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HEALTH FOR ALL POLICY RENEWAL IN THE EUROPEAN REGION

REPORT ON THE MEETING OF THE EUROPEAN ADVISORY COMMITTEE ON HEALTH RESEARCH, COPENHAGEN, 7-8 APRIL 1997

The European Advisory Committee on Health Research (European ACHR) is an advisory body to the Regional Director and forms part of WHO's global advisory mechanism. This eighteenth session of the European ACHR was called to advise on the research aspects of a preliminary draft ('draft zero') of a new Regional HFA policy as well as to review regional-specific issues emanating from the meeting of the global ACHR meeting in March 1997. The Committee also reviewed the applications for the Jacques Parisot Fellowship award.

The Committee made a number of general and specific comments on the various chapters of the draft policy, such as a "stand alone" section on research, target-setting and search for evidence. There was also a detailed discussion on an action plan for the European ACHR.

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1.INTRODUCTION

The eighteenth session of the European Advisory Committee on Health Research (European ACHR) was held in Copenhagen on 7 to 8 April 1997. The meeting was opened by the Director, Programme Management, Dr Serguei Litvinov, who welcomed participants on behalf of the Regional Director, and introduced the terms of reference of the Committee and the scope and purpose of the meeting. The European ACHR meets as required, normally every two years. Due to budgetary constraints, it has not been possible to hold European ACHR meetings since 1991.

The main purpose of the meeting was to review the scientific base of a first draft of the renewed HFA policy for Europe for the 21st century. Advice was sought on the availability and strength of evidence in support of policy conclusions and recommendations, as well as on ways to strengthen its inclusion in the draft policy. The meeting also looked at region-specific issues following the recommendations of the March 1997 meeting of the global ACHR, and at applications for the Jacques Parisot Foundation Fellowship.

Professor Jorma Rantanen was elected Chair of the European ACHR and Professor Ann Taket as Rapporteur. Dr Herbert Zöllner acted as Secretary.

2. OPENING SESSIONS OF MEETING

Dr Herbert Zöllner, Acting Director, Health Policy and Services, briefed the meeting on the global and regional HFA renewal. He began by introducing the renewal process, summarized in Table 1. The meeting of the European ACHR, together with the meeting of the RHDAC, were both asked to consider the initial working draft of the Regional HFA policy. A revised version will be produced following the meetings (Rev. 1) which will form the basis of consultation with Member States, and be considered by the Regional Committee in September 1997. The planned timetable for successive revisions (Rev. 2 and Rev. 3) of the policy can be seen in Table 1.

Dr Zöllner introduced the overall structure of the initial draft of the renewed HFA policy and explained its four main themes, formulated following the advice of the Regional Committee. The first of these is reaffirming the values of Health for All, particularly ethics and equity, and making a commitment to act on the root causes of ill-health and to take advantage of the basic opportunities for positive health. Second is the need to reposition health at the centre of social and economic development, recognizing it as a key to development. Third, the draft focuses on people, their needs and expectations, their own initiatives and health choices. Finally the document introduces stronger mechanisms for accountability for health on the part of industry and trade as well as inside the health sector.

Table 1: Planned milestones in the HFA renewal process

1997	April	European ACHR and RHDAC brainstorm on working draft
	July to November	Written consultation with Member States on Regional HFA policy (Rev. 1)
	September	Forty-seventh session of the Regional Committee (RC47) to consider: <ul style="list-style-type: none"> • HFA evaluation results • draft Global HFA policy

		• draft Regional HFA policy (Rev. 1)
1998	April	SCRC to consider Regional HFA policy (Rev. 2)
1998	May	World Health Assembly: special event to launch Global HFA policy
	September	RC48 to approve Regional HFA policy (Rev. 3)
	December	Publication of Regional HFA policy

Professor Theodor Fliedner, Chair of the Global ACHR, briefed the meeting on the development of a research agenda for science and technology to support the Global Health for All strategy by the global ACHR. He began by emphasising that, despite 50 years of extremely successful health development, it is important not to view the future simply as a question of applying the results of past research. New knowledge is needed, considerable challenges for the future are posed by many issues including emerging and re-emerging diseases, and these are such as to require a multidisciplinary effort from the research and science communities for their solution. He outlined the responsibilities of the global ACHR system (see Table 2), and stressed that an important challenge for the European ACHR was to identify what European science and research can contribute to the promotion of health at the global level.

