



SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH
 TRAINING IN HUMAN REPRODUCTION

REPORT OF THE SECOND MEETING OF THE
 COMMITTEE ON RESOURCES FOR RESEARCH (CRR-2)
 Geneva, 25 July - 1 August 1986

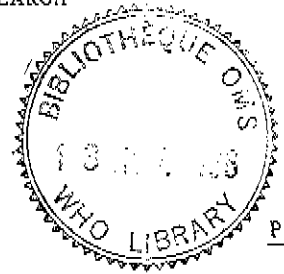
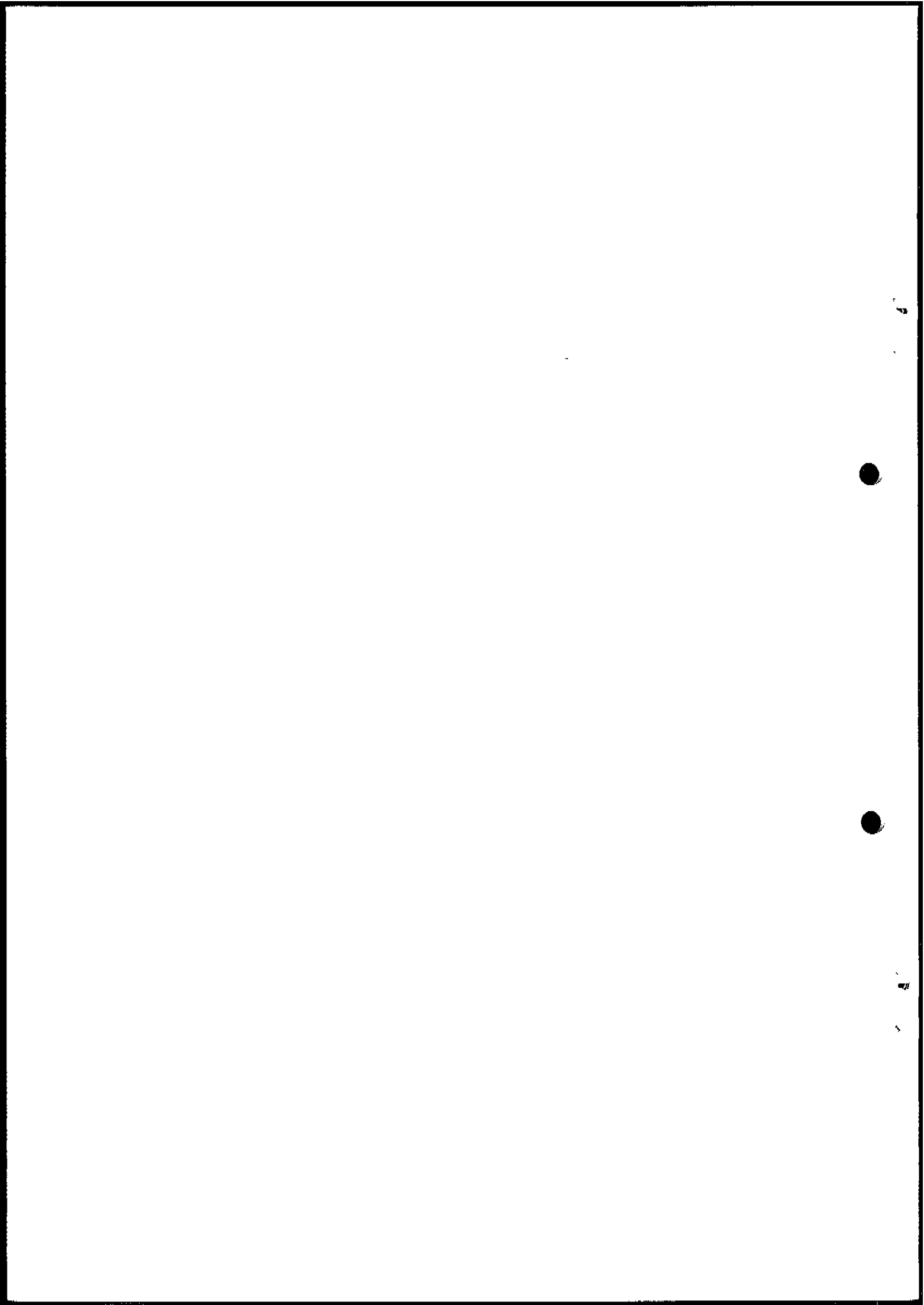


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1. INTRODUCTION

The Committee on Resources for Research (CRR) [see Annex 1 for list of participants] had its second meeting in Geneva from 25 July to 1 August 1986. Dr J. Barzelatto, Director HRP, in his opening address, congratulated the Committee on its work in forging new policies for the strengthening of the research capacities of developing countries and indicated that both the Scientific and Technical Advisory Group (STAG) and the Policy and Coordination Advisory Committee (PCAC) had made very favourable comments on the new policies as described in the report of the first meeting of the Committee on Resources for Research (CRR-1). He added that as a result of these new policies, many institutions in developing countries had made applications for the institutional grants amounting to about three times the funds available in the Programme for this purpose. This situation not only indicates the great need that exists in developing countries for institution strengthening support, but also presents a challenge to the CRR to make wise decisions.

This report describes the outcomes of the meeting based on the agenda given in Annex 2.

2. POLICY DECISIONS ON SPECIFIC ASPECTS OF THE STRATEGIC PLAN DEVELOPED BY CRR-1

2.1 Institutional grants

Following the communication of the decisions of CRR-1 concerning institutional grants to the individual institutions in the HRP network and after the wide circulation of the CRR-1 report, several institutions had applied for one of the four types of institutional support grant that were advertised. In reviewing these grant applications specific policy decisions were made with respect to each of the four types of grant.

2.1.1 Long-term institution development (LID) grant

To apply for this grant the institution must provide a detailed five-year plan for research and research training activities to be implemented during that period. If approved, and if adequate funds are available, the duration of the grant is for a maximum period of five years, provided satisfactory progress is made by the institution receiving the grant; the progress will be judged from the institution's annual reports and by site visits. The Committee, noting the large amount of funds being requested for such grants, recommended that applicants be told of the prevailing financial constraints and be asked to limit their requests to the minimum required to strengthen their research and staff development programmes. Also, the institutions should be requested to submit their own priorities for the funding of the activities proposed under the grant. Staff salaries awarded in this grant will be for the purpose of helping the institution create new career structures for research and hence can be used only to fund the new posts approved under the grant. The financial responsibility for these new posts should be gradually taken over by the institution; the salaries paid from the grant should be in accordance with local salary scales. Consultant support provided under these grants should generally be considered as a training activity for local counterpart staff who work with these consultants.

2.1.2 Capital (CAP) grant

This grant is for the institutions that have fairly well-established research programmes out that need capital investment, e.g., for a major piece of equipment, in order to continue effectively with their research programmes, some of which may be among the ones being funded by the Task Forces.

2.1.3 Small (SMA) grant

Institutions that have received more than 10 years of institution strengthening support are eligible to apply for this grant which has a maximum value of US\$5,000. Institutions just embarking on an institution strengthening programme may also use this grant to start their activities. CRR-1 had delegated the responsibility of deciding on these grant requests to the Technical Review Committee (TRC). Six SMA grant applications were considered by TRC in July 1986 of which five were recommended for funding and one was declined. More SMA grant applications are expected by September 1986.

2.1.4 Laboratory supplies (LAB) grant

The grant is intended for helping well-established institutions obtain small quantities of laboratory supplies, spare parts, and journals needed for carrying out research and research training programmes in human reproduction and family planning. The maximum value of this grant is US\$1,500. At the meeting in July 1986, TRC considered 25 applications for LAB grants, of which 20 were approved, 4 declined, and 1 deferred for want of more information on ongoing research activities. More LAB grant applications are expected by September 1986.

WHO requires that any research on human subjects carried out with the support of grants should conform with the ethical standards required for research on human subjects. With respect to LAB grants, the requirement should be a written statement that the materials provided through the grant would not be given to or used on human subjects.

2.1.5 Institution strengthening support for East European countries

Noting that several institutions in East European countries were facing foreign exchange difficulties for the purchase of materials and journals required for their research and for developing their staff, it was recommended that such institutions be allowed to apply for LAB grants and a very limited number of Research Training Grants provided additional funds become available to CRR. Institutions that are Collaborating Centres for Research in Human Reproduction are eligible to apply for SMA grants.

2.2 Training grants

2.2.1 Research plans of institutions

It was noted that since CRR-1, about 120 Research Training Grants (RTGs)/Visiting Scientist Grants (VSGs) had been awarded to the staff of a total of some 40 institutions. These awards were made on the recommendations of the Technical Review Committee (TRC), which had reviewed the Institution Profiles submitted by the institutions whose staff had applied for the grants. The institution profiles gave brief descriptions of the institutions' planned research interests. In future, TRC should, barring a few exceptions, review requests for RTGs/VSGs only if the institution has provided a five-year research development plan to CRR.

2.2.2 Evaluation of RTGs/VSGs

A general plan to evaluate the results of RTGs/VSGs that had been awarded since the start of HRP, which now number more than 1,000, was approved. It was recommended that the evaluation be carried out using appropriate consultant support.

2.2.3 Courses, workshops, seminars

Institutions intending to apply for funds to conduct courses should provide details of the course, including its curriculum, on the forms that have been developed for this purpose. HRP secretariat should ensure that for the courses or workshops for which funds are provided under LID grants there exist good planned curricula.

2.3. Research management

The first workshop for managers of institutions being strengthened in Asia (except China) will be held in Jakarta, Indonesia from 1 to 6 December 1986. The workshop will be planned and conducted in keeping with the outcomes of the Consultation held in Geneva in March 1986 (see Annex 3).

2.4. Institutions that have completed 10 years of research capability strengthening support

Every effort should be made to assist these institutions to get funding for specific research projects that they may submit to the Task Forces and other funding sources. The representative of IDRC, Canada, one of the collaborating agencies present at the meeting, stated that IDRC would be willing to consider for funding peer-reviewed projects that cannot be funded by HRP. As decided by CRR-1, these institutions are eligible to apply for SMA grants, CAP grants and for a limited number of training grants for the further development of

their staff. In addition, these institutions should be encouraged to develop research training programmes for the training of scientists from within or outside their countries. The WHO secretariat should assist these institutions in the development of these programmes.

3. REVIEW OF APPLICATIONS FOR INSTITUTION STRENGTHENING SUPPORT

Applications from a total of 40 institutions were reviewed. Support was recommended for 33 and not for 7. Several modifications were made to the research programmes that were proposed and to the budget that was requested in the applications.

In arriving at its decisions regarding whether or not support should be granted, the Committee spent much time on developing explicit criteria for evaluating the applications and the scales to be applied for measuring each of the criteria. The discussion revealed some of the dilemmas in judging proposals for institution development. For example, if the quality of the written proposal for institution development were to be used as a major criterion then the already developed institutions, which usually submit well-written proposals, would benefit more than the less developed ones which need the support but have less experience in writing proposals. On the other hand, if insufficient weight were given to the quality of the proposal, one would be compromising the chances of success. Moreover, the quality of the written proposal may not always reflect the independent effort of the institutions' staff but that of the consultant provided to the institution for developing proposals.

