Regional Meeting of
South Asian Forum for Health Research
(SAFHeR)

Organizing Committee
Prof. Dr. Chop Lal Bhusal, Executive Chairman
Dr. Rishi Ram Koirala, Vice-Chairman
Prof. Dr. Ramesh Kant Adhikari
Prof. Dr. Shekhar Babu Rizal
Prof. Dr. Sudha Sharma
Prof. Dr. Hemang Dixit
Dr. Shanker Pratap Singh, Member-Secretary
Prof. Dr. Sunity Acharya, Coordinator, SAFHeR

Report Prepared by
Mr. Gopal Krishna Prajapati, Program Officer, SAFHeR, NHRC
Ms. Shailee Singh Rathour, Project Coordinator, MFBP, NHRC
Foreword

In order to enhance regional collaboration and partnership for health research among South Asian countries, Nepal Health Research Council (NHRC) organized “The Third Regional Meeting of South Asian Forum for Health Research (SAFHeR)” on August 28-29, 2010 in Kathmandu, Nepal. The main theme of the meeting was “Operationlizing Regional Health Research Priorities” and objectives were to follow up the recommendations of SAFHeR meeting 2009, share country and regional experiences on operationalizing on health research priorities through collaborative approach.

I would like to thank Government of Nepal for providing financial support for the meeting. The success of the meeting is the result of the collective efforts of organizing committee members and specially the dedication of Prof. Dr. Suniti Acharya, Co-ordinator of the meeting, who provided valuable contribution for the success of meeting. I would like to express my sincere thank and gratitude to international participants representing from India, Pakistan, Bangladesh, Bhutan, Sri-Lanka, Maldives and Thailand for their active participation, sharing country experiences and valuable recommendations for generating evidence-based information for better regional collaboration and partnership.

I am grateful to Dr. Vishwo Mohan Katoch, Director General, Indian Council of Medical Research for accepting the chairmanship to host next meeting to be conducted in the year 2011 in India.

I would like to thank all the NHRC staffs for their valuable cooperation and supports, especially to Mr. Gopal Krishna Prajapati, Program Officer, SAFHeR and Ms. Shailee Singh Rathour for overall managerial work and preparing the report of the meeting with great success.

Prof. Dr. Chop Lal Bhusal
Executive Chairman
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Background

South Asian Forum for Health Research (SAFHeR) was conceived in 2003 as a mechanism for enhancing regional collaboration in health research among South Asian Countries with the high participation of the Research Councils of the region. It was followed by another meeting on 7-8 July 2008 with the theme “Enhancing South-South Collaboration in Health Research.” The next regional meeting was organized on 7-8 June 2009 to follow up the strategies agreed of the previous meeting with the theme “Strengthening Health Research Communication” to academicians, policy makers and program managers as well as to public.

The Third Meeting of the SAFHeR was organized on 28-29 August 2010 in Kathmandu, Nepal with the support of Government of Nepal.

The objectives of the meeting:
1. To follow up of the recommendation of SAFHeR meeting 2009
2. To share country experiences on operationalizing on heath research priorities
3. To operationalize indentified regional health research priorities through collaborative multicentre research

1. Inaugural Ceremony

The inaugural ceremony of the third regional meeting of SAFHeR was attended by the State Minister of Health and Population Mr. Khadga Bahadur Basyal, Honorable member of Planning Commission, Secretaries of Ministry of Health and Population (MoHP), WHO Representative to Nepal and Research Councils from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan Sri Lanka and Thailand along with other national and international distinguish delegates.

Professor Dr. Suniti Acharya Coordinator of SAFHeR gave welcome address. She said that there had been significant progress in the area of science, technology, diagnostic and therapeutic technique related to health over the past decade but the progress has not been equitable as it has not been reached to all the people.

She emphasized the role of health research to formulate evidence based the health policy, its implementation, intervention and service delivery.

She briefed about the First Regional Meeting of SAFHeR which was organized in July 2008 with the theme “Enhancing South Collaboration in Health Research” and Second Regional Meeting of SAFHeR which was organized in June 2009 with the theme “Strengthening Health Research Communication.”
She mentioned that the third meeting of SAFHeR was being organized with the theme “Operationalizing Regional Research Priorities.” She further highlighted the specific objectives of the meeting.

She also pointed out that the expected outcome of the meeting was to come up with the modality for operationalizing the identified priority agreed on the earlier meetings of SAFHeR and to develop a concrete plan for the implementation one or more selected priority research topic.

She said that the organizing committee hoped that the member countries would signify their collective commitment to South Asian collaboration and bring SAFHeR one step closer being more effective and sustainable.

The meeting was inaugurated by lighting the ceremonial lamp, jointly by Chief Guest honorable Mr. Khadga Bahadur Basyal with SAFHeR delegates.

**Mr. Khadga Bahadur Basyal, State Minister of Health and Population, Chief Guest** of the Regional Meeting welcomed all the dignitaries participated in the meeting. He hoped that the Regional Meeting of SAFHeR 2010 would greatly support the Health Policy. He said health policy and strategies reflect the commitment to basic human rights and the ethical concepts of equity, social justice and health for all.

He stressed that here is need to build partnerships to mobilize resource, transfer technologies, and to conduct collaborative research to address the faced challenges for the improvement of the health of the people in the region.

He hoped that the sharing of the experiences of various disciplines fields could also address country health problem which could bring change in the health status of people. He pointed out the importance of the theme of the regional meeting “Operationalizing Regional Health Research Priorities” is equally important to all the countries of the region.

