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## **ADVISORY COMMITTEE ON HEALTH RESEARCH**

### **REPORT TO THE DIRECTOR-GENERAL**

**on its fortieth session**

**held at WHO headquarters, in Geneva**

**17 - 19 June 2002**

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# 40<sup>th</sup> SESSION OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Geneva, June 17-18, 2002

## Executive Summary

The global Advisory Committee on Health Research (ACHR) held its 40th Session at WHO headquarters in Geneva, Switzerland from June 17-18, 2002. In addition to the members of ACHR, the meeting included chairs of regional ACHR's, WHO staff from regions and headquarters, invited observers, and representatives of partner organizations. The main item on the ACHR's agenda was the **World Health Report 2004** (WHR2004) on the theme of *Health Research-Knowledge for Better Health*. This Report, and its possible contents and structure, was discussed extensively by members and other participants. The Secretariat presented its initiative on **Health Research Systems Analysis (HRSA)** which will serve to inform the WHR2004. The follow-up to the launch of the ACHR Report on Genomics & World Health, released on April 30, 2002, was also discussed in detail with a focus on the implementation of the Report's recommendations and post-launch activities.

The ACHR was also informed of progress on its previous recommendations (e.g. database of WHO-supported research activities, peer-review of project proposals) and was briefed on the sentinel topic of *Climate Change & Human Health*, one of the programme areas in the Sustainable Development & Healthy Environments (SDE) cluster. Highlights were also presented of research activities in all six WHO regions. In a departure from past practice, the regional ACHR chairs and RPC counterparts in the regional offices held a separate session during the meeting (chaired by Professor Jorge Allende) to discuss closer cooperation between regional ACHR's. The Committee was also briefed on the plans for a World Health Research Summit in Mexico in 2004, an event planned to coincide with the launch of WHR 2004.

In the annual meeting with the Director General, Dr. Brundtland expressed satisfaction at the excellent publicity and visibility received following the launch of the Report on Genomics & World Health and mentioned possible follow-up activities. The Committee also had an opportunity to discuss with the Director General the continuing need for the Organization to take a lead role in the area of bioethics; she briefed members on the recently established Ethics in Health Unit under her own office. The Director General also expressed her wish that the ACHR will provide guidance and advice for the development of the WHR 2004 on Health Research. The continued confidence shown by the Director General in the ACHR was appreciated by all its members. In addition to identifying 'sentinel' items, the ACHR established four sub-committees on ethics, peer review, WHO research database and WHR 2004 as a part of its programme of work in the coming year.

## **40<sup>th</sup> SESSION OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**

**Geneva, June 17-18, 2002**

### **Opening Session (Agenda Items 1-5)**

The meeting was opened with remarks from the Chair of ACHR, Professor Mahmoud Fathalla followed by introduction of new members of ACHR (Professors Wen Kilama and Vicharn Panich, with apologies from Professor Vladimir Shkolnikov), existing members of ACHR, regional ACHR Chairs and other participants. The attendees then introduced themselves, their respective organizations and interests. (see [Annex 1](#), list of participants). The ACHR Chair welcomed the 4 regional ACHR Chairs who were present at the meeting (Drs Allende-PAHO, Leke-AFRO, Atta ur Rehman-EMRO, Dwyer-WPRO) and the RPC counterparts, or their representatives, from all 6 WHO Regional Offices. A special mention as also made of the presence of two distinguished temporary advisors, Dr Lincoln Chen and Dr Suwit Wibulpolprasert. The Executive Director of the EIP (Evidence & Information for Policy) cluster, Dr Christopher Murray also welcomed and thanked the participants for their attendance at the meeting. The agenda for the meeting was adopted ([Annex 2](#)) and Professor Zulfiqar Bhutta appointed as Rapporteur. The Report of the 39<sup>th</sup> session of the ACHR was formally approved (moved by Barry Bloom, seconded by Mahmoud Fathalla).

### **Matters arising from the previous meeting (Agenda Item 6)**

#### 6.1. Sentinel Item : *Climate Change and Health*

Dr Carlos Corvalan from the Department for the Protection of the Human Environment (PHE), Sustainable Development and Healthy Environments cluster gave a presentation on the sentinel item “**Climate Change and Human Health**”. He addressed several broad questions : Why are we concerned, what do we know, what are the main knowledge gaps, how are we responding?. The items discussed during this presentation included the following :

- ◆ Heat waves and air pollution
- ◆ IPCC (International Protocol for Climate Change), Third Assessment Report (2001)
- ◆ Global climate change facts
- ◆ Change in frequency and intensity of the El-Nino phenomenon

- ◆ Global warming projections (global mean sea level predicted to rise by 9-88 cm by 2100, global mean surface temperature by 1.4-5.8° C, greatest over land areas and high latitudes)
- ◆ Potential impacts on human health (especially those related to water, food production, pests, and disease vectors, e.g. for malaria, dengue,...)
- ◆ Knowledge gaps and adaptation measures
- ◆ Main health impacts and research areas
- ◆ Responses
- ◆ Interagency collaboration including research on climate variability
- ◆ WHO programme on Climate and Health

In the discussion following the presentation members and participants made the following comments and observations :

