



Summary

of the

National Priority Health Research Workshop

(December 2010, UAE)

presented by

Dr Abdul Ghaffar
MD, MPH, MHA, PhD

Note: Wherever “Ministry of Health” is used, this refers to Ministry of Health of the United Arab Emirates for abbreviation purposes.

The National Priority Health Research (NPHR) Workshop, in Diera, Dubai, UAE, was held by the Statistics and Health Research Centre of the Ministry of Health, of the United Arab Emirates, 20th December, 2010. Dr. Huda Al Suwaidi, of the UAE Ministry of Health and coordinator of the workshop, began the proceedings by welcoming workshop participants, introducing the objectives of the workshop and the role of the Research department of the Ministry of Health.

Dr. Abdul Ghaffar, of the World Health Organisation (WHO) and facilitator of the workshop, launched into the first presentation of the workshop, **“Role and Promise of Health Research in Improved Policy”**. In this presentation, Dr. Ghaffar relayed the WHO's advocacy of the need for research-based evidence, in order to properly establish the priority levels for policy and health research. Further to this, Dr. Ghaffar elaborated on the specialised forms of research that come under Policy and Health research, including: Biomedical, Health Systems, Social, Behavioural and Operational research. Concerns were raised and highlighted by the presentation in regards to the apparent gap existent between policy makers and legislators, and researchers on the ground, as it were. This “gap” extended to apparent disparities between official, or national research priorities, and biases in favour of Biomedical research over Health Systems policy research.

Dr. Ghaffar suggested that the UAE Ministry of Health function as a coalition body, to allow for a connected network of health research stakeholders in and of the UAE. The role of the Ministry of Health in terms of gathering health research data, at a national level, would have to be examined and/or modified accordingly, to make use of the aforementioned stake-holder network to an optimum level. Furthermore, Policy Analysts in and of the Research Department, working at the national level, would be required to aid in gathering and analysing of said data.

Dr Ghaffar's presentation brought up two discussion points: In regards to the aforementioned “gap”, a WHO-conducted study looked at Mexico, to examine whether research had been successfully translated into effective policy that reflected said research. A second point raised was whether the research and policy problems in the UAE could be improved upon with the establishment and support of research departments at the federal level.

Dr. Ghaffar followed with a second presentation, **“Tools for Setting Priorities in Health research”**. This focussed upon the concept of a Combined Approach Matrix, a structured framework for the collection of data according to critical criteria, including: inclusiveness, relevance, the avoidance of duplication (of data), the feasibility of political adoption and acceptability, applicability of data and research solutions, and most importantly, ethical acceptability. Further to this, a series of System Reviews and Meta analysis of overall research conducted in the UAE was suggested, as was

the creation of a Ministry of Health website that would collect the total data and information gathered in the course of all UAE research undertaken.

This was followed by Dr. Huda Al Suwaidi of the Ministry of Health, whose presentation discussed the **“Research Priorities at MOH”**. Dr. Al Suwaidi detailed the federal mandate held by the Ministry of Health to develop the national research system for the UAE. With the role of the research department to plan, organise and regulate said system. The preliminary research priorities for the Ministry of Health at the time of the workshop, were as follows: non-communicable diseases, nutrition, Women's and Children's health, STIs, blood diseases, mental health, health education, health system performance, and health economics. Dr. Al Suwaidi also explained the difficulties in the development of a unified system, much like that suggested by Dr. Ghaffar, that arise from gaining the co-operation of stakeholders with governance and management structures that differ from each other. Dr. Al Suwaidi echoed the recommendations brought up by Dr. Ghaffar, suggested that in order for a successful network for researchers to work, the stakeholders would have to be able to collaborate and co-ordinate to develop and organise health research in the UAE, and that the Ministry of Health act to improve network and communication ties between the various parties. To further this, the formation of a multi-disciplinary “higher ethical committee” was discussed, as was the feasibility of the meeting of all stakeholders to discuss and formulate solutions for national level research priorities.

Dr. Eman Hassan of the Health Authority of Abu Dhabi (HAAD) discussed the **“Research Priorities at HAAD”**. The presentation highlighted that priorities for public health in Abu Dhabi are set according to population-based data, and on Achievable Health Impact (AHI). AHI combines data collected on mortality and morbidity in Abu Dhabi, the benchmark data of which is compared and contrasted with that of other nations. Following this, an assessment of any gaps between current practice in Abu Dhabi and evidence based “best practices” is undertaken. Dr. Hassan also highlighted the top ten health research priorities in the region, being: cardiovascular, road safety, tobacco control, cancer, maternal and infant health, mental health, occupational and environmental health safety, infectious disease control, and oral health.

