

PAN AMERICAN HEALTH ORGANIZATION



ADVISORY COMMITTEE ON HEALTH RESEARCH

A REVIEW OF ITS CONTRIBUTIONS TO
HEALTH AND RESEARCH FOR HEALTH
IN THE AMERICAS
• 2009-2015 •



Pan American
Health
Organization



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REGIONAL OFFICE FOR THE
Americas

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Advisory Committee on Health Research (ACHR)

**A review of its contributions to health
and research for health in the Americas
2009 – 2015**

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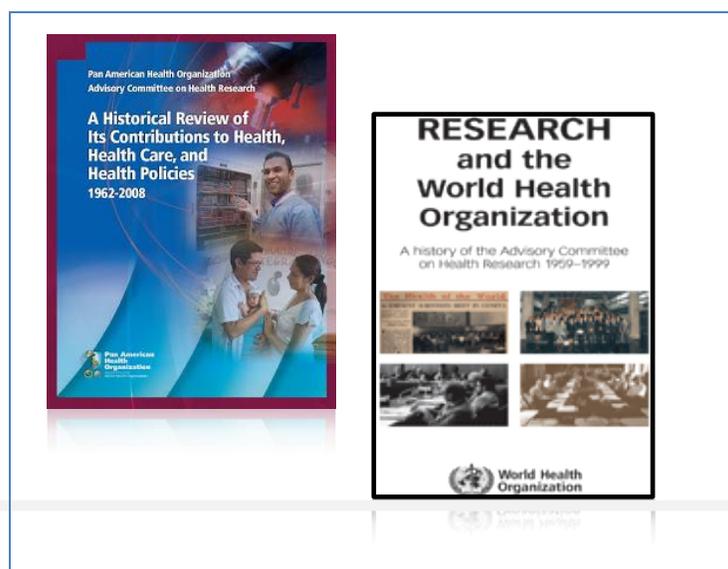
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Executive Summary

Covering the activities and recommendations of the Pan American Health Organization's (PAHO) Advisory Committee on Health Research (ACHR/CAIS- "The Committee") between 1962 and 2008, [A Historical Review of its Contributions to Health, Health Care, and Health Policies](#) was published in 2010.ⁱ A summary of PAHO's 1962-2008 review was incorporated in the World Health Organization's (WHO) [History of the Advisory Committee on Health Research 1959-1999](#).ⁱⁱ

This document aims to complement the original review by assessing and summarizing the contributions that were made from 2009-2015.



Methodology

The ACHR/CAIS Secretariat building on the two documents listed above conducted a literature review of documents on the official PAHO website published between 2008 and September 2015 giving an emphasis to the Reports to the Director and documents from ACHR/CAIS meetings held between 2009 and 2015, and PAHO's [Research Newsletters](#). Virtual databases, such as BIREME and PubMed, were also searched. The Secretariat held conversations with former and current ACHR/CAIS members to complement information and review drafts of this report; ACHR Members recommend its publication.

ⁱ Pan American Health Organization. Pan American Health Organization, Advisory Committee on Health Research (ACHR/CAIS): A Historical Review of Its Contributions to Health, Health Care, and Health Policies, 1962-2008. Washington, DC: 2010. Retrieved from <http://www.paho.org/achr>

ⁱⁱ 63rd World Health Assembly. WHO Strategy on Research for Health; WHO Roles and Responsibilities on Health Research: document WHA63.22 and Resolution. Geneva, 2010. Accessed 9 Jul 2015 at: http://apps.who.int/gb/e/e_wha63.html Retrieved from http://www.who.int/phi/WHO_Strategy_on_research_for_health.pdf?ua=1

Results

The ACHR/CAIS has proposed to monitor and evaluate progress with The Policy on Research for Health in Member States and in the Pan American Sanitary Bureau. The latest such proposal builds on existing PAHO evaluation tools used with countries to assess progress. The Committee modernized the format for its meetings, and obtained an equal representation in gender, age and expertise. A 50% gender balance was reached for the first time in 2014. The Committee continuously engaged participants using information and communication technologies between meetings for consultations; the participation of PAHO's Director throughout the ACHR meetings during the review of the final recommendations; and providing reports to PAHO's Governing Bodies. Recommendations and activities undertaken in the most recent years of ACHR/CAIS have been primarily influenced by the creation, adoption, and implementation of the [Policy on Research for Health CD49/10 \(Policy\)](#)ⁱⁱⁱ and [WHO's Strategy on Research for Health](#).^{iv}

ACHR/CAIS has championed numerous initiatives primarily related to The Policy's implementation and advancement, including: methodologies and platforms for knowledge translation, organization of data on national health research systems, clinical trial legislation and registration strategies, capacity development for improved research standards, production and management, the development of a research registry for the PASB, the revamping of PAHO's ethics review committee, and the assessment of PAHO's research grants program, and subsequent recommendations.

