TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries

23 October 2009
Vientiane, Lao People’s Democratic Republic

World Health Organization
Western Pacific Region
REPORT

TDR REGIONAL CONSULTATION ON INFECTIOUS DISEASES OF POVERTY IN WESTERN PACIFIC COUNTRIES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

And

THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR)

Vientiane, Lao People's Democratic Republic
23 October 2009

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NOTE

The views expressed in this report are those of the participants in the TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Members States in the Region and for those who participated in the TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries, which was held in Vientiane, Lao People's Democratic Republic on 23 October 2009.
SUMMARY

The TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries was held on 23 October 2009 at the Don Chan Palace Hotel in Vientiane, Lao People's Democratic Republic. It was hosted by the WHO Regional Office for the Western Pacific and the Special Programme for Research and Training in Tropical Diseases. More than 40 participants from both the public and private sectors attended and represented a number of different constituencies, including ministries of health, ministries of science and technology, research institutes and the academic sector, donor organizations, and nongovernmental organizations. The meeting included formal presentations divided into a number of sessions, interspersed with discussions.

The objectives of the consultation were:

(1) to identify priority research and capacity needs, achievements and opportunities in the Region related to research on infectious diseases of poverty, based on research needs assessment, priority setting and progress analysis;

(2) to share and exchange good practices, experiences and lessons learnt from tropical disease research undertaken in the Region by key stakeholders;

(3) to highlight opportunities for advocacy to support research and the utilization of research outputs on infectious diseases in the Region; and

(4) to seek stakeholders' inputs into the finalization of the concept and framework for operations of Disease Reference Groups and Thematic Reference Groups (e.g. annual reports, commissioned authoritative reviews) and for the development of a TDR Global Report on Research on Infectious Diseases of Poverty.
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Key words

Tropical medicine / Communicable diseases / Communicable disease control / Research / Poverty areas / Western Pacific
1. INTRODUCTION

The TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries was held on 23 October 2009 at the Don Chan Palace Hotel in Vientiane, Lao People's Democratic Republic. It was hosted by the WHO Regional Office for the Western Pacific and the Special Programme for Research and Training in Tropical Diseases. More than 40 participants from both the public and private sectors attended and represented a number of different constituencies, including ministries of health, ministries of science and technology, research institutes and the academic sector, donor organizations, and nongovernmental organizations (NGOs). The meeting included formal presentations divided into a number of sessions, interspersed with discussions.

1.1 Background and rationale

Over the past three decades, the Special Programme for Research and Training in Tropical Diseases (TDR) has effectively accomplished its goals and objectives in partnership with regional and country components of the World Health Organization (WHO). Nevertheless, the research environment has changed greatly in recent years and new challenges have arisen. These challenges include an increasingly complex and fragmented funding environment, emerging and re-emerging infectious diseases, and climate change, which impacts health in general and infectious diseases in particular. To meet these challenges, TDR has recently implemented its new vision and strategy. The new vision for the next 10 years is to foster an effective global research effort on infectious diseases of poverty in which disease-endemic countries will play a pivotal role. In order to achieve this new vision, TDR will use a three-pronged strategy: (1) stewardship for infectious diseases of poverty; (2) empowerment of researchers from disease-endemic countries as research leaders; and (3) support for research on neglected priority needs.

The aim of the stewardship function is for TDR to contribute to the strengthening of research on infectious diseases of poor populations by acting as a facilitator and knowledge manager in order to support needs assessment, priority setting, progress analysis and advocacy.

