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DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH
(INCLUDING RESEARCH STRENGTHENING AND
CAREER STRUCTURES IN TROPICAL COUNTRIES)

Progress report by the Regional Director

1. REPORT ON THE USE OF VOLUNTARY FUNDS

The Western Pacific Advisory Committee on Medical Research (WPACMR), met for its fourth session in Manila in April 1979, immediately following a technical visit to China by a group of its members. Members reviewed the progress made in implementing the recommendations of the previous year, which the Regional Committee had endorsed at its twenty-ninth session and which were funded from both the regular budget and the Voluntary Fund for Health Promotion, totalling US\$604 948 in 1978, of which US\$202 648 were contributed by the Japan Shipbuilding Industry Foundation (JSIF). Resolution WPR/RC29.R10 authorizes the Regional Director,

".... should additional funds be forthcoming, to allocate them, with the concurrence of the Western Pacific Advisory Committee on Medical Research, to research activities which conform to the objectives of the regional programme, reporting on their use to the subsequent session of the Regional Committee."

All save US\$5562 of the available JSIF funds (US\$183 289 after deduction of programme support costs) were disbursed, mainly in respect of research contracts (US\$88 780), research training (US\$41 646) and meetings and consultant visits (US\$47 301).

Other voluntary funds for research on primary health care in the Philippines (US\$26 579 after deduction of programme support costs) were provided by the Danish International Development Agency (DANIDA), while the United Nations Fund for Population Activities (UNFPA) is providing a small sum (US\$12 000) for Malaysia.

2. COMPREHENSIVE PROGRAMME OF RESEARCH

At the fourth session, WPACMR asked that support extended by the Regional Office for all research activities, irrespective of source of funds and programme, be reported to the fifth session.¹ Thus a cycle would be firmly established of extrabudgetary fund raising by the Regional Director, detailed programme budget formulation by the Secretariat, independent assessment by WPACMR and reporting to the Regional Committee. At the same time the WPACMR Chairman reports to the global Advisory Committee on Medical Research, and the Chairman of the global Advisory Committee on Medical Research reports to the Programme Committee of the Executive Board and thus to the Executive Board and the Health Assembly. The main recommendations and programme expectations of the fourth session of the WPACMR are given below:

2.1 Strengthening of national research capability

2.1.1 A meeting of bilateral donors will be held in Beijing early in 1980 for the purpose of catalyzing support for the Government of China's efforts to modernize medical science.

2.1.2 Extrabudgetary support will be sought for strengthening virus laboratories in Fiji, as specified in a feasibility study carried out in November 1978 at the request of WPACMR.

2.1.3 A seminar for directors of the medical research councils in the Region will be held in February 1980, following observation visits by health and research administrators from selected countries of the Region to long-established medical research councils in Australia and New Zealand, and to the United States of America and Europe by a study mission from China.

2.1.4 A report will be prepared on the training and the career structures of health research workers in the Region.

2.2 Research within WHO programmes of technical cooperation

2.2.1 Research on clonorchiasis and paragonimiasis will be supported, particularly in China and the Republic of Korea and an increased (extrabudgetary) allocation sought for this embryonic programme.

2.2.2 A regional programme on diarrhoeal disease control will be developed jointly by the Regional Office Focal Group and the WPACMR subcommittee on diarrhoeal diseases for presentation to the global ACMR in November 1979, at which time extrabudgetary support will be sought.

2.2.3 A group of experts will help to redraft the regional programme on acute respiratory infections, with special emphasis on intervention studies in Fiji, Papua New Guinea and the Philippines. The group will meet on 27 and 28 September 1979.

¹ Report of the Fourth Session of the Western Pacific Advisory Committee on Medical Research, Manila, 10-12 April 1979 (WPR/ACMR/79.20).

2.2.4 Participants returning to their home countries from the Australian Development Assistance Bureau/WHO Seminar on Tropical Immunology, to be held in Sydney, Australia from 28 November to 4 December 1979, will commence to apply modern immunological techniques, utilizing bilateral resources.

2.2.5 The WPACMR subcommittee on cardiovascular and metabolic diseases will report on needs for research on diabetes among Polynesian and Micronesian island populations.

