

Proceedings

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Planning Meeting of the

*Task Force for the*

ASIAN  
ESSENTIAL NATIONAL HEALTH  
RESEARCH (ENHR) NETWORK

July 31-August 2, 1996

Bayview Park Hotel

Manila Philippines

*IN CO-ORDINATION WITH*

ENHR PHILIPPINES

AND

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT

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## EXECUTIVE SUMMARY

On July 31-August 2, 1996, the Task Force for the Asian ENHR Network held a planning meeting in Manila, Philippines with the primary objective of mapping out a plan of action for the region. The gathering also served as an occasion for reviewing country work plans and identifying areas for support.

In attendance were representatives from ENHR country focal points in the Philippines, Bangladesh, and Thailand. Also present were Prof. Charas Suwanwela, Chair of the Council on Health Research for Development (COHRED) Board; Dr Yvo Nuyens, COHRED Coordinator; and guests from the African ENHR Network and the COHRED Evaluation team. The meeting was presided by Dr Sadia Chowdhury, Asian ENHR Network Coordinator.

First in the agenda was the evaluation of the Regional Workshop on Health Research Management held in Kanchanaburi Thailand last Dec. 17-20, 1995. The task force analysed the outputs of the workshop and matched them with the expectations. It was reported that of the nine countries who went to Kanchanaburi, eight came back with plans approved by their respective governments. One of the key lessons derived from this workshop is the value of teamwork.

During the meeting, the participants also reviewed the country work plans and status of ENHR in the Asian network. For those with established ENHR networks like Thailand, Bangladesh and the Philippines, attention was focused on supporting ongoing and future activities. Meanwhile, for countries where ENHR remains to be established, the discussion revolved around groundbreaking works to either open or continue the process.

An important output of this meeting was the adoption of a regional plan which includes continued promotion of ENHR among interested countries, documentation of country profiles, holding of training workshop linking research to decision-making, and inter-country collaborative research work. Structurally, it was agreed that the Task Force will remain as an open and consultative working group which will deliberate and respond to issues relevant to the concerns of the network.

One of the highlights of the meeting was the turn-over of regional focal point responsibility from Bangladesh to the Philippines. The first Asian regional focal point, which served from 1994 to 1996, was managed by the Bangladesh ENHR Secretariat headed by Dr Sadia Chowdhury. The Philippine ENHR Foundation, headed by its President, Dr Corazon Raymundo, will take on the task from hereon. It was agreed that there will be a transition period from August till end of September 1996 during which the Bangladesh team will provide backstopping to the Philippine team.

## OPENING OF THE MEETING

JULY 31

Dr Sadia Chowdhury, Asian ENHR Network Coordinator, called the meeting to order at 9:30 in the morning. The meeting began with the singing of the Philippine National Anthem led by Ms Remedios Paulino, Program Manager of the ENHR Program of the Philippine Department of Health. Afterwards, she introduced Assistant Secretary Manuel Dayrit who represented Dr Carmencita Reodica, the Secretary of Health.

In his brief remarks, Dr Dayrit thanked the participants for coming over and wished everyone a very fruitful meeting.

Dr Sadia Chowdhury requested the participants to introduce themselves. There was an informal exchange and the participants themselves hoped to make a significant contribution to this meeting. For their part, the Filipino participants welcomed the foreign delegates.

## BUSINESS

JULY 31 — AUGUST 2

### *Introductory Note on the Asian ENHR Network, Current Status, and COHRED's Role*

Dr Chowdhury asked Prof. Charas Suwanwela to introduce ENHR and COHRED's role. He said that ENHR is a movement to promote the importance of health research globally. According to him, it also aims to promote the conduct of right research, mobilise resources, look for gaps that should be addressed, and disseminate those research studies.

Further, he reported that the series of meetings have been conducted to advance the goals of COHRED. He said that COHRED was formed to help countries start their own health research networks. He expressed hope that the network will include other countries in the region aside from the Philippines, Thailand, and Bangladesh.

Dr Chowdhury then asked Dr Raphael Owor, Coordinator of the African ENHR Network, how things stand in Africa. Dr Owor reported that many countries in the region have health research plans. What is required is more financial support to implement these plans. He said he was glad to join the meeting of the Asian network so that he could bring home some ideas.