It also aims to provide a neutral platform for partners to discuss and share their good practices and lessons learnt from the implementation of infectious disease control programmes in disease-endemic countries. One strategic objective of the stewardship function at TDR is to bring key stakeholders together to discuss their activities, reach the highest possible level of consensus and thus enhance their collective efficiency and advocacy for infectious diseases of the poor with the active involvement of disease-endemic countries. For this purpose, TDR established a "think-tank" comprised of six disease reference groups (DRGs) and four thematic reference groups (TRGs). The six DRGs are focused on the following diseases: malaria; tuberculosis (TB); chagas disease, human African trypanosomiasis, leishmaniasis; helminthiases; dengue and emerging viral diseases of public health importance; and zoonoses and other marginalized infectious diseases. The four TRGs focus on the following themes: social science and gender; innovation and biotechnology platforms for health interventions; implementation research and health systems research; and
environment, agriculture and infectious disease. In addition to the formation of these groups, the establishment and facilitation of a global and regional consultation process is an important priority to engage key stakeholders.

Against this background, TDR in collaboration with WHO Regional Office for the Western Pacific organized its first regional consultation with key stakeholders working in the Region.

1.2 Objectives

(1) To identify priority research and capacity needs, achievements and opportunities in the Region related to research on infectious diseases of poverty, based on research needs assessment, priority setting and progress analysis.

(2) To share and exchange good practices, experiences and lessons learnt from tropical disease research undertaken in the Region by key stakeholders.

(3) To highlight opportunities for advocacy to support research and the utilization of research outputs on infectious diseases in the Region.

(4) To seek stakeholders’ inputs into the finalization of the concept and framework for operations of Disease Reference Groups and Thematic Reference Groups (e.g. annual reports, commissioned authoritative reviews) and for the development of a TDR Global Report on Research on Infectious Diseases of Poverty.

1.3 Expected outcomes

The Regional Consultation was expected to obtain the following outcomes:

(1) clear recommendations on research and capacity gaps and priorities on infectious diseases within the Region and within specific countries;

(2) concrete recommendations by participants on the concept and framework of TDR's stewardship function for research on infectious diseases of poverty;

(3) reviews and comments on the outline concept for the Global Report on Research on Infectious Diseases of Poverty.

1.4 Opening remarks

Opening remarks were given by Dr John Ehrenberg, Regional Adviser for the Malaria, other Vectorborne and Parasitic Diseases unit at the WHO Regional Office, and Dr Ayoade Oduola, Stewardship Coordinator of WHO/TDR. In his welcome address, Dr Sithat Insixiengmai, representative of the Ministry of Health, Lao People's Democratic Republic, thanked WHO for organizing the consultation and highlighted that neglected tropical diseases (NTDs) are a significant burden to the country. He also highlighted the importance of the meeting in linking research to the needs of control programmes. Dr Shenglan Tang of WHO/TDR presented the objectives and expected outcomes of the meeting.
2. PROCEEDINGS

2.1 Session 1: Introduction - TDR’s New Vision and Strategy

Dr Oduola presented TDR’s new 10-year vision and strategy, designed in response to the changing international public health environment, and the need for greater involvement of disease-endemic countries in decision-making. The strategy is to be delivered through the three major strategic functions of stewardship, empowerment and research on neglected priority needs. Through its stewardship function, TDR will act as a facilitator and knowledge manager to support research and disease-control harmonization for increased impact. Dr Oduola also highlighted the creation of the TropIKA.net platform for knowledge sharing and the planned Global Report, as important contributions to meeting disease-control challenges.

Discussions

There was general support for the new TDR strategy and vision that responded to the changing international research and public health environment. Participants emphasized the importance of effective implementation of new tools and knowledge, and were reassured that the TDR strategy included a focus on implementation research, as well as upstream research.

The value of TDR engaging private sector partners at international and national levels was also emphasized; participants were informed that public-private partnerships (PPPs) and industry stakeholders were involved in TDR activities through various mechanisms, including the expert reference groups.

2.2 Session 2: Draft Regional Strategic Plan for Research

Dr Ehrenberg presented a summary of the draft Regional Strategic Plan for Research into Communicable Diseases including Neglected Tropical Diseases, which was initiated in December 2007, and reviewed and refined at the 9th Regional Network for Asian Schistosomiasis and Other Helminth Zoonoses (RNAS+) Meeting held in Vientiane, 20–21 October 2009. He emphasized that development is inconceivable without a scientific agenda that addresses major public health problems in the endemic countries. Previous approaches to research in the Region had been ad hoc and the development of a research strategy now provided an opportunity for a more systematic approach, with prioritized activities and indicators of progress.

