

attended local conferences in 307 cities and 24 of 27 states. All this led up to Brazil's National Conference on Science, Technology and Innovation in Health in July 2004, which produced a final health-research agenda.

"As a result of this participatory process, many research topics were added to the agenda and three other sub-agendas emerged," said the paper's authors Reinaldo Guimarães, now vice-president of the Ministry of Health Research Institute (Fiocruz), and Leonor

Maria Pacheco Santos, Antonia Angulo-Tuesta and Suzanne Jacob Serruya, who are coordinators at the Ministry of Health's Department of Science and Technology. These included oral health, the health of African descendants and the health of the disabled.

Community involvement "was massive and represented a big challenge", Pacheco said. "For instance the lobby of groups of patients with rare diseases

was strong and they were not always completely happy with the results. On the other hand, some scientists who were not used to debate with community representatives had a hard time [communicating] in lay terms ... But, in my opinion, the conference represented a very important democratic learning process."

Calls for proposals were launched for programmes on violence, accidents and trauma; food security and nutrition; hantavirus and similar viruses; health systems and policies;

maternal and neonatal mortality; oral health; cardiac stem-cell research; and support for local research ethics committees.

Nearly 1400 proposals were received and 402 financed. One will study 300 cardiac patients with Chagas disease, a parasitic infection that causes heart and other internal-organ damage.

"These patients in general come from very poor areas and would have,

otherwise, very limited therapeutic options," said Pacheco. "This research initiative would probably not seem interesting for researchers from developed countries, because the disease is very rare in the North."

PHR<sub>plus</sub> is organizing referendums in three other regions of Peru, using a system of representation in hard-to-reach jungle areas, Habich said.

Experts said a mix of public participation and epidemiological study is key to accurately assessing health priorities.

"There has been a long debate in development about how to get more public engagement in deciding on what health priorities and health services are needed, both in rich countries and poor countries," said Dr Phyllida Travis, a WHO health systems adviser.

Citing an example in the Oregon, United States, in which residents were asked to choose what they would pay for from a list of health services, she added: "No single approach to setting priorities is sufficient, neither just the epidemiological approach, nor the communities. There are always inequalities in information on both sides of the equation." ■

Theresa Braine, *Mexico City*

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## Recent news from WHO

- More than 2200 people from WHO's 192 Member States, nongovernmental organizations and other organizations attended the World Health Assembly **from 16 to 25 May**. The Assembly adopted the revised International Health Regulations, which govern national and international response to disease outbreaks. It approved the Proposed Programme Budget for 2006–07, which includes a 4% increase in the Regular Budget and it established World Blood Donor Day to be celebrated on 14 June each year.
- The Assembly reviewed progress in polio eradication and scaling up HIV/AIDS treatment and care and discussed smallpox vaccine reserves and research on the smallpox virus to counter possible bio-terror threats. WHO and its partners launched the Health Metrics Network to address the lack of basic data in many countries as the details of a person's birth, death and cause of death are often not recorded in developing countries.
- In other resolutions, the Assembly called on Member States to develop and implement national plans for pandemic-influenza preparedness and response and on Member States to coordinate their tuberculosis and HIV programmes to fight the dual epidemic. Another resolution called for more efforts to fight malaria through WHO's collaboration with Member States to reach internationally agreed malaria control goals, including the possibility of WHO undertaking bulk purchases of insecticide-treated nets and antimalarial medicines.
- The Assembly called on Member States to maintain financing for tuberculosis prevention and control to address the increasing number of cases of multidrug-resistant tuberculosis, and increasing death and disease among HIV-positive patients with tuberculosis. It also urged developed countries to honour their pledge to increase official development aid to 0.7% of gross national product and African countries to fulfil their commitment made at the African Summit in Abuja in 2001 to allocate 15% of their national budgets to health to help developing countries achieve the Millennium Development Goals.
- Member States were urged to continue to protect, promote and support exclusive breastfeeding for the first six months of a baby's life. Another resolution called on Director-General LEE Jong-wook to support countries with a high disease burden that losing health workers by strengthening WHO's human resources for health programme, the subject of the next *World health report* in 2006.
- Tanzanian farmers who grow the *Artemisia annua* plant from which malaria medicines can be manufactured, met international and nongovernmental organizations, government agencies and pharmaceuticals companies for the first time on **6 June** to discuss ways of increasing production of artemisinin-based combination therapy (ACT) medicines. Officials from the health and agriculture ministries of Kenya, Uganda, and the United Republic of Tanzania and the trade ministry of the United Republic of Tanzania also attended the meeting that was convened by WHO.

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