2.2.6 Opportunities for research on the health hazards of working populations will be examined by the newly appointed WPACMR subcommittee on health services and occupational health, especially in countries or areas where occupational environments are changing.

2.2.7 With a view to more effective malaria control, the Secretariat will stimulate proposals from affected countries for research in the relatively neglected area of vector control, for submission to the appropriate scientific working group of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

2.3 Training in research methodology

2.3.1 Plans will be made to organize an intercountry workshop on research design in China in 1980.

2.3.2 A position paper will be prepared on training programmes for research laboratory technicians.

2.3.3 A full report will be prepared on the training and career development of epidemiologists in the Region.

2.4 Resources for research

2.4.1 A report will be prepared for submission to WPACMR, on the 1979 research programme, whether supported from regular budget or extrabudgetary sources, with respect to the Research Promotion and Development Programme and to the research components of programmes covered by the WPACMR subcommittees on:

- parasitic diseases,
- diarrhoeal diseases,
- other communicable diseases,
- health services and occupational health,
- family health, and
- cardiovascular and metabolic diseases.

2.4.2 A report will also be prepared on the outcome of a meeting between donors of extrabudgetary funds and a joint Secretariat/WPACMR group.

2.5 Exchange of research information

2.5.1 Support will be obtained, although of only a modest amount from WHO sources, to encourage the initiatives taken by librarians in the Region for interlibrary cooperation and services to research workers.

2.5.2 Provided specific criteria are met, a maximum of six meetings will be co-sponsored with nongovernmental organizations, one in each of the areas covered by the six subcommittees listed above.

2.5.3 Preparations will be made for regional programme managers to report to the WPACMR details of scientific and technical meetings scheduled to be held in 1980 and 1981 in the priority areas specified by the six WPACMR subcommittees.

2.6 Interregional cooperation

2.6.1 Information transfer mechanisms, similar to those developed by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, will be devised, particularly with regard to diarrhoeal diseases research.

2.6.2 An appropriate Secretariat staff member from the WHO Region for South-East Asia will be invited to attend selected meetings of the six WPACMR subcommittees.

2.7 WPACMR membership

In addition to the existing complement of members, a member from China, preferably with experience in health services management, will be invited to join the Committee.

2.8 Research management

2.8.1 A clear set of procedures will be formulated to guide WHO in its research activities. The procedures will highlight the mechanism of peer review and define the role of independent scientists in relation to technical and funding decisions.

2.8.2 Peer review procedures for assessing funding proposals submitted to the Regional Office will be considered.

3. IMPACT OF THE REGIONAL RESEARCH PROGRAMME

The first substantial funds to support the greater involvement of the Region in health research were obtained only in September 1977 but the impact is already discernible at country level in terms of:

- (1) increase in research programmes;
- (2) increased relevance of research to local needs; and
- (3) increase in research resources, including manpower.

This is documented by illustrative examples¹ in the following paragraphs.

3.1 Increase in research programmes

In Papua New Guinea, pneumonia is the leading cause of death. Under the largest ever regional research contract (US\$77 000), three professional staff have been recruited locally and a WHO epidemiologist appointed, to establish a pneumonia and acute respiratory infections research unit at the National Institute of Medical Research. On 26 October 1978 the Government wrote to WHO stating that priority was being given to the project, which was in line with that for disease control in the National Health Plan.

In China and the Republic of Korea, contracts for US\$10 000 and US\$14 000 respectively have been drawn up to support research on clonorchiasis and paragonimiasis. Since "the two diseases are almost exclusively a regional problem"² WPACMR, at its fourth session, accepted responsibility for coordinating world research activities. An estimated 20 million Chinese are affected by clonorchiasis and prevalence studies in the Republic of Korea show that approximately one person in 20 harbours the parasite.

In the Philippines, an independent steering committee of scientists approved three contracts in 1978 for research on Schistosoma japonicum, totalling US\$47 520. In 1979, progress was reviewed and further awards of US\$77 455 approved by the Committee. Half a million people suffer from the disease in the Philippines.