Another complex issue is the geographical spread of CRR support. HRP has over the years been gradually expanding its institution strengthening support to include more developing countries. At present HRP's major research capability strengthening support goes to about 25 developing countries. However, more than 120 developing countries now have formal family planning programmes. Noting the fact that all of these countries may not have the potential to develop research activities of their own, should CRR use criteria that would ensure adequate global spread of its resources for research? This question will assume greater importance in the near future as more institutions in developing countries make applications for research capability strengthening support.

Finally, with some exceptions, consensus was reached on a scoring scheme, the results of which could be used, if the need arises, to make a priority list of the institutions for which support could be recommended. The scheme consisted of rating each institution that was reviewed on four criteria - relevance, commitment, needs and performance - on a scale of 1 to 10 for each criterion. The rating was done independently by each CRR member. There were differences of opinion amongst the members on the objectivity, reliability and validity of the proposed scales of measurement.

The following is a list of institutions which the Committee decided to support. For each institution, the research lines to be developed and the support recommended are indicated. These recommendations were influenced by the great disparity between the needs of the institutions and the resources available to CRR and hence represent the absolute minimum amount required for strengthening their research capabilities during 1987.

3.1 WHO African Region

3.1.1 Department of Obstetrics and Gynaecology, Centre National Hospitalier Universitaire, Cotonou, Benin

A LID grant of US\$61,500 was awarded for the first year to develop programmes for the study of new methods of contraception, the psychological aspects of family planning, and infertility. In addition, one Research Training Grant for training in epidemiology was recommended along with relevant consultant support.

3.1.2 University Centre for Health Sciences, Yaoundé, Cameroon

a sum of US\$95,000 was recommended for the first year of a LID grant to develop infrastructure for survey research and the study of infertility. A perinatal mortality and fertility survey in Yaoundé has been planned along with projects to study the use of DMPA in women with sickle cell disease. Support was also recommended for conducting a research training workshop. Training in reproductive epidemiology, computer programming and maintenance engineering will be conducted through Research Training Grants.

3.1.3 Reproductive Biology Unit, Department of Animal Physiology, University of Nairobi, Nairobi, Kenya

An amount of US\$41,195 was recommended for the final year of a programme for the support of personnel. The institution should in future seek research project support from the Task Forces. No further major institution strengthening support will be provided.

3.1.4 Department of Obstetrics and Gynaecology, University of Nairobi, Nairobi, Kenya

A grant of US\$107,886 was recommended for the first year of a three year phase-out period of institution strengthening support. This institution has a wide range of research activities, some of which are in collaboration with the Task Forces.

3.1.5 Institute of Primate Research, Nairobi, Kenya

A sum of US\$67,500 was recommended for the first year of a LID grant to further develop research on sperm antigens and on baboon chorionic gonadotropin. Two Research Training Grants were recommended for training in immunology and computer applications.

3.1.6 Department of Obstetrics and Gynaecology, Central Hospital of Maputo, Maputo, Mozambique

The major weakness of this institution is a lack of trained researchers. The first two years of support will consist mainly of training of local staff through Research Training Grants and through consultant support.

3.1.7 Department of Obstetrics and Gynaecology, University of Ibadan, Ibadan, Nigeria

Of the research programmes proposed for further development in the LID grant application, only about 20% are related to HRP's mandate. An amount of US\$50,000 was recommended for further development of a proposed Fertility Research Unit and also to assist the development of research programmes in family planning. This institution has a long history of collaboration with HRP and hence should in future seek research project support from the Task Forces.

3.1.8 Clinique gynécologique et obstétricale, Hôpital A. Le Dantec, Dakar, Sénégal

The five year research programme proposed in the LID grant application cannot be implemented with the present staff and organizational structure of the institution. For 1987 a budget of US\$24,500 was recommended to continue with the present research in infertility and in oral contraceptives. One Research Training Grant for training in epidemiology was also recommended.

3.1.9 Department of Obstetrics and Gynaecology, University of Zambia, Lusaka, Zambia

A grant of US\$82,000 was recommended for the first year of a LID grant to further develop programmes in family planning, infertility and maternal health. The research activities proposed required modification. Consultant support and one Research Training Grant were recommended for 1987 in a research area to be identified by the Director of the institution. WHO clinical studies related to IUDs, levonorgestrel vaginal rings and prostaglandins are currently being carried out in the institution.

3.2 WHO American Region

3.2.1 Centro de Biología de la Reproducción, Rosario, Argentina

A sum of US\$89,500 was recommended for the first year of a LID grant to develop research in metabolic pathways of gonadotrophins, sperm capacitation, reproductive immunology and for the monitoring of ovulatory cycles in large populations. The grant is subject to the Government of Argentina's approval for HRP collaboration with Argentinian scientists.

3.2.2 Asociacion Latinoamericana de Investigaciones en Reproduccion Humana (ALIRH),
Santiago, Chile

An award of US\$4,627 was recommended to meet the costs of a meeting to plan and implement a coordinating mechanism for funding human reproduction research in Latin America.

3.2.3 Laboratorio de Endocrinologia, Pontificia Universidad Catolica, Santiago, Chile

An award of US\$91,000 was recommended for the first year of a LID grant to establish a colony of Cebus Apella monkeys for use in human reproduction research. The institute proposes to expand its current research in reproductive biology by establishing a colony of monkeys that would also serve as a resource for other Chilean scientists. Research Training Grants and consultant support in primateology were also recommended.

3.1.4 National Coordinating Network for Research in Human Reproduction, Havana, Cuba

A grant of US\$102,000 was recommended for the first year of a two-year phase-out period of HRP institution strengthening support. The institutions in the network collaborate in Task Force funded studies on monthly injectable contraceptives, IUDs, vaginal rings and infertility. One research training grant and appropriate consultant support were also recommended. A sum of US\$15,000 was recommended for developing an M.Sc course in reproductive endocrinology.

3.2.5 Centre for Research in Human Reproduction, Department of Maternal and Child Health, Panama

The LID grant proposal needs considerable modification. An amount of US\$10,000 was recommended for consultant support and for conducting a research training workshop, with US\$7,000 being recommended for books and journals.

3.2.6 Universidad Peruana Cayetano Heredia, Lima, Peru

A total of US\$80,000 was recommended for the first year of a LID grant proposal to develop research programmes on the influence of the environment on fertility, evaluation of contraceptives, and studies in infertility. Two Research Training Grants and appropriate consultant support were also recommended.

3.3 WHO Eastern Mediterranean Region

3.3.1 Shatby Maternity Hospital, Department of Obstetrics and Gynaecology, Alexandria, Egypt

The institutional development grant proposal from this institution, which has collaborated with HRP for several years, included research programmes that need considerable modification and improvement. The support recommended was an amount of US\$5,000 for journals and consumable supplies.

3.3.2 Centre for Research in Human Reproduction, Tunis, Tunisia

An award of US\$101,000 was recommended for the first year of a LID grant to further develop research into contraception, reproductive endocrinology, infertility and abortion. The funds will also be used to further develop the national and international research training programmes currently being carried out in the institution. Research training grants were recommended for endocrinology research and maintenance of equipment.

3.3.3 National Research Institute for Fertility Control, Karachi, Pakistan

A grant of US\$3,200 was recommended for journal subscriptions for 1987. It was noted that the LID grant proposal, which included clinical endocrinological and social science research, will be modified with consultant assistance during 1987.

3.4 WHO European Region

3.4.1 Department of Public Health, Hacettepe University, Ankara, Turkey

This institution has been supported by HRP for several years for developing programmes in psychosocial research. The present Task Force on Behavioural and Social Determinants of Fertility Regulating Methods evaluated the work of the institution and recommended that it requires a well planned development programme using CRK strategies. An amount of US\$30,000 was recommended for the support of the existing statistical and data processing facilities in the institution during 1987. Any further support will be determined on the basis of a LID grant application from the institution.

3.5 WHO South-East Asian Region

3.5.1 Department of Obstetrics and Gynaecology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

A grant to the institution, which undertakes both clinical and basic research in reproduction, of US\$18,800 was recommended to support the phasing out from "core support" of some laboratory staff salaries, equipment maintenance and journal subscriptions. One Research Training Grant was recommended for support in 1987. The institution has submitted six research proposals to the Task Forces.

3.5.2 Indian Council of Medical Research (ICMR), New Delhi, India

A proposal to strengthen capability for behavioural and social science research in family planning at ICMR headquarters and four collaborating institutions over a three year period was reviewed and recommended for approval. A grant of US\$41,900 was recommended for 1987 for ICMR and the four collaborating institutions for the support of new staff positions and some behavioural research. A further US\$10,000 was recommended for a training workshop. Two short-term consultants were recommended for support in 1987.

3.5.3 National Family Planning Coordinating Board (BKKBN), Jakarta, Indonesia

After reviewing a proposal to establish a literature service for scientists engaged in reproduction research in Indonesia which the institution coordinates, a CAP grant of US\$41,250 was recommended for approval. This will allow the purchase of back issues of journals, new subscriptions and support equipment for a central library. A sum of US\$7,200 was recommended for the local training of a staff member in library sciences.

3.5.4 Faculty of Medicine, University of Indonesia, Jakarta, Indonesia

The Institution has a five-year development plan which includes research on safety and efficacy of contraceptive methods, pharmacokinetic studies of new drugs, reproductive endocrinology and andrology. For the first year of the LID grant to the institution, US\$17,000 was recommended to support data processing facilities, journal subscriptions and some consumables. Two research training grants and a short-term consultant were recommended for support in 1987.

3.5.5 Biomedical and Human Reproduction Study Group, Medical Faculty, Airlangga University Hospital, Surabaya, Indonesia

A five-year development plan, which includes ongoing clinical research and the strengthening of research in endocrinology, was reviewed and a LID grant to the institution of US\$8,050 was recommended for the first year for some minor items of equipment, secretarial assistance, and journal subscriptions. Provision has been made for consultant assistance in 1987 and two research training grants.

3.5.6 Biomedical and Human Reproduction Study Group, Medical Faculty, Hasanuddin University, Ujung Pandang, Indonesia

The five-year development programme of the institution includes the building-up of expertise in clinical epidemiology, andrology, and reproductive endocrinology. For the first year of a LID grant, US\$16,000 was recommended for the purchase of a for vehicle, library resources and some consumable supplies. Two research training grants and one visiting scientist grant will also be made available in 1987.

3.5.7 Department of Obstetrics and Gynaecology, Chulalongkorn Hospital Medical School, Bangkok, Thailand

A five-year development plan, which includes a proposal for the Government take-over of posts previously supported under "core support", a programme of research, with special emphasis on the long-acting contraceptive hormones, and a plan to develop a M.Sc degree course in reproductive physiology was recommended for approval. A grant to the institution of US\$32,012 was recommended for the support of salaries being phased out, consumable supplies, equipment maintenance, and some journal subscriptions. An amount of US\$18,000 was recommended for the support of local course activities. One research training grant was recommended for support in 1987.

