34th Session of South-East Asia Advisory Committee on Health Research
WHO SEARO New Delhi | 13-15 December 2015

Report to the Regional Director
CONTENTS

Executive Summary ........................................................................................................................................... 1

I. Opening session .................................................................................................................................... 5

II. Business session ................................................................................................................................. 9

1. Review of actions taken against past recommendations ........................................................................ 10

   1.1 Research for immunization and vaccine preventable diseases in SEA Region ................................ 10

   1.2 Universal health coverage ............................................................................................................... 12

   1.3 Noncommunicable diseases .......................................................................................................... 14

   1.4 Strengthening research capacity in SEA Region countries .............................................................. 16

   1.5 Maternal and perinatal health ......................................................................................................... 18

   1.6 Research evidence for policy-making ............................................................................................. 20

2. Enhancing the effectiveness and efficiency of the ACHR to empower and enable WHO carry out meaningful research and implementation of results ........................................................................... 22

   2.1 Develop appropriate mechanisms for improving strategic and operational efficiency across Member States of the SEA Region ........................................................................................................ 22

   2.2 Create thematic groups working in areas such as research capacity-building and knowledge management ................................................................................................................................. 23

   2.3 Monitor progress on implementation of the strategy that would be of value, taking into account all of its goals ......................................................................................................................... 24
3. New topics emerging since the 33rd SEA ACHR ................................................................. 26
  3.1 Ethics on research that covers all stages of research from proposal development to data management and publication .................................................. 26
  3.2 Clinical and biomedical research including emerging issues such as anti-microbial resistance (AMR) ................................................................. 29
  3.3 Implementation research to ensure timely attainment of health-related SDGs and regional targets as envisioned by the Regional Director ........................................... 32
  3.4 Socioeconomic determinants of health ............................................................................. 34

4. Additional issues .................................................................................................................. 35
  4.1 Mapping of country-specific research inventory ............................................................. 35
  4.2 Resource mobilization ...................................................................................................... 35
  4.3 Inter country collaboration ............................................................................................... 35
  4.4 Partnerships with WHO headquarters and other international organizations ............. 36
  4.5 Other items ...................................................................................................................... 36

III. Final recommendations ...................................................................................................... 37

IV. Concluding session ........................................................................................................... 41
  5.1 Closing remarks by the Regional Director ..................................................................... 42
  5.2 Closing remarks by Chairperson, Professor Pratap Singhasivanon ......................... 42

Annexure 1 - Opening Speech ................................................................................................. 43

Annexure 2 - List of Participants ........................................................................................... 47

Annexure 3 - Goal and Objectives ....................................................................................... 53
Acronyms

AAAH  Asia-Pacific Action Alliance on Human Resources for Health
AES   Acute encephalitic syndrome
ACHR  Advisory Committee on Health Research
AMR   Antimicrobial resistance
APAME Asia-Pacific Association of Medical Journal Editors
BOLD  Better Outcomes in Labour Difficulty
CTR   Clinical trial registry
FERCAP Forum for Ethical Review Committees in the Asian and Western Pacific Region
HINARI Health Internetwork Access to Research Initiative
HTA   Health technology assessment
ICMR  Indian Council of Medical Research
IMSEAR South-East Asia Region
IMSEAR Index Medicus for the South-East Asia Region
IRB   Institutional review boards
ITAGs Immunization technical advisory groups
MCH   Maternal and child health
NAME Nepal Association of Medical Journal Editors
NCD   Non-communicable diseases
OPV   Oral polio vaccine
PHL   Public Health Laboratories
SDG   Sustainable Development Goals
SEA   South-East Asia
SEA ACHR South-East Asia Advisory Committee on Health Research
SELMA Simplified, Effective, Labour Monitoring–to–Action
SIDCER Strategic Initiative for Developing Capacity in Ethical Review
UHC   Universal Health Coverage
VPD   Vaccine preventable diseases
At the Thirty-fourth session of the South-East Asia Advisory Committee on Health Research (SEA ACHR), held in New Delhi on 13–15 December 2015, advisers from Member States of the South-East Asia (SEA) Region met to review progress and prioritize future course of action on health research in the Region. The SEA ACHR is an advisory body with a consultative mandate to support the World Health Organization in the South-East Asia Region in carrying out its constitutional role of promoting and coordinating research relating to global health work, in collaboration with external institutions pursuing common goals and with the scientific community at large. The goal of the ACHR, therefore, is to promote healthy lives in the Region through the prioritization and promotion of health research, policy stimulation and enabling action for research. The ACHR has 12 members representing 11 countries from the SEA Region.

At the opening session of the meeting the Regional Director (WHO SEARO), Dr Poonam Khetrapal Singh, appreciated the contribution of the previous ACHR. However, at the same time, the Regional Director emphasized the need to do more on health research in the SEA Region, while recognizing that the challenges are enormous. These range from poor and varying capacities for conducting research, weak health systems to support research and difficulties in mobilizing funds. Nonetheless, she reiterated that the success achieved in some areas was remarkable, and stressed that the future calls for innovation with strong regional cooperation and coordination.

To ensure that the SEA Region can deliver on results, ACHR needs to function more dynamically working alongside other global partners and with WHO headquarters. This is necessary to provide doable and measurable recommendations that would have an impact on the Sustainable Development Goals (SDGs).

The three days of deliberations saw intensive discussions on a wide range of themes ranging from non-communicable diseases (NCDs), vaccine research and antimicrobial resistance to the ethics of medical research and the socioeconomic aspects of health research along with ways to enhance research capacity. Ways to improve regional collaboration in health research and to mobilize resources were also discussed. The progress from the Thirty-third session of the ACHR 2013 was discussed, including the efforts leading to polio eradication, elimination of measles and rubella, and new research on HPV and dengue vaccines. In the matter of non-communicable diseases, studies on tobacco and alcohol were undertaken in several countries. Work on maternal and perinatal health led to the development of the recommendations by WHO titles “Better Outcomes in Labour Difficulty” and tools such as “Simplified, Effective, Labour Monitoring–to–Action (SELMA)”. Evaluation of models for implementation was also carried out in some countries.

An overview of analysis, research and publications on Universal Health Coverage (UHC) supported by WHO-SEARO between 2013 to 2015 was provided. This included country studies on cost-effectiveness using health technology assessment methods to provide evidence on when to introduce new preventive interventions and new medicines into national health systems. In addition, regional networks supported by WHO were formed. These include the Asia-Pacific Action Alliance on Human Resources for Health (AAAH), and the Asia-Pacific Observatory on Health Systems and Policies. The importance of better communication and sharing of knowledge across countries was stressed so was the need to narrow the gap in communication between researchers and policy-makers which hinders adoption of evidence to action.
The requirement for research capacity development in all fields was highlighted and in the area of laboratories efforts were undertaken to enhance capacity in different countries for pathogen detection, characterization, quality of laboratories and bio-safety issues. Training on knowledge access through the Health Internet work Access to Research Initiative (HINARI) was also carried out in several countries and the Index Medicus for the South-East Asia Region (IMSEAR) was developed in collaboration with medical libraries of the WHO SEA Region. Training on the ethics of conducting research was also carried out in various countries by WHO in collaboration with the Indian Council of Medical Research (ICMR), and several countries have developed ethical guidelines. Implementation science is becoming increasingly relevant and adequately bridges the “know-do” gap since currently in many cases, not more than 30% of what we know is being implemented.

For the next two years, ACHR members felt, a more structured and ongoing approach to identifying research needs, including capacity weaknesses was necessary. This would lead to prioritization of the research agenda. Capacity building activities were also necessary. This could be supplemented with a monitoring framework with specific indicators that could help track progress on the recommendations. These deliberations by the ACHR led to a framework of recommendations and actions for the WHO SEA Region. The recommendations were catagorised under four broad objectives.

To achieve the objectives within the two-year time frame of the present ACHR, specific products and/or results are expected through defined processes or actions. It was suggested that an initial identification of health needs which may be visited annually by ACHR members to identify potential research areas and create a priority list. To facilitate research activities, enablers need to be identified. This includes capacity building through a system where by countries can be classified into tiers based on their ability to conduct different types of research.

Countries needing support to carry out research studies and the results of such research could be reviewed by ACHR members.

<table>
<thead>
<tr>
<th>Categorization of ACHR Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identification of health research priorities and gaps and setting up of mechanisms for ongoing prioritization.</td>
</tr>
<tr>
<td>• Supporting ongoing research and newly identified priority areas.</td>
</tr>
<tr>
<td>• Enabling research through capacity-building, developing partnerships and resource mobilization.</td>
</tr>
<tr>
<td>• Actions based on available research evidence for policy action, research validation, and continued research and scale-up.</td>
</tr>
</tbody>
</table>

They could in turn provide advise on which of these could be taken forward as an action or policy change and which of these need validation or further research. The framework of recommendations and action takes into account research priority areas that were already identified during the meeting. It also incorporates new areas that will be identified through the inventory of health needs and the prioritization process.

The current ACHR will need to be actively engaged throughout its two-year tenure through different mechanisms such as virtual meetings, working groups and teams where in other members may be co-opted. Annual reviews will ensure that targets are met, and more engagement and active communication will ensure a more dynamic and responsive ACHR that can also potentially mobilize emergency responses.
I. OPENING SESSION
The Thirty-fourth Session of the WHO South-East Asia Advisory Committee on Health Research (SEA ACHR) was held in New Delhi from 13–15 December 2015.

At the inaugural session, welcoming the participants, Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia (SEA) Region, reiterated that research remains one of the six core functions of WHO. It includes shaping the research agenda and stimulating the generation, translation and dissemination of public health knowledge. Health research is critical to improve the quality of care and health outcomes, and helps find appropriate solutions to everyday challenges in health-care settings.

Dr Singh further explained that the ACHR is an advisory body to the Regional Director, and has a consultative mandate to support the World Health Organization in carrying out its constitutional role of promoting and coordinating research related to international health work, in cooperation with external institutions pursuing common goals and the scientific community in general. The ACHR helps narrow the gap between researchers and policy-makers in their respective countries. The WHO South-East Asia Advisory Committee on Medical Research, or ACMR, was established in 1976. It was renamed SEA ACHR in 1987 with the word “medical” replaced with the word “health”.

