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REPORT ON
THE EASTERN MEDITERRANEAN ADVISORY COMMITTEE
ON MEDICAL RESEARCH
NINTH MEETING
TUNISIA

Sousse, 26-28 March 1984.

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

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The Ninth Meeting of the EM Advisory Committee on Medical Research (EM/ACMR) was held in the Faculty of Medicine, University of Sousse, Tunisia, 26-28 March 1984. The meeting was attended by members of the Committee and WHO staff members from the Regional Office and Headquarters. The List of Participants is given in Annex I.

OPENING OF THE MEETING

The meeting was opened by Her Excellency the Minister of Health, Government of Tunisia, Professor Souad Lyagoubi-Ouahchi. The full text of her address is given in Annex II.

A message of welcome from Dr Hussein A. Gezairy, Director of the WHO EM Region, was read out by Dr M.H. Wahdan, Director of Disease Prevention and Control, EMR. Dr Gezairy in his message, the full text of which appears in Annex III, summarized the salient research activities that had taken place since the Committee had last met. He specially referred to the need for the formulation of a regional strategy for health research in support of the national strategies for achieving HFA/2000.

The Committee elected the following officers:

Vice-Chairman	Dr N. Mourali, Director, Salah Azaiz Institute, Tunis, Tunisia
Rapporteur	Dr Bashir Hamad, Dean; Faculty of Medicine, Gezira University, Wad Medani, Sudan.

The Provisional Agenda was adopted by the Committee and is given in Annex IV.

REPORT OF THE CONSULTATION ON RESEARCH STRENGTHENING Agenda item 4.

As per the recommendations of the EM/ACMR's Eighth meeting held in April 1983, a Consultation on Research Strengthening was held in the Regional Office, 4-6 December 1983. The objectives of the Consultation were to review the various actions taken by the Regional Office for strengthening research capabilities in the Member States, and to suggest approaches and activities which

could be sponsored in the coming years to strengthen research capabilities, especially in support of Primary Health Care (PHC) and strategies for achieving HFA/2000.

After an extensive review of the research activities sponsored by the Regional Office, the Consultation identified several constraints in the development of medical research in the Region. Foremost amongst these was the slow rate of development of national medical research policies and effective mechanisms for steering research, the shortage of well-trained research manpower and of institutions for training research workers, as well as for carrying out research.

The Consultation suggested various approaches and activities which could be adopted to stress the importance of research in health development, for establishing and/or strengthening national steering mechanisms for research, for strengthening institutions and for development of research manpower, including promotion of a career structure for research workers.

The Consultation identified maternal and child health and environmental health, as two elements of PHC which were in special need of research strengthening.

The Committee felt that the report of the Consultation was comprehensive and provided practical suggestions for further developing national capabilities for medical research, as well as for international cooperation in this respect, and endorsed the recommendations made. These are given in Annex V. It was recommended that a plan of action, based on these recommendations, be drawn up for implementation.

During further discussions on this Agenda item, several of the Members described developments taking place in their respective countries. In King Faisal University, Saudi Arabia, a discussion on graduate training in research is taking place and a position paper has been prepared for the purpose of addressing such problems as faculty recruitment, training professionals in research methodology and management, and adopting a multisectoral approach.

In Democratic Yemen, steps are being taken for establishing a Research Centre following successful research activities carried out recently by the Ministry of Health, in collaboration with the Ministries of Fisheries, Agriculture and Planning. In the Gezira University, Sudan, a Workshop on Research Methodology on Behavioural Aspects Affecting Health was conducted, participants being provided

practical experience in village settings. This practical experience and "learning by doing" in HSR workshops was found most useful.

It thus appeared that, in spite of constraints, medical research is moving forwards in the Member States of the Region.

In order to increase the utilization of WHO research grants and research training awards, it was recommended that efforts be made to facilitate communications between national research organizations, institutions and WHO.

Resources from funding agencies should be guided to fit national research priorities and enhance national absorptive capacities for research funds.

Periodic evaluation of research activities and of institutional strengthening efforts was considered to be an important managerial tool for assessing progress and for reprogramming resources, if required.

Considering that the report emphasized training in research and problem - solving to be started as early as possible in the training of health workers and medical students, it was proposed that during 1985, the International Year of the Youth, WHO may award small grants to high school students for conducting pieces of research related to some aspect of health.

REGIONAL STRATEGIES FOR HEALTH RESEARCH Agenda Item 5.

An important component of the Global Strategy is the consideration by countries of their health research to meet the needs of their health strategy, especially as it relates to the adaptation and acceptance of available technologies, the planning and management of health manpower and development of self-reliance.

With the above in view, the Committee discussed a draft paper on Regional Strategies for Health Research. It was felt that Member States should be encouraged to establish priorities for research, based on reliable facts and figures, and that these priorities should not be disturbed by consideration of assistance from bilateral and multilateral sources.

It was appreciated that WHO could play an important role in generating and/or tapping national and regional resources in support of research.

The strategy should aim at developing national expertise in identification of socially relevant research priorities, and in the development of well-designed and scientifically acceptable research proposals. A major challenge was to motivate research workers to focus their research on solutions of indigenous health problems.

It was felt that the draft paper needed elaboration regarding the role of multisectoral collaboration in the promotion of research to advance the concept of the PHC approach and its acceptability by the health personnel and the community. Strategies should include suggestions for dissemination of scientific information and for meeting the information needs of research workers.

The Committee recommended that the draft paper be revised in view of the above comments and be annexed to the report of its present meeting (Annex VI).

RESEARCH NEEDS IN ENVIRONMENTAL HEALTH
Agenda item 6.

The International Drinking Water Supply and Sanitation Decade (IDWSSD), 1981-1990, has the aim of providing an adequate supply of safe water and sanitation for all by 1990. It constitutes the first step in the "Health for All" strategy adopted at the Alma Ata Conference in 1978.

As the provision of water and sanitation services requires large investments, particularly in the context of the Decade, research and development activities oriented to identify appropriate technologies for adaptation and adoption by countries of the Region could result in a substantial amount of savings. With this in view, WHO/EMRO organized a Consultation in January 1984, to review current environmental health research activities, to identify and establish priorities about problems of greater relevance to the EM Region, to formulate precise objectives for the proposed collaborative studies in the priority areas and to draw up guidelines for a regional workplan.

The Consultation emphasized that the goal of environmental health research was to provide information, develop solutions and formulate requirements which guide national policies and actions towards improving the quality of life and protection of human health. It thus called for a greater role on the part of all public health workers, including sanitary engineers, in this endeavour.

The group noted that constraints to the development of EH research, in most countries, include inter alia lack of research funds, paucity of laboratory equipment, difficulty in obtaining spare parts for equipment, lack of local repair facilities, lack of trained and experienced technical staff, and lack of well-thought-out and integrated national programmes and policies for research.

The meeting laid down general and specific criteria for evaluation of research proposals. Briefly, it laid down that it must be ensured that the findings after study would lead to development/strengthening of national environmental health programmes, including primary health care, and have beneficial effects on the health and well-being of the rural poor and underserved. Further, it stressed that the research effort would encourage and promote multidisciplinary and inter-institutional collaboration.

The Consultation group classified the priority research areas into five categories as under:

- Baseline and developmental studies;
- water supply;
- wastewater disposal and reuse;
- solid waste;
- others.

Under each of the above categories, a large number of priority studies were identified, covering areas related to water budget and conservation; surface and groundwater supplies; rural sanitation, urban sewerage, reuse of effluents, health impacts of industrial wastewaters, solid waste collection, disposal and reclamation, air and water pollution and related problems.

A listing of these studies, together with the research work plan elaborated by the Consultation, is given in Annex VII.

The Committee welcomed the initiative taken by the Regional Office to assess the potential for research in environmental health and in identifying research priorities in this field. However, it was felt that due emphasis should also be placed on action-oriented research aimed at promoting community participation in environmental health programmes. It was proposed that the Regional Office may consider sponsoring a workshop on this subject to develop suitable research proposals. Similarly, HSR aimed at evaluating the existing systems for provision of drinking water; disposal of wastes should be promoted and sponsored.

It was pointed out that there was a need for research in the traditional methods of water purification as some of them may not be effective and even be harmful to health.

The Committee endorsed the priority needs for research, as summarized at the Consultation, which are of regional interest.

REPORT OF THE SECOND INTERCOUNTRY SCIENTIFIC GROUP MEETING
ON LIVER DISEASES
Agenda item 7.

The Committee reviewed the report of the Second Intercountry Scientific Group Meeting on Liver Diseases, held in February 1984.

It was noted that the objectives of the meeting were to update information on the studies carried out on liver diseases in the countries of the participants, since the first meeting held in December 1979, and to plan for undertaking further studies in this field, with a view to developing and implementing suitable public health interventions for the prevention and control of liver diseases, especially viral hepatitis.

An overview of the country reports showed that acute viral hepatitis is an important health problem in the Region; however, the reported studies did not answer critical questions concerning the modes of transmission of HBV in the Region's population.

