



45th Session
Advisory Committee on Health Research
of the
Pan American Health Organization
(ACHR/CAIS)



Hamilton , ON, Canada
17–19 October, 2012
Hosted by McMaster University, McMaster Health Forum

**45th Session of the
Advisory Committee on Health Research (ACHR)
of the Pan American Health Organization (PAHO)**

**Hamilton, Ontario, Canada
17–19 October 2012**

Report to the Director

**ACHR Secretariat
Research Promotion and Development
Public Policies & Research for Health
Area of Health Systems Based on Primary Health Care
Pan American Health Organization
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Photo 1. Participants at the 45th Session of the Advisory Committee on Health Research (absent: local guests and support team)



Photo 2: Members of the ACHR and Secretariat: From left to right: Luis Gabriel Cuervo (Secretary), Jackeline Alger, Trudo Lemmens, Zulma Ortiz, John N. Lavis (Chair), Mirta Roses Periago (Director), and Tomás Pantoja. Absent: Lisa Bero and Susan Walker.

Introduction

The 45th Session of the Advisory Committee on Health Research (ACHR) took place at McMaster University, Hamilton, Ontario, Canada, 17 – 19 October 2012. The main goal of the 45th Session was to provide input and recommendations to help the Secretariat prepare a first draft of the Strategy and Plan of Action (SPoA) for the Policy on Research for Health (CD49/10).

The two and a half day gathering of the Committee was preceded by virtual meetings of the ACHR Chair (John Lavis), Secretary (Luis Gabriel Cuervo) and staff to craft the agenda. The organizing teams at McMaster University and the ACHR Secretariat scheduled preparatory meetings in February 2012 and incorporated side events—all of which were carried out successfully. Thank you to the McMaster Health Forum staff for the terrific coordination of the meeting.

The staff prepared a rough “working document” of a SPoA (attached) to structure the discussion around key elements of the Policy, plus updates on the progress made in the Policy implementation. Additional documentation, including a spreadsheet that links the research policy to other policies and SPoAs, complement the Meeting’s main documents. All of the documentation can be read at www.paho.org/researchportal/achr. The Policy goals are attached (annexes 1 – 3).

As a preamble to the Meeting, the Art for Research Exhibit was launched at the Lyon’s Media Centre with remarks from the head librarian of McMaster University. A speed mentoring session was organized by McMaster’s Student Union, enabling students to meet with ACHR members. This was followed by a public speech by Dr. Roses Periago (Director, PAHO), entitled, “Health in the Americas: charting our progress”. ([Click here to read the press release](#))

The Meeting was organized around the six research policy goals, with each session dedicated to one goal. An ACHR member was appointed to facilitate each session and present the achievements and future work based on the summaries provided by the staff. The meeting followed a structure similar to the 44th Session in Barcelona, Spain, except the discussions were geared more towards the preparation of the SPoA.

Committee members were to focus on providing input and recommendations that will help the Secretariat transform the working document into a strategic draft and plan of action, with measurable indicators for the Policy on Research for Health. The SPoA is to be aligned with the World Health Organization (WHO)’s Strategy on Research for Health, the Strategy on Health Systems Research and other PAHO policies and SPoAs approved by governing bodies.

The purpose of the 45th Session was to consolidate the work for the incoming Director and advise the Secretariat on how to transition the research function into a crosscutting pillar of the Organization. It should facilitate the implementation of the Policy throughout the Organization and integrate advancements into PAHO’s technical cooperation.

*The discussions and recommendations in this report follow the structure of the meeting. To follow the report and the deliberations, please consult the full document at www.paho.org/researchportal/achr.

Recommendations presented by PAHO's 45th ACHR to the Director

ACHR members commend PAHO's Secretariat for the continued progress in all key domains covered by the PAHO Policy on Research for Health and for its ongoing work with strategic partners that significantly expands its reach and visibility in the Americas. This progress and approach continue to place PAHO at the forefront of important international developments in research for health and ACHR members hope that this will continue.

Five ACHR recommendations pertain to taking steps to ensure that the [PAHO Policy on Research for Health](#) achieves its desired impact and that this impact is measured:

- 1) The research coordination team within PAHO's Secretariat¹ should prepare within the next quarter an implementation plan for the Policy, focusing on what the 'business owner' can achieve and taking care to distinguish those activities and outputs that support the Secretariat and those that support Member States;
- 2) The research coordination team within PAHO's Secretariat should prepare within the next year the inputs required to ensure that the following documents and processes appropriately reflect the goals of the PAHO Policy on Research for Health:
 - a. WHO-wide strategic plan for 2014–2019 and PAHO strategic plan for 2014–2019;
 - b. PAHO's 'Health in the Americas' mid-term assessment;
 - c. PAHO's 'public health functions' performance assessment, particularly in relation to the research function; and
 - d. (If appropriate) an implementation strategy for the Policy to orient the collaborative work on research for health in the region.
- 3) The research coordination team within PAHO's Secretariat should develop measurable indicators related to 1 and 2 (where possible aligning with indicators proposed by WHO to monitor the implementation of its strategy on research for health) to ensure that future ACHR meetings can be informed by a 'report' card about progress in the implementation of the Policy and an assessment of the factors hampering progress in particular domains.
- 4) PAHO's Secretariat should undertake the preparation of the implementation strategy and workplans and related inputs to PAHO-wide and WHO-wide initiatives in a participatory way that ensures that it is informed by lessons learned from the past and is motivated by a strong sense of ownership in their future use.
- 5) PAHO's Secretariat should undertake research when it is uniquely positioned to do so and when the findings of the research can be expected to directly support the implementation of the Policy or to serve organizational development objectives.

Many ACHR recommendations address each of the goals and related objectives articulated in the [PAHO Policy on Research for Health](#).

Quality: Promote the generation of relevant, ethical and high-quality research for health

- 6) PAHO's Secretariat should continue to pursue the objectives described in the Policy but with more explicit efforts to document the links between its work (e.g., [PAHO's research registry](#), [Health Research Web](#), [International Clinical Trial Registry Platform](#)) and these objectives.

¹ The Secretariat of the Pan American Health Organization is the Pan American Sanitary Bureau(PASB); PAHO is comprised by the Member States and the PASB.

- 7) PAHO's Secretariat should consider re-wording the objective related to incentives so that the focus is on identifying and promoting the use of a range of possible incentives to support high-priority research in the region and not on developing the incentives itself, which is the responsibility of Member States.

Governance: Strengthen research governance and promote the definition of research agendas

- 8) PAHO's Secretariat should cluster and prioritize the existing eight objectives, giving particular emphasis to technical assistance for strengthening national health research systems that provides a menu of options that can be selected and adapted for each country.
- 9) PAHO's Secretariat should, in addressing objective f), support intergovernmental dialogue and interdonor coordination (such as the type being undertaken through the 'Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts' (ESSENCE) initiative) to ensure that common sub-regional and regional research agendas are identified and supported where possible.
- 10) PAHO's Secretariat should strive to mainstream research for health in tangible ways that add value to the work of others within the organization while retaining a responsible team to champion and monitor these efforts.

Human resources: Improve competencies of and support for human resources involved in research for health

- 11) PAHO's Secretariat should give greater attention to the most strategic of the seven objectives listed in the Policy, give a more strategic and mainstreaming orientation to the activities it undertakes in achieving these objectives, and ensure that the long-term goal is that other parts of the organization and Member States address these objectives themselves.
- 12) PAHO's Secretariat should continue to support strong coordination of its capacity-building efforts with other international agencies and play a direct role in capacity building primarily when there is a substantial gap that the Secretariat is uniquely positioned to fill because of skills and experience (e.g., preparing evidence briefs and organizing policy dialogues) or because of the potential for supporting inter-country learning.