The SEA ACHR has contributed towards highlighting the research needs in the Region through changing situations and needs. Dr Singh referred to some key recent outcomes of deliberations of the ACHR:

- The 25th ACHR in 2000 recommended to the Regional Director to review and update the terms of reference, membership and methods of work of the newly reconstituted SEA-ACHR.
- The 30th ACHR in 2007 recommended that an interactive forum for ACHR members be established and regional advisers appointed in SEARO to facilitate the exchange of views on health research during the ACHR sessions. This aimed to help sustain interest and generate ideas and action in health research more regularly and effectively.
- The 31st ACHR in 2009 recommended that a Regional Strategy on Research for Health be developed in South-East Asia.
- The 32nd ACHR in 2011 prepared and considered a draft of the Regional Strategy in which five priority issues and five strategic directions were identified for the purpose of the Regional Strategy.
- The 33rd ACHR in 2013 deliberated on thematic areas, including capacity building, and, more specifically, in the context of smaller Member States.
- In October 2014, an inter country meeting on strengthening the Regional framework and developing a research action plan was held. This meeting was conducted in response to the 33rd ACHR session. At that meeting, it was observed that even with agreement on “health research priorities”, the best way to finance research and development in priority areas to produce public goods for improving health is often not clear.

Dr Singh explained that the recommendations and follow-up actions over the past year reveal that there is continuity and follow-up between successive ACHR meetings. The contribution of the ACHR over the years has been unquestionably valuable.
However, much more needs to be done to get optimal results from health research in a complex region such as South-East-Asia where the challenges are enormous. This is accentuated by the 10/90 gap, wherein only 10 per cent of the resources for research are available in those parts of the world where 90% of the health problems persist. It is estimated that less than 3% of the global funding for research goes to developing countries and only 27% of all the researchers in the world are in developing countries. There are a number of other challenges to manage health research in South-East Asia, she stated.

Despite this, there have been success stories of WHO research work conducted with advice from SEA ACHR. Areas of such research have included chronic liver disease, treatment of snake bite, chronic respiratory infections and dengue vaccine.

The Regional Director further stressed that we are in an era when success can only be achieved through innovations. ACHR should advise on ways of integrating innovation as a part of SEARO’s core business. This is also the time to ensure an enhanced space for SEARO Member States on the global health technology map.

The Regional Director reiterated her solemn promise to the Member States that this Region shall forge ahead in serving the health of its people. This, she stressed, will need strong capacity-building in all countries including areas of implementation research that can address the barriers to meeting the Sustainable Development Goals and the time-bound flagship targets that WHO is committed to.

One of the changes needed to help ACHR function more efficiently is to make recommendations through virtual meetings and also hold meetings of task forces. Dr Singh emphasized the importance of doable and measurable recommendations and advised ACHR to make the recommendations in this fashion. She sought suggestions of ACHR members on how we can work more dynamically as well as with other global partners and WHO headquarters. A session was planned on resource mobilization, collective engagement, and challenges related to inequity in research, and the means to address that.

She invited Dr N.K. Ganguly, the longest serving member of ACHR to address the session. Dr Ganguly stated that from the 26th to the 30th sessions of the ACHR, 55 items had been flagged. Of these 55 recommendations, 35 were to be followed up by WHO-SEARO, five by SEARO in collaboration with relevant technical units and 15 at the country level.

Some of the Challenges to manage health research in SEA Region:

- Weak health systems to support health research in some countries.
- Absence of clear national policies on health research in most cases.
- Weak coordination of health research activities at both national and institutional levels.
- Overall gaps in the management of research information and its wide dissemination and use of results.
- Lack of capacity and facilities relating to laboratory, literature and library services and lack of modern tools for data processing and management.
- Lack of incentives to motivate and encourage researchers to improve their competencies, especially in areas such as health economics and quantitative data analysis.
- Difficulty in mobilizing funds to finance health research.
Subsequently, three major reviews were undertaken which dealt with eight major items and 25 sub-items to address issues such as funding, how patents are being dealt with, and what infrastructure and scientific accounting was available.

This session resulted in a set of recommendations. He stated that the current ACHR will not only provide advice but also work, through various mechanisms, to take the change initiative forward. There was a sense of urgency with a new mechanism in place of working with WHO headquarters and neighbouring countries, with equity being enshrined as a key component.

Dr Swarup Kumar Sarkar, Director, Department of Communicable Diseases, WHO-SEARO, introduced the ACHR members, special invitees and the Secretariat. Subsequently, the Regional Director nominated the following office bearers:

**Chairperson:**

**Professor Pratap Singhasivanon**
Associate Professor
Faculty of Tropical Medicine
Mahidol University,
Thailand.

**Co-chairperson:**

**Dr Soumya Swaminathan**
Secretary - Department of Health Research and Director General - Indian Council of Medical Research, New Delhi, India.

**Rapporteur:**

**Professor P.V. Ranjith Kumarasiri**
University of Peradeniya
Sri Lanka.

**Drafting Group:**

A drafting group was set up with the following composition:

**Dr Sheeza Ali**
Director-General of Health Services
National Health Research Council
Maldives.

**Dr Tashi Tobgay**
Director
HR Planning and International Relations
Khesar Gyalpo University of Medical Sciences
Bhutan.

**Professor Indrani Gupta**
Professor
Health Economist
Institute of Economic Growth
Delhi University
India.
II. BUSINESS SESSION
1. Review of actions taken against past recommendations

1.1 Research for immunization and vaccine preventable diseases in SEA Region

Recommendations of the 33rd ACHR.

1. Investment should be made on implementation research and health technology assessment of new vaccines such as HPV, and their introduction.

2. Research should be conducted to find solutions for safe disposal of unutilized oral polio vaccine (OPV) to avoid vaccine associated paralytic poliomyelitis (VAPP) (especially in the context of the polio endgame being in light).

Dr Sunil Bahl, Regional Adviser, Accelerated Disease Control made a presentation on the importance of research in the field of immunization to support elimination/control of vaccine preventable diseases (VPDs) in the South-East Asia Region. The strengths and opportunities for research studies in the Region were highlighted. These include the capacity and infrastructure to design and operationalize immunization related studies in the Region as well as robust mechanisms for supervision, monitoring, data collation and analysis related to these studies. He also highlighted that platforms such as the SEA Region and national immunization technical advisory groups (ITAGs) exist in the Region and in Member States. Results from immunization-related studies are shared during ITAGs to guide evidence-based policy decision-making.

It was emphasized that multiple research studies on immunization were launched with WHO support in the Region since the last ACHR. These include vaccine trials, seroprevalence studies, immunologic dynamic studies, impact evaluations and operational research studies. Research in the SEA Region has had a significant impact on immunization policy and programmes in countries within the region and globally.

Research studies conducted in the WHO SEAR played a major role for polio eradication by contributing in the following strategic areas

1. Support for licensure and use of new vaccines.
2. Strategy development/adjustment to overcome barriers.
3. Programme evaluations to document programme quality, progress and optimization of vaccination plans.
4. Polio end game planning and validation.
Other immunization-related research studies conducted in the Region include measles/rubella seroprevalence studies, etiology study for acute encephalitic syndrome (AES) and operational studies pertaining to HPV.

A number of research studies are proposed to be conducted in the Region during 2016-17. These include studies to fill certain information gaps pertaining to polio eradication and the endgame strategic plan. Some examples of these are duration of mucosal immunity/response against polio viruses in children that receive a dose of IPV under routine immunization; immunogenicity of mOPV1/IPV in routine immunization schedule; identification of long-term excretors of polio viruses through acute flaccid paralysis surveillance and correlation of the genomic characteristics of the detected viruses with the immune profile of the host; seroprevalence studies against polio to assess immunity levels; and operational challenges associated with administering a fractional dose of IPV during a pilot IPV campaign.

Other studies proposed to be conducted include seroprevalence studies for measles and rubella, cost-effectiveness of introducing seasonal influenza vaccines and studies on the estimation of disease burden and economic impact of cervical cancer, alongside a cost-utility evaluation of cervical cancer screening and HPV vaccination.

**Conclusions & Recommendations**

Multiple studies on immunization were conducted in the Region. Since the last meeting, significant impact on immunization policy and programmes in countries, regionally and globally have been observed.

Continued focus should be maintained on polio research studies in South-East Asia to guide global and regional policies for the withdrawal of oral polio vaccine.

Emphasis should continue to be placed on measles/rubella studies to support the SEA Region’s goal of measles elimination and rubella/CRS control by 2020.

In this context, research studies to evaluate and improve access and cost-effectiveness of new vaccines such as HPV will be useful to guide policy-and decision-making.

Vaccine trials, seroprevalence studies, immunological studies and operational research should be conducted to guide policy-making and strategic decision-making in support of the polio endgame plan and to meet the regional goal of measles elimination and rubella/CRS control by 2020.

Immunogenicity assessment and/or cost-effectiveness studies should be accelerated in the Region for new vaccines such as HPV and dengue vaccine.

The formation of a working group to review the findings of dengue vaccine research should be considered in the SEA Region.
1.2 Universal health coverage

The 33rd ACHR meeting in 2013 recommended the need to conduct research on universal health coverage for evidence-based solutions.

Dr Phyllida Travis, Director, Department of Health Systems Development, introduced the subject. She noted that UHC underpins the achievement of all the Sustainable Development Goals (SDG) targets. It has two dimensions: ensuring that all people have access to the quality health services they need, and that without suffering financial hardship. She provided an overview of the corpus of analysis, research and publications on UHC supported by WHO-SEARO between 2013-2015, along with a brief update on key global research publications related to UHC.

Key global research publications related to UHC:

- South-East Asia Journal of Public Health Special Issue on UHC, 2014.
- Cost-effectiveness studies: Three country studies completed using health technology assessment (HTA) methods to provide evidence on when to introduce new preventive interventions and new medicines into national health systems.
- Access to medicines: National analyses of strengths and challenges in medicines systems in six countries; baseline evaluation of Rajasthan Free Medicines Scheme; CEWG support for innovations to product research in areas of public health importance in low- and middle-income countries.
- Health work force: The WHO Regional Office for South-East Asia supports two regional networks conducting HRH research and summarizing available evidence.
- Asia-Pacific Action Alliance on Human Resources for Health (AAAAH), and the Asia Pacific Observatory on Health Systems and Policies Issues for 2015 included faculty development and dual practice by health workers.
- Monitoring UHC:

Dr Travis noted that current actions to strengthen health system research capacity for UHC include joint research, e.g. on HTA, medicines situation analyses, and a few small grants from the Global Alliance on Health Policy and Systems Research to encourage more operational/implementation research in the SEA Region. However, greater health system research capacity is needed.

In terms of accelerating progress on UHC, Dr Travis identified three important types of questions policy-makers ask, where better data/evidence are needed:

- In SEA Region countries, what are the current gaps in access to care people need? How many people are being impoverished because of health-care costs?
- How can we make progress on increasing access, especially for the vulnerable? How do we improve financial protection? What works? How long does it take?
- Are we making progress towards our policy goals for UHC? Are there unintended effects?
Dr Singh noted new WHO publications in 2015 summarizing global evidence for UHC, such as on people-centred integrated service delivery, and on improving health systems efficiency.