3.5.8 Family Planning Research Unit, Siriraj Hospital, Bangkok, Thailand

A CAP grant of US\$15,686 was recommended for approval. The sum is for the purchase of data processing equipment to support the Unit's extensive clinical research programme in family planning.

3.6 WHO Western Pacific Region

3.6.1 Family Planning Research Institute of Zhejiang, Hangzhou, People's Republic of China

An award of US\$132,500 was recommended for the first year of a LID grant for laboratory equipment, and consultant assistance. In addition, two training grants were also approved. The recommended support is for the continued development of the institute as a major centre in China for research into the development of injectable contraceptives.

3.6.2 Shanghai Institute of Planned Parenthood Research, Shanghai, People's Republic of China

Collaboration with this Institute started in 1979 and has been a great success. The continuation of its development towards a centre of regional importance would require more support than WHO is able to offer. An award of US\$142,135 and two research training grants was made for the first year of a LID grant, although the Institute's performance and future plans were felt to justify substantially more. The funds would be used for the purchase of equipment and supplies and to support a library, animal and computer facilities, and consultants.

3.6.3 Primate Research Centre of Fuzhou, Fuzhou, People's Republic of China

The award of one research training grant in laboratory animal sciences was recommended provided a suitable candidate can be put forward. It was noted that a small grant would be considered by TRC and this plus the training would help establish this centre as a national resource for research on non-human primates.

3.6.4 National Medical Primate Research Centre, Institute of Medical Biology, Kunming, People's Republic of China

The award of one Research Training Grant in laboratory animal sciences was recommended provided a suitable candidate can be put forward. It was noted that a Small Grant had been approved by the TRC and this plus the training would help establish this centre as a national resource for research on non-human primates.

3.6.5 Institute of Gynaecology and Obstetrics, Hanoi, Vietnam

A five-year development plan for strengthening epidemiological research, development of statistical resources, and research on the safety and efficacy of existing contraception methods was reviewed and recommended for approval. For the first year of a LID grant to the institution US\$62,000 was recommended for approval. This is intended for equipment purchase, support of several clinical research projects, and library support. A sum of US\$2,000 was recommended for the support of local training activities for which consultant assistance will also be made available. Two long-term and two short-term Research Training Grants were recommended for support.

3.6.5 University Department of Obstetrics and Gynaecology, National University of Singapore, Singapore

The institution has an extensive programme of research on family planning and many other aspects of reproduction. A five-year development plan requested by CRR-1 was reviewed and a grant to the institution of US\$32,600 recommended for approval. This is intended for the support of the phasing-out from CRR support of staff previously employed under "core support" and not covered by Task Force project funding. Also included is a sum to cover journal subscriptions.

4. SPECIAL STRATEGIES FOR THE STRENGTHENING OF RESEARCH CAPABILITIES IN SUB-SAHARAN AFRICA

In view of the many problems with respect to fertility and population that prevail in Sub-Saharan Africa and of the many constraints to the carrying out of research in that field, CRR developed special strategies for dealing with the problem in that region (see Annex 4). It was also noted that, since many international organizations are now focusing on the great need for institution strengthening activities in Sub-Saharan Africa, it was essential that the support planned for the countries in this region be coordinated efficiently. A review of the possible mechanisms for carrying out the coordination is also given in Annex 4. A recommendation was made that funds be made available for the following specific activities to be carried out in Sub-Saharan Africa during 1987:

- a workshop on research methodologies for African scientists
- a consultation with five senior scientists from Africa to establish research priorities
- a conference of leaders and scientists who would be able to positively influence the promotion of national research

5. HIGHLIGHTS OF PROGRESS MADE DURING 1985/1986

Annex 5 describes the main institution strengthening activities and their outcomes during 1985/1986 in Africa, Asia, the People's Republic of China, and Latin America. Most of the activities were concerned with the orientation of the managers and scientists of institutions in these regions to the new CRR policies of strengthening research capabilities to carry out research of relevance to the priorities of national family planning programmes and those of HRP.

6. REVIEW OF THE PROGRAMME ON STANDARDIZATION AND QUALITY CONTROL OF LABORATORY PROCEDURES

This programme, the activities of which are monitored by its own Steering Committee, has three main tasks. The first, major task is to provide a service to about 170 laboratories, both in developed and developing countries, whereby they are supplied with matched reagents for the measurement of reproductive hormones and with external quality control for these measurements. The second includes research for the development of new hormonal assay methods and the establishment of a stock of reagents. The third is concerned with assisting in the transfer of technology of reagent production and hormonal assays to developing countries. In the last task it interacts with the CRR.

Since this programme is being reviewed in-depth by the Scientific and Technical Advisory Group, only a brief review was made of its activities during 1985/1986. It was noted that the activities related to the development of national programmes for the production and distribution of matched reagents were proceeding satisfactorily in China, India, Cuba and Mexico. Under the training budget line allocated to CRR, an amount of US\$35,000 was approved for conducting a course in RIA methods for 18 participants from the countries of Sub-Saharan Africa.

7. REVIEW OF REPORTS FOR JULY TO DECEMBER 1985 FROM INSTITUTIONS THAT RECEIVED "CORE SUPPORT"

The institutions that received "core support" during 1985 had previously presented their annual reports (July 1984 to June 1985) to CRR. In order to make the reporting year in line with the funding year, which is January to December, institutions were asked to report on their activities during the second half of 1985 so that their next annual report will be in line with the funding period January to December 1986. A list of institutions whose reports were reviewed is given in Annex 6. They were all considered satisfactory.

8. BRIEF REPORTS FROM COLLABORATING PROGRAMMES

The representatives of the three collaborating programmes - Family Health International (FHI), the International Development Research Centre (IDRC) and the United Nations Fund for Population Activities (UNFPA) provided brief reports on their activities related to the strengthening of the capacities of developing countries for fertility regulation research. Resumes of their reports are given in Annex 7. The discussions that ensued showed that there was a great potential for collaborative work. For this purpose, it was necessary to exchange information on what each of the programmes was doing in the developing countries and also consult each other before embarking on major institution strengthening projects.

9. BUDGET

The actual funds available for grants and contracts for 1986 were as follows:

	<u>US \$</u> <u>in thousands</u>
Institutional grants	1000
Training grants	1100
Network support	80

The Institutional grant line will be used for funding the four types of institutional grant (i.e., LID, CAP, SMA and LAB), and the training grant line for funding the four types of training activity (i.e., RTG, VSG, courses and re-entry grants). The Network support line will be used for funding activities aimed at improving the network of institutions being strengthened by CRR. In 1986, the research management workshop planned to be held in Jakarta in December will be funded through the Network support budget line.

Since HRP budgeting is on a biennial basis and since the total funds approved by CRR-2 for institutional grants exceeds the approved 1986 budget line, the recommended grants will be funded over the 1986/1987 biennium.

10. THIRD MEETING OF THE COMMITTEE ON RESOURCES FOR RESEARCH (CRR-3)

The dates for CRR-3 were fixed for 24 April to 1 May 1987. The agenda for this meeting should include a discussion on: (a) formats for reporting on: LID grants and on the activities of institutions in the HRP network; (b) a progress report on the evaluation of training grants; and (c) a standardized format for making summaries of proposals for institutional support.

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TRAINING IN HUMAN REPRODUCTION

SECOND MEETING OF THE
COMMITTEE ON RESOURCES FOR RESEARCH (CRR-2)
Geneva, 25 July - 1 August 1986
Salle A

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SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH
TRAINING IN HUMAN REPRODUCTION

Second meeting of the
Committee on Resources for Research (CRR-2)
25 July - 1 August 1986

AGENDA

1. CRR STRATEGIC PLAN - POLICIES IMPLEMENTED DURING THE PAST YEAR
2. HIGHLIGHTS OF PROGRESS MADE DURING THE PAST YEAR IN
 - 2.1 Africa
 - 2.2 Asia
 - 2.3 People's Republic of China
 - 2.4 Latin America
3. SPECIAL STRATEGIES FOR STRENGTHENING RESEARCH CAPABILITIES IN SUB-SAHARAN AFRICA
4. REVIEW OF INSTITUTIONAL REPORTS AND OF PROPOSALS FOR INSTITUTION STRENGTHENING
5. REVIEW OF MATCHED REAGENT PROGRAMME
6. A PLAN FOR THE EVALUATION OF TRAINING GRANTS
7. BRIEF REPORTS FROM THE COLLABORATING PROGRAMMES ON THEIR RESEARCH CAPABILITY STRENGTHENING ACTIVITIES IN DEVELOPING COUNTRIES
8. FORMATS FOR REPORTING ON LONG-TERM INSTITUTIONAL (LID) GRANTS
9. BUDGETARY MATTERS
10. ANY OTHER BUSINESS

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH
TRAINING IN HUMAN REPRODUCTION

REPORT OF THE CONSULTATION ON THE TRAINING OF RESEARCH MANAGERS
Geneva, 25-26 March 1986

INTRODUCTION

Developing countries are now making great efforts to develop stable and strong research institutions to carry out research that will be useful for their family planning activities and policies. The Committee on Resources for Research (CRR) assists these countries in their development efforts by providing the necessary guidance and support. CRR support is provided only in relation to explicitly stated plans made by individual institutions for carrying out research and training activities over a five year period; the Resources for Research (RFR) secretariat and consultants assist institutions in formulating such plans. The support provided is essentially for three types of developmental activity. First, activities aimed at the development of human resources are assisted through the provision of Research Training and Visiting Scientist Grants and grants for the development of courses to train researchers. Second, institution grants are provided to meet the costs of items and services required for carrying out good research (e.g., equipment, supplies, and consultants). Third, support is provided for activities aimed at improving research management practices, including the building of research networks among institutions. These types of support are provided to a range of institutions, which vary from university departments and research institutes to medical and national research councils.

CRR, at its last meeting, decided that one of the important strategies for influencing research management practices and for the building of research networks is to hold short training workshops. These workshops are to be held on a regional basis and would involve directors of institutions and other research managers. Discussions will focus on issues related to the management and promotion of research in human reproduction. The purpose of the present consultation was to plan a curriculum for these workshops. The list of participants in the consultation is given in Appendix 1.

During the Consultation the participants first discussed the CRR's policies and what the RFR secretariat felt were the significant features of institutional environments and of research management in the field of fertility regulation research in the four main developing regions of the world, namely, Africa, Asia, Latin America and the People's Republic of China. The features, many of which were common to all four regions, were to serve as the basis for the development of a suitable curriculum. This was followed by a discussion on the experiences gained from conducting a total of nine one-week workshops between 1981 and 1985 for EMRO, PAHO and TDR. Finally, some general guidelines were developed for a core curriculum for future workshops to be supported by HRP and UNFPA (in China). Some additional ways for improving research management practices were also discussed.

Outcomes of the consultation

The consultation produced five outcomes:

1. specific strategies for the improvement of research management practices which should be emphasized in the planned workshops;
2. general guidelines to be followed when planning curricula for specific workshops;
3. objectives of the workshops;

4. a core syllabus for the workshops;
5. additional ways of improving research management

1. SPECIFIC STRATEGIES TO BE STRESSED IN RESEARCH MANAGEMENT WORKSHOPS

These are derived from the analysis made by the secretariat of management needs in developing countries. (It would have been desirable to have the perceptions of those directly managing the institutions but they could not be invited due to economic constraints. Hence, the strategies identified are not necessarily exhaustive.)