As most of the reported studies were inadequate in their design, the Scientific Group discussed in some details the guidelines for planning and conducting epidemiological studies on liver diseases.

The Group also discussed the various available techniques for measuring the various markers of viral hepatitis infection.

The various strategies proposed for the control and prevention of hepatitis, included the screening of blood donors and of health personnel and the use of disposable equipment. Indications for HBV vaccination were also spelled out.

The Group discussed several topics for collaborative research, and developed outlines of some studies which were considered deserving of priority at this time. These studies dealt with:

- Determination of the magnitude of perinatal transmission of hepatitis B virus.
- Determination of the duration of HBS antigenaemia in patients suffering from schistosomiasis.
- Case control study to assess the interaction between hepatitis B virus and schistosomiasis in perpetuating the carrier state and in causing cirrhoses and hepatocellular carcinomas.
- Generation of data on the prevalence of various markers of hepatitis viruses in different age and sex groups, geographical areas and socio-economic classes.

The Committee agreed with the above-mentioned studies and considered them relevant and feasible. It was recommended that the Regional Office provide necessary support for the implementation of these studies in the Member States. In view of the fact that reagents for measuring the markers of viral hepatitis are quite expensive, it was proposed that the possibility of developing a facility in the Region for their production and standardization be explored.

The Committee also suggested that research on other liver diseases of regional importance, not yet covered in the programme, e.g. hydatidosis, also be promoted and sponsored.

REVIEW OF ACTIVITIES SUPPORTED IN THE REGION BY THE WHO SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION (HRP)
Agenda item 8.

A summary of activities supported by the HRP in the Region, during 1981-1983, was presented to the Committee.

During this period a sum of US dollars 694 000 was spent on research and development, while US dollars 405 000 was spent on institutional strengthening. This constituted nearly 4.1% of the total HRP funding. Forty research and development projects have been funded during this period, dealing with oral and injectable contraceptives, infertility, determination of the fertile period, aspects of health services research, intra-uterine, vaginal and cervical devices.

The institutional strengthening activities have included support for research training (twenty-three research training grants were awarded to

scientists during 1981-1983), improvement of facilities for research, standardization and quality control of laboratory and clinical procedures and provision of technical advisory services for review of research plans and protocols.

In addition to the above-mentioned activities, a number of scientists from the Region participated in the various scientific meetings convened by HRP to advise on and guide programme activities.

It was pointed out that efforts were continuously being made to link the HRP-supported activities with the needs of the National Family Planning Organization. The Programme also works closely with drug regulatory agencies, in both developing and developed countries.

The Committee appreciated the support being provided by this programme to scientists in the Region. It was recommended that, in view of the prevailing social and cultural traditions and value systems, research studies be sponsored to assess the acceptability of currently available contraceptives, among broad segments of the population.

It was also felt that the programme should seek ways and means of increasing the involvement of health workers, especially general practitioners, in the delivery of family planning services.

PROGRESS REPORT OF RESEARCH ACTIVITIES IN
MATERNAL AND CHILD HEALTH (MCH)
Agenda item 9(a).

The Committee was briefed on the major regional priorities in MCH, and activities which have evolved from a series of consultations, meetings and earlier discussions at the Sixth EM/ACMR, held in Islamabad in September 1981. These meetings and consultations included the Regional Scientific Working Group Meeting on MCH, Geneva, 3-7 November 1980, the Intercountry Consultation on Appropriate Technology in MCH, Lahore, 12-15 December 1983, and the two meetings of the Global Programme Advisory Committee in MCH/FP, Geneva, June 1982 and November 1983.

An overview as well as some illustrative details of the status and plans for the priority areas of research work in MCH in the Region was provided. The presentation covered programme evaluation, i.e. MCH programme reviews, maternal health, including the approaches used to obtain information on maternal mortality,

health systems research in MCH, including the application of the risk approach, such as in the MCH services of UNRWA clinics, appropriate technology in MCH, including plans for the testing of home-based mothers' cards, upper arm circumference as a surrogate for birth weight, etc., low birth weight studies, studies on serious childhood diseases, including rheumatic heart disease, meningitis and convulsive disorders, and the health aspects of child labour.

In relating the global MCH/FP programme to that of the Region, the major needs in the field as summarized in the description of the health situation analysis in the Medium-Term Programme of MCH, including FP for the period 1984-1989, were highlighted. The priorities for the global programme relevant to research were described as being derived from the technical needs of the countries and Regions and characterized as: research and development of appropriate technology, adaptation of technology in MCH/FP, in terms of training materials, adaptation of such technologies to health systems through the development and application of HSR methods and HSR training, and action research in the intersectoral aspects of MCH/FP.

Health services research in MCH/FP was considered to be of the highest priority. Being country/culture-specific, its planning and implementation should be a national responsibility. It was emphasized that HSR in this area should aim at improving the quality of care and coverage for women and children, within the primary health care system.

The Committee, in welcoming the presentations, emphasized the need for research in appropriate technologies, including appropriate weighing scales or their surrogates, locally relevant rather than internationally standardized growth charts (as well as locally relevant development indicators), and means for preventing the perinatal morbidity and mortality arising from anoxia, asphyxia and birth injury. The need for adaptation of technologies, both to the local circumstances but also to community health workers and the family, was reiterated on several occasions. It was mentioned that MCH clinics could profitably also be used for screening women for cervical and breast cancer.

The Committee expressed its satisfaction with the progress made in MCH research and recommended that high priority continue to be given to such research.

PROGRESS REPORT OF RESEARCH ACTIVITIES IN DIARRHOEAL DISEASES
Agenda item 9(b).

The Committee reviewed the progress report on the research component of the regional diarrhoeal diseases control programme. It noted with satisfaction the progress made in this field during the last year. In addition to previously supported research, eight new research topics were given financial support, amounting to approx. US \$ 150 000. The Committee also noted that the research topics being supported by the regional programme are essentially directed towards improving the implementation of national programmes.

The Committee commended the present regional approach for stimulating and supporting operational research. It was informed regarding the regional plan to give emphasis to research which could facilitate the implementation of other Diarrhoeal Diseases Control strategies, particularly those directed towards reducing morbidity. These include improvement of maternal and child care practice, especially breast feeding and personal hygiene and improvement of environmental health, particularly through proper use and maintenance of culturally acceptable sanitation facilities. The Committee welcomed this direction and stressed the need for more linkage between research and training activities of different programmes, particularly MCH, EPI, Health Education and Environmental Health.

REVIEW OF THE RECENT ACTIVITIES OF THE GLOBAL ADVISORY
COMMITTEE ON MEDICAL RESEARCH
Agenda item 10.

A succinct summary of the activities of the 25th Session of the Global ACMR was presented. The reports of the ACMR Sub-Committees and Working Groups were examined, and progress reports on a variety of topics were discussed. These included training in research methodology, research in gerontology, cancer, bio-behavioural and mental research, research in acute respiratory infection and guidelines for the use of animals in biomedical research. Research in health manpower development and occupational health were also considered.

The Committee was briefed on the progress in developing guidelines for the supply and utilization of laboratory animals for biomedical research. - A Council for International Organizations of Medical Sciences (CIOMS) - sponsored conference

has drawn up a draft of guidelines and statement of principles which will be examined by a WHO expert committee in summer 1984, and later placed before the global ACMR in October 1984.

A Sub-Committee on Health Research Strategy for HFA/2000 has been established and the broad lines along which the global health research strategy was being elaborated were presented and Committee members invited to give their views on the conceptual framework proposed. The Committee was also informed on activities and approaches either developed or in current development in other Regions in respect to the preparation of regional and national strategies.

In the discussions which followed, the members of the Committee showed a keen interest in the approaches to the development of a global, health research strategy. In particular, a proposal derived from a classification of diseases according to the means and feasibility of their control gave the Committee an opportunity for a beneficial preliminary exchange. It was agreed that further exchange of views and information be made in preparation for the contribution of the Region in the debate on health research strategy at the next session of the Global ACMR.

RECOMMENDATIONS

1. The Committee found that the report of the consultation on research strengthening contained practical suggestions for developing national research capabilities, and recommended that a plan of action be drawn up for implementing the proposals given in the report.
2. In order to increase the utilization of WHO research grants and research training awards, it was recommended that efforts be made to facilitate communication between national research organizations, institutions and WHO.
3. The Committee considered a draft paper on regional strategies for health research, and made several suggestions for improving it.
4. The Committee endorsed the priority areas for research identified by the consultation on Environmental Health research and recommended that consideration be given to sponsoring a workshop for developing research proposals aimed at promoting community participation in environmental health programmes.