Conclusions & Recommendations

There is a need for:

• More SEA Region-specific evidence on policy interventions that will accelerate improvements in access to care and financial protection, and experience with policy implementation.

• The Regional Office should continue its support for building the evidence base and analytical capacity for HTA, HRH and essential medicines.

• The Regional Office should compile regional evidence on different service delivery models, especially for vulnerable groups, and whether they improve access and financial protection.

• The Regional Office should stimulate more regional research for UHC; help mobilize funds for such research; and promote learning and sharing between countries and use of evidence by policy-makers.

• Two upcoming developments that could be used to further frame priorities for UHC related research, and catalyse more policy-relevant research and research capacity in SEA Region countries are.

  1. The planned regional meeting on UHC in 2016
  2. The move of the APO secretariat to the SEA Region in August 2016.

Comments from ACHR members during the session

• Health systems research for UHC needs to involve government policy-makers. There are different research needs in different countries.

• There is a lack of funding for UHC-related research in the region, and greater regional capacity in research methodologies is needed with a focus on small Member countries.

• Possible research topics include health care for the urban poor, fiscal federalism, fiscal space for expanding services and costing of essential packages.

• The ACHR needs to look at the priorities for SEARO-supported research in the next biennium. There is a need to focus on a few vital areas.

• There is a need to develop capacity on health economics particularly in the smaller Member countries, namely Bhutan, Maldives and Sri Lanka.

• It is important of research the out-of-pocket expenditure for medical and surgical treatments in countries where free health-care services are available (e.g. Sri Lanka).
1.3 Non-communicable Diseases

Dr Dhirendra Sinha, Regional Adviser, Tobacco Free Initiative, made a presentation on non-communicable diseases.

Conclusions and recommendations of the 33rd Advisory Committee on Health Research meeting on this subject were:

- More region-specific research on effective advocacy, multi sectoral action and health systems interventions for control and management of NCDs is needed.

- NCD research predominantly focuses on biomedical dimensions. There is a need to include sociocultural and behavioural research for NCD risk factors.

- Countries must have context-specific research priorities for NCDs.

- Field practice areas for long-term studies should be created.

- Focused research is needed in the following areas: socio-behavioral research factors that influence positive/negative deviance; economics of NCD prevention and control; childhood obesity; the role of traditional medicine; effectiveness of primary health care-based models/community-based interventions; road safety; tobacco control; occupational/environmental health and NCDs; and ageing.

- Both the WHO Regional Office for South-East Asia and the members of SEA ACHR should contribute to the regional perspectives for the World health report.

On the NCD risk factors, the following actions were taken:

- Smokeless tobacco/unrecorded and binge drinking.

- Economics of smokeless tobacco use in Bangladesh, India and Nepal; all causes mortality attributable to smokeless tobacco in India; cause-specific cancer morbidity attributable to smokeless tobacco in India; smokeless tobacco burden in Bangladesh and Myanmar; trends in smokeless tobacco use in Bangladesh, India and Nepal; rising trend of tobacco-related cancer mortality in youth in India.

- Smokeless tobacco and public health in India NCI and CDC.

Conclusions

- It was perceived that in the Region there was a genetic predisposition towards diseases such as diabetes.

- There is a need to revisit our research priorities. One such area is vaccine-preventable cancers.

- There is a need to focus on issues such as hepatitis C, transfats, etc.

- A holistic approach is needed to tackle the issue of NCDs. For instance, sample questionnaires will immediately reveal whether tobacco use has come down.

- There is a need to have a globally coordinated mechanism on NCDs – one on financing and one on interventions.

- There is a need to align ourselves with other initiatives such as the WHO Global Coordinating Mechanisms on NCDs.

- NCDs other than tobacco-related need to be focused on, including diabetes, hypertension and other major killers.
Recommendations

- There is a need to monitor burden (including health and economic) and trends in NCDs and their risk factors.

- Region- and country-specific issues such as smokeless tobacco use, mental health, and compliance of injury policies need to be addressed.

- Fund mobilization for NCD research.

- Intervention research needs to be undertaken.

- It may be useful to have cohort studies on NCDs.

- There is a need to increase country capacity by helping in proposal development, quality implementation and documentation, and by helping researchers in publishing research findings.

- There was a need to focus on the four major NCDs: tobacco, alcohol, food safety and air pollution, including indoor air pollution. Obesity, especially in children, also needs to be focused on.

- It is essential to focus on what will really make a difference: we need to keep global movements in mind, and link them to the mechanisms WHO has established.

- It is important to explore other important risk factors such as sedentary lifestyle, mental stress associated with everyday life, increased consumption of street/fast food with high sugar, salt and trans fatty acid content and refined food.

- It is also important to establish a process (quality assurance) to ensure the quality of laboratory investigations in terms of validity and reliability of the results.

- It is also necessary to set up a working group on the priority NCDs.
1.4 Strengthening research capacity in SEA Region countries

Dr Aparna Singh Shah, Regional Adviser, Health Laboratory Services, made a presentation on strengthening research capacity. Research is enshrined as one of WHO’s Core Functions. WHO has long given priority to research with the First Advisory Committee on Medical Research organized in 1959. It was renamed the Advisory Committee on Health Research in 1986. Laboratories are critical for all aspects of research in communicable diseases. Health laboratories contribute in generating reliable information to develop strategies for disease prevention and control, developing and updating disease management guidelines, evaluating different treatments for a disease and improving disease detection.

Public Health Laboratories (PHLs) in SEAR are able to detect organisms and can refer specimens to WHO collaborating centres. Safe collection and packing of infectious specimens and reliable referral mechanisms has been established.

Conclusions

- Considerable capacity-building in terms of organism detection, characterization, quality of laboratories and bio-safety has been undertaken.
- The data obtained from laboratories need to be analysed for a holistic overview of the health condition of people.
- The laboratory information management system has to be strengthened.
- EQAS need to be established for diseases of public health importance.

Recommendations

- There is a need to support surveillance of pathogens with efficient laboratory networks and to continue to provide extra help/special consideration given to small countries, namely Bhutan, Maldives and Timor-Leste.
- Forging laboratory networks for AMR surveillance.
- Rolling out the quality stepwise implementation tool.
- Noncommercial reagents and kits for detecting emerging viruses must be developed.
- A regional database must be established.
- Mobilization of adequate funds to accomplish activities.
- Regarding the dengue vaccine, it was suggested that instead of waiting for SAGE, the region must set up its own expert group for certification.
- There is an urgent need to build capacity since different Member States are in different stages of development.
Mr Charles Patrick Raby, Technical Officer, Information Management and Dissemination, made a presentation on “Access to health research and capacity-building in the WHO South-East Asia Region. “HINARI”, which was launched in 2002, comprises nearly 150 publishers providing 55000 biomedical and related social science journals and books online. HINARI training courses include important modules for researchers, including evidence-based practice, scientific writing and ethical issues. HINARI workshops have already been conducted in several Member States of the South-East Asia Region. The most recent workshop was in Myanmar in collaboration with the Department of Medical Research and University of Medicine. A workshop is planned in Bangladesh in 2016 in collaboration with the Bangladesh Medical Research Council. Training courses in Bhutan and in Timor-Leste are proposed for 2017.

The Index Medicus for the South-East Asia Region (IMSEAR) was developed in collaboration with medical libraries of the WHO South-East Asia Region. It provides global accessibility to journals published in the Region, i.e. to local research. The most recent journal to be included in IMSEAR will be the Bhutan Health Journal, which was launched in November 2015.

The Asia-Pacific Association of Medical Journal Editors (APAME) and other such associations such as the Nepal Association of Medical Journal Editors (NAME), organize workshops, seminars and webinars for journal editors and medical librarians throughout the year.

The capacity-building approach of the WHO South-East Asia Journal of Public Health has a dual purpose: (i) strengthening journal publication skills for researchers (including data analysis, presentation and interpretation) and (ii) publication of data sufficiently robust for use, e.g. in systematic reviews, which otherwise may be “lost” in the corpus of grey literature.

**Recommendations**

- HINARI workshops should be continued in the Region, particularly in the smaller countries, with a focus on modules relevant to researchers. Smaller countries should be encouraged to publish in the WHO South-East Asia Journal of Public Health and supported in the process.
- SEARO should continue to sponsor journal editors from the less-developed countries to participate in APAME conferences and workshops.
The committee members were informed about the WHO clinical guidelines on preterm birth. These included the WHO recommendations on preterm birth along with:

A: **Epidemiological results:**

- Updating of global estimates of preterm birth (ongoing and due to be completed in June 2016)
- Classification systems (ongoing and due to be completed in December 2015).

B: **Systematic reviews on preterm birth:**

- Systematic mapping and reviews of prevention interventions
- Plan for primary prevention trials.

There are several areas in which research on preterm births under the aegis of WHO is ongoing. These include antenatal corticosteroids; gestational age estimation; simplified newborn assessment; scale-up of KMC (“kangaroo mother care”); community-KMC efficacy and early KMC efficacy; the effectiveness of emollients; and scale-up implementation research being conducted in seven select sites in Ethiopia and India.

Delegates were also informed about completed research on newborn infections. These included SAT AFRINEST.

In the category of guidelines on preterm birth, the following were under consideration:

- Sub classification of severe infections.
- Outpatient treatment when hospitalization is not feasible.
- Completed research for newborn infections.

### The Strategic WHO work areas in tandem with ACHR are:

- Research
- Guidelines
- Standards of care
- Effective intervention strategies
- Measurement indicators and methods
- Capacity strengthening

Dr Bahl also elucidated on aspects of research in the area of preterm birth, where WHO has prepared new recommendations on outcomes.

These outcomes are referred to the “Better Outcomes in Labour Difficulty” project. This involves a series of innovations to improve the quality of care around the time of childbirth.

One of the study protocols involved the development of a “Simplified, Effective, Labour Monitoring–to–Action (SELMA)” tool for BOLD. Another study protocol was on formative research and the development of innovative tools for BOLD.

Implementation research by ACHR in this area involved the development and evaluation of a model for quality improvement at i) primary health-care facilities and ii) district and sub district hospitals.

Dr Rajiv Bahl, of the Department of Maternal, Newborn, Child and Adolescent Health at WHO headquarters, made a presentation on maternal and perinatal health. He outlined the regional research priorities on quality of care for pregnant women and newborns at the time of childbirth, as well as related research on newborn infections.
Discussions, conclusions and recommendations

Delegates called for more extensive research on the estimation of gestational age and antenatal corticosteroids. Estimating gestational age is key to determining the degree of interventions required for preterm birth without harming the foetus or mother. Kangaroo mother care scale-up and implementation research were strongly urged, as well as the importance of monitoring KMC efficiency.

While substantial gains have been made through the Millennium Development Goals with tangible reductions of mortality, quality of care remains most important.