The overall goal of the Strategic Plan is "to contribute to the achievement of the Millennium Development Goals (MDGs) through research and development to reduce burden of communicable disease" with a regional objective "to reduce the burden from parasitic, vectorborne diseases (including NTDs) and tuberculosis in the Western Pacific Region by applying research and development, technology transfer and capacity strengthening."

The expected results of the Strategic Plan include components such as strengthening research capacity; knowledge generation; the development and improvement of new and existing tools; the development of evidence-based and cost-effective strategies; and key stakeholders' engagement in the regional research agenda and priorities. The Strategic Plan
promotes the use of operational research to fill programmatic gaps and will also be an important tool in resource mobilization.

Dr Ehrenberg also drew attention to the successful official endorsement of the plans of action for malaria (Western Pacific Region) and for dengue (South-East Asia and Western Pacific Regions), each of which include research components. The WHO Regional Office for the Western Pacific is now working on an NTD plan of action that will also include a research component. Whereas these plans are disease-specific, the Regional Strategic Plan for Research is a broader umbrella that encompasses research activities on communicable diseases with an emphasis on NTDs. Dr Ehrenberg also highlighted the importance of the TDR small-scale grants programme to the Western Pacific Region, which started in 2006 and is expected to continue, even though funding for the programme is still fairly limited.

Discussions

Participants were supportive of the draft Strategic Plan, recognizing that it would be an important platform to engage a range of stakeholders from different sectors in common research priorities, identify financial needs, and seek investments from donors and partners. The Strategic Plan also allows identification of human resource needs for health research, providing an opportunity to develop targeted training. The significant economic growth within the Western Pacific Region was identified as an opportunity to seek new sources of research funding.

Stakeholders were supportive of the Strategic Plan going beyond basic research concepts and specifically drawing attention to operational and implementation research needs; providing an opportunity to establish productive links between academic institutes and public sector disease-control activities. They also noted that NGOs have a role to play in validating new tools developed from research.

The importance of working intersectorally and across the South-East Asia and Western Pacific Regions for more effective action was emphasized. In this respect, the focus of the Strategic Plan on the Western Pacific Region of WHO is a potential constraint, as this administrative area may not relate to regional planning by donors. In addition, WHO offices are under the mandate of the ministry of health, presenting constraints in engaging other ministries, such as agriculture, and science and technology. Dr Ehrenberg responded that although the WHO Regional Office is taking the lead in developing the research plan, an ongoing process involving other partners is envisaged. Regional research networks, such as RNAS+, can play an important role in facilitating links across the two WHO regions. TDR was also recognized to have distinctive convening power that could be vital in linking different sectors and regions together.

Participants suggested that the Strategic Plan should consider cost-effectiveness measures that go beyond formal health systems (e.g. include out-of-pocket expenditures) and incorporate health equity impacts. Methodology and indicators to measure the impact of intersectoral working need to be developed and tested.
2.3 Session 3: TDR stewardship activities

Dr Shenglan Tang, a WHO/TDR scientist, provided an overview of the objectives, expected outputs and implementation of stewardship activities, including stakeholder consultations at the country level. Ten disease reference groups and thematic reference groups (DRGs/TRGs) have been established, representing a "think-tank" of more than 125 international experts engaged in analysis and synthesis of research information, identification of critical gaps and opportunities, and definition of top-level research priorities. Each expert group is made up of 10–12 members with an international expert sitting as chair and a host country expert sitting as co-chair. Dr Tang asked participants for their feedback and suggestions on how to conduct future regional or national stakeholder consultations.