5. The collaborative studies proposed during the second Intercountry Scientific Group Meeting on Liver Diseases were considered relevant; it was recommended that the Regional Office provide necessary support for the implementation of these studies. Research supports should also be provided in the field of liver diseases other than hepatitis which are of regional importance, e.g. hydatidosis.
6. Consideration should be given to explore the possibility of developing a regional facility for the production and standardization of reagents for measuring markers of viral hepatitis.
7. The Committee was appreciative of the support being provided by HRP to the scientists in the Region, and recommended that:
 - (a) in view of the prevailing cultural traditions and value systems, research studies should be carried out to determine which of the available contraceptives have the widest acceptance;
 - (b) ways and means should be explored for increasing the involvement of health workers in the delivery of family planning services.
8. The Committee expressed its satisfaction at the progress of research activities in MCH and diarrhoeal diseases and recommended that:
 - (a) high priority continue to be given to research in these two programme areas, and
 - (b) the linkage between research and training activities being sponsored by programme areas such as EPI, MCH, Nutrition, DDC, Health education and environmental health, be strengthened.

ANNEX I

LIST OF PARTICIPANTS

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كلمة الدكتورة سعاد العقوبي الوحشي
وزيرة الصحة العمومية في افتتاح أشغال اللجنة الاستشارية
لاقليم شرقي البحر الابيض المتوسط للمنظمة العالمية للصحة
سوسة 26 مارس 1984

سيداتي

سادسي ،

انه لمن دواعي الإعتراف ان تعقد المنظمة العالمية للصحة جلستها هذه في
الجمهورية التونسية وبالتحديد في كلية الطب بسوسة لم واعتزازنا هذا ينبع من
تعلق حكومة المجاهد الاكبر الرئيس الحبيب بورقيبة بهذه المنظمة العالمية العتيقة
التي كانت ولا تزال من اهم التنظيمات الدولية خاصة وانها تعمل جاهدة على تحقيق
هدف تبليغ خدمة البشرية جمعاء الا وهو توفير الصحة للجميع كما ان اعتزازنا
ينبع ايضا من اننا لنعاني وجودكم في بلدنا المضياف وفي هذه المدينة وفي هذه
الكلية بالذات وفتونيس كما تعلمون كانت سباقه في السعي الى تحقيق هذا الهدف
الطموح الذي سطرته المنظمة العالمية للصحة للدول المنصوية تحت لوائها الا وهو
توفير الصحة للجميع بحلول سنة 2000 لم ولا ند انكم على علم بان هذه الكلية
التي لها شرف احتضان لقائنا قد بعثت اصلا انطلاقا من اهتماماتنا الصحية
المشتركة ان انهارت النور سنة 1974 بتعليمات من المجاهد الاكبر فخامة الرئيس
الحبيب بورقيبة لتكون اداة تنموية وسلاحا لمحاربة المرض والتخلف في هذه الجهة لم
وقد استطلعت كلية الطب بسوسة التي لم تضي على تأسيسها عشر سنوات ان تلعب
دورا رائدا في هذه المنطقة الساحلية من الجمهورية التونسية بتوفيرها اطرار طبية
يتحسنت مستواها باطران لقرابة مليون ونصف المليون ساكن .

وإنه لمن الطبيعي أن تستأثر المواضيع التي سيناقشها المشاركون في هذا الاجتماع باهتمامنا فنحن نركز في تكوين طلبتنا على توعيتهم وتحسينهم بأهمية المحافظة على البيئة وذلك منذ خطواتهم الأولى بتدريسينا المواضيع التي لها علاقة بالبيئة وحمايتها لا على الصعيد النظري فحسب وإنما أيضاً على الصعيد العملي فنعيم تفيظهم زيارات ميدانية للطلبة لكل المؤسسات التي من مشغولاتها المحافظة على البيئة / ويبقى هذا الإهتمام بالمحافظة على البيئة قائماً طوال الدراسة وتجدر الإشارة إلى أن هذه الكلية أصبحت حالياً المصدر الرئيسي للأبحاث الطبية في المنطقة / فهي تنظم سنوياً لقاءات مع بتدريسي المنهجية العلمية في الأبحاث الطبية لفائدة طلبتها وخرجيها / وتحتوي الأطروحات التي يقدمها الطلبة لنيل شهادات الدكتوراه في الطب على معلومات ثمينية عن الوضع الصحي بالمنطقة / هذا علاوة على الأبحاث التي تقوم بها مختلف أقسام الكلية التي من بينها قسم الطب الجماعي / ففي ما يتعلق بأمراض الكبد مثلاً هنالك العديد من الأبحاث الجارية حالياً للتعرف على وإبنتيه ولى انجع السبل للوقاية منها سواء تتعلق الأمر بالتهاب الكبدى أو بالكيس المائى الكبدى الذى لا يزال مستشعباً بالمنطقة .

وتبقى كل الأبحاث مرتبطة كأشد ما يكون الارتباط بالمشاكل الصحية للجهة وموجهة لخدمة المجموعة التي تشع عليها هذه الكلية الفتية / فلا غرابة إذن أن تحتضن الاجتماع العالمي لإخصائي الصحة الصومبية والوقاية الذي سيعقد في أبريل المقبل والذي سيتناول بالدرس تبادل الخبرات في مواضيع التكوين والدراسات الميدانية وتحسين خدمات الخط الأول .

وجودكم اليوم بيننا حضرات السيدات والسادة حلقة من الحلقات النسي تكون مختلف نشاطات هذه الكلية في خدمة الصحة والانسان ، نعتبرها تشجيعاً لنا كلها ، ومشاركة منكم وإعانة لنا على العضي قد ما في هذا الطريق الشاكر .

وَأَمَلْنَا هَوَّانَ تَلَقَّوْا مِنَّا جُزْءًا مِّنَ الْحَمِيلِ الَّذِي لَقَيْنَاهُ دَوْمًا مِّنَ الْمُنْظَمَةِ
العالمية للصحة التي ما بخلت يوماً على هذه الكلية بمعونته •
وفي الختام أكرر لكم ترحابني الحار وشمسيتي بأن تتوج أعمالكم بالتوفيق
والنجاح *
والسلام *

Republic of Tunisia
Ministry of Public Health

Address by Dr Soad Yaacoubi Wahshi
Minister of Public Health
to
The Inaugural Session of the EM Advisory Committee
on Medical Research -
Ninth Meeting, Sousse, Tunisia, 26 - 28 March 1984

Ladies and gentlemen,

It is a great privilege to have this meeting of the World Health Organization convened in the Republic of Tunisia, and, more specifically, at the Faculty of Medicine, Sousse.

This privilege stems mainly from the high esteem in which the Government of our great leader, President Al Habib Bourguiba holds this distinguished World Organization which is striving to attain the noble goal of achieving health for all. This privilege is also due to our awareness of the significance of holding your meeting in this particular Faculty, city and hospitable country - for Tunisia, as you may know, was one of the first nations to exert efforts in order to attain the ambitious goal of achieving Health for All by the Year 2000, which the Organization has set for its Member States. Perhaps you also know that this relatively recent faculty, which is honoured today by your presence, was established in 1974 as a result of our joint collaborative efforts, and upon the directives of His Excellency President Habib Bourguiba to serve as a tool for development and a means of combatting disease and backwardness in this part of the world.

./..

Despite the fact that no more than ten years have elapsed since its establishment, the Sousse Faculty of Medicine has succeeded in playing a leading role in this coastal area of the country by preparing medical cadres whose level is progressively improving, and who can provide one and a half million of our population with the required health services.

It is, therefore, only natural for us to be interested in the topics which will be discussed in the meeting. Our educational policy too, emphasizes right from the beginning, the importance of creating, amongst the students, an awareness of the importance of environmental conservation by introducing into their study those topics which are relative to environmental protection, both at the theoretical and practical levels. Accordingly, field visits to all the institutions concerned with environmental conservation are continuously organized for students, and this concern is maintained throughout their study.

It is also worth mentioning that this Faculty has now become the main centre for medical research in the area. An annual seminar is organized every year on the importance of scientific methodology in medical research, for the interest of both graduate and undergraduate students. The Ph.D. dissertations, which the students submit, contain valuable information on the health situation in the area. Moreover, research is conducted by the various departments of the Faculty, including that of Community Medicine. In connection with liver diseases, whether hepatitis or hydatid cyst of the liver, for example, which are prevalent in the area, several studies are being conducted to identify their epidemiology and the best means of their prevention. On the other hand, all the researches carried out in the Faculty continue to be closely connected with the health problems of the area and are geared towards catering for the needs of the community which this newly established Faculty serves. It is no wonder, therefore, that this Faculty will host the global meeting of public and preventive health specialists which is due to be convened next April and which will study the exchange of expertise in the areas of training, field studies, and the improvement of front-line services.

./..

Your presence, Ladies and gentlemen, amongst us truly forms one link in the chain of activities which this Faculty performs in the service of man and his health. We view your presence at this meeting as an encouragement to us, as well as a collaboration and an assistance, on your part, to enable us proceed forward in this difficult path.

We hope to be able to repay part of the large debt we owe the World Health Organization which has spared no effort towards providing assistance to this Faculty.

I welcome you once more and wish you all success.