Preterm birth, maternal health care, newborn infections, PIH and PPH remain high priorities, while congenital infections are an emerging priority in the region.

There was a call for extension of the focus on the need to “thrive” and “transform” while at the same time strengthening research on ensuring means of survival for the newborn.

With 19 projects ongoing in this area of health care in the SEA Region in the last two to three years, the need to scale up interventions was underscored. Delegates also called for the use of research as it has emerged, and for the integration of many research programmes.

Member States were urged not to separate research from their programmes, and to match policy advocacy with performance in the field for best results. An example cited in this connection was KMC. Even after decades of envisaging kangaroo mother care, only 1% of children in the region have been brought under its ambit.

Given the fact that there were 33 recommendations on maternal and perinatal health from the last ACHR meeting, accountability remains very important. Delegates reiterated that one of the key objectives of this meeting is to account for these recommendations.
1.6 Research evidence for policy-making

Dr G.B. Nair, Ag. Regional Adviser, Research Policy and Cooperation, WHO SEARO, made a presentation on research evidence for policy-making. Dr Nair recalled that at the 33rd ACHR, the experiences presented from Indonesia and Thailand indicated that autonomous/semi-autonomous and adequately-funded public health research institutes closely linked with the Ministry of Health have the potential of creating an impact on evidence-based and informed health policy development and strategic planning. Dr Nair also elaborated on the many challenges that researchers and policy-makers face in identifying policy messages and implementing evidence-based interventions.

Some common challenges in translating research to policy were:

- Lack of, or no, communication between researchers and policy-makers.
- The relevance, significance, quality and completeness of research.
- Mutual mistrust.
- Political instability.

These challenges make it difficult for both parties to facilitate a productive exchange of ideas and information and to come to a consensus when research reaches the stage of implementation.

Such gaps in communication between researchers and policy-makers could be bridged by providing technical support to countries wishing to develop capacity in the area of evidence for policy-making through the WHO based Evidence-informed Policy Network, a social network composed of and led by individuals and institutions from around the world. EVIP Networks by bringing together country teams of key national actors which prepare evidence briefs for policies that address priority needs. These country teams then interact with each other at the regional level exchanging experiences and processes, as Indonesia and Thailand had done at the 33rd ACHR. At that meeting, the countries highlighted new evidence, and developed and shared innovative methodologies and approaches. Finally, the global level works to harmonize and support the country and regional levels, he explained. Since such networks are already established and have been functioning for the past 10 years or more, it was felt that such networks should be used to build capacity in the area of research evidence for policy-making.8

Cholera and typhoid vaccines are examples of public health tools for the control of diseases whose programmatic use did not meet the approval of policy-makers despite extensive research that went into creation and validation of these vaccines. The role of ACHR in this connection was highlighted.

A recommendation made called for a search for a mechanism that helps to narrow the gap between the researchers and policy-makers in their respective countries.

Discussions, conclusions and recommendations

Delegates discussed what ACHR could do to address issues such as where safe and efficient vaccines – the product of extensive research – are available to prevent diseases that prevail in many Member States.

A typical example was the persistence of diseases such as cholera and typhoid despite the existence of research and efficacious vaccines to prevent them.

There were discussions on how to help countries with the conversion of existing information to polished data, and analysis of these data for policy making.

---

Successes with research being converted into public policy have led to bolstering of programmes in disease control and elimination in all Member States. For example, research in leishmaniasis threw up major evidences for policy on leishmaniasis where, Bangladesh, Bhutan, India and Nepal have participated. This led to the development of miltefosine as well as amphotericin B. These are examples of research conclusions seeing the light of day through implementation.

In the case of filariasis, evidence in favour of triple drug therapy of ivermectin, albendazole and diethylcarbamazine has been carried forward to the implementation stage in India. The DOTS concept and the programme for tuberculosis was developed following research and evidence in India. With leprosy, evidence for efficacy of multi drug therapy as well as persistence was developed in India into tangible drug regimens.

Diagram is adapted from PAHO’s website ‘EVIPnet in practice’ and the SUPPORT tools.
2. Enhancing the effectiveness and efficiency of the ACHR to empower and enable WHO to carry out meaningful research and implementation of results.

The purpose of the session was to reinforce a common understanding between ACHR members and the WHO Secretariat on:

- The overall mission of ACHR,
- Scope of ACHR vis-à-vis role in relation to WHO and the country-level impact on research.
- Ways and mechanisms of engagement with WHO and the countries.

2.1 Develop appropriate mechanisms for improving strategic and operational efficiency across Member States of the SEA Region

Professor N.K.Ganguly spoke about the business model of ACHR. This included scope and mandate, ways of working, unique role, and value addition of WHO in carrying out WHO-led core research, WHO-catalyzed country research and WHO-partnered global and regional research. Dr Ganguly further outlined the mandate of ACHR as follows:

- ACHR aims at contributing towards the generation of meaningful research both at WHO and in SEA Region Member States.
- ACHR aims at securing the use of existing or new research for policy changes or addressing neglected or emerging problems of public health importance.
- ACHR aims to develop a system to help Member States identify their real health needs and guide them to carry out research accordingly.

ACHR’s core values were reiterated

- ACHR aims at addressing inequity in health within countries and between countries as well as those between the developed and developing world.
- ACHR values ethics and country ownership, benefiting people from global and regional and local research.

Regarding ACHR’s ways of working, it was observed that:

- ACHR works in advisory capacity to the Regional Office and seeks amplification of the guidance provided to countries through direct SEARO-initiated or catalyzed actions.
- ACHR seeks to adopt a results-based culture and dynamic functioning with frequent virtual and annual regular meetings.
- ACHR recommends different mechanisms for ensuring results such as study group, observatory and task team, and seeks to play an overall custodian’s role.
- Countries must inform SEARO of country-specific research areas, and SEARO must prepare its list with regard to the country-specific recommendations.
2.2 Create thematic groups working in areas such as research capacity building and knowledge management

Professor Pratap Singhasivason spoke about ACHR-associated mechanisms of study groups and their potential role in the specifics. He also spoke about the role of study groups in setting research questions, mapping of research activities at the country level and the reporting mechanism of WHO’s own research activity.

Dr Pratap said that the priority setting group was considered to be key in increasing the effectiveness and efficiency of the Advisory Committee on Health Research in its role of empowering and enabling WHO to carry out meaningful research.

It was recommended that several expert groups be set up for this purpose as appropriate mechanisms for improving strategic and operational efficiency across WHO’s portfolio of research activities.

These proposed groups are:

- Priority setting group.
- Inventory group on scientists and institutions. Anthology group to list research results, products for replication, recommendations and policy up takes.
- Resource monitoring group including study of innovative funding mechanisms such as Corporate Social Responsibility and Financial Transaction Tax.
- Capacity-building group, and one for the composite scoring of country preparedness to conduct research including ethics with ethics and lab network
- Implementation research group to fast-track SDGs and flagship programmes of the Regional Director.
- Enabler group to support uptake of results through peer review publication support and a regulatory mechanism support for uptake of local products.

- Monitoring group for setting ongoing measurements of nodes, pathways and end points of ACHR’s advice to the country level.
- The need to ensure continuity with global ACHR and key international individuals and partner agencies was also reiterated.

Research Capacity Building

The purpose of the session was to reinforce a common understanding between ACHR members and the WHO Secretariat on:

- The overall mission of ACHR
- Scope of ACHR vis-à-vis role in relation to WHO and the country-level impact on research.
- Ways and mechanisms of engagement with WHO and the countries.
2.3 Monitor progress on implementation of the strategy that would be of value, taking into account all of its goals

Dr Tasnim Azim from International Centre for Diarrhoeal Disease Research, Bangladesh made a presentation on this subject and elaborated that the purpose of the session was to develop a monitoring mechanism to measure progress. The expected outcome of the session was to arrive at a consensus on the indicators and methods for the monitoring tool. There was a brief presentation on the possible indicators and ways of measurement followed by discussions.

It was observed that the pathway for the ACHR to reach end results to the countries was through WHO SEARO.

The steps involved are:

- Mapping existing information: what, where, who,
- Identifying research themes/topics,
- Mobilizing resources,
- Strengthening capacity for research,
- Conducting research,
- Disseminating findings.
- Translating research into policy.
- Creating an impact.

The measurable and actionable recommendations to WHO for developing indicators were:

- Databases/inventories: the creation of databases in each country on available information regarding individuals/organizations with capacity to conduct research which feeds into a SEARO database.
- Research themes/topics: identification of research priorities by ACHR (through task forces, etc.) based on the database.
- Resources: mobilization of resources for ACHR task forces, WHO-SEARO stimulated country funding from external and national partners.
- Capacity-building: selection of areas for capacity-building essential for the research activity to be conducted.
- Conduction of research: monitoring of grant activities following a standard format including IRB procedures, ethics.
- Dissemination of research findings: policy briefs, reports, peer review papers.
- Utilization of research results: translation of results into action, regulatory capacity for commodities.

Discussions, conclusions and recommendations

Delegates were unanimous about deciding the criteria for priorities. These are:

- Magnitude of the health problem
- Likelihood of reducing the disease burden
- The present level of knowledge
- Cost-effectiveness
- Current resource flow
- Degree of equitability
- Sustainability
- Ethical aspects
- Local research capacity

It was noted that priority-setting broadly falls in two groups: Consensus-based approaches and metrics-based approaches.

Another recommendation was the bolstering of the surveillance network, data-sharing and the inclusion of data in the website for the benefit of each country for emergency preparedness. The SEARO website needs to be updated and a mechanism for better data-sharing and analysis for modelling and forecasting needs to be put in place.
Research capacity strengthening also has to be executed at various levels, including individual, infrastructure, research environment, national health research systems and international health research.

Delegates also suggested measurement methods and action towards monitoring the implementation of recommendations, identifying gaps and resultant changes both in WHO-conducted, WHO-catalyzed and WHO-partnered research as well as country-level activities on relevant quality research, and the use of results for policy changes.

**Those proposed were of**

- Scientists and institutions
- Inventory of knowledge
- Analysis of gaps
- Creation of roadmaps

---

**Monitoring Framework**

- **Evidence, validation**
- **Implementation Gap report**
- **Prioritization**
- **Products, Candidates.**
- **Monitoring**
- **WHo**
  - . Core
  - . Catalyse
  - . Partner
- **Mapping of WHO research**
  - Actionable measurable recommendations
- **Mapping of country research**
- **Country**
- **Practical recommendations to WHO**
- **ACHR**
  - End points
  - Implementing Hub

---

During the bird flu epidemic H5N1, as well as during H1N1, the importance of linking animal health with human health was mooted.

To that end, funding of six vaccine initiatives by IVR in the Region was highly successful.