Way Forward

Moving forward, ACHR/CAIS must consistently endeavor to both adapt to current needs and anticipate future challenges, such as taking into account the [Sustainable Development Goals](#) set by the United Nations, and ensuring that all populations, specifically vulnerable ones, are represented. Internal and external collaborations and partnerships should be capitalized upon to streamline resources and prevent overlap and waste. The ACHR/CAIS has participated in the discussions leading to a monitoring and evaluation strategy for The Policy, including the development of scorecards to assess progress in Member States and surveys to assess implementation in the Pan American Sanitary Bureau (PASB) with managers; the latter resulted in specific recommendations, published in 2014 and 2017. Equipped with The Policy and its promotion through the efforts of ACHR/CAIS and the engagement of the Organization's leaders, PAHO is well positioned to not only continue improving health in the Americas, but also to make sustainable, multi-sectorial impacts at the local, national, and regional levels.

ⁱⁱⁱ Pan American Health Organization, 49th Directing Council, 61st Session of the Regional Committee of WHO for the Americas. Policy on research for health: document CD49/10. Washington, DC: PAHO, 2009. <http://www2.paho.org/hq/dmdocuments/2009/CD49-10-e.pdf>

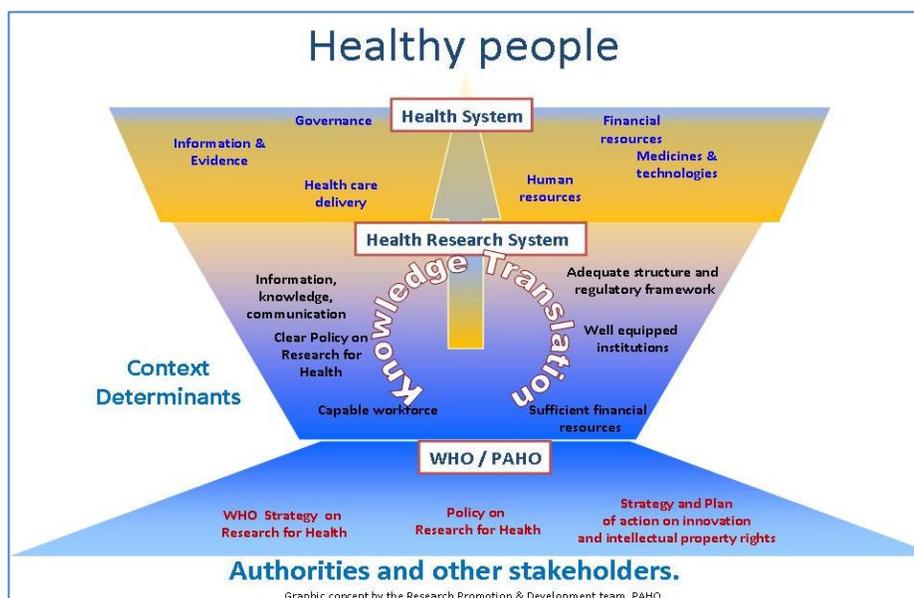
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Introduction

The Pan American Health Organization (PAHO) has continually evolved throughout its 115 years of existence in order to adequately and effectively respond to the pressing health needs of the Americas.⁽¹⁾ Growth has often occurred in the direction of recommendations from the Advisory Committee on Health Research as summarized in *Advisory Committee on Health Research: A historical review of its contributions to health, health care and health policies 1962-2008*.⁽²⁾ PAHO has made significant strides in health throughout the Americas (such as the near eradication of several diseases) that were heavily influenced by ACHR/CAIS and its support for research and evidence-based policy. In the period until 2008, ACHR/CAIS spearheaded initiatives to guide PASB in promoting and formalizing research, conducting needs assessments, and defining priorities.

