REPORT

TWENTIETH SESSION OF THE WESTERN PACIFIC ADVISORY COMMITTEE ON HEALTH RESEARCH (WPACHR 20) AND HEALTH RESEARCH COUNCILS

Manila, Philippines
4-6 October 2005

Manila, Philippines
January 2006
REPORT

TWENTIETH SESSION OF THE WESTERN PACIFIC ADVISORY COMMITTEE ON HEALTH RESEARCH (WPACHR 20) AND HEALTH RESEARCH COUNCILS

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
4-6 October 2005

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NOTE

The views expressed in this report are those of the members of WPACHR and representatives of health research councils attending the meeting and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for participants in the Twentieth Session of the Western Pacific Advisory Committee on Health Research (WPACHR 20) and Health Research Councils, which was held in Manila, the Philippines from 4 to 6 October 2005.
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Key words

Health services research / Health policy / Noncommunicable diseases / Western Pacific
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<th>Description</th>
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<tbody>
<tr>
<td>ACHR</td>
<td>Advisory Committee on Health Research</td>
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<tr>
<td>ACTMalaria</td>
<td>Asian Collaborative Training Network on Malaria</td>
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<td>AHPSR</td>
<td>Alliance for Health Policy and Systems Research</td>
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<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<td>APHEN</td>
<td>Asia Pacific Health Economics Network</td>
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<td>APHAN</td>
<td>Asia Pacific National Health Accounts Network</td>
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<td>ASEAN</td>
<td>Association of South-East Asian Nations</td>
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<td>ChildNET</td>
<td>Child and neonatal health research</td>
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<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
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<td>CMS China</td>
<td>Cooperative Medical System, China</td>
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<tr>
<td>COHRED</td>
<td>Council of Health Research and Development</td>
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<tr>
<td>DALY</td>
<td>Disability Adjusted Life Years</td>
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<tr>
<td>DFID</td>
<td>Department of International Development, UK</td>
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<td>DOH Philippines</td>
<td>Department of Health, Philippines</td>
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<td>DOST Philippines</td>
<td>Department of Science and Technology, Philippines</td>
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<td>DRAGONET</td>
<td>Asian Health Systems Reform Network</td>
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<td>EB</td>
<td>Executive Board</td>
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<td>EC</td>
<td>European Commission</td>
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<td>EMR</td>
<td>Eastern Mediterranean Region</td>
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<td>EQUAL</td>
<td>Evidence for quality in Asia and the Pacific</td>
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<td>EQUIFAP</td>
<td>Equity in Asia Pacific Health Systems</td>
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<tr>
<td>EVIPNet</td>
<td>Evidence-informed Policy Network</td>
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<td>FERCAP</td>
<td>Forum for Ethical Review Committee in Asia and the Western Pacific</td>
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<td>GFHR</td>
<td>Global Forum for Health Research</td>
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<td>HEN</td>
<td>Health Evidence Network in Europe</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>HMN</td>
<td>Health Metrics Network</td>
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<td>HPSR</td>
<td>Health Policy and Systems Research</td>
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<td>HRSA</td>
<td>Health Research System Analysis</td>
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<td>INCLEN Trust</td>
<td>International Clinical Epidemiology Network</td>
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<td>KMS</td>
<td>Knowledge Management and Sharing</td>
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<td>LDC</td>
<td>Least Developed Countries</td>
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<td>LOI</td>
<td>Letter of Intent</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCD</td>
<td>Noncommunicable diseases</td>
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<td>NGO</td>
<td>Non-governmental Organizations</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council of Australia</td>
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<td>HRCNZ</td>
<td>Health Research Council of New Zealand</td>
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<td>OPIC</td>
<td>Obesity Prevention in Communities</td>
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<td>PHRC</td>
<td>Pacific Health Research Council</td>
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<td>PNHRS</td>
<td>Philippine National Health Research System</td>
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<td>RNAS</td>
<td>Regional Network for Research, Training and Control for Asian Schistosomiasis</td>
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<td>RP</td>
<td>Research to Policy</td>
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<tr>
<td>RPC/HQ</td>
<td>Research Policy and Cooperation/WHO Headquarters</td>
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<tr>
<td>SARS</td>
<td>Severe acute respiratory syndrome</td>
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<td>SCI</td>
<td>Science Citation Index</td>
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<td>SEAMEO-TROPMED</td>
<td>South-East Asian Ministers of Education Organization–Tropical Medicine</td>
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SUMMARY

The Twentieth Session of the Western Pacific Advisory Committee on Health Research (WPACHR 20) and Health Research Councils was held in the WHO Western Pacific Regional Office, Manila, Philippines from 4 to 6 October 2005. The objectives of the meeting were:

1. to review the progress in the implementation of the Regional Framework for Health Research;

2. to make suggestions for an action plan for the implementation of recommendations made by the Mexico Summit on Health Research (November 2004) and the World Health Assembly (May 2005), in the context of the demographic, socioeconomic and epidemiological situation in the Western Pacific Region; and

3. to identify gaps in research evidence related to the prevention and control of noncommunicable diseases and to the development of health systems, and to make suggestions for research priorities in the Western Pacific Region.

The meeting considered various topics pertaining to health research, including the implementation of the Mexico Summit resolutions; the initiatives of the global Advisory Committee on Health Research (ACHR), WPACHR and WHO Regional Office; and research updates on tropical diseases in the WHO Western Pacific Region.

The participants recognized the efforts of WHO's partners in health research as an invaluable resource for strengthening research capacities in the Region through collaborative efforts. These partners include the Council on Health Research for Development (COHRED), Forum for Ethical Review Committee in Asia and the Western Pacific (FERCAP), the International Clinical Epidemiology Network (INCLEN Trust), the Global Forum for Health Research, the Health Research Council of New Zealand (HRCNZ), and the National Health and Medical Research Council of Australia (NHMRC).

In response to World Health Assembly resolution 58.34 (May 2005), a draft of WHO's research policy, outlining WHO's role and responsibilities in the area of health research, was discussed during the meeting. Presentations on the efforts made in strengthening capacity in health policy and systems research covered a rapid situational analysis in the Western Pacific Region, China's experience on health systems research, and an Evidence-Informed Policy Network (EVIPNet) in the Western Pacific. The role of research in the prevention and control of noncommunicable diseases (NCD) as well as research on nutrition and smoking habits in the Western Pacific Region elucidate the need for strengthening capacity in research on NCD and their risk factors.

The assessment of national health research systems was further exemplified by the presentations of updates on the global Health Research System Analysis (HRSA) pilot initiative, the Western Pacific Region HRSA, the lessons from HRSA for the Lao People's Democratic Republic, and the analysis of the Western Pacific regional research outputs. The presentations on experiences from the Philippines, Viet Nam, Malaysia and New Zealand and the Pacific exemplified efforts toward strengthening national health research systems.
One of the meeting outputs is a set of recommendations that addresses the follow-through action points of the Regional Framework for Health Research approved during the 19th session of the WPACHR in 2003 and implementation of recommendations of the Mexico Summit Statement in 2004 and the fifty-eighth World Health Assembly resolutions in 2005. The recommendations of the WPACHR 20 include strengthening of Health Policy and Systems Research (HPSR) and filling up the identified critical gaps in NCD research in the Region.
1. INTRODUCTION

The meeting of the Western Pacific Advisory Committee on Health Research (WPACHR) and Health Research Councils was held in Manila, Philippines from 4 to 6 October 2005. This was the 20th session of the WPACHR. The provisional meeting agenda is attached as Annex 1.

1.1 Objectives

(4) To review the progress in the implementation of the Regional Framework for Health Research.

(5) To make suggestions for an action plan for the implementation of recommendations made by the Mexico Summit on Health Research (November 2004) and the World Health Assembly (May 2005), in the context of the demographic, socioeconomic and epidemiological situation in the Western Pacific Region.

(6) To identify gaps in research evidence related to the prevention and control of noncommunicable diseases and to the development of health systems, and to make suggestions for research priorities in the Western Pacific Region.

1.2 Participants and resource persons

Excluding the WHO Regional Office for the Western Pacific secretariat and consultant, there were 25 participants, including 10 members of WPACHR, five from Health Research Councils in selected countries in the Region, five participants or observers representing the Council on Health Research for Development (COHRED), the Forum for Ethical Review Committee in Asia and the Pacific (FERCAP), the Global Forum for Health Research (GFHR), the International Clinical Epidemiology Network (INCLEN), the National Health and Medical Research Council Australia, and the United Nations Fund for Population Activities (UNFPA); two non-WPACHR members; and three observers from the Philippines. The Director of Research Policy and Cooperation (RPC) at WHO Headquarters also attended the meeting. A list of members, consultant, national coordinators in health research, non-WPACHR members, observers, and the secretariat is attached as Annex 2.