- ◆ Global warming is a reality and although the rate of climate change is arguable, many things will happen in this century with health consequences and WHO must play a strong advocacy role. Research has focused on adaptation but must also focus on reducing global warming, and biologists must be involved in this issue (e.g. using photosynthetic processes or microorganisms in interventions). Novel impact and effects may also result from global warming.
- ◆ This field is filled with many contentious issues, is politically sensitive and related to economic considerations. Recent reviews of emerging infectious diseases related to environmental changes have been carried out by the NIH and is taking the agenda beyond newer diagnostics, surveillance and responses. The general consensus was that global environmental issues should move away from issues of prediction and prevention. The first round of applications yielded almost 80 proposals and the second round led to 20 groups funded for \$ 9 million. The third round has been conceived with cumulative resources of \$12 million. WHO has been invited to these network meetings. There is a need to let **health drive economics** rather than vice versa, i.e. economics impacting on health, especially in the wake of the Commission for Macroeconomics & Health report.
- ◆ The scientific data in this field are often weak and contradictory and have therefore not been able to influence the political agenda, which is led largely by economic forces. The Kyoto agreements have placed limits on global emissions but have not really related these to measurable outcomes. There is a need for more scientific data and research on the subject.
- ◆ An early warning system based on symptomatic surveillance is now being implemented and is linked to the threat of bioterrorism. This is a good system for collecting large scale epidemiological data on trends. WHO has been planning a global surveillance system for health trends which may yield long-term data with a major link to climate change aspects. The desirability of a global burden of disease estimation related to climate change was also mentioned.

- ◆ Mention was also made that much of the data in this field is from the industrialised world and there is a need for more information from developing countries. Also, the emphasis has been on linear extrapolations whereas the consequences of non-linear processes may actually be more severe.
- ◆ Concern was expressed about issues related to water resources. There are uncertainties because of the lack of a linear relationships e.g. the potential effect of changes in water currents on various health issues. Also, the effect of UV radiation on climate change (e.g. ozone depletion) is well established. Latin America has large scale research on the effects of pollution on health. In other regions, desertification is a major issue in the Middle East and Central Asian region. What can WHO do in this area? Cheap saline agriculture, reverse osmosis water purification, and the use of microorganisms have shown promise. In other parts of the world, the rapid rise of urbanization may have an impact on soil-transmitted nematodes. In all these areas, there is a need for more linkages as the resources required are vast.
- ◆ A plea was made for more advocacy at WHO in terms of stronger and better linkages with different groups. Lack of awareness of these issues is widespread, especially in developing countries and, even internationally, little attempt has been made to tie these issues together.
- ◆ A suggestion was made that the topic of *Climate Change and Human Health* could be the topic of a future ACHR Report.

In his response to the comments, Dr Corvalan stated that WHO has been playing an advocacy role in this field but acknowledged that this can, and should, be strengthened in the future. WHO's advocacy role is very important and cannot be an adaptation role alone. The existing evidence for climate change may be weak comparatively but that does not mean it is not there. Numerous prediction models have been developed by various groups, not just by meteorologists but also by economists. There exists a large environmental health programme at WHO Headquarters, including desertification etc. There is also a need to promote the idea that climate change is a major risk factor in communicable diseases. There is also a program for UV radiation at WHO. He strongly supports the suggestion that WHO take a more active role in climate related research.

The Chair then summarized the session and the ensuing discussions by stating that **advocacy** is important and can have a major impact in terms of changing the paradigm so that health drives economics, that **research** to cope with and ameliorate effects should be promoted through better collaboration with other agencies in order to come up with innovative solutions, and that active **surveillance** was a key priority, especially for new diseases.

## 6.2 Other matters arising from the previous meeting

ACHR members also mentioned that several items from the ACHR Meeting Report 2001 were still pending and unresolved : the WHO Research Database, the peer review process for WHO-supported research ( to be performed before grants are awarded) and ACHR's involvement in planning for the WHR 2004 on Health Research. Dr. Tikki Pang, the ACHR Secretary, responded by stating that the work on the WHO Research Database started one year ago, but progress has been slow. This has been further exacerbated by the recent transfer of the staff responsible for performing the work. The work will be assigned to another staff member and the new computerized system of tracking financial data at WHO will also help in developing this database in the future. On the issue of peer review of WHO-supported research, an internal Working group has been formed to look at scientific validity of WHO publications and documents. There is a wide range of documents and publications and the issue is a complex one. The advice and guidance of the ACHR in the preparation for WHR2004 is very much sought after and the WHR 2004 outline provided is only a proposed draft for further discussion (this matter was discussed in more depth under agenda item. 11)

## **Matters referred by the Director General (Agenda items 7 and 8)**

### 8.1 Follow up on the ACHR Report on Genomics & Health

Dr Tikki Pang and Ms Pauline McKay briefed the meeting on the launch and publicity of the ACHR Report on **Genomics & World Health**. Parallel events were organised in Washington, DC, USA and in London, United Kingdom which consisted of a series of one-to-one interviews with key science journalists and other media representatives. The Report received excellent and widespread publicity in the general as well as in the scientific media with favourable reviews all round. Some recommendations of the Report have already been implemented, e.g. training in medical genetics (WHO Collaborative Meeting in Medical Genetics held in Toronto, Canada in April, 2002) and training workshops in bioinformatics organized by the TDR programme of WHO. The Ethics in Health Unit has been established under the Director General's Office and key appointments will be made very soon. Four elements are being considered : ethics of research involving human subjects, ethical issues related to health systems, ethical aspects of genomics and biotechnology, and capacity building in bioethics, especially in developing countries. Other important elements have not been tackled as yet, e.g. the issue of intellectual property rights. Dr Pang also reported that a short *Summary* booklet of the Report has been prepared and this was distributed to all ACHR members and participants. The Summary was written by a science journalist. Translation of the Report into other official WHO languages is on-going.