ANNEX III

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

رسالة الدكتور حسن عبد الرزاق الحرائري
مدير منظمه الصحة العالميه لإقليم شرق البحر المتوسط

اللى

اللجنة الاستشارية للحوث الطبية لشرق البحر المتوسط فى اجتماعها التاسع

سوسة ، سوسس ، ٢٦ - ٢٨ آذار/مارس ١٩٨٤

السيدة وريره الصحة، الساده أعضاء اللجنة الاستشارية،
حصرات الرملاء المحرمين ، سدائى ، سادى

انه لمن دواعى أسفى البالغ أسى لم أتمكّن، بسبب ارتباطات ملحة، من الحصول
هنا كى أرحبكم شخصيًا فى هذه المناسبة. بعد أنه سرتنى أن أبعث إليكم برسالة
الترحيب الموحدة هذه.

أسى أرحى حالص شكرى لحكومته نوبس الموفره ولوزارة الصحة لانسجامهما ههنا
الاجتماع، وللسيده وريره الصحة لبعقلها بالموافقه على افتتاحه.

لقد اكنسب ههنا الاجتماع العلمى السوى على مرّ السنين أهمية كبيرة. واسا
بترقب مداولانه وتوصيانه متطلعين الى ريادة نموّ القدرات البحثية فى بلدان
اقليمنا. كما ان اللجنة الاقليمية فى اجتماعها الذى عقد فى شهر تشرين الأول/
أكتوبر من العام الماضى قد أثبتت على أشطفه هذه اللجنة، وظلمت الى الدول الأعضاء،
من خلال أحد قراراتها، أن يعاون مع المكتب الاقليمى فى وضع اطار أساسى مناسب
للحوث، والاضطلاع بحوث تقوم على تلبية حاجات المجتمع ويرتبط بما جرى من
أعمال وبأساس احياح تحقيق الصحة للجميع بحلول عام ٢٠٠٠.

وفى كانون الأول/ديسمبر من العام الماضى عقد اجتماع استشارى لتحديد محالات
النعاون من الدول الأعضاء والمنظمة اسعاء نعبر القدرات البحثية الفورية.
وسوف نناقش اللجنة، فى هذه الدورة، بقرار ذلك الاجتماع، ومن المأمول أن تمكّننا
بوصايكم من نخطط وننفذ برنامج فعال لنعبر المؤسسات وتدريب القوى العاملة
العلمية.

وقد خصصت جميع الدول الأعضاء أولوية مرتفعة لتطوير خدمات صحة الأم والطفلة.
وكانت اللجنة الاستشارية قد بحثت منذ ثلاث سنوات الاحياحات البحثية فى ههنا المجال،
وبناء على ما اتخذته من توصيات جرى الاضطلاع ببعض الأنشطة. ونظرا إلى أهميته
البحوث فى ههنا الميدان، فاسنا نطلب الى اللجنة اسنعراض النقدم الذى أحرز واقتراح
حواسب أخرى للبحث فى ههنا المجال.

وسمى بموضوع محه الأم والطفل مجال آخر هو سطم الأوره . وكما تعلمون فإسه يوجد سبطمه الصحه العالميه مند سنن عدنده برامح خاص للسحوب والسطور والسدرس على السحوب من محال السكائر السرى . وسعاون هذا البرامح مع بعض السسحول الأعماء من هذا الأفلم ، ومها بوس كما سعاون من سدرس كنسر من العلمسن الشمان من هذا المحال ، وفي سطورس السهملل السحثة المساسه . واننا سطلح الى اسنعراس الأنشطة الأولسمة الس سدعمها هذا البرامح الخاص من حاسكم والى مثورنكم فى هذا الشان .

ان نظورس السرامح الفومنه لمكافحه أمراض الاسهال ، سها فى ذلك السحوث دات الملة سهذا المحال ، ما زال يحقق تفدما مرضا حذا من الأقلیم . وانسب أعرب عن سدبرى لما أسدنه هذه اللعنه من مثرة شأن بطورس الأنشطة البمثة فى هذا المحال من مجالات السرنامح . وسوف نسنعرمون مخذنا السقرس المرطى الخاص بهذه الأنشطة أثناء اجتماعكم .

وتعترس أمراض الكبد ، ولا سسما النهاه الكبد ، من المسكالك الصحیه الریسیة فى بلدان الأقلیم . وسالمنظر الى ما تحقق مؤخرآ من تفدم فى فهم وبقة السهال الكبد ، وبطورس امكاس السنخل العلالى ، فقد عقد من أوائل هذا العام اصماح لفريق علمى مشرك سن السلدان عن أمراض الكبد ، واسعرس الخراء الوطنون الدس اشتركوا فى الاصماح أوجه السقدم الذى أحرر من دراسة أمراض الكبد من بلداسهم مد الاصماح الأول الذى عقد مند ما بقرب من أربع سواب ممب . كما رسم الفريق العلمى وسس ذلك الاصماح خطوط عامه لامكاس السعاون فى محال السحوث مما سساعد على ابعكاد المعلومات اللازمة لسخطیط سدابس المكافحه سخطیطا رشیدا . واننا سنطلح السسب اسنعراف سقبرر ذلك الاصماح من قیلکم .

وكما سعلمون ، فان أحد عسامر الرعايه الصحه الأولته المساسه سعلو بسوفر امدادات كافسه من المساه الصالحه للسرب وملا عن الاصماح الأساسى ، وفد سم سدرسد العقد الحارى بوممه العقد الدولى لمساه السرب والاصماح .

وبالسر الى صخامة الصامح الصالسه اللارم اسسارها خلال هذا العقد لسوفر المساه الصالحه للسرب وسدمات الاصماح ، فان من المهم للغاية تقبیم ومواءمة السقنات (السكنولوجیات) المقبوله من الساحة الاجتماعیه ، والقابله للسنفد من الساحة الاقتمادیه .

وفى كائون الأول/دسمسر من العام المسامى عقد اصماح اسشارى افلیمى عن سحوت صة السبیه لاستعراس الوبع بالسمة للسحوث الحاریه فى هذا المجال فى السدول الأعماء ، وتعبید أولوباب السح ، لا سسما فى محالى المساه والاصماح . وعلى أسس هذه الأولوبات وفى اطار العقد الدولى لمساه السرب والاصماح جرى اعداد خطة عمل للسنفذ . وسوف سنناح لكم أثناء اصماعم هذا فرمة لاستعراف سقبرر الاصماح الأنف . الدكر وخطة العمل المقترحه .

وعلى مر السنين أدت مفاصله اسرانشاح تحقيق الصحه للجمع بحلول عام ٢٠٠٠ في الأجهره الرئاسه بالصطمه الى بغير الحوث الصحه التي نحري دعما لهده الاسرانشاح. كما يراند الشعور بأنه لا يسعى مصر الحوث على الوفاة منى الأمراض ومكافحتها، أو على البعافه السريره (الاكلينيكه) والباهله، وأنه يسعى لهده الحوث أن شمل أبما عددا كبيرا من الأسطه البحثه في المحلللاب الساسه والاقتصاديه والاجتماعيه والثقافه والنسئف والوبئنه والاداره، مما نطلب اعاده بوحه أنشطة الحوث الحاربه والأنشطه المرمع القيام بها على المستوى الاقلمى فضلا عن المستوى الفطرى.

وانا نودّ معرفة آرائكم عن كفهه بعاون المبطمة مع دولها الأعضاء في اعاده بوحه الحوث الصحه لدعم تنفيذ الاسترانشاحات القومه لتحقيق الصحه للجمع بحلول عام ٢٠٠٠. وقد نم اعداد مسوده ورقه عمل لنسهل مناقشاتكم بشأن هذه المسألة.

وبالطبر إلى أهمية دور الجامعات في تحقيق الهدف السالف ذكره، فانه ممن دواعى سرورى البالح أن ببعقد هذا الاجتماع في إحدى كليات الطب بالنعاون الوثبني مع وراره الصحه. وآمل أن بنعبر هذا التعاون المشترك وأن نُمكننا من نحقق أهدافنا الاجتماعيه.

وبحاما فاسى أودّ أن أعرب محددا عن سكرى لوراره الصحه ولحامعه سوسه لباحه الفرصه لالبعد هذا الاجتماع ها، وللعون والسهلات التي فُدمت لنا لبعلمه منمرا. كما أود أن أكرر شكرى للسبده وزبيرة الصحه لموافقتها على افتتاح الاجتماع، ولأعضاء اللحنة الاستشاريه للبهود التي بذلوها في التحضر له. وآتمنى لكم جميعا عملا باحبا واقامة سعبده في نونس.

والله الموفق، والسلام عليكم ورحمة الله وبركاه.

ANNEX III

MESSAGE OF DR HUSSEIN A. GEZAIRY
DIRECTOR
WHO EASTERN MEDITERRANEAN REGION
to the
EM ADVISORY COMMITTEE ON MEDICAL RESEARCH
Ninth Meeting
Sousse, Tunisia, 26-28 March 1984

Your Excellency,
Members of the EM/ACMR,
Distinguished Colleagues,
Ladies and Gentlemen,

I sincerely regret that, due to pressing commitments, I could not be here to welcome you personally on this occasion. However, I take pleasure in sending you this brief message of welcome.