Partnerships: 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

- 13) PAHO's Secretariat should continue to develop and sustain partnerships with groups and organizations (including the technical secretariats of health authorities, non-governmental organizations and, for topics like non-communicable diseases, the private sector) that share its vision and values and (when the benefits justify the costs) undertake joint projects with them, while being conscious of the need to do so in a systematic and strategic way so as to make the best use of limited resources and in a way that assures gender and ethnocultural balance.
- 14) PAHO's Secretariat should document periodically the processes that are based in other parts of the organization but highly relevant to partnerships focused on research for health.
- 15) PAHO's Secretariat should consider preparing a document that can be presented to other UN regional agencies about how to incorporate research in their work and continuing to advocate for the re-establishment of regular meetings of the WHO Advisory Committee on Health Research (which provides significant opportunities for inter-regional learning and support).

Standards: Foster best practices and enhanced standards for research

- 16) PAHO's Secretariat should ensure that its work in fostering best practices and enhancing standards for research is aligned with WHO activities in this area and advances the public interest in tangible terms (e.g., by ensuring that citizens and their governments know what research was done, can take action to address gaps and concerns, and can communicate the rationale for action effectively).
- 17) PAHO's Secretariat should continue to promote the development of practices that contribute to better quality and ethical research for health, which includes establishing and maintaining clinical trial registries, expanding the contents of the registries to include a broader range of studies and the results of registered studies, debating the pros and cons of expanding the contents of the registries to include raw data, and considering a major public campaign to promote trial registration and the rationale for it.
- 18) PAHO's Secretariat should consider developing criteria to support ethics review committees in knowing what they should be looking for in different types of research studies (including qualitative research).

Impact: Promote the dissemination and utilization of research findings

- 19) PAHO's Secretariat should continue to find ways to pursue the objectives related to this goal through finding the resources necessary to support technical assistance both internally within the organization and externally to country teams and identifying and capitalizing upon synergies with other Policy goals. The Secretariat should consider conducting an economic evaluation of these activities that enables meaningful comparisons of the many possible investments in research and in other policy support functions, and potentially undertaking more initiatives to stimulate the demand for research evidence, to support its use and to narrow the research-to-reporting gap
- 20) PAHO's Secretariat should accelerate its efforts to systematically document current practices in supporting evidence-informed policymaking (e.g., rapid-response functions) and their impacts, and more generally support research about such practices and their impacts.

The final ACHR recommendation relate to specific issues:

- 21) PAHO's Secretariat and the two members of the World Health Report Scientific Advisory Panel present in the ACHR meeting communicate to WHO the wish that:
 - a. the World Health Report achieve the vision of a creative and compelling profile of how many types of research can concretely improve the health of people that motivates Member States and key stakeholders to invest in research and in efforts to capture its benefits, as the ACHR has repeatedly advised when it was asked to devote parts of its past meetings to the report;
 - b. the sponsors of the World Health Report weigh the pros and cons of continuing the focus on research in specific service to achieving universal health coverage (in which case a much great effort should be made to incorporate messages from the first draft of the World Health Report, subtitled "No Health Without Research") or pursuing a focus on universal health coverage in 2013 and committing to a report wholly dedicated to research for health in 2014; and
 - c. the sponsors of the World Health Report weigh the pros and cons of putting an edited version of the first draft of the World Health Report, which by all accounts was closest to the ACHR's original vision, into the public domain through another route.
- 22) The ACHR hopes for the speedy resolution of the funding challenge facing the Spanish version of the Cochrane Library, which includes the consideration of this issue in the negotiation of the new agreement with the publisher, and supports the ongoing dialogue about how to better incorporate The Cochrane Collaboration in supporting the implementation of the Policy, particularly the Knowledge Translation activities, as well as better monitoring of the usage of the Cochrane Library by the countries in the region.

Wednesday, 17 October 2012

Opening of the Art for Research Exhibit

PAHO's Art for Research Exhibit illustrates the social and economic implications of research for health; making the case that research for health can drive social and economic development and benefit different sectors of society and the economy. The project currently includes two exhibits that have been developed around case studies done with PAHO technical teams:

- "Research on the Move" includes documentary photos by Australian photographer, Jane Dempster, with stories illustrating how research can touch peoples' lives and enable progress.
- "Shaping the World" is a collection of portraits by British artist, Theo Chalmes, that highlights the role of champions and the transformation that research has had in turning challenges into opportunities for a better life.

The exhibition was set up in McMaster University's Lyons Media Centre and included the projection of images and text on a wall of flat screens. A Podcast was developed for people with visual impairment, and existing videos were captioned. The collection was set as the default screen on the Lyon's Media Centre computers. Information about Art for Research is available at www.paho.org/artforresearch, and the podcast can be [downloaded on itunes](#).

Speed mentoring session

The speed mentoring session was hosted by McMaster University's Student Subcommittee at the University Club. Students and 16 PAHO guests and staff participated. Students were able to interact with senior policy-makers and researchers and learn about their careers and the factors that influenced their career development, following brief semi-structured interviews. ([Click here to read press release](#))

Public talk

Mirta Roses Periago, Director of PAHO, delivered a lecture at McMaster University's Health Sciences Centre entitled, "Health in the Americas: charting our progress". The lecture reflected on the main health developments in the Americas during the 10 years of her tenure, and provided her insights into the future direction of health in the Americas. Links to the [presentation slides](#) and reference documents can be found in the [press release](#) by the McMaster Health Forum.

Dinner offered by McMaster University

McMaster University hosted the President's Reception, followed by a dinner for ACHR participants, at the University Club's Alumni Memorial Hall on Thursday, October 18 2012. Based on the excellent results of the [Memorandum of Understanding between PAHO and McMaster](#), the agreement will be extended. A group photo was taken to commemorate the extension.



Photo 3. From left to right: Adalberto Tardelli (PAHO/BIREME), Luis Gabriel Cuervo (Senior Advisor for Research, PAHO), John N. Lavis (Chair, ACHR, PAHO; Director, McMaster Health Forum), Mirta Roses Periago (Director, PAHO), Rubén Torres (Area Manager, HSS), Holger Schunemann (McMaster Clinical Epidemiology Unit; WHO Collaborating Center).

Following this, Mirta Roses Periago presented a plaque to Dr. John N. Lavis, acknowledging him for his leadership and support of PAHO as Chair of the Advisory Committee on Health Research. Periago highlighted notable achievements, such as the Policy on Research for Health, the Latin American meetings on Research and Innovation for Health and the development of tools and processes for its implementation. The plaque reads: “The Pan American Health Organization (PAHO/WHO) is in gratitude to Dr. John N. Lavis For his leadership, contributions and achievements presiding over PAHO’s Advisory Committee on Health Research [2007-2013](#)”.



Opening Ceremony

Dr. John Lavis, Chair of the Advisory Committee on Health Research (ACHR) and Director of the McMaster Health Forum, opened the Meeting by welcoming participants. He commended the Secretariat for its continual implementation of the Policy on Research for Health ([CD49.R10](#); a.k.a. “the Policy”) and Strategy on Research for Health of WHO ([WHA 60/23](#); a.k.a. “the WHO Strategy”). He underlined that the goal of the ACHR’s 45th Session was to consolidate the present work in order to assist the Secretariat in the preparation of an operational draft for the Strategy and Plan of Action for the Policy on Research for Health (SPoA).