## 8.2 Cuba meeting on Genomics & Biotechnology

Dr Sacha Sidjanski reported on the *WHO Meeting on Genomics & Biotechnology for Health Improvement in Developing Countries* held in Havana, Cuba from March 25-27, 2002 and presented the summary points from the meeting. The objective of the meeting was to highlight issues pertaining to the effective application of advances in genomics and biotechnology to health problems of developing countries. Specifically, it was to solicit advice and guidance on the implementation of the recommendations contained in the Genomics & World Health Report. An article on the conference prepared for publication by the rapporteurs (Drs E. Calva, M.J. Cardoso, J. Gavilondo) is attached as Annex 3.

## 8.3 Post-launch national events

Dr Tikki Pang reported on the follow up launch events planned in countries with regards to the Genomics & World Health Report. A series of national launches in selected countries will be organized, focusing on the ethical, legal and social implications of genomics. These events will not focus primarily on scientific issues and the scientific community but would instead focus on societal implications of the genomics revolution. Events have/are being planned for India, Malaysia, Philippines, Thailand and China. Extension to other countries will depend on budget considerations and the national governments' preparedness to organize and sponsor such events.

In the ensuing discussion period ACHR members and participants raised the following issues :

- ◆ National launch events for the Genomics Report should be extended to other countries in other WHO regions, not just in SEARO and WPRO. A special mention was made of the need for a launch event in Africa. WHO country offices need to be involved in such events. The possibility of a Japanese translation of the Report was mentioned.
- ◆ In the area of genomics, it is important to bring Ministries of Health and Ministries of Science together in order to optimise the applications of new technologies. In some of the more advanced developing countries, science capacity exists but linkages with the Ministry of Health are less than optimal. There is a time-dimension as investments may not provide returns for many years and this may point to the need to consider public-private partnerships as a means of applying the scientific advances. NIH has plans for an initiative in this area and there are opportunities for collaboration and establishment of regional efforts.
- ◆ The importance of linking advances in genomics with basic public health problems was emphasized, e.g. hemoglobinopathies. What kind of public private partnerships are necessary in making these linkages?.

- ◆ There are also potential gains to be made by developing countries through their direct involvement in genomics research, although developed countries clearly have an advantage in this area. WHO needs to play a role in ensuring that there are no barriers and uncertainties in terms of people pursuing genomics research in developing countries. A suggestion was made for WHO to develop a specific set of guidelines addressing the issue.
- ◆ Members also expressed the desire to be regularly informed about the impact of the Report after its official launch.

In his response, Dr Tikki Pang highlighted resource constraints regarding country launches; however, these are foreseen as national events, which may not have major resource constraints. The nature of public private partnerships is still being debated and the exact way ahead was unclear.

## **Meeting with the Director General (Agenda item 9)**

### 9.1 Preparatory Meeting of the ACHR prior to the meeting with the Director General

The ACHR Chair highlighted items for possible discussion with the DG. Follow up and sentinel issues were identified with potential proponents. Included within was the potential role of the ACHR in the WHR 2004 and her expectations of the Report. In consonance with the World Health Assembly's desire to seek information from the WHO for its policies on Child Health and Adolescent Health, the possible issue of assessment of the integration of maternal and child health within WHO and its research priorities related to this area was mentioned.

On more general issues, members expressed a desire to see an overall strategy for action from WHO in health research, including both short-term and long-term goals, rather than discussion on specific areas. *In which direction is WHO going with respect to research?* The ACHR can continue to 'flag' important issues but how does WHO follow up is the key question. For example, it is not clear that a cogent plan for follow up exists in relation to the Genomics & World Health report. Similarly, interdisciplinary collaboration within WHO with regards to existing programs e.g. within environment and health needs to be clarified. Members also raised the larger issue of implementation of research in health. What is the WHO's response towards the achievement of the UN's Millennium Development Goals? What is the organization's response to the Commission on Macroeconomics & Health's recommendation for a global health research fund?.

Considerable discussion took place in terms of arranging topics and relative contribution of the various areas to the discussion with the DG. The general consensus was to continue to probe the involvement of the ACHR in the thought processes for pursuing the recommendations made to WHO, and especially the role of commissioned reports. The follow up process to the Genomics & World Health Report is a case in point. It was indicated that the follow up on some of these issues is a huge undertaking and a

bigger issue than available resources allow. Perhaps the steps required in this area, such as advocacy to the Executive Board and the World Health Assembly, need to be highlighted.

A draft agenda was prepared for the meeting which covered the following items :  
 1. Introduction; 2. Follow-up on Genomics & World Health Report; 3. World Health Report 2004-Role of the ACHR; 4. Sentinel item-Climate change and health; 5. Strategic issues : World Health Assembly resolution on WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration, new developments and directions. Members of ACHR were assigned to present these issues to the DG.