Since its approval in 2009, ACHR/CAIS's recommendations and subsequent progress have been directly related to the creation, adoption and implementation of PAHO's Policy on Research for Health (hereafter referred to as the "Policy").⁽³⁾ The formulation of The Policy was recommended and supported by ACHR/CAIS and partnerships were consolidated to advance The Policy implementation. As depicted in Figure 1, The Policy and other initiatives strengthen various components of national research systems, support health systems, influence determinants of health and attain the ultimate goal of having healthier populations. It is important to note that the integration of scientific research and other forms of evidence with policies and actions for health (knowledge translation), serves as the driving force in this "systems approach" to technical cooperation. The Policy was approved by all Member States at the 49th Directing Council and became

Figure 1. Systems Approach on Using Research to Improve Health. ⁽⁴⁾



the first regional policy of its kind. The Policy also predated and contributed to WHO's Strategy for Research on Health (A63/22), which was approved at the World Health Assembly in 2010.⁽⁵⁾

The Policy has six interrelated objectives that pertain to quality, governance, human resources, partnerships, standards and dissemination and utilization of findings (Figure 2). To support the implementation of and adherence to this Policy, ACHR/CAIS has championed numerous initiatives both for PASB and the Member States.⁽²⁻⁶⁾

Figure 2. Six Objectives of PAHO's Policy on Research for Health (CD49/10).⁽³⁾

- 1) To promote the generation of relevant, ethical and quality research
- 2) To strengthen research governance and promote the definition of research agendas
- 3) To improve competencies of and support for human resources involved in research
- 4) To seek efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration, and the building of public trust and engagement in research
- 5) To foster best practices and enhanced standards for research
- 6) To promote the dissemination and utilization of research findings

The primary objective of this review is to complement the document entitled "Pan American Health Organization Advisory

Committee on Health Research (ACHR/CAIS): A Historical Review of Its Contributions to Health, Health Care, and Health Policies, 1962-2008" published by PAHO in 2010. This update seeks to synthesize the work and overall impact of ACHR/CAIS from 2009 to 2015.

Methodology

Prior to this review, two documents assessed the impact of PAHO's ACHR/CAIS and WHO's ACHR in their initial years. Both of these documents were used extensively to frame this report, which serves as an update.⁽²⁻⁷⁾

The review of documents started in August 2015 with PAHO's ACHR website (<http://www.paho.org/ACHR>) and subsequently, the publicly available complete documentation from the 43rd to 45th ACHR Meetings as those occurred within the desired time frame. Annexes of these reports and related documents to the ACHR Meetings were also included and cited with the reports. Searches were also done in the Virtual Health Library, BIREME, Cochrane Library, and the *Pan American Journal of Public Health* using the following search terms: "ACHR"; "Advisory Committee on Health Research"; "CAIS"; "Comité Asesor de Investigación en Salud". Additional sources were identified through interviews with current ACHR/CAIS members and the ex-officio secretary of ACHR/CAIS.

The results were tabulated in chronological order according to their respective overall initiatives, and these initiatives were grouped according to the six objectives in

PAHO's Policy on Research for Health (see Figure 2). Due to the "systems approach" employed when The Policy was written, some initiatives impacted multiple objectives concurrently. Sources found included tables, reports, and peer-reviewed articles. The review concluded in November 2015.

Results

There have been three ACHR/CAIS meetings held since 2008:

- **43rd Meeting**
in Panama City, Panama in 2009.
- **44th Meeting**
in Barcelona, Spain in 2011.
- **45th Meeting**
in Hamilton, Canada in 2012.

It is important to note that the 43rd Meeting took place concurrently with the 52nd Session of the Advisory Committee on Health Research of the World Health Organization. Thus, there are three Reports to the Director, which, combined with its respective annexes on summary of activities, are cited heavily in this report. The search for documents was conducted between August and October 2015.^(6,8-9)