1.1 Develop research expertise in institutions

Many institutions still lack trained researchers, particularly in epidemiology, social sciences, statistics and computer sciences. In order to develop research expertise in institutions, managers need to make long-term plans for staff development, taking into account especially the local availability of career structures and the demand for research positions. Only those institutions that have been developed specifically for family planning research, such as those existing in China, have appropriate career structures for research. Most of the other developing countries have to rely on departments of obstetrics and gynaecology and other university-based departments where research is a part-time activity and staff positions specifically meant for research are lacking. This is particularly true for Africa where staff trained for research have to perform functions in the health services and in teaching, which are deemed by research managers and other health service managers as the more urgent functions.

1.2 Promote the use of research results

To ensure adequate use of research results, research managers should extend their responsibilities beyond merely pure research. Inviting managers of family planning programmes to the management workshops will help in this trend.

1.3 Make better use of scarce resources

Research institutions in many developing countries, especially in Africa, have to function under conditions of poverty and scarce research resources. Planning for research under such conditions requires special attitudes and knowledge on the part of the research manager.

1.4 Encourage research collaboration with institutions in other countries with similar problems

Except in Latin America, there is insufficient collaboration among researchers in other developing countries. Research managers and researchers need to be given opportunities to talk with others working in similar conditions. Research management workshops could provide one such opportunity. Professional societies and regional networks such as the Latin American Association for Research in Human Reproduction and the African Fertility Society are other mechanisms that provide such opportunities.

1.5 Greater focus on product development

In large research institutions such as those in China, the work of research units within an institution could be better coordinated and directed towards the development of a specific product to be used for family planning services after appropriate clinical trials. Research managers could pay greater attention to product development and, if appropriate, have a product manager in the institution to coordinate the work.

1.6 Motivate researchers

The motivation of researchers is a complex phenomenon. It is not easy to identify motivational factors which may vary in different cultures. However, peer recognition seems to be a common feature. The provision of incentives, assuming appropriate ones can be identified, work better in some cultures than in others.

1.7 Create institutional environments that promote creativity

The management of researchers involves providing them with ample opportunities to be creative. Such opportunities come easier in some environments than in others.

1.8 Build a team spirit in institutions

Research managers need to build a team spirit among the staff in their institutions. Good research requires collaborative effort by committed teams. Such an approach should strike a balance between the need to recognize the individuality of researchers and the reality that it is not possible to carry out useful research in fertility regulation without involving disciplines other than one's own.

2. GENERAL GUIDELINES FOR DEVELOPING A WORKSHOP CURRICULUM PLAN AND FOR IMPLEMENTING IT

Past workshops are a rich source of experience for future workshops. The following ground rules, if followed, are likely to result in workshops that would have an impact on research management practices in institutions and in national research policy-making bodies.

2.1 The group should contain a good mix of managers in the research enterprise

As far as possible, all the constituencies involved in research in fertility regulation should be represented. This includes institutional directors with direct responsibility for research in institutions, family planning programme directors and managers responsible for national research policies in fertility regulation. Wherever possible, managers with long experience in the family planning field should be included. As regards representation from institutions where the research is carried out, as far as possible there should be the director and another senior research staff who would be collaborating with the director in the management of the institutional programmes.

2.2 Participants should have adequate opportunities to participate in the formal sessions

The format and the scheduling should allow for maximum participation by participants. The faculty should play more the role of facilitator rather than a provider of esoteric knowledge. Such an approach promotes attitudinal changes so essential for making research management practices more efficient. Participation can be increased by having a good sequence of plenary and small group work with explicit tasks to be accomplished and by limiting the total number to around 25.

2.3 Hold the workshop in a relatively isolated environment for a total duration of about one week

A major spin-off from such workshops is inter-institutional collaboration. Such collaboration is initiated through informal contacts made at workshops. Often many problems, both in research management practices and in research projects, are identified and solved through personal friendships made in such workshops. Holding the workshop in a relatively isolated setting rather than in a busy metropolis provides more opportunities for informal contacts. Busy research managers find one week to be the optimum duration they can be away for an activity of this nature. Prolonging the duration does not seem to increase the cost-effectiveness.

2.4 The total group should be around 25 and certainly not exceed 30

Both for operational convenience, and for greater participation by individual participants, the number invited should not exceed 30. The faculty should be around one for every six to seven participants and should include those with expertise in research management, HRP secretariat familiar with the region, and experienced research managers.

2.5 Sufficient material to be read before individual sessions

Since many of the concepts to be discussed at the workshop may be unfamiliar to many participants every effort should be made to provide participants adequate and appropriate reading material in advance of the sessions.

2.6 Introduce management concepts with illustrative examples

Sessions of an experiential nature enhance learning, especially in the teaching of adults. The experiential quality of sessions can be increased by providing illustrative examples familiar to research managers and by providing opportunities for role-play by participants. This is particularly true when introducing new concepts in the management field. The use of actual or factitious case histories of research institutions for exercises in group decision-making helps to clarify obscure managerial concepts.

2.7 Evaluation of the workshop is essential

The Evaluation procedures of a non-threatening nature should be built into the curriculum plan for the workshop so that the sessions will be geared to participant needs. Such evaluations could include daily assessments of the sessions, of both an informal and formal nature by the participants and faculty, and also an end-of-course evaluation on completion of the workshop. Long-term evaluations, mainly for providing assistance in implementing the procedures learnt at the workshop, should be included.

2.8 Improve on existing basic management patterns rather than pushing management practices found to be efficient elsewhere

Managerial practices evolve within the context of national and institutional cultures. The general goal should be to assist in improving the efficiency of existing patterns rather than introducing approaches alien to a culture. In other words, an effort should be made to build on what already exists.

2.9 Possibilities of follow-up should be an important criterion in the selection of participants

When selecting participants it is important to judge whether the participant is likely to continue for a sufficient time in the field of human reproduction research and whether he/she will be accessible for follow-up by HRP. If both these are likely to occur the participant should be given priority in the selection process.

3. OBJECTIVES

3.1 General objectives of research management workshops

Participants need to be aware of the overall objectives of the workshop which are:

- (a) to assure research manager that he is not alone;
- (b) to make visible the linkages between national health policy and institutional decision-making;
- (c) to provide basic education on research management;

- (d) to provide some simple and immediately useful tools;
- (e) to stimulate reconsideration of existing managerial and organizational styles;
- (f) to create interest in networking among participants.

These objectives, when achieved, should help research managers to improve their managerial practices and to achieve higher standards of research and training performances in the institutions being supported by HRP.

3.2 Specific objectives

The following are some of the more important specific objectives that should be achieved by participants by the end of the workshop:

- (a) Gain an understanding of some basic concepts of modern management used in institutions and of the functioning of research institutions.
- (b) Learn some useful tools used for improving the efficiency of research managerial practices. For example, tools used in business management, such as strategic planning, project monitoring, budgeting and financial control, are applicable to research management when applied in appropriate situations.
- (c) Appreciate some of the unique ethical aspects related to human reproduction research and institute appropriate measures to ensure the respect of individual values and human safety.
- (d) Understand the different styles of management used in various research institutions and gain some insight into the managerial practices in one's own institution.
- (e) Take initial steps towards the strengthening of research networks in the countries and region.

4. A CORE SYLLABUS FOR THE WORKSHOPS

The following topics were identified as being of interest to research managers and, if dealt with appropriately, would help the participants achieve the workshop objectives.

4.1 Planning for research

- (a) Identification of problems in programme development. Appendix 2 is a preliminary list of research management problems that research managers in developing countries are likely to encounter.
- (b) Identification of issues amenable to solution through research at the national and institutional levels.
- (c) Making a priority list of research lines.
- (d) The criteria used in the selection of projects and for ensuring adequate ethical and safety standards.
- (e) Acquisition of resources required for institutional development and for specific research projects, including the financial aspects of budgeting, control methods and also procedures of accountability.
- (f) Planning for the implementation of what has been decided in the overall research plan.

4.2 Developing appropriate resources and using them for programme improvement

- (a) Developing the staff required for research.
- (b) Organisation of research and training activities in an institutional context.
- (c) Motivating researchers and rewarding research performance.
- (d) Monitoring of individual projects.
- (e) Different styles of management.
- (f) Evaluation of institutional resources and performance.

4.3 Issues in institutional development

- (a) The roles played by the director of the institution.
- (b) Information systems within institutions.
- (c) The different types of linkage in a research network.

5. ADDITIONAL STRATEGIES FOR IMPROVING RESEARCH MANAGERIAL PRACTICES

In addition to holding research management workshops, other strategies may be used to improve the management of institutions and specific projects. The following are some examples of possible strategies:

- 5.1 The award of training grant fellowships for individual research managers to enable them to visit a series of other institutions has not proved to be cost-effective as was learnt in the case of HRP-supported study tours for Chinese research managers. However, it may be possible to provide training for some senior research managers by exposing them to general management courses and following up that experience by giving them the opportunity of observing over a few weeks how management principles are practiced in a well-run research institution. Attendance at formal university degree programmes in management are not considered appropriate for directors of institutions.
- 5.2 Training in the management of specific research programmes on a national basis can be done by incorporating experienced external research managers into national research programmes and gradually withdrawing them over a previously agreed period of time. This strategy has been planned for the Chinese Task Force for carrying out IUD research.
- 5.3 Carefully selected research managers of institutions being strengthened could be included in evaluation teams which evaluate the institutional development in institutions other than those of the selected research managers. This strategy, when carried out judiciously, will help these managers gain useful insights in managing research.
- 5.4 Young scientists from developing countries who go to developed countries for research training should be provided with opportunities to study some aspects of research management because in many instances they may occupy managerial positions soon after returning home from training.
- 5.5 Appropriate journals and newsletters should be encouraged to discuss specific research management issues and their solutions.

Appendix 1

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND
RESEARCH TRAINING IN HUMAN REPRODUCTION

CONSULTATION ON THE TRAINING OF RESEARCH MANAGERS
Geneva, 25-26 March 1986
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Appendix 2

RESEARCH MANAGEMENT PROBLEMS

PROBLEMS OF PLANNING

- Lack of an organized focus of science and technology efforts in support of health system goals
- Inefficient utilization of available funds and resources
- Lack of appropriate infrastructure
- Lack of funds, equipment and supplies

PROBLEMS OF RESOURCE DEVELOPMENT AND UTILIZATION

- Lack of career structure for researchers
- Lack of career structure for research administrators
- Inadequate motivation and incentives
- Insufficient numbers of adequately trained researchers
- Concentration on international recognition, academic values and individual rewards
- Ambiguity regarding appropriateness, type and location of training alternatives

PROBLEMS OF INSTITUTIONAL DEVELOPMENT

- Inappropriate organizational design
- Insufficient human resources to provide institutional development
- Lack of institution-level planning (strategy)
- Insufficient collaboration within the research unit
- Lack of confidence in science and technology resources

PROBLEMS OF UTILIZATION

- Weak or absence of linkages between researchers and users of research
- Limited access to science and technology information
- Limited cooperation in:
 - exchange of data
 - multidisciplinary research
 - inter-institutional collaboration

STRATEGIES FOR STRENGTHENING REPRODUCTIVE
RESEARCH CAPABILITIES IN SUB-SAHARAN AFRICA

1. INTRODUCTION

In pursuit of its stated objective of strengthening the research capacities of developing countries in human reproduction, WHO/HRP has invested resources in sub-Saharan Africa for some 14 years, with varying degrees of success. A preliminary step in this development effort was taken by the WHO Regional Office for Africa by organizing an African Study Group on Research in Reproduction which met in Franceville, Gabon, in February 1985. The proceedings of this meeting have been published. The present paper highlights special features peculiar to sub-Saharan Africa which have been taken into account in evolving a development strategy.