Dr. Mirta Roses Periago, Director, PAHO/WHO, then greeted the Committee and partners. Periago pointed out that the Meeting was planned to assure the participation of the new Director; however, due to other circumstances, Dr. Carissa Etienne was not able to attend.

Dr. Roses Periago expressed her gratitude to John Lavis for the progress made during his term and highlighted a few achievements, such as the PAHO Policy on Research for Health, which paved the way for the sub-regional policies in the Caribbean and Central America. Periago then referred to the innovations and transformations made in the research for health landscape, citing the progress made in the regulatory field, where there are five recognized institutions and three more in the pipeline.

There is a new concept of expertise that involves consultants playing the role of private enterprises acting as independent companies. This will have profound implications for PAHO and WHO, however, the change will not have as large an impact on the institutions that are primarily involved with the private sector. The horizon holds many new partnerships, and PAHO must be proactive and know how to achieve the most from these partnerships. For example, the WHO Collaborating Centers (WHO-CCs) and PAHO must broaden their outlook and work with others who can contribute solutions.

Dr. Roses Periago then highlighted domestic issues, such as the failure to publish the World Health Report on research. Focus must be put on how PAHO can influence the new version of the report to include thoughtfully planned items. Second, Roses Periago highlighted the need for more careful attention to the Consultative Expert Working Group to successfully link finance and research (a consultation to follow later in November 2012). The Regional Platform for Innovation is a valuable tool that has gathered many comments, articles and citations. The platform hosts many communities of practice that have created opportunities to identify research questions and ongoing dialogues. Its technology allows for many more functions, yet focus should be on improving the integration of our various platforms.

Under these parameters and circumstances, untouchables, such as intellectual property, are eroding; goods that have been solid for the past forty years are now shattering. There is a need to preserve and share knowledge, maintain and improve institutions and reflect on the meaning and implications of the work of the Secretariat. This almost tectonic movement is what the Committee needs to help navigate so that PAHO can be a leader in this new landscape.

Thursday, 18 October 2012

Report on Policy Implementation and Brief on Plan of Action

Luis Gabriel Cuervo

In September 2012, John Lavis presented the 44th ACHR Report at the 28th Pan American Sanitary Conference. The presentation summarized the achievements made since the ACHR's 44th meeting in Montego Bay, Jamaica, in 2007.

Advances have been made in the Policy implementation, and the 2004 Mexico Summit was a tipping point that brought many issues to the surface. Additional progress was made in the 2008 Bamako Ministerial Forum and the Regional Contributions ([CD48/17](#)), which eventually lead to the PAHO Research Policy and WHO Research Strategy. A key development was the transition from health research to *research for health*, which makes research a means to strengthen the research system, and in turn, strengthen the health system, with the ultimate goal of bettering the health of individuals. There is a need to improve health systems research and knowledge translation in order to catalyze the development of health systems and improve public health. The framework of PAHO's Policy implementation follows a systematic approach through these six objectives:

GOVERNANCE: To Strengthen Research governance and promote the definition of research agendas

Governance at PAHO has two arms: the Secretariat (Pan American Sanitary Bureau, a.k.a. PASB) and the countries. Work within the PASB includes knowing what topics are being researched and what efforts are in place to measure how much is spent on research. Adequate skills and competencies must be kept to use research in technical cooperation and, when necessary, guide research, enhance research registration and keep aware of the human resources relevant to research for health. The PASB has structure and capacity, but its processes need to be perfected. There is a need to articulate PAHO's Research Registry to the administrative processes within the Secretariat.

More work is needed to integrate existing platforms, including the Health Research Web (HRWeb) tool, which provides essential information on governance, such as research agendas. PAHO is positioned as a leader in research and is seen as an influential partner that provides an added value to outside organizations. PAHO uses a systematic approach to build capacities and uphold high quality standards through knowledge translation and strategic partnerships. One challenge has been narrowing the focus of the Policy implementation within the PASB and the countries. Processes like knowledge translation, capacity building through partnerships and integrating platforms remain an important challenge. The Secretariat is in need of advice from the ACHR on how to proceed with these processes. The challenge is transforming research agendas into research questions.

QUALITY: to promote the generation of relevant, ethical and qualitative research

Work in promoting and fostering the use of internationally approved research reporting guidelines has continued and is published on the Equator Network website in both English and Spanish. PAHO participated in the development of the PRISMA-Equity 2012 Extension, which is a guide on how to better report systematic reviews so equity issues are addressed. A partnership with the National Institutes of Health (NIH) and the Ministry of Health of Colombia led to training leading researchers and research management experts from Central America and the Andean Region on how deliver successful grant applications to the NIH.

HUMAN RESOURCES: to improve competencies of and support for human resources involved in research

The competencies of the countries' knowledge translation teams continue to improve and work towards integrating evidence into policies. The Evidence Informed Policy Network (EVIPNet) teams are being trained through hands-on activities with partners. PAHO has worked with the Special Programme for Research and Training in Tropical Diseases (TDR) and the WHO-Collaborating Center CIDEIM to build skills in effective project management and evaluation. In 2012, PAHO worked with the Canadian Cochrane Centre to produce over 40 webinars, which covered aspects of health systems research, research policy and other related topics.

PARTNERSHIPS: 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

Many partners continue to support the implementation of the Policy in Member States and the PASB. Among them are: The EQUATOR Network; the Council on Health Research for Development (COHRED); McMaster University and; The Cochrane Collaboration (mainly the Canadian, Iberoamerican and US Centres). Champions in Member States now contribute to the Latin American Conferences on Research and Innovation for Health, which provide standardized data and analysis to enhance national health research systems (www.paho.org/LACRIH). Countries are increasingly involved in subregional initiatives; for example, Caribbean Community (CARICOM) countries developed their own shared research policy, and countries affiliated with the Council of Ministers of Health from Central America (COMISCA) have proposed shared strategies to implement the Policy on Research for Health (CD49/10), enhance their research capacities and adopt knowledge translation platforms.

PAHO's challenge is to integrate existing tools, such as the clinical trial registries, and expand them (e.g. by registering research beyond clinical trials) to enhance transparency and trust in research for health. Other partnerships have focused on improving the standards for research proposals, improving the reporting and visibility of research and advancing new methods and multinational initiatives.

STANDARDS: to foster best practices and enhanced standards for research

Clinical trial registration has enhanced standards and governance within the Region. For example, Brazil and Cuba now have national registries that are the first to offer interfaces in Portuguese and Spanish; Peru is developing a national registry, and other countries are promoting trial registration in existing registries. As a result, there has been a substantial increase in clinical trial registration in Latin America (from about 40 clinical trials per year to more than 700), which contributes to research transparency while also facilitating governance and networking.

IMPACT: to promote the dissemination and utilization of research findings

PAHO has made substantial achievements in knowledge translation. It has demonstrated leadership and technical cooperation that has influenced initiatives such as EVIPNet Americas, which has been a catalyst in the development of health research systems, and it has guided researchers towards policy priorities that need to be addressed. EVIPNet is now active in four WHO Regions (AFRO, AMRO, EMRO and WPRO) and will soon launch in EURO as well. EVIPNet offers a web portal that highlights tangible products developed by the countries to address local priorities. Over a dozen policy briefs and deliberative dialogues have been

completed by country teams, and the development of a rapid assessment mechanism has been approved. In a municipality of Brazil, the Secretary of Health has established a rapid response mechanism, which has so far developed three policy briefs that address neonatal mortality, Dengue and health lifestyles, and exercise to prevent non-communicable diseases. Impact has been demonstrated through a reduced neonatal mortality rate. The Peru team has improved adherence to nutrition recommendations by identifying problems within the WHO nutrition guidelines. An evidence summary in Central America produced policy options which allowed each country to enhance its access to water and sanitation, and it is now informing policy development. ([Read this story in the PIE Bulletin](#))

PAHO, BIREME and WHO have partnered to develop a single entry point for integrated key resources, called the Evidence Portal. Resources included in the Portal are: Virtual Health Libraries; *The Cochrane Library* (English and Spanish); policy briefs and systematic reviews and; soon, the Health Systems Evidence database, developed by the McMaster Health Forum. The latter offers over 9000 documents (in four PAHO languages) that address questions relevant to health systems and health care delivery.