## 9.2 *In camera* session with the Director General

Members of ACHR held an *in camera* meeting with the Director General, Dr Gro Harlem Brundtland. Also present at the meeting was Dr Tikki Pang (ACHR Secretary), Dr Christopher Murray (Executive Director, EIP cluster) and Mr Dennis Aitken (Director General's Office). The following were the major issues discussed and agreed upon :

1. The Genomics & Health initiative will stay with EIP/RPC. However, a detailed response and follow up will be decided after discussions at Cabinet and after all feedback and reactions from member states have been received. A decision will also be made on whether to table the Report's recommendations to the EB and/or the WHA.
2. The World Health Report 2004 and the role of the ACHR was discussed. DG wanted the ACHR to discuss the proposed work related to the WHR 2004 in detail. Unlike the Genomics & World Health Report, the WHR 2004 is the major annual Report issued by the Director General on behalf of WHO; it has a different status and is a more general WHO document. However, input from the ACHR would be very important and welcome. The DG pointed out that the WHR 2004 can create opportunities for implementation at the country level of the recommendations of the Commission on Macroeconomics & Health. In a sense, the WHR 2004 can be seen as a follow up of the Commission's Report as well as of the Report on Genomics & World Health.
3. Some sentinel areas such as Climate Change and Health were identified and brought to the DG's notice. She expressed her concern as to the variability of the scientific evidence on this issue and the need to weigh the evidence carefully before deciding on a WHO response.
4. The important area of ethics was highlighted and the DG briefed members on the status of the recent WHO Ethics in Health initiative. The initiative will be a unit to be located in the Director General's office and key appointments will be made soon.
5. The meeting with the DG was followed by a general discussion with Dr Christopher Murray, Executive Director, EIP (see below).

### 9.3 In camera general discussion session with the Executive Director EIP

The session discussed several important issues and can be summarized in the following manner :

1. *WHO research database and peer review process* : It was acknowledged that these were important areas which needed more attention in the future. At the same time, it was mentioned that the issue of peer review of research projects (beyond the TDR and HRP programmes) was a complex one-much of this is not classified as research, was part of programme activities and much of it is not investigator-initiated. It was emphasized that the review should be a front-end process to be done before grants are awarded and should not be simply a review of the final product/outcomes of the research.
2. *Intellectual property rights and WHR 2004* : It was generally agreed that the issue of intellectual property rights (IPR's), especially with regards to genomics advances, is a very important one and where WHO should consider taking a stand. Should this be taken up and highlighted in the WHR 2004?. The point was made that the WHR 2004 aims to raise awareness on health research issues and the inclusion of a contentious topic, such as IPR's, runs the risk of diverting attention from the main message of the Report. However, it was suggested that WHO could at least consider making a position statement acknowledging protection of innovation yet ensuring equity of access.
3. *Issues for WHR 2004* : The WHR 2004 should address the broader issue of public health research ethics, not just those related to IPR's. In addition, the key area of the translation of research into practice should be given a high priority; in fact, a suggestion was made that this could be a topic for a separate WHR in the future.
4. *Sentinel items* : discussion focused on the role of the ACHR as a "sentinel or intelligence" group highlighting newer themes and knowledge gaps. Some examples of such sentinel items were mentioned :
  - a. stem cell technology
  - b. newer methods for disease surveillance
  - c. information dissemination (e.g. in bioinformatics)
  - d. nutrition and health (e.g. the Barker hypothesis as a sentinel item)
  - e. integration between maternal and child health (programmes and research)
  - e. newer epidemiological methods, introduction of political science methodology into public health research, dynamic and multi-level modeling schemes, and combining statistical with stochastic methods.

Some members of ACHR commented upon the hesitation to bring newer issues on board while there was an unfinished agenda.

## **Matters referred to ACHR by regional ACHR's (Agenda item 10)**

### 10.1 AFRO ACHR (Presented by Professor Rose Leke)

Professor Leke highlighted the issues discussed at the last AACHRD (African Advisory Committee on Health Research for Development) meeting held in Mauritius in April, 2002 : ethics and dissemination of guidelines for ethical review committees, lifting the profile of research into traditional medicine, and the low level of implementation of recommendations at country level. She also made a plea for the launching of the Genomics & World Health report in Africa.

### 10.2 AMRO/PAHO ACHR (Presented by Professor Jorge Allende)

Professor Allende reported that the last meeting of the PAHO ACHR in June, 2002 took place in the context of PAHO's centenary celebrations with several sessions devoted to cutting edge issues in research. The proceedings of the meeting will be published. A joint session was also held with 3 members of global ACHR where the Cuba meeting on genomics and biotechnology (see agenda item 8.2) and the health research system performance assessment (HRSPA) initiative was discussed. He also informed the meeting of a planned joint activity between the PAHO ACHR and ICGEB (International Centre for Genetic Engineering & Biotechnology, Trieste, Italy) on genomics of emerging viruses

### 10.3 EMRO ACHR (Presented by Professor Atta ur Rehman)

As the newly elected Chair of the EMRO ACHR, Professor Rehman mentioned that no meeting of the Committee was held in the last 4 years and that the next meeting of the reconvened ACHR (in August, 2002) is keenly anticipated. He also mentioned that there is some overlap of the committee's activities with those of the Ministerial committee of COMSTECH (Commission for Science & Technology). He went on to describe the challenges to health care in the region and that a renewed strategy for promotion of health research was developed in 2001 by EMRO; this strategy includes emphasis on increasing networking, re-organization of the EMRO Research Grant Scheme, new initiatives (including linkages with COMSTECH), targeted research grants, and linkages and networking between libraries and other repositories of information. Participants commented and asked questions relating to research funding mechanisms and priority areas in EMRO, and regional linkages for promotion of peace and ethics. Closer links with AFRO was also deemed desirable.