There have been many shifts within ACHR/CAIS both since its inception and the most recent report published in 2010. ACHR/CAIS is more modern in many respects: it has adopted information and communications technologies that enable to make continued contributions, and achieve a balance in gender distribution. Though the push to embrace technology

and facilitate information sharing was initiated in 2005, it was implemented systematically between 2009 and 2015 and included virtual meetings, consultations, and working on shared documents. Technology has allowed members to collaborate in between ACHR/CAIS gatherings as the need arises, to better prepare for ACHR/CAIS face-to-face meetings, and to follow up on them. In 2009, there was an intentional shift in meeting formats after a joint meeting with WHO's ACHR. Before convening, topics were organized following The Policy's objectives and sub-objectives (using WHO Strategy objectives for the joint meeting and PAHO's Policy objectives subsequently), and the progress of related activities has been tabulated in templates. These templates listed achievements, challenges and questions to the Committee and were developed in collaboration between some ACHR members and PAHO staff. The templates were circulated to participants before the face-to-face meeting. During the face-to-face meeting, appointed leaders presented each objective and its assessment in about 7 minutes. This was followed by discussion periods of 60-90 minutes in which, attendees focused on the questions and issues raised, and formulated recommendations for the PASB that were meant to be implementable. A summary of the recommendations was shared with participants and the Director, and during the final day of the meeting a discussion was held with the Director focusing on relevance and implementation. With the inputs from participants and the Director, a final set of recommendations was issued and submitted for presentation to the Governing Bodies.

The Committee also communicates and shares relevant information using a closed [LinkedIn group](#), and the quarterly [Research Newsletter](#).^(6,8-9)

During this period, the size of ACHR/CAIS has fluctuated between 10 and 14 members (not including the Secretariat), and the percentage of women has steadily increased from 30% in 2009 to 50% in 2014, marking 2014 the first time that balance in gender distribution was attained. There have been 20 members representing 14 different countries since 2009 (Figure 3).⁽¹⁰⁾ During these years, the position of the ex-officio ACHR/CAIS Secretary has been held by PAHO's Senior Advisor for Research Promotion and Development, Dr. Luis Gabriel Cuervo.

Figure 3. ACHR/CAIS Members Since 2009

Country	Number	Percentage
 Argentina	1	5%
 Brazil	2	10%
 Canada	2	10%
 Chile	3	15%
 Colombia	1	5%
 Ecuador	1	5%
 Honduras	2	10%
 Jamaica	1	5%
 Mexico	1	5%
 Netherlands Antilles	1	5%
 Nicaragua	1	5%
 Peru	2	10%
 Trinidad & Tobago	1	5%
 USA	1	5%
Total	20	100%

The Policy on Research for Health seeks to improve public health through the strengthening of National Health Research Systems (NHRS) and the development of sustainable capacities to seize the benefits of research, producing and using research to its potential throughout the Americas.

In 2009 a call was made to develop explicit criteria in research priority assessment in order to streamline priority-setting processes, especially regarding equity.

ACHR/CAIS has spearheaded the accumulation of organized data about NHRS with the aim of revealing any gaps or weaknesses in each Member State, and has made recommendations to address such calls.

Since the inception of the [Latin American Conferences on Research and Innovation for Health](#)⁽¹²⁻¹⁴⁾, as result of the partnership efforts between PAHO, Global forum for health research, COHRED, Ministry of Health in Brazil, SENACYT Panama and the active participation of the ACHR/CAIS in the organization and development of the three official events: the First Latin American Conference on Research and Innovation for Health, which took place in Rio de Janeiro, Brazil, in April 2008; a Follow-up to the First Latin American Conference on Research and Innovation for Health held in Havana, Cuba, in November 2009; and the Second Latin American Conference on Research and Innovation for Health held in Panama City, Panama, in November 2011. These gatherings brought together delegates, the national science and technology councils from the region, research focal points of the national health authorities, and strategic partners (e.g. the Council for Health

Research for Development –COHRED, Wellcome Trust, and others listed in the reports), to work on identifying barriers and solutions towards having functional national health research systems capable of identifying their resources, capacities and outputs, and giving stewardship to research for health in the countries.

In addition to bringing these sectors to collaborate on proposing the way forward and linking research for health priorities with funding, these meetings produced a series of national reports that were uploaded into the [Health Research Web \(HRWeb\)](#), a [wiki site with descriptors of national health research systems](#) and led to the development of a [series of articles and webinars](#) analyzing the situation and way forward.^(6,12)

HRWeb, a COHRED initiative to which PAHO has contributed, was launched in 2010. It maps key research-related resources in each country to manage NHRS by showing: governance and policies, national priorities for research, key institutions and networks, research ethics review, research regulation, research financing and partnerships, civil society organizations, research projects and publications, information resources and a country report. The use of explicit public data (as presented in HRWeb), following set standards in a systematic manner; contribute towards improving transparency in research prioritization at the country, subregional, and regional levels.