SEAPHEIN information of H5N1 was shared within the Member States of the Region. It was recommended that creating better indigenous regional capacity, particularly for sequencing and bio-informatics, will benefit overall capability of dealing with future epidemics and pandemics. Another recommendation was the establishment of appropriate inventories.
3. New topics emerging since the 33rd SEA ACHR

3.1 Ethics on research that covers all stages of research from proposal development to data management and publication

Dr Roli Mathur, of the Indian Council of Medical Research, New Delhi, made a presentation with a detailed overview of good ethical practices. She also reviewed the conduct of research in the WHO SEA Region.

The SEA Region is an important base for global clinical trials and biomedical health research. However, there remains a need for research that is responsive to specific health requirements of Member States, and that are, more importantly, affordable, safe and efficacious as well as result in quality products. Clinical trials have raised ethical concerns and demonstrated recent decline due to overly strict regulatory hurdles. Thus, ethical aspects need to be aligned with local norms while considering culture, language, poverty, illiteracy, social beliefs, etc. Aspects need to be aligned with local norms while considering culture, language, poverty, illiteracy, social beliefs, etc.

A series of workshops and trainings were held by WHO in collaboration with ICMR on research ethics. These covered the gamut of textbook-based training, training of trainer workshops on bioethics, workshops on ethical aspects of vaccine trials and case studies from the SEA Region.

Several Member States, including India, Indonesia, Nepal, Sri Lanka and Thailand, have developed ethical guidelines. Ethics trainings have been held with SEARO support in Bhutan, Democratic People’s Republic of Korea, Indonesia, Nepal, Sri Lanka and Thailand.

Several guidelines on ethics have also been prepared under the aegis of SEARO.

• Ethical Guidelines for Biomedical Research in Human Participants, 2006, 2000, 1980.
• The Biomedical and Health Research Regulation Bill, 2015.
• Central ethics committee on Human Research- National Ethics committee.
• Draft Ethical Guidelines for Research in Children.
• ICMR-DBT Guidelines on Stem Cell Research, 2013

Delegates pointed out that a distance learning course launched in collaboration with ICMR-IGNOU (Diploma Course in Bioethics) has since been discontinued.

Dr Roli Mathur outlined the role of the Strategic Initiative for Developing Capacity in Ethical Review – Forum for Ethical Review Committees in the Asian and Western Pacific Region (SIDCER-FERCAP) Recognition Programme, and mentioned that SIDCER has developed national accreditation systems for ethics committees for Indonesia and Thailand.
Recommendations

Delegates recommended the need for a framework of a professional code of ethics, and a better regulatory mechanism from governments. The development of standard guidelines was called for each Member State, encompassing the policy and standards of institutions. Priority setting needs to be done at the national and regional levels.

Ethics trials should factor in the culture (local sociocultural traditions) and traditions of people, and also ensure the norms for post-trial access. Lack of translation of research activity precludes more tangible benefits emerging from it.

Delegates also questioned about how informed consent was, and stated the need to make patients aware about clinical trials. Ethical concerns were raised about medical illiteracy compounded by language illiteracy associated with patients who are economically challenged.

For Member States, it was observed that ethics in health research is emerging as an important issue in developing countries, including SEA. SEA Region Member States can be categorized in accordance with the different levels of development of their national health systems. A regional policy direction and strategic plan is required, and a task force/expert group on ethics, of multidisciplinary and multi sectoral nature, can be created to work on this.

It was recommended that technical capability, administrative support and awareness levels of the researchers be improved. Researchers can develop their own national ethical guidelines, specific guidelines to deal with new technologies and innovations, institutional policies and codes of conduct, and institutional ethical review mechanisms.

Members discussed and suggested that countries be encouraged to apply for accreditation programmes to bolster quality ethical reviews and that WHO supports this mechanism.

Discussions

The delegates reiterated the common difficulties faced by ethics committees, including with regard to study the review and networking between IECs. There are limited opportunities for training, lack of incentives and insufficient expertise of regulatory agencies. There is also lack of clarity about compensation, informed consent, ethical oversight and monitoring. Ethics investigators are faced with challenges of inadequate infrastructure and paucity of time; and lack of training also impedes progress.

With its base in Thailand, there are 173 SIDCER recognized ethics committees in the Asia-Pacific Region. The ethics committees recognized in the WHO SEA Region countries which have: Institutional review boards (IRBs) are: Thailand(10), India (9), Indonesia(8) Sri Lanka (7) - and Bhutan(1)
Delegates called for regular short training programmes on ethics and the development of a curriculum for undergraduate and postgraduate students. WHO should set standards and develop a curriculum and training modules for such trainings. Training of stakeholders and tools for assessing the quality of training was important. The need for accreditation of ethics committees, investigators and sites was also expressed.

Delegates also suggested that collaboration between registries needs to be established/strengthened and better communication established and fostered between IECs, trial sites and regulators. There was also an urgent need for harmonization of various guidelines and laws, both internally and globally.
3.2 Clinical and biomedical research including emerging issues such as antimicrobial resistance (AMR)

Dr Soumya Swaminathan of ICMR gave a presentation on clinical and biomedical research in the Region and priorities in these areas.

Dwelling on the role of ACHR, she asked how it could identify and promote research for priority areas. According to her, there was a need for publicly funded centres that could conduct clinical trials of public health interest. Pharmaceutical companies, she said, were mostly interested in NCDs, and in the areas of filariasis, leprosy or TB there was insufficient interest. She felt there is a need for a network of centres that can take up these issues.

Dr Swaminathan said some countries accept regulatory mechanisms of other countries in the context of clinical trials, and asked whether this can be done across the SEAR Region. Delegates suggested that through WHO-facilitated South-South cooperation countries in the Region can work together better. There was a need to identify one or two diseases common to this region for collaboration, while regional collaboration on clinical trials can also be done by Member States.

Recommendations

Delegates recommended setting up of clinical trial networks for the Region and regulatory alignment. There could also be listing of trial sites in the Region that could be aligned for different phases of trials.

These could now be used with a clinical trial registry. It was suggested that a compendium be created that is available for use by all.

This discussion was followed by a presentation on AMR in developing countries by Professor N.K. Ganguly in which he pointed out that AMR is a concern for the entire Region and that problem is expected to surpass most other health concerns by 2050 with Asia and Africa affected the most.

According to him, once antibiotics are introduced, resistance develops as part of a natural response of microorganisms. The problem was particularly acute in Asia, which witnessed the greatest degree of nonprescription use of antimicrobials, and there is a need to find innovative methods to overcome this.

Dr Ganguly said that it should be pointed out to policy-makers that AMR would lead to severe fall in the GDP of a country and impede development. A number of factors contribute towards AMR, including management, social and legal issues, and therefore the problem cannot be solved by doctors alone.

While resistance among gram-positive bacteria is not yet alarming, there was greater concern about resistant gram-negatives. The ICMR, he said, is investing heavily on creating surveillance networks to provide data and has also launched a stewardship programme.

Discussions

Delegates said that use of antimicrobials in the veterinary sector should be looked into carefully. Environmental factors that play a role in spread of resistance could also be considered. Self-therapeutic use of antibiotics in the poultry and animal sectors was also growing. Food safety standards need to be revised and products that do not pass the test should be rejected.

It was also felt that promotion of appropriate use of antimicrobials should target not only clinicians but also find a place in the curriculum of medical students. Some delegates felt that AMR is a tricky issue in countries where there are no doctors in rural areas. The need for advocacy and IEC to increase awareness among the population about AMR was reiterated.
The need to have a regulation or code of ethical conduct for the pharmaceuticals industry was expressed. It was suggested that new taxation laws can also help trace antimicrobials sold through the pharmacy network and help to better understand the trends.

Support was expressed for promoting the rational use of drugs, limiting the use of human health-related antibiotics in animals, and for hospitals to maintain a database of antibiotics and auditing their usage.

Some delegates expressed concern that WHO’s Global Action Plan did on elaborate about research. It was also observed that while every country had AMR policy declarations, there was little action on the ground.

Subjects for research that were suggested as priority include:

• Analysis of surveillance data on animal and human resistance.

• Study of the impact of gene clusters in gram-negative bacteria that are moving from region to region.

Tracking the sale of antimicrobials within countries and identifying hot spots in order to take corrective action.

Delegates pointed out that in several HIV intervention projects health professionals were encouraging paramedics to administer antibiotics for sexually transmitted infections as part of approved policy. In the case of demand for antibiotics from the farm sector, animal husbandry doctors were also often responsible for over-prescribing such drugs.

The “One Health” concept, according to delegates, was of key importance. There was a need for guidelines on etiological management of infectious diseases and research on rational combinations of medicines that can delay resistance. It was pointed out that hospital-based resistant infections were usually due to biofilm formation, and new drugs were needed to act on this.

**Recommendations**

Delegates suggested a network of surveillance in the SEA Region to organize data centrally and analyse it for common implementation.

Deaths attributable to antimicrobial resistance every year by 2050

Source: Review on Antimicrobial Resistance 2014
There is a large database on AMR in the SEA Region. Find a nodal person, strengthen data analysis and thereby facilitate sharing. Here, ethics committees should work closely to sort out issues of mutual concern.

It was also suggested that a policy be developed on auditing pharmacies and prescriptions to bring to light the prevailing trends of AMR. A reduction in use by animals of antibiotics that are also meant for human use was recommended through advocacy and training.

Another recommendation was for those countries that can work on new discoveries or strategies to extend the life of antibiotics to share their knowledge with their neighbours. There is a need to develop SOPs for the prevention and control of AMR by developing innovative research ideas for reducing nosocomial infections.
In her presentation on the theme of implementation research, Dr Razia Narayan Pendse said implementation science is becoming increasingly relevant. This area of research was particularly relevant in the context of achieving the health-related targets of the SDGs that had been adopted recently by the UN.

Implementation research, she explained, sought to bridge the “Know-Do” gap as currently, in many cases, we are not implementing more than 30% of what we know. While research is done in sanitized settings, it was important to ask if it works in the field.

Dr Razia, observed that how we frame a question will determine its answer, and implementation science involves learning while doing. While such research may not stand up to the “gold standard” of academic criteria, it does provide practical insights and experiences that are critical to achieve results on the ground.

She pointed out that monitoring and evaluation had to be embedded into the design of implementation research programmes while quality and systems strengthening were also important. Partnerships are essential, and programmers should be included in them.

This kind of research was pertinent to many health areas and its outcome variables included acceptability, adaptability, fidelity of interventions, the degree of compromise needed, cost-effectiveness and coverage. Its advantage was also that it was not as expensive as basic science research.

Discussions

In the discussion that followed, delegates suggested ensuring community participation for implementation, policy-making and programme implementation to achieve better results. It was suggested that the maternal and child health (MCH) platform needed to be better used for other programme areas.