Further to this, the top causes of death in Abu Dhabi were also discussed, being: cardiovascular diseases (CVD), cancers, accidents and injuries, diabetes mellitus, congenital malformation (this was found to be more prevalent amongst UAE nationals, than amongst the UAE's immigrant population), respiratory diseases. Major morbidity factors in the UAE related to diabetes, mental health problems, asthma/allergies, osteoporosis, cancers.

The final presentation of the day came from Dr. Ghazi Omar Tadmouri, covering **“Biomedical research directions in the UAE”**. A study undertaken by Dr. Tadmouri on researches conducted and published by various Arab nations found that the UAE was ranked in the bottom three in terms of conducting health research, whilst Saudi Arabia led in this area. The pattern of research in the UAE, furthermore, was found to be individual rather than organisational. What Dr. Tadmouri meant was that more than fifty percent of the published research in the UAE had come from a single author,

rather than any particular research body as a whole. Coauthor-ship in the UAE was also at low levels. What Dr. Tadmouri suggested was further awareness in the health sector to promote health research, for the Ministry of Health to provide a mentor role for health researchers in the UAE, and for expertise in proposal writing to be shared and followed by other stakeholders.

Following the presentations, participants were divided into two groups representing members from various stakeholders to develop national health research priorities using their expert knowledge and data. Priorities were to be weighed utilising the Combined Approach Matrix presented by Dr. Ghaffar. Group One looked at the priority of: diabetes, HIS, cancer, and the health workforce. Group Two looked at the best approaches to morbidity and mortality factors, including: obesity, cancer, nutritional disorders, RTI, mental health and CVDs. The results of the two groups – which have been attached – indicated that in terms of priorities, Group One indicated that “approaches to diabetes” scored the highest in terms of “priority”, followed by “HIS”, “health workforce”, and “cancer”, respectively. Group Two found that in regards to morbidity/mortality factors:

Obesity: “Best public approach” received a higher priority score than “public view of risk perception “ and “genetic origin” respectively.

Top 5 Cancer (sic): “Barrier to screening” received a higher priority score than “predisposing factors” and “Genetic profile” respectively.

Nutritional Disorders: Ranked highly.

RTI: Ranked highly.

Mental Health: ranked a few points lower than the others.

CVDs: Ranked highly.

On Day 2 of the workshop, Dr. Abdul Ghaffar began by informing participants of the steps required to effectively identify national health research priorities. The steps in question were:

1. Identification of research priority areas.
2. Identify what information currently exists, and what is missing from gathered data.
3. A draft of the top five national health priorities to be sent to all participants to sign off on. Once signed off and finalised, it will be published on the internet, to allow for comments and feedback. An idea pushed forward by workshop participants was to use the nominal technique for drafting of priorities, and then to follow up with the Delphi technique. Dr. Ghaffar responded that whilst the nominal technique would be effective, the Delphi technique may be too

complicated and difficult for the draft project.

A workshop discussion on group work finding was facilitated by Dr. Ghaffar, following this. Some of the most significant points to arise from the discussion were:

1. The relevance of HIS information as a national health research priority. Supporters of HIS argued that as fragmentation is present within health systems research, research would be required to find the best means of centralising data. Counter to this, opponents of the HIS argued that HIS was already part of any and all research, and that it should be treated as a separate entity. Significant workshop participants later took this latter view.
2. The need to understand the cultural perception and genetic origins of obesity, as well as the best approaches to handling the issue.
3. A need to learn more about barriers for screening of cancer, as well of additional risk factors particular to the UAE.
4. UAE police have done extensive research on RTI. Health departments need to provide additional information on the psychological profiles/knowledge attitudes and practices of drivers, pre/post intervention studies, and impact studies. Adult ADHD is common in the UAE, and needs to be explored further, in particular in regards to RTI.
5. Possible disparities between healthy lifestyles and Arab cultural and religious customs. Culture-sensitive studies were suggested to be undertaken in regards to the health problem “top five”.
6. The importance of mental health as a high-priority research area.
7. The need to centralize information, and to remove obstacles for the dissemination of research findings, in spite of or working along regional priority lines.
8. Research strategies to be developed for capacity building and effective dissemination
9. The absence of CVDs and non-communicable diseases as high priority areas by both workshop groups was discussed. All participants, after further discussion, agreed on the importance of the aforementioned areas, in particular looking at lifestyles. The inclusion of diabetes and CVDs as one entity – “non-communicable diseases/chronic diseases” - was put forward as a suggestion.
10. In regards to conducting research on chronic disease and their impact on the economy, other sectors of society were suggested to play a role, in order to glean further information.