I am most grateful to the Government of Tunisia and to the Ministry of Health for hosting this meeting, and to Her Excellency the Minister of Health for graciously agreeing to open it.

Over the years, this annual scientific meeting has assumed great importance; we look forward to its deliberations and recommendations for further developing research capabilities in the countries of the Region. At the Regional Committee, held in October last year, the activities of this Committee were commended and, through a Resolution, Member States were requested to collaborate with the Regional Office in developing a suitable institutional framework for research, and to undertake community-based, action-oriented research, relevant to needs for "Health For All by the Year 2000".

In order to define specific areas of collaboration between the Member States and the Organization, for strengthening national capabilities for research, a Consultation was convened in December last year. The report of this Consultation will be discussed by the Committee at this present session, and it is hoped

that your recommendations will enable us to plan and implement a vigorous programme for strengthening institutions and training of scientific manpower.

The development of Maternal and Child Health services have been given high priority in all Member States. The Eastern Mediterranean Advisory Committee on Medical Research, three years ago, looked at the research needs in this area and, following its recommendations, some activities took place. In view of the importance of research in this field, we are requesting the Committee to review the progress achieved, and to suggest further areas for research in this area.

Related to the subject of MCH is that of Family Planning. You may already be aware that a Special Programme of Research, Development and Research Training in Human Reproduction has been in existence in WHO for many years. This Programme has been collaborating with some of the Member States in this Region, including Tunisia, and has helped in training of many young scientists in this field, as well as in developing relevant research facilities. We are looking forward to your review of the regional activities supported by this Special Programme and to your advice in this respect.

The development of national programmes against diarrhoeal diseases, including related research, has continued to make very satisfactory progress in the Region, and I appreciate the advice which this Committee has given for the development of research activities in this programme area. You will be again reviewing the progress report of these activities during your meeting.

Liver diseases, especially hepatitis, have been recognized as one of the major health problems in countries of the Region. In view of the recent scientific advances made in the understanding of the epidemiology of hepatitis, and the development of possibilities for intervention, an Intercountry Scientific Group Meeting on Liver Diseases was held earlier this year. The participating national experts reviewed the progress made in the study of liver diseases in their countries since the first meeting held nearly four years ago. On this occasion, the Scientific Group has drawn up outlines for possible collaboration in research which would help in generating necessary information for rational planning of control measures. We are looking forward to your review of the report of this meeting.

As you may already know, one of the eight elements of primary health care (PHC) deals with an adequate supply of safe water and basic sanitation, and the current decade has been designated as the International Drinking Water Supply and Sanitation Decade (IDWSSD). In view of the vast sum of monies to be invested during this decade for providing safe water supply and sanitation services, the assessment and adaptation of socially acceptable and economically feasible technologies, to be used for this purpose, become very important.

In December last year, a Regional Consultation on Environmental Health Research was convened to review the status of ongoing research in this field in Member States, and to identify research priorities, mainly in the areas of water and sanitation. A work plan based on these priorities, and within the context of the IDWSSD, has been prepared for implementation. You will, during your meeting, have an opportunity to review the report of the above-mentioned Consultation and the proposed work plan.

Over the years, discussion in the governing bodies of WHO on strategies for achieving HFA/2000 has led to an appreciation of health research in support of these strategies. It has been increasingly felt that research should not be restricted to aspects of prevention and control of diseases or to clinical and rehabilitative technology. It must also include a broad range of research activities in political, economic, social, cultural, environmental, epidemiological and managerial fields. This calls for a reorientation of the ongoing and planned research activities at the regional level, as well as in individual countries.

We would like to have your views on how WHO can collaborate with its Member States in reorienting health research to provide support for implementing national strategies for HFA/2000. A draft working paper has been prepared to facilitate your discussion on this issue.

Considering the important role of universities in achieving the above goal, I am very happy that this meeting is taking place in a medical faculty and in close cooperation with the Ministry of Health. I hope that this partnership will be further strengthened and will help us in achieving our social goals.

In conclusion, I wish to express my thanks once again to the Ministry of Health and the University of Sousse for having made it possible for us to hold this meeting here, and for all the help and facilities which have been extended to make this meeting a fruitful one. I wish also to thank Your Excellency again for having agreed to inaugurate the meeting, and members of the ACMR for the efforts they have made in preparing for this meeting, and wish you all successful work and a pleasant stay in Tunisia.

ANNEX IV

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

اللجنة الاستشارية للحوث الطبية لسوق الحر المتوسط
الاجتماع التاسع

سوسة ، تونس ، ٢٦ - ٢٨ آذار/مارس ١٩٨٤

جدول الأعمال المبدئي

- ١- افتتاح الاجتماع
- ٢- انتخاب نائب الرئيس والمقرر
- ٣- اقرار جدول الأعمال
- ٤- تقرير الاجتماع الاستشاري المعني بتقرير الحوث
- ٥- الاحباح المحيطة في مجال صحة البيئة
- ٦- اسعراض الأسطه التي تدعمها في الافليم برنامج المظمه الخاص في محال الكائن السرى
- ٧- تقرير الاجتماع الثاس للفرق العلمى المشترك بين البلدان عن أمراض الكبد
- ٨- التقرير المرحلى للأنشطة المحيطة في:
 - صحة الأم والطفل
 - أمراض الاسهال
- ٩- الاسر اسحه الافليمه للحوث الصحه
- ١٠- اسعراض مسروع التقرير
- ١١- اختتام الاجتماع

ANNEX IV

AGENDA

1. Opening of the Meeting
2. Election of Vice-Chairman and Rapporteur
3. Adoption of the Agenda
4. Report of the Consultation on Research Strengthening
5. Regional Strategy for Health Research
6. Research needs in Environmental Health
7. Report of the Second Intercountry Scientific Group Meeting on Liver Diseases
8. Review of the activities supported in the Region by the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
9. Progress report of research activities in
 - a. Maternal and Child Health (MCH)
 - b. Diarrhoeal Diseases
10. Review of the recent activities of the Global Advisory Committee on Medical Research
11. Review of the draft report
12. Closure of the Meeting.

ANNEX V

EXCERPT FROM THE REPORT ON THE
CONSULTATION ON RESEARCH STRENGTHENING

Alexandria, 4-6 December 1983

RECOMMENDATIONS

The Consultation, during its deliberations, made several recommendations, which are reflected in the above report. Some of the salient recommendations are summarized below.

1. The importance of medical research and its role in achieving the goal HFA/2000 should be repeatedly brought to the attention of decision-makers and senior-level administrators in the Health Sector. Opportunity should be taken of forums such as the Regional Committee to emphasize the above.
2. The Member States which, as yet, do not have any national mechanism for managing research, should be encouraged at least to establish a focal point for collaboration with WHO. In countries where such bodies exist, their planning, coordinating and evaluation functions should be strengthened.
3. The Ministries of Health should become actively involved in identifying research problems, and collaborate with universities and research institutions in implementing research on these problems. The Ministries should also build up their capability for evaluating and utilizing research results.
4. The Regional Office should continue to hold periodic meetings of Directors of Medical Research Councils and officers responsible for Medical Research in the Ministries of Health and Directors of outstanding research institutions in the Region. These meetings are seen as an important mechanism to exchange and update information on research policy and management practices in the participants' countries and orienting research towards HFA/2000.
5. The Consultation recommended that, as a principle, the Regional Office resources should primarily be used for strengthening institutions and/or programmes that relate to national priorities for research.
6. Institutions with existing potential for HSR or those already engaged in HSR should be strengthened to serve as a regional resource for training scientists in this discipline and supporting various HSR studies.

7. Selected national institutions should be strengthened to serve the research needs of particular health programmes.
8. Information on research training awards should be widely distributed to scientists and institutions in the Region, so as to increase their utilization.
9. WHO should promote the inclusion of appropriate learning experiences in research methodology in the undergraduate medical curriculum.
10. WHO should consider providing small grants to postgraduate students working on research topics connected with pressing health problems.
11. Training of nationals in HSR and research management should be actively supported by the Organization, together with the development of relevant learning material to facilitate this process.
12. The Regional Office was requested to take appropriate steps to build up national expertise in epidemiology, intervention studies and field research.
13. The Consultation identified the programme areas of Maternal and Child Health and Environmental Health as being in special need of research strengthening, in view of their important contribution to HFA/2000. In this connection, research should also be sponsored to facilitate the integration of various programme areas catering for the under-5 age group and pregnant women.

ANNEX VI

EM Advisory Committee on Medical Research
Ninth Meeting
Sousse, Tunisia, 26-28 March 1984

REGIONAL STRATEGIES FOR HEALTH RESEARCH

I INTRODUCTION

In May 1977, the 30th World Health Assembly, through its Resolution WHA30.43, decided that the main social target of the governments and WHO in the coming decades should be the attainment by all people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life (HFA/2000).

In 1978, the International Conference on Primary Health Care (PHC) declared that PHC is the key to attaining HFA/2000. The report of this meeting emphasizes that health development is essential for social and economic development and the means for attaining them are closely linked.

