

Report on the

**Twenty-first session of the Eastern  
Mediterranean Advisory Committee for  
Health Research**

Cairo, Egypt  
13–15 March 2005



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## EXECUTIVE SUMMARY

The 21st session of the Eastern Mediterranean Advisory Committee for Health Research (EM/ACHR) was held in Cairo, Egypt from 13 to 15 March 2005. His Excellency Professor Atta-ur-Rehman, Chairman, Higher Education Commission (Minister of State), Pakistan chaired the session. The meeting was inaugurated by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean.

In his address, Dr Gezairy emphasized the need to link research to practice and to develop a research agenda for improving health systems performance through delivery of interventions within the context of different epidemiological, cultural and social systems existing in the Region. He mentioned several new joint research and training programmes initiated by the Regional Office for the Eastern Mediterranean with international partners such as the Organization of Islamic Countries Standing Committee on Scientific and Technical Cooperation for research in applied biotechnology and genomics and the University of Toronto for Masters-level training in bioethics. He also noted that the WHO Regional Offices for the Eastern Mediterranean and for South-East Asia are engaged in developing a bi-regional cooperation strategy in health research. He spoke about a new collaborative project with the Council on Health Research for Development (COHRED) to develop a research programme for countries in the Middle East. He noted that the agenda items for the 21st session of the EM/ACHR reflected the needs of the Member States, and was within the overall context of the global agenda for research to improve world health.

The Committee deliberated on issues relating to child health, mental health, health systems research, communicable disease surveillance and cloning. The Committee agreed that there is a dire need to identify research priorities in the Region and to develop mechanisms to ensure that the health research systems are fully accountable, transparent and capable of delivering the desired returns, to justify the allocation of scarce resources to research and development.

Regarding the status of child health in the Region, it was pointed out that almost two-thirds of child mortality in developing countries could be averted at nominal costs, if known and proven interventions were properly implemented. The Committee reiterated the need for behavioural research to link child health researchers and the end users of the research. The role of the community in neonatal research was elaborated with the suggestion that the community should not only be engaged in, but be empowered to, plan and manage the research as well as utilize the research results.

Strengthening health systems and health systems research were pondered upon in the light of the report on the Mexico Ministerial Summit and the Millennium Development Goals. The Committee stressed the importance of demand-driven research and mobilization of the community and decision-makers to support health research in the Region. To develop health systems research in a country, involvement of ministries other than the ministry of health as well as employment of social marketing techniques in raising awareness of the need for health research, were advocated.

The priorities of mental health research were one of the main themes on the agenda. Social disintegration, ageing populations, unemployment and other issues of adulthood were of major concern for the Committee. Issues such as family structure, lack of social security systems, and the impact of conflict on child mental health led to discussion of the influence of such factors as parenting and schooling. The Committee suggested that three important areas in the Region should be studied in relation to mental health: the growing number of nuclear families facing acute economic problems; the increasing ageing population and unemployed youth; and increasing drug abuse. Taking into account the current health systems in place for addressing mental health issues in Afghanistan, Islamic Republic of Iran and Pakistan, the Committee considered the Iranian model worthy of further study. It was suggested that promising institutions in the Region be recognized and strengthened to overcome the grave situation in regard to mental health. The role of women's education and of religious education for men, to understand the rights of women, was also stressed in regard to prevention and treatment of mental disorders.

Communicable disease surveillance was discussed with particular reference to challenges, research needs, gaps and future options. In general, surveillance for communicable diseases was considered by the Committee as primarily a national responsibility. In cases of potential internal spread of disease or huge disasters that go beyond the management capacity of national systems, international intervention is sometimes the only alternative. In such cases there is an international obligation to assist in developing surveillance mechanisms to control the spread of infectious diseases. The Committee considered that the laboratory systems in a country are an integral part of a surveillance system, but a dearth of good quality of virology laboratories and virologists in the Region was acknowledged. There was consensus that there should be at least one good laboratory in each country of the Region. It was also agreed that surveillance in general and influenza surveillance in particular should be the priority in the Region. The usefulness of early warning systems was reiterated by the Committee.

Ethical issues concerning cloning and other disputed technologies, like embryonic and stem cell transplantation, were discussed from the regional perspective. The Committee proposed that the Regional Office should provide guidelines for the Region in general and the Member States in particular, to study and incorporate cloning and stem cell-related issues in their overall bioethical policy. There was a general consensus that cloning and stem cell research be restricted to solving issues related to human suffering, and that aimless research with potentially ethical implications should be regulated.

International collaboration and partnership in health research efforts were discussed in the perspective of the Global Forum for Health Research, the UNDP/WHO/World Bank Special Programme for Research and Training in Tropical Diseases, COHRED and the International Clinical Epidemiology Network (INCLIN). Three aspects of international collaboration were particularly emphasized by the Committee: the need for cooperation, areas of cooperation and organizational restructuring.

The Committee recommended that the Member States invest at least 2% of the national public health budget in health research, and develop conducive environments to foster

national health research and address national priorities. The Committee also reiterated the role of the community in health research; the need for research to scale up known and proven interventions in child health, understand social and behavioural determinants of health, address key mental health issues and develop disease early warning systems and practices; and the need to establish national bioethical committees. The Committee recommended the Regional Office to mobilize additional resources for supporting health research and establish a regional database of health researchers. In view of the increasing role of the Regional Office in support of health research in the Region, the Committee recommended strengthening of the Research Policy and Cooperation unit in the Regional Office. The Committee suggested that in future the EM/ACHR meet on an annual basis, and suggested some topics for the next meeting.

## 1. INTRODUCTION

The 21st session of the Eastern Mediterranean Advisory Committee for Health Research (EM/ACHR) was held in Cairo, Egypt from 13 to 15 March 2005. His Excellency Professor Atta-ur-Rehman, Chairman, Higher Education Commission (Minister of State), Pakistan chaired the session.

The meeting was inaugurated by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his opening address, Dr Gezairy said that the meeting was of special significance because it came in the wake of the landmark Ministerial Health Summit on Health Research, held in November 2004 in Mexico. He reminded participants that at the beginning of the last biennium (2002–2003) the Regional Office embarked on a renewed policy of health research for development in the Region. He expressed the view that this was an opportune time to take stock of what had been done, with a view to ascertain and suggest ways and means to maximize the Regional Office's contribution to health research capacities. Dr Gezairy emphasized the need to link research to practice and to develop a research agenda for improving health systems performance through delivery of interventions within the context of the different epidemiological, cultural and social systems existing in the Region. Dr Gezairy reiterated the support of the Regional Office for health research, and noted in particular the Small Grants Scheme supported by the Regional Office and the UNDP/WHO/World Bank Special Programme for Research and Training in Tropical Diseases for research in infectious diseases, which had been going on for over a decade. He informed the meeting that two new health research funding programmes had been launched by the Regional Office: Eastern Mediterranean Research in Priority Areas of Public Health, and Research in Applied Biotechnology and Public Health, the latter jointly supported with the Organization of Islamic Countries Standing Committee on Scientific and Technical Cooperation (COMSTECH).

Dr Gezairy informed the participants that the agenda for the 21st session of the EM/ACHR had been carefully chosen to reflect the needs of the Member States, and was within the overall context of the global agenda for research to improve world health. He drew the attention of the members to the global agenda for the Millennium Development Goals, stating that all countries of the world had endorsed recognition of the need to improve the social, economic and health conditions of people of the world by signing the Millennium Declaration at the World Summit in September, 2000. Through this global declaration, all countries had pledged to attain the targets of the Millennium Development Goals by 2015. Sadly, he said, there was increasing evidence that many countries, including some in our Region, were lagging behind in this global resolve. He said the agenda of this meeting was focused on that need.

Concluding his address, Dr Gezairy reiterated the position of the Regional Office with regard to building partnerships and linkages with international organizations to develop health research capacities in the Region. He mentioned several new joint research and training programmes initiated by the Regional Office with international partners. In addition to research in applied biotechnology and genomics in collaboration with COMSTECH, the Regional Office was collaborating with the University of Toronto to support Masters-level



training in bioethics, and was developing a collaborative project with the Council on Health Research for Development (COHRED) to develop a research programme for countries in the Region. He welcomed the initiative of the Global Forum for Health Research to organize its 10th meeting in Cairo in 2006 and offered full cooperation to the Forum, and informed participants that the WHO Regional Offices for the Eastern Mediterranean and South-East Asia were engaged in developing a bi-regional cooperation strategy in health research. He hoped that that would expand at some stage to the African Region of WHO, as many of the problems were common, and so, he said, were the solutions.