### 10.4 EURO ACHR (Presented by Dr Yves Charpak, on behalf of the Chair)

Dr Charpak reported that the previous work of the EURO ACHR work was disappointing as it did not address the research priorities of the region. A working paper is under development for the functions of the new EURO ACHR and will be circulated soon for the information of ACHR members.

### 10.5 SEARO ACHR (Presented by Dr Than Sein on behalf of the Chair)

Dr Than Sein reported the introduction of scientific debate as part of SEARO ACHR sessions with a focus on *Arsenic and Health* at this year's meeting in Dhaka, Bangladesh in April, 2002. The meeting also indicated that research in early childhood development and cardiovascular disease was very important and needs to be promoted. Previous work on Health Research Profile in ten countries of the region was also evaluated during the meeting. Ethical review mechanisms were also highlighted which emphasizes links between national ethical research guidelines and its implementation in research institutions. Linkage with FERCAP (Forum for Ethical Review Committees in the Asia-Pacific Region) has been established.

### 10.6 WPRO ACHR (Presented by Professor Terry Dwyer)

Professor Dwyer described the unique features of the region and the membership of the WPRO ACHR (9 countries represented for the first time on the ACHR). The region's health problems are diverse and myriad and linkages between researchers are weak. The WPRO ACHR will identify priority issues for commissioned research and will also undertake research mapping in the region, with initial discussions on the involvement of WPRO countries in Health Research System Performance Analysis (HRSPA) initiative. He also mentioned that geographic considerations mean that travel in the region for research promotion and collaboration is very difficult and presents a real challenge.

### 10.7 Report from meeting of regional ACHR chairs

Professor Jorge Allende presented the report of the meeting of the regional ACHR chairs and RPC counterparts. The meeting supported collaboration between regional ACHR's as well as closer linkages with the global ACHR. The importance of data banks of researchers, capacities, collaborations etc. was emphasized, as well as the issues of health research libraries, collaborative research funding and bioethics. In the discussion which followed the presentation, the possibility of regional pooling of sophisticated analytical services and facilities was mentioned. Brazil's experience of keeping CVs of researchers in a centralized database, which is a pre-requisite for securing research grants, was also cited as an example which may be emulated in other regions. Software from the Brazilian Science & Technology Board has also been made available for all disciplines and 7 countries in Latin America are working with this software and some workshops are planned. The importance of potential synergies and linkages between global and regional ACHR was reiterated and members of the global ACHR supported this observation and suggested ways of improving linkages and cross-fertilization of ideas. The importance of securing linkages with existing networks and well as "pre-nuptial" agreements on bio-prospecting was also mentioned. The growing interest in bioethics must be complemented with an assessment of how guidelines are being implemented and followed up on the ground. Tied in with this are the issues of equity and equity mainstreaming and how research is addressing these.

## **World Health Report 2004 (Agenda item 11)**

### 11.1 World Health Report 2004 on Health Research

The formal decision that the World Health Report in 2004 will be on the theme of health research was made by the Director General on November 28, 2001 in a memo addressed to all the regional directors of WHO. In this memo, the Director General indicated that the theme for the Report will be *Health Research-Knowledge for Better Health* and she hopes that the WHR 2004 will be “a careful reflection of the extent to which health, and health equity, has improved as a result of advances in knowledge produced by research”.

Dr Tikki Pang presented a report of work in progress relating to the background and overall objectives/draft framework of the WHR 2004 (see [Annex 4](#)) and Dr Ritu Sadana presented the operational plan of the Health Research System Analysis (HRSA) initiative (previously known as the Health Research System Performance Assessment, HRSPA, initiative) which comprises the analytical work in countries and on international issues relating to health research. The HRSA initiative will serve to inform the WHR 2004. Dr Pang also informed the meeting of the process for development of the WHR 2004 which involves an in-house advisory and management group, and a regional reference group (with which the regional ACHRs can interact).

### 11.2 General discussion on WHR 2004

An extensive and wide-ranging discussion involving all participants followed the presentations and the main highlights are summarized below :

- ◆ *Health research is broad* : The impact of research on health is much larger than that due to health research alone; the contribution of other areas of research must be acknowledged and included.
- ◆ *Function of health research systems* : The functions of the health research system, as outlined in the conceptual framework, can be reduced and compressed into a smaller number of common rubrics/categories of functions, as was done with health systems analysis (i.e. stewardship, financing, creating resources and service provision). It was pointed out that Financing should be a separate function from resource generation and that research management skills are important. With regards to the translation of knowledge function, it was pointed out that development of clinical guidelines by themselves are not a benefit in their own right-they need to be implemented and used. Also, uptake of research data may be very difficult in the absence of a local research community. In relation to the function dealing with ethics, additional information on regulatory systems should be collected in addition to that relating to ethics. Peer review processes also need to be included.