The World Health Assembly in 1979, through its Resolution WHA32.30, set out the guidelines for formulating strategies for HFA/2000. This subject was also discussed at the 29th Session of the Regional Committee, which urged Member States to formulate national policies, strategies and plans of action for HFA. Based on national and regional strategies a global strategy was formulated, which was adopted by the WHA in 1981, through its Resolution WHA34.36.

Implicit in the strategy is the importance of research in attaining the global goal of HFA. Research is required to determine the most suitable ways to organize the health care delivery system in the countries so as to ensure maximum coverage, and for identifying mechanisms for strengthening the preventive and promotive functions of peripherally situated health facilities. It is also needed at country level to assess and select appropriate technologies for the

prevention and control of common diseases, and to arrive at the best ways of utilizing such technologies in the national PHC system.

Resources available for sustaining and developing the health system in most countries are limited, and are unlikely to increase in real terms, due to competing demands. Research can play a major role in shortening the gap between demands and available resources, essentially through exploring ways and means of making best use of such resources and of enlarging the resource base for health intervention, especially through utilization of services available through other sectors (intersectoral collaboration) and through community participation.

One of the essential strategies to achieve HFA 2000 is to develop socially acceptable health manpower to deliver PHC, particularly in underserved areas. Research is required on several issues connected with health manpower planning, production and management, e.g. composition of and requirements for health team members, competencies required of health workers in view of their tasks, evaluating the various categories of health personnel produced, acceptability and, where feasible, utilization of traditional healers.

As mentioned above, the community and the individual will have to play an increasingly large role in providing care and attending to health needs. In this respect research will be required to test various ways of enhancing community participation in health problems and demonstrating how best health education can be imparted, so that communities and individuals can increasingly be responsible for their health needs.

Almost concurrently with the developments leading to the formulation of strategies for HFA/2000, the Organization decided in 1975 to involve the Regional Offices in the management of WHO research activities in their respective regions. This led to the establishment of the Regional Advisory Committees on Medical Research in early 1976, and provided an impetus to the development of research capabilities, including the development of research infrastructures in the Member States. In this Region, from the very beginning, as per the recommendation of the Regional Advisory Committee for Medical Research (EM ACMR) a high priority has been accorded to research in the field of health services and manpower development and in the area of diseases prevention and control.

II PRESENT SITUATION OF HEALTH RESEARCH IN THE REGION

Since 1976, attempts have been made to promote and implement relevant research in the countries and to develop an infrastructure for research, based on national needs and available resources.

The need for linking medical research efforts with national health development is being increasingly appreciated. However, the rate of development of national medical research policies, and of effective mechanisms for managing research, is rather slow. Also, the importance of multidisciplinary and inter-sectoral collaborative research is not widely appreciated.

Research is by and large an individual initiative and tends to be laboratory- or clinically oriented. Few systematic attempts have been made to identify health problems, the solution of which could be found through research. The importance of research as a problem-solving tool is not yet widely appreciated.

The research infrastructure varies considerably within countries of the Region. In some countries it is deficient and in others it is over-developed, vis-à-vis available capabilities. It is usually not well maintained and under-utilized. Most research is still done in the universities; very little is done by staff working in the health care system, and therefore research topics tend to follow the interests of university staff, little attention being paid to local health problems. Collaboration between health service staff and research workers is poorly developed.

The lack of suitably trained research manpower is a major constraint in the development of national research capabilities. This paucity is further compounded by the lack of career opportunities for research workers, which leads to an internal brain drain. In a few countries where facilities exist for training research workers, the content and manner of training follows a western model, and hardly relates to local health problems. This obviously results in an external brain drain.

Awareness of the need to identify and generate appropriate health technologies for the essential elements of primary health care is still lacking.

The amount of national financial resources allocated to medical research varies considerably in the various countries. However, such allocations are generally considered to be of a low order.

Mechanisms for evaluation of research and utilization of its results are uniformly lacking. In some instances, relevant results of research exist but, for one reason or another, are not used.

III STRATEGIES FOR HEALTH RESEARCH DEVELOPMENT IN THE REGION

The following principles underly the strategies being proposed below:

- optimum utilization of available facilities and resources;
- focusing on research on priority problems, the solution of which, would facilitate the implementation of national, regional and global strategies for the attainment of HFA/2000;
- engender national self-reliance in health research.

1. Re-orienting research

Research is often considered by national authorities to be a luxury. In most countries of the Region, very scarce resources are allocated for research and these are usually utilized for supporting research in fields and on topics which are not socially relevant. There is lack of appreciation that the successful undertaking of research and utilization of its findings are often the source of affluence.

In order to convey the importance of medical research in health development to decision-makers, meetings and conferences may be held in which practical examples could be given of how countries have solved their health problems through research. At such meetings, evidence of the expected impact of successful research could also be presented.

The Member States in the coming years will be encouraged to review the scope and content of their activities in the field of biomedical, behavioural and health system research, with a view to focusing them on problems requiring solutions, as part of their strategies for HFA. The identification of such problems is by no means easy and it constitutes a major concern of the managerial process for national health development. In order to improve the definition of national priorities for research and to strengthen the link between health development and research, delineation of research needs should be included in national health planning exercises.

In the context of the above mentioned, special attention should be given to delineation of research which may be required for further improving the understanding of PHC approach amongst various health workers and the community, as well as for identifying and/or generating technologies, relevant to the eight essential elements of PHC, for utilization at different levels of PHC.

After identification of research priorities related to pressing health problems, governments should then identify those research activities which can be carried out, using national resources and those for which international collaboration is required.

2. Establishment of National Steering Mechanisms

Member States will be encouraged to set up steering mechanisms for research which are suited to their milieu and requirements rather than adopting some existing models. In any steering mechanism it is of paramount importance to involve all the parties concerned, i.e. Ministries of Health, Education, Universities, Research Institutes and national scientists. These steering mechanisms, once they are established, should be specially strengthened in the areas of planning, evaluation and utilization of research results. They should constantly be addressing the question: what kind of research is required and to what extent can available national resources be allocated.

In order to establish scientific credibility, it is important that appropriate mechanisms be established at the national as well as at the institutional level for screening research proposals from the technical as well as the ethical point of view. In this connection, it is important to bear in mind that these screening procedures should not turn out to be a major obstacle or hindrance, but should aim at helping potential research workers in improving their research proposals, and in securing necessary funds.

Apart from promoting the establishment and/or strengthening of national steering mechanisms for the research mentioned above, efforts will be made to develop linkages between faculties of medicine, social sciences and local health services. These linkages should result in the creation of multidisciplinary research groups/teams which would be involved both in identifying researchable questions, as well as in implementing research studies.

It has been repeatedly stated that the staff or students in faculties of medicine and research institutions are often not familiar with the health problems and with the existing infrastructure of health services of their respective countries. The linkages mentioned above should help to provide the necessary orientation.

This approach will also help solve the question of lack of utilization of research results, which is often due to the research being carried out merely at the whim of the investigator, rather than being undertaken with a view to solving an identified health problem, be it concerned with delivery of service or with patient management.

3. Financing of research

As has been mentioned above, research often receives low priority and usually only meagre resources are allocated, if any. Considering that these resources will not increase substantially in the near future it is recommended that appropriate coordinating mechanisms be established to ensure the most effic utilization of such limited resources. The National Steering Mechanism, as suggested above, can perform this coordinating function, and it should also

ensure that funds are channeled to identified national research priorities and lead to an enhancement in the absorptive capacity for research funds.

Funding for research tends to be low also because of poorly formulated research proposals submitted to national or international research organizations. Therefore, there is a need to upgrade the quality of research proposals prepared for submission to funding agencies through appropriate learning experiences.

Another possible way in which resources for research can be obtained is to allocate a proportion, say 1-2%, of the funds from any large national or provincial health-related project, financed either locally or through donors, for research.

4. Training of research manpower

The lack of well-trained research workers is repeatedly mentioned as a major constraint in the development of national capabilities for health research. Lately, the internal and external brain drains have further limited the available research manpower.

While Member States may continue to look for and depend on Ph.Ds and M.ScS to plan and implement research, training of short duration in research planning and research techniques should be provided for a large number of serving health personnel of all categories, including those serving at PHC level. In other words, dependence on fully trained scientists who have acquired their Ph.Ds and M.ScS should be reduced. This will help in the "demystification" and democratization of research.

The need for a core of highly trained research workers should continue to be met by the Member States, through having these scientists trained within their own countries as far as possible. Where adequate facilities for such training have not yet developed, the trainee scientist may be allowed to go abroad, but arrangements should be made, wherever possible, for his field work to be carried out in his own country.

Training programmes for developing research manpower, either through short- or long-term training, should be developed on the basis of assessed needs and gaps identified in the cadre of already trained research workers. While reviewing the need for trained manpower, it will be obvious that there are disciplines which have as yet not been introduced into the curricula of health workers, and therefore, the health personnel will need to be oriented in these disciplines, i.e. the whole range of social sciences, informatics, etc. Acquisition of relevant communication skills is important in approaching communities and involving them in the provision of health care.

