this Committee offering constructive suggestions as to how can this be achieved.

From these brief remarks, it would be obvious that, in this Region, as elsewhere in WHO, we are promoting research, not as an end in itself, but rather as one way to systematically evaluate health programmes and to make the appropriate and needed changes in their implementation, so as to render them more effective and to extend their coverage.

When the regionalization of the research programme in WHO was initiated six years ago, fears were expressed in several quarters that the programme would falter. But it is evident now that, with greater regional involvement, the research programme has assumed greater vigour and has become an increasingly vital link in the Organization's collaboration with its Member States. I am sure you join me in wishing it even greater success in coming years.

Before concluding, may I once again thank the Government of Pakistan for hosting this Meeting and for providing such good facilities.

I wish you a very pleasant stay in this city.

ANNEX III

AGENDA

1. Opening of the Meeting
2. Election of Officers
3. Adoption of Agenda
4. Final Report of the "Three-country Coverage Study"
5. Report of the Regional Workshop on Research Management
6. Report of the Consultation on Regional Priorities for Research in Health Services and Manpower Development, relevant to HFA/2000
7. Progress Report on the Development of Research Programme in Diarrhoeal Diseases
8. Regional Programme of Research in Maternal and Child Health
9. Report of the Regional Scientific Working Group on Mental Health Research
10. Progress Report on Regional activities in Research and Training in Tropical Diseases (TDR)
11. Supply and Utilization of Animals for Biomedical Research and Testing
12. Summary Report
13. Conclusions
14. Recommendations