**Dr. Chet Raj Panth, Member of Planning Commission** stated that everything starts from good idea. He recalled the history of SAFHeR, the idea which was conceived by Professor Dr. Gopal Prasad Acharya who was the Chairman of Nepal Health Research Council on 2003 with the vision that research cannot be conducted in isolation and disease cannot be controlled without a good team of researchers, policy makers and experts in various areas. He further said that he felt the need of common agenda of the South Asia Region.
He requested the member countries to work together to solve the burning problem in the world like HIV/AIDS, Malaria, Kalazar, ARI, diarrhea, malnutrition as well as issues related to public health with the good research. He said that the forum is important to discuss and to form a good research agenda which could carry out multi country studies. He requested the learned participants to focus on one or two programs in which the research could be conducted jointly and would be of benefit to the region.

Dr. Suddha Sharma, Secretary of Ministry of Health and Population said that the evidences which are found from research are used in the policy in Nepal. She informed the completion of the five year plan of Nepal known as Nepal Health Sector Program-Implementation Plan which is based on research conducted in the country.

She also shared that the priority has been set up in Nepal and Essential Health Care Services is the priority program of the Government of Nepal, similarly safe motherhood, pre natal care delivery care, post natal care surgery of uterus prolapse. She further said that the global attention is drawn towards the nutrition issues.

She also shared that Nepal had received UN award for reducing maternal mortality. She suggested that Nepal need to learn more from the region experiences on how nutrition program have been really successful as the global direction also focuses on nutrition program.

She pointed out one of the key research priority for the next year would be sharing experiences of implementing nutrient program targeting macro nutrient component of diet and food security. She hoped that the team would also look at other research priorities with the set priority areas of Nepal which needs to be revisited in the regional context and find the way of collaborative research.

Dr. Praveen Mishra, Secretary of Ministry of Health and Population said that the meeting is a platform for sharing strength, weaknesses and constraints of the region and to find ways to overcome it.

He also said that it is the right time to operationalizing the regional health research priorities. He strongly said that there is the need of working together as the member countries nearly face same burden of disease in the region.

He said that each country can learn from each other to tackle the problems in the time and cost effective manner. He also pointed out the need of operationalizing the regional health research priorities to address several issues like epidemiologic transition due to the change in the characteristics of the vectors.
Finally he said “Let us prioritize the research and learn from each other by networking, good cooperation and need based research for the better implementation in the policy level.”

Dr. Lin Aung, WHO Representative to Nepal expressed that the forum is important as the countries in the region are facing health challenges such as climate change, emerging and re-emerging infectious diseases. He added that the challenges are in addition to several persisting issues such as TB, malaria and HIV/AIDS, which are intractable to available interventions. He also said that research is the core to the economic development and global health security. He recalled the event of May 2010 organizational wide research strategy approved by the World Health Assembly and the strategy on common frame works on how research is approached in WHO and the role of WHO in global health research.

Professor Dr. Chop Lal Bhushal, Executive Chairman of Nepal Health Research Council, Chair of the Inaugural ceremony warmly welcomed the dignitaries on the dais as well as the respected delegates from member countries. He said that the meeting mainly focused on operationalizing health research priorities in the region with the commitment to work together to promote health research in South Asia through SAFHeR by cooperating in research, capacity strengthening, knowledge sharing and SAFHeR Governance.

He said that the global momentum has been built in recent years and has put research in important place in the strategy to address diseases. The world has been trying to hold disease at bay, aiming for finding cause and ways of prevention, ultimately making community safe through researches.

He said that if all the member countries move with equal determination to tackle the new challenges then there is assurance of success. He hoped that the road map that emerges from the discussion would provide a platform for all. He concluded the inaugural ceremony thanking all for putting smart science in the service of humanity, the ultimate goal.

Dr. Vishwa Mohan Katoch, Secretary to the Govt. of India, Department of Health Research, Ministry of Health & Family Welfare & Director General, Indian Council of Medical Research (ICMR) delivered Key note speech on “Operationalizing Regional Health Research Priorities”. First of all he thanked the organizer of SAFHeR for earlier SAFHeR meetings.

Dr. Katoch appreciated the task performed by guiding clearly what is to be done, and how to go forward. He said that the challenges faced by the countries are all most the
same within the region. He said that communicable disease is being replaced by non
communicable disease as a major cause of mobility in the region. He suggested to focus
on one disease in the integrated way at a time. He further suggested to take medical
or health education and research together to tackle the challenges.

He also said that science doesn’t require million of dollars and expensive modules as
we can have solution within our system base on our experiences. He encouraged the
member countries to move together in a collective and collaborative manner.

In the end he strongly recommended the meeting to focus on the people who are
delivering the services, education as they are also the researches too. Similarly, people
working in the public health in the state systems should also be trained in the modern
methods of epidemiology to handle the issues.

He suggested the member countries to open the modern biology, modern medical
research unit in the medical colleges. He shared that ICMR could fund some of the
project within the medical institutions but ICMR could not create a department within the
institutions. He suggested that public health research has to be local instead of copying
from others. He also mentioned that within region there are capable and well qualified
people who can plan on how to start working in an integrated way.
Dr. Chop Lal Bhusal, Executive Chairman, NHRC

Welcome remark

Honorable Chief Guest State Minister of Health and Population Mr. Khadga Bahadur Basyal, Health Secretaries Dr. Sudha Sharma and Dr. Praveen Kumar Mishra, WHO representative Dr. Lin Aung and other dignitaries on the dais, distinguish guest, ladies and gentleman, fellow members of the respective Councils, national and international distinguished scientists, colleagues in public health, ladies and gentlemen.