Table 2: Responsibilities of the ACHR system

- to advise the Director-General on the general orientation of WHO's research
- to advise on the formulation of the global priorities for health research in the light of the policies set by the Health Assembly and the Executive Board and on the basis of regional priorities evolved in response to the health problems of the countries
- to review research activities, monitor their execution and evaluate their results, from the standpoint of scientific and technical policy
- to formulate ethical criteria applicable to these research activities
- to take a prominent part in the harmonization of WHO's research efforts as between country, regional and inter-regional levels, and in their effective global synthesis

He emphasized that HFA cannot be achieved without the support of research and described the work that the global ACHR has undertaken to develop a research agenda, which is to be understood as a process rather than a fixed product. Two specific mechanisms have been developed in support of this process. The first of these is the Planet HERES project, creating an Internet-based global planning network for health research, which brings together a network of experts who can participate actively and continuously in the development and updating of a global health research priority-setting process. The second mechanism is the health profile approach to analysing and monitoring the health situation in individual countries, through the examination of key indicators relating to health and its determinants.

The research agenda will identify significant and global health problems and also research imperatives and opportunities (see Table 3 for definitions). It is important to think in terms of research imperatives and opportunities, rather than priorities, to avoid the assignment of topics to the position of 'posteriorities'. It is important that this research agenda should not widen North-South or East-West gaps.

Table 3: Terms of reference and definitions for the global HFA research agenda

A health problem will be considered **significant** if it:

- contributes substantially to the burden of illness in a population, in terms of prevalence or severity;
- is perceived (due to technological advances, better communication etc.) to be amenable to improvement, thus increasing political pressure for corrective action;
- represents a major and identifiable cost to the taxpayers and/or the health care system; or,
- has the potential of becoming a significant risk to community health status and general welfare.

A significant health problem will be considered to be **global** in scope if it:

- affects people in many regions;
- affects people in one or only a few regions, but has the potential and probability of affecting people in many regions;
- can not be solved by one region alone;
- is limited to a certain region, but research results are generalizable to many regions;
- calls for research and development (R & D) which is likely to have a high paradigmatic value (e.g. new research methods).

Global research imperatives and opportunities are characterized by:

- their global and regional significance;
- the involvement of more than one domain of health;
- the cross- and intersectoral nature of the addressed research issues;
- the need for trans-national cooperation;
- the outcome would have universal relevance and a return for all partners.

Professor Fliedner talked about several examples of evolving problems requiring attention, including the consequences of population dynamics, the problems of 'mega-cities' and the new and re-emerging health threats, and discussed some specific examples of global research imperatives and opportunities.

He concluded by arguing that there was a need for a reactivated European ACHR in order to take action to mobilize the European scientific community to contribute to health development, and especially to global health development.

3. THE FUTURE ROLE OF THE EACHR

In recognition of the considerable time since the Committee had last met, some time was devoted to discussing the future role and activities of the Committee.

3.1 Framework for regional research policy and priority research

A presentation on the original framework for regional research policy was given by Dr Hannu Vuori. He explained that in response to the original Regional strategy for HFA, the European ACHR had worked with Regional Office staff to examine the research implications of the strategy. This resulted in two publications, "Research policies for health for all" and "Priority research for health for all". The first of these was aimed at helping countries formulate their own research policies in support of HFA, while the second was aimed more at the scientific and research communities and laid out the research agenda posed by the European HFA strategy. While these had some effects in terms of a number of different countries formulating national HFA research policies (for example Finland and the Netherlands) and some influence on EU research priorities (for example in the area of quality assurance), generally speaking, the impact had been much less than had been hoped for.

Dr Roberto Bertollini then gave a presentation on the experience of research collaboration gained in the area of Environment and Health. The Second European Conference on Environment and Health in Helsinki in 1994 had agreed to a proposal for a joint programme of research involving the WHO Regional Office for Europe, the European Science Foundation and the European Commission. Following this, the three partners set up a Liaison Group and a European Science Foundation Steering Committee on Environment and Health was also established. The Liaison Group's role has been to coordinate activities leading to: the definition of the state-of-the-art on environmental health issues; identification of research priorities in support of policy formulation, the improvement of tools available for environmental health management; and finally, to the preparation of an international consensus conference on environmental health research priorities, to be held in October 1998. After a slow start to the work, the collaborative process is now proceeding well, and could provide a useful model for collaboration in other priority areas.