Professor Zhou Xiaonong gave a presentation on the Thematic Reference Group on Agriculture, Environment and Infectious Disease, of which he is co-chair. China was chosen as the host for this particular reference group because of several recent natural disasters that occurred there, including the 1998 floods and 2008 earthquake, the emergence and re-emergence of several communicable diseases, including severe acute respiratory syndrome and TB, and the strong commitment to and importance placed on addressing climate change in the Chinese agenda. He highlighted that the key strengths of the group are their collaboration with Chinese research institutes, such as the Chinese Centers for Disease Control and Prevention and Fudan University School of Public Health. Some of the issues highlighted during the first stakeholders’ consultation in 2008 were the need to link the burden of communicable diseases with the environmental index, and the complexity of the inter-linkages between environment, agriculture and infectious diseases. The group is now working on its annual report as well as setting research priorities.

Professor Rama Baru, a member of the Thematic Reference Group on Social Science and Gender in the context of pro-poor infectious disease control, presented an overview of the activities of this group. The TRG is made up of a wide representation of social scientists with the following objective: "To obtain, evaluate and synthesize knowledge and evidence from social science research for the development of new strategies to tackle infectious diseases of poverty." One of several key issues brought up in her presentation was the importance of paying more attention to the local power relations of class, gender and race and how they may act as impediments to community participation. She also highlighted the need and possible opportunities for linkages with other TRGs.

The last presentation for the session was given by Dr Catherine Davies, a WHO/TDR consultant, on the conceptual framework of the Global Report on Research of Infectious Diseases of Poverty. This report is intended to give a unique and authoritative overview of the status of research, presenting high-level priorities to inform stakeholder decisions, and provide an advocacy tool to stimulate increased research on priority needs in disease-endemic countries. It will be a synthesis of the reports from the 10 expert reference groups, structured around three major themes of importance in current debate in public health policy. The first report will be published in 2011, with subsequent updates every two to three, allowing an opportunity to track progress in the field. The Global Report can also constructively feed into the World Health Report 2012, which will focus for the first time on health research.
Discussions

Participants were very positive that the paradigm of priority setting, historically led by donor countries, is shifting to actively involve disease-endemic countries. There was also strong support for establishing mutually beneficial links between regional networks (such as RNAS+ and ASEAN Network for Drugs and Diagnostic Innovation [ASEANDI]) and the TDR expert reference groups.

There was agreement on the need for increased social science research on NTDs, especially in relation to behaviour change and economic analyses. Weaknesses in research capacity were highlighted within the Region in social sciences, and also biostatistics and epidemiology. However, it was noted that there are some strong centres within the broader region and the benefit of these should be maximized through partnerships and collaborations.

Participants recommended that the Global Report on Research of Infectious Diseases of Poverty should preferably highlight major research capacity development needs; present regional baseline burden of disease figures; and also give consideration to indicators of the impact of multisectorial research and control approaches. The report could also play a valuable role in prioritizing research to guide decision-making by funders, and help focus available funding to where it is most needed. The importance of effectively linking research outcomes with decision-makers and multisectoral stakeholders for evidence-based decision-making was also discussed and emphasized as being a potentially important role for the Global Report.

Intersectorial approaches to promoting and supporting national research were discussed. For example, the Philippines have established a national health research system that follows COHRED guidelines and is owned by all relevant government departments. Singapore and Sri Lanka also have an intersectorial research system involving a sharing platform to promote joint ownership of data by relevant ministries.

New possible strategies for resource mobilization in operational research were also discussed, including resources from outside the health sector. Identifying overlaps in priorities for different sectors and using these to seek funding is likely to be productive.