While all of these achievements indicate that PAHO's work is having an impact, there are two big challenges that await the PASB: obtaining more internal buy-ins and integrating tools and processes into its daily work.

Comments on Policy Implementation

The dates of the PAHO Strategic Plan in the 44th ACHR Report must be changed, as PAHO now has a six-year plan –the next being 2014-2019. Due to 2013 being a year of many transitions, illustrated by WHO launching its new Strategic Plan in May, the administration is discouraging the presentation of new Regional Strategies and Plan of Actions for specific areas, as defined by the planning cycle. This, however, should not stop research advisors from working on their own strategic plan during 2013. The SPoA should consider two streams: 1) a general strategic plan that clearly defines the regional, sub-regional and country commitments; and 2) an internal work plan that clarifies the role and responsibilities of each entity, as well as describes the role of the research coordination team.

In addition to strengthening clinical trial registration, the SPoA should also call for the assessment of the quality of trials, and should differentiate between research originated by investigators versus the industry. Making clinical trials available through open access improves transparency and opens the possibility for the public to use and conduct more analysis of the information. Since PAHO recognizes and supports the benefits of open access, it should be included in the publications Policy. Open access to clinical trials should be used as a strategic tool to encourage governments to foster transparency and accountability. Many comments referred to the World Health Report that was pulled out of publication, and a session was proposed later in the agenda to solely address this issue.

HEALTH SYSTEMS RESEARCH

Ruben Torres

The gap between research results and health policies is a big concern, and there is a need to bridge this gap through the translation of knowledge into policies. To bridge the gap, it is necessary to understand the political process. We must ask the questions: Is research serving the community? Does it identify with the end-user? How do research funders support the application of research findings into practice? There are both barriers and facilitators for using evidence in policy-making, and identifying and incorporating them into the agenda could make evidence more useful. For example, the use of plain language can make research findings more accessible to non-technical end-users.

To explore and document this concern, Ruben had entrusted Ludovic Reveiz and Evelina Chapman to survey researchers and decision-makers in order to identify research priorities for health systems research. The objective of the survey was to assess the gap between what researchers believe is needed and what policy-makers need from research to achieve universal health care. Due to a lack of information about governance, Reveiz and Chapman conducted a systematic review to find evidence on where to identify research gaps. Lastly, a two-step survey was executed by applying the Delphi methodology. Results indicated that decision-makers' and researchers' views on health system priorities are closer than hypothesized—especially in the financial aspect.

Comments on Health Systems Reserch

Survey results indicated that:

- Participants consider normative processes important;
- Mechanisms to purchase medicines and services are effective;
- The management of resources is an issue – more so than funding (27% of medical expenses is spent in marketing and packaging of medicines and only 4% is used in technologies);
- It is important to identify measures needed to cover the poorer populations; and
- Human resources needs must be covered in rural areas.

These results will be important in future conversations with parliamentarians and lawmakers in order to receive their support in addressing the questions uncovered by the survey.

The use of EVIPNet in post-fact research for policy decisions is fascinating. Its process consists of researchers presenting results and providing policy options to the decision-maker, who is then responsible for the decision (a final product that involves both civil society and other stakeholders). The shared views of researchers and decision-makers on health systems priorities indicate that networks like EVIPNet are working.

It may be necessary to study the needs of vulnerable populations and develop an evidence base to evaluate traditional medicines and how to better incorporate tested medicines in the provision of primary health care.

In Latin America and the Caribbean, universal health coverage and the social network that supports individuals to use the health service is more important than access. In order to strengthen governance, the legitimacy of questions that require citizen participation is more important than legality.

QUALITY: promote the generation of relevant, ethical and high-quality research for health

Zulma Ortiz

Ethical research should be represented by three basic principles: autonomy, beneficence and social justice. Relevant health systems research at the local, regional, national or global level could contribute to reducing inequities.

There are four interrelated dominions in universal health coverage: the facilitating environment, the offer, the demand, and the quality of services. There are also two more elements to decision-making: degree of certainty and timeframe (how soon decision-makers require the evidence). Degree of certainty is related to the study design and the strength of the relationship between cause and effect. Policy briefs are good tools that provide options informed by validated research evidence in a suitable format. A key element of the research Policy is knowledge translation from researchers to decision-makers—the trust between these two actors can have considerable implications for decision-making.

Comments on Quality

General Comments:

The development of incentives for researchers is a responsibility of the countries, and it is suggested that the objective be reworded from “developing incentives” to “arrange for incentives”. The incentives also require further clarification (what, how, how much, etc.). There is concern that global funding agencies are financing research with strings attached, and they may be replicating the conflicting situation created by the pharmaceutical industry. Members wondered if PAHO should play a role in this area and generate incentives to promote strategic research.

PAHO should promote stories about the negative impacts of research, i.e. treatments that cause harms, just as it promotes success stories.

Politicians play a key role in promoting research; thus, it is important to approach the Parliaments as advocates of the citizenry and present research questions that address health issues of the population.

Quality:

There were doubts if conducting research should be a priority for the Pan American Sanitary Bureau (PASB) or if the priority should be the use and dissemination of available research. It might be necessary to conduct research in certain areas but only as an exception (see [Human Resources](#) section).

Quality is related to standards, and the Secretariat is already expanding adherence to standards, i.e. Cochrane Systematic Reviews, EVIPNet knowledge translation standards for policy briefs and deliberative dialogues, validated reporting guidelines, GRADE methodology, etc. Quality also depends on the research question, the type of study and the appropriate method used to respond to the question (see Type of Research section below).

There has been plenty of discussion about publication quality, but discussion about production standards is almost non-existent. Publications are mostly measured by developing bibliometric studies, but these do not measure the quality or validity of research issues, such as bias, or adherence to best research practices. It would be interesting to promote research about production quality standards and about the quality of ethical processes and trial registration. WHO's International Clinical Trial Registry Platform (ICTRP) was cited as a tool that embeds plenty of research integrity.

There is a tendency to focus on research ethics when evaluating production quality through Ethic Review Committees (ERCs). While ERCs have a role in improving quality, there is concern that: 1) ERCs would not be capable of absorbing the work, and perhaps PAHO should support having more ERCs; and 2) ERCs would not necessarily improve quality, and another type of review that integrates both ethics and methodological quality aspects of research may be needed. More committees do not necessarily mean better quality.

Standards are available but not well known, and the Secretariat should make efforts for better and broader dissemination of standards so research teams can use them at all stages of research –from formulation to dissemination.

Relevance:

Relevance has to do with the principle of social justice and social solidarity. It is sometimes considered a synonym of setting priorities. Priorities usually take into account cost/benefit; therefore, the most vulnerable populations are seldom given priority. The principle of social solidarity already exists in the legal frameworks of the countries, but there is need to put it into practice. Relevance is defined by the social interest of the citizens, and when relevance is considered, the priorities of vulnerable populations needs to be taken into account.