- ◆ *Data needs* : The analytical work proposed should be based more on collection of existing data rather than collecting new data. For example, health research financing data are sometimes included within the National Health Accounting system, at least in some countries. The initiative represents a very ambitious project and time may be short. Reliable data may not be there and may need to be collected. The ISI database may be best for bibliometric analysis but other databases (e.g. SciELO and Lilacs in Latin America) must also be considered. Information on collaborative activities should also be sought as this may need to be tracked. In addition to brain drain, training capacity in health research is also important to capture. The overall philosophy with regards to data needs should be “Don’t ask what you already know, and don’t ask what you can get from another source”.
- ◆ *Trends in health research* : The Report should have a chapter outlining the latest general trends in health research which should highlight advances with the potential to improve health.
- ◆ *Involvement of high level constituency* : Health improvement is both knowledge-based and socially driven. How will the report make the link?. As the Report may stimulate a broad constituency, some parallel high-level consultancy and advocacy processes need to be implemented (e.g. getting the G-8 involved, passing resolutions on health research at the World Health Assembly) in addition to the analytical process and technical work. Also, how will this initiative feed into achievement of the UN millennium development goals and the planned World Health Research Summit meeting in 2004?.
- ◆ *Selection of pilot countries* : What are the links with the institutional processes? Also, what are the criteria used for selection of countries for the pilot?. It is also unclear whether the exercise covers all the countries of the world and how will this initiative link to other initiatives in OECD countries or the work undertaken by UNESCO in this area?. Large developed countries, which produce 80-85% of the global knowledge, should also be included in the pilot. A question was also raised about the representativeness of the countries selected for pilot testing in Africa (2 neighboring countries out of 47); it was suggested that another country be added, e.g. a Francophone country. Also, too great an emphasis on national ownership of knowledge should be avoided and an international/global perspective should be developed, i.e. the concept of knowledge as a global public good. In this sense, countries should be allowed to decide by themselves whether or not to participate in the exercise.
- ◆ *Definitions* : ‘Health research’ actually needs to be defined within the conceptual framework-this is not a trivial task but some decisions will need to be taken, albeit arbitrarily. A definition of health research should be dynamic, flexible and inclusive. As presented, the conceptual definition of the health research system is limited to ‘high quality’ and ‘relevant’ knowledge. This may be problematic. For example, how will this be operationalized? Some of the research may actually be bad research! Capacity building definitions also vary and some also include the demand side of

research. It is also important to include the bridge between suppliers and utilisers of research. The WHR 2004 should also benefit countries who do not have national health research systems.

- ◆ *Purpose of Report and equity issues* : The key issue is how can the report help countries decide on how health research can help them, i.e. how will they benefit from it?. It is thus important to link the initiative to country priorities and to institutional strengthening in the regions, i.e. the end points. Also, health inequity may be exacerbated as health improves overall. How will this be captured be in the Report?. The conceptual framework does not address issues of **equity**. This will not come as a byproduct of research evaluation and an analytical dimension and specific framework related to health equity needs to be incorporated into the initiative. Such a framework should address cross equity issues such as poverty, race and gender.
- ◆ *Role of global and regional ACHR's* : Clarification was sought by several members about the role of the global ACHR and regional ACHRs with regards to the WHR 2004 and what would be the expected contributions from the committees. It was mentioned that, in order to get the larger overall picture from this initiative, WHO needed to work with the regional and global ACHR's. A suggestion was made that countries selected for pilot studies could present their findings at next year's meetings of the various regional ACHR's.
- ◆ *Importance of case studies* : Case-studies should be used in the Report to illustrate the benefits and impact of research on health; case-studies are particularly important in advocacy to governments. Examples could include Thailand's Golden Jubilee project to produce 25,000 PhD graduates by 2025 and cost-benefit case studies.
- ◆ *Importance of institutions and the education system* : institutions and education are not mentioned in the current draft for the Report. draft; a major cause of the brain drain The earlier the link that can be made to the educational system, the better it is.
- ◆ *Global Forum for Health Research* : Louis Currat and Andres de Francisco provided information on the relative contribution of the GFHR towards the WHR 2004 and the WHR summit 2004.
- ◆ *Link to economic development* : Members generally supported the positive "role model" approach which establishes linkages between research productivity and economic development. This point was illustrated by the hesitation in the Americas to enter into the genomic revolution, until discussions linked biotechnology and regional development banks. Cuba is another example where the economic incentive played a central role in promoting research applications. This may be the best way to attract Ministers of Finance.
- ◆ *Report is not an end point* : It was pointed out that the Report should not be an end point but a means for WHO to implement its vision for health research. WHR Summit 2004 needs to be a "resting place" on the way to a journey. The need for

“low level consultations” in the process was emphasized. The WHR 2004 also needs to be both an analytical and an advocacy piece to support the importance of the macro-environment and the importance of investments in education, social and gender development. Importance of linking it to the general status of health systems is very important. In overall terms, the Report represents a huge opportunity on all fronts including political and scientific dimensions.

- ◆ *General discussion points* : Research is a process and knowledge is the outcome of the process. More focus should be placed on knowledge, i.e. the outcome not the process. Importantly, policy makers need to be involved at the beginning of the research process.
- ◆ *Summary* : Professor Fathalla then summarized the discussions by highlighting the important points which relate to the objectives, scope, process, content and the role of the ACHR family in the preparation of WHR 2004. The Report needs to put many varied ideas together and must consider working definitions for key concepts. The benefit for countries must be made very clear and broader perspectives (e.g. knowledge generation and social drive) must be recognized from the beginning and be placed in the context of WHO’s vision. The process for developing the Report is also important : try as much as possible to use existing and reliable data rather than generate new data, linking with others (e.g. UNESCO, World Bank reports) and engage in high level consultations. Importance of education and human resources, research collaborations and case studies must be highlighted, especially those which have succeeded in generating resources for research. Countries which are major producers of knowledge must also be included in the pilot phase of the HRSA initiative. Economic perspectives were highlighted in the proposed content of the report, especially its cost benefit aspects and correlation with economic development. Finally, he mentioned that the ACHR’s would like to be involved in the process of the development of the Report but does not need to approve it.