1.3 Organization

Dr Terence Dwyer, Chairman of the WPACHR, chaired the WPACHR 20th session. The Vice-Chairperson was Dr Maimunah Hamid and the joint Rapporteurs were Dr Bruce Scoggins and Dr Thomas Wong.

1.4 Opening ceremony

Dr Shigeru Omi, Regional Director of the WHO Regional Office for the Western Pacific, welcomed the members of the WPACHR and other meeting participants and observers. He likewise acknowledged the presence of the Chairperson of the global Advisory Committee on Health Research (ACHR) and the Director of the Research Policy and Cooperation Department at WHO Headquarters in Geneva.
In his opening address, Dr Omi highlighted three areas where WPACHR has to be proactive: (1) to support Member States in strengthening national health research systems; (2) to have a critical review on available evidence to support WHO's programmes, and (3) to develop mechanisms for improving use of evidence for both health policy-making and clinical practice.

He proposed that the meeting would review the implementation of the Regional Framework for Health Research, which was approved by the 19th session of the WPACHR in 2003. He mentioned that one of the aims of the Framework is to guide research promotion activities in the Region. In relation to the Framework implementation, Dr Omi asked the meeting to discuss priority actions needed in the next biennium.

Moreover, he suggested that the WPACHR review and discuss the recommendations from the 58th World Health Assembly and to make suggestions for the meeting’s priority actions for implementing these in the Region.

He highlighted the need for the meeting to point out specific gaps in research on noncommunicable diseases (NCD), including the issues of ageing populations and health policy and systems research.

Dr Omi expressed his hope that one output from the WPACHR 20th session would be a collation of health research results in the Region, which would be published and presented to Member States and policy-makers as well as to donor agencies.

Dr Omi closed his welcome message by reiterating the proactive role of WPACHR members in dealing with regional issues and in assisting Member States in addressing their special needs in health research activities. He also hoped that the meeting would likewise generate recommendations to WHO on how to progressively move forward in health research in the Region in the light of the Mexico Summit Statement and the fifty-eighth World Health Assembly resolutions.

Dr Omi wished the participants successful deliberations. The full text of Dr Omi’s message is attached as Annex 3.
2. PROCEEDINGS

2.1 WHO in health research

WHO recognizes its role and responsibilities in health research as embodied in its Constitution. Updates were presented on its various initiatives and programmes, including the work of the global ACHR, the Health Research System Analysis (HRSA) initiative, the implementation of the Regional Framework on Health Research that was endorsed by the Regional Director in 2004, and research on tropical diseases in the Western Pacific Region.

2.1.1 Report from WHO Headquarters: Implementing Mexico Summit Resolutions on Health Research

Dr Tikki Pang, Director of the Department of Research Policy and Cooperation, WHO Headquarters, presented an update on the implementation of the Mexico Summit and World Health Assembly resolutions on health research. These resolutions call for (1) Member States "... 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"; (2) the WHO Director-General "... 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"; (3) the global scientific community, civil society, international partners, the private sector, and other stakeholders, "... to establish a platform linking a network of international clinical trial registers in order to ensure a single point access and the unambiguous identification of trials with a view to enhancing access to information by patients, families, patient groups and others"; and (4) the Director-General "... to pursue with interested partners the development of a voluntary platform to link clinical trials registers".

The work of the Evidence-informed Policy Network (EVIPNet) in Asia, the Tanzania Essential Health Interventions Project (TEHIP), and Health Evidence Network (HEN) in Europe exemplify effective mechanisms for knowledge utilization, transfer and sharing. The WHO Clinical Trials Registry Platform aims to establish international norms and standards for trial registration and disclosure of results. It would also provide one-stop search portals for registers worldwide. Other implementation efforts addressing the resolutions will be presented in the next Ministerial Summit in 2008 in Africa.

2.1.2 Advisory Committee on Health Research (ACHR)

Professor Judith Whitworth, Chairperson of the global ACHR, presented the current work of the committee. As a background, the role and objectives of the ACHR were enumerated. The ACHR advises the Director-General on all research matters relevant to the WHO remit. The ACHR aims to promote: (1) recognition of research as crucial for strengthening health systems, improving equity and advancing development; (2) recognition of the need for strong national health research systems underpinned by ethics and equity; (3) recognition that policy as well as prevention and treatment should use evidence; and (4) recognition that research must be published, documented and synthesized, disseminated and communicated in ways that assist end users.

The ACHR agenda resonates with the Mexico Summit Statement on Health Research, which was developed and endorsed by 20 ministers of health and 51 official delegations from Member States last November 2004. The key messages from the summit are as follows: (1) more investment is needed in health system research; (2) better management of health
research is required; (3) increased efforts to secure public confidence on science must be made; and (4) stronger emphasis should be placed on turning knowledge into action to improve health.

Following the Executive Board (EB) meeting, the Mexico Summit Statement was then approved by the fifty-eighth World Health Assembly in May 2005. A resolution requesting the WHO Director-General "to undertake an assessment of WHO's internal resources, expertise and activities in the area of health research, with a view of 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" resulted in WHO requesting advice from ACHR on ways to improve the use of research evidence. A number of initiatives of the ACHR are set following the World Health Assembly resolutions, namely: (1) establishment of Partnership Programme on Health Systems Research; (2) establishment of an international clinical trials registry platform, and (3) establishment of mechanisms to transfer knowledge in support of evidence-based public health and health care delivery systems and evidence-informed health-related policies with the first project at the Western Pacific Region, involving China, the Lao People's Democratic Republic, Malaysia, the Philippines, and Viet Nam.

2.1.3 WPACHR and the Regional Framework on Health Research

Dr Terence Dwyer, Chairperson of the WPACHR 20th session, and Dr Reijo Salmela, Secretary of the WPACHR, presented updates on the implementation of the Regional Framework for Health Research and actions taken by WHO on the recommendations of WPACHR 19th session in 2003.

The Framework expressed five goals on health research in the Region. These are:

(1) to develop and implement a national strategy for health research in all countries in the Region;
(2) to build capacity for the conduct of quality research that address priority health needs in accordance to the strategic plan;
(3) to enhance the dissemination and utilization of outcome of health research;
(4) to enhance communication on research activities within and between countries; and
(5) to evaluate the effectiveness of the Framework in the building/strengthening health research capacity and contributing knowledge that improves the health system across the Region.

With these goals in mind, a set of recommendations was endorsed by the WPACHR 19th session to the WHO Regional Office for appropriate action. The following actions were taken:

(1) The Strategic Regional Framework for Health Research was endorsed by the Regional Director and copies of the Framework were distributed to governments of Member States. More copies were distributed to the governments and research institutes in 2005, together with the Mexico Statement from the Mexico Summit on Health Research in November 2004 and the World Health Assembly Resolution 58.34 from May 2005.
(2) "Application for Funding of Business Plan" was prepared as agreed in 2003 at the meeting of the WPACHR. The business plan was finalized in February 2004 and submitted to the New Zealand Agency for International Development (NZAID) and the Australian Agency for International Development (AusAID).
(3) The proposed health research website was added to the Western Pacific Regional Office website (http://www.wpro.who.int/health_topics/health_research). This website will also include links to national health research councils.
(4) Health Systems Research Institute, Malaysia was contracted by WHO in 2005 to work with selected countries in the Region, which were not included in the HRSA pilot initiative, to develop more user-friendly tools for HRSA.

2.1.4 Research on tropical diseases in WHO Western Pacific Region

Dr Kevin Palmer, Regional Adviser in Malaria and other Vectorborne and Parasitic Diseases at the WHO Regional Office, presented research on tropical diseases that has been undertaken since 2000. The United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), the World Bank and WHO sponsor the Special Programme for Research and Training in Tropical Diseases (TDR) wherein 131 TDR-funded research and training projects were initiated in the Region. Contributions from countries in the Region to TDR between 2000 and 2005 amounted to US$ 4 222 600, while the total support from TDR for research in countries in the Region was US$ 6 662 356.

The TDR-targeted diseases in the Region that exert relatively high burden of disease include: malaria, tuberculosis, schistosomiasis, lymphatic filariasis, and dengue. From the regional excerpt of the TDR Indicator Accounts for 2002-2004, some 32 peer-reviewed articles were generated, 77 new partners engaged, and 47 participated in short training courses and two academic degrees were granted.