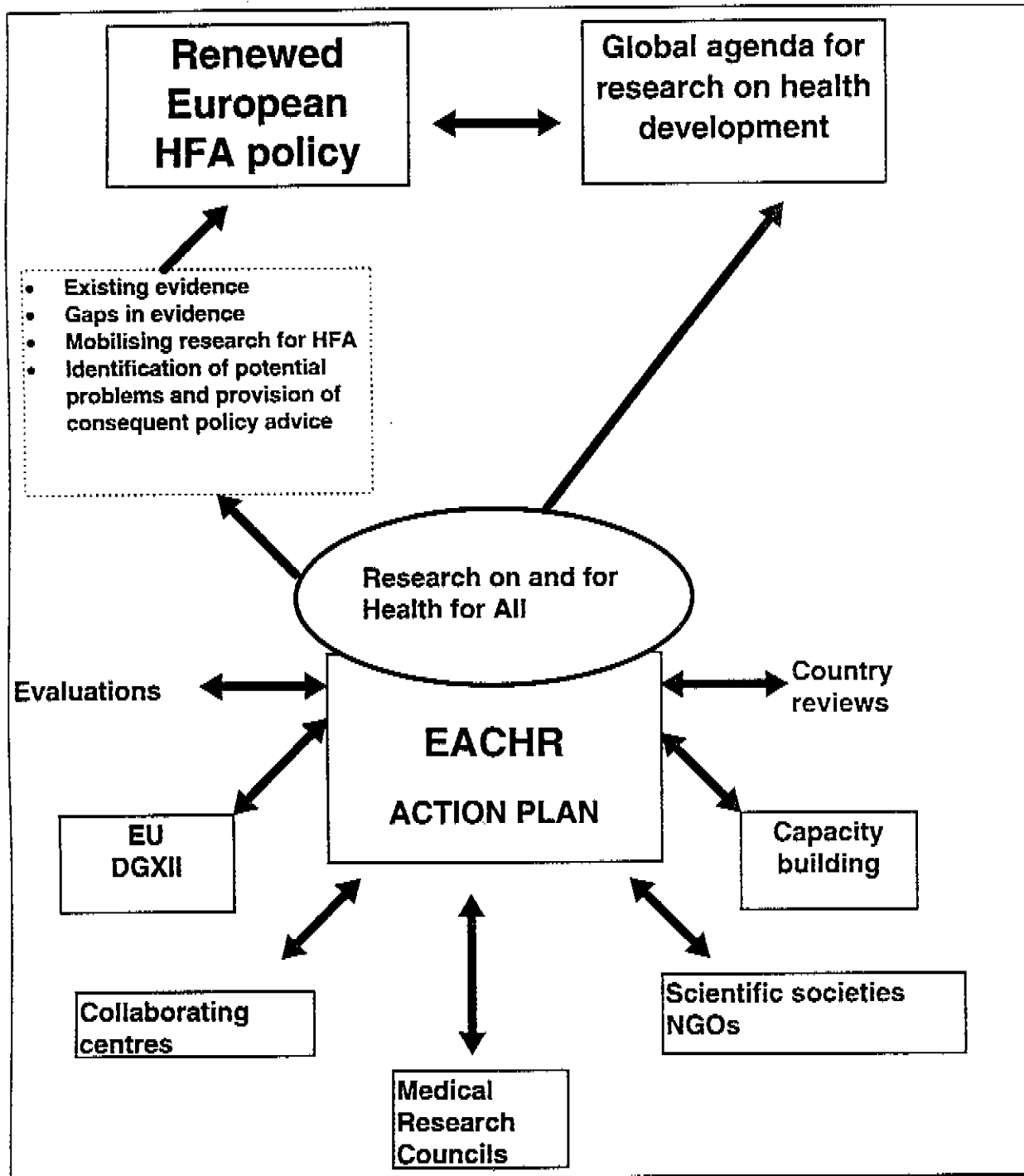
The meeting also considered the Finnish country experience presented by Professor Rantanen. He outlined how the external evaluation of the Finnish national HFA strategy provided an opportunity to identify actions involving research and development that needed to be undertaken to assist in implementation of the strategy. This is now being followed up by the Ministry of Social Affairs and Health, by the Academy of Finland and by research institutions and universities. A revised Finnish HFA strategy was prepared including two specific measures related to research: on the creation, synthesis and dissemination of information relating to population health and the factors influencing it; and on the allocation of research and development funds to the most important areas of the strategy. Despite the economic recession that occurred after the launching of the strategy in 1993, the allocation of government funds to R&D in health grew both absolutely and relatively, to give a total R&D budget in the health sector in 1995 of about 953 million FIM. The Ministry also identified a new national strategy for research in social security and health, completed in 1996, which identified seven research priority areas.

3.2 Future EACHR activities

HFA cannot be achieved without the support of research, this is important both in terms of harnessing the knowledge available from existing research and shaping future research to support the implementation of the HFA policy. (Detailed notes were taken of the Committee's comments on research and evidence and will be taken into account in producing the next draft of the renewed HFA policy for Europe).

The potential future work envisaged by the Committee is depicted diagrammatically in Figure 1, and the specific activities envisaged summarized in Table 4, in relation to the existing terms of reference of the Committee (see Annex 1), and in relation to the task of mobilizing research as a partner in the implementation of HFA. It was agreed that it would be helpful to develop a detailed action plan for the potential future work of the European ACHR.