After the opening address, Professor Mohsen El Hazmi (Saudi Arabia) was elected Vice-chairman and a committee comprising Dr Tawfiq Khoja (Saudi Arabia), Professor M. Hassar (Morocco), Professor Malek Afzali (Islamic Republic of Iran), Dr Tasleem Akhtar (Pakistan) and Dr M. Abdur Rab (Regional Office) was designated as rapporteur(s) for the session. The agenda, programme and list of participants are given in Annexes 1, 2 and 3, respectively.

## **2. ACTIVITY REPORT ON THE REGIONAL SUPPORT FOR HEALTH RESEARCH TO MEMBER STATES**

### **2.1 Follow-up on the renewed policy for health research and development: role of the Regional Office in supporting health research in priority areas of public health**

*Dr Mohammed Abdur Rab, Regional Adviser, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean*

Dr Abdur Rab provided an overview of the status of health research which revealed a growing trend in health publications. He said that health research in the Region is driven by Regional Committee resolution EM/RC48/R.8 on renewed support for health research and development in the Region. Summarizing the key activities since the 20th Session he mentioned the following.

- **Support to health research studies.** The Regional Office completed the health research systems analysis study undertaken by five countries in the Region, namely Egypt, Islamic Republic of Iran, Morocco, Pakistan and Sudan. The Regional Office established a new grant for research in priority areas of public health for Member States, and 95 research proposals were supported since the grant was established in 2003. The main focus of this grant is to undertake research in health systems, chronic diseases, environmental health, and social, ethical and behavioural issues. In 2004, another grant for research in applied biotechnology and genomics in health was initiated in collaboration with COMSTECH. Under this grant 17 research proposals are being supported from different countries in the Region.
- **Capacity-building in health research.** Several training programmes (both at regional and national levels) were carried out in the areas of health research proposal development, data management and analysis, report writing, bioethics and research-to-policy. A programme for long-term training in bioethics (Masters-level) was initiated in collaboration with the University of Toronto, Canada. The Regional Office published a

book entitled *A practical guide for health researchers* and a number of key international documents on health research and ethics were translated into Arabic for dissemination in the Member States.

- **Regional coordination in health research policy and strategy development.** Several regional meetings and consultations were held out to promote development of national research policies and improve coordination and impact of human resources on health care. These included meetings of the heads of health research in the Member States, of the WHO collaborating centres in the Region, on defining policy for applied biotechnology and genomics in the Region, and the Mexico Ministerial Summit on health research in which there was regional participation. In addition, international collaboration on health research was established with a number of international agencies.

## **2.2 Report on the Small Grants Scheme for operational research in tropical and other communicable diseases**

*Dr Amal Bassili, Research and Training in Tropical Diseases, WHO Regional Office for the Eastern Mediterranean*

Dr Bassili briefed the Committee about the positive impact of the Regional Office's support for research in promoting research activities in the Region through the Small Grants Scheme for operational research in tropical and other communicable diseases, funded by the Regional Office and UNDP/WHO/World Bank Special Programme for Research and Training in Tropical Diseases. She described the strategic issues of the Small Grants Scheme, which include supporting projects that contribute to the prevention and control of communicable diseases, collaborating with the national control programmes in translating research results into policy and practice, and strengthening research capacity in the Region. Dr Bassili reported on the activities of the scheme since the last EM/ACHR meeting in 2002, and said that 63 projects were supported dealing mainly with the evaluation of new/improved interventions or public health policies rather than evaluating new/improved tools or generating new knowledge in communicable disease prevention and control. Another 29 research proposals in different common infectious diseases in the Region were funded. Results were disseminated through the web site that was launched in 2002, as well as by publishing the first issue of the final report summaries (1992–2000). Results were also disseminated by sending copies of the final reports to the relevant national control programmes. Research capacity strengthening was performed by organizing workshops in proposal development and research methodology, follow-up visits to countries, recruiting consultants and on line technical assistance in proposal development, data management and scientific writing. The research results were published in the second issue of the final report summaries (2001–2002) and a special issue of the Eastern Mediterranean Health Journal (Volume 9 No. 4, July 2003) which published 33 research articles that were supported by the scheme.

## 2.3 Discussion

The discussion focused on four main areas: research capacity-building, bridging the know-do gap, enhancing research quality and health research prioritization. The Committee felt that capacity- building should be institution-based and that international cooperation and partnership should be sought. The dissemination of educational materials, books and other publications also supports enhancement of research capacities. The Committee stressed the need to transfer the knowledge generated through research into practice, and suggested the dissemination of research results through networking, building of information systems, and involving stakeholders and policy-makers by providing comprehensive evidence.

The Committee underscored the need to create a culture that has high regard and respect for research and the need for adherence to ethical norms to enhance the implementation of research results. The Committee advocated for the need to build strong leadership and teamwork in national research efforts, and suggested developing programmes aimed at highlighting the impact of research utilization on health outcomes. Raising community awareness and empowerment is crucial for better implementation of research results.

The Committee focused on the need to ensure the quality of research and suggested that indicators for research quality should be developed to ascertain the impact on health system, policy and industry. The Committee suggested that Member States should identify national health priorities, and focus on the defined priority issues. Some cross-cutting regional priorities for health research were suggested, including adolescent health, child abuse, violence and depression, maternal and child mortality, ethics, genetic disorders, health education and environment.

## 3. STATUS OF CHILD HEALTH IN THE EASTERN MEDITERRANEAN REGION: ISSUES, CHALLENGES, PRIORITIES AND AGENDA FOR RESEARCH

### 3.1 Newborn and child survival in the Eastern Mediterranean Region: priorities for action and research

*Professor Zulfiqar Bhutta, Aga Khan University, Pakistan*

Dr Zulfiqar Bhutta presented the global and regional context of child health issues, challenges and the role of health research to improve child health. He detailed the causes of mortality among children under 5 years and neonatal mortality in the Region, and pointed out that of the 610 000 newborn deaths annually, 15% occur in the Eastern Mediterranean Region. He underscored the need for cost-effective interventions generated through global knowledge and for application of these to maternal and child health. He described a set of intervention packages which if implemented at 90% coverage could prevent up to two-thirds of all newborn deaths.

Dr Bhutta stressed the need to earmark adequate resources at country level to strengthen health systems to address child health. He suggested the creation of regional centres of

excellence for training and implementation of the child health research agenda. He also emphasized the need to create an enabling environment for partnerships and collaboration. He particularly underscored the acute dearth of social scientists, anthropologists, trained epidemiologists, biostatisticians, public health and nutrition researchers, health policy analysts and health economists in the Region.

### *Discussion*

The Committee reiterated the need for behavioural research to link child health researchers and the end users of the research. The effect of family size on neonatal and child mortality as well as child health was highlighted. Issues such as cost-effectiveness of interventions, procedures for dissemination of research results for reducing child mortality, and the importance of national surveys for assessment of neonatal, perinatal, postnatal and child mortality were highlighted. It was pointed out that 66% of neonatal mortality could be averted with simple interventions at an estimated cost of US\$ 4 billion, i.e. less than US\$ 1 per person. The Committee discussed the role of the community in neonatal research, and suggested that the community should not only be engaged but empowered to plan and manage the research as well as utilize the research results. In this regard the role of primary health care techniques in reducing postnatal mortality was also pointed out.

## **4. STRENGTHENING HEALTH SYSTEMS: THE MEXICO MINISTERIAL SUMMIT ON HEALTH RESEARCH**

### **4.1 Report on the Mexico Ministerial Summit**

*Dr Tikki Pang, Director, Research Policy and Cooperation, WHO headquarters*

Dr Tikki Pang began with an overview of the key issues confronting global health systems. He showed that a decline in worker density results in high rates of maternal and child mortality. He also emphasized the role of fair and sustainable financing to overcome financial catastrophe and impoverishment due to huge out-of-pocket health spending. He pointed out the failure of current strategies to surmount preventable childhood deaths and the poor state and unavailability of basic health information in what he described as “chaotic storage systems”. He stressed the importance of implementing reliable policies based on accurate and reliable information. He quoted examples where health systems research had significant impact on health, as indicated by a decline in childhood mortality rate.

Dr Pang highlighted the key messages from the Mexico Ministerial Summit on Health Research. The Mexico Ministerial Summit Declaration emphasizes increased investment and better management of health systems research, securing public confidence and transformation of knowledge to action to improve health. Dr Pang informed the participants that a resolution in this regard will be tabled in the Fifty-eighth World Health Assembly (May 2005) to underscore: that governments should spend at least 2% of health budget (at least 5% of project and programme aid) on research; that countries should establish a national health research policy and strengthen health systems; promotion of partnership, including private-public partnerships, acceleration of development of vaccines, essential drugs and diagnostics; establishment of a sustainable programme to support health systems research; establishment

of an international clinical trials registry; and establishment of mechanisms to transfer knowledge in support of evidence-based public health and health care delivery systems, and evidence-based health-related policies.