2. THE NEED FOR A SPECIAL EFFORT IN SUB-SAHARAN AFRICA

There are many reasons why sub-Saharan Africa requires urgent, massive and effective inputs into service and research in the field of fertility, not least the triple and related crises of economy, population, and food.

2.1 Economic crisis

The devastating and worsening economic crisis affecting this part of the world has been recognized by the United Nations Organization which held a special meeting on the subject in May, 1986. Out of the 35 countries in the world classified as "low-income" (World Bank Development Report, 1985) 22 are in sub-Saharan Africa. These countries are listed below, along with Sweden, the United States of America, and Switzerland (for comparison).

Country	Population 1983	Per capita GNP US \$	Life expectancy 1983 (years)
Ethiopia	40.9	120	43
Mali	7.2	160	45
Zaire	29.7	170	51
Burkina Faso	6.5	180	44
Malawi	6.6	210	44
Uganda	13.9	220	49
Burundi	4.5	240	47
Niger	6.1	240	45
United Republic of Tanzania	20.8	240	51
Somalia	5.1	250	45
Rwanda	5.7	270	47
Centr. Afr. Rep.	2.5	280	48
Togo	2.8	280	49
Benin	3.8	290	48
Guinea	5.8	300	37
Ghana	12.8	310	59
Madagascar	9.5	310	49
Sierra Leone	3.6	330	38
Kenya	18.9	340	57
Sudan	20.8	400	48
Chad	4.8	-	43
Mozambique	13.1	-	46
USA	234.5	14110	75
Switzerland	6.5	16290	79
Sweden	8.3	12420	78

There are no immediate prospects for an improvement in the current economic situation. The relationship between population and economic development is well established.

2.3 Population crisis

Sub-Saharan Africa has the fastest growing population in the world. At the present rate the population of the continent is expected to triple in size to 1.5 billion by the year 2025. Specific examples are Nigeria, whose population of 100 million will reach 280 million in this period and Kenya, which is expected to double its population of 21 million in the same period. Moreover, population of Africa is mainly young (45-50% below 16 years).

2.4 Food crisis

Famine in various parts of Africa has attracted much emergency funding but more interest is now being focussed on the long-term management of the problem through development assistance. The population factor may be crucial in solving this problem and one can only agree with the first recommendation of the Mexico Conference on Population in August 1984:

"Considering that social and economic development is a central factor in the solution of population and interrelated problems and that population factors are very important in development plans and strategies and have a major impact on the attainment of development objectives, national development policies, plans and programmes, as well as international development strategies, should be formulated on the basis of an integrated approach that takes into account the interrelationships between population, resources and development".

2.5 Underdevelopment of infrastructure

Compared to most other parts of the world sub-Saharan Africa has the most underdeveloped infrastructure for service and research in family planning. Hospitals, clinics and universities alike have to function with very limited facilities. These limitations extend to supportive essential services such as transport and communications. Indeed, some institutions, rather than improving, have actually been declining.

2.6 Lack of scientists

Few countries in this region have a critical mass of scientists involved in medical research in general and research in human reproduction in particular. This situation has been the result of the small numbers that have been trained as well as loss of scientists due to unsatisfactory career structures leading to emigration or internal mobility.

2.7 Low level of contraceptive prevalence

Active research is particularly required to explain the low level of contraceptive practice and to assist in evolving appropriate strategies for improving delivery of family planning services.

2.8 Health for All

Above all the commitment of the world community to the attainment of the goal of health for all requires that maternal and child health receive priority attention. In this context family planning must be seen as a means to securing health for the mother and child. Maternal mortality at 150 to 1,000 per 100,000 live births compares adversely with figures as low as 6 or less in developed countries. Infant mortality rates between 100 and 200 per 1,000 live births compare equally badly with those of 16 for Europe. These figures could improve rapidly with proper child spacing (a major aspect of maternal care), reducing high parity and frequency after 40 years of age. It is therefore imperative that countries be assisted in obtaining the scientific information necessary for decision making on national population and family planning policies.

2.9 The mandate and needs of HRP

HRP needs widely distributed research centres for the execution of its mandate. The situation in Africa cannot always be extrapolated from the data collected from other parts of the world. Thus, it is necessary that information be gathered locally.

3. CONSTRAINTS TO RESEARCH DEVELOPMENT IN SUB-SAHARAN AFRICA

There is considerable diversity among the peoples of sub-Saharan Africa, which makes it difficult to have only a single or simple approach to development.

There are 47 countries in this part of Africa, with populations ranging from 74,000 (Seychelles) to 100 Million (Nigeria). Each has a different political system and a distinct sociocultural system; some have even varying cultural systems within a single country. Regional roles have generally not been satisfactorily performed due to communication difficulties. These differences make it imperative that approaches to development be modified to suit each country and make regional approaches more complicated than would otherwise be the case.

4. CURRENT HRP ACTIVITIES PERTAINING TO STRENGTHENING OF RESEARCH INSTITUTIONS

Activities concerning the strengthening of research institutions have been carried out since 1972 in the following centres in sub-Saharan Africa:

Dakar, Senegal
Cotonou, Benin
Yaounde, Cameroon
Ibadan, Nigeria
Nairobi, Kenya
Lusaka, Zambia

Although the three centres in Nairobi have now become well established as the National Centre for Research in Reproduction, the development of the other centres has not been as rapid. The reasons for this may be inadequate financial inputs or inadequate planning at the start of the activities. In either case, the situation at the start of activities was not defined clearly enough to allow comparison with the current situation. Other possible difficulties may have been inadequate follow-up action due to a shortage of staff in HRP or the long duration of training required for some scientists. It is also possible that the political environment was not as favourable to family planning services then as it is in most parts of Africa today.

5. SUMMARY OF BACKGROUND

The context in which a research development strategy should be viewed is therefore as follows:

- (a) Rapid population growth associated with limited resources, making it important and urgent that assistance be given in the field of population and fertility.
- (b) The diversity among countries and peoples makes it imperative that a variety of approaches be adopted to offer support to all countries.
- (c) Poor communication systems for promoting development, render the sharing of resources difficult.

The approaches proposed below are based on the above assumptions.

6. STRATEGY

6.1 Objective

It is not financially possible for WHO to carry out institutional development activities in all countries at the same time. On the other hand, it would be prudent to stimulate research activity in all the countries because ultimately each country will have its own priorities. Experience has also shown that regional roles for individual centres are not always readily accepted by neighbouring states.

The overall objective therefore should be to develop two complementary programmes, one aimed at strengthening selected centres and the other aimed at stimulating and monitoring research activity in the remaining countries.

The specific objectives of future development should therefore be as follows:

- (a) To develop over a period of 15 years, but not necessarily simultaneously, up to 15 institutions capable of sustaining biomedical and social research in human reproduction, depending on availability of resources.
- (b) To stimulate all countries in the region to become actively interested in reproductive research and to allocate national resources for that purpose.
- (c) To train enough scientists interested in and capable of research in human reproduction and of maintaining communications with one another.
- (d) To establish a mechanism for reviewing progress and determining priorities for research at the regional and country level.
- (e) To strengthen links with other activities that provide support to fertility research, e.g. family planning programmes and the activities of scientific organizations.
- (f) To foster the coordination of HRP inputs with those of other agencies that have complementary objectives.

6.2. Activities

6.2.1 Development of centres

Until recently institution strengthening activities focused on multicentre trials on other activities. The current policy is to strengthen individual institutions in different countries. This calls for new guidelines for the selection of centres to be strengthened. The following points should be considered in selecting new centres:

- (a) National policies on population and family planning: Where there is a national commitment to promoting fertility regulation the atmosphere for related research activity will be favourable.
- (b) Geographical distribution: As much as possible there should be a balanced distribution across the continent.
- (c) Language: The historical delineation of English, French and Portuguese speaking countries has acquired a significance which, though illogical, is real and should be taken into account.
- (d) Areas of research interest: Some centres are stronger in epidemiology while others are more interested in biomedical research. These factors could be relevant.

- (e) Leadership role: The potential for playing a leadership role in research capability development should be an important criterion for initiating strengthening activities. This may be particularly important in choosing one centre out of many within a country.
- (f) The preparedness of the host institute or host government to support and eventually take over the financing.
- (g) An institute's links with family planning programmes: the point to be considered here is how closely the institute works with the national family planning programme.

6.2.2 Stimulation of interest

The following activities are proposed for achieving this objective:

- (a) Annual scientific meetings should be organized under the sponsorship of the Programme, preferably in conjunction with Africa based organizations, e.g., the newly formed African Fertility Society. The languages of communication would be English and French. Sponsored participants would be:
 - (i) Two participants from each of the centres being strengthened.
 - (ii) Participants from other centres who are presenting papers.
 - (iii) Resource persons from within and outside the region.

A possible list of themes could be as follows:

- (i) recent advances in fertility regulation.
 - (ii) traditional methods of family planning
 - (iii) maternal health (in collaboration with MCH)
 - (iv) infertility
 - (v) research management
 - (vi) perinatal health (in collaboration with MCH)
- (b) Support to research proposals from centres not being strengthened where they are of interest and value to HRP. This requires that the objectives of the Task Forces are made known to all centres involved in reproductive research. Projects other than those of HRP interest would not be considered.
 - (c) Supply of reagents and computer software where applicable to active researchers outside the centres being strengthened on a procurement in local currency basis.
 - (d) Distribution of HRP Newsletter and other relevant publications to centres not being strengthened but that have interest in research in reproduction.
 - (e) Regular discussions with Governments and their policy organs to facilitate specific activities and exchange of information.
 - (f) Support to the African Fertility Society (AFS) and any other suitable scientific organization.

6.2.3 Building up a scientific community

A number of activities should be carried out to achieve this objective at a subregional level. These are:

- (a) Support to individual scientists to attend approved scientific meetings for presentation of research papers, normally inside Africa, but also outside Africa in exceptional circumstances.
- (b) Support to locally initiated scientific meetings which are of an intercountry character.
- (c) Training as an initial step to long-term institution strengthening. In awarding fellowships preference should be given to training in Africa or other developing areas.
- (d) Encouragement to publish research results, e.g., by helping scientists to develop the capability to prepare papers and submit them for publication.
- (e) Assistance in the planning of research and analysis of data.