### **World Health Research Summit 2004 (Agenda item 12)**

Dr Tikki Pang provided preliminary information on the WHR Summit 2004 (October) in Mexico. This event is foreseen as a Ministerial level summit involving high level policy makers (e.g. ministers of health, ministers of science & technology, ministers of finance) and other leaders. The Summit will follow the Global Forum 8 and will also be used to launch and discuss the WHR 2004. A broad and high-level constituency must be involved in the planning as well as in the meeting itself, if it is to have a lasting impact. This high-level constituency may assist in raising the issue of research at the G-8 meeting in 2004, which will occur several months before the Summit.

### General discussion and ‘sentinel’ items (Agenda items 13 and 14)

The meeting with EXD/EIP (see agenda item 9.3) served as the general discussion session; it included a discussion on ‘sentinel’ items.

### Programme of work in the coming year (Agenda item 15)

ACHR’s work in the next year will be very much focused on following-up the various items discussed at the present meeting. In order to improve the efficiency of the process, it was decided to form various sub-committees on various issues. The sub-committees are as follows : 1. **Ethics** (Gita Sen, Zulfiqar Bhutta, Marian Jacobs, *Wen Kilama*, Fumimaro Takaku, Gerry Keusch); 2. **WHO Research Database** (*Cesar Victora*, Fumimaro Takaku, Lars Walloe); 3. **Peer Review** (*Judith Whitworth*, Maxime Schwartz, Gerry Keusch); 4. **World Health Report 2004** (Judith Whitworth, Lars Walloe, Cesar Victora, *Zulfiqar Bhutta*, Vicharn Panich, Barry Bloom, Vladimir Shkolnikov) (Note : italicized names are the coordinators for the various sub-committees). The aim and objective of the sub-committees is to keep ACHR members informed of progress in the various areas, and to enable them to provide timely and relevant advice to the WHO Secretariat:

1. The **ethics** sub-committee would like to keep up-to-date with WHO's efforts in playing a leadership role in the ethics of health research at the global level.
2. The **WHO Research Database** sub-committee wants to see the development of a database of WHO-supported research, initially at headquarters but eventually in the regional offices.
3. The **peer-review** sub-committee is keen to encourage that all WHO-supported research be subject to rigorous peer review, would like to know current practices in various programmes (both at headquarters and in the regional offices) and think about how to make this standard practice throughout the organization.
4. The **WHR 2004** sub-committee would like to be involved in the process of developing the World Health Report 2004 and providing input and advice to the Secretariat.

In addition to the issues related to the sub-committees, ACHR would also be interested in the planning process for the World Health Research Summit and the issue of intellectual property rights. In relation to the above, the Secretariat agreed to provide regular updates on the various issues to the sub-committee members, copied to all members of global ACHR.

**Date and place of next meeting (Agenda item 16)**

In accordance with the desire expressed by the members of global ACHR to continue to have the opportunity to meet annually with the Director General, it was decided to hold the 41<sup>st</sup> session of the ACHR in Geneva in June, 2003. The exact dates will be decided as soon as possible after ascertaining the availability of members and the Director General.

The meeting ended at approximately 1700 hrs with a vote of thanks from the Chair to all who were involved in its organization.

\* \* \*

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**ADVISORY COMMITTEE ON HEALTH RESEARCH**Fortieth sessionGeneva, 17-19 June 2002 (Salle C)**AGENDA****Monday, June 17, 2002 (0900-1730)****0900 – 1030**

1. Opening remarks from the Executive Director, EIP/WHO
2. Welcoming remarks from the Chair
3. Introduction of new members and participants (**Document ACHR40/02.2**)
4. Adoption of the agenda & appointment of Rapporteurs (**Document ACHR40/02.1**)
5. Adoption of the Report from the 39th Session of ACHR, June 28-30, 2001 (**Document ACHR39/01.12**)
6. Matters arising from the previous meeting :
  - 6.1 Sentinel item : *Climate change and health* (C. Corvalan) (**Document ACHR40/02.3**)

**1030 - 1045 Coffee break****1045 – 1230**

7. Matters referred to by the Director General
8. Implementation of recommendations of ACHR Report on Genomics & World Health
  - 8.1 Follow up to ACHR Report on Genomics & World Health (T. Pang) (**WHO/HGN/WG/02.2**)
  - 8.2 Cuba meeting on Genomics & Biotechnology (S. Sidjanski) (**Document ACHR40/02.4**)
  - 8.3 Post-launch national events (A. Saxena/P. McKay) (**Document ACHR40/02/5**)

**1230 - 1330 Lunch break**Parrallel Sessions:Global ACHR Members only: 1330 - 1730 (Salle F)**1330 - 1445** Session to prepare for meeting with DG**1500 - 1630**

9. Meeting with the Director-General

**1630 - 1730** Follow-up discussion (Global ACHR Members only)**Regional ACHR Chairs and RPC counterparts: 1400 – 1730 (coffee break 1530-1600) (Salle C)**

Meeting of regional ACHR Chairs and regional RPC officers to discuss future cooperation

