Regional Framework for Health Research

The Regional Framework for Health Research was discussed and approved in the meeting of the Western Pacific Advisory Committee on Health Research, Kuala Lumpur, Malaysia, 19-21 March 2003, and was then endorsed by the Regional Director in 2004.

World Health Assembly Resolution (58.34)
Ministerial Summit on Health Research (May 2005)

The Mexico Statement on Health Research from the Ministerial Summit on Health Research, Mexico City, 16-20 November 2004
Introduction

Health research has underpinned the dramatic improvement in life expectancy and the reduction in disability throughout life in developed countries. Because of the potential for further improving health outcomes, developed countries have been increasing their investment in health research and in research capacity building. As well as health benefits, commercial outcomes are being achieved. Investment on health research contributes to improved health status as well as economic development of a country.

The United Nations' millennium development goals highlight the importance of health research, particularly in reducing child mortality, combating AIDS, malaria, tuberculosis and other diseases which exert a tremendous burden on global health, and in improving maternal health. Various initiatives to encourage global and regional collaboration in health research are in place to address these concerns, however, there is a need to broaden such collaboration particularly between countries, organizations and institutions whose health research capacity is fully established with those whose capacities need to be developed or strengthened.

Moreover, there has been only limited investment to date in health research in developing countries, including those within the Western Pacific Region. This would not be a concern if the results of developed country research could be directly applied to the health problems encountered in the developing world. This, though, is not the case and a full understanding of the causes of the diseases occurring in developing countries and identification of effective means of prevention and control can only be gained from studies carried out in those countries. Participation and investment in health in developing countries will contribute to the efforts in equity, ethics, ownership, autonomy and poverty reduction.

It has long been recognized that research on certain infectious diseases could only effectively be carried out in populations where the disease was prevalent. What is now also recognized is that an adequate understanding of what to do about the growing burden of non-communicable diseases in developing countries cannot be gained without investigating their determinants in developing countries. Why is diabetes so prevalent in the Pacific and why is it so intractable to efforts to prevent the rise? Why do populations in the poorer countries of East Asia have such a high mortality from stroke and a relatively high blood pressure despite a low prevalence of obesity? Solutions can only be found through good quality research in the particular countries. As World Bank analysis has shown, not only will health status fail to improve if solutions are not found, but also economic progress will be undermined by the continuing disease burden.

The public health profile of any country is influenced by the extent changes in development goals, economic reforms, socio-demographic profile, lifestyles and behaviour are taking place. As these changes are rapidly occurring particularly in developing countries, the health needs are also changing. Many countries in the Region are coping with health systems operating with limited financial and human resources while trying to manage the double burden of disease. Decision-makers need scientific evidence on health to assess the implications of their policy decisions and to develop effective and sustainable prevention strategies and evidence-based health care.
The Regional Framework for Health Research, prepared by the Western Pacific Advisory Committee on Health Research in the Western Pacific Region, provides recommendations on a strategic approach to stimulate research on the health problems of developing countries - in the countries themselves.

Purpose

The purpose of this framework is to provide guidance to Member States in the Western Pacific Region as they develop strategies and allocate resources to improve health research capability. It also aims to encourage WHO, developed countries and nongovernmental organizations to assist in the establishment of health research in developing countries.

The framework provides guidance in setting research agendas and seeks to focus activity in areas where effective progress can be achieved even when resources are limited.

Vision

Health of the people, quality of life and equity in health in the Western Pacific Region are improved through knowledge and evidence generated through effective health research systems.

Principles

(1) The framework acknowledges the diversity in countries population, geography, socio-economic status, health problems, health research capabilities and health systems.

(2) There is recognition that local research capacity, capability, and autonomy are essential to achieve the goals.

(3) Knowledge of local health issues is important to improve health, which requires investment of resources from governments and other partners.

(4) Investment in health research contributes to social and economic development.

(5) The capacity of those countries in the Region with relevant skills and expertise should be recognized and maximized through collaborative actions.