Relevance varies with location; therefore, it should be viewed in terms of local, municipal, national or global needs. It was highlighted that, in the Region, there are populations in small towns and municipalities whose specific needs cannot be analyzed nor addressed from a global perspective. This aspect is related to the subject of local versus global evidence application. The relevance of global evidence in regards to solving a local problem needs to be determined. There are some situations when global evidence can always be used. For example, global evidence on child obesity can be applied locally by formulating the question, “What is the best strategy to attack obesity in the community?” Factors that influence the applicability of evidence need to be considered, such as specific epidemiological situations, biological variations or contextual issues.

Relevance can be defined by the negotiation between multiple parties (including civil society). One of PAHO's main functions is to provide technical assistance, for example, by providing the countries with the necessary tools to help them define their own relevance and choose issues that are the subject of public policy.

Relevance is subjective, and from PAHO's standpoint, the type of research it should promote should be relevant to equity and universal access.

Multiple definitions of relevance were identified in results from the survey on research priorities (mentioned [above under Health Systems Research](#)). It was decided that relevance on health systems should be defined by “the magnitude and impact of the problem,” adding the aspect of feasibility (especially from a financing standpoint), among many others.

Type of Research:

There is a range of study designs, from observational studies to randomized control trials. The strength of the evidence each study provides makes it easy to define and measure quality. However, more attention needs to be paid to the methodology of each study design and its potential implications. For example, health systems research is more challenging, because it does not have the precise methodology used in clinical research.

PAHO should prioritize its research by the research gaps identified in the Region. The following were proposed:

- 1) Evaluation research;
- 2) Research on cost, including the cost of omission or no intervention;
- 3) Feasibility studies to help assess the viability of implementing a policy;
- 4) Studies on how to undertake the social communication of policies;
- 5) Health services research; and
- 6) Health systems, implementation and qualitative research (important for EVIPNet and knowledge translation processes).

When politicians do not want to make a decision, they sometimes use the excuse that research takes too long to wait for the results. In this scenario, PAHO should advise the country on when it is necessary or not necessary to conduct research.

It is important to specify the type of research that PAHO will be involved in. This may implicate the countries, as they tend to follow PAHO/WHO's lead, and it may deviate from their interests. The member from Universidad de Honduras indicated that students are also doing research based on countries' needs, following the lead of PAHO/WHO. Local researchers wonder if there is space for innovative research. There is tension between basic and applied research. The health sector should not be involved in basic research, not only because it competes with the Ministries of Science and Technology and Education's resources, but because it would neglect its scope of influence. While the health sector is interested in basic research, it is not PAHO's focus.

Director's Closing Remarks on Quality:

Relevance should be seen in relation to who the research is intended for. In regards to the SPOA, the "who" refers to the ministries of health (MoH) – not because PAHO works exclusively for the MoH, but to focus their discussions on health research and its translation into public policy. If the Committee validates this idea, then two more elements are needed, given the nature of the health system:

- 1) Risk analysis (and how to introduce elements of risk control); and
- 2) Feasibility to know if the policy will work or not.

If the Committee succeeds in presenting policy options but they are not accompanied by a risk analysis, it runs the risk of including partial evidence or undesirable effects.

It is not enough to focus on health research and the health sector; other research and sectors are necessary too. For example, the solution to traffic injuries requires many types of research and the incorporation of many other instances and partners outside the health sector, including government offices, public and private sectors, and academe².

² This was a milestone at the Bamako Ministerial Forum 2008 whereby the international community moved from "health

The Chair underlined the need to prepare an implementation plan for the research coordination. He reminded the Secretariat about the need to develop a report card so progress can be measured. He asked the committee to help the Secretariat choose which pieces of this discussion should go in the SPoA.

GOVERNANCE: Strengthen research governance and promote the definition of research agendas

Jacqueline Alger

Good governance of research is intrinsically linked to having good National Health Research Systems (NHRS). These can steer the national research agenda, promote efficiencies, avoid duplications of efforts and provide shared leadership and stewardship.

Key activities carried out during the biennium that were geared towards strengthening NHRS include:

- 1) The work done with the Council of Ministers of Health of Central America and Dominican Republic (COMISCA); and
- 2) The launching of the Commission on Research to monitor progress on research for health in Central America. Countries are sharing resources for research for health and have focused on implementing the Policy on Research for Health (CD49/10) instead of creating a new policy for the sub-region.

Other highlights include:

- 1) Progress made with the [Health Research Web](#) (to facilitate the uploading and sharing of organized information by stakeholders in the countries);
- 2) Characterizing national health research systems;
- 3) The work towards fostering appreciation of the value of research at the political level by presenting the exhibits of the Art for Research project at different events, including six in the Americas and three in other WHO Regions: Canada, Colombia, El Salvador, Honduras, USA, Barcelona, Madrid and Cape Town;
- 4) The assistance provided to Member States to build governance structures that comprise of research policies and their implementation strategies, methodologies to develop research agendas and research priority setting, and;
- 5) The development of a research registry to monitor PAHO research projects.

The four issues that the Secretariat had requested advice on are:

- 1) Where to place the research coordination within PAHO;
- 2) How to engage development and funding agencies with different agendas than PAHO in financing research that responds to country priorities, and how to find common ground in research funding proposals;
- 3) How to promote public engagement and work in the monitoring, evaluation, and accountability of research for health;

research” to “research for health” meaning any research from any sector that contributes to improve the health of the populations.

- 4) How to reconcile the needs of the countries, considering that some already have a strong research culture, while others are just beginning to develop it.

Comments on Governance

General Comments:

There are too many objectives in this goal, and they should be reduced before developing indicators. Also, indicators should be defined carefully, considering that countries are at different levels of development and advancement, and where a country stands should be measurable. For example, if a country already has an agenda, the measure would be assessing the processes in its development. The Secretary recommended that the SPoA reflect what is written in the Policy and asked all participants to consider the structure outlined in Jacqueline Alger's presentation (see background documents at www.paho.org/achr).

The research coordination has five vehicles that call for research governance: Essential Public Health Function 10 (research); the Health Agenda for the Americas (2008-2017) section on research; Health in the Americas (could be the place where policy implementation is monitored); the new PAHO Strategic plan (where the research function should be streamlined); and the SPoA.

Funding Research Priorities and Governance:

PASB is lacking resources to support its research functions, which makes it important to identify means of funding. Proposed suggestions include:

- 1) Measure impact of the achievements to make it easier to convince others (including donors and those in the political level) to fund research;
- 2) Develop a critical mass of "Research managers (gestores)" who can support and partner with researchers to develop and manage grant applications, negotiate with donors, etc.;
- 3) Build alliances with other groups involved in public health and social sciences research that is relevant to PAHO, or prepare joint proposals with partners to present to donors, i.e. priority-setting with COHRED, improving research quality with the Equator Network;
- 4) Support the researchers' work through networks;
- 5) Recognize PAHO's technical capacity and its success in developing research policies, agendas, and priorities (an appeal was made for funding agencies' solidarity to strengthen research governance, as promoted by PAHO);
- 6) Given PAHO's achievement in research for health, it could influence the political level and convene international organizations and funding agencies in an effort to guide the research agenda.

Many funding agencies do not include PAHO/PASB when reaching out to countries to develop projects. PAHO should be proactive, for example, by coordinating with CIDA Canada and the World Bank – institutions that are investing considerably in research.