Dr Yvo Nuyens, COHRED Coordinator, also reported about progress in the Caribbean and Latin American regions. He mentioned that there is much networking going on in the Caribbean but not as much in Latin America. In the Caribbean, there is the Caribbean Medical Research Council (CMRC) covering 25 countries. It is involved in the ENHR movement and developed a similar 5-year plan for member-state countries in 1993. From a plan invented by the academia there emerged a country-driven plan for health research.

Parallel to the CMRC, is a movement in the Dutch Antilles islands. Now, the English and Dutch islands have united for a common network.

In Central and Eastern Europe, health research is almost non-existent. There is a challenge there to bring together social scientists and political leaders who can decide on the realisation of a network.

Dr Nuyens capped his report by saying that ENHR is gradually moving like a Trojan horse — the basic values of ENHR are getting across many actors and levels in many different regions. Over the last 5 years, he said that there is already the beginning of a revolution in health research.

For her part, Dr Chowdhury made a report on the Asian ENHR Network. She said that the need to learn from the experiences of various countries brought forth the idea of a regional network that will bring together individuals and institutions. Thus came the First Asian ENHR meeting in Subic Bay, Philippines. According to her, it was in this meeting where the participants agreed to have a rotating focal point at 2-year intervals, rather than having a fixed Secretariat. After the Subic meeting, there had been three other meetings to discuss how to set up initiatives, how networking would be done, and how countries who want privatisation could be assisted. In between, there were country visits made to some Asian countries to see what was happening in those places and to evaluate plans, issues, institutions, and needs as far as health research is concerned.

In these developments, the following **commonalties** were identified : the need to bring various stakeholders together; the need for institutional base, developing capability, intra- and inter-country networks; and also the great need for financial support to institutionalise the strategy of ENHR.

## ***Review of the Regional Workshop on Health Research Management in Kanchanaburi, Thailand***

***December 17–20, 1995***

Dr Somsak Chunharas gave a synoptic report on the workshop. According to him, there were 9 countries in attendance. The participants can be categorised into three groups: those active in ENHR, those who want to learn more about ENHR; and those not interested in ENHR. He said that the workshop was meant to try to talk about strategies in ENHR and how they can be operationalised in each country. It focused on priority setting, networking, and capability building. It also delved into an analysis of country situations and what can be done. The expected output was a country work plan and for those who already have one, to modify them accordingly. The workshop also validated the need for a focal point and what should happen to the country focal points.

One of the realisations during the Kanchanaburi workshop is the need to know more about ENHR. It was agreed that there is a need to do re-orientation workshops back home. Further, the delegates felt the need for a more interactive process to involve key actors in the network in their own countries.

It was agreed in Kanchanaburi that the work plan developed should be approved in the respective countries and that plans should be further reviewed by relevant partners and brought back to the regional coordinator.

As a follow-up to the regional workshop, Dr Chunharas reported that of the nine countries who went to Kanchanaburi, eight countries were able to have their plans approved by their governments.

### **Discussion**

Dr Ernesto Domingo asked whether the government's participation to move the ENHR movement forward was confirmed in the workshop.

Dr Lansang replied that the participants agreed that the government should be a partner but it does not have to be necessarily the focal point. She agreed that government people should be especially involved because they should see health research as an investment towards economic and human development.

Dr Chowdhury said there was no specific formula as to whether the government should be the focal point but that there should be consensus among stakeholders and that the government should be involved.

At this point, Dr Nuyens said that effectiveness of ENHR mechanisms should be looked at in the ongoing COHRED evaluation. Ms Paulino, on the one hand, commented that the network could benefit from the study of paradigms by getting the strengths of the government-led and NGO-led models.

Dr Owor, meanwhile, said that political mapping is indeed important because it is difficult to start with a wrong map. It does not matter whether the focal point is in the academe or an NGO but the government should be involved. It should involve the national government because without this connection, projects will end up without funding.