6.2.4 Determining priorities for regional research

The Directors of centres to be strengthened should constitute a Scientific Working Group to review priorities and suggest possible subjects for sub-regional multicentre studies. They would also discuss administrative problems affecting the progress of research. These meetings would take place at the annual scientific sessions and should not need a separate organizational system. The report of the African Study Group on Research in Reproduction which met in Franceville in February 1985 should be used as a basis for future activities.

6.2.5 Coordination

Research in human reproduction cannot thrive in the absence of interest and service activities in fertility regulation. Many organizations, notably the World Bank, UNFPA, Population Council, IPPF and Family Health International have recently decided to step up activities in sub-Saharan Africa. For best results all these activities have to be coordinated. Some suggestions for coordination are given below.

6.2.6 Linkage

There should be a link between fertility research and other research related to the health of women in the region, particularly research on maternal and perinatal morbidity and mortality. Linkage should be maintained by encouraging such research.

7. SPECIFIC ACTIVITIES FOR THE FIRST YEAR

The following activities are proposed to be included in the programme for the first year:

- (a) A meeting with the Executive Committee of the African Fertility Society to draw up a 5-year plan incorporating a contribution from HRP.
- (b) A meeting with the Executive Committee of the African Association of Women for Research and Development (AAWORD) to discuss possibilities for collaborative work.
- (c) Contact with the Population Council, IPPF, FHI and other agencies to coordinate activities in relevant countries.
- (d) Visits to three or four countries with potential as new centres for institutional strengthening activities.
- (e) Preparation of a plan for scientific meetings.
- (f) A workshop on Research Methodology.
- (g) Preparations for a conference of leaders responsible for research in African countries (see Appendix I).

8. FINANCIAL IMPLICATIONS

The proposed strategies would require an increase in the budget currently allocated to sub-Saharan Africa. If it is assumed that US\$100,000 would be spent annually on each of 10 centres and that another US\$100,000 would be spent on the "regional" programme the annual cost would be approximately US\$1.1 million as opposed to about US\$0.5 million currently spent on the whole continent. It will be necessary to raise additional funds for the Programme for this purpose.

9. CONCLUSION

As a result of its growing population and continuing economic crises sub-Saharan Africa is in urgent need of large inputs into fertility research. But the countries of the region are so varied that the development of a few research centres will not have an optimal impact unless this investment is combined with activities to produce and stimulate other scientists in the area and to coordinate the activities of interested agencies. Intercountry scientific meetings, linkage with related programmes and agencies and regular review of ongoing activities are the necessary parallel activities.

Appendix 1

The 47 countries and territories of the region are as follows:

Angola	Madagascar
Malawi	Malawi
Benin	Mali
Botswana	Mauritania
Burkina Faso	Mauritius
Burundi	Mozambique
Cameroon	Namibia
Cape Verde Islands	Niger
Central African Republic	Nigeria
Chad	Reunion
Comoros	Rwanda
Congo	Sao Tome and Principe
Cote d'Ivoire	Senegal
Djibouti	Seycheles
Equatorial Guinea	Sierra Leone
Ethiopia	Somalia
Gabon	Sudan
Gambia	Swaziland
Ghana	Togo
Guinea	Uganda
Guinea-Bissau	United Republic of Tanzania
Kenya	Zaire
Lesotho	Zambia
Liberia	Zimbabwe

Appendix 2

PROPOSAL FOR THE HOLDING OF A CONFERENCE
ON HEALTH AND FERTILITY RESEARCH IN SUB-SAHARAN AFRICA

1. Introduction

One of the conditions for successful development of research capacity is the national commitment to medical research at the government level. In Africa previous discussions by the Regional Advisory Committee on Health Research have focussed on the loss of scientists by institutions due to lack of attractive career structures. This and other constraints to the development of research activities must be addressed at the political as well as the technical level. As part of the strategy to stimulate research in human reproduction in Africa it is proposed that a conference of leaders responsible for medical research in African countries be held under the sponsorship of HRP.

2. The Conference

2.1 Objectives

- (a) To review the role and implications of health research in Africa
- (b) To review the main achievements in fertility research in Africa
- (c) To identify constraints to further research
- (d) To propose ways of increasing national support for health research in general and research in human reproduction in particular
- (e) To recommend ways of facilitating the application of research results to national health programmes aimed at attaining the WHO goal of health for all.

2.2 Expected Outcomes

- (a) Increased political support to health/fertility research programmes in the countries
- (b) Recommendations on ways of increasing national support for health/fertility research
- (c) Regional and national support for the application of research to health systems.
- (d) Improved career structures for scientists working in health/ fertility research.

2.3 Participants

Up to 30 persons from sub-Saharan African countries, including:

- (a) government ministers responsible for health research;
- (b) technical officers responsible for research administration, i.e., directors of medical research councils or their equivalents;
- (c) individuals invited for their personal knowledge of the issues involved.

Countries would be selected in consultation with the WHO Regional Office for Africa on the basis of their current or anticipated collaboration with WHO in the strengthening of research capacities.

2.4 Venue

The conference would be held in Africa at a place to be identified.

2.5 Collaborating Agencies

Within WHO the Tropical Disease Research Programme (TDR), the division of Research Promotion and Development (RPD), and the WHO Regional Office for Africa would be essential collaborators. The relevant Advisory Committees on Health Research would also be requested to collaborate. Other agencies involved in research in human reproduction in sub-Saharan Africa would also be invited to participate.

Appendix 3

GUIDELINES FOR COORDINATING
INSTITUTION STRENGTHENING ACTIVITIES
IN SUB-SAHARAN AFRICA

1. Preamble

It is recognized that ultimately the coordination of all activities is the responsibility of national authorities, but there is a need at present to develop simple and cost effective mechanisms for coordinating institution strengthening activities at the international as well as the national level.

2. General objectives

- 2.1 To optimize the efficient and effective use of resources.
- 2.2 To avoid unnecessary duplication of activities.

3. Specific objectives

3.1 To share information regarding:

- (a) the mandate and policies of the various agencies involved in research in human reproduction;
- (b) past, present and planned programmes and activities of the agencies, by country.

3.2 To promote collaborative planning and evaluation

3.3 To undertake joint activities whenever feasible.

4. Mechanisms

4.1 Mechanisms at the central level

- (1) Where appropriate, officials responsible for programmes in the region should undertake visits to collaborating agencies to familiarize themselves with their activities.
- (2) There should be regular exchange of relevant documents and information, e.g. reports and announcements.
- (3) An annual meeting shall be held by the representatives of Collaborating Agencies who are members of the Committee on Resources for Research at the time of attending the CRR. These representatives and the representative of WHO/AFRO shall constitute a standing subcommittee of the CRR, the purpose of which shall be to review the activities undertaken by the agencies, and to exchange information on ongoing and planned activities. Any member of the CRR may attend. Agencies not represented in the CRR may be invited by HRP if appropriate.
- (4) A brief annual report, consisting of summaries of activities in the preceding year, shall be submitted by each agency represented in the CRR to the HRP Secretariat one month before the meeting of the CRR. These summaries will be distributed to the members of the CRR and will be the main document for discussion by the Subcommittee on Coordination. The reports shall include at least the following information:

- (a) agency
- (b) country
- (c) project title
- (d) principal Investigator or Responsible Officer
- (e) objectives
- (f) budget
- (g) duration
- (n) brief summary of activities relevant to institution strengthening and/or research in human reproduction

- (5) Agencies should provide resources for the holding of ad hoc meetings for the planning of joint activities.

5. Mechanisms at national level

- (1) Country representatives of the agencies should be encouraged to obtain all relevant information on the inputs of the agency from the appropriate national authority.
- (2) Country representatives of the agencies should be encouraged to exchange information.
- (3) The United Nations Development Programme (UNDP) Representative should be contacted for information on ongoing activities in the country.
- (4) Responsible officers in the agencies should identify national coordinating mechanisms and liaise with them.
- (5) Representatives of the agencies from central or regional offices visiting the countries should be encouraged to get in touch with other agencies working in the same countries for exchange of information and coordination of activities.

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH
TRAINING IN HUMAN REPRODUCTION

Second meeting of the
Committee on Resources for Research (CRR-2)
25 July - 1 August 1986

HIGHLIGHT OF ACTIVITIES DURING THE PAST YEAR IN AFRICA

1. INTRODUCTION

Of the 52 countries in Africa eight have had centres actively collaborating with HRP:

Egypt:	Alexandria (CCR)
Tunisia:	Tunis
Senegal:	Dakar
Benin:	Cotonou
Nigeria:	Ibadan
Cameroun:	Yaounde
Kenya:	Nairobi - Institute of Primate Research (CCR) - Department of Obstetrics and Gynaecology (CCR) - Reproductive Biology Unit
Zambia:	Lusaka (CCR)

The overall objectives for the year were to review progress in each of the centres and to participate in other activities relevant to the development of reproductive research capacities in Africa.

2. ACTIVITIES OF CENTRES

2.1 Alexandria, Egypt

This well-established collaborating centre has continued to carry out locally initiated studies as well as Task Force Projects, four of the latter being ongoing in July 1986. CRR, at its meeting in 1985, requested that a long-term development plan be submitted, incorporating the phasing out of core support. This application has now been received.

2.2 Tunis, Tunisia

Seven ongoing WHO/HRP research projects were reviewed and were progressing satisfactorily. Problems had been encountered with laboratory equipment and recommendations were made by Dr Goncharov of HRP for their solution.

A long-term plan and proposal has been submitted in accordance with the request of CRR.

2.3 Dakar, Senegal

The Department of Obstetrics and Gynaecology, University of Dakar, has had problems in analyzing the results of research carried out earlier because of lack of data processing facilities. Immediate solutions are being found but long-term arrangements are included in the 5-year proposal which has now been submitted.

2.4 Cotonou, Benin

The Department of Obstetrics and Gynaecology, University of Benin, has submitted a 5-year proposal for the development of research capacity.

ANNEX 5

page 2

2.5 Ibadan, Nigeria

A visit was paid to five centres in Nigeria to assess their potential for research in human reproduction. A report has been prepared and will be considered with an application for long-term support from the Ibadan centre.

2.6 Yaounde, Cameroon

A consultant visited the Department of Obstetrics and Gynaecology in Yaounde and assisted in the preparation of a long-term plan, which has now been submitted to CRR.

2.7 Nairobi, Kenya

The three units constituting the National Centre for Research in Reproduction (NCRR) were visited by three consultants in March 1986. The units have continued to carry out Task Force as well as locally initiated research. Applications for long-term support have been submitted by two of the units.

2.8 Lusaka, Zambia

The Collaborating Centre in Lusaka continues to take part in HRP multicentre trials, in spite of serious shortages of staff. An application for long-term support has been submitted.

3. GENERAL ACTIVITIES

3.1 Andrology Workshop

A workshop on andrology was held in Nairobi from 2 to 13 December, 1985. There were 29 participants from 11 countries of sub-Saharan Africa. The course involved lectures, laboratory practicals, audio-visual presentations and group discussions. The workshop was successful in stimulating interest in research in andrology.