(6) Health research must target the areas of greatest need which are identified based on situation analysis of an individual country and must focus on aspects with potential for immediate benefit to the greatest number of people. The priorities for attention are reflected in the goals, which have been identified for strategic action.

Goals

Goal one: To develop and implement a national strategy for health research in all countries in the Region

Experience gained over more than 50 years has confirmed the advantages of having a focal point responsible for the administration and management of the government's interest in health research. The type of focal point may vary from a national committee appointed by the Minister of Health to a statutory research council.
In addition to providing policy advice on health research to the government, the committee/council should also have roles and responsibilities, which include the following:

1. to develop the strategic plan for health research and identify key research needs;
2. to allocate funds to research projects and individuals where appropriate;
3. to develop partnerships with funders, including the government;
4. to coordinate research activities at the national level, including evaluating research outputs;
5. to ensure that health research is implemented using “international best practice” (e.g. ethics, intellectual property, regulatory issues, etc.); and
6. to consult with a broad range of stakeholders.

Within the Region there are a number of countries with research councils, others with a committee and some have yet to establish such a focal point. The WPACHR has identified the establishment of a national committee/council as a key objective for the regional research framework over the next two years.

The committees/councils in developing countries become an important point of contact for a wide range of activities seeking to build national health research capacity. They can also have an ongoing role in the collection and dissemination of research outputs to end-users.

In recognizing the importance of national planning for health research, partners, particularly those in developed countries, can play an important role in assisting developing countries in the Region in their efforts to implement a national plan for health research.

Membership of a national committee/council should be inclusive of the key stakeholders such as researchers (public health, biomedical and clinical), Ministry of Health staff and those involved in the delivery of health services. The World Health Report 2004 on health research will provide a unique opportunity for Member States to work with partners to develop systems and to document the organization and the level of health research activities in their country. While it will not be feasible for all Member States to use the WHO evaluation methodology, it should be possible for WPACHR to collect core data from all countries in the Region. Collection of information by WPACHR on the organization of health research at a national level will be valuable to those Member States seeking to enhance their planning and policy development. It will also provide opportunities for establishment of collaborations at both the organizational and research programme level.

Contributions from partners will include technical support and funding to assist Member States in the collection of information. Once put in place, the systems developed should provide an opportunity for ongoing evaluation of the progress of national systems for health research. This will maximize the opportunity to establish an evidence base for the health system in Member States.
Strategies for Member States

Member States should:

(i) document current national research mechanisms and research capacities and share this information with others;

(ii) establish a national research council/committee if one does not exist. For countries which are not able to establish their own national committee at this time, they should seek advice and assistance from existing regional or sub-regional bodies for their own activities in their countries; and

(iii) use the documented information for development of a national health research strategy.

Strategies for WHO and partners

WHO and its partners should:

(i) build on data collection activities associated with the development of the World Health Report 2004, extending it to countries not otherwise covered. This should be done by the WHO Regional Office for the Western Pacific/WPACHR and HRC/ABs. Prospects for on-going assessment are to be reviewed;

(ii) coordinate advocacy in the Region to enhance health research activities in Member States. This should be done by the WHO Regional Office for the Western Pacific/WPACHR;

(iii) provide technical and/or financial support to Member States to facilitate establishment of research committee/council and development of research strategies; and

(iv) establish partnerships between and among country HRC/ABs.

Action points

(1) WHO Representatives are to recommend to Ministries of Health to establish a research committee/council in the country.*

(2) A national HRC is to be established. Cambodia is to establish its HRC by July 2003.

(3) NZHRC is to document current national organizational structures across the Region by December 2003.

(4) PHRC is to assist selected Pacific island countries to establish national committees by December 2003.

(5) PHRC with COHRED is to develop model for national health research systems in selected Pacific island countries by December 2003.

* Priority actions
(6) A working group is to prepare a business plan through teleconference. The WHO Regional Office for the Western Pacific is to formalize the working group. The business plan is to be developed by the end of July 2003 and the output to be circulated to other members of the WPACHR/HRCs for comments and suggestions.*

(7) WHO is to coordinate with Member States to build on the data collection tool used for the World Health Report 2004, extending it to countries not otherwise covered.*

(8) The research council/committee, in collaboration with the Ministry of Health, is to prepare a national plan/strategy for health research and research capacity.