Figure 1: Potential future role of the European ACHR



As the discussion of the earlier experience of the EACHR showed, much remains to be done to mobilize scientific and research communities to address the research agenda posed by HFA. Developments that have already occurred in communication and information technology mean that various different types of networking activities that can contribute to the mobilization of research in support of HFA are now much more technically feasible. The EACHR would be ideally placed to take a lead in facilitating such networking.

The need to continue to break down the barriers between clinical medicine and public health remains a priority, alongside the need for increased recognition of the necessity of multidisciplinary research in order to successfully tackle the HFA research agenda. The Regional Office's existing network of collaborating centres provides a potentially extremely valuable resource, but effort is needed in order to reactivate some centre and to facilitate their contribution; here also, the creation and facilitation of active networks is required, and the EACHR could play a leading role in this. Furthermore, close and sustained cooperation needs to take place within WHO's ACHR system.

Table 4: The proposed future work of the European ACHR in relation to its terms of reference

- (a) Formulation of policies for the development of health research in the Region, taking into consideration global research policy;
 - contributions towards sections of renewed HFA policy dealing with 'Research in support of HFA' (see initial ideas set out in section 4.3 of this report);
 - development of evidence base for HFA.
- (b) Identification of regional research priorities in the light of regional policies for health for all;
 - scanning to identify potential problems/opportunities on the basis of scientific change and identification of consequent policy implications;
 - critical review of existing research evidence;
 - identification of research agenda implied by renewed HFA policy.
- (c) Development of research potential and capacities in countries in transition;
 - facilitation of training workshops;
 - facilitation of twinning arrangements;
 - country reviews.
- (d) Promotion of inter-regional collaboration on research
 - participation in global ACHR system and contribution to the global research agenda;
 - development of common scientific language, definitions and glossaries;
 - guidelines for globally applicable research methodologies (for example - how to conduct survey on environmental health risks).
- (e) Mobilizing research as a partner in the implementation of HFA in the European Region:
 - creating and facilitating networks for dissemination and implementation of research;
 - reactivating collaborating centres to lead research for HFA;
 - facilitating collaboration between centres working in similar areas;
 - liaison with EU, Medical research councils (MRCs), NGOs, scientific and other societies, to develop and implement the research agenda for HFA;
 - identification of regional research training agenda;
 - evaluation of existing programmes;
 - development of common scientific language, definitions and glossaries;
 - guidelines for globally applicable research methodologies (for example - how to conduct survey on environmental health risks).

3.3 Future organization of the work of the EACHR

The organization of the work of the EACHR was considered in the light of the roles and activities discussed above, and the following conclusions reached. Firstly, in order to drive forward the considerable agenda that the Committee identified, an annual meeting of the committee would be necessary (commencing in 1998). The committee would continue business between meetings by utilizing the communication possibilities offered by e-mail and the Internet. This would allow discussions to be moved forward and decisions reached at a pace not permitted by other means.

The creation of an Internet home page for the Committee was seen as an important early step in enabling the Committee to continue to work together outside of meetings (and would also serve other functions to do with the discharge of Committee's roles in networking more widely and dissemination (discussed elsewhere). The question of how this could be implemented, including where it is to be supported and the resources to update page content still need to be explored.

A certain basic level of resources and support would be necessary to allow the Committee to function in the manner outlined above. One priority is the identification of minimum secretariat support for future work of the Committee. The Committee considered that this function (secretariat support to the Committee) should be combined with responsibilities in connection with developing the evidence base for the renewed HFA policy (discussed in section 4 below), since similar knowledge and skills would be required for both functions.

3.4 Strengthening research in countries in transition

Professor Yuri Komarov presented a paper discussing scientific research in public health in NIS countries. As he explained, research in the public health field in the former Soviet Union was generally centralized, with some research specialities present in different Republics and sometimes regions or oblasts. So that for example, the epidemiology of cardiovascular diseases was a speciality in Lithuania, Latvia and Estonia, while research in health service management was a speciality in Moldova and research into rural population needs in Georgia.

Since independence, each country has been working to develop research institutes and centres capable of tackling the whole range of public health related research. This has met with considerable difficulties connected with the particular features of the transitional period in the economy. Many talented specialists have left the public health field to go into commercial employment or to emigrate, there are thus shortages of human resources in the research field. There are also resource shortages in terms of funds for research, which must compete with pressing service needs. Meanwhile the research agenda has grown, particularly alongside the public health reforms that are being introduced.