In summary, the following **lessons from the Health Research Management Workshop in Kanchanaburi** were identified :

1. need for documentation to facilitate transfer of work; prepare monographs on country experiences and strategies
2. involvement of all stakeholders; there should be flexibility in dealing with all partners
3. important role of government participation, especially for funding, decision links and research utilisation
4. Purpose :
  - a. sharing of experience
  - b. only secondarily, skills development
5. Participants should come and work as a team; country visits and socio-political investigation (political mapping and playing the field) prior to country visits and invitations to such workshops; identify key players (multiple)
6. Evaluate strengths & weaknesses of different country mechanisms by evaluation team and also by country/regional networks (international evaluation)
7. Plan a future meeting on strengthening decision links and research utilisation but balance this with needs of other countries; the agenda in future meetings should be as flexible to accommodate a variety of concerns for various stakeholders
8. capability strengthening is important both at national and sub-national levels

### ***Review of Country Work Plans***

A review of country work plans ensued to see where things are. A matrix showing status of country work plans (See Appendix B) and activities requiring COHRED assistance was furnished to the participants. After a thorough discussion on the status in each country and the requested support from COHRED, the participants adopted the following actions :

## COUNTRY WORK PLANS

Country	General Plans for Follow-up	Agency/Person Responsible	Country Focal Point/ Address
CAMBODIA	<ol style="list-style-type: none"> <li>1. Support an orientation workshop on assessment of research activity and funding. This will bring together all the stakeholders on health research</li> <li>2. Discussion with various active research units</li> <li>3. Build up capabilities of these units in networking and collaboration to enable them to become an active focal point for ENHR</li> <li>4. Develop a work plan towards establishing a focal point in the country</li> <li>5. Supplement information on Cambodia from international databases</li> </ol>	Somsak/Chitr and Yvo/COHRED	Dr Oum Sophal Director National Centre for Hygiene and Epidemiology Blvd. Kim Xi Sung Tuol Kork Phnom Penh Cambodia
LAO PDR	<ol style="list-style-type: none"> <li>1. Provide assistance on the preparation of 5-year plan</li> <li>2. Dialogue with other partners and encourage problem-based research and capability strengthening at the provincial level. This will be through Dr Chanpen's visits</li> <li>3. Country visit to assist work on the above</li> <li>4. Country database to be prepared by contributions from Dr Bounnong Boupoua and COHRED sources</li> </ol>	Dr Chanpen Dr Nuyens	Dr Bounnong Boupoua, Chair-person Council of Medical Sciences, Ministry of Health, 473 Samsenthai Road Ban Kao Nrot, Vientiane, Lao PDR
VIETNAM	<ol style="list-style-type: none"> <li>1. Wait for the Minister of Health's response to the letter of Prof. Charas and also for the result of the donors' meeting</li> <li>2. Work through the government mechanism at the moment; then depending on the minister's response, explore other options</li> </ol>	Prof. Charas	Dr Do Nguyen Phuong Ministry of Health Vietnam
INDONESIA	<ol style="list-style-type: none"> <li>1. Discuss NIHRD re-orientation about ENHR especially on coordinating research</li> <li>2. Discuss with Dr Agus Suwandono on working with a broader spectrum of stakeholders and to "network the networks". Plan an ENHR roundtable discussion for 1997</li> <li>3. Prof. Charas to further explore possibilities with Dr Agus when the latter visits Bangkok in late August</li> <li>4. Communicate with Dr Agus on the results of the Manila meeting and inform him about COHRED's willingness to support data gathering (on the state of health research in the country) and</li> </ol>	Prof. Charas	Dr Agus Suwandono Coordinator, ENHR Indonesia Ministry of Health National Institute of Health Research and Development Health Sciences Research and Development Centre Jalan Indrapura, 17