Priority for TDR research capacity strengthening continues to be focused on least developed countries (LDC), including Cambodia and the Lao People’s Democratic Republic in the Western Pacific Region. Principal partners in the Region for this initiative include: Southeast Asian Ministers of Education Organization-Tropical Medicine (SEAMEO-TROPAMED), the Asian Collaborative Training Network for Malaria (ACTMalaria), and the Regional Network for Research, Training and Control for Asian Schistosomiasis (RNAS).

Starting in 2005, the TDR of the WHO Regional Office for the Western Pacific has a small research grants scheme with a total of US$ 50 000 funding available this year, in order to stimulate and improve research that has direct involvement with national disease control programmes.

2.2 Partners in health research

2.2.1 Council on Health Research for Development (COHRED)

Dr Mary Ann Lansang, Professor of the College of Medicine, University of the Philippines, presented the vision and strategic initiatives taken by COHRED, on behalf of Dr Carel Ijsselmuiden, Executive Director of COHRED. COHRED was established as an international nongovernmental organization (NGO) in 1993 and in 2005 it has become a growing network of country-based institutions, owned by the South. Its vision is to work for a world in which health research is recognized as essential to optimizing health and reducing inequity and poverty. The primary focus areas of COHRED are national health research converging into research management, responsible vertical programming and research capacity strengthening.

COHRED provides a range of services, such as providing strategic advice to countries on gap-filling studies and enabling learning and knowledge sharing between institutions, countries and regions. It has likewise established a strategic alliance with the Global Forum for Health Research, which works to shape and influence the global health research agenda by focusing more resources and attention on the health needs of the poor. COHRED’s networking activities include: (1) on national health research—strategic partnerships in Eastern Mediterranean Region
countries; mapping health research in Tajikistan; partnering with the WHO Western Pacific Regional Office in work on indicators; (2) on research management—assessment and follow through experiences from the Lao People's Democratic Republic and Shanghai, China; and (3) on knowledge sharing and communication—developing policy briefs, web resources and "sharing spaces" (www.HealthResearchForDevelopment.org), and by working with countries in developing advocacy capacity, research translation plus policy communication.

2.2.2 Forum for Ethical Review Committee in Asia and the Western Pacific (FERCAP)

Professor Cristina Torres, Regional Coordinator of FERCAP, presented the essential elements in developing capacity for ethical review in health research in the Asia Pacific. She highlighted the general public perception of research on study subjects as human guinea pigs; the considerations that health research is both a public and social activity; the various ethical principles in protecting human subjects of research; and ethical reviews to focus on minimizing risks and maximizing benefits from health research. It was emphasized that capacity-building should include ethical issues of research; and that in the absence of national legislation, ethics committee should follow international guidelines. Among the identified challenges on ethics in health research are the urgent need to address ethical issues in malaria and HIV/AIDS research; empowering communities involved in health research with well-defined human rights frameworks; and the demand for quality ethical review to resolve urgent concerns.

2.2.3 Global Forum for Health Research (GFHR)

On behalf of the Global Forum, Dr Andres de Francisco, Deputy Executive Director, described the organizational structure, vision and objectives, strategies and activities of the Global Forum. Established as a Foundation in January 1998, and hosted by WHO, the Global Forum's primary purpose is to help correct the "10/90 gap". The Global Forum, as a partnership organization, has diverse constituencies such as government policy-makers, United Nations and multilateral aid agencies, bilateral aid agencies, foundations, international and national NGOs, gender organizations, research institutions, private enterprises and media. It is a network of networks that links partnership efforts, a catalyst and promoter of participation in joint efforts and provider of quick response to opportunities in health research.

The Global Forum has established key strategies directed towards attaining its primary objective, namely, through annual meetings serving as marketplace for health research, supporting networks and analytic work in key health research areas, communication strategy, and monitoring and evaluation. There are various types of support that the Global Forum can provide to its partners: administrative, financial, technical, communication, and legal support. Dr de Francisco also introduced the Alliance for HPSR, which has a secretariat located at WHO Headquarters and over 270 institutional partners in about 70 countries.

The global health research expenditures amounted to US$ 30 billion in 1986, and increased to US$ 105.9 billion in 2001. The average global health research expenditure, for all burden of disease, is US$ 72 per disability adjust life year (DALY), while for malaria, HIV/AIDS, and tuberculosis, which represent 11.4% of the global disease burden, the average combined health research expenditure in 2002 was US$ 8.4 / DALY. The Global Forum strategy, i.e. to strengthen research capacity and its use, is furthered by the partnership between WHO, COHRED and TDR.
2.2.4 International Clinical Epidemiology Network (INCLEN)

Professor Nina Castillo-Carandang gave a presentation about INCLEN Trust on behalf of its Executive Director, Dr Narendra Arora. INCLEN started in the 1980s, promoting a population-based framework among health care professionals in the planning, measurement and evaluation of health care services and health systems. Globally, it has established clinical epidemiology research and training centres in 33 countries (in China and in the Philippines in the Western Pacific Region), 81 clinical epidemiology units, about 1400 members and more than 500 graduates to date. Several examples of collaborative research projects were presented among which are the ChildNET (child and neonatal health research), WorldSAFE (World studies of abuse in the family environment) and EQUAL (Evidence for quality in Asia and the Pacific). Its activities revolving on research capacity strengthening include developing institutions and individuals through multidisciplinary training and research, establishing critical mass for health research, securing institutional support for research programmes, and considering network and partners for long-term perspective.

2.2.5 International collaborative research grants scheme by the Wellcome Trust, Health Research Council of New Zealand (HRCNZ) and National Health and Medical Research Council (NHMRC) Australia

Dr Allan Pettigrew, Chief Executive Officer of NHMRC Australia presented its partnership with HRCNZ and Wellcome Trust in international research collaborative grants. With 30 million Australian dollars, a programme was set up in May 2002 to focus on health problems in South Asia, South-East Asia and the Pacific. Some 10 grants were awarded in August 2003 for regional research covering the health issues of road safety, acute pesticide poisoning, parasitic infections, disorders related to pregnancy and child birth, and escalating obesity rates. Projects that benefited from the grants included: (1) establishment of a regional toxicity research centre to reduce pesticide poisoning, which was proposed by Australian National University and Peradeniya University, Sri Lanka with University of Papua New Guinea, University of Western Australia, and Bethesda Hospital in Indonesia; (2) burden of disease and cost-effectiveness of intervention options in Thailand; and (3) the Pacific Obesity Prevention in Communities (OPIC) study. Evaluation of collaborative grants covers annual monitoring of milestones, mid-grant review to assess scientific progress and end-of-grant review to evaluate outcomes and impact and to ensure that lessons obtained will guide future actions.

2.3 WHO’s research policy

World Health Assembly resolution 58.34, following the Mexico Summit Statement on Health Research, requested the Director-General “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 roles and responsibilities in the area of health research, and to report through the Executive Board to the next World Health Assembly”.

Considering the above request, WHO drafted a position paper on its roles and responsibilities in health research. Dr Tikki Pang gave a presentation of the draft, the processes that will be undertaken for its finalization, the constitutional basis of WHO’s roles and responsibilities, its proposed roles, and the common “One WHO” position on health research.

WHO’s mandate on health research lies on its 1946 Constitution which states, “The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.” The broad spectrum of WHO’s roles in health
research ranges from advocacy for evidence generation and resource mobilization towards effective decision-making to dissemination of research results and improving access to reliable, relevant and timely information.

The organization envisions that having a "One WHO" position in health research would help fulfil its various roles and responsibilities. This position aims to establish a balance between the need for new and improved interventions and the need to ensure equitable access to better health. Among its various commitments are: to support research that promotes better health, to sustain the inclusion of research in all technical programmes, and to continue supporting research of relevance to developing countries. The organization seeks to ensure that research is "use-inspired" and conducted according to good ethical guidelines accompanied by an active dissemination strategy.

Comments from meeting participants on the position paper were raised, among which are: linking research with education and training; recognition that some governments see the commercialization of research results as a priority rather than for health gains; partnership in research generally results in maximizing health gain for all; the need for milestones especially if the paper will be presented to donors; include WHO's role as information synthesizer or knowledge broker; special mention of social determinants of health; emphasize the role of ACHR by having concrete outputs in Regional ACHR meetings such as an action oriented business plan; consider the visibility of ACHR within WHO through wide dissemination of Regional ACHR meeting outputs in country, regional, and headquarter WHO offices. Dr Tikki Pang concluded his presentation by asking the meeting participants to relay their comments and suggestions pertaining the draft position paper before 15 October 2005.