The EACHR noted the importance of exploring different mechanisms to support capacity building within countries in transition. There are a number of areas where WHO can play a direct role. These include facilitating the provision of skills/training workshops or other training opportunities dealing with different relevant aspects of research for HFA, identification of research policy, identification and design of research programmes and the targeting of proposals for particular sources of funds. Twinning arrangements can also be

developed between different institutions to support institutional development.

Another important mechanism to support the development of research capacities would be the provision of financial support for attendance at international conferences relevant to the development of research capability and the research agenda, (the telematics conference, to be held in July 1997, provides one such important opportunity). Finally, the use of EU PHARE and TACIS programmes should be explored, and assistance provided to countries in transition in making applications to such programmes.

4. THE RENEWED HFA POLICY FOR EUROPE

The main purpose of the meeting was to review the scientific base of a first draft of the renewed HFA policy for Europe for the 21st century. Advice was sought on the availability and strength of evidence in support of policy conclusions and recommendations, as well as on ways to strengthen its inclusion in the draft policy. Detailed notes of points and suggestions were given to the Secretariat. Members of the Committee also agreed to send any further detailed comments on the text to the Secretariat.

4.1 Quantification of targets

Mr Arun Nanda, Regional Adviser, Epidemiology, Statistics and Health Information, gave a presentation on a proposal for quantification of outcome targets. The methodology proposed was based on three premises: that the targets should be feasible, but require some additional action for their achievement; that targets should be averages (for the region or groups of countries) and not country specific; and that the target date should be 2020 for outcome targets with other targets possibly having earlier dates.

An example of the methodology was given for the case of life expectancy where the Region was split into three groups of countries (the EU, newly independent states (NIS), other countries of central and eastern Europe (CCEE)). Targets were then derived for each of these groups in turn, based on different assumptions, and these targets recombined to give an overall target for the region. The target for the EU group was obtained by assuming increasing trends of same extent as Japan (the country with the highest life expectancy currently). The target for the CCEE was based on extrapolation of the increasing trend found since 1990. The target for the NIS countries was based on assumption of resumption of the best past observed level. The target generated in this fashion can then be compared to the distribution of values for individual countries in any particular year.

While realizing that life expectancy was an example only, the Committee strongly questioned the desirability of a target on life expectancy. The dangers here are firstly that this raises very real questions about whether significant extensions to average life expectancy for the Region can be afforded. Secondly, this may be seen as prolonging life expectancy for its own sake, without regard to quality of life, i.e. the Committee saw a danger that this would introduce an emphasis on adding years to life without necessarily adding life to years. If a target is specified in this area, the Committee recommended that it should be framed in terms of productive life expectancy (where it was emphasized that this should be interpreted as socially and/or economically productive) and/or reduction of premature mortality.

A method of target-setting at clinical level was presented to the meeting by Dr Kirsten Staehr-Johansen (Regional Adviser, Quality of Care and Technologies) based on a bench-marking approach in which a distribution of values across different geographical or organizational units (countries, regions, hospitals...) is presented for use by the units. Units can examine where they lie in the distribution and decide an appropriate target for themselves, for example by looking at similar units who manage to achieve better values than them. There are many examples of this approach, including for quality indicators in perinatal care, such as eclampsia within the Europe-wide project on Obstetrical Quality Development through the Integrated Use of Telematics (OBSQID). The health profile approach presented earlier by Professor Theodor Fliedner offers a similar type of possibility for target-setting across a number of dimensions by reference to a position within a distribution.

It is important to recognize that different types of targets are required in the renewed HFA strategy (e.g. policy, structural, outcome, etc.). Obviously not all of the different types of target would be amenable to quantification. The Committee was strongly of the view that, in order to meet the new challenges facing Europe and implement the major orientations of the revised policy, the balance between different types of targets in the renewed HFA policy should be shifted to give more emphasis to structural factors affecting health. Policy-related targets were also seen as particularly important. By contrast, there was strong concern about the use of Europe-wide disease-based targets (e.g. cancer, cardiovascular disease) if this approach may suggest to the reader that thinking should be monocausal and that there was no need for intersectorality, primary prevention and a structural approach in implementation. The usefulness of analysing patterns of health and environment at sub-national levels in Europe was recognized.

The Committee devoted considerable discussion to the question of setting quantitative targets. They should involve scientifically dependable (and defensible) predictions based on careful analysis of trends in the past and plausible extrapolations to the future. Plausibility can be established with reference to discussions of relevant risk factors in the case of mortality or morbidity related targets. The research literature and/or discussions with relevant scientific/professional societies can be useful in identifying best practice within countries; examples of the latter exist in relation to diabetes, obstetrics and dental health.