Delegates also questioned on how to use technology transfers more effectively, and on how to move beyond SEARO and to the rest of the Asia-Pacific and across other regions for horizontal collaborations.

Dr Swarup Sarkar, Director, Department of Communicable Diseases, WHO-SEARO, said that as researchers we have to find ways to implement SDGs. The Regional Director, he pointed out, has promised governments that she will produce results, and ACHR has to chart the research pathway for this and inform SEARO on what they need to get research done. It was also important not to confuse between research and advocacy in the context of implementation science, he said. According to him, while several interventions may be economically feasible, the failure rate of implementation remains high.

Dr Sarkar said there was a need to “unbundle” the science involved from other questions. In the case of TB, for example, he pointed out that political commitment is low. If one plans for a 30-year implementation programme, no policy-maker evinces interest. Dr Sarkar asked “Can we come up with a scientific strategy that can eliminate TB in five years time”. This is an example of the kind of questions we need to frame to get the necessary support for implementation. Some delegates felt that ACHR cannot advise on basic science research, and operational/political issues are what they need to look at. Others pointed out that the question of whether the dengue vaccine was effective or not was among the big scientific questions that needed to be addressed.

There was a need expressed for capacity-building in implementation and operational research as well as to plan and implement operational issues across the region. Delegates pointed out that they were researchers and not programmers, and the two need to flow seamlessly into each other so that implementation is smooth.
Delegates also said that there was a need to identify three or four areas where ACHR can make a difference or have tremendous impact. Maternal and child health issues, for example, could be one area of focus as well as large programmes such as TB. It was important to look at the technology and tools on hand and make them work to achieve the SDG goal along with a prioritization process.

There was a consensus that resources for implementation science are important. The Global Fund was suggested as one source, which had allocated funds for monitoring and evaluation, are never used. Resources and capacity have to go hand-in-hand, and SEARO can adopt this approach.

**Recommendations**

Delegates suggested the need to identify three or four areas where we can make a difference and have tangible impact. Maternal and child health issues could be one such area of focus.

It was felt that mobilizing resources for implementation science is important. The Global Fund could be examined as one possible source. Funds that are for M&E but are often never used can be made available.

### Regional Director’s Vision and Strategic Directions: SDG 3 and WHO Flagship Area

<table>
<thead>
<tr>
<th><strong>RD’s Vision and Strategic Directions</strong></th>
<th><strong>MMR</strong></th>
<th><strong>Evidence to Policy to implementation to impact</strong></th>
<th><strong>Measles elimination &amp; rubella control</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Persistent and emerging epi and demo challenges</td>
<td>NB &amp; U5MR</td>
<td>Using IS - some thoughts</td>
<td>NCDs prevention - BB</td>
</tr>
<tr>
<td>2. UHC</td>
<td>End ATM, NTDs, combat Hep, WB &amp; other CD</td>
<td>Key Priorities for MS in the region</td>
<td>MM, NN and child mortality</td>
</tr>
<tr>
<td>3. Emergency m/m and sustainable development</td>
<td>NCDs</td>
<td>Lessons learnt - cross fertilization across prog areas</td>
<td>UHC - HRH and ess meds</td>
</tr>
<tr>
<td>4. Strong Regional voice in Global agenda</td>
<td>Subs Abuse</td>
<td>Identifying pivots</td>
<td>National capacity for combating AMR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gap analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accidents</td>
<td>Network of institutions - north-south and south-south</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SRH</td>
<td>Capacity building</td>
<td>Emergency risk management</td>
</tr>
<tr>
<td></td>
<td>Horizontal collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hazardous chems, air, water and soil pollution</td>
<td></td>
<td>Eliminating NTDs</td>
</tr>
</tbody>
</table>

**34TH SESSION SEA ACHR // Business Session**
In her presentation, Dr Indrani Gupta, Professor, Health Economics, Institute of Economic Growth, said there was a need to make non-biomedical issues and concerns central in research rather than an add-on. She emphasized that evidence-based policy-making remains somewhat neglected due to a lack of understanding around technical issues such as cost-effectiveness analysis, etc. There is also an acute shortage of economists and other social scientists in the country, and there is need to build capacity in economics and other social science research.

Some areas that need focus are issues concerning funding for health and health financing. This cuts across sub-areas such as UHC and NCDs, fiscal space, evidence around what works (cost-effectiveness and cost-benefit analysis), and evaluation of interventions. The need for collecting appropriate data, including baseline data, that will enable evaluation should be strongly encouraged as an integral part of operational research.

**Discussion**

Delegates said that at the regional level there was a need to consider the general picture of the relationship between socioeconomic determinants and health status. They pointed out that literature on social determinants of health was particularly relevant to vector-based diseases, and more research was needed in this area.

They also referred to the tremendous gap between social and medical science. Every new intervention should begin with a baseline survey, without which it was not possible to have evaluation. There was also a need for more training prior to implementation of the social science approach.

**Recommendations**

Delegates suggested the need to include non-biomedical issues in research, and provide evidence-based research which should be an integral part of health research. It was also felt that a good baseline and good cost data should be an integral part of all health interventions.
4. Additional issues

The Chair introduced additional cross-cutting issues raised by the members during the meeting for further discussion. Primarily four important issues were identified.

4.1 Mapping of country specific research inventory

Members suggested that priority-setting would require systematic identification of health gaps and research needs to bridge those. An inventory of research scientists, institutions as well as products developed and those in the pipeline was also a priority.

4.2 Resource mobilization

Delegates said the Global Fund was one possible source, which allocated funds for monitoring and evaluation, though these funds were never used. The Global Fund also has around US$40 to US$ 44 million allocated for M&E that can be used. It was proposed that resources and capacity have to go hand-in-hand, and SEARO can adopt this approach.

4.3 Inter country collaboration

In cognizance that Member countries are at different levels of research capacity, with some countries and particularly smaller ones needing major capacity-building with measurable outcomes, the discussions pointed out that there is a need for greater South-South collaboration.

Delegates asked for facilitation from WHO to enable South-South cooperation among countries. Delegates said that currently several private entities are working on the availability of hospital beds for clinical trials in the Region and offering them to the pharmaceutical industry. They observed that this can be done by SEARO also, which can collect such data and facilitate multi-centre clinical trials for common benefit. If this is organized, the cost of the trials can be lowered considerably.

A network of AIDS trial sites was mooted in the past when the AIDS vaccine trials were being carried out in the People’s Republic of China, India and Thailand.

Delegates spoke of the need for listing of trial sites in the region that could be aligned for different phases of trial. These could now be used with a clinical trial registry. There is also a need to create a compendium that is available for other people if they want to use the same.
Delegates felt that one of the first priorities in the Region was addressing NCDs. The next priority is building ethical capacity followed by understanding the role and contribution of traditional medicine. There is also a need for capacity-building in health economics and health research related to social sciences.

Delegates emphasized prioritizing areas where translational research is needed along with expertise across sectors, such as where material scientists were brought together with medical researchers. Such collaboration can be seen as both an activity and a product on its own. Capacity-building will result from the activity.

### 4.4 Partnerships with WHO headquarters and other international organizations

Delegates felt that one of the first priorities in the Region was addressing NCDs. The next priority is building ethical capacity followed by understanding the role and contribution of traditional medicine. There is also a need for capacity-building in health economics and health research related to social sciences.

### 4.5 Other Items

It was suggested that SEARO should consider making country-level recommendations in the future. Recommendations can be split in two areas: one from ACHR and the other after consultation with country colleagues. Suggestions could be narrowed down to those that have measureable indicators.

Some delegates pointed out that biological weapons posed a major threat and that we needed a response through regional collaboration.

ACHR should also look into issuing the annual ACHR advocacy on research funding that is ready for policy action for validation. Some kind of guidelines, etc. are needed for developing policy actions where there are none. For example, research on disasters and emergencies are a case in point. A subgroup can be formed to look at these areas and study tools can be developed through case studies from the region for teaching. It was also felt that a health systems approach is needed for research.
III.
FINAL RECOMMENDATIONS
FINAL RECOMMENDATIONS

At the 34th Session of the SEA ACHR, members recommended the following research priority areas

A: Supporting ongoing research

- Seroprevalence studies for measles and rubella linked to regional goals of elimination by 2020.
- Vaccine trial with monovalent OPV1 guided by seroprevalence and mucosal immunity studies to support the end polio game plan.
- Analysis on gaps in effective coverage of services and in financial risk as well as additional research needed to achieve universal health coverage.
- Estimation of gestational age and use of antenatal corticosteroids.
- Implementation research on ways of scaling up kangaroo mother care in the community.
- Conduct research on early prevention of birth defects by studying the feasibility of wheat flour fortification with folic acid in preventing neural tube defects.
B: Fostering newer areas for research

- HPV study to assess cost-effectiveness.
- Immunogenicity study using dengue vaccine.
- Utilize dengue R-TAG expertise for reviewing dengue vaccine study findings.
- Extend the research agenda beyond maternal and perinatal health to early childhood and adolescence to effectively reduce infant and childhood mortality.

- Measure quality of care and capacity of health systems to deliver quality care.
- Guide research to improve on the future round of the NCD risk surveillance system.
- Determinants of NCD must focus on the poor.
- Country assessments of NCDs, other than tobacco-associated disease, that might have serious economic impact must be made.

C: Enabling research

Enablers include specific areas for capacity-building, creation of networks and resource mobilization efforts with the following specifics:

- Build the evidence base and analytic capacity for health technology assessments, HRH and essential medicines.
- Build capacity in quantifying health and burden from NCDs and their risk factors as well as assessing socioeconomic impacts.
- Enhance overall laboratory capacity, specifically over sequencing and bioinformatics.
- Enhance capacity of conducting research in the socioeconomic aspects of health.
- Enhance ability to access and assimilate research information and literature among SEA Region Member States.
- Establish surveillance networks so that data may be analysed centrally (e.g. AMR surveillance).
- Establish clinical trial network with regulatory alignment.
- Establish network of scientists, implementers and relevant others to promote implementation science research and action.
- Ensure that countries that can work on new discoveries or strategies to extend the life of antibiotics share knowledge with their neighbours.
- Identify innovative funding mechanism such as CSR, FTT.
- Mobilize resources for the ACHR task force, and WHO SEARO-stimulated country funding from external and national partners.
- Set up mechanisms to determine ongoing priority through inventory of research activities and systematic review.

A “tier-based” capacity-building framework was recommended to transform current efforts into a more structured fashion.
IV. CONCLUDING SESSION
5.1 Closing remarks by the Regional Director

On behalf of the Regional Director, Dr Arun Thapa, Director of Programme Management, WHO-SEAR), delivered the concluding address.

The Regional Director, Dr Poonam Khetrapal Singh, thanked the Chairperson and experts for their active participation in the ACHR meeting. She acknowledged the fruitful discussions over the two days that culminated in recommendations based on the ground realities in the WHO South-East Asia Region.