ACHR/CAIS and its former and present members presented various topics (including NHRS strengthening, setting national health priorities and equitable development) to regional and international

leaders in health, science, and technology. As a result of these conferences, successful documented analyses have been conducted of national health research systems in 14 countries throughout the Americas with urgent proposals for their improvement at the local level. Reports of the Conferences can be found at www.paho.org/LACRIH.^(6, 12-15)

In 2012, PAHO evaluated its research registry and PAHO's Ethic Review Committee (PAHOERC) updated their standard operating procedures to better respond to and assess studies beyond clinical trials, giving special emphasis to health systems and implementation research. Students from the University of Honduras aligned their research with their country needs, influenced by the newest prioritization strategy.^(8,9)

A crucial component for strengthening NHRS is research transparency, for the sake of both research producers and research consumers. This effort was initiated in 2007 during the Cochrane Colloquium in Brazil, when the digital regional library of health sciences information BIREME and PAHO proposed a common research registry for the Americas that could feed directly into international meta-registries such as the International Clinical Trials Registry Platform (ICTRP). By establishing and promoting ICTRP as a comprehensive meta-registry for clinical trials, there has been over a 20-fold increase in clinical trial registration within the Americas. As of 2015, five countries in the region have established their own national clinical trial registries: Argentina, Brazil, Cuba, Peru, and USA. Cuba and Brazil were the first Latin American registries to be recognized as data

providers for ICTRP in 2012, and other countries, such as Peru, are developing and improving their own registries in order to qualify as an ICTRP data provider. Furthermore, a number of Member States have passed legislation or regulatory requirements for all clinical trials to be registered (Figure 4). As of October 15th 2015, 19,390 trials have been registered in Latin America and the Caribbean.^(9, 16-18) An important facet in taking a systems approach to implement The Policy in a sustainable manner is to build capacity and empower researchers in each Member State; this is largely made possible through the wide range of partnerships that PAHO has been developing strategically.

Figure 4. Cover of the Reports of the Latin American Conferences on Research on Health and Innovation for Health



ACHR/CAIS maintains that PAHO must build and strengthen these external and internal strategic collaborations, in order to

enhance efficiency and build engagement in research and public trust. [Examples of key partners](#) include (in no particular order): Organization of American States (OAS); McMaster Health Forum and McMaster University; EQUATOR Network; Council on Health Research for Development (COHRED); The James Lind Library; The Alliance for Health Policy and Systems Research; Latin American and Caribbean Center on Health Sciences Information (BIREME, at PAHO/WHO); Latin American Forum of Ethics Committees in Health Research (FLACEIS); Latin American International Clinical Epidemiology Network (LATINCLEN); Ibero-American and Inter-American Network for Science and Technology Indicators (RICYT); Ibero-American Ministerial Network on Learning and Research for Health (RIMAIS); International Network of Information and Knowledge Sources for Science, Technology and Innovation Management (ScienTI); Tropical Diseases, Special Programme on Research (TDR); four centers within the Cochrane Collaboration (Brazil, Canada, Iberoamerica, USA); and WHO Collaborating Centers such as Foundation International Center for Training and Medical Research (CIDEIM) / WHO Collaborating Center for Leishmaniasis; WHO Collaborating Centre for Complexity Science for Health Systems at the University of Vancouver; WHO Collaborating Centre for Evidence-Informed Policy at McMaster University; WHO Collaborating Centre in Ethics and Global Health Policy at the University of Miami.⁽¹⁹⁾

These collaborations have resulted in substantial outputs that advanced the objectives of The Policy on Research for Health by strengthening the building blocks of health research systems; for example, a partnership between CIDEIM, TDR and PAHO has resulted in the establishment of four training centers on Effective Project Planning and Evaluation in Biomedical Research (Cali, Kingston, Tegucigalpa, and Fiocruz), the training of dozens of trainers, and an impactful training of hundreds of research teams across Latin America and the Caribbean. Similarly, activities organized with a range of institutes (the United States' National Institutes of Health - NIH, the Ministry of Health of Colombia, the University of St. George's in Grenada, CARPHA, PAHO and others) has resulted in the training of cohorts of research teams who have successfully applied to NIH research grants. These are just two examples among many of the capacity

developments done with a systems approach to enhance health research systems.⁽²¹⁻²⁴⁾