2.4 Strengthening of capacity in health policy and systems research in the Western Pacific Region

2.4.1 Rapid situational analysis of health policy and systems research in the Western Pacific Region

Dr Mary Ann Lansang presented the results of the WHO-commissioned study to assess the available resources, intercountry/regional collaborations, examples of "success" stories, and critical gaps and challenges for HPSR in the Western Pacific Region. The study methods consisted of a review of available literature databases and websites, an e-mail survey of HPSR contacts in the Region (31 respondents), and key informant interviews. The HPSR topics covered in the survey were geographical focus, level, key objectives, key research areas, formal and informal collaborations, training, regional networks, and challenges and needs in the Western Pacific Region.

The Region, consisting of 37 countries and areas, are disparate and have rapidly changing economic, political, and cultural environments, health systems, and health statuses. Noted also are the differing rates of progress in achieving the Millennium Development Goals (MDG). There are 150 HPSR institutions/organizations in the Western Pacific Region; six regional HPSR networks, namely Asia Pacific Health Economics Network (APHEN), Asia Pacific National Health Accounts Network (APNHAN), Asia Health Systems Reform Network (DRAGONET), Equity in Asia Pacific Health Systems (EQUITAP), Evidence-informed Policy Network (EVIPNet) Asia, and the Pacific Health Research Council (PHRC); plus the regional nodes of international organizations.

The study concluded that there is an existing core of HPSR institutions/organizations in the Western Pacific Region; there are many needs and challenges for HPSR especially in low-
income countries; and there is a central role for WHO and governments in promoting HPSR and knowledge translation. Among the main challenges are the coordination of HPSR efforts and capacity development with a focus on South-South collaboration (collaboration among developing countries); the availability of sustainable funding for HPSR; and translating research to policy and action.

Dr Lansang concluded her presentation with study recommendations addressed to WHO: (1) conduct Western Pacific ministerial summit on HPSR to focus on HPSR success stories and the needs to achieve the MDG; (2) develop WHO Collaborating Centres for HPSR to focus on methodologies; and (3) mobilize funding for HPSR (WHO as broker of funds with governments and bilateral/multilateral agencies).

2.4.2 Health systems research in China

Dr Haichao Lei, Deputy Director, 2nd Division of Policy Research, Department of Health Policy and Regulation of the Ministry of Health, gave an overview of HPSR development and challenges in China. Transitional changes on the social, economic and demographic environments of 1.3 billion people in China have likewise brought changes to the health sector, particularly the increasing demand for HPSR. Although economic development has improved the public health status, China is still experiencing the double burden of noncommunicable and communicable diseases, placing considerable pressures on the health system, especially during the outbreak of severe acute respiratory syndrome (SARS) in 2003.

Development of HPSR structures in China commenced with the establishment of the Ministry of Health Advisory Board on health policy in the mid-1980s and the China Health Economics Network in the early 1990s, with assistance from the World Bank through the request of the Ministry of Health. Multilateral and bilateral aid to HPSR in the form of technical assistance and funding are sourced from WHO, the World Bank, UNICEF, Department for International Development (DFID), and the Alliance for Health Policy and Systems Research (AHPSR) among others.

Different levels of government identified the great importance of HPSR in 2004, when a new Department of Health Policy and Regulation within the Ministry of Health was established. An HPSR case—the reorganized Cooperative Medical System (CMS)—was presented. The CMS, which was in place 40 years ago, collapsed in the early 1980s due to the downfall of the collective economy. However, in 2002, the Central Government reorganized the CMS as a main strategy to improve the rural health care financing system. The new CMS was initiated in 2003, covering 641 counties and 163 million rural residents. The main challenges of HPSR in China are: (1) research capacity strengthening, (2) increasing demand for HPSR aggravated by unbalanced socio-economic development in the provinces, (3) poor translation of research evidence into policy, and (4) the resource availability for research.

2.4.3 Evidence-informed Policy Network (EVIPNet) in Western Pacific Asia

Dr Soe Nyunt-U, Director, Health Sector Development, WHO Regional Office for the Western Pacific, presented the EVIPNet concept, development, functions, sponsors, and pilot launch. The concept of the proposed network was first discussed at the WHO Ministerial Summit on Health Research in 2004. It responds to one of the World Health Assembly resolutions adopted in 2005: “to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health care delivery system and evidence-based health-related policies”. The Network's main functions are: (1) to acquire, assess and adapt evidence; (2) to enhance linkages among producers and users of research results; (3) to provide training; (4) to
design and advise on strategies to promote the uptake of evidence; (5) to advocate for evidence use; and (6) to identify health research gaps and communicate the need for new research and systematic reviews. The Network draws important support from various institutions, namely AHPSR, the Netherlands Organization for Scientific Research, WHO Headquarters (Research Policy and Cooperation Department), WHO Regional Office for the Western Pacific, Canadian Health Services Research Foundation, and the Canadian Institutes of Health Research.

The WHO Regional Office initiated the pilot launch of the Network by inviting six countries in the Region to send letter of intent. The first phase, i.e. the planning stage, requires a letter of intent while the second phase, the implementation phase, will require a more detailed application that would be due June 2006. A meeting of applicants was held in Kuala Lumpur, Malaysia in June 2005. Seven teams from five countries participated. These teams were from the Lao People’s Democratic Republic, Malaysia, the Philippines, Viet Nam, and China (Shandong and Sichuan provinces and Beijing).

The components of the planning stage include defining an appropriate catchment area; identifying and building the right team as well as linkages and partnerships; setting priorities on what topics to tackle; identifying network’s location and sources of local financial and in-kind support; and planning for realistic milestones.

During the planning phase, each team was awarded up to US$ 30 000, which could be provided either in part or in its entirety. A grant application to the European Commission for the period 2006-2009 was submitted in September 2005 by partners, i.e. the seven teams, WHO, and three European partners. EVIPNet would use integrated approach to support decision-making by integrating closely related initiatives: Research to Policy (RP), Knowledge Management and Sharing (KMS) and Health Metrics Network (HMN). Dr Soe concluded his presentation by emphasizing the benefits that would be derived from the integration processes. Integration at the national and subnational levels would improve understanding of how various initiatives and approaches would complement each other, would improve information and knowledge sharing, and would avoid duplication and waste of resources.

2.4.4 Group discussions on HPSR

In groups, meeting participants discussed specific issues raised from the presentations on HPSR. Issues and recommendations from the groups are listed below.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Recommendations to WHO</th>
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<tbody>
<tr>
<td>Reduce inequalities in access to health services and health status</td>
<td>WHO, in collaboration with relevant partners, should develop HPSR research framework for collection and analysis of data on health inequalities, disaggregated by indicators of social exclusion.</td>
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<tr>
<td>Strengthen health systems and better integrate vertical programmes</td>
<td>WHO should document the impact of vertical programmes on health systems using the collected and analysed data on health inequities.</td>
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<tr>
<td>Intercountry and regional collaboration and capacity strengthening in HPSR, possibly jointly with South-East Asian countries, in particular Thailand</td>
<td>WHO should facilitate the inclusion of HPSR in the agenda of the Regional Committee meeting and possibly the ASEAN meetings, and to incorporate focus on HPSR in the WHO country representative’s terms of reference.</td>
</tr>
<tr>
<td>Critical gaps and challenges on HPSR as regards to capacity strengthening</td>
<td>WHO should initiate systematic reviews via collaborating centres or Cochrane network to ensure knowledge sharing.</td>
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Developing regional or subregional observatory on health policies and systems

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<tr>
<th>WHO should request donors to provide support for postgraduate training positions in HPSR for individuals from developing countries.</th>
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Improve the use of evidence in decision-making

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<tr>
<th>WHO should implement EVIPNet plans and document processes and lessons learnt during implementation. This should be done jointly with the South-East Asia Regional Office via ACHR. This could be done by establishing subcommittees in the ACHR for HPSR</th>
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Country experiences of successful knowledge translation practices

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<tr>
<th>WHO should disseminate knowledge mapping exercise by the Department of Health of the Philippines through EVIPNET.</th>
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2.5 Strengthening of capacity in research on noncommunicable diseases (NCD)

2.5.1 Role of research in the prevention and control of NCD in the Western Pacific Region

Dr Gauden Galea, Regional Adviser in Noncommunicable Diseases, WHO Regional Office for the Western Pacific, briefed meeting participants on the conceptual framework for NCD research covering the determinants, risk factors and outcomes in the field of NCD; the response package of four domains and the applied research activities in the region. Chronic, noncommunicable diseases are generally determined by environmental, behavioural and non-modifiable (age, sex, genes) factors facilitated by intermediate risk factors (hypertension, blood lipids, diabetes, obesity).