Considerable changes in educational curricula will be necessary in order to enlarge the pool of potential research workers. This may not be realized except on a long-term basis. However, as a short- to medium-term measure, training in problem-solving and research methodology should be included in the undergraduate medical curriculum. In addition, attempts should be made to focus the research of graduate students on the priority health problems of their respective countries.

The lack of an appropriate career structure and of incentives is a major constraint in the development and retention of research workers. In countries where government policies and financial resources do not permit the establishment of a separate career and salary structure for medical research workers, governments should consider the introduction of suitable incentives for research workers, e.g. prizes, attendance at meetings abroad, short sabbaticals, etc.

Until such time as the situation regarding research manpower improves, fully trained and/or potential research workers should be encouraged to work on a part-time basis.

Scientists in most of the countries of the Region face considerable difficulties in keeping abreast of recent advances taking place in their fields. Scientific journals have become very expensive and a functioning national network of libraries is often not yet established. To meet the information needs of research workers, it is important to develop the network of well-stocked libraries in the Member States and to promote resource-sharing among and between them.

It is also suggested that "state of the art" courses and workshops be organized in selected disciplines and that this activity be seen as "continuing education". Where national resources are available, scientists should be provided with opportunities to be trained abroad, to attend scientific meetings and be granted sabbatical leaves.

Research workers in the Region experience difficulties in having the result of a research work published in international journals which may not be interested in local research. It is therefore important to take steps to upgrade the quantity/quality of medical journals being published in the Region.

5. Strengthening of Institutions for Medical Research

Resources should not be utilized for establishing new institutions devoted solely to research. Existing institutions with a clear potential for development as national centres for research and training in HSR should be identified and strengthened. Health services institutions deserve priority for strengthening.

Once an institution has been selected for strengthening, this should be carried out within the context of a well-developed plan based on available resources and expected outcomes.

Realising that the "critical mass" required to ensure the optimum effectiveness and efficiency of a research institution may not be easily available, consideration should be given to the development of an appropriate network structure for undertaking research on relevant health problems.

IV MONITORING AND EVALUATION OF RESEARCH ACTIVITIES

The monitoring and evaluation of research activities should be an integral part of any national and/or institutional mechanism for steering and managing research. The monitoring and evaluation of individual as well as of large national projects, help in providing feedback to the decision-makers, on the basis of which the future direction of projects, both large and small, can be modified.

Appropriate information systems need to be developed in the countries for the above purpose. This must include data on principal investigators carrying out research, topics of research, facilities made available, expected date of completion and the status of funds allocated.

Evaluation of research should not only deal with the completion or otherwise of the research within the stipulated period using the allocated funds, or the scientific quality of the paper reporting the results of research, but should also deal with issues such as the number of persons trained during the research, and how the results produced are to be utilized within the health system.

Skills relevant to monitoring and evaluation of research should be developed at an early stage within the national steering/management mechanism for research.

V WHO'S ROLE IN IMPLEMENTING THE REGIONAL STRATEGY FOR HEALTH RESEARCH

The Regional Office, under an Inter-country Project, is already supporting the following activities in close collaboration with research organizations, institutions in the Member States and national scientists:

- Review of the Regional Research Programme by the Regional Committee.
- Annual meetings of the EM/ACMR.
- Periodic convening of Scientific Working Groups on various priority areas to review the progress of research activities and draw up plans for the future.

- National consultations to review research priorities in a given area and to prepare research protocols for implementation.
- Sponsoring workshops on research management and research methods.
- Visits to countries by consultants and staff members to assess potential research and outline areas of future collaboration.
- Awarding research grants and research training awards. Regional research funds are mostly used as "seed" grants, and are not utilized for funding research for which voluntary funds are available in WHO, e.g. research in diarrhoeal diseases, tropical diseases, and human reproduction.
- Identification and designation of national institutions as WHO Collaborating Centres, and developing a plan of work for such centres.

ANNEX VII

EXCERPT FROM THE REPORT ON
INTERCOUNTRY CONSULTATION ON
ENVIRONMENTAL HEALTH RESEARCH

Amman, Jordan, 18-22 December 1983

PRIORITY RESEARCH AREAS

Presentations and discussions by the participants in the Consultation revealed the existence of seven research areas of regional significance. These regional priorities are shown in Figure 1 as the first category. Other research priorities were divided into four additional categories, viz.: Water Supply, Wastewater Disposal, Solid Waste Disposal, and others, as shown in Figure 1. Further classification of these categories includes research areas on surface versus groundwater supplies, and rural versus urban disposal of wastewater. The following are identifications of priority studies within each research area.

Category 1 - Baseline and Developmental Studies

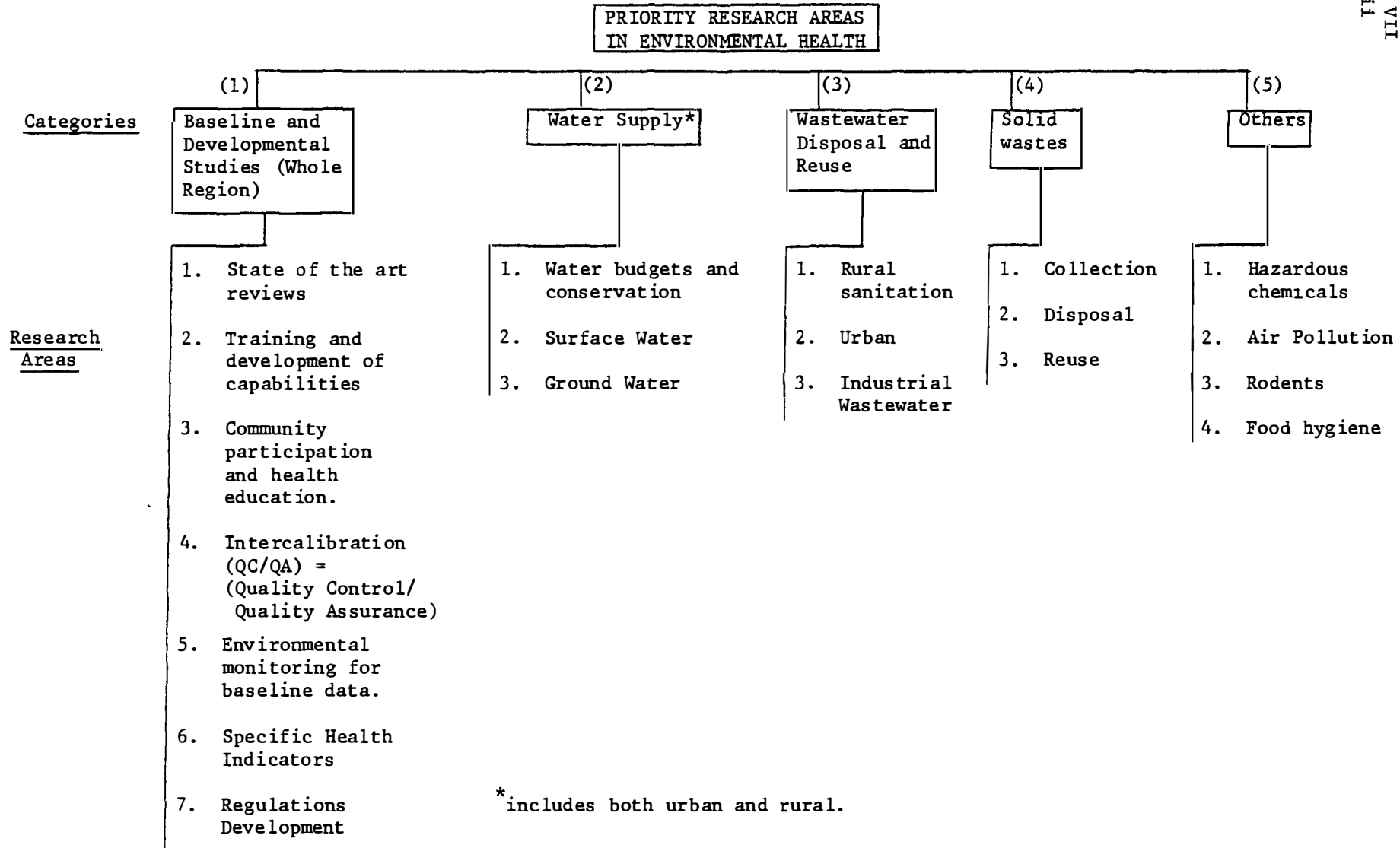
1. State of the Art Reviews

This research area includes most of the topics and studies in all categories. Depending on the extensiveness of available literature and experience, it may be authorized as a separate activity.

2. Training and Development of Capabilities

- (a) Establishment of library and central clearinghouse.
- (b) Hands-on training workshops of field and laboratory technicians.
- (c) Training at graduate and post-graduate levels.
- (d) Intercountry consultation and exchange of information.
- (e) WHO visiting fellows.
- (f) Development of continuing education and certification programmes for all categories of workers.

FIGURE 1
CLASSIFICATION OF PRIORITY RESEARCH AREAS



3. Community Participation and Health Education

Research projects in this area will aim at studying the effectiveness of various methods and techniques to involve the communities for effective participation and assess their impact on the people's knowledge and practice.