2.4 Session 4: Stakeholders’ perspectives on research on infectious diseases of poverty and roles of Stewardship

Dr Ehrenberg opened this session with a presentation on the research needs, gaps and priorities of malaria, dengue, and NTDs in the Western Pacific Region. For malaria, Dr Ehrenberg highlighted that the majority of research is focused on diagnostics, treatment, vector control, cases and burden of disease. The Western Pacific Regional Office of WHO has spearheaded a lot of work in malaria that has had programmatic impacts in other regions. Funding for malaria activities come from agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation, and the Asian Development Bank (ADB), just to name a few. For dengue, it was mentioned that substantially more research is needed, especially in regards to vector control. Several activities for dengue are currently in the pipeline as well as ongoing research activities, such as the use of biological vectors, by the Australian Agency for International Development (AusAID). He recognized
that there have been modest attempts made in the areas of soil-transmitted helminths, foodborne trematodes, lymphatic filariasis, and schistosomiasis. There is a need to monitor for drug resistance with these diseases as well as for rapid diagnostic tests, especially for the foodborne trematodes. For TB, Dr Ehrenberg highlighted that although the programme is systematic and has a regional plan, there are still opportunities for operational research priorities, such as in improving the management of TB in children and in the application of new tools.

Mr Royce Escolar from AusAID presented an AusAID-funded baseline assessment of research to policy in the Asia Pacific region for emerging infectious diseases. Although the presentation was on emerging infectious diseases, he pointed out that findings from the report are applicable to many infectious diseases of poverty. He highlighted several key issues that were identified in the assessment, including the "loss" of highly trained or qualified people by emigration (i.e. brain drain), lack of access to facilities, lack of dissemination of operational research findings in the region, lack of dissemination of findings to the community level, that research is not linked to policy, and that policy-makers also lack the basic knowledge to develop sound policies and set priorities. The presentation also gave some broad recommendations such as increasing communication within and among researchers, institutions, funding agencies and policy-makers, creating public-private partnerships, and providing concrete analyses with stakeholders so as to address programmatic gaps.

The last presentation of the session was made by Dr Patrick Lammie, a representative of the United States Centers for Disease Control and Prevention (CDC) as well as the Global Network for Neglected Tropical Diseases (GNNTD), on stakeholders' perspectives on the importance of NTD research in the Region. Dr Lammie re-emphasized that the global landscape of NTDs has changed over the past five years with an increase in funds directed towards NTDs. The GNNTD is an advocacy organization that aims to raise funds for implementing organizations with the goal of ending suffering due to NTDs. In effect, they help to develop regional funding mechanisms. For example, GNNTD launched a regional hub for Latin America and the Caribbean in collaboration with the Inter-American Development Bank (IDB) and the Pan-American Health Organization (PAHO). Through the hub, GNNTD has mobilized over US$ 750 million, partly through tapping into water and sanitation programmes. However, he also highlighted that they are missing regional perspectives in a number of areas, including in social and behavioural science, for research specifically targeted towards diseases important to the Region (such as Schistosomiasis japonicum), and where opportunities lie for piggy-backing NTDs onto other programmes. He also pointed out that there are several NTD programmes in Asia that are quite advanced and are on target for elimination, signalling opportunities for the Region to become a learning laboratory for other regions in the elimination of NTDs. Dr Lammie finished the presentation by giving a few suggestions, such as seeking financing for programme monitoring and evaluation (M&E) and looking for opportunities in piggy-backing operational research onto M&E.

Discussions

It was suggested that TDR and WHO should take a more proactive role in getting broad support for region-specific diseases from funding agencies, such as the Bill & Melinda Gates Foundation.
Sustainability of funding for NTD programmes was discussed briefly and it was highlighted that there may be opportunities for ensuring sustainability by finding linkages between NTDs and other sectors or issues, for example with water and sanitation issues. The identification of entry-points and opportunities for piggy-backing on other programmes will also be essential in increasing funds and possibly also ensuring sustainability for NTD funding.

From a country perspective, it was pointed out that it will also be important to establish mechanisms to harmonize the agendas and priorities of donor agencies and national health research agendas.

2.5 Session 5: Roles of research networks, institutions and WHO collaborating centres in addressing regional research priorities

Dr Remigio Olveda, former president of RNAS+, presented key outcomes of the 9th RNAS+ meeting held in October 2009. With TDR support, RNAS+ was first conceptualized in 1998 and formally established in 2000 by researchers and scientists working on schistosomiasis in China and the Philippines. The network has now expanded to include other helminth zoonoses, leading experts from nine countries in the Region as well as several international experts. The network aims to link animal and human science as well as operational research outcomes and programmatic gaps. As a country-driven network, RNAS+ is an important platform for knowledge and research sharing among experts in the Region. Dr Olveda highlighted the main outcomes of the RNAS+ meeting, namely the review and refinement of the WHO Regional Strategic Plan for Research, the alignment of RNAS+ activities with this plan, and the development of five research proposals for possible future studies.