Dr. Singh stressed that this was one of the important meetings to promote research, augment innovation and convert research outcomes into policy actions in the Region. She also mentioned that an innovative approach is required to address local public health issues and link research with our priority areas of work.

She pointed out that both these aspects have been part of her “Vision Statement” for this Region. Dr Singh mentioned that the actions taken over previous ACHR recommendations were impressive.

Also added that it is critical to continue to strengthen the health research capacity of Member States and encourage South-to-South and triangular collaboration in research.

It is important to develop health policies and support programmes backed by the best research evidence to ensure that they respond effectively to the research priority needs of the people, she reiterated. It is important to ensure that health research is focused on the areas of priority health needs, and to promote research in other sectors that have a bearing on health. It is, therefore, crucial to follow up on the recommendations of this 34th session of SEA ACHR.

Dr. Singh requested all the participants to extend all possible support through technical expertise as well as their institutions to advocate for wider implementation of these recommendations and their use in improving the health of populations. She once again thanked the participants for their valuable inputs during this important meeting on health research.

5.2 Closing remarks by Chairperson Professor Pratap Singhasivanon

In his concluding remarks, Professor Pratap Singhasivanon thanked the members of ACHR and WHO, including the Regional Director and Dr Swarup Sarkar, Director, CDS, for the opportunity to meet people from diverse backgrounds.

He also reiterated that the members of the ACHR will be looking at the research strategies that would be best for the Region. He mentioned that the group will need to identify three or four research areas that are robust, practical, doable and feasible in the context of the Region. He thanked participants for their valuable contributions.
Distinguished members of the Advisory Committee on Health Research, distinguished special invitees, honourable guests, ladies and gentlemen

On behalf of WHO, I warmly welcome you to the 34th session of the South-East Asia Advisory Committee on Health Research abridged as SEA ACHR and also welcome you to the WHO Regional Office in New Delhi. I sincerely thank all ACHR members and special invitees and others for sparing their valuable time to attend this meeting.

Distinguished Participants, Ladies and Gentlemen,

Research remains one of the six core functions of WHO. It includes shaping the research agenda and stimulating the generation, translation and dissemination of public health knowledge.

Health research is critical to improve the quality of care and health outcomes, and helps find appropriate solutions to everyday challenges in the health-care settings. Before I venture any further, let me first dwell on the Advisory Committee on Health Research and the important role it plays in guiding global and regional health research activities.

The ACHR is an advisory body to the Regional Director, and has a consultative mandate to support the World Health Organization in carrying out its constitutional role of promoting and coordinating research related to international health work, in cooperation with external institutions pursuing common goals and with the scientific community in general. The ACHR helps narrow the gap between researchers and policy-makers in their respective countries.
The WHO South-East Asia Advisory Committee on Medical Research, or ACMR, was established in 1976, and renamed SEA-ACHR in 1987 with the word “medical” replaced with the word “Health”.

The SEA ACHR has contributed towards highlighting the research needs in the Region as per changing situations and needs. I would like to briefly highlight some recent key outcomes of deliberations of the ACHR to give you an insight on the workings of this advisory committee.

- The 25th ACHR in 2000 recommended the Regional Director to review and update the terms of reference, membership and methods of work of the newly reconstituted SEA-ACHR.

- The 30th ACHR in 2007 recommended that an interactive forum for ACHR members be established and regional advisers appointed in SEARO to facilitate and exchange views on health research in-between ACHR sessions. This aimed to help sustain interest and generate ideas and action in health research more regularly and effectively.

- The 31st ACHR in 2009 recommended that a Regional Strategy for Research for Health be developed.

- The 32nd ACHR in 2011 prepared and considered a draft of the Regional Strategy in which five priority issues and five strategic directions were identified for the purpose of the Regional Strategy.

- The 33rd ACHR in 2013 deliberated on thematic areas, including capacity-building and more specifically for smaller Member States.

- In October 2014, an inter-country meeting on strengthening Regional framework and developing a research action plan was held. This meeting was conducted in response to the 33rd ACHR meeting. At that meeting it was observed that even with agreement on “health research priorities”, the best way to finance research and development in priority areas to produce public goods for improving health is often not clear.

Ladies and gentlemen,

Recommendations and follow-up actions over the past year reveal that there is continuity and follow-up between successive ACHR meetings. The contribution of the ACHR over the years has been unquestionably valuable. However, much more needs to be done to get optimal results from health research in a complex region such as South-East Asia where the challenges are enormous. This is accentuated by the 10/90 gap, wherein 10 percent of the resources for research are available in parts of the world where 90% of the health problems persist. It is estimated that less than 3% of the global funding for research goes to developing countries and only 27% of all the researchers in the world are in developing countries. There are a number of other challenges to manage health research in South-East Asia Region.

These include

- Weak health systems to support health research in some countries.

- Absence of clear national policy on health research in most cases.

- Weak coordination of health research activities at both national and institutional levels.

- General weakness in the management of research information and its wide dissemination and use of results.

- Lack of capacity and facilities relating to laboratory, literature and library services and lack of modern tools for data processing and management.

- Lack of incentives to motivate and encourage researchers to improve their competencies.

- Difficulty in mobilizing funds to finance health research.
Despite this, there have been success stories of WHO research work conducted with advice from SEA ACHR. Areas of such research include chronic liver disease, treatment of snake bite, chronic respiratory infections and dengue vaccine.

This list looks thin and we need to do more.

We are in an era when success can only be achieved through innovations and ACHR should advice on ways of integrating innovation as a part of SEARO’s core business. This is also the era of an enhanced space for SEARO Member States on the global map of health technology. I have promised to my Member States that this Region shall forge ahead. This requires strong capacity-building in all countries including areas of implementation research that can address the barriers to meeting the sustainable Development Goals and the time bound flagship targets that I am committed to. We need your advice to help us steer forward to address these issues.

One of the changes I have proposed to my staff to help ACHR function more efficiently. ACHR can make recommendations through virtual meetings and also hold meetings of task forces. You may please suggest how we can work more dynamically as well as with other global partners and with headquarters. We also have a session on resource mobilization, collective engagement, and challenges related to inequity in research and the means to address that.

We have among our ACHR members and our special invitees a galaxy of experts from different areas of specialization and from different Member States. We would like you to share your expertise in identifying areas where WHO SEARO can add value. This is an era of boundless new opportunities with a new IT environment, unprecedented economic development of Member States and expanding funding opportunities. We need to capitalize on these advantages I look forward to the deliberations. Please accept my cordial welcome to you all.

Thank you

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
ANNEXURE 2

List of Participants

Bangladesh
Dr Tasnim Azim
Director
Department of HIV
International Centre for Diarrhoeal Disease Research (ICDDR,B)
Bangladesh

Bhutan
Dr Tashi Tobgay
Director of HR Planning and International Relations
University of Medical Sciences
Thimphu, Bhutan

India
Prof Nirmal Kumar Ganguly
Professor of Eminence
Policy Centre for Biomedical research
Translational Health, Science and Technology Institute,
Faridabad, India

Dr Soumya Swaminathan
Director-General
Indian Council of Medical Research
New Delhi, India

Professor Indrani Gupta
Professor (Health Economist)
Institute of Economic Growth
Delhi University
Delhi, India

Indonesia
Dr Ratna Sitompjul
Chairperson
Health and Pharmacy Technical Committee
The National Research Council / Dean, Faculty of Medicine
Jakarta, Indonesia
Maldives
Dr Sheeza Ali
Director General of Health Services
National Health Research Council
Maldives

Myanmar
Dr Kyaw Zin Thant
Director-General
Department of Medical Research
Ministry of Health
Yangon, Myanmar

Nepal
Dr Paras Kumar Pokharel
Chief
School of Public Health and Community Medicine
B P Koirala Institute of Health Sciences
Nepal

Sri Lanka
Prof. P.V. Ranjith Kumarasiri
University of Peradeniya
Peradeniya
Sri Lanka

Thailand
Professor Pratap Singhasivanon
Associate Professor
Faculty of Tropical Medicine
Mahidol University, Thailand

Prof. Wanpen Chaicumpa,
Chair Professor and Research Consultant
Head of Laboratory for Research and Technology Development
Mahidol University, Thailand
Special Invitees

Dr Roli Mathur
Program Officer for Human Genetics
Division of Basic Medical Sciences
Indian Council of Medical Research
New Delhi, India

Mr Han Jae Song
Counsellor
Embassy of the Democratic People’s Republic of Korea
E-455, 1st Floor, Geater Kailash-II
New Delhi, India

WHO Secretariat

Dr Arun B Thapa
Director Programme Management

Dr Swarup Sarkar
Director
Department of Communicable Diseases

Dr Phyllida Travis
Director
Department of Health Systems Development

Dr Rajiv Bahl
Coordinator
Child Maternal and Adolescent Health,
WHO Headquarters, Geneva

Dr Sunil Bahl
Regional Adviser
Accelerated Disease Control
Department of Family, Health and Research
Dr Manisha Shridhar  
Technical Officer  
Intellectual Property Rights and Trade and Health  
Department of Health Systems Development

Dr Aparna Singh Shah  
Regional Adviser  
Health Laboratory Services  
Department of Communicable Diseases

Mr Charles Patrick Raby  
Librarian  
Information Management and Dissemination  
Department of Health Systems Development

Dr Dhirendra Sinha  
Regional Adviser  
Tobacco Free Initiative  
Department of Non-Communicable Diseases and Environment

Dr Razia Narayan Pendse  
Regional Adviser  
HIV-AIDS and STI  
Department of Communicable Diseases

Dr G. B. Nair  
Ag. Regional Adviser  
Research Policy and Cooperation  
Department of Communicable Diseases
ANNEXURE 3
The ACHR objectives require a multi-dimensional approach that considers socioeconomic as well as biomedical and epidemiological determinants of health. In addition, it will be essential to have multi-sectoral engagement with departments/areas beyond health as well as ownership by governments.

To achieve the objectives within the two-year time frame of the present ACHR, specific products and/or results are expected through defined processes or actions. In brief, initial identification of health gaps will lead to an inventory of health needs, which may be visited annually by ACHR members to identify potential research areas that are doable and measureable.

This inventory may be visited semi-annually to create a priority list. In order to be able to carry out the research activities enablers need to be identified such as requirements for capacity-building including resources through a system whereby countries can be classified into tiers depending on their capacity to conduct different types of research.

Countries need to be capacitated based on their needs in order for research studies to be conducted. When research results are available, ACHR members can review to advise which can be taken forward to action or policy change, which need validation or further research.

**Objectives**

- Identification of health research priorities and gaps and setting up of mechanisms for ongoing prioritization.
- Supporting ongoing research and newly identified priority areas.
- Enabling research through capacity-building, developing partnerships and resource mobilization.
- Actions based on available research evidence for policy action, research validation, and continued research and scale up.