The response package to the burden of NCD consists of four elements: (1) policies at the state level, WHO, World Bank, Asian Development Bank (ADB), and at donors and NGOs; (2) surveillance (national surveys and data, WHO STEPwise approach needed for risk assessment and impact evaluation of NCD control programmes); (3) healthy lifestyles which are influenced by the environment and behaviours; and (4) clinical control.

The priority actions of the NCD programme planned for the 2006-2007 biennium are: (1) strengthening surveillance using the STEPwise approach by extending this through repeat surveys, appropriate disease registration, and linkages with demographic and health surveys; (2) identifying, designing and adopting guidelines for data sharing; (3) extending the science base of demonstration projects through formal impact evaluation; and (4) fostering collaborative NCD research.

The recent NCD research by WHO collaborating centres showed preference on basic research over surveillance and clinical prevention. The NCD research programme priorities are on: monitoring and evaluation of chronic disease programmes, prevention and control, capacity building in chronic disease research, and dissemination of research results.

2.5.2 Nutrition research priorities in the Western Pacific Region

Dr Tommaso Cavalli-Sforza, Regional Adviser in Nutrition and Food Safety, Regional Office for the Western Pacific, presented the nutrition research priorities in the Region. WHO's support in nutrition research in recent years has been based on individual requests from countries and on areas identified as priority by the Regional Office; thus all nutrition research conducted in these years are applied to programmes. Examples are (1) review of micronutrient fortification for countries in the Western Pacific Region; (2) pilot projects targeting about 30,000 women of reproductive age in Cambodia, the Philippines and Viet Nam, to prevent anaemia; (3) Pacific
studies on nutrition and health status of school children; and (4) development of a new computerized tool based on linear programming analysis to design food-based recommendations.

In 2005-2006, WHO plans to conduct a systematic review of priorities in nutrition research and training in Western Pacific countries. This activity is intended to better support countries, technically and financially, in their nutrition research and training efforts. The review will be conducted in two phases. The WHO Collaborating Centre at the University of Otago will assist in questionnaire development and analysis of collected data.

During Phase 1, a questionnaire will be developed to identify priority areas for research. A list of potential priority areas will be prepared by the Regional Office and the WHO Collaborating Centre. Countries will be asked to rate, in priority order, areas of national importance for research and training. One institution in each country will be selected to collect information from other main research institutions in the country. Phase 2 covers the feedback of survey results of Phase 1; the identification of specific projects of interest in more than one country, on which collaboration between institutions can be established; and the identification of resource availability and requirements to conduct the work.

Several criteria were also developed for identifying regional priority on research and training, namely: the number of countries identifying a given priority research project; topics considered by WHO as high priority due to contribution to regional disease burden; and problem areas for which interventions of proven cost-effectiveness are available.

2.5.3 Research on smoking habits in the Western Pacific Region

Mr Jonathan Santos presented an overview of research on smoking habits in the Western Pacific Region. In 2000, tobacco use ranked second in deaths attributable to selected risk factors in both developed and developing countries. Tobacco-use related diseases range from chronic respiratory diseases to cancer. He noted that the World Bank report, Curbing the Epidemic, suggested raising the price of tobacco as the most effective measure to reduce tobacco consumption. The report recommended raising taxes at level from two thirds to four fifths of the retail price of tobacco. At the country level, efforts in strengthening research capacity are directed towards smoking cessation, economics of tobacco use, and second-hand smoke.

2.5.4 Group discussions on NCD

The huge contribution of chronic and noncommunicable diseases to the regional disease burden of mortality, morbidity, and DALYs and its adverse impact to low-income and middle-income countries require the generation of evidence from health research on NCD. The group discussions focused on the meeting’s recommendations on the proposed priority areas for NCD research.

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<tr>
<th>Priority NCD research area</th>
<th>Recommendations</th>
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<tr>
<td>Monitoring and evaluation of chronic disease programmes</td>
<td>Due to lack of epidemiological data on NCD in many countries, there is a need for strengthening of data on the disease burden in terms of cost, morbidity and mortality. The analysis and reports should include equity dimensions on gender and socioeconomic variables. WHO should facilitate networks to establish disease registries and to support construction of these instruments. WHO should also facilitate exchange of protocols particularly to</td>
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<tr>
<td><strong>Effective prevention and control</strong></td>
<td>To evaluate the impact of interventions, the study design and methodology variables such as statistical power, randomization and control should be considered. WHO should assess the existing interventions in the Region, in terms of validity of country experiences as models for other countries, the elements of success and lessons learned; and effectiveness of programmes (acceptance, sustainability, affordability, coverage including equity issues).</td>
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<tr>
<td><strong>Capacity-building</strong></td>
<td>A fact noted is the attrition of skills in developing countries when health researchers trained abroad would leave to take up posts outside their home country. In this regard, WHO should encourage external researchers in the Region to assist local researchers through mechanisms of mentoring, twinning and other collaborative arrangements in order to advocate in-country capacity building for NCD research.</td>
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<tr>
<td><strong>Dissemination of research results</strong></td>
<td>WHO should (1) develop and implement marketing strategies for STEPS data as it matures; (2) identify target audiences (funding agencies, civil society, communities, policy makers including non-health players) and develop products tailored for these audiences such as papers, policy briefs, and web-based publications; and (3) enjoins researchers of joint projects to publish using clear guidelines on ownership, credit, and intellectual property issues. Guidelines by WHO and by the Council for International Organizations of Medical Sciences (CIOMS) would be useful to consider and adopt.</td>
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2.6 **Assessment of national health research systems**

2.6.1 **Updates on the HRSA pilot initiative**

Dr Tikki Pang, Director of the Department of Research Policy and Cooperation, WHO Headquarters, presented brief updates on the HRSA global initiative in 13 low- and middle-income countries. These participating countries are: Brazil, Cameroon, Costa Rica, Indonesia, Islamic Republic of Iran, Kazakhstan, the Lao People's Democratic Republic, Malaysia, Pakistan, the Russian Federation, Senegal, Tanzania, and Thailand. The HRSA initiative evolved through extensive consultations among major key players in 2001-2002. The major goals of the HRSA Initiative are the advancement of knowledge and the achievement of health and equity in health. These goals are underpinned by the functions of stewardship, creating and sustaining resources, producing and using research and monitoring resource flows.

Towards these goals, the specific objectives and processes of the HSRA Initiative are: (1) to develop collectively concepts, processes, tools, analytical approaches and benchmarks to better map, describe and analyse the processes involved in the management, production and utilization of health research; and (2) to provide leadership and advocacy on the need for a system's perspective on health research, research capacity strengthening in areas that correspond to national health research priorities, and evaluation of investments in health research in terms of their orientation to health gain.
The current streams of work and associated products towards achieving the goals of the HRSA initiative are: (1) HRSA tool kit guide; (2) national health accounts sub-analysis guide on resource flows for health research; (3) health research outputs and collaboration analysis; and (4) dissemination strategy: policy briefs and manuscripts for peer reviewed journals.

A series of workshops during September and October 2004 were held to discuss the analysis of existing and newly collected data with members from all national teams of the participating countries while the institutional survey will be field tested by the end of 2005.

The National Health Accounts Sub-analysis Guide is being drafted in addition to the existing WHO portfolio of National Health Account Guides. The subaccount guide will build on experiences from various ad hoc studies on the flow of national health research expenditures over the past 10 years, with the purpose of institutionalizing the collection, reporting and analysis of financial flows for health research within existing national mechanisms. This work is jointly sponsored by HRSA and the National Health Accounts Unit, in the Department of Health Systems Financing, Expenditure and Resource Allocation and in collaboration with the Global Forum for Health Research.

The activity on health research outputs and collaboration analysis is being conducted using mainly reference databases of scientific research that the Department of Research Policy and Cooperation, WHO, has earlier invested in for the WHO 2004 report Knowledge for Better Health. An active dissemination strategy of key methods and analytical work is being pursued with the HRSA network and other collaborators, through a series of publications with HRSA network focusing on the reliability and validity of various tools developed.