(9) Countries with existing HRCs and plans are to review progress and improve their plans.

(10) The Ministry of Health, with the HRC, is to seek resources for implementation of a national plan/strategy.

(11) The Ministry of Health, with the HRC, is to incorporate a budget item for health research in national budgets, including a portion to support the regional level coordination (commensurate to country capacity).

(12) Countries should allocate a percentage of their budget specifically for health research. WHO Headquarters may be tapped for some funds.

(13) Distribution of the WHO Headquarters HRSAI is to be expanded to other countries.

Goal two: To build capacity for the conduct of quality research that addresses priority health needs in accordance to the strategic plan

Without the development of national health research capacity, research will not be done in the country or it will be done by external groups. This will mean that the focus of research activity is less likely to meet the country's needs. It is also less likely to be sustainable. Further, the country will not be able to develop its capacity to translate the results of relevant overseas research into practice. It is important for each Member State to build research capacity in a way that is appropriate to meet the country's health needs. The three dimensions of capacity building: people, institutions and infrastructure are all important.

Countries are unlikely to give priority to research capacity building because of more pressing health service needs. It is therefore important for WHO and partners to advocate and mobilize resources for continued support for research capacity building and to provide guidelines for their equitable contribution.

* Priority actions
Strategies for Member States

Member States should:

(i) build capacity by providing training and experience to community workers, health workers, and higher education to those who make research as their career;

(ii) utilize existing local facilities to offer training on health research methods and seek possible support from institutions with stronger research capacity abroad;

(iii) create research programmes with a strong element of sustainable capacity strengthening on-site in developing countries;

(iv) set up a system to encourage trained Member State nationals domiciled in developed countries to contribute to research in their home country; and

(v) enrich the culture of research within government through staff secondments, participation on steering committees, and joint ventures for research.

Strategies for WHO and partners

WHO and its partners should:

(i) support training programmes in Member States and facilitate countries’ access to training programmes available in other countries;

(ii) expand exchanges of research staff and students between developed and developing countries;

(iii) increase funding for research projects in developing countries, which will support capacity building; and

(iv) ensure that collaborating centres provide training opportunities, training materials on research methodology and support research projects in developing countries.

Action points

1. A collaborating centre is to be identified to set up a mechanism (clearinghouse integrated into the website) where Member States can access information and assistance in locating resources on training opportunities, research programmes, meetings and conferences.*

2. WHO is to support short-term training courses on health research through collaborating centres in the Region.

3. Countries in the Region, i.e. Australia, Japan, New Zealand and Singapore, are to support long-term training programmes through scholarships, participation in collaborative projects, etc.

* Priority actions
(4) WHO and HRCs are to establish partnerships with United Nations agencies for financial support.

(5) Member States are to identify priorities in the national strategic plan and act upon one or two priorities related to capacity building. Member States are to identify partners and other mechanisms which will assist in supporting implementation of these priorities.

**Goal three: To enhance the dissemination and utilization of outcome of health research**

There is an extensive amount of research that has been carried out nationally, regionally, and internationally on many health issues. Applicable results of this research are often not utilized to support improved health policies and standards. Nor are they applied to reduce health costs.

Given the lack of resources in the developing countries, it is often difficult to empower researchers and ministries of health to implement and apply these research results. Information sharing is absolutely necessary, though not often done among the Member States, for improvement of the health of the Region. The involvement of a wide representation of the community is imperative for the implementation of the findings of the research and for the dissemination of these results. Health research information dissemination is important for capacity building. In building national capacity in health research, there should be a coordinated multi-sectoral approach to all aspects of research.

WHO and its partners, because of their positioning, could play an important role in assisting region-wide dissemination of information on research.