3.2 Increased relevance of research to local needs

In Papua New Guinea, the National Immunization Coordinating Committee adopted a resolution to the effect that facilities for the administration of Pig Bel B-toxoid should be offered, subject to budget and procurement, to provincial health officers in the five highland provinces, advice on its use being given through existing community health nursing service clinics in selected and monitored areas. This is the outcome of research partially supported with a contract for US\$20 000.

Fish poisoning (ciguatera) affects at least 800 people each year in French Polynesia and many more in other Pacific Islands. A dinoflagellate (Gambierdiscus toxicus) has been identified as the source of the poison, which accumulates in the fish liver. Research on the pathogenesis of the disease is being supported with a view to prevention and the treatment of poison victims.

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Fuller information is available from the Report of the Western Pacific Advisory Committee on Medical Research Secretary (WPR/ACMR/79.10) and the Report of the fourth session of the Western Pacific Advisory Committee on Medical Research (WPR/ACMR/79.20).

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Report of the Fourth Session of the Western Pacific Advisory Committee on Medical Research, Manila, 10-12 April 1979 (WPR/ACMR/79.20), page 9.

In the Philippines, an initial contract for US\$41 260 was made for research on dengue haemorrhagic fever (DHF). An ad hoc steering committee of global experts, reviewing progress, commented on the high quality of the research carried out in 1978 and stated that funding should be continued in 1979. A further award of US\$40 161 has been made. In the period 1975-78, some 70 000 DHF cases were reported in the Region, with case fatality rates varying from 1.6% to 9.2%.

3.3 Increase in research resources

One half of the 1979 regional research funds are specifically allocated for the development of research components within WHO's regional programmes of technical cooperation with Member States. Within the communicable diseases programme, for example, funds have been allocated in fields such as acute respiratory infections, mainly in Papua New Guinea, dengue haemorrhagic fever in the Philippines and health services research in the Republic of Korea.

The remaining funds are employed principally for strengthening research capability at the Institute for Medical Research, Kuala Lumpur, Malaysia, and for research training.

Stimulation of research efforts in Member States has been effected through meetings, such as those on the purely regional problems of subperiodic bancroftian filariasis transmitted by Aedes polynesiensis and of schistosomiasis japonica, and a new cadre of research workers has been produced.

National health research resources have been identified in China and in the Republic of Korea, using a prototype inventory.

RESEARCH STRENGTHENING AND CAREER STRUCTURES IN TROPICAL COUNTRIES

In the development of research components within WHO's programmes of technical cooperation with Member States, the Organization is almost entirely dependent on national personnel. With the greater regional involvement in research, the Organization is using existing national resources to an ever increasing extent and it is becoming clear, especially in tropical countries, that those resources are insufficient and that in some areas they scarcely exist. Thus, unless there is an increased effort to create and develop professional cadres of national research workers, increasing inputs by WHO will not serve to strengthen national research capability and technological and scientific dependence will be perpetuated.

The concern of the Organization to develop self-reliance in research in developing countries has been expressed individually to national health authorities and, through the WHO Programme Coordinators and other official contacts, questionnaires have been completed for five countries in the Region. This exercise was related to resolution WPR/RC29.R10 adopted by the Regional Committee at the twenty-ninth session which requests Member States to

"provide career structures which permit research workers to devote their time fully to research and which attract young workers."

In two of the five countries surveyed, professional career development in full-time health work does not exist, either for physicians or for other medical scientists or for technicians. Full-time established posts do exist for health research workers in all five countries, predominantly in research institutes (4 out of 5), in universities (2 out of 5) and in the health ministries (2 out of 5). In three of the five countries, special incentives are given to support full-time research workers in health or biomedical sciences and, in those same countries, there is a legislative basis for the provision of support for health and biomedical research.

In some developing countries of the Region, the conditions of service for research workers have recently improved. For example, special salary scales for full-time research workers have been established. Elsewhere, however, personnel are expected to make a living wage by supplementing income with private practice; also research scientists and technicians often receive unrealistically low salaries.

This matter is brought to the attention of the Regional Committee at the request of the Director-General, asking Member States to take appropriate measures to correct the present situation, which presents a major obstacle in the development of national self-reliance and the strengthening of national research capability.