2.6.2 Lessons from HRSA for the Lao People's Democratic Republic

Professor Dr Boungnong Boupha, Director-General of the National Institute of Public Health and President of the Council of Medical Sciences (CMS), Ministry of Health, Vientiane, the Lao People's Democratic Republic gave a presentation on the progress of the HRSA initiative in Lao People's Democratic Republic since its implementation in October 2004.

The implementation of the pilot HRSA in the Lao People's Democratic Republic forms part of the advocacy role and functions of the health research system in the country. Capacity-building and strengthening have been the key features of the pilot project and a significant outcome is the conduct of health research with the participation of research units in various ministries of the government. A constraint identified in project implementation is that the areas for health research of some donors do not match with the priority research needs of the country.

A national workshop to develop the long-term strategic plan for strengthening health research system in the Lao People's Democratic Republic was held in August 2005 with financial and technical support from COHRED. At the workshop, various stakeholders utilized the results of the HRSA in the development of the strategic plan. Major recommendations were set forth in strengthening health research systems in the Lao People's Democratic Republic, particularly in soliciting financial support for health research, to wit: (1) involving all stakeholders in the discussion and drafting of the country's five-year development plan, (2) aligning health research activities with the country's needs and including them in the national socioeconomic development plan, (3) budget planning being done by government and then negotiation with the donors, and (4) implementation of the plan by different agencies concerned.
The results of the national workshop were likewise useful in generating interest as well as internal and international support. Forthcoming will be a 2006 meeting of internal stakeholders and international donor agencies to assess the application of the national workshop recommendations into practical actions.

2.6.3 Regional HRSA project

Dr Maimunah bte Abdul Hamid, Director, Institute for Health Systems Research, Ministry of Health Malaysia, gave a presentation on the regional HRSA project. As part of Headquarter's HRSA pilot initiative, a methodology has been developed to describe and analyse health research systems in countries.

HRSA pilot studies were initiated in 2004 in two Western Pacific Member States, i.e. Malaysia and the Lao People's Democratic Republic. The HRSA pilot studies will be extended to other countries: Brunei Darussalam, Cambodia, Mongolia, the Philippines, Viet Nam, and possibly others. The extension will be initiated by a consensus meeting in December 2005 or early 2006. Potential outputs from this extension are common tools for assessment of health research systems, individual country reports, and report on the Regional Office initiative.

2.6.4 Analysis of health research outputs in the WHO Western Pacific Region (1992-2001)

Dr Reijo Salmela presented an overview of health research outputs in the Region from 1992 to 2001. The analysis was made by the HRSA initiative team in WHO Headquarters upon the request of the Regional Office. The analysis was made based on data in the Thomson Scientific databases and referenced within the Science Citation Index (SCI) as well as health-related journals from the Social Science Citation Index (SSC). For the Western Pacific Region, 24 of the 37 WHO Member States are represented in the analysis. Its inclusion criterion is having at least one paper with a contributing author’s institutional address in the Region. There were 451,000 scientific papers from the Western Pacific Region during the period covered by the analysis.

Globally, among the top 20 countries publication producers from the Western Pacific Region were Japan, Australia, China, and the Republic of Korea. However, the global trends in scientific publication show a dismal performance of low-income countries. The results of the regional analysis indicate that China, the Republic of Korea, and Singapore had high positive change in the share of scientific publications as the five-year periods 1992-1996 and 1997-2001 were compared. In terms of number of papers produced addressing health topics, the same four countries showed positive change during the period covered by the analysis.

2.7 Strengthening of national health research system

2.7.1 Philippine National Health Research System (PNHRS)

Dr Jaime Montoya, Executive Director, Philippine Council for Health Research and Development, Department of Science and Technology (DOST), presented the organizational structure, objectives, and components in building up the national health research system in the Philippines. The PNHRS was established in 2003 with the signing of a memorandum of understanding between DOST and the Department of Health. The PNHRS is envisioned to
promote and enhance cooperation; share and pool resources; develop capacity for knowledge production, use and management; and improve research management and financing.

There are 11 members of the PNHRS Governing Council representing various sectors: government, academy, civil society, League of Local Government Units, industry, and regional health research systems on two main islands (Visayas and Mindanao). The key components of PNHRS are stewardship, creating and sustaining resources, knowledge management, and financing.

In terms of research management, a Unified Philippine Health Research Agenda is being crafted, and a national assembly will be held in December 2005 to discuss the agenda. There is an apparent need for review and updating of the national ethics review guidelines and institutional capacity building for ethics review.

Ongoing work in research utilization include holding the annual National Health Research Forum and biannual Philippine Health Research Assembly, and setting the groundwork for the DOST-Department of Health programme. A bill (PNHRS Act) is currently being crafted to oblige certain government institutions to allocate a particular portion of their gross annual revenue or charge additional fees for health research and development activities.

2.7.2 Strengthening of health research system in Viet Nam

Dr Le Vu Anh, Dean, Ha Noi School of Public Health, Viet Nam, shared his country’s experiences in strengthening health research systems. Research and training institutions, from district to national level, are undertaking a wide spectrum of health research topics. Funding support for these projects come from the central and local governments, United Nations agencies, NGOs, and various donors. A major challenge in research is the quality of research methods used in these projects. The results have been rarely used until recently.

In light of the country’s socio-cultural, political and economic context, the functions of the health research systems would be to identify the main focus of research topics, strengthen research ability, mobilize financial support, and communicate research findings. These could be achieved through discussions by all key partners, by conducting a national survey of the burden of diseases to identify priority in health and research, and by persuading donors to follow the strategic plan. Research programmes in Viet Nam cover adolescent health, burden of disease, NCD, injury, and HIV. Training programmes cover research methodology and software for data analysis. Research is also an important track for the Bachelor, Master and Doctoral degrees in Public Health programmes and even in short training courses. The media could facilitate the communication of findings by disseminating them to target audiences.

2.7.3 Building health research capability in New Zealand and the Pacific

Dr Bruce Scoggins, Chief Executive of the Health Research Council of New Zealand (HRCNZ), presented the strategies and activities undertaken in building up health research capability in New Zealand and the Pacific. The HRCNZ was established in 1990 under the Ministry of Health with financial support from the Ministry of Research, Science and Technology. The Council invests in the conduct of health research (investigator-initiated and targeted research) as well as in research training.

Demographic features of the Pacific and New Zealand were also presented. The Pacific countries have a total population of 2.042 million, and New Zealand has a population of 250 000 from the Pacific islands. Pacific populations are mobile, young and growing. The burden of
disease is mostly due to increasing rates of both communicable and noncommunicable diseases as well as injuries and mental disorders. The major challenges for Pacific countries in health research are: (1) they are very small developing countries and geographically isolated island nations; (2) the lack of research structure and critical mass of trained researchers; (3) the concerns regarding to exploitation; and (4) the increasing burden of disease.

The strategic framework for Pacific Health Research includes increasing capacity and capability for the Pacific; the investigator-initiated research to contribute to science and technology, health, social, knowledge and economic goals; and partnership programmes to contribute to evidence-based policy, services and health outcomes.

2.7.4 Response to Mexico Summit and World Health Assembly resolutions in Malaysia

Dr Ng Kok Han, Director, Institute for Medical Research, Ministry of Health Malaysia, gave a presentation on Malaysia’s response to the Mexico Summit and World Health Assembly resolutions. There is no definite policy on the proportion of funding allocated for health research and research capacity development; however, the 9th Malaysia Plan for 2006-2010 focuses on people-centred development. A Public Services Human Resources Training Policy, effective January 2005, requires 1% of budget to be allocated for training of public servants. The health sector is resolving the shortage and maldistribution of human resources, "brain drain" and lack of career development in the government service.

A national health policy, which would consider a national health research policy, is being finalized. In 2005, the National Biotechnology Policy was launched to propel the biotechnology sector as a key driver of economic development. The Ministry of Health would lead in the national coordination of the health research agenda as reflected in the Health Plan for 2006-2010. The primary goals of the plan are to prevent and reduce disease burden and to enhance health care delivery system, which address the World Health Assembly resolutions. Strategies to be taken in attaining these goals are resource optimization, research and development enhancement, effective crisis and disaster management, and strengthening the health information management system. The response to the resolutions would considerably require political will; commitment of all stakeholders, and agreement on certain shared basic values.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Regional Framework for Health Research

3.1.1 The joint meeting of the WPACHR and Health Research Councils noted the progress in the implementation of the Regional Framework for Health Research 2003-2005. Furthermore, the strategic actions taken by the Regional Office with Member States and partners in health research, based on the goals set in the Framework, indicate that there are centres of excellence for health research in the Region and that research culture is in place in many of the Member States. However, it was noted that there is a need to strengthen research capacities in the Region.