#### **4.2 Health systems research: targeting the Millennium Development Goals**

*Dr Somsak Chunharas, Secretary-General, National Health Foundation, Thailand*

Dr Chunharas spoke in detail about the role of health systems research in overall health systems development, the expertise and disciplines needed and encouraging health systems research within the context of attaining the Millennium Development Goals. He particularly underscored the important role of health systems research in addressing priority health problems and described in detail three approaches for health systems research: to achieve effective and efficient use of health interventions and technologies, through better understanding of patients' and providers' compliance; to address key elements in the health systems that are essential for improving health or solving particular problems in health; and to address the broader system components that affect health.

Dr Chunharas outlined a set of health systems research priorities for the Millennium Development Goals, emphasizing that such research should be goal-oriented rather than problem-based; should address all three elements for health improvement (personal care, public health programme, health and non-health policies); and should be demand-driven. He stressed the need to focus the health systems research agenda on the Millennium Development Goals with particular reference to maternal and child health. He concluded that successful health systems research contributions towards the Millennium Development Goals lie not only in formulating a good research agenda and package, but also in effective management through interactive research and a knowledge management process.

#### *Discussion*

The Regional Director stressed the importance of demand-driven research and mobilization of the community in general, and the decision-makers in particular, to support health research in the Region. As an example of demand-driven research, he cited a study that helped overcome the high prevalence of heat strokes during the *hajj* pilgrimage in Saudi Arabia in summer months. He discussed the need for research and dissemination of the outcomes to ensure better implementation of its results. He stressed the need to undertake health systems research that has direct and immediate impact, highlighting that simple health research topics, for instance safe drinking-water, readily attract the attention of all, be it an illiterate person or a decision-maker. Dr Gezairy emphasized the importance of the research culture, stating that research should be part of our day-to-day life. He agreed there was an urgent need to explore how best to meet the Millennium Development Goals, fearing that at the current pace of research and investment, many countries will remain behind the Millennium Development Goal targets.

The Committee agreed on goal-oriented research and the involvement of policy-makers and decision-makers in the entire process of the health systems research. Community awareness and involvement in health research was also emphasized during the discussion. The

Iranian experience in empowering the community to undertake research was presented as a model. It was pointed out that the current health systems are analysed with reference to several determinants, including social, behavioural and psychological determinants. Furthermore, the adoption of healthy lifestyles and practices is an example of improved health in the developed part of the world. Therefore, in order to develop the health systems research agenda in a country, it was proposed that sectors other than health should also be involved. Social marketing techniques are useful tools that can be employed in raising awareness of the impact of health research.

The role of the Mexico Summit in drawing attention to health systems research and in achieving the Millennium Development Goals was acknowledged by the Committee during the discussion. However, the need for commissioned research was also advocated, particularly in situations where policy-makers drive the agenda for research. A summit of higher level representatives, other than health ministers, was also proposed to decide global and regional issues of health research. The possibility of linking future ministerial summits with the Heads of States' summits was suggested as a feasible alternative. The Committee felt that WHO needs to develop its own capacity to support and advise Member States better.

Regarding the discussion as to who should drive health research, it was pointed out that, conventionally, researchers usually take the lead as they are trained for this purpose. However, it is important that the end users of their research are involved as key partners in the research process, as this will facilitate demand-driven research. While their role in research is important, decision-makers on their own may not be able to lead research as it is neither their main area of expertise and responsibility nor are they involved in the research process. A third model, where the funding agency becomes either an intermediary or takes initiatives in health research was proposed, and could prove more effective for fruitful research. The Chair of the Committee, Professor Atta-ur-Rehman, agreed and stated that funding agencies like WHO and others can play a critically important role and can prove effective in exerting positive influences. Such agencies should be invited to look at research needs, help in prioritizing those needs and ultimately fund only those programmes that are focused on the identified needs. He said that the funding agencies can also suggest innovative approaches to fund research and provide incentives to countries.

## **5. PRIORITIES OF MENTAL HEALTH RESEARCH IN THE EASTERN MEDITERRANEAN REGION**

### **5.1 Overview and priority needs in mental health and substance abuse research in the Region**

*Dr Ahmad Mohit, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean*

Dr Mohit described the pressing issues for mental health, citing particularly the stresses of a changing world such as conflicts, emergencies and disasters; inadequacy of existing mental health data and services; resources and constraints; the need to document the efficacy and impact of innovative approaches in improving attitudes towards mental health and illness; vulnerability; violence; suicide; human rights; and legislation.

Dr Mohit noted that during 2003–2004 the male prevalence rates for mental health disorders in Afghanistan, Egypt and Islamic Republic of Iran were 16%, 10.7% and 15%, respectively, and the female 58%, 21.2% and 29%, respectively. He said that general studies on burden of disease are ongoing in a number of countries of the Region, and provided details of studies on child mental health in several countries of the Region, together with statistics pertaining to preschool children; emotional problems in schoolchildren; childhood behavioural disturbance in the community; violence among schoolchildren, and promotion of mental health through schools. He quoted a study by Dr Amirah Seif El Din (1999) according to which 58% of adolescents report lack of communication between family members, and awareness of psychosocial development of children is lacking among majority of parents. Giving details of studies on conflict and disaster, Dr Mohit quoted alarming statistics from Afghanistan, Iraq, Lebanon and Palestine in regard to mental health.

Regarding substance abuse research, Dr Mohit said that no country of the world is immune to drug abuse. He noted that some of the biggest producers of narcotics in the world are, unfortunately, in the Eastern Mediterranean Region. He brought to light some pressing issues of substance abuse with particular emphasis on new trends, such as increasing numbers of female and younger addicts; higher use of injecting drugs; sociopolitical, economic and legal influences; types and trends of abuse including demographic and epidemiological factors; effectiveness of treatment methods including relapse rate; co-occurrence (e.g. with HIV and tuberculosis); and substance abuse as related to public health. He pointed out that injecting drugs is the main cause of HIV infection in the Region and is a major public health problem in several countries. He suggested a list of priorities in mental health with particular emphasis on substance abuse. He stressed that mental health and substance abuse issues can only be solved by the joint efforts of the countries of the Region. He informed the Committee that the draft health promotion strategy will be presented to the Regional Committee this year.

### *Discussion*

The Committee agreed that social disintegration, an ageing population, unemployment, and other issues related to adulthood were mental health factors in the increasing burden of mental health disorders. The role of religion, spirituality and family structure was considered to be of crucial importance in combating the problems of mental health among the population. Other factors leading to mental health problems, such as large nuclear families without any social security, the impact of conflict and the dismal role of the health services in the Region were also discussed. The Committee also discussed the influence of parenting, schooling and video games on the mental health of children. The Committee suggested studies should be conducted on the empirical relation between parental training and mental health. A comparative study of mental health in schoolchildren was also suggested.

The need to address three important issues in the Region contributing to mental health problems was highlighted: the growing number of nuclear families facing acute economic problems; the increasing ageing population and unemployed youth in the Region; and increasing drug abuse, including *qat* in some countries of the Region. Parental skills training is a part of life skills training and actually starts during childhood. Such childhood life skills

training, if applied appropriately, can function as a “vaccine” in preventing future mental health problems.

## **5.2 Applying research in addressing mental health needs in Afghanistan**

*Dr Willem van de Put, Director, HealthNet International*

Dr van de Put emphasized the urgency of mental health services, especially in a country like Afghanistan where the population endured a three-decade-long war, conflict and crises. He said that there is a clear need to tackle public mental health issues in general, and especially for populations in low-income countries under stress (LICUS) who suffer the consequences of such violent conflicts. He provided details of the HealthNet International mental health programme in Afghanistan, the main objectives of which are: to develop a culturally appropriate community-based mental health care and psychosocial service in two provinces of Afghanistan; to strengthen the management capacity in mental health of provincial and district level personnel in the two provinces of Afghanistan; to strengthen national level mental health policy, planning and implementation capacity in the Ministry of Health; and to research the costs and effectiveness of mental health services integrated into primary health care. Highlighting the mental health challenges in Afghanistan, he made particular reference to the acute lack of qualified psychiatrists and psychologists in the country.

Dr van de Put stressed the importance of correlating disease prevalence with community coping means and concerns, and emphasized the need for understanding the contexts of mental disorders. He particularly mentioned cultural, politico-economic, historical and social factors. He concluded with the observation that the development, implementation and evaluation of any psychosocial or mental health intervention needs social, environmental and anthropological research.