Nepal Health Research Council (NHRC) had organized “Consultative Meeting for Development of Regional Health Research Agenda” on June 2003 in order to establish a mechanism to enhance regional collaboration and partnership in health research among South Asian Countries.

After five years of its establishment on July 2008 we had another conference with the theme of Enhancing South-South Collaboration in Health Research” which had concluded with “Kathmandu Declaration.

And the last year on June, 2009 it was concluded with the commitment to work together to promote health research in South Asia through SAFHeR by cooperating in research, capacity strengthening, knowledge sharing and SAFHeR Governance.

This years’ meeting is the continuation of what we promised in 2009 that is to “Operationalizing Health Research Priorities” which is our theme too. As health research priorities include the investigation of ways of improving the overall effectiveness of health systems.

It is a great honor to address such a distinguished group in this “Regional Meeting of South Asian Forum for Health Research. As I have been told, this was a very important event, where a roadmap will be sketched for operationalizing health research priorities in our region.

I wonder if there are many meetings as forward-looking, ambitious, and yet scientifically rigorous as this one. The global momentum that has been built, so quickly, to tackle this issue is extraordinary. In a very short time, the world has gone from trying to hold disease at bay, to aiming for finding cause and ways of prevention, ultimately making community safe through researches.
In last year’s meeting we committed to work together to promote health research in South Asia through SAFHeR by cooperating in research, capacity strengthening, knowledge sharing and SAFHER Governance. With this determination, resources, and good strategies, it is indeed possible to substantially increase coverage with existing interventions. And when this happens, the disease burden falls dramatically. This is already extremely encouraging.

We know where the next immediate challenge lies. We need to move, with equal determination and assurance of success. This meeting will address yet another level — the celestial level — of ambition. And we will map out ways and research agenda for doing so.

High ambitions fuel momentum, and they can also spark innovation. But the ambitions must be feasible and we must have solid evidence that they are doable. We must have good reason to believe that new and better tools are a realistic part of the future. And we must have a good grip on the magnitude of the task as we think about the ideal tools that will be needed, especially in resource-constrained settings.

“We know we are in it for the long haul, and that steadfast determination will be as important as the discovery and development of new tools.”

In terms of the long haul, it will be important to ensure that the roadmaps that emerges from this discussion will provide a platform for all of us.

As I conclude, let me say thank you for putting so much smart science in the service of humanity, the ultimate goal. For me, seeing creative, cutting-edge science applied to a disease that mainly affects the poor is almost as uplifting as the decision to aim for fostering research integrity in our region.

I wish this meeting a great success.

Thank you.
2. Technical Session

Technical session included country presentations and group work

2.1 The representatives from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka and Thailand presented country experience on “Getting Research into Policy and Practices” by the member countries.

Prof. Harun-Ar-Rashid, Representative of Bangladesh Medical Research Council (BMRC) briefed that BMRC was established in 1972 as an autonomous body under Ministry of Health and Family Welfare (MOHFW).

He said that institutional development is possible through linkage and collaboration with Medical Research Council and between Research Implementing Institutions and Academic Institutions. He also said that the health policy and the decision making should be on evidence. He further said that in health research policy there should be utilization mechanism as in most of the countries of the region there is no mechanism of the utilization of the findings.

He pointed out the need of good quality research maintaining the ethical standard which should be competitive for the utilization of the research. He said that research capability strengthening is important in house staff development of research institutions and research councils. There should be motivational activities for policy makers, planners, program managers and administrators to utilize the research findings.

He added that sometime there is no information in an understanding manner to be given to policy makers. He suggested eliminating all obstacles which are responsible for low utilization of research in policy and practice. He strongly said that evidence based research is needed for policy making and definite mechanism to utilize the research result and findings.

Dr Phurb Dorji, Representative of Bhutan briefed that in Bhutan in 2001 Health Research Technical and Ethical Committee was formed to look after all the researches in the country to protect the participants from being misused by the researchers. And in 2005 it came up with Guidelines for Operational Research at Field Level. He shared that Government of Bhutan is mobilizing and investing in activities in the prevention of non communicable diseases. He added that Ethical Board of Bhutan has developed Standard Operating Procedures with the help of FERCAP for the Ethical Board. All the research goes through the Ethical Board.
He said that Ministry of Health in Bhutan has been sensitized in research but the profile of research is in the infancy. He also shared that many of infrastructures have been built and lot services are going on in the primary care, but the people are not aware of the research so there is a need for sensitization how the program has to be conducted in a scientific way. He added that there is provision for research which falls under priority areas but it is very difficult to get fund for the research as in Bhutan there is a block planning system for five years development. He further said Bhutan has focused on operational research on evidence. He suggested conducting collaborative research on the feasible areas like maternal health, child health, STI, HIV, road traffic accident, malaria and dengue.

Ms. Maimoomna Aboobakru, Representative of Maldives delivered the brief introduction of the country. She said that evidence based policy making is advocated and promoted in Maldives. She said that the evidence based data collected from household surveys and other surveillance activity are used in National Development Plan, National Strategic Action Plan as well for monitoring and evaluation of program, plan implementation and situation assessment.