Country	General Plans for Follow-up	Agency/Person Responsible	Country Focal Point/ Address
	explore the possibility of having him conduct the activity		Suralaya 60167 Indonesia
PAKISTAN	<ol style="list-style-type: none"> <li>1. Get additional information (political mapping) from various sources to verify potential key partners; consider Dr Taomeen Qureishi, Chair of Medical Research Council and Dr Joe McCormick of Aga Khan University as possible contact points</li> <li>2. Conduct country visit; include Maj. Gen. Qureshi in the process; Plan a country visit by September if no response is received soon.</li> </ol>	Dr Sadia Chowdhury	Maj. Gen. (R) Prof. Dr Akhtar Ali Qureshi Consultant, Health Systems Research Project World Bank/IDA Ministry of Health Government of Pakistan Block C, PAK Secretariat Islamabad, Pakistan
NEPAL	<ol style="list-style-type: none"> <li>1. Provide technical assistance on the proposed meeting and wait for further request for assistance. (Note: Nepal has not requested financial support for this activity)</li> <li>2. Extend support to the Chair of Nepal Medical Research Council (NMRC)</li> <li>3. Establish more contacts cautiously (Dr Manolet Dayrit will get in touch with Dr Chataut at the Nepal Ministry of Health; sources at WHO to be explored)</li> <li>4. Get people to discuss around the table and do more situational analysis. As a part of the evaluation team visit, try to get others as well as NMRC around the table. Use Dr Bill Pickett (WR/WHO). Dr Chowdhury also as a source of information</li> </ol>	<p>Dr Dayrit</p> <p>Evaluation Team (Dr Tessa Tan-Torres) Dr Nuyens</p>	Dr Mathura P. Shrestha Nepal Health Research Council P.O. Box #7626 Kathmandu Nepal
INDIA	<ol style="list-style-type: none"> <li>1. Find out more information on sources of health research activities in the country; Activate contact with Dr Deepti Chirmulay of BAIF, Dr Abraham Joseph in Vellore, Dr Ramaehandran (suggested by Dr Neufeld), Dr Nirmala Murthy (through Dr Dayrit), and other sources, e.g. contacts through Dr Tripathy</li> <li>2. Intensify discussions with the India Medical Research Council</li> <li>3. Possible joint workshop sponsored by WHO/SEARO and COHRED in 1997. Provide regional network presence, possibly through Prof. Charas and Dr Mary Ann Lansang in the</li> </ol>	<p>Dr Lansang and Prof. Charas</p> <p>Dr Nuyens</p>	Dr Deepti Chirmulay BAIF

Country	General Plans for Follow-up	Agency/Person Responsible	Country Focal Point/ Address
	INDIACLEN meeting; Prof. Charas can discuss in INCLEN Board		
MALAYSIA	<ol style="list-style-type: none"> <li>1. Conduct entry visits starting with the HSR group and the Ministry of Health (Dr M. Jagathasan)</li> <li>2. Open other contacts, e.g., SEAMIC (Dr Dayrit)</li> <li>3. Encourage different stakeholders to meet together (HSR, MOH, University, etc.)</li> </ol>	Dr Yvo and Prof. Charas	Dato. Dr M. Jagathesan c/o Institute for Medical Research, Jalan Pahang 50588 Kuala Lumpur Malaysia
CHINA	<ol style="list-style-type: none"> <li>1. Identify entry points               <ol style="list-style-type: none"> <li>a. Build on Thai links to Chinese fellows</li> <li>b. Establish contacts during the next ISTACH meeting in Malaysia</li> <li>c. Explore best possible entry point, e.g., provincial approach, institutional approach, research on health reform</li> </ol> </li> <li>2. Do ground work at the COHRED (international) level</li> </ol>	Dr Somsak Prof. Charas  Dr Yvo Nuyens	
PHILIPPINES	<ol style="list-style-type: none"> <li>1. Country visit of regional focal point persons to Bangladesh for the phasing in; visits to other countries to be decided upon later based on need</li> <li>2. Philippine group will sit down and decide what other assistance and exposure are needed as focal point; these will be made known to COHRED</li> <li>3. Bangladesh will sit down with the Philippine team to inform the latter of available documentation</li> <li>4. There will be a transition period through end of September</li> </ol>	Dr Raymundo and Ms Paulino  Dr Chowdhury	ENHR Program, c/o Dept. of Health Bldg. 12 Rizal Ave. Sta. Cruz, Manila
THAILAND	<ol style="list-style-type: none"> <li>1. Further implementation of work plan developed in Kanchanaburi</li> </ol>	Dr Somsak/Dr Chitr	Health Systems Research Institute 2nd Floor Medical and Public Health Dev. Bldg. Ngamvongvan Road Nonthaburi 11000 Thailand
BANGLADESH	<ol style="list-style-type: none"> <li>1. Provide funding for National Consensus Building Workshop to bring in more stakeholders and the government</li> </ol>	Dr Chowdhury	ENHR, B 66 Mohakhali C/A

Country	General Plans for Follow-up	Agency/Person Responsible	Country Focal Point/ Address
	2. Funding for a review of the research prioritisation agenda 3. Other assistance needed to be transmitted to COHRED later		Dhaka 1212, Bangladesh

## *Future Activities for the Asian ENHR Network*

### **Roles of the Regional Task Force and Focal Point**

There was a clarification on the roles of the Regional Task Force and Focal Point. It was agreed that the Regional Task Force :

- will remain as a loose structure within the regional network;
- will have an open membership;
- will operate in a flexible and more fluid environment where there are no formal structures;
- is an advisory or working arm for the focal point to deploy technical assistance on an ad hoc and informal basis.

