

Regional Framework for Health Research

*The Regional Framework for Health Research was discussed and approved in the meeting of the Western Pacific Advisory Committee on Health Research
Kuala Lumpur, Malaysia, 19-21 March 2003
and was then endorsed by the Regional Director in 2004*

World Health Assembly Resolution (58.34) Ministerial Summit on Health Research (May 2005)

The Mexico Statement on Health Research from the Ministerial Summit on Health Research, Mexico City, 16-20 November 2004



**WHO/WPRO LIBRARY
MANILA, PHILIPPINES**

12 DEC 2005

REGIONAL FRAMEWORK FOR HEALTH RESEARCH

Introduction

Health research has underpinned the dramatic improvement in life expectancy and the reduction in disability throughout life in developed countries. Because of the potential for further improving health outcomes, developed countries have been increasing their investment in health research and in research capacity building. As well as health benefits, commercial outcomes are being achieved. Investment on health research contributes to improved health status as well as economic development of a country.

The United Nations' millennium development goals highlight the importance of health research, particularly in reducing child mortality, combating AIDS, malaria, tuberculosis and other diseases which exert a tremendous burden on global health, and in improving maternal health. Various initiatives to encourage global and regional collaboration in health research are in place to address these concerns, however, there is a need to broaden such collaboration particularly between countries, organizations and institutions whose health research capacity is fully established with those whose capacities need to be developed or strengthened.

Moreover, there has been only limited investment to date in health research in developing countries, including those within the Western Pacific Region. This would not be a concern if the results of developed country research could be directly applied to the health problems encountered in the developing world. This, though, is not the case and a full understanding of the causes of the diseases occurring in developing countries and identification of effective means of prevention and control can only be gained from studies carried out in those countries. Participation and investment in health in developing countries will contribute to the efforts in equity, ethics, ownership, autonomy and poverty reduction.

It has long been recognized that research on certain infectious diseases could only effectively be carried out in populations where the disease was prevalent. What is now also recognized is that an adequate understanding of what to do about the growing burden of non-communicable diseases in developing countries cannot be gained without investigating their determinants in developing countries. Why is diabetes so prevalent in the Pacific and why is it so intractable to efforts to prevent the rise? Why do populations in the poorer countries of East Asia have such a high mortality from stroke and a relatively high blood pressure despite a low prevalence of obesity? Solutions can only be found through good quality research in the particular countries. As World Bank analysis has shown, not only will health status fail to improve if solutions are not found, but also economic progress will be undermined by the continuing disease burden.

The public health profile of any country is influenced by the extent changes in development goals, economic reforms, socio-demographic profile, lifestyles and behaviour are taking place. As these changes are rapidly occurring particularly in developing countries, the health needs are also changing. Many countries in the Region are coping with health systems operating with limited financial and human resources while trying to manage the double burden of disease. Decision-makers need scientific evidence on health to assess the implications of their policy decisions and to develop effective and sustainable prevention strategies and evidence-based health care.

The Regional Framework for Health Research, prepared by the Western Pacific Advisory Committee on Health Research in the Western Pacific Region, provides recommendations on a strategic approach to stimulate research on the health problems of developing countries - in the countries themselves.

Purpose

The purpose of this framework is to provide guidance to Member States in the Western Pacific Region as they develop strategies and allocate resources to improve health research capability. It also aims to encourage WHO, developed countries and nongovernmental organizations to assist in the establishment of health research in developing countries.

The framework provides guidance in setting research agendas and seeks to focus activity in areas where effective progress can be achieved even when resources are limited.

Vision

Health of the people, quality of life and equity in health in the Western Pacific Region are improved through knowledge and evidence generated through effective health research systems.

Principles

- (1) The framework acknowledges the diversity in countries population, geography, socio-economic status, health problems, health research capabilities and health systems.
- (2) There is recognition that local research capacity, capability, and autonomy are essential to achieve the goals.
- (3) Knowledge of local health issues is important to improve health, which requires investment of resources from governments and other partners.
- (4) Investment in health research contributes to social and economic development.
- (5) The capacity of those countries in the Region with relevant skills and expertise should be recognized and maximized through collaborative actions.
- (6) Health research must target the areas of greatest need which are identified based on situation analysis of an individual country and must focus on aspects with potential for immediate benefit to the greatest number of people. The priorities for attention are reflected in the goals, which have been identified for strategic action.