She suggested to conduct in depth study in Vitamin A supplementation, Iron and Folic acid supplementation and access to knowledge of family planning services. She said that there is need of link between research activity and policy development. She further added that there is need to strengthen the use of evidence for policy development, translating evidence into information and dissemination to various audiences.

She said that there is no existence of research institutions and clinical research due to the lack of facilities such as human resources, knowledge. And almost 80% of medical professionals are expatriates on short term contracts. She further added that the group of people who are interested in the research is not available in the country so for any research, the country is highly dependent on expatriate technical assistance.

Professor Dr. Ramesh Kant Adhikari, Representative of Nepal said that lots of evidences are used for the change in the policy and program in Nepal and he briefed about various research studies conducted in Nepal. He gave example of research on Zinc in Diarrhoea which the government has indorsed and recommended the use of zinc in Nepal as a policy.

He said that Nepal Health Research Council uses the priority list to approve grant research proposals. He briefed the research conducted by NHRC on assessment
and utilization of research based on recommendations. He added that few recommendations were found incorporated in the policy, national school health and nutrition strategy 2006. Similarly, National drug policy and cost sharing scheme for delivery service had also utilized some of the research recommendation. He said that Policy makers lack access to research reports, trust, information and evidence generated from research.

He also pointed out the lack of interaction and communication between policy makers and researchers. He further said that there is no strong mechanism for dissemination of research result to policy makers and most of researchers do not publish the result. He further suggested that the researcher needs to get through the system, get to the people who can make decisions.

Dr. Huma Qureshi, Representative of Pakistan briefed that Pakistan Medical Research Council came in existence in 1963. She said that in Pakistan research topic depends on the National Health Priorities as per health policy. She added that every five year there is a mechanism of announcing the health priorities and requesting the institutions to help in selecting the priorities. She briefed the process of acquiring clearance for the research project before the approval.

She further said that the Researchers think their job is finished once they complete the project or present it, Editors thinks that publication is enough for dissemination while the Policy makers never get chance to know the finding of the research and for them the results are written in an alien language which they cannot decipher. The researchers, publishers and policy makers work in their own cocoons.

She said that there is need of committed researchers and scientists to translate scientific research without distorting the facts. She informed about ENRO evipnet which is an evidence based networking is working on evipnet in the region. And WHO has also assigned this task to Pakistan Medical Research Council that have access to researchers, MoH and policy makers. She said that Council would be happy to support training on evipnet to other country members of South Asian.

Dr. H.R.U. Indrasiri, Representative of Sri Lanka highlighted that for transferring research into action the research should have an effective treatment to the wider community after research. He suggested three actions awareness, acceptability and application for the transferring research into action.

He said that there is a need of wider distribution of reports to draw the attention of policy makers. He suggested using teaching material in the University and raising awareness to the stakeholders. He shared about the research conducted in Japanese Encephalitis, Iodisation of salt, Malaria Vector control in Sri Lanka that
have been put into action. He said that the programmes can fail if the programmes are not culturally and socially acceptable.

He said that there is need of dialogue between academics/health policy makers and politicians. He added that there is need to encourage policy makers to implement research into action as an integral component of their duties. He suggested that the forum should work together towards getting evidence to policy and practise.

Dr. Charay Vichthai, Representative of Thailand shared that in Thailand five percent (5%) of the health budget is used for granted to research organization including immunization programme. He further said that there are lot of independent organizations after the economic crisis and the organizations have their own authority to run their own policy and many of them have their own research budget.

He shared about the national research management information system who is trying to encourage all the granting agencies to put the information into the system. He also shared about funds and activities of different granting agencies like National Research Council, Health System Research Institution, National Research Fund Office, Private Organizations and donors.

He strongly said that the government of Thailand is trying to reform the academic institutions by giving lots of performance based on indicators for academics in teaching and research. He added that there is a need of National Research Council in Thailand to work closing with health policy organizations.

He informed about the newly formed National Research Forum composed of many national research organizations including National Research System with the aim of working together. He said that through partnership we can develop research priority as well as build the culture of working together.

2.2 Group Work

During the group work the participants were divided into two groups. The composition of group members is attached in Annex: II

TOR for the group work were as follows:
1. Selection of priority areas on Collaborative Research
2. Mechanism of operationalizing selected Regional Research Priority of Country Level
The findings of the group work are as follows:

**Group I:** Dealt only with selection of priority areas.

**Dr. Aarati Shah,** presented the recommendations made by the Group I. She said that the group revisited the previous year proceedings on research priority areas. She said that the group focused on identification of the priority areas for operationalization, selected research topic that could be taken for collaborative research in the region. And the group discussed on the common problems in the region that could be worked together and selected four areas and exchange programs.

1. **Selection of priority areas on Collaborative Research**
   Following priority areas were selected:
   i. Environmental Health, Arsenicosis, Flourosis
   ii. Vector control (vector borne diseases)
   iii. Capacity strengthening in diagnostic services for infectious pathogens (establishment and strengthening of the diagnostic laboratories)
   iv. Capacity strengthening in research (Researcher, Research Institutions)

**Exchange programs:**

i. Exchange of the knowledge in specific research topics
ii. Exchange program for researchers in another country where similar research is going on
iii. Exchange of technologies
iv. Capacity building collaborative networking

In the end she said that the group aim to start the tasks immediately like selection of the research areas and foster the regional collaboration in research.