## **5.3 Mental health needs and research priorities in the Islamic Republic of Iran**

*Dr M.T. Yasamy, Director, Mental Health Office, Ministry of Health and Medical Education, Islamic Republic of Iran*

Dr Yasamy talked about macro issues affecting mental health in the Islamic Republic of Iran, with particular focus on the demographic shift towards a younger population; geographic displacements (rural to urban); natural disasters; and socioeconomic shift. He gave details of a mental health survey of the adult population in the Islamic Republic of Iran, reporting 21% prevalence of mental health disorders (14.9% male and 25.9% female). He also provided statistics on the prevalence of psychopathology in the Islamic Republic of Iran as well as statistics on suicides, and the burden of mental health disease, stating that mental health disorders are a particularly serious burden in females. He noted that the prevalence of mental health problems is not homogenous throughout the country; suicide, for example, is a major public health problem in the south-west of the country.

Dr Yasamy stressed the increasing role of health systems research and health system interventions in response to mental health needs in the Islamic Republic of Iran and cited some national programmes, such as the suicide prevention programme in four cities which has



resulted in an overall improvement in the situation since 2000. He also reported mental health promotion and primary prevention programmes in the country. Regarding mental health research priorities, Dr Yasamy emphasized the need for applied public health research, improved documentation and publication of results, and improved utilization and implementation of research results. Other priority areas include: development, customization and improvement of psychometric tools; epidemiological surveys on problems of children; measuring the national burden of mental health disorders; identifying mental health risk factors; quality improvement in service provision in urban areas; research on quality improvement of mental health service delivery in disaster situations; evaluation of life skills training and parenting skills training programmes; and cost–benefit and cost–effectiveness studies of Iranian mental health programmes.

#### **5.4 Mental health research: country report Pakistan**

*Professor Malik H. Mubbashar, Vice-Chancellor, University of Health Sciences, Lahore, Pakistan*

Professor Mubbashar began by recognizing the global progress in psychiatry during the past three decades, especially the improvements in diagnostic facilities. He, however, sadly noted that the Region has profited very little from the opportunities available. He attributed this partly to following of the western models which have created a lot of cross-cultural confusion. Other reasons include inappropriate orientation of medical education, low priority by policy-makers and societal ignorance of mental health issues. He said that mental health problems now constitute 12.5% of the global burden of disease but, including behavioural disorders, the total burden adds up to 36%. Citing WHO, he said that by 2020 depression will be the second largest killer in the world.

Professor Mubbashar gave an overview of mental health in Pakistan, and compared prevalence of depressive and anxiety disorders in Pakistan with some other developing countries, to show the gravity of the situation. He also showed the prevalence of psychiatric morbidity in jail inmates and noted that the disease was exacting a high cost to the national exchequer. Giving examples of research on preventive mental health services, he showed that schoolchildren were the best agents of change in reducing the stigma and discrimination faced by mentally ill people and their families. He showed the positive role of school health services, exemplifying that detection and correction of refractory behaviour among schoolchildren results in dramatic improvements in their psychological health and performance.

Professor Mubbashar advocated the linking of traditional wisdom with modern advances. Highlighting psychosocial factors as the major determinants for seeking health care, he said that nearly 70% of all health care visits have a psychological basis. Between 22% and 33% of all primary health care attendees suffer from psychiatric problems, but only about a third to half of these problems are recognized by primary health care personnel. He concluded his presentation with a list of future directions for mental health research and particularly emphasized the need for capacity-building in the Region to improve mental health services.

### *Discussion*

The Committee agreed that the state of mental health services in the Region was weak. It further agreed that the availability of western models for prevention and control of mental health disorders was not a guarantee of their suitability and applicability to the countries of the Region. The Iranian model was considered a useful model to be explored further. It was suggested that promising institutions in the Region be recognized and strengthened to overcome the grave situation of mental health issues. The role of the mother within the family structure is central, and can put at risk the behaviour of entire families should she suffer from mental ill health. The role of education and religious education in helping men to better understand the rights of women was also stressed as necessary for the prevention and treatment of mental disorders among women. Improving the training curricula in medical schools can have a significant impact on mental health programmes. The role of society in rising to the challenges of mental health issues was considered crucial.

The Committee felt that that there was a need for a balanced approach to improve mental health. The need to identify the burden and causes of disease should be coupled with finding simple, but effective ways of implementing interventions. Thus, the need for health systems research was stressed. Adopting knowledge management concepts, i.e. creating learning and sharing experiences among various groups, was considered as a starting point for focusing health research systems more on mental health.

The Committee pointed to the impact of domestic violence on mental health as a major issue, especially in war affected countries. Disaster-related mental health problems are associated with situations where there is destruction of social networks, health services and cultural fabric. Such situations demand special and concentrated efforts.

Regarding the Framework Convention on Tobacco Control, the Committee was informed that 18 countries of the Region have signed the treaty, five countries have ratified it and another six are at final stages of ratification.

### **5.5 Group work: identification of mental health research priorities in the Region**

The participants worked in three groups to discuss and recommend research priorities in the following areas:

- Mental health services
- Impact of conflict and disaster on psychosocial well-being
- Substance abuse and dependence.

#### *Group 1. Recommendations on research and mental health services*

1. Human resources development. Three areas for research were identified: health services system (performance assessment, motivation); educational research (curriculum development and training programmes); and alternative health research and development for mental health (engaging religious leaders, health volunteers, school teachers, etc.).

2. Family and community. Two areas of research were identified: a) family and community roles in mental health; b) family and community-based models for psychiatric patient care and family violence prevention (school mental health programme development and implementation, e.g. life skills).
3. Health services and mental health. Two areas of research were identified: mental health services, including evaluating existing service models and their integration into the existing system; service issues including patient referral system and expert consultation system, clinical research and clinical practice guidelines development and implementation, information system research, e.g. new ICD-10 testing and implementation and outreach family-based care delivery.
4. Advocacy and policies. Research is needed that can be used to change people's attitudes and policy decisions: epidemiological studies including burden of disease (BOD); economic studies (macro and micro); role(s) of the mass media; and assessing or evaluating related public policies.
5. Tools and methods for mental health. Development and validation of tools and methods are required for diagnostic purposes; patient identification (simple screening tools for non-specialists); survey (for epidemiological studies); qualitative methods and quantitative methods; reliability and validity studies.

*Group 2. Recommendations on research and the impact of conflict and disaster on psychosocial well-being*

Systematic review is needed of available literature in the Region.

- Baseline psychosocial measurements: a general lack of baseline information was recognized.
- Evaluation of response within existing health systems in terms of disaster management (health system research): study of existing disaster management capacity in the health system.
- Evaluation of interventions, e.g. social, spiritual, clinical, psychosocial: a large body of data on epidemiology of mental disorders are available but there is limited information on the efficacy of interventions (clinical, social, spiritual, psychosocial, etc.).
- Development and validation of tools and indicators: many tools are adapted from different contexts but there is dire need for indigenous tools which would be more effective.
- Sociocultural studies: beside baseline information such studies give us information about outcomes of the interventions.

*Group 3. Recommendations on research and substance abuse and dependence*

Group 3 presented five priorities for research on substance abuse and dependence: priorities for political commitment and decision-making; epidemiological priorities; priorities in prevention; priorities in service delivery; and priorities in harm reduction.

**1. Priorities for political commitment and decision-making**

- Addressing the needs of decision-makers.
- Adaptability of approaches to local contexts.
- Building evidence and national ownership.
- Feasible/applicable approaches.
- The economic burden of substance abuse and its consequences.

**2. Epidemiological priorities**

- Defining the magnitude of the problem.
- Trends in substance abuse: types of drugs; gender trends; age trends; modes of consumption; and social determinants of substance abuse and the means to address them and their impact.

**3. Priorities in prevention**

- Identification of vulnerable groups: young people, migrants and marginalized settlements/slums;
- Social determinants of substance abuse and means to address them and their impact;
- Identification of the health hazards of the different substances;
- Identification of the harmful behaviours related to substance abuse;
- Tools to analyse risks;
- Tools to improve life skills learning.

**4. Priorities in service delivery**

- Role of the community in prevention, treatment and rehabilitation;
- Role of primary health care in addressing the issue of substance abuse;
- Suitability of academic curricula in responding to capacity-building needs;
- Mapping of available services (public and private);
- Evaluation of the different types of interventions (prevention, treatment, harm reduction).

**5. Priorities in harm reduction**

- Feasibility and replicability/adaptability of harm reduction to prevent bloodborne infections, including HIV;
- Prevention of morbidity through harm reduction.