**The Task Force is an informal, collegial, consultative working group which deliberates and responds to the issues relevant to the concerns of the network.**

On the other hand, it was made clear that the **Regional Focal Point** will:

- remind the task force about its commitments and tasks;
- serve as a managerial mechanism to promote the ENHR strategy in the Region;
- serve as coordinator and be entrusted to facilitate and support activities of ENHR movement at the country level, in consultation with the country itself and through joint support of the other countries.

In essence, the main functions of the focal point are : communication, initiation, facilitation, and motivation.

### **Inter-Country Meeting**

It was agreed that an annual inter-country meeting cum consultation-discussions and a workshop on specific technical aspects will be held periodically to support country initiatives, identify areas for collaboration and harness solidarity and ownership of the movement.

Schedule and venue of next inter-country meeting : No specific date was set, but around May or June 1997, and the place was left open but with particular consideration for an area where there is capability to manage it and where ENHR strategy needs strengthening.

### **Regional Collaborative Research Project**

In an earlier discussion on activities in the Philippines, the Philippine team brought up the idea of a regional collaborative research project on equity as part of its country plan. This was taken up and the following were the comments generated :

the idea is fascinating but it requires very careful study and preparation; see if there is interest from neighbouring countries; there is a need for a Technical Working Group to think about this; there may be a need for a protocol development workshop (Dr Nuyens);

- it is an interesting initiative — invitations may be sent to neighbouring countries and determine interest on the project and on equity as an area of research, then ask COHRED's

- support and also seek support from other sources such as the European Union (EU) (Dr Chunharas);
- even without regional interest, the Philippines may go ahead at the national level. (Dr Nuyens)
  - it was suggested that with or without EU support, the Asian ENHR Network can work on the project on a multi-country level;
  - there is an ongoing study on equity. Of interest to Bangladesh is rational drug use/policy and tuberculosis. Let's do a wish list and call a meeting to decide on the issue to be worked on. (Dr Chowdhury).

Dr Nuyens reminded that the EU does not provide core funding for the secretariat. Further, he said that EU reviewers put premium on scientific credibility and originality, and utilisation of research results.

Meanwhile, Prof. Charas commented that health economists together with medical scientists and social scientists can work on the burden of illness. This is an area that Thailand and Philippines may work on. Other possible areas of research is the rational use of drug, melatonin, and improving DALYs. Another area that was suggested was to review to what extent researches in the different countries have led to equity in development.

Dr Chunharas added that health technology assessment is another interesting area at the country level with focus depending on each country situation.

Along this line, the task force agreed on the following :

- the assistance of COHRED and Dr Nuyens will be sought in proposal preparation;
- word/political coinage acceptable to EU will be identified;
- work with university people in Europe;
- someone from the focal point has to do strong coordination with the partner countries informing them that there is this initiative;
- equity research project is targeted to be submitted to EU by September 1997; other topics or areas of interest will be considered.

### **Monographs**

Dr Chowdhury reported that concerning this matter, individual meetings with pertinent individuals were done by Dr Nuyens. Draft monographs have been submitted to COHRED by Thailand and Uganda.

Draft of monographs should be in at COHRED by October 1996.

In summary, the regional work plan was formulated as follows :

**WORK PLAN FOR THE ASIAN REGIONAL ENHR NETWORK, 1996-1998**

Objective	Activities	Person/Countries Responsible	Time Frame	Budget
1. To coordinate country initiatives related to the implementation of the ENHR strategy in the Asian region and act as a forum for promoting partnerships at national, regional and international levels	<p>Hold periodic meetings of interested and active Asian countries on a <i>pro rata necesita</i> basis to create ownership &amp; collegiality, to exchange ideas &amp; experiences, and for technical development</p> <p>Piggyback ENHR meetings with other regional network meetings</p> <p>Act as a liaison and communication hub for ENHR regional activities</p> <p>Advocate and disseminate information on ENHR (e.g. updates, bulletins, newsletters, home page on Internet)</p>	<p>Philippines Proposed host country (consider organisational capacity, willingness opportunities to accelerate ENHR processes in that country e.g. Nepal, Indonesia, Bangladesh</p> <p>Philippines Asian Task Force</p> <p>Philippines Bangladesh to overlap with Philippines during a transition period</p> <p>Philippines COHRED Secretariat</p>	<p>May 1997 Tentative plans &amp; budget proposal to be submitted to COHRED in October 1996</p> <p>August 1996 with a transition period (Aug. 1 – Sept. 30, 1996) 1996–1998</p>	
2. To provide support to interested and active countries in the implementation of the ENHR strategies	Directory of existing regional health research networks, Monographs	Asian Task Force & other co-opted persons COHRED Secretariat	1996-1998	