Dr Zhou Xiaonong then talked about the impact of collaborating centers’ work in addressing programmatic gaps through operational research in NTDs. Dr Zhou is the Deputy-Director of the National Institute of Parasitic Diseases, a WHO collaborating centre located in Shanghai, China. The institute carries out a number of activities that aim to fill programmatic gaps, including research on innovative products, formulating M&E indicators, optimizing control strategies, risk mapping, and training and education. Research outcomes from the centre have been integral in the elimination of lymphatic filariasis in China in 2006, and geographic information system (GIS) risk maps produced by the centre are currently helping in the national schistosomiasis control programme.

Dr Don McManus, head of molecular parasitology at the Queensland Institute of Medical Research (QIMR), gave the last presentation on the topic of academic institutions and their roles in bridging programmatic gaps. Specifically, he presented the topic from the view of the Australian Centre for International and Tropical Health (ACITH), a joint venture set up in 1995 between QIMR and the University of Queensland. ACITH has a "commitment to public health and medical research among disadvantaged communities and developing countries, particularly in the Pacific and Asian regions." Its major themes of research include infectious and tropical diseases, vaccine development and trials, animal–human disease interfaces, burden of disease and health economics. In addition to capacity-building and development of policy and infrastructure, the centre also has several collaborative research partnerships in the Region. These include the Pacific Malaria Initiative Support Center.
(PacMISC), which is involved directly with the country programme; a community-based control programme for dengue mosquitoes in Viet Nam that focuses on the operational needs of the country programme; and collaborations with several Chinese institutions involved in the control of schistosomiasis.

**Discussions**

During the discussions, the importance of networks and their continual work for information sharing and resource mobilization, especially for supporting weaker Member States, was re-emphasized. In relation to this comment it was pointed out that it was to the credit of RNAS+ that they are now working together with the WHO Regional Office in order to achieve their goals. Regional networks such as RNAS+ should also look to become tied with the DRGs/TRGs in some capacity to create synergies and strengthen research in the Western Pacific Region. In addition, it was recommended that partners should further strengthen networks with WHO collaborating centres so that they can become more aligned and involved with the NTD agenda. There was a proposal that international networks may be able to contribute to the standardization of indicators, especially for indicators of elimination. There was also mention that integrated control in which a vaccine plays an integral role will be necessary for schistosomiasis control and eventual elimination.

### 2.6 Session 6: Round-table discussion on resource mobilization and capacity-building needs for research on infectious diseases of poverty

The panel discussion generated a range of suggestions that both TDR and the WHO Regional Office can take forward. In addition, the roles of the ministry of science and technology and the national research council were discussed by some panelists. Major points of the discussion included the following:

- There is a need for clear strategies on how to approach policy-makers in order to increase resource mobilization for operational research. Emphasizing the cost-effectiveness of programmes will be essential in order to convince policy-makers.

- There are missing interactions of NTD research between the private sector and government agencies, therefore making it difficult for the private sector to become involved. As part of their mission for corporate social responsibility, the private sector has the resources and would like to become more involved in operational research.

- There are opportunities for possible research support and funding from the Nordic bilateral agencies, Japan International Cooperation Agency (JICA) and ADB. Funds for operational research on NTDS may also be available from the Global Fund if researchers integrate NTDs into malaria, TB or HIV/AIDS programmes, for example, incorporating lymphatic filariasis into a malaria programme as is the case in Papua New Guinea.

- There are opportunities for better marketing and promotion strategies of NTD control programmes. For example, emphasizing the fact that a control programme
is targeting an eliminable disease in the Region may attract donors because of an attainable end-point.