**Strategies for Member States**

Member States should:

(i) involve ministries and end users of research at all levels of the research process to ensure that there is timely and relevant dissemination and uptake of research outcomes;

(ii) encourage publication through peer reviewed journals and reports, and through relevant websites;

(iii) encourage countries to actively participate with existing global and regional research networks and to collaborate, share information through workshops and research forums to facilitate uptake of research outcomes; and

(iv) increase public awareness about the importance of health research and its valuable outcome through dissemination of outcomes to relevant media.

**Strategies for WHO and partners**

WHO and its partners should:

(i) provide technical and/or financial support to Member States to facilitate dissemination and application of research outcomes; and
(ii) invite countries to actively participate with existing global and regional research networks and to collaborate, share information through workshops and research forums to facilitate uptake of research outcomes.

**Action points**

(1) WHO, together with the APHRF or similar existing regional network, is to organize regional and sub-regional conferences.*

(2) National HRCs are to establish their own clearinghouse of unpublished research reports, have them translated and posted on websites.

(3) Member States are to organize national health research forums.

(4) Results are to be disseminated through media, forums, meetings, etc.

(5) A network of communication officers/managers is to be established.

(6) A mechanism for Member States to access information on research outcomes is to be provided.

(7) Participation in research forums and conferences for research dissemination is to be encouraged.

**Goal four: To enhance communication on research activities within and between countries**

Health research in the Region is constrained by the limited access to information on research activities within and between countries. Moreover, country experiences from which valuable lessons may be learned are not sufficiently shared and utilized.

The timely provision of a mechanism by which communication and sharing information are enhanced will ensure uptake of information and its use for the planning of future research. Member States will need to contribute relevant information on activities in their countries for this initiative to be effective.

Resource sharing between Member States and partners is important in filling gaps in information, technology, training and infrastructure development. Close communication links through relevant websites/networks can create an enabling environment for developing countries to undertake research relevant to the countries and sustain research activities with research partners and promote information exchange. Facilitation of this process will be needed.

**Strategies for Member States**

Member States should:

(i) develop and participate in national, regional and global research networks; and

(ii) provide information for updating the proposed regional website.

* Priority actions
Strategies for WHO and partners

WHO and its partners should:

(i) incorporate user-friendly/coordinated linkages in the website of the WHO Regional Office for the Western Pacific to research councils/committees of Member States. Similarly, Member States should be encouraged to provide linkages through their website to other countries; and

(ii) encourage one or more collaborating centres in the Region to adopt and run a website that promotes interaction between collaborating centre and country websites. The country hosts of collaborating centres should provide extra support.

Action points

1. National HRCs are to establish and maintain a national clearinghouse of unpublished reports and interactive website.*

2. The WHO Regional Office for the Western Pacific is to call for expression of interests from collaborating centres to establish a website by December 2003. The website will provide information on research activities, organizations, conferences, and training opportunities.

3. The NZHRC is to compile and disseminate a list of local and regional health research networks by September 2003.

4. A database of research activities in the regional website is to be updated annually through a WHO collaborating centre. National HRCs are to provide updates for the regional website and clearinghouse.

5. Countries with guidelines for handling media dissemination of health research outcomes are to share these with Member States in the Region through the WHO Regional Office for the Western Pacific. The NZHRC will provide guidelines developed in New Zealand to the WHO Regional Office for the Western Pacific.*

6. Member States are to organize national health research forums.

7. A national network of communication officers and managers is to be established.

Goal five: To evaluate the effectiveness of the framework in building/strengthening health research capacity and contributing knowledge that improves the health system across the Region

Data on research activity and system performance is needed to determine priorities for research and capacity building, and to assess whether progress is being made towards the goals set.

* Priority actions
**Strategies for Member States**

Member States should:

(i) collect information and report progress to the WPACHR at the biennial meeting; and

(ii) develop a mechanism for reporting progress to the Ministry of Health or relevant body.

**Strategies for WHO and partners**

WHO and its partners should:

(i) provide technical support to collect and store information; and

(ii) review country reports at the WPACHR biennial meeting and assess progress towards achievement of goals.