Objective	Activities	Person/Countries Responsible	Time Frame	Budget
3. To monitor the progress of ENHR initiatives in the individual countries	<p>Follow up and collate work plans of individual countries</p> <p>Hold a workshop on linking research to decision-making</p> <p>Develop indicators to monitor progress</p>	<p>Philippines Others involved in individual countries</p> <p>Thailand</p> <p>Asian Task Force COHRED &amp; Evaluation Team</p>	1996–1998	
4. To conduct collaborative research projects and produce decision-linked information on common regional concerns	<p>Discuss possible areas of common interest in the region (e.g. equity, improved indices for burden of illness estimates, rational drug use, drug legislation, tuberculosis, reproductive health, health financing, health technology assessment)</p> <p>Develop a concept paper around specific problem areas and invite countries to submit letters of intent</p> <p>Facilitate participation of ENHR countries in an evolving health technology network for the region, spearheaded by ISTACH</p> <p>Hold inter-country workshops for proposal</p>	<p>Philippines Asian Task Force by E-mail</p> <p>Philippines for equity issue, Yvo to help identify EU partners Other countries can spearhead technical collaboration in other countries</p> <p>Dr Somsak Chunharas, Dr Tessa Tan-Torres</p>	1996–1998	

Objective	Activities	Person/Countries Responsible	Time Frame	Budget
	development and/or implementation . May be done during the periodic regional meetings or special technical workshops	Philippines and/or other country spearheading the technical collaboration		



### **Comments on the Work Plan**

Dr Corazon Raymundo, President of ENHR Foundation, Philippines noted that the proposed activities are logical build-up activities towards a maturing Asian ENHR Network. Citing the variety of activities and the heightened need for coordination, she commented that the Philippine ENHR Network is composed of various actors who come together from time to time for ENHR work. She said that there is a need to organise themselves even more in order to play an effective role as focal point for the Asian Network.

Further, Dr Raymundo said that in terms of being the communication hub, there is a need to be technologically linked up to facilitate exchanges in the region. She therefore highlighted the need for technical support from COHRED and the member countries.

In response, Prof. Charas assured Dr Raymundo that :

1. Even though a lot of activities are designated to the focal point (Philippines) , ENHR is a partnership, so when other partners need to do something, just ask and they would be willing to come in
2. COHRED in itself is helpless, it is just a mechanism to get things going. The central budget is meant to serve the activities of the countries. If the Philippines needs support from the COHRED board, just ask and it will try to accommodate whatever it can.

Finally, it was agreed that representatives of COHRED like Dr Nuyens will be coming to Manila as soon as the focal point is organised. COHRED will then provide the needed technical assistance.

## **TURN-OVER OF THE FOCAL POINT FUNCTIONS**

As agreed upon during the Subic Bay workshop, the focal point of the Asian ENHR Network will rotate every two years. Since 1994, Bangladesh has taken on the role and it was now time to turn over the responsibility to the Philippines.

To signal this event, Dr Chowdhury symbolically turned over some network files to Dr Corazon Raymundo, President of the ENHR Philippines Foundation, and to Asst. Sec. Manuel Dayrit and the ENHR Philippines team.

In response, Dr Raymundo thanked Bangladesh for a good job of starting the focal point work.














## **CONCLUDING SESSION AUGUST 2**

Dr Chowdhury thanked the members of the regional task force for their able assistance to the focal point and challenged the Philippines to carry on the work that was started. She gave special thanks to Dr Yvo Nuyens, Prof. Charas, Dr Owor, and Dr Vic Neufeld for their presence and contributions to the discussion.

Lastly, Ms Paulino acknowledged the support of the meeting secretariat who took charge of administrative and logistical concerns.