**1800 - 1930** Cocktail reception to be hosted by the Director General (WHO Restaurant)

**Tuesday, June 18, 2002 (0830 - 1730)****0830 - 0930**

10. Matters referred to ACHR by regional ACHR's :
- 10.1 AFRO (**Document 40/INF.DOC./02.1**)
  - 10.2 AMRO/PAHO (**Document 40/INF.DOC./02.2**)
  - 10.3 EMRO (**Document 40/INF.DOC./02.3**)
  - 10.4 EURO (**Document 40/INF.DOC./02.4**)
  - 10.5 SEARO (**Document 40/INF.DOC./02.5**)
  - 10.6 WPRO (**Document 40/INF.DOC./02.6**)

**0930 - 1230 (Coffee break 1030 - 1100)**

11. World Health Report 2004
- 11.1 Introduction
  - 11.2 Proposed draft outline for WHR2004 (T. Pang) (**Document ACHR40/02.6**)
  - 11.3 Health Research System Analysis Initiative (R. Sadana)  
(**Document ACHR40/02.7**)
  - 11.4 General discussion

**1230 - 1330 Lunch break****1330 - 1730 (Coffee break 1530 - 1545)**

Continuation of discussion

11. World Health Report 2004 (Continued)

**1730 - 1830** Pocchiari Fellowships Selection Committee (Members of the Selection Committee only)

**1730 - 1930** Cocktail hosted by the Global Forum on Health Research (WHO Restaurant)

**Wednesday June 19, 2002 (0830 - 1230) (Coffee break 1030 - 1100)**

- 12. World Health Research Summit 2004 (T. Pang) (**Document ACHR40/02.8**)
- 13. General discussion
- 14. 'Sentinel/intelligence' items identified by ACHR members for discussion
- 15. Programme of work in the coming year
- 16. Date & place of next meeting
- 17. Any other business

**1230** Closure of the session

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**1245 – 1330** RPC Lunch time Seminar: **Dr Bruce V. Lewenstein**, Cornell University, will  
**Salle C** make a presentation on "Public Perception and Understanding of the Genomics  
 Revolution"

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## DRAFT OUTLINE

### WORLD HEALTH REPORT 2004

#### HEALTH RESEARCH: KNOWLEDGE FOR BETTER HEALTH

##### Overall Vision

"A careful reflection of the extent to which health, and health equity, has improved as a result of advances in knowledge produced by research."

*Dr. Gro Harlem Brundtland, Director General, November 28, 2001*

Based on the the Director General's message our overall vision is to develop a Report which will highlight the importance of research for health improvement, the need to focus on strengthening health research systems in countries and to view this in the international context of cooperation to improve equity in health.

##### What do we want WHR 2004 to achieve?

1. Highlight contemporary issues in health research using a systems perspective
2. Provide information/data on the current state of health research
3. Advocate to governments for more resources for research based on evidence gathered
4. Contribute to a better understanding of the link between research and health improvement
5. Build and expand on approaches countries use to describe and analyze their health research systems, including tools to do so that have been tested in at least 3 - 5 countries per region
6. Provide recommendations on strategies to strengthen health research systems based on evidence gathered
7. Generate interest to implement appropriate strategies

##### Major Themes

1. Knowledge produced by research drives health improvement
2. National health research systems are the foundation for a strong global health research community
3. What actually works? What are the attributes of a good health research system based on country descriptions and analysis?
4. Restoring public confidence in science for health improvement
5. Ethics and Equity concerns: North-South divides in production of, access to, and utilisation of scientific knowledge for improving the health of the poor
6. Improving the efficiency of the research process

## DRAFT CONTENTS OF WHR 2004

### PART I - OVERVIEW

- CHAPTER 1            Why does health research matter?  
 CHAPTER 2            Architecture of international cooperation in health research  
 CHAPTER 3            National health research systems: structure, goals and functions

### PART II - CONTEMPORARY ISSUES IN HEALTH RESEARCH

- CHAPTER 1            Resource flows in health research: the 10/90 gap
- CHAPTER 2            Production, translation, utilization and impact of health research  
 ➤ Range of direct health research outputs  
 ➤ Translation of research results into policy  
 ➤ Utilization of research findings for product development  
 ➤ Health gains from research
- CHAPTER 3            Knowledge for Whom? Owned by Whom? Benefiting Whom?  
 ➤ Ethical and social issues in health research  
 ➤ Intellectual property rights incentives for R&D-implications for developing countries  
 ➤ Private sector sponsorship R&D
- CHAPTER 4            Communication & dissemination of research information  
 ➤ Digital divide-improving access or widening gap?  
 ➤ Communication of research to the general public
- CHAPTER 5            Health research system capacity strengthening  
 ➤ Health researchers: skills, in, environment...  
 ➤ Gender perspectives in health (and or in chap 3)  
 ➤ Role of civil society in health  
 ➤ Priority setting (building NHE best technology buys)
- CHAPTER 6            WHO's Role in Health Research

### PART III - STATISTICAL ANNEXES

Methodological Notes: Methods developed and tested for this report

- ANNEX 1            Global resource flows for health research  
 Basic indicators of research capacity in member states  
 Scientific output of nations in health research based on a critical, bibliometric analysis  
 Global number of health-related patents granted Internet access in member states
- ANNEX 2            Profiles of national health research systems analysis in selected member countries
- OTHER ANNEXES    Basic indicators; deaths by cause, sex and mortality stratum; health attainment; burden of disease; etc.