Favio Zicker invited PAHO to join TDR's ESSENCE initiative for health research and be part of the discussion on finance to influence the donor community. ESSENCE was created two–three years ago to provide a space for donors to meet and discuss funding opportunities. The initiative is moving in the right direction, and donors are joining the initiative on a daily basis. ESSENCE has prepared two relevant documents, one on costing research to assist in budgeting research projects and the other on building

indicators to assess the impact that funding has on capacity building.

Strengthening PAHO's governance will contribute to enhancing the Essential Public Health Function (EPHF) research. This function has been assessed, and it was found to be amongst the weakest. Its indicators may have been able to be used for the SPoA, but there is one caveat: it is for the governments to publish an accurate assessment, and this it is not always feasible. In April - May 2013, Argentina will have the results of a new assessment.

The Bamako Ministerial Forum 2008 Call asked countries to allocate 2% of the Ministry of Health's budget to research for health. Considering countries' different realities, it would be useful to have different scenarios instead of a fixed percentage of the health budget allocated. The National Institutes of Health (NIH) delegate shared that in 2012, NIH collaborated with PAHO and offered a workshop to help researchers improve the competitiveness of research proposals as a tool to help countries get out of financial dependency.

To advance its financial initiatives, PAHO needs to know about the type of research that PASB is involved in, and what types of research drive donor funding. This information is most likely available, but if not, PAHO can conduct a mapping exercise to find out who is funding what type of research and how much is invested.

Research Agendas:

Research agendas could be improved by specifying criteria, documenting the process, indicating the levels of participation for these processes, and defining how the quality of the agendas will be measured. An assessment of the quality of existing agendas in the Region was done against nine criteria identified by WHO. A comparison of the agendas was also made against what is needed to achieve Millennium Development Goals to identify grounds for collaboration among countries. It was found that documentation describing how research agendas were developed or implemented is missing.

Placement of the Research Coordination within PAHO:

A WHO delegate shared the experience of the research unit in Geneva, saying that it was a small team that became increasingly fragmented and isolated, and subsequently, its impact diluted. Although research should function across the entire Organization, it runs the risk of being diluted. Perhaps health systems research can be coordinated from another area in the Organization to avoid narrowing too much of its scope. The Committee was asked to take this into account when advising the Director on the best placement of the research group in this structure. The report presented by Evelina Chapman and Ludovic Reveiz, and the wealth of tangible results, including the achievements of EVIPNet, are strong evidence of progress, transformation of the landscape and the need for enhanced research coordination. Therefore, the Committee should advise on such internal affairs on an impromptu basis.

Mainstreaming Research in PAHO:

The mission and vision of the Organization are the two main tools used when addressing mainstream research, because they dictate who the Organization advises and offers its technical cooperation. Every entity, especially the managers, need scientific evidence to deliver quality technical cooperation, develop strategies, plans, and programs and conduct situation analyses for decision-making. The mission of evidence building

should remain one of the main functions of the Organization; however, many times it is forgotten. The Organization gets lost in developing policies and attending countries' requests for technical cooperation, and it forgets its function of building and integrating the evidence-base.

Streamlining should be more evidence-based, with a focus on identifying the needs of vulnerable groups and supporting countries to be better-informed by evidence in their policies and delivery of health care. All of the above should be reflected in the SPoA.

Director's Final Remarks on Governance:

As PAHO moves towards strategic objectives and results-based management, it has been decided that people from all entities can contribute to any strategic objective. Within PAHO, there is a group of business owners and implementers. The role of the business owners is to ponder. The research promotion & development group coordinates the policy implementation and is the business owner for research. Its job is to think about research and "infect people with the virus of research," but not implement the use of research. There are many other internal and external actors, such as the ethics officer, the human rights regional advisor, technical staff, the WHO Collaborating Centers, the Pan American Centers, the research focal points in the countries, etc.

There are many actors involved in the implementation of the research Policy. It is not about adding people or resources³, but about seeing things from different perspectives, adopting other forms of work and managing the work of others. As an example, Polio was not eradicated by a single expert; the vaccination campaigns involved hundreds of volunteers.

PAHO has a tremendous capacity to mobilize resources. It can tap into artists, the media, speakers, in-kind contributions and many other intangibles due to recognition of its work. In the new landscape, there is growing South-South cooperation. The work is more about how to get these bodies to fund and/or execute research. PAHO needs to support Member States in developing new mechanisms and increase countries' willingness to invest in research. The region is rather invisible in getting resources from donors, despite its capacities and infrastructure. The Gates Foundation is investing in PAHO because of its good practices.

There is a need to reduce the number of objectives, but two objectives need to be added:

- 1) Support intergovernmental policy dialogues; and
- 2) Monitor and evaluate impact.

The SPoA focuses on what needs to be done to better implement the Policy. The document should be clear, and the language should be precise. The SPoA will define the role of the research coordination team (advisors) with clarity and precision, complementing what is stated in the Policy. If this is not done, the group will find growing limitations in its work. The role could be defined as "infecting the rest of the Organization with the research virus." This is how it was done in the streamlining of gender, and the research coordination team could follow that example.

³ **NB. The** request for more resources referred specifically to the internal distribution of resources and the drastic operational budget, cut about 90%, applied to the research coordination on top of having the funds from AECID diverted to other PAHO entities.

IMPACT: Promote the dissemination and utilization of research findings

Tomás Pantoja

Knowledge translation has had a prominent role in the Policy and WHO's Strategy and has been important in integrating research results in health policy decisions. However, despite there being an obvious need, the implementation of knowledge translation is not simple. There are a number of barriers, for example, evidence is just one component in the decision-making process, and decision-makers do not always deem it relevant or necessary.

There is tension between the abridged title of the Policy's goal ("Impact") and the activities carried out to achieve this goal. The activities have more to do with the process of knowledge and less of a focus on impact.

Pantoja found it unclear what the responsibilities of the research coordination group were versus those of the Knowledge Management and Communication (KMC) Area in respect to knowledge translation. It is important to elaborate on this, because there are objectives missing from the working document. The SPoA should clarify this, and if other groups are fulfilling such objectives, then perhaps this needs to be reflected in partnerships with those groups. The responsibilities and contributions of each group regarding knowledge translation should be clearly laid out.

One underlying theme of the document is to build and increase capacities in the countries. This objective is related to:

- 1) **Stakeholders** identified from the perspective of the work that it is carried out, mainly in Latin America and the Caribbean, involving decision-makers, researchers and others stakeholders.
- 2) **Resources** beyond human resources; the two most-used resources for the development of products and tools that translate research findings into policies are policy briefs and deliberative dialogues.
- 3) **Standards** used to develop standardized products and quality tools that facilitate the use of evidence.
- 4) **Dissemination** of products and tools through various media channels, such as online portals and platforms, videos, YouTube playlists, the PIE Electronic Bulletin, and the participation of other stakeholders in international forums such as the "[*Evidence Informed Health Policy in Low and Middle Income Countries: an International Forum*](#)", Ethiopia, August 2012.

Challenges that threaten the sustainability of the EVIPNet initiative include:

- 1) Sustainability of the country teams, the advisory group, and of the EVIPNet Americas' Secretariat.
- 2) The financial sustainability of achievements made by the Secretariat (this is a recurring issue that has created a great deal of discussion). The coordination continues to depend on a short-term consultant (Evelina Champan), working on a contractual basis, without long-term funding; resources have been mobilized to extend her contract, but this is inefficient and compromises the sustainability of the project.
- 3) The concern about the ability to develop and incorporate new products/tools, such as rapid response mechanisms, to deliver evidence summaries in short periods of time.
- 4) Getting a greater involvement of organized civil society and the mass media. All the country teams have expressed the need to involve the media, but its systematic involvement is pending.
- 5) Finding a balance between global evidence and local decision-making – for example, using systematic reviews that summarize global evidence and the need to produce local or context specific evidence.