4. Intercalibration (Quality Control/Quality Assurance, QC/QA)

- (a) Development and adaptation of field sampling, sample preparation, and analytical/data handling methodologies.
- (b) Publication of standard procedures manuals for bacterial, viral, parasitological, chemical and physical assays.
- (c) Conduct of inter-laboratory and intercountry intercalibration exercises.
- (d) Inter-laboratory cooperation and conferences.

5. Environmental Monitoring for Baseline Data

- (a) Monitoring of sources of water pollution.
- (b) Monitoring of marine territorial water quality.
- (c) Monitoring of surface water quality.
- (d) Monitoring of groundwater quality.
- (e) Ecological assessment of environmental systems.

These baseline studies are ideal projects for training technical staff in the conduct of intercalibration exercises.

6. Specific Health Indicators

- (a) Selection, evaluation, and validation of suitable country-specific health indicators.
- (b) Linking water and wastewater environmental factors to health indicators and indices.

7. Regulation Development

- (a) Identification of environmental quality goals.
- (b) Cost-benefit analysis of proposed regulations.
- (c) Development of national strategies for adoption, enforcement and progression of environmental regulations.
- (d) Definition of effluent guidelines, industrial as well as municipal, to suit local conditions.

Category 2 - Water Supply

1. Water Budgets and Conservation

- (a) Identification of existing national water budgets.
- (b) Control of evaporation and seepage losses in open storage.
- (c) Improvement of irrigation techniques, including selection of crops.
- (d) Field studies on water conservation.
- (e) Assessment of wastage of water in distribution systems due to leakages, including the development of methods of leak detection and pipe locating.
- (f) Design norms for intermittent water supply.
- (g) Problem of and emergency planning for intermittent water supply.
- (h) Behavioural research on water use and contacts.
- (i) Water reuse.

2. Surface Water Supply

- (a) Protection of surface waters, including marine sources for desalination.
- (b) Forecasting water quality in large reservoirs, and methods of protection.
- (c) Improvement of water purification methods with emphasis on simple, innovative, and economic techniques.
- (d) Development of methods for rapid assessment of biological and chemical quality of water.
- (e) Methods for economical removal and control of algae.

- (f) Assessment of alternative methods to conventional disinfections for small and large systems and local water storage containers.
- (g) Control of ice and bottled water manufacturing (also in c).
- (h) Development of simple defluoridation systems.
- (i) Efficacy of iodide addition to water for control of goitre.
- (j) Turbidity removal from surface water.
- (k) Appropriate abstraction systems for surface water sources.
- (l) Control of aquatic plants.

3. Groundwater supply

- (a) Protection of groundwater from surface pollution, including geo-chemistry and groundwater hydrology.
- (b) Protection of ground- and surface water from nitrates.
- (c) Exploiting brackish water resources: reverse osmosis, electro-dialysis, solar energy, etc.
- (d) Recharge of groundwater.
- (e) Development of simple techniques for monitoring groundwater supplies.
- (f) Use of solar energy for rural water supply.
- (g) Study and identification of alternative handpumps and components needing special attention.
- (h) Tube well construction and development; to evolve proper designs for tube wells, gravel filters and strainers.
- (i) Control of faecal contaminations of groundwater.
- (j) Appropriate water supply delivery to squatter settlements.

Category 3 - Wastewater Disposal and Reuse

1. Rural Wastewater Disposal

- (a) Improve methods of dealing with septic tank effluents, and where groundwater table is high.
- (b) Development of simple, economical and locally acceptable techniques of sewage treatment (e.g. oxidation ponds).
- (c) Survival of pathogens (bacteria, viruses, parasites) in the local disposal environment and development of simple monitoring techniques.
- (d) Design and demonstration of sanitary rural latrines; including geological, hydrogeological features and then acceptability: disposal of septage and biogas generation.
- (e) Development of simple and inexpensive techniques with different materials for W.C., pan and trap, superstructure, lining of pit, etc.

2. Urban Wastewater Disposal

- (a) Study of effluent disposal in arid areas, and where groundwater table is high.
- (b) Evaluation and development of biological treatment in hot and arid regions.
- (c) Evaluation of existing sewage treatment plants.
- (d) Reclamation of domestic sewage for industrial and agricultural use, including health aspects.
- (e) Improved design, construction and maintenance criteria for sewage collection systems, including prevention of sewer corrosion and control of sewer rodents.
- (f) Odour control at sewage treatment plants and pumping stations.

3. Industrial Wastewater

- (a) Development of methods for simple, effective and economical treatment for controlling specific pollutants, e.g. oil and toxic metals.
- (b) Development of simple methods for detection of specific pollutants in industrial effluents and the receiving environment.
- (c) Study of potential health impacts of specific pollutants.
- (d) Development of emergency response plans for accidental releases of hazardous industrial wastewaters.
- (e) Required pre-treatment for industrial wastewaters and hospital wastes.

Category 4 - Solid Waste

1. Solid Waste Collection

- (a) Improving collection techniques for solid wastes.
- (b) Solid waste surveys for proper planning of collection and disposal or resource recovery.

2. Solid Waste Disposal

- (a) Selection and control of disposal sites for protection of groundwater resources.
- (b) Evaluation of existing landfill disposal practices and their environmental impacts.
- (c) Development of simplified and acceptable incineration methods.

3. Solid Waste Reclamation

- (a) Composting of solid wastes, sewage sludges, and agricultural manures.
- (b) Recycling of material of value in solid wastes at the generating sources; paper, metals, food wastes, etc.
- (c) Use of solid waste as fuel for energy supply.
- (d) Sewage sludge as a resource.

Category 5 - Others

1. Assessment of potential hazards from toxic chemicals, including regulatory development and emergency response planning.
2. Regulations and control of vehicle emissions, industrial gaseous stack emissions and fugitive dusts.
3. Evaluation and development of rodent and insect control methods.
4. Control of food and beverage quality in manufacturing and handling.

II GUIDELINES FOR REGIONAL RESEARCH WORKPLAN

General

1. Establish a multidisciplinary Research and Training Centre for Environmental Health in the Eastern Mediterranean Region.
2. Strengthen national institutions and assist in integration and coordination of activities, and the dissemination of information to different administrative units of government and intercountry networks, through TCDC and POETRI.
3. Establish support services including library, audiovisual facilities, computer-based information systems and manuals development capabilities.

Specific

1. Setting up regional priorities in research, including carrying out and interpreting epidemiological studies.
2. Arranging regional collaboration in priority research.
3. Developing schemes of environmental health education applicable within the Region.
4. Developing regional training programmes for technical staff, plant operators and professional staff.
5. Organizing regional workshops to standardize methodology and data handling, including intercalibration exercises.

6. Establishing research support and training funds from national and international sources.
7. Selecting suitable research projects for funding.
8. Developing and updating criteria, and developing documents for establishment of environmental guidelines and standards.
9. Promoting collaboration among countries of the Region on common problems.
10. Standardizing research methodologies.
11. Strengthening programmes of technology transfer.
12. Stimulating the development of research ideas.
13. Assisting the development of national research strategies and plans in Environmental Health.
14. Selection of national collaborating research institutions.
15. Publication of Regional Environmental Health Research Journal.
16. Organizing a regional consultation meeting among Member Countries to explore and identify collaborative research programmes.

III DELINEATION OF AREAS FOR POSSIBLE WHO COLLABORATION

Technical cooperation with Member States in:

1. Organization and development of National Focal Point(s) for the promotion of Environmental Health Research.
2. Development and strengthening of research institutions including manpower development for effective multidisciplinary collaboration.
3. Development and strengthening of national information services for the collection, assessment and dissemination of information on appropriate technologies.

4. Development and strengthening of the mechanisms for transfer of appropriate technologies in environmental health at national and international levels.
5. Provision of WHO experts for review of national policies, strategies, and programmes for environmental health research.
6. Development and strengthening of environmental health infrastructure at the national level and curricula in educational and training institutions.

IV OTHER RECOMMENDATIONS

Results of this Consultation should be followed up at an appropriate time by a similar Consultation.

V CLOSING SESSION

Mr M.H. Dajani took the chair for the Closing Session and thanked the panel and participants for the production of a report with realistic aims.

Dr M.I. Sheikh, on behalf of the World Health Organization, thanked the Government of the Hashemite Kingdom of Jordan, its Ministry of Health, and Mr Dajani especially, for making available the facilities, hospitality and care during the Consultation. He thanked the panel of consultants for the work done in preparation for and during the consultation, Dr Hassan El-Baroudi for moderating the Consultation and Drs Kawata and I.M. Abdel Magid for serving as Rapporteurs.

Dr A.A. Beg, on behalf of the participants, thanked WHO for arranging the much needed Consultation and presented to Dr Sheikh the electronic water purifier he had brought from Pakistan for demonstration of an appropriate technology model

Dr El-Baroudi, resuming the Chair, declared the Consultation closed with his personal remarks of thanks.