*Discussion*

The Committee agreed on the need for a consensus on regional priorities in mental health, and that a more scrupulous review of the issue and of priority-setting mechanisms for research should be undertaken. It was felt that the list of priorities identified could serve as a menu for the countries of the Region from which they could identify their own priority areas, given their problems and resources. With respect to mental health in situations like natural disasters, it is an important strategy to train and prepare the community for facing a disaster.

It was suggested that the Regional Director may be requested to constitute a technical committee to select priorities from among the lists both for the Regional Office and the Member States so that the latter could tailor them according to their specific needs.

## **6. COMMUNICABLE DISEASES SURVEILLANCE IN THE EASTERN MEDITERRANEAN REGION; CHALLENGES, RESEARCH NEEDS, GAPS, AND FUTURE OPTIONS**

### **6.1 Epidemiological surveillance in natural and man-made disasters**

*Dr Johannes Schnitzler, Medical Officer, Communicable diseases, WHO headquarters*

Dr Schnitzler began his presentation with a list of priorities in an emergency which included initial assessment, immunization, availability of food, water and shelter, public health surveillance and security. He then described the three phases of surveillance in emergency conditions: initial assessment comprising pre-existing information and specific survey; surveillance in the emergency phase involving a simple and reactive system and answering to the urgent needs produced by the emergency; and surveillance in the consolidation phase comprising an integrated and structured system.

Talking in detail about the initial assessment of an emergency, Dr Schnitzler highlighted the need of estimating the denominator (at risk) population, the basic needs and health risks. He explained the various ways of estimating the denominator (at risk) population with examples from internally displaced persons' camps in Kosovo, North Darfur and Aceh. He also described methods for delineating the borders of refugee camps and measuring density of shelter.

Regarding basic needs, Dr Schnitzler spoke about quantity of water, latrines, access to water, shelter surface, caloric ratio, measles coverage and crude mortality rate. Concerning the health risks in an emergency situation, he presented the pre-existing situation (country of origin/hosting) and also highlighted risks linked to the specific situation, quoting the example of the tsunami in Indonesia. He also stressed the need for outbreak investigations and provided details of laboratory facilities needed for surveillance outbreak investigations.

*Discussion*

The Committee discussed the issue of responsibility for surveillance in cases of emergency and agreed it was dependant on the nature and dimensions of the emergency. In

general, surveillance for communicable diseases is primarily a national responsibility; in cases of potential internal spread of disease or huge disasters that go beyond the management capacity of national systems, international interventions are sometimes the only alternatives. In such cases there is an international obligation to assist in developing surveillance mechanisms to control the spread of infectious diseases. Furthermore, during emergencies, there is seldom any readiness to tackle noncommunicable diseases, such as diabetes, heart diseases, cancer and mental health. This adversely affects the ability to put in place proper control measures, especially for the vulnerable older members of displaced populations.

The question of denominator population estimations in disaster and crises situations was raised. It becomes very difficult to make such judgements in case of huge disasters, like the tsunami in Indonesia. A possible solution suggested could be to divide the settlements into zones headed by responsible leaders. However, thorough surveys of the camp topography are necessary. It was felt that there is a general lack of harmony and standardization of surveillance procedures conducted in various disaster situations.

The Committee discussed the indiscriminate use of medicines, without following proper treatment guidelines and protocols, during emergencies. Several reasons for this were mentioned, such as unavailability and shortage of medicines and personnel, as well as lack of coordination due to simultaneous involvement of several national and international agencies during emergencies. It was also pointed out that at times of disaster it is often very difficult for the host country to refuse donations and medical help from other countries, and standards for health care may be compromised. The solution is for the affected country/government to strongly seek adherence by the international support agencies to the international guidelines for health during emergency situations. This however is not an easy task.

## **6.2 Influenza surveillance programme in the Eastern Mediterranean Region**

*Dr Hassan El Bushra, Regional Adviser, Emerging Diseases, WHO Regional Office for the Eastern Mediterranean*

Dr El Bushra spoke about WHO activities in surveillance, particularly the preparedness and assistance programmes to countries in case of pandemics. In this context he talked about national assessment tools to evaluate national preparedness efforts; guidance on stockpiling antiviral drugs and vaccines; expert meetings held on preparedness planning; understanding the mechanisms of emergence and spread of influenza pandemics; and development of pandemic virus vaccines. He especially highlighted global influenza surveillance; improved understanding of health and the economic burden of influenza; accelerated influenza vaccine development and its use; rapid communication and information exchange between WHO and the Influenza Network members and key partners and stakeholders.

Describing the importance of influenza surveillance in the Region, Dr El Bushra pointed out that migratory birds that are potential carriers of influenza fly over many countries of the Region during their migrations between Asia, Europe and Africa. He also mentioned that, at present, only isolates from Morocco and Tunisia have been fully characterized. Talking about the outcomes of the Regional Influenza Surveillance Programme, Dr El Bushra said that through this programme WHO would like to: ensure that the vaccine recommended by WHO

for the northern hemisphere is also appropriate for people in the Region; detect onset of the next pandemic in the Region; develop possible models of the intercountry transmission of influenza viruses within the Region to predict how a pandemic virus spreads; and establish new WHO-recognized national influenza centres across the Region. He also spoke about some memorandums of understanding in the Region regarding SARS, parainfluenza, adenovirus, metapneumovirus, enteroviruses and herpes simplex virus.

### *Discussion*

The Committee discussed the lack of good quality virology laboratories and of virologists in the Region. There was consensus that there should be at least one good laboratory in each country of the Region. The possibility of applying the surveillance programme of one disease to another was also discussed, as multiple surveillance programmes are often difficult to implement by countries. It was pointed out that during crises, countries tend to pool their resources to overcome the situation. However, many important lessons learnt are often forgotten once the crises are over. The Committee stressed the need for integration of resources at all levels to address epidemics. The successful example of surveillance activities carried out in Saudi Arabia during the *hajj* pilgrimage was cited. It was unfortunately noted that even the available data is mostly underutilized in our Region. The overall lack of coordination among the countries of the Region was raised, which has often resulted in duplication of efforts.

The role of the International Health Regulations was appreciated by the Committee, as having paved the way for WHO to address pandemics. Lastly, it was agreed that surveillance in general and influenza surveillance in particular should be a priority in the Region.

### **6.3 Use of computerized early warning systems for communicable diseases**

*Dr Johannes Schnitzler, Medical Officer, Communicable diseases, WHO headquarters*

Dr Schnitzler defined the early warning system as a function of a surveillance system that aims to detect any abnormal communicable disease phenomenon that should trigger prompt public health interventions. He then presented the components of a computerized early warning system. The Early Warning and Response Network, described the basic method involved in such a system and quoted several examples. He also described the Enhanced Surveillance System and its components, used for mass events, such as the Olympic Games held in Athens in 2004. He stated that this system enhances standard mandatory systems for surveillance including sentinel disease surveillance systems and laboratory systems.

Lastly Dr Schnitzler suggested some areas of research in early warning systems, such as: thresholds for diseases; suitable algorithms for different diseases; development of appropriate software; integration of early warning systems into existing routine surveillance; identification of resources for early warning systems.

## *Discussion*

The Committee deliberated on the importance of computerized early warning systems but it was also pointed out that most of the countries in the Region lack even a computerized information system. However, the cost-effectiveness of a computerized early warning system was discussed in detail, as existing manual systems consume more human and financial resources. The Committee felt that early warning systems should be introduced in the countries, and that existing systems of surveillance should also continue, until such time that early warning systems are fully implemented.

The Committee considered that the laboratory systems in a country are an integral part of a surveillance system, particularly the early warning system. Dissemination of incorrect information because of poor quality control in laboratories can create unnecessary panic among the public and can inflict economic losses. The Committee emphasized the need for guidelines and protocols for individual countries and regional needs. The Committee also discussed the possibility of a web-based warning system and particularly recommended a system based on environmental and biological factors rather than one based on case studies. The need for relevant training before introduction of early warning systems was underscored.

Lastly the Committee concluded that an early warning system should not be a substitute for a good health information system, as it can only be effective if the latter is well in place.

## **7. CLONING AND HEALTH**

### **7.1 Cloning issues: views and perspectives**

*Dr M.H. Khayat, Senior Policy Adviser, WHO Regional Office for the Eastern Mediterranean*

Dr Khayat at first defined health from the perspective of WHO. He referred to the three dimensions in the definition of health as given in the preamble of the Constitution of WHO (1946), "a state of complete physical, mental and social well-being". Then he gave the historical background as to how spirituality was incorporated into the definition of health. He also spoke about the Arab-Islamic legacy in the field of medicine and health and its delivery to the west.