**Action points**

1. WPACHR/HRCs are to develop a checklist/template of what needs to be collected for evaluation.*

2. Use national and regional websites.*

3. WHO is to provide technical and financial support to Member States and regional level coordinating persons/groups.

4. WPACHR is to review reports and assess progress.

For implementation of the Regional Framework, the meeting recommended that:

1. WHO/the WHO Regional Office for the Western Pacific should endorse the Framework on Health Research in the Western Pacific Region, hereinafter referred to as "the framework" to guide its research promotion activities for a period of four years.

2. The WHO Regional Office for the Western Pacific should present the framework to governments of its Member States and assist interested Member States to initiate activities for implementation of the framework with consideration of the specific situation of each country.

3. The WHO Regional Office for the Western Pacific should widely distribute the framework to WHO collaborating centres, research institutes and other related institutions and researchers in the Region, and identify partners to implement priority actions indicated in the framework.

* Priority actions
(4) The WHO Regional Office for the Western Pacific should facilitate the task of the working group organized by the joint meeting to develop business plans, which will serve as project proposals and will be presented to possible donor organizations and Member States to support the implementation of the framework in Member States and in the Region.

(5) WHO/the WHO Regional Office for the Western Pacific should encourage WHO collaborating centres to actively participate in the implementation of the framework's action points through provision of technical and financial support.
Ministerial Summit on Health Research

The Fifty-eighth World Health Assembly,

Having considered the Mexico Statement on Health Research resulting from the Ministerial Summit on Health Research convened by the Director-General of WHO and the Government of Mexico (Mexico City, 16-20 November 2004);

Acknowledging that high-quality research, and the generation and application of knowledge are critical for achieving the internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration, improving the performance of health systems, advancing human development, and attaining equity in health;

Recognizing the need to strengthen evidence-based evaluation of the consequences of health and other policies and practices impacting on health at national, regional, and local levels;

Reaffirming the need to create demand for research and to foster participation in the research process;

Sensitive to the need to strengthen national health-research systems by building relevant capacity, developing capable leadership, providing essential monitoring and evaluation tools, improving capacity for ethical review of research, and determining necessary ethical standards and regulations for population health, health care, and clinical research;

Committed to promoting access to reliable, relevant, and up-to-date evidence on the effects of interventions, based on systematic review of the totality of available research findings, and taking into account existing models;

Conscious of the need to identify relatively underfunded areas of research, such as health systems and public health, where increased resources and leadership would accelerate the achievement of internationally agreed health-related development goals;

Emphasizing that research is a global endeavour based on the sharing of knowledge and information and conducted according to appropriate national ethical guidelines and standards,
1. ACKNOWLEDGES the Mexico Statement on Health Research resulting from the Ministerial Summit on Health Research (Mexico City, 16-20 November 2004);

2. URGES Member States:

   (1) to consider implementing the recommendation made by the Commission on Health Research for Development in 1990 that "developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening";

   (2) to establish and implement or strengthen a national health-research policy with appropriate political support and to allocate adequate funding and human resources for health-systems research;

   (3) to encourage collaboration with other partners in health research so as to facilitate the conduct of such research within their health systems;

   (4) to promote activities to strengthen national health-research systems, including the improvement of the knowledge base for decision-making, setting priorities, managing research, monitoring performance, adopting standards and regulations for high-quality research and its ethical oversight, and ensuring participation in such activities of the community, nongovernmental organizations, and patients;

   (5) to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies;

   (6) to support, together with WHO and the global scientific community, networking of national research agencies and other stakeholders with a view to conducting collaborative research in order to address global health priorities;

   (7) to encourage public debate on the ethical dimension and societal implications of health research among researchers, practitioners, patients and representatives of civil society and the private sector and to encourage transparency on research results and on possible conflicts of interest;

3. CALLS UPON the global scientific community, international partners, the private sector, civil society, and other relevant stakeholders, as appropriate:

   (1) to provide support for a substantive and sustainable programme of health-systems research aligned with priority country needs and aimed at achieving the internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