**Group II:** Dealt with both the TORs. The group findings are as follows:

**Dr. H R U Indrasiri,** National Health Research Council, Sri Lanka presented the recommendations made by Group II. He briefed the discussion held on areas, research priority and research questions:

1. **Selection of priority areas on Collaborative Research**

Following priority areas were selected:

i. Avian Influenza, antimicrobial resistant, information sharing, e.g. journals, research finding
ii. Superbug issues, NDM1 strain-highly resistant to new generation antibiotics. Therefore antibiotic resistant issue can be collaborated- specially focusing superbugs
iii. Maternal Mortality is a common issues of all member country
iv. Cervical cancer is easily preventable so we can go for SCREENING for HPV Ca. Cervix mapping for viral strain
v. Vaccine safety  
vi. Behavioral Survey: Sexual behavior / Environmental / Malnutrition  

vii. Road Traffic Accident  

Research priorities:  
i. Maternal Mortality: NCD/Road Traffic Accident/HPV vaccine – strain mapping  
ii. Drugs: Superbugs (antimicrobial resistant)  
iii. Other: Pandemic Influenza  

2. **Mechanism of operationalizing selected Regional Research Priority of Country Level**  
i. Each research council should identify appropriate individual/institution  
ii. Establish contact and collaboration with their national council and SAFHeR  
iii. Jointly develop protocol for the research along with member countries PIs and seek approval from respective research council and SAFHeR  
v. Apply for the funding national/international or SAFHeR  
vi. Agree on the time line  
vii. Monitoring mechanism jointly by member countries and SAFHeR  
viii. Publication of the research in the Journal  

3. **Business Meeting**  

3.1 **Follow up of decision taken deliberated on the following:**  
i. Follow up of decision taken during SAFHeR Meeting 2009  
ii. Follow up action at country level  
iii. Adoption of the recommendation of technical session regarding operationalizing Regional Health Research Priorities  

Professor Dr. Chop Lal Bhusal, Executive Chairman, recalled that SAFHeR was established after the consultative meeting for Development of Regional Health Research Agenda on June 4-5, 2003. The first meeting for SAFHeR was organized on July 7-8, 2008 and the meeting concluded with the Kathmandu Declaration in which all the member countries agreed to pursue some common strategies for fostering collaboration and partnership in Health Research in South Asia Region and beyond. The second regional meeting of SAFHeR was organized in June 4-5, 2009 with the theme “Strengthening Health Research Communication” to academicians, policy makers and program managers as well as to public through media and civil society interactions. The second meeting proposed the next SAFHeR meeting in the same time in next year and the venue was proposed in Nepal.  

Professor Bhusal shared that after the second meeting the prepared report was circulated to all the member countries and communicated with the member countries
to provide suggestions regarding the collaborative research study focusing on the Maternal Health, Public Health, Ayurveda and TDR. He further said that the Secretariat of SAFHeR requested Nepal Government to increase the fund for SAFHeR and the fund was allocated for SAFHeR by the Government of Nepal. Then SAFHeR office was set up and recruited a programme officer to implement the Program. Similarly, Website of SAFHeR has been updated time to time. He also shared about the establishment of SAFHeR Steering Committee and SAFHeR Governance Board.

3.2 Follow up action at country level presentation by member countries:
Bangladesh, Bhutan, India, Maldives, Pakistan, Sri Lanka, Thailand stated that they haven’t conducted any specific activities beside communication as they were engaged in their own priority of domestic compulsion. They felt the need of creating their own set up in individual country with the few dedicated people with the support of their own country. They also suggested forming a group of 4-5 international experts for writing proposal for the fund. Each country stressed for the collaborative research and suggested that each country should contribute for the sustainability of SAFHeR. The representatives felt the need of creating fund for the membership as well as some contribution to the science based issues.

3.3 Adoptions of the recommendation of technical session regarding Operationalizing Regional Health Research Priorities

The meeting after a long and vibrant discussion adopted recommendations on following areas:

i. Maternal Mortality: First to have Projects on meta-analysis so as to identify common researchable areas as the area is vast.

ii. HPV: Clinical and epidemiological studies on strain types prevalent among the women population in the South East Asia so as to generate evidence for policy for possible vaccine development/ intervention

iii. Prevalence and magnitude of RTA in South East Asia: Project on secondary data analysis by common protocol
iv. Environmental Health: Arsenicosis, Flourosis
v. Vector control (vector borne diseases): Dengue, JE/ AES
vi. Antimicrobial resistance: Networks for surveillance and researchable issues, linking with national networks (e.g. PARN- Pakistan) and finding researchable issues.

vii. Non-communicable diseases: Analysis of secondary data so as to identify common areas

viii. Implementation research: Forum for debate on successful models, focus on issues eg. Psychosocial/ behavioral, health economics particularly related to programmes etc.
Exchange programs:

i. Capacity strengthening in diagnostic services for infectious pathogens (establishment and strengthening of the diagnostic laboratories)

ii. Capacity strengthening in research (Researchers, Research Institutions): clinical, epidemiology, socio-behavioral/sexual, biological and technology etc

Mechanism of Operationalizing Selected Priorities

Each research council:

i. Identify appropriate individual/institution through councils.

ii. Establish contact and collaboration with their national council and SAFHeR

iii. Jointly develop protocol for the research along with member countries and seek approval from respective research council and SAFHeR

iv. Apply for the funding national/international or SAFHeR

v. Agree on the time line

vi. Monitoring mechanism jointly by member countries and SAFHeR periodically preferably six monthly.

vii. Publication of the research in the Journal

Time line for Operationalization

i. Focal points on all topics agreed for collaboration: Two months

ii. Protocol development: 6 months

iii. Mapping of institutions/areas for exchange: Six months and continuous depending upon emerging new challenges/opportunities.

iv. Implementation: Programmes to start within one year before next meeting.