3.2 Coordination with Population Council

A meeting was held in New York on 31 January, 1986, with representatives of the Population Council and Family Health International to discuss coordination of research activities in Africa. The areas of interest of the three organizations were discussed and a framework for coordinated efforts established. Subsequent meetings are expected to deal with implementation issues.

3.3 Coordination within WHO in Africa

Discussions were held in Brazzaville in November, 1985, with the Regional Director and staff of the Regional WHO office to coordinate the strategies of WHO/AFRO with those of HRP in developing research capacity in Africa. Due to changes in responsible staff which were taking place in Brazzaville at the time it was not possible to establish details of the collaboration between the two parts of WHO in research programmes in Africa. A further meeting is expected.

3.4 All-Africa Parliamentary Conference on Population and Development

This meeting was held in Harare, Zimbabwe, from 12 to 16 May, 1986. It was attended by members of parliament from 29 African countries and observers from nine countries in Africa without parliaments. Six United Nations agencies (UNFPA, UNDP, UNICEF, WHO, UNHCR and UNCHS) were represented as were the World Bank, the International Planned Parenthood Federation, the Population Council and the Rockefeller Foundation. Donor countries represented were Canada, Sweden, United States of America, United Kingdom and the European Economic Community. The meeting focussed on the population factor in development. Political leaders and professional scientists presented papers and members of parliament deliberated on the issues raised. There was a consensus on the need for African nations to include population activities in

their development planning. A declaration was issued at the end of the meeting in which the MPs pledged to support their governments in improving health care and strengthening programmes of family planning information, research and other services. The participants also pledged to "formulate and implement national population policies and programmes that attempt to decrease the high rates of population growth in Africa".

3.5 African societies

Two societies in Africa with interest in fertility research were contacted. The African Fertility Society was established during the Andrology Workshop in Nairobi in December, 1985. The object of the society is to promote research in fertility regulation. Although it has not started functioning fully it has potential for stimulating research in human reproduction.

The Association of African Women for Research and Development (AAWORD) is a forum for women researchers in diverse fields. Based in Dakar, Senegal, it promotes research and contact between women research workers. The Association may be able to play a role in promoting research in human reproduction in Africa.

3.6 Meeting of donors on population assistance to Africa

A meeting of donor governments and multilateral and non-governmental agencies involved in population assistance to Africa was held on 25-27 June, in Geneva, under the auspices of the United Nations Fund for Population Activities (UNFPA) and the World Bank. The purpose of the meeting was to coordinate population assistance so as to achieve maximum benefit for the African countries. There was unanimous support for intensified and coordinated aid to African countries in population and family planning research and services.

4. TRAINING

Seven research training or visiting scientist grants were awarded to African scientists in 1985. During the first half of 1986 eleven such grants have been awarded.

5. CONCLUSION

The main theme of meetings held in 1985-86 has been the need to intensify and coordinate assistance to Africa in the field of population and family planning. Nine applications for long-term support in research have been received and more are expected in future. A strategy for the development of research capacity in Africa is clearly required.

HIGHLIGHT OF ACTIVITIES DURING THE PAST YEAR IN ASIA

The South and South East Asia region of WHO contains many of the world's most populous countries. Several of the countries in this region are among the list of the least developed countries. Although most of the countries have active national family planning programmes, some of which have been in existence for more than 20 years, there remain gross inequalities in the extent of family planning research and the expertise for its conduct, both between and within countries. Thus, the need to strengthen research capabilities in order to support these national family planning programmes has remained unchanged.

Pakistan

The Special Programme has collaborated for many years with the National Research Institute of Fertility Control (NRIFC) in Karachi. A visit was paid by secretariat staff members to this institution during the year and also to the newly established Aga Khan University Medical School in Karachi, where staff from two departments have started collaborating with NRIFC. Staff of NRIFC were assisted in planning a Long-term Institution Development Grant application.

India

Visits were paid to several institutions in India by a secretariat staff member and a consultant from the WHO South East Asia Regional Office. The purposes of these visits were for site visiting institutions interested in research in social sciences as part of a proposal submitted by the Indian Council for Medical Research and discussing with staff at the All India Institute of Medical Sciences the preparation of Long-term Institution Development Grant applications.

Indonesia

The first UNFPA-supported project for research capability strengthening at the National Family Planning Coordinating Board (BKKBN), for which WHO was executing agency, ended in 1985. Early in 1986, at a two-day seminar in Indonesia, activities under this project were reviewed and plans were discussed for the implementation of a second project involving BKKBN and 11 university medical schools, which is starting in 1986, again with WHO as executing agency and the Special Programme as the responsible unit. Due to budgetary constraints at UNFPA, implementation of this new project has been delayed until the middle of the year. However, the first training grants have been approved and plans for the implementation of research projects are well advanced.

During the past 12 months, either members of the HRP secretariat or consultants have visited all the universities being strengthened with UNFPA support. In addition, for three universities, in Jakarta, Surabaya and Ujung Pandang, and for BKKBN itself, Long-term Institution Development Grant applications have been developed with the hope that these grants will complement the activities supported by UNFPA.

Nepal

Accompanied by a consultant from the South East Asia Regional Office, an HRP secretariat member visited Nepal during the year to assess the feasibility of promoting research capability strengthening for research in family planning in that country.

Nepal is one of the region's least developed countries and faces pressing health and population problems. Manpower is short and facilities are meagre. Nonetheless, there are individuals interested in promoting better quality research and it is hoped that over the next 12 months some modest inputs will be made by the Special Programme to strengthen research capabilities.

Sri Lanka

This country was visited by a consultant from the South East Asia Regional Office and discussions were held with national authorities on the subject of strengthening of research capabilities for family planning. It is expected that a proposal for such strengthening will be forthcoming in the future.

Thailand

Several visits were made to institutions in Thailand during the year. Secretariat staff visited the established institutions in Bangkok and discussed the changeover from core support to Task Force support for multicentred studies, and also the application for a Long-term Institution Development Grant from the Department of Obstetrics and Gynaecology, Chulalongkorn University.

Additional discussions with the Ministry of Health and the Institute of Health Research at Chulalongkorn University have resulted in a Long-term Institution Development Grant application to support research development at a regional university and an MCH Centre.

Secretariat members also visited the Institute of Health Research, Chiang Mai, with a view to encouraging research capability strengthening.

Philippines

A brief visit was made to the Philippines by a member of HRP secretariat, mainly to hold discussions with the staff of the two institutions which have a long history of collaboration with the Special Programme. Discussions were held particularly with the staff of the University of the Philippines on possible future research capability strengthening. Given the present political uncertainties of the country, it was difficult to hold discussions on any but the broadest terms, but it is hoped that by early 1987 more clear cut policies regarding the National Programme will have emerged.

Singapore

During the course of the year, visits were paid by several members of secretariat staff to the National University of Singapore. The Department of Obstetrics and Gynaecology has now moved to its new premises on the University campus and is anxious to expand its role in training.

Later in 1980, Singapore will host the World Congress on Fertility and Sterility. Two of the Programme's Task Forces will hold Steering Committee meetings in conjunction with that Congress.

Vietnam

In December 1985, a member of HRP secretariat visited Hanoi and drafted a new five-year development plan for the Institute of Gynaecology and Obstetrics. Subsequently, a consultant spent some weeks in Hanoi, mostly to discuss maternal mortality research, but also to assist staff of the Institute in the further preparation of a Long-term Institution Development Grant application and associated research proposals.

The Programme's staff also are active in advising UNFPA on support for local manufacture of Intrauterine devices in Vietnam.

HIGHLIGHT OF ACTIVITIES DURING THE PAST YEAR IN CHINA

The past year has seen many fundamental social and economic changes in China which have had significant effects on the research institutions under the various Academies and on the Family Planning Research Institutes. Staff changes at the Government and institute level have emphasized the promotion of young professionals and this has led, in some cases, to a review of the organisational structure of the institutes and their research management practices.

Of the eight institutes working with the WHO Special Programme of Research, Development, and Research Training in Human Reproduction, Shanghai and Beijing have been collaborating for six years, Nanjing and Wuhan five years and others for lesser periods. Differences between different institutes are becoming more clear with some maturing and showing increasing self-reliance while others are making little or no progress towards this objective. The reasons for either success or slow progress are different for different institutes, but there are common features among which the lack of good research management practices is perhaps the most obvious and important. In general, the period of substantial WHO funding for the provision of capital equipment is ending and the most effective assistance that can be provided is qualitative (consultants and training) rather than quantitative.

The shortfall of funds from UNFPA for 1986 has presented difficulties in the implementation of the four UNFPA Projects in Beijing, Tianjin, Chengdu and Guangzhou. Many activities proposed for 1986 have had to be postponed to 1987, but there is still no guarantee that next year the Fund will be able to meet the original commitments for 1986 and 1987. The Beijing Institute is less affected by the financial difficulties because of previous long-term support from UNFPA, but the other three institutes are lacking essential equipment and progress in some research areas will definitely be slowed down. Despite these constraints, the Guangzhou Institute, in its first year of collaboration, has done well to start up the large training programme for its staff and the Chengdu Institute is progressing well towards becoming an important centre for research in family planning in western China. For Beijing, the difficulties faced by the Institute in conducting its research should be lessened by a recent reorganization of administration and management and after the planned move to a new building.

Shanghai and Hangzhou have continued their development, with Hangzhou becoming the premier centre for research on injectable contraceptives in China and Shanghai consolidating and further developing its role as the major regional centre for research, research training and information dissemination. The build-up of the Wuhan and Nanjing Institutes has slowed down and the difficulties faced were discussed by CRR. Notwithstanding these problems, the Nanjing scientists have identified an exciting new lead for the regulation of male fertility and have begun a full programme of research in collaboration with the Task Force on Male Methods. Moreover, centres continue to collect data of considerable value to the family planning programme and conduct clinical research projects of a very high standard. The Institutes are conducting about 150 separate research projects in collaboration with the WHO Special Programme, covering the full range of current and proposed fertility regulating methods.

Two international symposia, one organized by the State Family Planning Commission in November 1985 and the other by the Ministry of Public Health in April 1986, included many presentations by scientists from the institutions strengthened through collaboration with the Special Programme. The quality of the work reported was high and a number of foreign participants commented on the evident impact of the collaborative activities.

An article reviewing the background to the development of research capabilities in human reproduction and family planning in China is being prepared by Dr F.T.G. Webb and Dr Xiao Bilian for inclusion in a forthcoming edition of the Oxford Reviews in Reproductive Biology. A draft of Dr Webb's section of the paper detailing information about the assistance provided by the United Nations Agencies is an additional background document for CRR.

HIGHLIGHT OF ACTIVITIES DURING THE PAST YEAR IN LATIN AMERICA

RESEARCH TRAINING

Short group learning activities

A two-week workshop on research in andrology was organized and held from 2-14 May 1986 by the Instituto Chileno de Medicina Reproductiva (ICMER) in Santiago, Chile, with HRP support. A total of 31 trainees and 13 teachers attended the workshop. The trainees came from Argentina (4), Bolivia (2), Brazil (5), Colombia (2), Ecuador (2), Panama (2), Peru (2) and Chile (12). The specific learning activities were rated high by the students, all of whom, by the end of the course, had developed research protocols for implementation on return to their home institutions. Three project proposals related to infertility have already been received and these are being reviewed by HRP.