11. Dr Ghaffar highlighted the three levels of research, which were Level 1: Epidemiological Studies, to explain prevalence at a national level and risk factors for a particular population segment; Level 2, the economic and social impact of BOD; Level 3, Interventional Studies.

12. Finally, mapping exercises were required to examine the current capacities of the various stakeholders in health research in the United Arab Emirates.

Conclusion:

The findings of the Workshop were that the top five areas high priority research areas in health were (in order): Cancer, nutritional disorders, non-communicable disease/chronic disease (CVDs, diabetes), RTI/accidents and mental health. The main action points of the workshop were that research strategies must be developed in order to allow for effective capacity building and for proper dissemination of findings. The UAE Ministry of Health would develop a website to collect all data gathered by all research conducted in the UAE, to allow for greater interaction and feedback on said findings. As stated earlier in point 12, furthermore, mapping exercises are needed to examine the current capacities of the various stakeholders in health research in the United Arab Emirates.



Biostatistics and Health Research Center - Ministry of Health United Arab Emirates

National Priority Health Research workshop

دولة الإمارات
العربية المتحدة
وزارة

Date/Time/Place: 20th Dec. 2010; 10:00-16:00; AL Bustan Rotana – Diera Dubai
Workshop Coordinator: Dr. Huda Al Suwaidi
Workshop Facilitator: Dr. Abdul Ghaffar
Minute keeper: Dr. Shaista Ali

Attendees

1. Dr. Huda Al Suwaidi	2. Dr. Abdul Gaffar	3. Dr. Thaier Kazim
4. Dr. Abdullah Suliman	5. Nariman Ghader	6. Dr. Yousif Alserkal
7. Dr. Salah Ahmed Bawadi	8. Dr. Emaan Hassan	9. Anood Al Haj Aali
10. Dr. Khalil Qayed	11. Tariq Ibrahim	12. Dr. Amal Mohammed
13. Shiekha Saleh Alzarabi	14. Dr. Jamal Al Saleh	15. Dr. Nasir Ahmed Ali
16. Syed M Shah	17. Dr. Mozza Sharhan	18. Dr. Saad Salani
19. Dr. Ghazzi Tadmouri	20. Maryam Ali Obaid	21. Fatima Ali Salim
22. Dr. Mustafa Afifi	23. Dr. Basheer Aden	24. Dr. Kalthoom Hassan
25. Se. Sehamuddin Galadari	26. Dr. Saleha Bin Zaiban	27. Dr. Mohammed Tayseer Mesri
28. Dr. Jumma Kaabi	29. Dr. Riad Abuodeh	30. Dr. Rania Zaarour
31. Dr. Shaista Ali Siddiqui	32. Dr. Aamir Ali Khan	33. Ghada Sherry
34. Suaad Awadh	35. Dr. Nabil Suliman	36. Abdul Gafoor
37. Dr. Manal Awad		

Group work:	The participants were divided in two groups representing members from various stakeholders to develop national health research priorities using their expert knowledge, data. The priorities must be weighed using the Combined Approach matrix.							
Group 1:	Following are the results from:							
Priority	Relevance	Avoidance of Duplication	Urgency	Political Acceptability	Feasibility	Applicability	Ethical Acceptability	Total Scores
Diabetes	3	2	3	3	3	2	2	18
HIS	3	2	3	1	3	3	2	17
Cancer	2	3	3	2	2	2	1	15
Health Workforce	3	3	1	2	3	2	3	17

Group work:	The participants were divided in two groups representing members from various stakeholders to develop national health research priorities using their expert knowledge, data. The priorities must be weighed using the Combined Approach matrix.							
Group 2:	Following are the results from:							
Obesity a. Best public approach b. Public view of risk perception c. Genetic origin								19 18 17
Top 5 Cancer Barrier to screening Predisposing factors Genetic profile								19 18 17
Nutritional Disorders Prevalence of risk factors & lifestyle changes								18
RTI Compliance with road safety regulations								18
Mental Health	2.5	3	1.5	1.5	1	2.5	1	13
CVD	3	2	2	3	2	3	3	18