There was a strong recommendation from both the groups that there should be uniformity so that the scientific evidences that emerge can be pooled at both the local and regional level together for a common and specific message.

Chairmanship of SAFHeR and the Next Meeting

There was a discussion on new chairmanship of SAFHeR as the previous meeting had agreed that the secretariat would be transferred to the member countries according to alphabetical order in three years. And the chair person of the committee would be from where the secretariat is located. The representatives of Pakistan, Thailand, Bangladesh, Maldives and Bhutan showed their enthusiasm to sustain SAFHeR but they stated that they were not yet in the stage of handling the Secretariat. Dr. Vishwo Mohan Katoch, Director General, ICMR accepted the chairmanship and to host the secretariat in India. He also expressed his happiness to host next meeting of 2011 in India to build the friendship and cooperation. This offer was welcomed unanimously.
4. Closing Session

Mr. Khadga Bahadur Basyal, State Minister of Health and Population, thanked distinguished delegates from South Asian Countries, the scientists and researchers for attending the regional meeting. He expressed his happiness with the concrete recommendations of technical session regarding Operationalizing Regional Health Research Priorities for future action.

He strongly said that health needs can be achieved by collaborative and cooperative work among the member countries. He assured that Ministry of Health and Population would support the activities of SAFHeR in future. He once again thanked the international delegates for making the meeting success with their important deliberation and interaction for the future action.

Dr. Rishi Ram Koirala, Vice-chairman, NHRC thanked the State Ministry of Health and Population of Government of Nepal to establish the Secretariat of SAFHeR. He hoped that the plan of SAFHeR would definitely move forward into the action. He thanked the former chairmen, secretaries, senior scientists for their presence to operational the process in the August gathering. He gave a special thank to the coordinator Prof. Dr. Suniti Acharya and organizing committee and Chairperson of SAFHeR who had been involved from earlier meetings very actively.

He thanked the youngest researchers of Nepal who had participated in the meeting very actively to seek the knowledge from the experiences of the international delegates. He thanked the people who covered the issues and raise the awareness to the country. He thanked Mr. Gopal Krishna Prajapati and Ms. Shailee Singh Rathour for their hard work along with other NHRC staffs. He also thanked the hotel Yak & Yeti for the venue and good hospitality.

Prof. Dr. Chop Lal Bhusal, Executive Chairman, NHRC, Chairperson of SAFHeR thanked all the delegates from the respective countries as well as the participants for the success of the meeting. He congratulated Dr. V.M. Katoch for being the next chairman of SAFHeR and for hosting the next SAFHeR meeting 2011 in India. He also thanked all the respected delegates for their tremendous effort. He hoped for continue cooperation from the delegates in the future to Operationalizing Regional Health Research Priorities. He concluded the two days meeting thanking everybody for the success of the meeting.
Annex- I

Schedule of the Program

Day 1 (August 28, 2010)

09:00 - 09:30  Registration

09:30 - 10:30  1. Inaugural Ceremony

- Welcome speech and overview of objectives of the meeting
  Prof. Dr. Suniti Acharya, Coordinator of SAFHeR
- Inauguration by Chief Guest (Lighting traditional lamp jointly with
  SAFHeR Delegates)
- Inaugural address by Chief Guest
  Hon’ Minister of Health and Population of Nepal
- Key note speech: “Operationalizing Regional Health Research
  Priorities” Dr. Vishwo Mohan Katoch, Director General, ICMR
- Remarks by Chairperson – Prof. Dr. Chop Lal Bhusal, Executive
  Chairman, NHRC
- Vote of thanks - Dr. Shanker Pratap Singh, Member-Secretary,
  NHRC

10:30 - 11:00  Hi-Tea

Introductory Session

11:00 - 11:15  Introduction of participants

- Nomination of the Chairperson, Co-chairperson

2. Technical Session

Paper Presentation

11:15 - 13:15  2.1 Country experience on “Getting Research into Policy and
  Practice” by the member countries Bangladesh, Bhutan, India,
  Maldives, Nepal, Pakistan, Sri Lanka, and Thailand
  Presentation Time: 10 Minutes each  Discussion Time: 5 Minutes each

13:15 - 14:15  Lunch Break
14:15-16:15  2.2 Group Work- TOR for Group Work:
   1. Selection of priority areas on Collaborative Research
   2. Mechanism of operationalizing selected Regional Research Priority at Country Level

Tear /Coffee

19:00  Reception Dinner
Distribution of Souvenir by Chairperson of SAFHeR Secretariat, NHRC

Day II (August 29, 2010)

9:00 – 10:30  Plenary:
Group Presentation and Discussion

10:30 – 11:00  Tea Break

3. Business Session:

11:00 – 12:30  Business Meeting
   3.1 Follow up of decision taken during SAFHeR Meeting 2009
   Prof. Dr. Chop Lal Bhusal, Executive Chairman, NHRC
   3.2 Follow up action at Country level
   Presentation by Member Countries
   3.3 Adoption of the recommendation of technical session regarding operationalizing Regional Health Research Priorities