Meetings

A total of 154 research papers were presented and discussed at the 10th meeting of the Asociacion Latinamericana de Investigaciones Reproduccion Humana (ALIRH) held in Vina del Mar, Chile from 27 April to 1 May 1986. Among the researchers who presented the papers were HRP-supported trainees. HRP provided support by meeting the costs of four consultants who participated in a symposium on the immunology of reproduction which was held on the last day of the meeting.

Individual training

A total of six Research Training Grants were awarded to the staff of five institutions in the region. Of these, two were for training in other Latin American countries, thus promoting research collaboration among the developing countries of the region.

INSTITUTIONAL RESEARCH

The five Collaborating Centres in the region in Cali, Havana, Mexico City, Salvador and Santiago, continued with the multicentred studies allocated to them by the Task Forces. The institution in Mexico City - the Institute of Nutrition and its national network of centres - continued work on the evaluation of injectable contraceptives and also of some derivatives of steroids with contraceptive potential. That institution's Masters degree programme in reproductive biology attracted more students from the Latin American region. The regional programme for the production of matched reagents (steroids in Mexico and peptides in Havana) is being developed and some progress was made in both places during the past year. There was a change in leadership in the centres in Cali and in Santiago.

INSTITUTION STRENGTHENING

Requests for institution strengthening support were received from a total of 22 institutions in the region. Profiles of 20 of these were obtained and are available on file. Six institutions have submitted LID grant proposals and the rest of the applications were for RTG/VSCs, SMA grants and LAB grants. The largest number of institutions seeking strengthening support were from Argentina, whose position regarding WHO collaboration in human reproduction research has not yet been clarified; this is also true for Brazil. Negotiations are afoot through AMRO/PAHO in order to clarify Government views.

CENTRES THAT SUBMITTED REPORTS FOR PERIOD JULY-DECEMBER 1985

WHO African Region

Centre National Hospitalier
Universitaire
Cotonou
Benin

Centre Hospitalier et
Universitaire
Yaoundé
Cameroon

Department of Obstetrics and
Gynaecology
Nairobi
Kenya

Institute for Primate Research
Nairobi
Kenya

University College Hospital
Ibadan
Nigeria

Université de Dakar
Dakar
Senegal

University of Zambia
Lusaka
Zambia

WHO American Region

Maternidade Climerio de Oliveira
Salvador
Brazil

Hospital "J.J. Aguirre"
Santiago
Chile

Universidad del Valle
Cali
Colombia

Institute of Endocrinology and
Metabolic Diseases
Havana
Cuba

+ affiliated centre in Santiago de Cuba

WHO American Region (continued)

Instituto Nacional de la
Nutricion
Mexico City
Mexico

WHO Eastern Mediterranean Region

Snatby Maternity Hospital
Alexandria
Egypt

National Research Institute of
Fertility Control
Karachi
Pakistan

Centre d'Etudes et de Recherche
Tunis
Tunisia

WHO European Region

University Medical School
Szeged
Hungary

Karolinska sjukhuset
Stockholm
Sweden

Hacettepe University
Ankara
Turkey

Institute of Obstetrics
and Gynaecology
London
UK

Institute of Obstetrics and
Gynaecology of the Academy
of Medical Sciences of the USSR
Leningrad
USSR

All Union Research Centre for
Research in Human Reproduction
Moscow
USSR

Research Institute of Obstetrics
and Gynaecology
Tashkent
USSR

WHO European Region (continued)

Ginekoloska Klinika
Ljubljana
Yugoslavia

WHO South-East Asia Region

Indian Council of Medical Research
Bombay
India

Postgraduate Institute of Medical
Education and Research
Chandigarh
India

All Indian Institute of Medical
Sciences
New Delhi
India

Indian Council of Medical Research
New Delhi
India

National Family Planning
Coordinating Board
Jakarta
Indonesia

Chulalongkorn Hospital Medical School
Bangkok
Thailand

Siriraj Hospital
Bangkok
Thailand

WHO Western Pacific Region

National Research Institute for
Family Planning
Beijing
China

Family Planning Research Institute
of Sichuan
Chengdu
China

Family Planning Research Institute
of Guangdong
Guangzhou
China

WHO Western Pacific Region (continued)

Family Planning Research Institute
of Zhejiang
Hangzhou
China

Family Planning Research
Institute of Jiangsu
Nanjing
China

Shanghai Institute of Planned
Parenthood Research
Shanghai
China

Tianjin Municipal Research
Institute for Family Planning
Tianjin
China

Family Planning Research Institute
Wuhan
China

University of the Philippines
Manila
Philippines

Kandang Kerbau Hospital
Singapore

Institute of Gynaecology and
Obstetrics
Hanoi
Vietnam

BRIEF REPORTS FROM COLLABORATING PROGRAMMES

Family Health International (FHI)

Family Health International (FHI) has, since 1973, had as an important part of its programme, the development of institutions capable of biomedical and programmatic research in family health/contraception. A major part of this programme is broad-based support, both financial and technical, to six developing country programmes: the Bangladesh Fertility Research Programme; the Sudan Fertility Control Association; the Indonesian BKS Penfin; the Thailand Fertility Research Association; the Egyptian Fertility Care Society; and the Sri Lanka Family Planning Association. In addition to funding for core support and research activities, FHI provides technical assistance in: (a) research design and implementation; (b) transfer of data processing and analysis technology; (c) institutional and financial management systems development; and (d) information dissemination. Currently, FHI is in the process of phasing out core support to these six institutions over a five year period, but expects to continue working with all of these centres on a contractual basis for specific research projects. Over the past two years, programmes to strengthen research capabilities have begun with institutions in three other countries: ABEFF in Brazil; the Malien Family Planning Association; and the National Centre for Family Health in Niger.

FHI also sponsors and implements training workshops in research methodologies for reproductive epidemiology and clinical trials. These workshops are based on standardized curricula using teaching modules. The clinical trial modules are available in English, Spanish and French. The epidemiology modules are available in English and Spanish. Workshops on contraceptive technology are also sponsored.

FHI's information dissemination programme includes limited editorial support and subsidized subscriptions for researchers in developing countries for the International Journal of Gynaecology and Obstetrics. Editorial support is provided to investigators in developing countries to help them meet journal standards for publication.

International Development Research Centre

Table I shows the number of projects supported by FHI between 1971 and 1985 (1986 not included).

TABLE I

Division	No. of Projects	Funds (CAD)
Social Sciences (SS)	81	8,874,727
Health Sciences (HS)	72	17,873,552
Information Sciences (IS)	4	758,090
Fellowships and awards (FAD)	2	80,590
Communications (COMM)	1	5,500
SS/HS	1	214,000
FAD/SS	1	131,000
HS/Cooperative programmes	1	466,420
TOTAL	163	28,403,849

Some 16 of these represented Phase II (HS - 10; SS - 5); 7 Phase III (HS - 5; SS - 2) and one Phase IV so far (HS).

Table II shows the support, by year, from the two main contributing divisions, Health Sciences and Social Sciences. The number of projects is in parentheses.

TABLE II

Year	HS Funds (CAD)	SS Funds (CAD)
1971	574,608 (4)	278,886 (3)
1972	452,646 (4)	598,100 (5)
1973	792,548 (5)	338,241 (4)
1974	1,645,885 (7)	670,800 (4)
1975	3,403,570 (5)	203,250 (6)
1976	1,133,550 (8)	546,040 (6)
1977	837,010 (6)	844,300 (5)
1978	1,900,785 (3)	360,500 (4)
1979	1,033,110 (7)	313,400 (4)
1980	868,802 (6)	212,000 (4)
1981	1,920,200 (3)	552,500 (7)
1982	1,713,040 (8)	1,168,200 (7)
1983	637,660 (3)	1,723,340 (11)
1984	400,000 (1)	330,500 (5)
1985	1,189,850 (4)	652,720 (5)

Table III shows the countries (and some institutions) to which the funds went, by division.

TABLE III

DISPERSAL OF FUNDS

HS

Asia	Hong Kong, India, Indonesia, Malaysia, Philippines, Republic of Korea, Singapore, South East Asia, Thailand
Africa	Egypt, Kenya, Mali, Nigeria
Latin America and Caribbean	Central America, Chile, Colombia, Dominica, Dominican Republic, Ecuador, Haiti, Mexico, West Indies; PLAMIRH
Global	ICARP, ICCR, ICOMP/IDAP, PIACT/PATH, WHO and one Canada (CCFR)

TABLE III (continued)

SS

Asia	Bangladesh, India, Indonesia, Malaysia, People's Republic of China, Republic of Korea, South East Asia, Sri Lanka, Thailand, Turkey
Africa	Egypt, Ethiopia, Kenya, Senegal, Sierra Leone, Sudan, Tanzania, Tunisia, Uganda, Zaire, Zambia; CODESRIA, UDEAC
Latin America and Caribbean	Argentina, Barbados, Bolivia, Brazil, Central America (region), Colombia, Ecuador, Mexico, Paraguay, Peru, Uruguay; CCRP, CIACOP, CLACSO
Global	World Fertility Survey

FAD

People's Republic of China, Subshel

IS

West Indies, Francophone West Africa; ICOMP

COMM

IPPF (Indian Ocean Region)

The above four tables adequately summarize IDRC activities.

Institution strengthening may be implied, directly or indirectly by the number of projects which have more than one phase. Usually, however, it has been more a matter of following a lead; or providing seed money to get a programme off the ground. Institution strengthening has more recently become a matter of policy, generally still under discussion.

As to promotion of research in fertility regulation, this has been done in a low key fashion. IDRC only responds to requests and initiatives. It does NOT promote any method directly.

United Nations Fund for Population Activities (UNFPA)

UNFPA is currently supporting four institution strengthening projects in China (CPR/85/P15 - Beijing; CPR/85/P16 - Sichuan; CPR/85/P17 - Tianjin; and CPR/85/P18 - Guangdong) all of which are executed by WHO (HRP); another project in Indonesia (INS/86/PO4) is executed jointly by the Indonesian Government and WHO (HRP).

UNFPA has recently approved in principle an amount of US\$600,000 for a programme of policy-oriented biomedical research in Egypt. This project, which is currently under review by WHO (HRP), is expected to establish two research steering committees for biomedical and programme research, and to fund 12 separate research studies over the next five years. In addition, UNFPA has approved in principle an amount of US\$20,000 for Malaysia for a national workshop for the formulation of strategies for self-reliance in reproductive research.

The UNFPA programming procedure (which involves assessment of needs, programme development, and project formulation), whereby support could be available for institution strengthening in human reproduction research directly from UNFPA country programme funds, was briefly explained. The importance of identifying institution strengthening for human reproduction research in the needs assessment exercise was underscored in order thereby to improve the possibility of funding by UNFPA or another donor in response to a government request, and to increase the level of initial government commitment and thus the likelihood of eventual takeover.

Finally, the need to solicit information from other agencies active in this field, for example, USAID, Rockefeller Foundation and Ford Foundation, or to invite them to CRR, was raised with a view to improving further the coordination of funding efforts.