The Committee expressed strong concern about any use of a method for setting outcome targets for Region based on extrapolations of data for country groupings. The basis for such concern was that such statistical extrapolations for groups of countries cannot be justified on scientific grounds; each group of countries is not homogeneous. Furthermore, the identification of different country groupings and the application of different assumptions to each can be seen as potentially divisive. Instead, the scientifically appropriate level for target-setting is national or subnational. The Committee recommended that the renewed HFA policy might propose a methodology/methodologies for quantified target-setting for use in countries. If Europe-wide quantified targets are to be introduced, it must be recognized that it will be difficult to justify them on scientific grounds; their purpose will have to be inspirational and aspirational.

The Committee was also of the view that, rather than methods involving statistical extrapolation, there were advantages in the use of approaches based on 'benchmarking' where the distribution of values across different geographical units (countries, sub-regions, ...) is presented for use.

4.2 Use of evidence

To increase the usefulness of the HFA renewal document, it is important that evidence is cited and referenced throughout document (for the specific points made and the suggested solutions given). Evidence of all sorts needs to be included: from the natural/biomedical sciences, including epidemiology; from the social and policy sciences; and finally evaluated practice including case studies. The evidence used should have been subject to critical review (as to methodology etc.).

It was stressed that the provision of explicit references is important in allowing people to use the document, by providing specific details and examples of the argumentation supporting the suggested solutions. For policy-makers and political decision-makers, it is important that both political argumentation and economic argumentation in support of the revised policy are included. A strong fully referenced evidence base is essential for this.

In order to carry out the necessary work involved in providing a strong evidence base for subsequent versions of the HFA renewal document, the Committee felt it very important that WHO should fund an in-house capability to identify new evidence from the literature and to carry out critical reviews, this capability is important across all the different types of evidence. The Committee further considered that this function should be combined with that of providing secretariat support to the Committee, since similar knowledge and skills would be required for both functions. In addition this would have the advantage of making it easily possible for Committee members to provide guidance and support in the process of conducting such reviews

Specific areas where evidence existed but was not being utilized in the draft were identified, in particular, violence, oral health, and occupational health. In the case of oral health, good examples of successful actions in community based oral health exist from several countries; Professor Petersen offered to supply these to the Secretariat. Professor Rantanen offered to supply examples in the field of occupational health.

Another aspect of the use of evidence within the current draft of the document is comparisons between individual countries or groups of countries when discussing past trends and illustrating the scale of the challenges facing Europe. On scientific grounds, the Committee would prefer to see less use made of such data and more use made of sub-national data. Most prominent of the reasons behind this recommendation is the recognition that countries are not homogeneous entities, and groupings of countries such as CCEE or NIS are even less homogeneous in terms of factors affecting health.

It is very important that the use of data on the current situation and trends in health status is contextualised properly, and this means that comparisons between countries and groups of countries must be made very cautiously. More appropriate contextualisation is possible where sub-national data is presented, and where increased confidence can be placed in uniformity of data definition etc. The inequalities in health status and trends at sub-national level are dramatic and their use for illustrative purposes runs less risk of stigmatising particular countries, particularly in the CCEE and NIS, and presenting the (false) impression that the 'East' and 'West' within the Region are homogeneous entities.

4.3 Research and the renewed HFA policy

The Committee emphasized the importance of research to HFA renewal in two ways, firstly in providing the evidence base on the scale of the problems facing us and the known solutions that can be incorporated into strategies to tackle them. Secondly, research is important in terms of generating new knowledge about how best to tackle the challenges facing Europe in the 21st century. Research thus needs to be a partner in the implementation of the renewed HFA policy (as well as in its creation).

It is important to recognize that the active contribution of science and research is necessary in achieving HFA and the consequent importance of including scientists and researchers in alliances for HFA (for example in chapter 7 of the draft policy). Specific attention is required to intercountry collaboration in research, WHO is uniquely placed to take up this challenge, especially since the EU's primary aim in supporting research is rather different, namely to increase the competitiveness of Europe.

Research should be stressed in two ways throughout the renewed HFA policy. Firstly, existing research needs to be incorporated as providing the evidence base for suggested solutions etc. in the renewed strategy. Secondly, the future research needs (both imperatives and opportunities) implied by the strategy should be identified. In each of these cases the Committee made specific suggestions and will continue to offer support on developing the use of research evidence in the HFA document.

Regarding existing knowledge, the Committee emphasized the usefulness of international work on quality development, including: (i) a protocol of key indicators that reflect best knowledge and evidence about the critical factors for success (from literature and consensus meetings); (ii) a participatory, voluntary and confidential system of hands-on experience with daily data collection, analysis and feedback that takes account of local conditions and telematics infrastructure; (iii) a system of analysis of outcome and feedback to clinicians asking the best achievers to come forward and share their methods and knowledge; and (iv) constant reinterpretation of "best available evidence" against benchmarks leading to continuous learning and quality development.