   (2) to establish a voluntary platform to link clinical trials registers in order to ensure a single point of access and the unambiguous identification of trials with a view to enhancing access to information by patients, families, patient groups and others;

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(3) to strengthen or establish the transfer of knowledge in order to communicate, improve access to, and promote use of, reliable, relevant, unbiased, and timely health information;

(4) to provide support for national, regional, and global research partnerships, including public-private partnerships, to accelerate the development of essential drugs, vaccines, and diagnostics, and mechanisms for their equitable delivery;

(5) to recognize the need to involve the relevant authorities in the Member States concerned in the initial planning of health research projects;

(6) to support, together with the WHO Secretariat and Member States, networking of national research agencies and other stakeholders to the greatest extent possible as a means of identifying and conducting collaborative research that would address global health priorities;

4. REQUESTS the Director-General:

(1) to undertake an assessment of WHO’s internal resources, expertise and activities in the area of health research, with a view to developing a position paper on WHO’s role and responsibilities in the area of health research and to report through the Executive Board to the next World Health Assembly;

(2) to engage in consultation with interested stakeholders on creation of a programme on health-systems research geared to assisting Member States to accelerate achievement of internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;

(3) to pursue with interested partners the development of a voluntary platform to link clinical trials registers;

(4) to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice;

(5) to consider the possibility, with other interested stakeholders, of convening an international conference on research into human resources for health, and to consider convening the next ministerial-level meeting on health research in 2008;

(6) to ensure that meetings open to all Member States on health research organized by WHO that are characterized as summits or as ministerial summits are first approved by the World Health Assembly.

Ninth plenary meeting, 25 May 2005
A58/VR/9

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THE MEXICO STATEMENT ON HEALTH RESEARCH

Knowledge for better health: strengthening health systems

FROM THE MINISTERIAL SUMMIT ON HEALTH RESEARCH
MEXICO CITY, NOVEMBER 16-20, 2004

We the Ministers of Health* and other participants from 52 countries

RECOGNIZE THAT

1. There remain serious obstacles to achieve the Millennium Development Goals (MDGs) in many low and middle income countries.

2. Strong national health systems are needed to deliver health care interventions to achieve the health-related MDGs; to address other communicable and noncommunicable diseases, sexual and reproductive health, injuries, violence, and mental ill health; and to improve health and health equity.

3. Research has a crucial but under-recognized part to play in strengthening health systems, improving the equitable distribution of high quality health services, and advancing human development.

4. Research is an essential component of strong health systems for informed and knowledgeable action to improve people's health and accelerate the rate of global, regional, and national development.

5. High quality research is facilitated if each country has a strong, transparent, and sustainable national health research system, defined as the people, institutions, and activities whose primary purpose is to generate relevant knowledge adhering to high ethical standards, which can be used to improve the health status of populations in an equitable way.

6. Health policy, public health, and service delivery should be based on reliable evidence derived from high quality research. Research evidence comes from various sources, including those that illuminate personal and cultural values and differences, draw on the needs of patients and providers, and measure the benefits and potential risks of health interventions. Ignoring research evidence is harmful to individuals and populations, and wastes resources.

7. The findings of high quality research should be not only accessible to decision makers but also communicated in ways that effectively inform policy, public health,
and health care decision making. Research results must be published, documented in internationally accessible registers and archives, and synthesized through systematic reviews. These actions can help to inform decisions about support for new research and to build public confidence in science.

8. Biomedical and social science research contribute greatly to our understanding about the prevention, diagnosis, and treatment of a wide range of diseases. But crucial research aimed at strengthening public health and health systems has been neglected and under-funded. There should be a balanced and comprehensive research strategy that is inclusive of all relevant investigative approaches.

9. Health systems would be better able to deal with current global health challenges if existing interventions were adequately adopted and more effective interventions were developed for neglected diseases. Encouraging and supporting national, regional, and global product development and public-private partnerships, including partnership initiatives with developing countries, could contribute to fulfilling this need.