3.1.2 The implementation of the Framework in countries was, however, constrained by certain limiting factors such as the inadequacy in research capacity, particularly the lack of human resources and structures, as well as sustainable funding for health research. Moreover, sharing and communicating research results (knowledge and lessons learnt) also suffered from lack of access to publications, inadequate Internet connections, and most importantly by language barriers.

3.1.3 The meeting likewise recognized the need to augment membership in the two subcommittees tackling the business plan and the communication of research results. The appointed additional members to the business plan subcommittee are Dr Thomas Wong from Hong Kong (China) and Dr Norihiko Kato from Japan; added to the subcommittee on communication are Dr Vonthanak Saphonn from Cambodia, Dr Jaime Montoya from the Philippines and Dr Thomas Wong.

3.1.4 In view thereof, the WPACHR recommended that:

1. the WHO Secretariat, in collaboration with relevant WPACHR subcommittees, should take the business plan to potential donors by September 2006;

2. "health research" should be included in the agenda of the fifty-seventh session of the WHO Regional Committee, which will be convened in New Zealand, and that the New Zealand representative to the WPACHR should initiate the process;

3. the research website at the Regional Office should be further developed to facilitate research capacity development, knowledge translation, conduct of research and collaboration; and

4. the work on strengthening national health research systems through the National Health Research Councils or analogous bodies should be continued.

3.2 Mexico Summit and WHA resolutions

3.2.1 The WPACHR noted that in response to the Mexico Summit and World Health Assembly resolutions, WHO prepared a draft position paper on its roles and responsibilities in health research. In preparation to its submittal to the global ACHR in November 2005, there is a need to solicit perspectives on the policy from a broader scope of audience.
3.2.2 It is recommended, therefore, that:

(1) WPACHR members should engage in dialogues leading to the finalization of the WHO research policy paper;

(2) the Regional Office for the Western Pacific should publish a series of regional research reports prior to the Africa Ministerial Summit in 2008, and that WHO Headquarters should assist the Regional Office in preparing a draft report to the Ministerial Summit, possibly in collaboration with the South-East Asia Regional Office; and

(3) WPACHR should continue HRSA initiative in selected countries in collaboration with COHRED and GFHR.

3.3 Health Policy and Systems Research (HPSR)

3.3.1 WPACHR discussed the draft on the Rapid Situational Analysis of Health Policy and Systems Research in the Region, and supported the completion of the initiatives on HPSR and exploration of opportunities arising from the analysis.

3.3.2 It was noted that there are four key areas of challenges that need to be addressed with special focus on low-income countries, namely: (1) research capacity development; (2) knowledge sharing and networking; (3) funding for HPSR; and (4) translating research to policy.

3.3.3 It is thereby recommended that:

(1) WHO, in collaboration with relevant partners, should develop a research framework for data collection and analysis on health inequalities, by disaggregating indicators of social exclusion, to particularly address the reduction of inequalities in access to health services and in health status in the Region;

(2) to strengthen health systems and for better integration of vertical programmes, WHO should document the impact of the vertical programmes on the health system using the data on health inequalities;

(3) WHO should convene a stakeholders meeting (perhaps at the Regional Committee meeting) in order to set an agenda for regional HPSR and to facilitate intercountry and regional collaboration in HPSR;

(4) WHO should initiate systematic reviews via collaborating centres or Cochrane network in order to ensure knowledge sharing in HPSR, and should request donors to provide for postgraduate training positions in HPSR for individuals from developing countries;

(5) WHO should implement the EVIPNet plans and document processes and lessons learnt during implementation to improve the use of evidence in decision-making through WPACHR (could be done jointly with the South-East Asia Regional Office through a subcommittee on HSPR in the WPACHR); and

(6) to enhance knowledge sharing on successful country experiences on knowledge translation practices, EVIPNet should disseminate information through electronic
platforms, develop observatories and strengthen existing networks. An example would be the dissemination of results from the mapping exercise in the Philippine Department of Health through EVIPNet.

3.4 Prevention and control of noncommunicable diseases (NCD)

3.4.1 WPACHR noted the huge contribution of chronic and noncommunicable diseases to the regional disease burden of mortality, morbidity, and disability adjusted life years (DALYs) and its adverse impact on low- and middle-income countries.

3.4.2 The Committee also noted that NCD research programmes are focused on prevention and control. As such, the Committee endorsed the proposed areas for research, particularly NCD surveillance using the STEPwise approach, effective interventions for NCD prevention and control, capacity-building in NCD research and dissemination of research results.

3.4.3 Furthermore, it was noted that valid NCD epidemiological data are lacking in many countries to support evaluation of programme impact and the conduct of further NCD research.

3.4.4 WPACHR noted the attrition of skills in developing countries when health researchers are trained abroad and then leave to take up posts outside their home country.

3.4.5 In view of this, it is recommended that:

(1) Network: to ensure a sustained monitoring and evaluation of NCD programmes, WHO should facilitate networks to establish disease registries and to support construction of these instruments; WHO should also facilitate exchange of protocols particularly to help developing countries in implementing certain protocols.

(2) Action research: for effective NCD prevention and control, WHO should assess the existing interventions in the Region, in terms of validity of country experiences as models for other countries, the elements of success and lessons learned; and effectiveness of programmes, i.e. acceptance, sustainability, affordability, coverage including equity issues;

(3) Support system: WHO should encourage researchers in the Region to assist others in developing countries through matching, twinning and other collaborative arrangements in order to advocate in-country capacity-building for NCD research;

(4) Dissemination: in order to optimize dissemination of NCD research results, WHO should develop and implement marketing strategies for STEPS data as it matures; identify target audiences (funding agencies, civil society, communities, policy-makers including non-health players); and develop products tailored for these audiences such as papers, policy briefs, and website publication; and

(5) Policy Framework: WHO should enjoin researchers of joint projects to publish research results using clear guidelines on ownership, credit, and intellectual property issues.
4. CLOSING CEREMONY

Dr Richard Nesbit, Director for Programme Management, WHO Regional Office for the Western Pacific, delivered his message at the meeting’s closing ceremony.

He acknowledged the good job done by the meeting despite the “not so easy” circumstances at WHO, particularly the amount of staff time and financial resources devoted to health research. He opined that health research has been a fairly neglected area, in terms of resource availability, considering that the regular budget has been cut drastically for the past three biennia. However, he emphasized that here in the Region they are trying to improve the situation by considering major changes in the global environment related to health research.

Dr Nesbit cited global events such as the Mexico Summit in 2004 and the World Health Assembly in 2005 wherein resolutions focusing on health research have been formulated. These resolutions reflect the importance and recognition of the relationship between good health systems and health research.

He further expressed that the recommendations pertaining to the implementation of the Regional Framework for Health Research, particularly on strengthening research capacity, policy networks and knowledge management will be followed through by the Regional Office.

On the meeting’s recommendation of putting health research in the agenda of the 2006 Regional Committee in New Zealand, Dr Nesbit suggested that the aims, content, and expected outcomes, if placed in the agenda item, should be identified.

He acknowledged the importance of the meeting’s recommendation to document progress in health research in the Region, as the Regional Office is able to provide feedback to countries and various stakeholders about health research activities in the Region.

As final remarks, he thanked the WPACHR Chairperson, Dr Dwyer for excellently steering the committee, the Vice-Chairperson, Dr Maimunah Hamid, and the two Rapporteurs, Drs Bruce Scoggins and Thomas Wong for their work. He likewise expressed his appreciation to all the members of the WPACHR and representatives from health research councils for their work, the chairperson of the global ACHR, and all other participants and observers for attending the meeting.