- 6) Defining the core competencies needed for EVIPNet teams to use the evidence in health policies in a systematic way.

There is a need to continue with systematic evaluation to demonstrate that the work yields measurable results. There are two evaluation projects:

- One, led by John Lavis, that provides a logical matrix showing the long-term results; and
- One, carried out by Evelina Chapman, as a systematic evaluation of what has been done to measure short-term impacts on a local level, such as the reduction of perinatal mortality in a Brazilian municipality.

Comments on Impact

The Objective, its Relation to the Activities and the Internal Coordination:

The Secretary clarified that the Policy reflects the perspective of the Organization and is not about the achievements of the research coordination team. From this perspective, there is much progress not reflected in the summary, for example the fantastic work of BIREME. This point brought up the need for better coordination within the Area of Knowledge Management and Communication (KMC) and BIREME. There is a need to clarify the roles and responsibilities of the Area of KMC and of the Research Coordination in regards to the function of knowledge translation in health policies. To coordinate outside the PASB, it is necessary to first clarify internal responsibilities.

The SPoA should elaborate on how knowledge translation has been conceptualized by the EVIPNet initiative, and why it is important to continue following that concept. This would also contribute to evaluating research coordination and would show how different entities in the organization are disseminating and promoting the use of research findings.

The SPoA should focus on fewer points or sub-objectives, placing emphasis on those which are already yielding results. More emphasis should be put on the main function of this goal, which is to ensure that knowledge is translated into health policies.

Products:

An ACHR member stated that intellectual property and open access to scientific literature are more in the context of legal frameworks and human rights. It was suggested that the SPoA include legal arguments and mention the importance of human rights in the context of intellectual property and open access.

Many countries, such as Argentina, have had units of strategic response for years with rapid response functions. The Ministries need new mechanisms for rapid response systems, but before action is taken, the existing system must be examined. A main challenge is producing evidence summaries efficiently and in formats that are easy to use. Another challenge is getting simplified summaries of systematic reviews.

Comments on sustainability referred to two aspects:

Institutional Sustainability:

The institutional sustainability of knowledge translation arose due to the message from WHO and PAHO

that creating a research unit within the Ministry of Health was necessary. Many countries created these units but strayed from the processes of planning and budgeting. Providing these units with technical assistance has not been easy, as they are not well integrated within the Ministry.

Another challenge is getting governments to assume the responsibility of translating knowledge into policies. Knowledge translation is a relatively new concept and is not part of the young researchers' background. Although young researchers are easily trained, the economic crisis has affected new training opportunities. Challenges include: transmitting this knowledge to professionals without such background, making knowledge translation more efficient, and producing more and better research about knowledge translation.

Financial Sustainability:

One of the most pressing needs in the medium-term is the sustainability of the EVIPNet Americas coordination (Secretariat). The issue has been discussed for some time, yet it is still unresolved. A large challenge is the Coordinator working on a contractual basis. Everytime the current contract ends, new funds need to be negotiated. This is both inefficient and distracting.

A member recommended comparing EVIPNet's achievements with its cost, and more importantly, clarifying the benefits and/or value that the initiative adds to the Ministry or the country. Without costs, it is very difficult to begin the conversation on financial resources. At the very least, the cost of one evidence summary (policy brief) should be readily available. Knowledge translation is well known, so it should be feasible to appraise the whole process, differentiating between countries with various levels of advancement. Governments must know the total cost of the entire process (training, travel, workshops, policy brief production and deliberative dialogue costs). Ministries of Health have units that estimate the cost to assess health technologies and guidelines for clinical practice, and it is necessary to explore how these units can expand their work to estimate the costs of knowledge translation. There is a need to look at this issue in a creative manner.

Evaluation:

Although evaluation takes time, it is necessary in order to demonstrate impact and value. It is not easy to measure every aspect of impact, but evaluations are a great advocacy tool for EVIPNet, and it would be beneficial to demonstrate the returns of this investment.

The evaluation should also demonstrate the value in being part of the EVIPNet initiative and how costs decline as a result of working in a network.

Stakeholders:

The Ministries must take responsibility for knowledge translation and ascertain the barriers that prevent journalists and the media from disseminating accurate research findings. There is a need for journalists who use evidence-based health reporting in the media. Another key stakeholder frequently left behind is the patient.

HUMAN RESOURCES: Improve competencies and support of human resources involved in research for health

Jaime Miranda

The challenge that all agencies involved in capacity building face is retaining trained personnel. There is a need to be strategic in selecting the indicator to monitor and evaluate this work.

The Special Programme for Research and Training in Tropical Diseases (TDR) has a great deal of experience training human resources and has developed many strategies, but it has not been as successful in tracking and measuring the effects of capacity building. TDR would be very interested in knowing what indicator PAHO will use to measure capacity building. One challenge is the gap between trained clinical researchers and knowledge brokers who can translate research findings into policies for health. To address this challenge, TDR has developed an innovative, hands-on initiative, supported by The Gates Foundation. The initiative consists of placing fellows in pharmaceutical companies and in private partnerships so they can bring insight from low- and middle-income countries into the research conducted in those entities. TDR continues with its training packages for research management, and the packages developed with CIDEIM are being offered to all Latin America and the Caribbean, with the support of PAHO. CIDEIM has been most successful at training human resources in research management.

Comments on Human Resources

The working document for the SPoA is difficult to read and does not reflect the critical points that would boost the capacities of human resources for research. Instead, the objectives focus on the human resources and staff development teams, and both should be consulted for the SPoA. The research group needs to clearly define which capacity building activities correspond to the research coordination team, as well as define institutional capacity development. The SPoA needs to specify what is being done through technical cooperation to avoid being distracted with things that correspond to others at the cost of disregarding its core function. Other entities must contribute to implementing these aspects of the Policy. Tallying the research workforce is a responsibility more suitable for the Human Resources team. PASB's research coordination team should be motivating and monitoring Human Resources (HSS/HR) to take ownership. In the objectives of the SPoA, a strategic statement from someone of a higher level than those in the draft is needed. For example, objectives 3.2 – 3.5 are specific and operational and should be combined with others.

A proposal was made to reduce the objectives in two strategic areas: Objective 1, which is substantive, and Objectives 3.3 and 3.4, which represent knowledge translation and other key capacities that researchers need. All other objectives can be incorporated in these two broader areas.

Another suggestion was to group all the objectives that have to do with training at PASB under one objective, and everything that has to do with the countries in another. Every objective should specify whether the training is for PASB Staff or for the countries; they are currently mixed, which hinders comprehension.

The Human Resources goal needs to be revised, taking into consideration all comments and suggestions raised during the session. See some additional considerations and specific comments per objective in the working document below. If in doubt, please consult the Policy (CD49/10).

Considerations for the SPoA Regarding Human Resources:

There are two aspects of training in human resources:

- 1) The competencies the workforce needs to acquire; and
- 2) The methods used to obtain those competencies.

The SPoA needs to elaborate on the methods and provide guidance on which ones to use. The expected effectiveness and evidence base should be provided.

Competencies can be considered at the individual level or at the institutional level. The SPoA should clarify if the objective is to train individuals or build capacity within the institution. If the latter, it is necessary to specify what should be done when the individual leaves to ensure that the institution retains such capacity.