- There may be possibilities and opportunities for setting up scholarship/fellowship programmes for young researchers. It was mentioned that Malaysia, the Philippines and ADB offer these kinds of programmes in the Region.

- Although there is tremendous capacity in the Region, brain drain continues to be a problem for capacity-building, particularly in regards to PhD training. There is a need for developing appropriate incentive mechanisms so as to reduce brain drain.

- A critical issue that must be addressed is the need to develop stronger research environments and institutional capacities for effective training and retention of trained researchers. The formation of partnerships between institutions nationally, regionally and internationally is also important.

- TDR has an important mandate in ‘empowerment’, which goes beyond PhD training and encompasses development of leadership skills and institutional capacity.

- It was suggested that training can also start at a more basic level and happen bottom–up instead of top–down. For example, training community health workers in operational research could be a possible component of a solution addressing capacity-building issues.

- TDR has a critical role in linking ministries of science and technology and national research councils with ministries of health and in promoting intersectoral collaboration.

- TDR and the WHO Regional Office are working together to tackle these issues, as shown by the development of the draft Regional Strategic Plan for Research.

3. CONCLUSIONS AND RECOMMENDATIONS

Dr Oduola concluded the meeting by presenting the main points presented and discussed during each of the sessions. He thanked all of the participants for their generous input and constructive comments throughout the meeting. On behalf of the director of TDR, he thanked the Government of Lao People's Democratic Republic for co-hosting the meeting and for their kind hospitality. He also thanked staff of the WHO Regional Office and country office for their help in preparing the meeting.

Based on the feedback and suggestions from the participants of the regional consultation meeting, the following conclusions and recommendations can be drawn:

3.1 The draft WHO Regional Strategic Plan for Research into Communicable Diseases including Neglected Tropical Disease provides an important document setting out common
research priorities, and a framework to engage a range of stakeholders, and identify financial and research capacity needs.

3.2 There are opportunities for productive links between, and harmonization of, the WHO Regional Strategic Plan for Research and TDR’s stewardship activities.

3.3 Multisectoral approaches to research, involving all relevant ministries (e.g. health, science and technology, agriculture) should be fostered at national level for more effective action against infectious diseases of poverty. Examples were given of countries where this approach is already being implemented.

3.4 There are opportunities for productive collaboration and cooperation between the WHO South-East Asia and Western Pacific Regions, which should be pursued.

3.5 There are some strong research centres within the Western Pacific Region and in surrounding areas. The benefits of these for the Region should be maximized through effective partnerships and collaboration.

3.6 TDR’s stewardship function can play a vital role in linking different stakeholders and sectors, including NGOs, in identifying research gaps and needs in order to inform national research strategy plans in fighting infectious diseases of poverty. It has a critical role in linking ministries of science and technology and national research councils with ministries of health and in promoting intersectoral collaboration.

3.7 Regional networks in NTD research (such as RNAS+ and ASEANDI) and disease-endemic countries in the Region need to be actively involved in the work that TRGs/DRGs are undertaking. More social scientists working on NTD-related problems, including behaviour change, should be brought into collaboration.

3.8 Regional networks on NTD research should look at ways in which their products and work can contribute to the reports of the TDR expert reference groups. It is critically important for these international networks and the TRGs/DRGs to share relevant information and knowledge on research on infectious diseases of poverty and to work together to increase research capacity in the Region.

3.9 The TDR Global Report on Research on Infectious Diseases of Poverty can play a valuable role by providing an information resource with prioritized research issues to inform decision-making by funders, and help focus funding to where it is most needed. The report should also highlight major research capacity development needs, present available baseline regional data on burden of disease, and give consideration to indicators of the impact of multisectoral approaches to research and control.

3.9 The Global Report will give consideration to how to take forward high-level priorities, which may include possible strategies for resource mobilization for operational/implementation research on infectious diseases of poverty. The report should also emphasize the importance of engaging national policy-makers and other key stakeholders through effective research dissemination and knowledge translation mechanisms.
3.10 TDR and WHO should take a more proactive role in facilitating broad support to regional-specific disease research from international funding agencies, such as the Bill & Melinda Gates Foundation.