A major conclusion was that there should be a "stand alone" chapter, annex or section on the role of research and science in HFA Renewal. This is necessary for use with the different scientific and research communities who would not be expected to have such an interest in the whole document. The elements that might be included in such a section are summarized in Table 5. The Committee felt it was important that this section should include discussion of substantive issues. The section could include, or refer to, examples like the collaboration in the field of research for environment and health, and the experiences of countries like Finland (both discussed in section 3.1 earlier), to illustrate what can be achieved. The Committee expressed its willingness to be involved in the development of this section in future drafts of the renewed HFA policy.

Table 5: Summary of proposed elements for section on the role of research and science in HFA

- the role of research in HFA implementation;
- research and the move to evidence-based health services;

- research imperatives and opportunities for the Region;
- the mobilization of scientific and research communities for HFA;
- strengthening research capability throughout the Region, mechanisms to be discussed include training, networking, twinning, mentoring, development of common scientific language and definitions, publication of guidelines on widely applicable research methodologies (for example - how to conduct survey on environmental health risks), see also the discussions in section 3.2 of this report;
- improving research dissemination and implementation, including the role of mechanisms such as searchable Internet databases on critically evaluated research;
- intercountry collaboration in research;
- inter-regional solidarity in research and the contribution of European health research to the global agenda for research on health.

Examples of successful activities:

- ◊ research collaboration on environment and health;
- ◊ experiences of countries, e.g. Finland;
- ◊ use of Internet databases.

In order to help identify the research agenda implied by the renewed strategy, the Committee recommended that the earlier publication on "Priority research for HFA" should be reviewed to identify "unfinished business". The Committee also recommended that suitable Regional adaptations of the definitions of 'significant health problem' and 'global health problem' outlined in section 2 could be used to assist in defining research imperatives and opportunities. The future research needs for Chapter 3 as it stands in the present draft are particularly important and should be identified within the next version of the document.

The Committee identified five specific areas where research is urgently needed for the full implementation of the renewed HFA policy:

- health consequences of rapid social change/economic development;
- changes in working life and their health effects (including how to achieve positive health effects in unemployment and to mitigate negative health effects of unemployment);
- how to tackle the problem of increasing violence and social disruption;
- identifying potentials for good health and health-promoting factors,
- research on investment for health; evaluation and analysis of consequences of policies (health, energy, transport, housing, employment etc.).

Most of these specific suggestions relate strongly to the global research agenda, and addressing them would thus also contribute to the global agenda for research for health. Various other suggestions were made for the research agenda for the renewed HFA policy.

5. TWELFTH JACQUES PARISOT FELLOWSHIP AWARD

The EACHR reviewed six applications for the Twelfth Jacques Parisot Fellowship Award, ranking the applications and commenting on the relevance of each to the specified subject for research, which was closing the gap in health status between rich and poor.

The Committee was disappointed to note that there were only six applications, and furthermore, that some of these, despite being on important topics, did not relate clearly and

directly to the specified research subject. In such cases, the Committee felt unable to support applicants for a Fellowship Award. It was also apparent that a number of the applicants had not had access to the necessary advice and support to allow the production of a clearly described and feasible research proposal, including full details of the research methodology and analysis to be involved. This applied particularly to applications from countries in transition, where the circumstances may make it particularly difficult for applicants to receive the necessary advice and support to help them formulate their proposal. The Committee devoted considerable discussion as to how this situation could be avoided in the future, and the future pool of applications enriched.

Based on the detailed review, the Committee recommended one applicant for the award. Details of the review as been submitted to the Regional Office Secretariat.

For future rounds of this award, the Committee recommend that to assist applicants, the letter inviting applications sent by the Regional Director be accompanied by a letter from the chair of the EACHR setting out guidelines on the production of research proposals and drawing potential applicants attention to mechanisms by which relevant training and support might be available. This would include such mechanisms as specific training courses in the production of research protocols and twinning arrangements discussed in section 3.2 on future activities of the EACHR. The Committee also recommended that it should evaluate the result of the award once the research has been completed.

6. CONCLUSIONS AND RECOMMENDATIONS

The Committee considered that the EACHR had a potentially useful role to play, as a part of the global ACHR system, in taking forward the HFA renewal, given the fundamental importance of research and development in achieving HFA. The following specific recommendations were made:

6.1 Future role of the EACHR and secretariat support

- 6.1.1 A process for **working outside of formal meetings** should be established through the setting up of a web home page for the EACHR. Steps should be undertaken by the Regional Office to identify resources to support the creation and maintenance of such a page.
- 6.1.2 The EACHR **chair** should be appointed for a 4-5 year term to permit sufficient continuity in the work of the Committee. The chair should be supported by a vice-chair appointed for same period, who will work closely with the chair, sharing the burden of the position and deputizing for the chair when necessary.
- 6.1.3 Consideration should be given to revising the **terms of reference** for the committee to include those activities suggested in section 3.2 of this report which do not easily fit within the existing terms of reference.
- 6.1.4 A detailed **action plan** should be developed for the medium term (next 5 years) by means of an e-mail discussion between Committee members.