CONSCIOUS OF THE NEED TO

1. Re-affirm the culture and practice of high quality research, knowledge generation, and its application as critical to (i) the attainment of health targets within the MDGs; (ii) the performance of health systems, including expanding the capacity of human resources for health; (iii) the vitality of a country’s socio-economic development; and (iv) the achievement of health equity.

2. Strengthen evidence-based evaluation of the consequences of health and other policies and practices at national, regional, and local levels.

3. Address the social determinants of health, including those related to gender, income, education, ability, conflict and ethnicity.

4. Involve and inform users of evidence to create demand for research and to foster participation in the research process.

5. Strengthen national health research systems by building relevant capacity, developing capable leadership, providing essential monitoring and evaluation tools, improving capacity for ethical review of research, and putting in place necessary ethical standards and regulations for population health, health services, and clinical research.

6. Promote access to reliable, relevant, and up-to-date evidence on the effects of interventions, based on systematic reviews of the totality of available research findings.
7. Identify under-funded areas of research, such as on health systems and public health, where increased resources and leadership would accelerate the achievement of critical health goals.

8. Emphasize that research is a global endeavour based on the sharing of knowledge and information.

9. Build and strengthen public trust and confidence in science.

CALL FOR ACTION BY

1. National governments to commit to fund the necessary health research to ensure vibrant health systems and reduce inequity and social injustice.

2. National governments to establish and implement a national health research policy.

3. National governments to promote activities to strengthen national health research systems, including the creation of informed decision makers, priority setting, research management, monitoring performance, adopting standards and regulations for high quality research and its ethical oversight, and ensuring community, nongovernmental organization, and patient participation in research governance.

4. National governments to establish sustainable programmes to support evidence-based public health and health care delivery systems, and evidence-based health related policies.

5. National governments, WHO secretariat, and the international community to support networking of national research agencies in conducting collaborative research to address global health priorities.

6. Funders of health research to support a substantive and sustainable programme of health systems research aligned with priority country needs.

7. All major stakeholders, facilitated by WHO secretariat, to establish a platform linking a network of international clinical trials registers to ensure a single point of access and the unambiguous identification of trials.

8. All major stakeholders to strengthen or to establish activities to communicate, improve access to, and promote the use of reliable, relevant, unbiased, and timely health information.

9. The international health research community to ensure broad support for national, regional, and global partnerships, including public-private partnerships, to accelerate the development of essential drugs, vaccines, and diagnostics, and to ensure the equitable delivery of these interventions.
10. *WHO secretariat* to report progress on the *Mexico Statement* at the UN Millennium Development Goals Summit in 2005, at a conference on health systems in 2006, and at the next Ministerial Summit on health research in 2008; and to convene a ministerial level international conference on research into human resources for health.

* Named Ministers or ministerial representatives to come.

** For example, the Commission on Health Research for Development in 1990 recommended that "developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and program aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening". WHO should consider allocating a proportion of its country budgets to support high-quality health systems research.
Annex A

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
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<tbody>
<tr>
<td>Ministers</td>
<td>21</td>
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<tr>
<td>Deputy Ministers</td>
<td>3</td>
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<tr>
<td>Head of Delegations</td>
<td>28</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>52</strong></td>
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</tbody>
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**MINISTERS (21)**

- Burkina Faso
- Congo
- Costa Rica
- Haiti
- Iceland
- India
- Islamic Republic of Iran
- Lithuania
- Mauritius
- Mexico
- Mozambique
- Nepal
- Nigeria
- Pakistan
- Philippines
- Senegal
- South Africa
- Swaziland
- Turkmenistan
- Uganda
- Uruguay

**DELEGATIONS (31)**

**Deputy Ministers (3)**

- Chile
- Cuba
- United Republic of Tanzania
Head of Delegations (28)

Austria
Belgium
Benin
Brazil
Brunei Darussalam
Canada
France
Germany
Indonesia
Ireland
Israel
Kenya
Lao People's Democratic Republic
Malaysia
Mali
Myanmar
Nicaragua
Norway
Oman
Panama
Poland
Portugal
Romania
Sweden
Switzerland
Thailand
United Kingdom
United States of America