Regarding the issue of cloning, he mentioned that the collaborative efforts of the Regional Office and the Islamic Organization of Medical Sciences had led to a series of conferences and consultations to deal with the issue, both from the scientific and religious points of view. He mentioned that sometimes both Islamic and Christian scholars were invited together to deliberate on such health-related ethical issues as AIDS, cloning, etc. After narrating a brief history of cloning, Dr Khayat quoted resolution WHA 50.37 which affirmed that the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human dignity and morality. He also referred to the resolutions of other international and regional agencies, such as UNESCO and the European Union, regarding cloning. However, he felt that all such resolutions comprised vague ideas and warranted a lot of debate.



Talking about the future of cloning, Dr Khayat said that cloning is only the first of several selection techniques that will be available in the near future, for example germ-cell lines, gene therapy, etc. He pointed out that if we recognize the right of genetic selection as a part of procreative liberty, there is a possibility of co-modifying offspring and creating other harm. He also spoke about the status of reproductive decisions as fundamental rights and about the extent to which procreative liberty is presumptive and not an absolute right.

He also elaborated instances in which a couple would seem to be justified in reproducing their offspring through cloning, particularly in situations where there is a known risk to the fetus of genetic malformation through normal reproduction. The legitimacy of this issue from the legal and religious point of view, he said, presents a wide field for discussion. Finally he proposed more such meetings to resolve ethical issues emanating from new developments in genetic and stem cell research.

### *Discussion*

The Committee first discussed the status of cloning and stem cell transplantation. The problems of cloning and its side-effects were brought to light. Some members considered cloning and stem cell research as a threat to society, religion and the human environment. The Committee agreed that there is lack of knowledge and experience in cloning. The technology is developing fast. It has potential future benefits such as possibilities for gene therapy, particularly repair of defective genes, prevention and cure of thalassaemia, etc.

The Committee proposed that the Regional Office should provide guidelines for the Region in general and the Member States in particular, to study and incorporate cloning and stem cell-related issues in their overall bioethical policy. There was a general consensus that cloning and stem cell research need to be restricted to solving issues related to human suffering and that aimless research with potentially ethical implications should be regulated.

## **8. INTERNATIONAL COLLABORATION AND PARTNERSHIPS IN HEALTH RESEARCH EFFORTS IN THE EASTERN MEDITERRANEAN REGION: PARTNERS' PERSPECTIVES**

### **8.1 International collaboration and partnerships in health research**

*Dr Abdul Ghaffar, Health Policy and Systems Specialist, Global Forum for Health Research, Geneva*

Dr Abdul Ghaffar gave an account of priority-setting for health research in developing countries with reference to global health research expenditure. He also presented an overview of the burden of the disease in the Region in terms of disability-adjusted life years (DALYs) and particularly emphasized that only a few of the infectious diseases that mainly affect developing countries are getting attention.

Dr Ghaffar pointed out that many solutions that have been developed for chronic diseases in high-income countries prove ineffective in low-income and middle-income countries. He said that there is insufficient research in several neglected areas, such as sexual

and reproductive health; mental and neurological health; gender and health; and road traffic injuries. He also presented several potential collaborative areas for health research, with particular emphasis on noncommunicable diseases, health promotion and disease prevention, injuries with special attention to the health issues of young people, maternal mortality and ageing. Speaking about capacity-building, Dr Ghaffar said that lack of capacity utilization is a more limiting factor than that of human resources and infrastructure.

## **8.2 Organizational developments in TDR: from structure to function**

*Dr Steven Wayling, UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)*

Dr Wayling presented the mission of the TDR special programme which is a collaboration between UNICEF, UNDP, World Bank and WHO. He also provided details of the TDR management system and organizational issues with special reference to the committee structure and external advisers. Describing the recent evolution of strategy and management, he highlighted management of cross-cutting issues and presented the modified functional structure. He finally provided details of TDR programme areas and concluded with the need to better integrate research capability strengthening within countries, within the context of the overall strategy of the programme.

## **8.3 COHRED – Making health research work ... for everyone**

*Dr Andrew Kennedy, Council on Health Research for Development (COHRED)*

Dr Kennedy presented background, objectives, vision and mission of COHRED together with the values and working principles. He described action, research and advocacy as the pillars of COHRED's work. Regarding action, he referred to the strengthening of health research systems in Lao People's Democratic Republic, Nicaragua, Tajikistan and Uganda.

Dr Kennedy spoke in detail about the health research strategies of COHRED and emphasized the need for the basic data required to manage the health research system. He said that vertical initiatives (to be most effective for local needs) should be integrated into horizontal (national health research) systems as often research carried out in resource-poor countries is donor-driven, rather than tied to key national problems and priorities.

## **8.4 International Clinical Epidemiology Network (INCLIN)**

*Professor Ranjit Roy Chaudhury, Chairman, Board of Trustees*

Professor Ranjit Roy Chaudhury said that the main objectives of INCLIN comprised of bridging the gap between clinical medicine and public health, as well as promotion of equitable health care based on evidence of effective and efficient use of resources. He pointed out that there are 100 clinical investigators at 70 clinical epidemiology units (CEUs) in 28 countries. He provided details of areas of training, studies and Clinical Epidemiology Networks (CLINs) in Africa, India, China, south-east Asia, Europe, Canada and Latin America. He also introduced new programmes, projects, centres and partners of INCLIN.

*Discussion*

The Committee discussed three aspects of international collaboration: the need for cooperation, areas of cooperation and organizational restructuring. For cooperation with international partners, the Committee deliberated on the strategies needed for collaboration between Member States and international counterparts with reference to plans of action.

The Committee discussed the areas of cooperation in detail and argued strongly in favour of research in environmental and pharmaceutical fields because of their direct impact on health. Particular emphasis was placed on healthy lifestyle and its impact on noncommunicable diseases. The Committee also deliberated on renal diseases and medical ethics. The issue of setting research priorities was also touched upon by the Committee with the strong recommendation that priorities should first be set at national level.

Lastly, the Committee deliberated on organizational modifications and emphasized the need for regular annual meetings for planning, developing a follow-up mechanism and monitoring outcomes of previous meetings.

## **9. SPECIAL SESSION**

### **9.1 Science and technology for socioeconomic development—new horizons**

*Professor Atta-ur-Rehman, Chairman, Higher Education Commission, Pakistan*

Professor Atta-ur-Rehman spoke in detail about the knowledge-based economy in a rapidly changing world scenario, and the astronomical growth of the internet and scientific breakthroughs. He also described the pros and cons of modern scientific and technological advancements, such as cloning, nanotechnology, new materials, molecular medicine, information technology and space sciences, with reference to the growing socioeconomic gap between the developed and developing world, particularly the Islamic world.

Professor Atta-ur-Rehman, gave a comprehensive account of the recent scientific, technological and higher educational developments in Pakistan. He referred to the faculty development mechanism in universities with particular reference to faculty quality enhancement, quality assurance (QA), tenure track system, higher education infrastructure, and incentives to scientists/academics. He highlighted the explosive growth of information technology in Pakistan in recent years, in terms of connectivity, access, policy, information and communication technology diffusion, and education and research networks.

Professor Atta-ur-Rehman described in detail the e-learning paradigm with reference to the Virtual University and Distance Learning System and Digital Library Programme of Pakistan. He described the mobilization of the government machinery through strategic advocacy, and emphasized investment in higher education for enriching the socioeconomic status of developing countries.

*Discussion*

The Committee commended the dynamic role of Professor Atta-ur-Rehman in promotion of science and technology and higher education in Pakistan. The Committee discussed in particular the chances of endangering primary education at the expense of higher education in Pakistan by the shifting of funds. Professor Atta-ur-Rehman countered any such possibility with the clarification that the extra budget for higher education was a transfer from the defence budget and not from any other sector. He emphasized that the ambiance for returning scholars will be made more conducive, in terms of both jobs and professional satisfaction.

**10. RECOMMENDATIONS****10.1 General recommendations***To Member States*

- Invest at least 2% of the public sector expenditure in health, on research in human resources and focus on building the relevant human resource capacities in health research, based on national needs and priorities.
- Encourage the development of conducive environments for health research, foster and stimulate a research culture and provide a mechanism for improved leadership in health research.
- Ensure the process of national health policy-making and strategic planning in health care by policy-makers and managers is driven by empirical evidence based upon information derived through research, with the main focus on priority areas of public health care.
- Ensure that the national strategies for improving the role of health research in addressing national problems are based on the principles of raising national awareness, and education and empowerment of all stakeholders and communities to participate in the research process and in utilization of the research results.