Though volume can indicate an increase in research for health, steps must be taken to ensure it is impactful, of high-quality, ethical, and done responsibly. ACHR/CAIS proposed the updating of PAHO's Ethic Review Committee (PAHOERC) and integrated in its works issues such as research registration and other tools to protect human and animal subjects, increase the value of research, and reduce waste of already limited resources. Through a specific committee, ACHR/CAIS has also advocated for the enhancement of the guideline development processes ensuring that research evidence and proper standards were used in the development of guidelines and recommendations, and the process was aligned and integrated with [WHO's Guideline Development Process and](#)

Figure 5. Geographical Depiction of RCT Registries and Mandated Registration



[Review Committee](#). A 2011 study noted that though registered randomized control trials exhibited “larger sample size and longer follow-up, and reported more frequently information on funding, conflict of interests, and ethical issues,”^(6, 9, 18)

There was still a lack of adherence to proper research reporting standards and the overall proportion of registered trials were low.

Starting in 2011, partnerships were expanded expressly to improve research reporting standards, train research producers and users, and thoroughly incorporate related topics such as equity and beneficence, to consider the balance between benefits and harms. Initiated with support and guidance from ACHR/CAIS, a partnership with the EQUATOR Network spawned a mutually beneficial collaboration supporting a comprehensive effort to increase the value of research for health, and reduce its waste through a virtual library that consolidates health research-related tools and documents. ACHR/CAIS has also worked to make EQUATOR more accessible through supporting the translation of research reporting guidelines into Spanish and Portuguese (2013) and launched Spanish and Portuguese interphases of the EQUATOR website in 2015. The EQUATOR Network has enhanced the importance of these public health developments and highlighted The Policy on Research for Health at high levels including its [Annual Lecture 2015](#). Further, placing The Policy high on the agenda of leading initiatives to increase the value of research and addressing research integrity throughout the region and the world.⁽²⁶⁾

Also in 2011, the Cochrane-PAHO award recognized technical excellence in systematic reviews and protocols related to priority health systems issues from the Americas. These awards were delivered during the Colloquiums held in Ibero-America and resulted in numerous protocols and reviews addressing priority topics for the region. Selection committees included delegates from a range of technical areas of the Pan American Sanitary Bureau, getting staff acquainted with such developments.

A partnership between the National Institutes of Health of the United States (NIH), the Colombian Ministry of Health, and PAHO, engaged and trained teams of researchers and research managers from Central America and the Andean region in 2012, to enable them to deliver successful grant applications. This initiative was well evaluated and was therefore replicated in the Caribbean in a partnership between NIH, PAHO, the Caribbean Public Health Agency (CARPHA), the University of the West Indies, and the host institution St. George’s University.

PAHO also worked with the Canadian Cochrane Center to produce over forty webinars ([Cochrane Canada Live webinars](#)) on health systems research, research policy, methodology and communication. These were developed between 2009 and 2015 and had thousands of live participants, and the recordings are used as reference materials with many thousands of downloads.^(6, 8-9)

In recent years, ACHR/CAIS has actively promoted knowledge translation through advancing methodologies and consolidating

global platforms such as Evidence Informed Policy Network (EVIPNet) Americas with support from key partners like the WHO Collaborating Center at McMaster University, the Pontificia Universidad Católica de Chile, and a network of experts and partners. The EVIPNet has been sponsored by WHO and was adopted by PAHO in 2007; it allows a systematic integration of research into policy and health care delivery by building local teams for knowledge brokers who support the health authorities. These knowledge brokers work within an international network and share resources in ways that facilitate cooperation, share standards, and reduce duplication of work. They also share helpful monitoring and evaluation methodologies. EVIPNet bridges The Policy and research environments by presenting evidence informed policy options that can be discussed with different stakeholders, such as civil society; this allows for the use of research evidence to seek shared views and common ground between researchers, policy makers, and the people affected by decisions. Several evaluations have shown that [EVIPNet Americas](#) is improving processes, leading to the production of strategic evidence summaries to inform policies, informing deliberative dialogues with stakeholders, and impacting on health outcomes in some constituencies. WHO published in 2016 a collection of EVIPNet success stories, including several from the Americas.⁽²⁵⁾ Due to prior success, capacity building was scaled up in 2009 and workshops were started in 2010 to train over 700 local personnel on skills that facilitate knowledge translation (e.g. searching, appraising, summarizing and presenting research evidence to inform policies) and some would be prepared to

teach others these skills. [Between 2010 and 2013](#), systematic evaluations sought to measure any impacts, knowing some of the key outcomes may require longer follow ups. In that period, 12 countries had used EVIPNet in developing 14 policy briefs and 10 dialogues. As an example of EVIPNet's success, a rapid response mechanism in a Brazilian municipality developed policy briefs to address neonatal mortality, dengue fever, and an exercise to prevent non-communicable diseases.^(9, 20)