The full text of Dr Nesbit’s message is attached as Annex 4.
PROVISIONAL AGENDA

1. Opening ceremony

2. WHO in health research
   2.1 An update on implementation of Mexico Summit resolutions
   2.2 Report from the Advisory Committee on Health Research (ACHR)
   2.3 Report from WPACHR and WHO Regional Office
   2.4 Research on tropical diseases in the WHO Western Pacific Region

3. Partners in health research
   3.1 Council on Health Research for Development (COHRED)
   3.2 Forum for Ethical Review Committee in Asia and the Western Pacific (FERCAP)
   3.3 Global Forum for Health Research
   3.4 International Clinical Epidemiology Network (INCLEN)
   3.5 International collaborative research grants scheme by the Wellcome Trust, Health Research Council of New Zealand and National Health and Medical Research Council Australia

4. WHO's research policy

5. Strengthening of capacity in health policy and systems research in the Western Pacific Region
   5.1 A Rapid Situational Analysis of Health Policy and Systems Research in the Western Pacific Region
   5.2 Health Systems Research in China
   5.3 Evidence-informed policy network

6. Strengthening of capacity in research on noncommunicable diseases
   6.1 Role of research in the prevention and control of NCDs in the Western Pacific Region
   6.2 Research on smoking habits in the Western Pacific Region

7. Assessment of national health research systems
   7.1 Update on Health Research System Assessment (HRSA) pilot initiative
   7.2 Lessons from HRSA for Lao PDR
   7.3 Regional HRSA project
   7.4 Results of regional research output analysis

8. Strengthening of national health research systems
   8.1 Philippine National Health Research System
8.2 Strengthening of health research system in Viet Nam
8.3 Building Pacific Health Research Capability in New Zealand and the Pacific
8.4 Response to Mexico Summit and WHA Resolutions in Malaysia

9. Work of WPACHR and the Health Research Councils (or analogous bodies) in 2005-2008
   • Discussion on implementation of Mexico Statement and WHA Resolution (58.34)
   • Finalization of recommendations

10. Closing ceremony
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OPENING REMARKS BY THE REGIONAL DIRECTOR
AT THE MEETING OF THE WESTERN PACIFIC ADVISORY COMMITTEE ON HEALTH RESEARCH (WPACHR) AND HEALTH RESEARCH COUNCILS
Manila, Philippines
4 Oct. 2005

DISTINGUISHED GUESTS,
LADIES AND GENTLEMEN,

It gives me great pleasure to welcome you all to Manila.

As most of you are aware, the Western Pacific Advisory Committee on Health Research is the advisory body which gives me advice in health research area. It plays an important role in defining policies for the promotion of research and developing mechanisms for this purpose.

I can foresee at least the following three areas where we need to be more proactive in the area of health research in our Region.

First, we need to support our Member States to develop strong, transparent and sustainable national health research systems. Research results from the developed countries cannot be directly applied to the health problems in the developing world.

Second, we need to have a critical review on available evidence to support our strategies and programmes, and to try to stimulate research when we find gaps in evidence.

Third, we need to develop mechanisms for improving the use of available scientific evidence better, both in health policy-making and in clinical practice. The producers and users of health research should work closely together to shape the research agenda and to ensure that research is used to improve health.

In the previous meeting in March 2003, the Advisory Committee approved the Regional Framework for Health Research to guide research promotion activities in our Region, and I have endorsed this framework. I ask you to review implementation of this framework so far, and to discuss priority actions needed in the next biennium.

In May of this year the Fifty-eighth World Health Assembly passed a resolution on health research, with several requests for action to the Director-General, Member States and to the research community.

Therefore, I ask you to discuss the recommendations from the World Health Assembly, and to make your suggestions for your priority actions for implementing these in our Region.
As I mentioned earlier, it is our responsibility to point out gaps in current evidence in different programme areas. Therefore, I have requested this meeting to review and discuss situation in our Region in two important areas, namely, in research related to noncommunicable diseases including the issue of aging population and in health policy and systems research.

Now here, I just like to deviate from the text prepared by my colleagues.

In my capacity as a regional director obviously I have ample opportunities to visit the countries in our region and particularly developing countries. Now, whenever I visit those developing countries, of course, I have a chance to meet ministers or sometime prime ministers, and leaders of those countries. And very often I find that those policy decision-makers base their decision not necessarily on evidence but on something else. And in my view, this is because of either of the two reasons. First reason, maybe the evidence just does not exist. So there's no way for the ministers or prime minister to use it to draw policies. Second reason is maybe the evidence somehow exist but this evidence is not necessarily presented to those policy decision makers in such a convincing manner. So maybe there are also another reasons, but certainly I'm sure that there is truth to this.

Now having said that I understand that this advisory committee on health research for this region for the last, I understand, two years particularly under the chairmanship of Professor Dwyer, has decided that this group should be more action-oriented. I think this is the decision that this group made under the able chairmanship of Professor Dwyer. And already some tangible progress have been made. So I like to take this opportunity to thank all of you for this action-oriented attitude.

So, now in this context, I just like to propose one thing for your consideration for the next couple of days. Now, I said sometimes policy decision-makers do not base their decision on the evidence because of either of the two reasons I just mentioned. Therefore, I like to propose that within a couple of years, WPRO, through the WHO Secretariat with close collaboration with all of you and also some research centres will come up with a lot of research articles and publications which I think we can put them together and make some sort of publication and present this in such a convincing manners to the policy decision-makers particularly to the developing countries so that at least they will see that there's a lot of plans that can be easily implemented and evidence that they can draw upon. So, this is my humble suggestion. Of course, the WHO Secretariat has to triple its efforts and if there is additional money needed, I will try to make sure that the fund will be available. But, I think we also need your proactive role in this matter. Then the policy decision-makers do not have any excuse to say that we don't have an evidence. Of course, this is a bit difficult and demanding request from my side. But I hope that you can at least discuss whether that idea is feasible or not.

Now with these words, I’d like to officially announce that this meeting of the Western Pacific Advisory Committee on Health Research and Health Research Councils open. I wish you a very productive and successful meeting. Thank you very much.
MESSAGE OF DR RICHARD NESBIT, DIRECTOR FOR PROGRAMME MANAGEMENT THE WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE WESTERN PACIFIC AT THE CLOSING CEREMONY OF THE MEETING OF THE WAPCHR, 4-6 October 2005

LADIES AND GENTLEMEN,
COLLEAGUES,

First of all I would like to thank all the participants who have come to this workshop for the work that covered the last 3 days. We are very pleased that we have seen you such experienced professionals from the region that are willing to work on this committee and participate in this meeting.

I believe that the committee is doing a very good job under not so easy circumstances and "why do I say not so easy circumstances?" I think this is very apparent, that health research has been a fairly neglected area over the last few years and this has been neglected in terms of the amount of staff time we were able to devote to and also in terms of financial resources and this is one of the contributing factors that has been considered since the regular budget has been cut for the last 3 biennium in the last 6 years fairly drastically. But here in the region, we are trying to turn this around and I think in this we also help by major changes in the global environment related to health research.

There have been a number of important events occurring globally especially the MEXICO summit last year on health research and also we headed our World Health Assembly this year. An important resolution on health research is very important for WHO and I cheer this work is for much better recognition of the relationship between good health systems and health research.

I think that this meeting this week will help to continue to push research into the more prominent role in the work of WHO in the region and we will certainly try to follow through on this. I understand that in your discussions you focus on the Regional Framework for Health Research and the work accomplished in the implementation of this Framework for the last two years and you try to take an action on the recommendations of the Framework. I think that your recommendations relating to research capacity, policy networks and knowledge management, we will certainly follow.

I also understand that you discussed about putting health research on the agenda of the regional committee meeting next year in New Zealand. Normally, health research is an agenda at the regional committee meeting. I think, every four years or so when we consider the trend or the framework. I think it would be important to consider the aims and what the committee would like in terms of what would be the content of having it as an agenda item and what we would hope to achieve as an outcome.

Certainly, I can understand the wish to have much stronger political commitment for health research in the region and this could also help drive, improve funding for health research in the region that we will have to consider. How or what we would present to the regional committee in terms of this, if it is an agenda item?
And then, I think you also discussed about documenting progress of health research in the region and following on from Dr Omi's comments and deserving spirit. I think this is also going to be important that we are able to feedback to countries, to various stakeholders and researchers about what is occurring in research in our region.

Once again I'd like to thank all the members of the committee and also the representatives from the research councils for their work here in the last three days and certainly has been much appreciated by us in the regional office. And also I'd like to thank the chairperson of your Global Advisory Committee for Health Research, Prof Whitworth for coming along and all the other participants and observers who have attended.

I'd like to thank the chair, Dr Terry Dwyer, for an excellent job in steering this committee. Your dedication to this work over the last three years is very much appreciated by all of us and we feel very fortunate for having you as the chair of this committee. I'd also like to thank Dr Maimunah Hamid, the vice-chair and the two rapporteurs: Dr Bruce Scoggins and Dr Thomas Wong for your work here in the last three days. It is also much appreciated.

Finally, we wish everyone a good feedback to your countries and thank you for your work.