*To the Regional Office*

- Strengthen the Research Policy and Cooperation unit of the Regional Office to ensure sustained support for health research in the Member States, as well as promotion, coordination and monitoring of health research within the Region.
- Develop a regional database for the use of health researchers to enable improved networking among health researchers in the Region.
- Endeavour to mobilize additional resources and establish a health research fund and, if possible, create an endowment fund for health research in the Region.

- Provide a strategic health research plan for the Region based on Member States' needs and priorities, and provide guidelines to Member States on developing their research priorities.
- Identify centres of excellence in the Region and develop partnerships to support and facilitate research capability strengthening.

## 10.2 Specific recommendations

### *Status of child health in the Eastern Mediterranean Region: issues, challenges, priorities and agenda for research*

- The Member States should urgently undertake applied research on how to scale up the interventions known and proven to reduce child and neonatal mortality, and implement the results.
- There is need for further research to understand social and behavioural determinants of health, particularly the perceptions and practices of community and health service delivery providers.

### *Issues of mental health*

- Research in mental health and substance abuse should be directed as a priority towards promotion of mental health, prevention of mental disorders and care of people with mental disorders.
- Research should focus on integration of mental health care with general health care; innovative approaches to care for people in conflict situations and survivors of disasters; care of persons with drug dependence; and monitoring the mental health of communities.
- Research should be undertaken to understand the contribution and interaction of rapid social change affecting family life and community organization and the growing impact of globalization and the mass media on individuals' mental health. Such research should be multidisciplinary and use both qualitative and quantitative measures.

### *Communicable disease surveillance*

- Research should be carried out to strengthen early warning systems through better understanding of the factors that give rise to disease epidemics, such as environmental and biological factors. This should lead to standardized practices in communicable disease surveillance in emergencies and disaster situations.
- Further research should be carried out on the feasibility and utilization of established models of disease control for influenza control.

*Issues of cloning*

- The Member States should establish national bioethics committees. There is need for established regional and national codes of ethics and for research in genomics and biotechnology.

*Building partnerships*

- WHO and the Member States should develop mechanisms for effective collaboration with international nongovernmental organizations and other agencies in health research. All partners and stakeholders involved in health research should ensure dissemination of the outcomes of research to the relevant interested partners.

**10.3 Recommendations for future EM/ACHR meetings**

- Health research priorities in the following areas should be included in future discussions: healthy lifestyles and noncommunicable diseases, ethics and research, renal disorders, health systems research, management of health research, and environmental health research.
- In future, the EM/ACHR meeting should be convened annually in the month(s) of March/April.

**Annex 1**

**AGENDA**

1. **Activity report on the regional support for health research to Member States**
2. **Status of child health in the Eastern Mediterranean Region: issues, challenges, priorities and agenda for research**
3. **Strengthening health systems: Mexico Ministerial Summit on Health Research**
4. **Priorities of mental health research in the Eastern Mediterranean Region**
5. **Communicable diseases surveillance in the Eastern Mediterranean Region: challenges, research needs, gaps and future options**
6. **Cloning and health**
7. **International collaboration and partnerships in health research efforts in the Eastern Mediterranean Region: partners' perspectives**

Annex 2

PROGRAMME

**Sunday, 13 March 2005**

- 08:00–09:00 Registration
- 09:00–09:30 **Introductory session**  
Welcome address by Regional Director  
Introduction of participants
- 09:30–10:45 **Session 1**  
**Agenda item 1: Activity report on the regional support for health research to Member States**  
Follow-up on the renewed policy for health research and development: role of the Regional Office in supporting health research efforts in the support to research in priority areas of public health  
*Dr Mohammed Abdur Rab, Regional Adviser, Research Policy and Cooperation, WHO Regional Office for the Eastern Mediterranean*  
Report on the EMRO/TDR Small Grants Scheme for operational research in tropical and other communicable diseases  
*Dr Amal Bassili, Short-term Professional, Research and Training in Tropical Diseases, WHO Regional Office for the Eastern Mediterranean*  
Open discussion
- 11:00–13:00 **Session 2**  
**Agenda item 2: Status of child health in the Eastern Mediterranean Region: issues, challenges, priorities and agenda for research**  
Newborn and child survival in the Eastern Mediterranean Region: priorities for action and research  
*Professor Zulfiqar Bhutta, Aga Khan University, Pakistan*  
Open discussion
- 14:00–16:00 **Session 3**  
**Agenda item 3: Strengthening health systems: the Mexico Ministerial Summit on Health Research**  
Report on the Mexico Ministerial Summit  
*Dr Tikki Pang, Director, Research Policy and Cooperation, WHO headquarters*  
Health systems research: Targeting the Millennium Development Goals  
*Dr Somsak Chunharas, Secretary-General, National Health Foundation, Thailand*  
Open discussion
- 16:30 Close



**Monday, 14 March 2005**

- 08:30 – 14:00 **Session 4**  
**Agenda item 4: Priorities of mental health research in the Eastern Mediterranean Region**
- 08:30 – 09:00 Overview and priority needs in mental health and substance abuse research in the Region  
*Dr Ahmad Mohit, Director, Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean*
- 09:00 – 09:15 Open discussion
- 09:15 – 10:00 Mental health issues: Country-specific examples  
*Afghanistan–Dr W. van de Put, Director, HealthNet International, Holland*  
*Islamic Republic of Iran–Dr M.T. Yasamy, Director, Mental Health Office, Ministry of Health and Medical Education, Islamic Republic of Iran*  
*Pakistan–Professor M.H. Mubbashar, Vice-Chancellor, University of Health Sciences, Lahore, Pakistan*
- 10:00 – 10:30 Open discussion
- 11:00 – 14:00 Group work (Identification of research priorities for the Region)
  - Mental health services
  - Impact of conflict and disaster
  - Substance abuse and dependence
- 14:00 – 16:30 **Session 5**  
**Agenda item 5: Communicable diseases surveillance in the Eastern Mediterranean Region: challenges, research needs, gaps, and future options**
- 14:00 – 14:20 Recent developments in research and science in Pakistan  
*Professor Atta-Ur-Rehman, Chairman, Higher Education Commission, Pakistan*
- 14:20 – 16:30 Disease surveillance priorities and related activities during natural and man-made disasters  
*Dr Johannes Schnitzler, Medical Officer, Emerging diseases, WHO headquarters*  
The significance of establishing influenza surveillance in the Eastern Mediterranean Region  
*Dr Hassan El Bushra, Regional Adviser, Emerging Diseases, WHO Regional Office for the Eastern Mediterranean*  
Use of computerized early warning systems for surveillance of communicable diseases  
*Dr Johannes Schnitzler*

**Tuesday, 15 March 2005**

- 09:00 – 10:00    Session 6**  
**Agenda item 6: cloning and health**  
Cloning issues: views and perspectives  
*Dr M.H Khayat, Senior Policy Adviser, WHO Regional Office for the Eastern Mediterranean*  
Open discussion
- 10:00 – 10:30    Agenda item 7: International collaboration and partnership in health research efforts in the Eastern Mediterranean Region: partners' perspectives**  
Global Forum for Health Research
- 11:00 – 12:00    Presentations by partners TDR, COHRED, INCLEN**
- 12:00 – 13:00    Compilation of recommendations of the 21st ACHR**
- 14:00 – 15:00    Closing session**  
Presentation of the draft report of the 21st ACHR to the Regional Director
- 15:30            Closure of the meeting**

Annex 3

**LIST OF PARTICIPANTS**

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Annex 4

**ADDRESS BY DR HUSSEIN A. GEZAIRY, WHO REGIONAL DIRECTOR FOR THE  
EASTERN MEDITERRANEAN**

Honourable Professor Ata-ur-Rehman, distinguished members of the Eastern Mediterranean Advisory Committee for Health Research, dear guests, colleagues, ladies and gentlemen,

It gives me great pleasure to welcome you all to the 21st meeting of the Eastern Mediterranean Advisory Committee for Health Research. I would like to welcome the three new members of this Committee: Dr Tawfiq Khoja from Saudi Arabia, Dr Ali Meshal from Jordan and Professor Mohammad Hassar from Morocco. I am sure your rich experience will greatly augment the strength of this Committee and the efforts of the Regional Office to support regional health research.