12:30 – 13:30  Lunch Break
13:30 – 14:00  4. Closing Session
15:00  Site seeing for International Participants
**Inaugural Ceremony**

Chief Guest: Honorable Khadga Bahadur Basyal, Minister of Health and Population
Chairperson: Prof. Dr. Chop Lal Bhusal, Executive Chairman, NHRC

**Schedule (Date: August 28, 2010, Time: 09:30 – 10:30)**

- Welcome speech and overview of objectives of the meeting
  Prof. Dr. Suniti Acharya, Coordinator of SAFHeR
- Inauguration by Chief Guest (Lighting traditional lamp jointly with SAFHeR Delegates)
- Remarks from Planning Commission Dr. Chet Raj Pant, Member of Planning Commission
- Remarks by Health Secretaries of Ministry of Health and Population:
  - Dr. Praveen Mishra
  - Dr. Sudha Sharma
- Remarks from WHO Nepal Dr. Lin Aung, WHO Representative to Nepal
- Inaugural address by Chief Guest Hon’ State Minister of Health and Population of Nepal
- Key note speech: “Operationalizing Regional Health Research Priorities”
  Dr. Vishwo Mohan Katoch, Director General, ICMR
- Remarks by Chairperson Prof. Dr. Chop Lal Bhusal, Executive Chairman, NHRC

**Closing Session**

Chief Guest: Honorable Khadga Bahadur Basyal, Minister of Health and Population
Chairperson: Prof. Dr. Chop Lal Bhusal, Executive Chairman, NHRC

**Schedule (Date: August 29, 2010, Time: 13:30 – 14:00)**

- Arrival of Chief Guest
- Remarks from Chief Guest
- Vote of Thanks
  Dr. Rishi Ram Koirala, Vice-chairman of NHRC
- Remarks and closure of the meeting by Chairperson
Annex – II

Group Division for Business Session:

Group 1

1. Dr. V. M. Katoch, ICMR, India
2. Dr. Charay Vichathai, HSRI, Thailand
3. Prof. Hemang Dixit, Kathmandu Medical College
4. Dr. S.B. Rizyal, Nepal Medical College
5. Prof. Dr. Ramesh Kant Adhikari, KIST Medical College
6. Dr. Chitra Bahadur Budathoki, Tribhuvan University
7. Dr. Rajendra B.C., NHRC
8. Mr. Meghnath Dhimal, NHRC
9. Dr. N.K. Singh, Board Member, NHRC
10. Prof. Dr. Sharad Raj Onta, Institute of Medicine
11. Prof. Dr. Gopal Pd Acharya, Former Chairman, NHRC
12. Ms Maimoona Aboobakru,HIR, Ministry of Health, Male
13. Dr. Huma Qureshi, PMRC, Pakistan
14. Prof. Harun-Ar-Rashid, BMRC, Bangladesh
15. Prof. Bharatmani Pokhrel, Institute of Medicine

Rapporteur: Dr. Aarati Shah, NAMS, Bir hospital

Group II

1. Prof. Dr. Chop Lal Bhushal, Executive Chairman, NHRC
2. Dr. H. R. U. Indrasiri, National Health Research Council, Sri Lanka
3. Dr. Mrigendra Raj Pandey, Emeritus Chairman, NHRC
4. Dr. Rishi Ram Koirala, Vice Chairman, NHRC
5. Dr. Sameer Dixit, CMDN
6. Dr. Puspa Chaudhary, Maternity Hospital
7. Dr. Sanu Maiya Dali, Board Member, NHRC
8. Dr. Ramjee Pathak, Institute of Medicine
9. Dr. Arjun Karki, Patan Academy of Health Science
10. Dr. Angel Magar, JNHRC
11. Dr. Phurb Dorji, Research Ethics Board, Bhutan
12. Dr. Gajananda Prakash Bhandari, NHRC
13. Prof. Dr. Suniti Acharya, Coordinator, SAFHeR

Rapporteur: Dr. Bal Krishna Subedi, Ministry of Health and Population
Annex - III

List of Participants

International Participants

Bangladesh
Prof. Harun-Ar-Rashid, Director
Bangladesh Medical Research Council
Mohakhali, Dhaka-1212, Bangladesh
☎ 880-2-8811395, 880-2-8828396
Email: harshid@citech.net

Pakistan
Dr. Huma Qureshi
Executive Director, Pakistan Medical Research Council
Islamabad, Pakistan
☎ 92-51-9217146
Email: drhumaqureshi@yahoo.com

Bhutan
Dr. Phurb Dorji
Chair, Research Ethics Board
Ministry of Health, Thimpu
☎ 975-02-328092
Email: phurb@gmail.com

Sri Lanka
Dr. H.R.U. Indrasiri
Deputy Director General of Health Services
Ministry of Health
National Health Research Council
Sri Lanka
☎ 94-11-2692213
Email: ddgetr@health.gov.lk

India
Dr. Vishwa Mohan Katoch
Secretary to the Govt. of India
Department of Health Research
Ministry of Health & Family Welfare
Director General
Indian Council of Medical Research
Ansari Nagar, New Delhi – 110029, India
☎ 91-11-26588204
Email: dg@icmr.org.in

Thailand
Dr. Charay Vichthai
Research Manager
Health System Research Institute
Ministry of Public Health
Northanburi, Thailand
☎ 662-951-1286
Email: charay@hsri.or.th