3.11 There should be mechanisms to harmonize TDR and WHO NTD research strategies/agendas and national health research agendas in disease-endemic countries.
ANNEX 1

Agenda for the TDR Regional Consultation on Infectious Diseases of Poverty in Western Pacific Countries

Friday 23 October 2009

Opening Session

Opening remarks – Dr. J. Ehrenberg and Dr. Ayoade Oduola
Welcome addresses by Ministry of Health – Dr. Sithat Insixiengmai
Deputy Director of Hygiene and Prevention

Objectives and expected outcome of the meeting – Dr. S. Tang/TDR

Session 1 Introduction

Chair: Dr. K. Akhavong

Rapporteur: Dr. A. Greenhill

0900 – 0930 TDR's New 10-Year Vision and Strategy with an emphasis on Stewardship - Dr. A. Oduola

0930 – 0945 Questions and Answers

Session 2 WPRO Research Strategic Plan of Action Draft in Communicable Diseases, including Neglected Tropical Disease

Chair: Dr. Jaime Montoya

Rapporteur: Dr. C. Hapuarachchi

0945 – 1015 Summary of the Research Strategic Plan of Action Draft – Dr. J. Ehrenberg

1015 - 1035 Questions and Answers

1035 – 1050 Tea/Coffee Break

Session 3 TDR stewardship related activities

Chair: Dr. A. Oduola

Rapporteur: Dr. J. Nakagawa

1050 – 1100 Overview of DRGs/TRGs' objectives, expected outputs and implementation of activities including stakeholder consultations at the county level – Dr. S. Tang

1100 - 1110 Thematic Reference Group on Agriculture, Environment and Infectious Disease - Prof. Z. Xiaonong
1110 - 1120  Thematic Reference Group on Social Science and Gender: Pro-poor infectious disease control - Prof R. Baru

1120 - 1130  Conceptual framework of the Global Report on Research of Infectious Diseases of Poverty – Dr C. Davies

1130 - 1230  Discussion and feedback from participants

1230 – 1330  LUNCH

Session 4  Stakeholders' perspectives on research on infectious diseases of poverty and roles of stewardship:

Chaired by Dr. A. Hauquitoz

Rapporteur: Dr. Mohamed Majid

1330 – 1340  Research needs, gaps and priorities of malaria, dengue and NTDs control – Dr J. Ehrenberg

1340 – 1355  Analysis of research capacity in the region – Mr. R. Escolar

1355 – 1430  Discussion

1430 – 1440  Stakeholders perspectives on the importance of NTD research in the Region – Dr. P. Lammie

1440 – 1500  Discussion

1500 – 1530  Tea/Coffee Break

Session 5  Roles of research networks, WHO collaborating centers, and research institutions in addressing research priorities in the region

Chair: Dr. R. Olveda

Rapporteur: Dr Le Thanh Hoa

1530 – 1540  Key outcomes of RNAS+ meeting – Dr. R. Olveda

1540 – 1550  Impact of collaborating centers' work in addressing programmatic gaps through operational research in NTDs – Dr. Z. Xiaonong

1550 – 1600  Academic institutions and their roles in bridging programmatic gaps – Dr. D. McManus

1600 – 1630  Discussion

Session 6  Research in infectious diseases of poverty: sustainability, resource needs with emphasis on the least developed Member States

Chair: Dr. J. Ehrenberg

Rapporteur: Dr. P. Ramos-Jimenez
1630 – 1800 Round table discussion on the

- Resource mobilization strategy
- Research capacity-building needs
- Role of Ministry of Science and Technology, National Research Council
- Increase inter-sectoral and inter-institutional collaboration


1800 – 1815 **Wrap-up by Dr. A. Oduola**

1900 **Dinner hosted by WHO**
ANNEX 2:

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