6.1.5 The Regional Office should identify resources to fund **annual meetings** of the EACHR, based on a firm agenda (oriented around the contents of an agreed action plan) and starting in 1998, to enable the Committee to implement the action plan contributing to the formulation of the renewed HFA strategy and its implementation.

6.1.6 The Regional Office should identify a small level of resource to fund **secretariat support** to the work of the Committee. It is recommended that this should be combined with the responsibility for undertaking critical evidence reviews.

6.2 Fellowships and support to countries in transition

6.2.1 In future, the letter inviting applications for the Jacques Parisot Fellowship should be accompanied by a letter from the chair of the EACHR setting out guidelines on the production of research proposals and drawing potential applicants attention to mechanisms by which relevant training and support might be available.

6.2.2 The Committee should evaluate the result of the Jacques Parisot Fellowship once the research has been completed.

6.2.3 WHO should investigate ways to financially support the attendance by relevant personnel from countries in transition at international conferences relevant to the development of research capability and research agendas, (for example the telematics conference to be held in July 1997).

6.3 The renewed HFA policy

6.3.1 The Committee emphasized the importance of research to HFA renewal in two ways, firstly in providing the evidence base on the scale of the problems facing us and the known solutions that adopted. Secondly, research is important in terms of generating new knowledge about how best to tackle the challenges facing Europe in the 21st century.

6.3.2 Research should be stressed in two ways throughout the document. Existing research needs to be incorporated as providing the evidence base for suggested solutions etc. in the renewed strategy. Secondly, the future research needs (both imperatives and opportunities) implied by the renewed HFA policy should be identified. In each of these cases the Committee made specific suggestions, and will continue to give support on developing the use of research evidence in the HFA document.

6.3.3 A major conclusion was that there should be a "stand alone" chapter/annexe/section on role of research and science in HFA. Section 4.3 outlines the elements that might be included; the Committee felt it was important that this should include discussion of substantive issues. In order to help identify the research implications of the renewed strategy, the Committee recommended that the earlier publication on "Priority research for HFA" should be reviewed to identify "unfinished business".

6.3.4 It is important to recognize that different types of targets are required (e.g. policy,

structural, outcome, etc.) within the renewed HFA policy. To be consistent with the major orientations of the policy, it was concluded that the balance between different types of targets should be shifted to give more emphasis to structural factors affecting health. In summary of its discussion on the scientific basis for quantitative target setting the Committee concluded that there were considerable dangers in setting targets based on simple statistical extrapolations, and such a process can not be said to have a scientific basis.

- 6.3.5 Within the renewed HFA policy document, there should be a "stand alone" chapter/annex/section on role of research and science in HFA Renewal, which should include discussion of substantive issues. The EACHR should be used to develop this section through the future drafts of the renewed HFA policy.
- 6.3.6 Evidence used in the renewed HFA policy document should be fully referenced within the document and should have been subject to critical review (as to methodology etc.). The EACHR should be used to support the development of the use of research evidence in the HFA document.
- 6.3.7 The Regional Office should fund an in-house capability to identify new evidence and to carry out critical reviews of evidence used in the HFA renewal document; this capability is required for all the different types of evidence.
- 6.3.8 Consideration should be given to reorienting the HFA renewal document to use sub-national data and focus on differences within countries rather than differences between countries.
- 6.3.9 The renewed HFA policy should propose a methodology/methodologies for quantified target-setting for use within countries.
- 6.3.10 If a target is specified on life expectancy, the Committee recommended that it should be framed in terms of productive life expectancy (where it was emphasized that this should be interpreted as socially and/or economically productive) and/or reduction of premature mortality.

Annex 1: Terms of reference of the European Advisory Committee on Health Research

The European Advisory Committee on Health Research (European ACHR) consists of a small number of selected experts who provide advice to the Regional Director on inter alia: (a) formulation of policies for the development of health research in the Region, taking into consideration global research policy; (b) identification of regional research priorities in the light of regional policies for health for all; (c) development of research potential and capacities in countries in transition; and (d) promotion of inter-regional collaboration on research.

In addition, the European ACHR may be asked to give advice on other issues of importance. Reports of the European ACHR are submitted to the Regional Director for his consideration and further dissemination.

Annex 2: List of participants

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* part of the time