Goals

Goal one: To develop and implement a national strategy for health research in all countries in the Region

Experience gained over more than 50 years has confirmed the advantages of having a focal point responsible for the administration and management of the government's interest in health research. The type of focal point may vary from a national committee appointed by the Minister of Health to a statutory research council.

In addition to providing policy advice on health research to the government, the committee/council should also have roles and responsibilities, which include the following:

- (1) to develop the strategic plan for health research and identify key research needs;
- (2) to allocate funds to research projects and individuals where appropriate;
- (3) to develop partnerships with funders, including the government;
- (4) to coordinate research activities at the national level, including evaluating research outputs;
- (5) to ensure that health research is implemented using "international best practice" (e.g. ethics, intellectual property, regulatory issues, etc.); and
- (6) to consult with a broad range of stakeholders.

Within the Region there are a number of countries with research councils, others with a committee and some have yet to establish such a focal point. The WPACHR has identified the establishment of a national committee/council as a key objective for the regional research framework over the next two years.

The committees/councils in developing countries become an important point of contact for a wide range of activities seeking to build national health research capacity. They can also have an ongoing role in the collection and dissemination of research outputs to end-users.

In recognizing the importance of national planning for health research, partners, particularly those in developed countries, can play an important role in assisting developing countries in the Region in their efforts to implement a national plan for health research.

Membership of a national committee/council should be inclusive of the key stakeholders such as researchers (public health, biomedical and clinical), Ministry of Health staff and those involved in the delivery of health services. The World Health Report 2004 on health research will provide a unique opportunity for Member States to work with partners to develop systems and to document the organization and the level of health research activities in their country. While it will not be feasible for all Member States to use the WHO evaluation methodology, it should be possible for WPACHR to collect core data from all countries in the Region. Collection of information by WPACHR on the organization of health research at a national level will be valuable to those Member States seeking to enhance their planning and policy development. It will also provide opportunities for establishment of collaborations at both the organizational and research programme level.

Contributions from partners will include technical support and funding to assist Member States in the collection of information. Once put in place, the systems developed should provide an opportunity for ongoing evaluation of the progress of national systems for health research. This will maximize the opportunity to establish an evidence base for the health system in Member States.

Strategies for Member States

Member States should:

- (i) document current national research mechanisms and research capacities and share this information with others;
- (ii) establish a national research council/committee if one does not exist. For countries which are not able to establish their own national committee at this time, they should seek advice and assistance from existing regional or sub-regional bodies for their own activities in their countries; and
- (iii) use the documented information for development of a national health research strategy.

Strategies for WHO and partners

WHO and its partners should:

- (i) build on data collection activities associated with the development of the World Health Report 2004, extending it to countries not otherwise covered. This should be done by the WHO Regional Office for the Western Pacific/WPACHR and HRC/ABs. Prospects for on-going assessment are to be reviewed;
- (ii) coordinate advocacy in the Region to enhance health research activities in Member States. This should be done by the WHO Regional Office for the Western Pacific/WPACHR;
- (iii) provide technical and/or financial support to Member States to facilitate establishment of research committee/council and development of research strategies; and
- (iv) establish partnerships between and among country HRC/ABs.

Action points

- (1) WHO Representatives are to recommend to Ministries of Health to establish a research committee/council in the country.*
- (2) A national HRC is to be established. Cambodia is to establish its HRC by July 2003.
- (3) NZHRC is to document current national organizational structures across the Region by December 2003.
- (4) PHRC is to assist selected Pacific island countries to establish national committees by December 2003.
- (5) PHRC with COHRED is to develop model for national health research systems in selected Pacific island countries by December 2003.