Maldives
Ms. Maimoona Aboobakru
Director, Health Information and Research
Ministry of Health, Male
Republic of Maldives
☎ 960-3328887
Email: maimoona.aboobakur@gmail.com
National Participants

1. Dr. Mrigendra Raj Pandey
   Emeritus Chairman, NHRC

2. Prof. Dr. Chop Lal Bhusal
   Executive Chairman, NHRC

3. Dr. Rishi Ram Koirala
   Vice-Chairman, NHRC

4. Prof. Dr. Gopal Prasad Acharya
   KIST Medical College

5. Prof. Dr. Hemang Dixit
   Kathmandu Medical College and Teaching Hospital

6. Prof. S. K. Bhattacharya
   Ethical Review Board Member, NHRC

7. Prof. Dr. Suniti Acharya
   Coordinator, SAFHeR

8. Dr. Meeta Singh
   Executive Board Member, NHRC

9. Dr. Mahesh Kumar Maskey
   Nepal Public Health Association

10. Dr. Sharad Rajonta
    Institute of Medicine (IoM)

11. Prof. Bharat Mani Pokhrel
    Institute of Medicine (IoM)

12. Dr. Aarati Shah
    Ethical Review Committee Member, NHRC

13. Prof. Dr. Sanu Maiya Dali
    Executive Board Member, NHRC

14. Prof. Chitra Kumar Gurung
    Ethical Review Committee Member, NHRC

15. Prof. Ramjee Pd. Pathak
    Institute of Medicine (IoM)

16. Dr. Rajendra Kumar BC
    Research Advisor, NHRC

17. Dr. N.K Singh
    Executive Board Member, NHRC

18. Dr. Arjun Karki
    Patan Academy of Health Science

19. Prof. Dr. Ramesh Kant Adhikari
    KIST Medical College

20. Dr. Bal Krishna Subedi
    Ministry of Health and Population

21. Dr. S.B. Rizyal
    Nepal Medical College

22. Dr. Sameer M Dixit
    Centre for Molecular Dynamics in Nepal

23. Dr. Chitra Bahadur Budhathoki
    Tribhuvan University

24. Dr. Puspa Chaudhary
    Maternity Hospital

25. Dr. G. P. Bhandari
    Epidemiologist, NHRC

26. Dr. Angel Magar
    Executive Editor, JNHRC

27. Mr. Meghnath Dhimal
    Research Officer, NHRC

28. Mr. Purushottam Dhakal
    Bio-statistician NHRC
NHRC Supporting Staff

1. Mr. Nirbhay Kumar Sharma  
   Deputi Senior Admin. Officer
2. Mr. Subodh Kumar Karna  
   Deputy Account Controller
3. Mr. Gopal Krishna Prajapati  
   Program Officer, SAFHeR
4. Ms. Shailee Singh Rathour  
   Program Coordinator, MFBP
5. Mr. Chandra Bhushan Yadav  
   Library Information Officer
6. Ms. Namita Sharma  
   Research Officer
7. Ms. Femila Sapkota  
   Research Officer
8. Ms. Sushma Neupane  
   Research Officer
9. Mr. S.P. Bhattarai  
   Assist. Store Officer
10. Mr. Puuka Lal Ghising  
    Assistant Accountant
11. Mr. Bijay Kumar Jha  
    Program Assistant, MFBP
12. Mr. Ajay Lal Karna  
    Program Assistant, MFBP
13. Ms. Kritika Paudel  
    Research Assistant
14. Ms. Chandika Shrestha  
    Research Assistant
15. Ms. Bina Devi Sitaula  
    Senior Admin. Assistant
16. Mr. Min Bahadur Ghising  
    Computer Assistant
17. Mr. Buddhi Man Limbu  
    Peon
18. Mr. Lok Bikram Chauhan  
    Peon
19. Mr. Ram Pd Pokhrel  
    Peon
20. Ms Goma Kumari Khadka  
    Gardener
21. Ms. Kamala Pode  
    Sweeper
22. Mr. Maheshwor Chaudhary  
    Peon
23. Mr. Lal Bahadur Ghising  
    Driver
24. Mr. Bir Bahadur Ghising  
    Driver
25. Mr Man Dhoj Tamang  
    Driver
Media
1. Mr. Govinda Sharma, Star FM
2. Mr. Sujan Karki, Radio Sagarmatha
3. Mr. Shree Krishna Subedi, Sagarmatha TV
4. Ms Sima Lama, Himalayan TV
5. Mr. Toya Dahal, Kantipur TV
6. Mr. Shiva Pangeni, NTV
7. Ms. Bipana Upadhyay, Image TV
8. Mr. Rup Chandra Maharjan, Nepalnews.com
9. Mr. Dev Kr. Sunwar, The Kathmandu Post
10. Ms. Laxmi Maharjan, The Himalayan Times
11. Ms. Gita Sapkota, The Rising Nepal
12. Ms. Shanta Nepali, Ujyal FM
13. Mr. Shiva Regmi, Metro FM
14. Mr. Nirajan Thapa, Avenue TV
15. Mr. Saroj Dhungel, Gorkhapatra
16. Mr. K.D. Sigdel, Ghatana Ra. Bichar
17. Mr. Ram Pd Humagai, Nepalnews.com
Annex- IV

Some Photograph of the Meeting

Lighting the ceremonial lamp by chief guest

Prof. Dr. Chop Lal Bhusal, Chairperson of the Inaugural ceremony warmly welcome the delegates
Participants of the meeting

Group Photo of the meeting