Having no other business at hand, the meeting was adjourned by the presiding officer.

## *Expected Outcomes*

- A. Regional Workshop on Health Research Management: A Critical Analysis
  -  What was the expectation of the workshop?
  -  What was the output of the workshop?
  -  Did the output match with the expectation?
  -  What were the country-specific problems/difficulties in managing health research?
  
- B. Critical review of the country work plans in the light of national, regional and international perspectives
  -  What commodities exist among the work plans of these countries?
  
- C. Formulation of the future activities for the Asian ENHR Network and COHRED in facilitating the work plans
  -  What needs to be done?
  -  How will it be done?
  -  When it will be done?
  -  Who will do it?
  
- C. Allocation of resources both human and financial
  -  Country's commitment: Identification of COHRED role in meeting resources-human and financial? Should COHRED assist in mobilising a portion of financial resources, with the country mobilising the remaining amount, as a confirmation of their commitment to ENHR? Should this be clearly articulated by COHRED?
  
- E. Specific role of Asian ENHR Network and COHRED in the above
  -  Identification of country roles in assisting COHRED
  -  How can COHRED and the Asian Network support these countries to implement the work plan?
    - What form should the assistance take?
  -  What role can COHRED play in donor mobilisation?
  
- F. Dissemination of the information on Asian ENHR network and its activities-Methods: workshop/meeting/conference organised on a specific interval
  
- G. Handing over of the functions of Focal Point of the Asian ENHR Network to Philippine ENHR Group
  
- H. Any other issues

## APPENDICES

### AGENDA

		<b>Persons/Responsible</b>
<b>July 30, 1996</b>		
00:00–00:00	Arrival of participants at Ninoy Aquino International Airport Participants to Bayview Park Hotel	ENHR Group, Philippines
19:30–21:00	Dinner available for non-Filipino participants	ENHR Group, Philippines to coordinate with the hotel
<b>July 31, 1996</b>		
08:00–08:45	Breakfast	
09:00–10:30	Formal opening of the Meeting Introduction of participants Introductory note on the Asian ENHR Network and its current status, COHRED's role Scope of the Meeting and expected outcomes	ENHR Group Philippines Dr Mary Ann Lansang, Member, COHRED Board Dr Charas Suwanwela, Chair, COHRED Board Dr Sadia Chowdhury, Member, COHRED Board
10:30–11:00	Tea/Coffee Break	
11:00–12:30	Regional Workshop on Health Research Management: A Critical Analysis	Dr Somsak Chunharas, Member, Asian ENHR Task Force
12:30–14:00	Lunch	
14:00–15:30	Review of the country work plans: national, regional and international perspectives	Participants of the meeting
15:30–16:00	Tea/Coffee Break	
16:00–17:00	Future activities for the Asian ENHR Network, based on the country work plans: what, how, when, who	Participants of the meeting
17:00–18:00	Plans for ENHR Monographs	Participants of the meeting
19:30–21:00	Dinner	
<b>August 1, 1996</b>		
08:00–09:00	Breakfast	
09:00–10:30	Allocation of resources: human and financial	Participants of the meeting
10:30–11:00	Tea/Coffee Break	
11:00–12:30	Role of Asian ENHR Task Force and COHRED in the future activities of the Asian ENHR Network	Participants of the meeting
12:30–14:00	Lunch	
14:00–15:30	Finalisation of the future activities of the Asian ENHR Network	Participants of the meeting

15:30–16:00	Tea/Coffee Break	
16:00–17:00	Dissemination plan of information on Asian ENHR Network and its activities: through workshop/meeting/conference	Participants of the meeting
19:30–21:00	Dinner to be hosted by ENHR Programme, Department of Health (venue to be announced)	
<b>August 2, 1996</b>		
08:00–09:00	Breakfast	
09:00–10:30	Plan of action of the focal point of the Asian ENHR Network; other issues of regional network	Participants of the meeting
10:30–11:00	Tea/Coffee Break	
11:00–12:30	Formal turn-over of functions of the focal point of the Asian ENHR Network to the Philippines from Bangladesh	
	Concluding Session	
12:30–14:00	Lunch	
14:00–19:00	Free time	
19:30–21:00	Dinner	
<b>August 3, 1996</b>		
08:00–09:00	Breakfast	
00:00–00:00	Departure for Nonoy Aquino International Airport	

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