This meeting is of special significance because it comes in the wake of the landmark Ministerial Health Summit on Health Research, which was held last November in Mexico. Sadly, because of its unfortunate timing which clashed with Eid Al Fitr, many senior and experienced health researchers and policy-makers from our Region could not participate in that important gathering. Fortunately, we have with us Dr Tikki Pang from WHO headquarters, and he will fill us in on the Summit proceedings. This meeting is also critical because it provides us with an opportunity to reflect on and consider whether regional health research is addressing the needs and the priorities of the Member States, and what should be done more, to do better. As you all know, at the beginning of the last biennium (i.e. 2002–2003) the Regional Office embarked on a renewed health research policy for development in the Region. Since then we have been pursuing this policy and a report on the activities carried out will be presented to you. I believe this is also an opportune time for us to take stock of what has been done, with a view to ascertaining and suggesting ways and means to maximize the Regional Office's contribution to developing national health research capacities. It is in this context that I seek your advice, and I am sure your deliberations in the coming days will be of immense help and support to the Region.

Let me draw your attention to the recently published World Report on Knowledge for Better Health. On page 9 you will find two very moving photographs showing the very positive and dramatic effects of insulin therapy on a diabetic and of antiretroviral therapy on an AIDS patient. I would urge you to look at them. There can be no better exemplification of how health research can improve and indeed save lives. These photographs epitomize the value of research and knowledge, and the impact of putting knowledge into practice. Linking research to practice and doing what we know, the so called "know-do gap" are the two most critical components for effectiveness of health research. We know that nearly 40 000 children in the developing countries die from infection and malnutrition every day. Two-thirds of these deaths can be prevented through implementing simple and cost-effective interventions that are known to work. The critical challenge, therefore, is the need to develop a research agenda that can explain factors that affect the delivery of interventions in the context of different epidemiological, cultural and health systems. The generation, sharing and dissemination of research results is vital, but research should not be viewed through the prism of its ability to

fill the glossy pages of hundreds of thousands of research journals, but more importantly it should also be analysed through its ability to develop products and help deliver the interventions that matter most to peoples' health, their well-being and their development.

WHO is mandated to support the promotion, coordination and conduct of health research. This is well enshrined in the WHO Constitution. For many years now, the Regional Office has been actively engaged in supporting health research both on its own and in collaboration with the Member States and international partners. The EMRO/TDR-supported research funding programme in infectious diseases, known as the Small Grants Scheme, has been active for over 10 years now. More recently, the Regional Office, as I have mentioned, articulated a renewed health research policy for health research and development. The Member States of the Region pledged 2% of the biennial budget in order to strengthen health research. Two major health research funding programmes have now been launched by the Regional Office. These are the Eastern Mediterranean Research in Priority Areas of Public Health, and the EMRO-COMSTECH Research in Applied Biotechnology and Public Health. A number of research studies supported by the Regional Office for the Eastern Mediterranean are currently ongoing in the Member States. Renewed efforts are being made for capacity-building in health research, such as in research proposal development, data analysis and report writing. Coordination and networking initiatives in related health research are being supported by the Regional Office, and linkages with new partners are being established. Issues such as ethics in health research, harnessing the advancing potential of genomics and biotechnology for public health, translating research into policy, supporting health systems and disseminating research knowledge to Member States are also being addressed through the Regional Office.

The most important item on the health research agenda is indeed to address the priority health issues, whether they are global, regional, national or local. The health needs of the people of our Region are vast and therefore the health research agenda has to be huge. Given the limited resources, it is paramount that we identify our priorities well, and ensure that our health research systems are fully accountable, transparent and capable of delivering the desired returns, to justify the allocation of scarce resources to research and development. The agenda for this meeting therefore has been carefully chosen to reflect the important regional needs. These are also a reflection of the needs of our Member States, and are within the overall context of the global agenda for research to improve world health.

The call for access to better and more equitable health is a global mandate. Health is a human right, and therefore it is mandatory upon nations to ensure provision of equitable health services to their people. All countries endorsed recognition of the need to improve the social, economic and health conditions of people of the world by signing the Millennium Declaration at the World Summit in September, 2000. Through this global declaration, all countries pledged to attain the targets of the Millennium Development Goals by 2015. Sadly, there is increasing evidence that many countries, including some in our Region, are lagging behind in this global resolve. Under these conditions it is essential that health research move to centre stage and serve as the driver to provide the evidence and support necessary to put into place the policies and practices needed for the attainment of the Millennium Development Goals. The agenda of this meeting is focused on this need.

The first main subject relates to issues of child health. Children and adolescents constitute about 50% of the population of the Region. It is estimated that nearly 1.5 million children under the age of 5 die every year in our Region, mainly due to infectious disease and malnutrition. Most of this mortality is preventable as shown by an excellent study from Mexico which demonstrated a dramatic decline in diarrhoea-related deaths from 25 to 7 per 1000 children below 5 years of age. This was attributed to the implementation of programmes like oral rehydration therapy, universal measles vaccination and provision of clean water, the latter showing the most profound impact. Almost a quarter of all children under the age of 5 years in the Region are underweight, over a third are stunted and every twelfth child has signs of wasting. The infant and neonatal mortality rates are high and the health care services in the Region are generally weak, especially so for children. The implementation of the Integrated Management of Child Health strategy is hampered in many countries, especially those in complex emergencies. The challenges to childcare in the Region are therefore huge, and it is hoped that the debate and discussion on this subject will lead to identification of some urgently needed priorities for research in this field.

The second subject for discussion is the issue of mental health, or rather mental ill health. This is a major and growing problem in our Region and one that has largely remained unaddressed. As a result, mental health services are poor, and even where they exist their full benefits do not reach those who need them most. Rapid urbanization, globalization, increasing poverty, high levels of illiteracy, conflicts, crises and insecurity are some of the factors that have brought about changes in regional lifestyles, have induced high levels of stress and increased the burden of mental ill health. Substance abuse is fast moving to the front line of public health concerns in the Region. The greatest challenges in mental ill health are stigma and shortage of human resources and facilities.

Infectious diseases are still rampant in our Region. Tuberculosis, malaria and HIV/AIDS are the major killers in several countries of the Region. The case detection rate for tuberculosis in the Region is 32% against a global target of 70%, and the wider application of DOTS in countries of the Region with a high burden of disease remains a major challenge. Malaria control also remains a challenge. HIV prevalence in the Region is still low at about 0.2%, but the picture is changing rapidly. The estimated number of new infections has tripled in the past 3 years. Several countries in the Region, especially those under complex emergency, continue to suffer from a serious burden of emerging and epidemic-prone diseases. The quality of diagnostic laboratory services is variable and these services generally lack quality, are unevenly distributed, often utilize inappropriate technology and remain largely unregulated. The national capacities for communicable diseases surveillance are varied, and in many cases compromised. The daunting task for this esteemed Committee is to identify and define the key areas within the domain of infectious disease surveillance where research input can significantly bring about a reduction in the disease burden.

The last subject for discussion in this meeting is the issue of cloning. The advent of the rapidly growing technologies in genomics and molecular biology has ushered in a revolution that has a strong potential for improved health care. The Regional Office recognizes this potential and is actively advocating its development and application in public health by the Member States. There are however serious ethical, social, cultural and religious implications

and concerns associated with the development and application of these technologies. One of the contentious issues of global concern is the issue of cloning. The world today stands divided; there are those who advocate a total ban on cloning, while others believe that such a step would stifle scientific research, and call for a more cautious approach. The latter agree on a ban on reproductive cloning, but support research in therapeutic cloning to help find new ways of seeking cures. The purpose of the debate on this issue is to solicit the views of this Committee on this important issue.

Finally, I would like to take this opportunity to reiterate the position of the Regional Office with regard to building partnerships and linkages with international organizations to develop health research capacities in the Region. The Regional Office has in the past collaborated with many international organizations, and we would like these partnerships to grow. EMRO–TDR research coordination is well-grounded. The Regional Office has co-funded joint studies with ISESCO. A new joint research programme in applied biotechnology and genomics has been started in collaboration with COMSTECH, and a joint venture has begun with the University of Toronto for co-funding training in bioethics. Countries in the Region have engaged with the Council on Health Research for Development and I am pleased to announce that COHRED and the Regional Office are engaging in a dialogue to initiate a new collaborative research programme for countries in the Middle East. I understand that the Global Forum for Health Research is organizing its 10th meeting in Cairo next year. I welcome this initiative and assure the Global Forum of our cooperation in hosting this important meeting. This Regional Office and the Regional Office for South-East Asia are engaged in developing a bi-regional cooperation strategy in health research. I hope this can expand at some stage to the African Region of WHO, as many of our problems are common, and so are the solutions.

Finally, I would like to thank you all for taking time to come to Cairo. I am confident that your deliberations on the critical issues tabled at this forum will be of great value, not only to the Regional Office, but also to the Member States. Your suggestions and recommendations will help define and reshape the regional health research agenda. I look forward to the results of your deliberations and I wish you a pleasant stay.