* Priority actions

- (6) A working group is to prepare a business plan through teleconference. The WHO Regional Office for the Western Pacific is to formalize the working group. The business plan is to be developed by the end of July 2003 and the output to be circulated to other members of the WPACHR/HRCs for comments and suggestions.*
- (7) WHO is to coordinate with Member States to build on the data collection tool used for the World Health Report 2004, extending it to countries not otherwise covered.*
- (8) The research council/committee, in collaboration with the Ministry of Health, is to prepare a national plan/strategy for health research and research capacity.
- (9) Countries with existing HRCs and plans are to review progress and improve their plans.
- (10) The Ministry of Health, with the HRC, is to seek resources for implementation of a national plan/strategy.
- (11) The Ministry of Health, with the HRC, is to incorporate a budget item for health research in national budgets, including a portion to support the regional level coordination (commensurate to country capacity).
- (12) Countries should allocate a percentage of their budget specifically for health research. WHO Headquarters may be tapped for some funds.
- (13) Distribution of the WHO Headquarters HRSAl is to be expanded to other countries.

Goal two: To build capacity for the conduct of quality research that addresses priority health needs in accordance to the strategic plan

Without the development of national health research capacity, research will not be done in the country or it will be done by external groups. This will mean that the focus of research activity is less likely to meet the country's needs. It is also less likely to be sustainable. Further, the country will not be able to develop its capacity to translate the results of relevant overseas research into practice. It is important for each Member State to build research capacity in a way that is appropriate to meet the country's health needs. The three dimensions of capacity building: people, institutions and infrastructure are all important.

Countries are unlikely to give priority to research capacity building because of more pressing health service needs. It is therefore important for WHO and partners to advocate and mobilize resources for continued support for research capacity building and to provide guidelines for their equitable contribution.

* Priority actions

Strategies for Member States

Member States should:

- (i) build capacity by providing training and experience to community workers, health workers, and higher education to those who make research as their career;
- (ii) utilize existing local facilities to offer training on health research methods and seek possible support from institutions with stronger research capacity abroad;
- (iii) create research programmes with a strong element of sustainable capacity strengthening on-site in developing countries;
- (iv) set up a system to encourage trained Member State nationals domiciled in developed countries to contribute to research in their home country; and
- (v) enrich the culture of research within government through staff secondments, participation on steering committees, and joint ventures for research.

Strategies for WHO and partners

WHO and its partners should:

- (i) support training programmes in Member States and facilitate countries' access to training programmes available in other countries;
- (ii) expand exchanges of research staff and students between developed and developing countries;
- (iii) increase funding for research projects in developing countries, which will support capacity building; and
- (iv) ensure that collaborating centres provide training opportunities, training materials on research methodology and support research projects in developing countries.

Action points

- (1) A collaborating centre is to be identified to set up a mechanism (clearinghouse integrated into the website) where Member States can access information and assistance in locating resources on training opportunities, research programmes, meetings and conferences.*
- (2) WHO is to support short-term training courses on health research through collaborating centres in the Region.
- (3) Countries in the Region, i.e. Australia, Japan, New Zealand and Singapore, are to support long-term training programmes through scholarships, participation in collaborative projects, etc.

* Priority actions

(4) WHO and HRCs are to establish partnerships with United Nations agencies for financial support.

(5) Member States are to identify priorities in the national strategic plan and act upon one or two priorities related to capacity building. Member States are to identify partners and other mechanisms which will assist in supporting implementation of these priorities.

Goal three: To enhance the dissemination and utilization of outcome of health research

There is an extensive amount of research that has been carried out nationally, regionally, and internationally on many health issues. Applicable results of this research are often not utilized to support improved health policies and standards. Nor are they applied to reduce health costs.

Given the lack of resources in the developing countries, it is often difficult to empower researchers and ministries of health to implement and apply these research results. Information sharing is absolutely necessary, though not often done among the Member States, for improvement of the health of the Region. The involvement of a wide representation of the community is imperative for the implementation of the findings of the research and for the dissemination of these results. Health research information dissemination is important for capacity building. In building national capacity in health research, there should be a coordinated multi-sectoral approach to all aspects of research.

WHO and its partners, because of their positioning, could play an important role in assisting region-wide dissemination of information on research.

Strategies for Member States

Member States should:

(i) involve ministries and end users of research at all levels of the research process to ensure that there is timely and relevant dissemination and uptake of research outcomes;

(ii) encourage publication through peer reviewed journals and reports, and through relevant websites;

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_28571