Conclusion

Through the efforts and recommendations of ACHR/CAIS, PAHO has remained at the forefront of public health throughout the Americas, in part due to its unwavering commitment to the widely diverse populations of the region and its seamless coordination between different countries and regions; however, there is more work to be done.

Though ACHR/CAIS is now more diverse than ever, a systematic and strategic method should be implemented to ensure gender and ethno-cultural balance in the future. This initiative will emphasize that PAHO/WHO and ACHR/CAIS are devoted to ensure that all peoples in the Americas and their needs are embodied in the endeavor to improve health for all.

In line with ACHR/CAIS's recommendations, a monitoring and evaluation plan was proposed for Member States and the Pan American Sanitary Bureau (PASB) to strengthen their accountability in implementing The Policy. For this to be effectively accomplished, indicators must

assess progress with each objective of The Policy. The Secretariat, in coordination with the President of the ACHR, guided professionals working at PAHO to develop progress indicators for The Policy on Research for Health. After several attempts that resulted in impractical or costly assessments, it recommended to build on existing PASB Biannual Work Plan evaluation processes. This offered a practical means of capturing essential information. It requires complementing existing variables with three new variables (or outputs) to broaden the assessment of The Policy implementation and capture periodic assessments done with the countries. The new variables focused on: (1) PASB being able to systematically report on the research projects it sponsors, produces, funds, or conducts, and measures how well these projects align with country priorities; (2) including the indicators for human resources involved in research for health in the indicators used to assess human resources for health; and (3) reporting the financial flows for research within PASB and in Member States.

These proposed assessments are to be complemented with surveys to assess adherence by managers and staff at PASB, and assessments such as those of research registration and financial flows in countries and PASB. The proposed evaluation strategy was deemed the most efficient and would not require conducting additional measurement exercises or workshops in Member States. The recommendations were done in consultation with PAHO's Planning and Budget Department (PBU) and presented at PAHO HQ in June 2015, and in the preparation of the Program and Budget 2018-2019, in August 2016.⁽²³⁾

A baseline of The Policy implementation was done in 2013 by surveying PASB managers, and published in 2014. Later a follow-up survey was carried out in 2016 and published in 2017. The implementation surveys revealed several key findings that resulted in specific recommendations, mainly for PASB managers to adopt and promote. An assessment of research as an essential public health function was planned, considering that the baseline assessment made in 2001 has not been updated. The 2001 assessment was focused on the response to specific diseases and did not consider a focus on determinants of health and research for health, or the contributions of other sectors. The proposal to advance this assessment of research as an essential public health function found a good number of partners but was put on hold for the meanwhile, and may need to be reconsidered as it requires substantial resource and partner mobilization. A recommendation was made to generate incentives for adherence to established programs such as guideline development. Similarly, ACHR/CAIS members suggested the creation of a subcommittee to develop measurable indicators and assess tangible health impacts of their recommendations, and to reestablish PAHO's Research Grants Program that could serve several strategic aims, such as generating knowledge while building capacities on key topics.⁽²⁸⁻²⁹⁾

Although there is internal support for a shift to research for health as reflected in The Policy, the current situation requires that ACHR/CAIS exhibits a formal shift from "health research" to "research for health" and bring on board innovation and solutions that consider the holistic nature of problems and solutions for health.

Contributions from different fields of knowledge and the multi-sectorial approach complement the health-in-all-policies approach. This facilitates a more coordinated approach to health inequities limiting human development and public health impacts. Officially adapting this view would mobilize PAHO and its partners, and facilitate a more sustainable approach with benefits in health as well as other sectors. It is also necessary to continue the high-level support including engagement between ACHR, PAHO's Director and the Executive Management, to ensure that PAHO leads the consolidation of research into its technical work and the implementation of The Policy on Research for Health.

END

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