To promote healthy lives in SEARO through health research prioritization and promotion, policy stimulation and enabling action for research.

---

**Goals of the ACHR**

To promote healthy lives in SEARO through health research prioritization and promotion, policy stimulation and enabling action for research.

---

To achieve the objectives within the two-year time frame of the present ACHR, specific products and/or results are expected through defined processes or actions. In brief, initial identification of health gaps will lead to an inventory of health needs, which may be visited annually by ACHR members to identify potential research areas that are doable and measureable.

This inventory may be visited semi-annually to create a priority list. In order to be able to carry out the research activities enablers need to be identified such as requirements for capacity-building including resources through a system whereby countries can be classified into tiers depending on their capacity to conduct different types of research.

Countries need to be capacitated based on their needs in order for research studies to be conducted. When research results are available, ACHR members can review to advise which can be taken forward to action or policy change, which need validation or further research.
1. IDENTIFICATION OF HEALTH RESEARCH PRIORITIES AND GAPS AND SETTING UP OF MECHANISMS FOR ONGOING PRIORITIZATION

<table>
<thead>
<tr>
<th>ACHR OBJECTIVE</th>
<th>PRODUCTS/RESULTS</th>
<th>RECOMMENDED ACTIONS/INPUTS (OVERALL)</th>
<th>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| Frame priorities for research in different areas. | • An inventory of health gaps and research needs to bridge those gaps.  
• An inventory of ongoing research activities and products as well as new innovations in the pipeline.  
• Recommendations by ACHR on taking research forward for execution. | • Contract identified institutions/networks (e.g. APO) to develop an inventory on health gaps and research needs to bridge those gaps.  
• Contract identified institutions/networks to develop an inventory of ongoing research activities as well as new innovations in the pipeline.  
• SEARO conducts ongoing research prioritization in consultation with all departments involved in health research.  
• ACHR conducts six monthly reviews on these inventories and advises which research areas should be taken forward. | Specific priority areas to address:  
• UHC - frame priorities for UHC related research, and catalyse more policy relevant research and research capacity in SEAR countries.  
• NCDs - set up the working group to work on identifying NCD priority research.  
• Implementation research - identify three or four areas of implementation research.  
• Inclusion of baseline and cost data to be an integral part of all health interventions to enable economic evaluation. | 1st quarter of 2016 |
## 2. SUPPORTING ONGOING RESEARCH AND NEWLY IDENTIFIED PRIORITY AREAS

<table>
<thead>
<tr>
<th>ACHR OBJECTIVE</th>
<th>PRODUCTS/RESULTS</th>
<th>RECOMMENDED ACTIONS/INPUTS (OVERALL)</th>
<th>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| To encourage research in specific areas already identified and those that will be identified in the future. | ON IMMUNISATION: Results of studies on polio, measles and rubella for guiding, strategy and policy in support of polio end to meet the regional goal of measles elimination and rubella/CRS control by 2020. Conclusions of the Dengue R-TAG on Dengue vaccines available. | ON IMMUNISATION: Research should be conducted:  
- To guide policy and strategy decision-making in support of polio endgame plan  
- Immunogenicity and/or cost effectiveness studies should be accelerated in the Region for new vaccines such as HPV and dengue vaccine | ON IMMUNISATION: Specific areas of research already identified:  
- Conducting planned studies:  
  - Seroprevalence studies for measles and rubella  
  - Vaccine trial with monovalent OPV1 guided by sero-prevalence and mucosal immunity studies  
- Planning studies:  
  - HPV study to assess cost-effectiveness  
  - Immunogenicity study using Dengue vaccine  
- Utilize Dengue R-TAG expertise for reviewing Dengue vaccine study findings | Last quarter of 2017 |
| ON UHC: Information resulting from planned studies available for utilization. | ON UHC: Encourage all SEARO countries to take up an analysis of the current status of the 2 key elements of UHC: gaps in effective coverage and gaps in financial risk protection. | ON UHC: Specific areas of research already identified:  
- All SEARO countries start conducting analysis on gaps in effective coverage of services and in financial risk protection  
- Resource requirements and mobilization for UHC: what kind of additional sources might be required to fund UHC | Last quarter of 2016 |
<table>
<thead>
<tr>
<th>ACHR OBJECTIVE</th>
<th>PRODUCTS/RESULTS</th>
<th>RECOMMENDED ACTIONS/INPUTS (OVERALL)</th>
<th>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To encourage research in specific areas already identified and those that will be identified in the future.</td>
<td>ON MATERNAL AND PERINATAL HEALTH: Information resulting from planned studies available for utilization Research agenda extended to early childhood and adolescents</td>
<td>ON MATERNAL AND PERINATAL HEALTH: - Continue research on methods to decrease neonatal mortality. - Conduct research on preventing birth defects - Extend the research agenda beyond maternal and perinatal health to early childhood and adolescence - Measure quality of care and capacity of health systems to deliver quality care*</td>
<td>ON MATERNAL AND PERINATAL HEALTH: - Specific areas of research already identified: - On neonatal mortality reduction planned studies: - Estimation of gestational age and antenatal corticosteroids - Implementation research on Kangaroo mother care scale-up and monitoring KMC efficiency especially in the community - Planned studies on preventing birth defects: - Determine the feasibility of wheat flour fortification with folic acid to prevent neural tube defect - Identify key areas of research in children and adolescents - Plan study on capacity and quality of health care delivery systems</td>
<td>Last quarter of 2017</td>
</tr>
<tr>
<td>ON NCDs: Improved NCD risk surveillance system across countries.</td>
<td>ON NCDs: Improve on the future round of the NCD Risk Surveillance System</td>
<td>ON NCDs: Specific areas for improvement include: - Regular surveillance - Determinants of NCD with a focus on the poor - Resource requirements for major NCDs</td>
<td>Last quarter of 2017</td>
<td></td>
</tr>
<tr>
<td>ACHR OBJECTIVE</td>
<td>PRODUCTS/RESULTS</td>
<td>RECOMMENDED ACTIONS/INPUTS (OVERALL)</td>
<td>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</td>
<td>TIMELINE</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
|                |                 |                                     | • Country assessment of other NCDs that might have serious economic impact  
|                |                 |                                     | • Ownership by country (at least part donor funding)  
|                |                 |                                     | • Uniform quality across countries  
|                |                 |                                     | • Better utilization of data  
|                |                 |                                     | • Sharing of data |
### 3. ENABLING RESEARCH THROUGH CAPACITY BUILDING, PROMOTING PARTNERSHIPS AND RESOURCE MOBILIZATION

<table>
<thead>
<tr>
<th>ACHR OBJECTIVE</th>
<th>PRODUCTS/RESULTS</th>
<th>RECOMMENDED ACTIONS/INPUTS (OVERALL)</th>
<th>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| To enable research in specific areas already identified and those that will be identified in the future | Country-specific and regional databases are available with information regarding individuals/organizations with capacity to conduct research. A tier-based scoring system which identifies differing capability for conducting health research in SEARO countries with special emphasis on developing such capacity in Bhutan, Maldives and Timor Leste. | Institute a Capacity Building Group to determine country’s capability for conducting health research including defining human resource, infrastructure and capacity to design studies. | Specific areas to be addressed:  
- UHC – build the evidence base and analytic capacity for health technology assessments, HRH, essential medicines  
- NCD – build capacity in quantifying health and financial burden from NCDs and their risk factors as well as assessing socioeconomic impacts  
- Laboratory – enhance overall laboratory capacity as well as specifically in sequencing and bio-informatics  
- Socioeconomic aspects of health research – enhance capacity of conducting research in the socioeconomic aspects of health | First quarter of 2016 |
| Regional networks formed to forge collaborations through partnerships and for improved communication in the SEARO region | | Promote formation of networks of scientists and relevant others between all countries in the SEARO region with special emphasis on TLS, Bhutan and Maldives. | Specific areas to be addressed:  
- Surveillance networks so that data may be analyzed centrally (e.g. AMR surveillance)  
- Clinical trial network with regulatory alignment | Last quarter of 2016 |
<table>
<thead>
<tr>
<th>ACHR OBJECTIVE</th>
<th>PRODUCTS/RESULTS</th>
<th>RECOMMENDED ACTIONS/INPUTS (OVERALL)</th>
<th>RECOMMENDED ACTIONS/INPUTS (SPECIFIC)</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Network of scientists, implementers and relevant others to promote implementation science research and action • Countries that can work on new discoveries or strategies to extend the life of antibiotics to share knowledge with their neighbours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethical guidelines and formal certification for each Member State</td>
<td>Constitute a task force/expert group on ethics of multidisciplinary and multisectoral nature</td>
<td>Specific guidelines to deal with new technologies and innovations need to be factored in</td>
<td>Last quarter of 2016</td>
</tr>
<tr>
<td></td>
<td>A map of available and potential resources for research funds</td>
<td>Institute a resource monitoring group for mapping existing and potential funders</td>
<td>Specific areas to be addressed are: • Identifying innovative funding mechanism such as CSR, FTT • Mobilize resources for ACHR task force, WHO SEARO stimulated country funding from external and national partners</td>
<td>Last quarter of 2016</td>
</tr>
<tr>
<td></td>
<td>Easy access to information on research</td>
<td>Enhance ability to access and assimilate research information and literature among SEARO Member States.</td>
<td>Specific elements also include proposal development, quality implementation and documentation, ability of researchers in publishing research findings, etc.</td>
<td>Last quarter of 2016</td>
</tr>
</tbody>
</table>
## ACHR OBJECTIVE

To take research evidence forward

### PRODUCTS/RESULTS

Review of all research findings based on research inventory

### RECOMMENDED ACTIONS/INPUTS (OVERALL)

- Annual ACHR advisory on research findings and especially where required across countries and urgent attention on continued priorities and scale-up.

### RECOMMENDED ACTIONS/INPUTS (SPECIFIC)

- POLICY ACTION:
  - Address such issues where safe and efficient vaccines are available to prevent diseases.
  - Promotion of appropriate use of antimicrobials should target not only clinicians but also students included in the curriculum of medical students.
  - Promotion of rational use of drugs, limiting the use of human-health related antibiotics in animals.

- VALIDATION:
  - More specific evidence on policy interventions that will accelerate improvements in access to care and financial protection, and experience with policy implementation.

- CONTINUED PRIORITIES AND SCALE-UP:
  - Need to scale up interventions on maternal and perinatal health by using research and integration of many research programmes.

### TIMELINE

Last quarter of 2017

### 4. ACTIONS BASED ON AVAILABLE RESEARCH EVIDENCE FOR FUTURE RESEARCH, VALIDATION AND POLICY ACTION