The SPoA must specify whether competencies are required to use or produce (and use) research. For example, training on critical appraisal through the use of research synthesis tools (systematic reviews and guidelines) is more for research users. Most professionals need to be skilled in using research summaries and reports; few may need the capacity to conduct research.

The necessary training needs to be rooted in the SPoA objectives. The audience targeted for training needs to be well defined, along with the method and content for each audience. Developing a menu of training options for each audience should be considered. Three key audiences have been identified: ministries of health; ministries of science and technology; and universities. Some of the proposed themes for training include: development of research agendas; building governance; knowledge translation; research registration; intellectual property rights; research in health technology transfer; health systems research; and health services research. PAHO is perceived as a leader in knowledge translation and clinical trial registration.

Comments by Objectives in the Working Document Objectives 3.2, 3.6 and 3.7.:

Objective 3.2 (capacity building at PASB) is too specific and should be summarized; Objective 3.7 (gender and ethnicity equity in the research workforce) is too far from the focus of the SPoA and should be combined with another objective to incorporate ethnicity and research teams somewhere else. Objective 3.6 can be combined with 3.3 and reworded so it does not appear as an activity under the Essential Medicines and Technologies group. The wording should read along the lines of: “Member States requiring evidence-informed evaluation as part of the approval of health technologies.”

Objective 3.1:

This objective is substantial and includes a great deal of content included in items 3.2, 3.3, 3.4, and 3.5. The latter is too specific and should be combined with the others.

It is necessary to clarify the meaning of “human resources mainstreaming”. The Director noted that the tools and a comprehensive methodology have already been developed. The methodology was tested with the gender theme, and, subsequently, with Primary Health Care, Human Resources. Everything that pertains to

this methodology is available in the virtual campus.⁴ PAHO should propose that all human resource policies in the Region be integrated and assessed for consistency.

Objective 3.3:

A working plan with the ministries of health, and other ministries, that describes the skills and training researchers need should be part of PAHO's technical cooperation. Also, PAHO should work with governments to clarify indicators of the research workforce needed in countries, and to select the indicators that will measure the training of that workforce.

It is necessary to rephrase everything in the SPoA that refers to EVIPNet so it reflects its progress and promotes further advancement in transferring the responsibilities of knowledge translation to the Ministries. This can be done by advocating for ministries to develop the proposed structure (EVIPNet) and take responsibility for training human resources in knowledge translation. This same procedure could be applied when training the research workforce to achieve the policy objectives.

Partnerships and Training Of Human Resources

The SPoA should reflect that partners play an important role in training human resources. It should clarify each partner's expertise, the training scope, and whether or not it complements PAHO's activities. This clarification is especially important in situations where there is potential for duplication between PAHO and a partner. There are many resources for the development of Human Resources, such as the WHO-Collaborating Centers, institutes and universities. PAHO could take the first step by mapping what is already available and getting together with partners to build a training plan, as part of PAHO's coordinating role.

Objective 3.4:

In this objective, and in objective 3.5, it is not clear if there is concern about the retention of trained researchers or the national problem of "brain drain". PAHO should consider reformulating the objective or not including it at all.

In order to define what human resources exist in Latin America and the Caribbean, the research group extracted data from studies, reports, initiatives and policies in human resources, as well as websites of the Ministries. Although the analysis remains to be done, some indicators and sources were identified and can be mapped. There is also information about human resource initiatives and policies, and on migration issues, and the analysis should be available for discussion at a later date.⁵ Alternatives to gathering this data include: the research focal points in the Ministry of Health; PAHO's research focal points in the countries; and PAHO's Human Resources team. These should help to retrieve data, and with the data available, the research team can develop the indicators. If the data doesn't exist, then PAHO should support the Ministries of Health to construct the indicators. The research team should promote development and publication of the indicator so it can be monitored. "Human resources for research for health" should be incorporated as a category in the Human Resources Observatory.

⁴ The background documentation for the meeting includes a table listing the research components in PAHO Resolutions and other policy documents (Policies, Strategies, Plans of Action, etc.).

⁵ The Secretariat and ACHR share documents and conduct virtual meetings between ACHR sessions.

Objective 3.5:

A fundamental question regarding this objective is if the Pan American Sanitary Bureau (PASB) should produce research, because the policy indicates that PASB should promote the use and dissemination of evidence, but it does not mention that the Secretariat should investigate, except in exceptional cases⁶.

It is important to clarify the purpose of the research and whose priorities it follows, as well as when it would correspond or be justified for PASB to produce research. For example, it would be justified if no one else is willing or able to conduct it and it would have a positive impact on the Organization to position itself as leader. If agreed upon, this should be incorporated in the SPoA.

PAHO conducts institutional research to be a better organization, and it is always researching how to define technical cooperation, how the organization uses human resources, etc. The Organization is committed to be a broker of research, but it is not a research institution. Therefore, PAHO will not conduct traditional health research.

Friday 19 October 2012

PARTNERSHIPS: seek efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration and the building of public trust and engagement of research.

Silvina Ramos

There are three components in the title of this objective; two of them have been thoroughly elaborated on: building partnerships and collaboration. The third component, building public trust, is underdeveloped and requires attention. Partnerships are defined as an objective in the policy, and they are also a strategy through which PAHO achieves its mission. Partnerships have various impacts, including sustaining and extending achievements, contributing to multiplier effects, giving legitimacy to the work of PAHO, helping to build consensus to position research for health, etc.

In its simplest definition, a partner is someone we coordinate with to achieve something. Additionally, partnerships have a political angle due to each partner having their own agenda. For this reason, a partnership needs to be strategic in both the political and technical sense. This is important in regards to the harmony between PAHO and its partners. It is best to focus on the common areas of work to make the partnership more efficient. This political angle must be clearly reflected in the SPoA.

The Secretariat has established several partnerships with stakeholders that operate on various levels: national, regional and global. They comprise of a wide range of institutions, with which PAHO performs various activities (e.g. webinars or international workshops) that produce a variety of results (e.g. awards and advocacy from high levels). The diversity of activities leads us to weigh if a partnership truly contributes to PAHO's mission, and whether or not they should continue. The implementation of such results demonstrates if there should be a new focus, priority, or other action with the partners. An important thing to consider when

⁶ The Policy (CD49/10) mentions the production of research, but the main drive is the use. As described, it may get involved in research, for which it is exceptionally positioned, or to address its own needs. Earlier Reports to the Director by the Secretariat of PAHO's Ethics Review Committee provide an insight into the research in which PASB is involved.

prioritizing partnerships is that it takes a significant investment of time, which increases the need to be strategic when choosing partners.

Comments on Partnerships

Important Aspects of Alliances:

Three elements to consider during the development of a partnership are the partner's vision, values, and projects. It is key to identify what PAHO has in common with the partner, because it tells us if the partnership will function or not. From the countries' perspectives, one challenge of having many partnerships is lack of coordination with PAHO. Partners can produce aid fragmentation that weakens the country's capacities or sustainability once a project is finalized, compromising its lasting impact. Partners also have their own demands, and consequently, the country needs to put more effort and energy into meeting the partners' requirements.

Another element to consider is who will benefit from the partnership. PAHO should create partnerships with agencies or institutions that work to improve health conditions of vulnerable populations. The representation of women and ethnic groups in research teams should be enhanced to increase research among these populations.

Through advocacy, the key aspects of each partner organization can align and generate influence. The partners can use that influence to create new partnerships, therefore, expanding its influence even further. PAHO, as an intergovernmental organization, can capitalize on this influence.

The new evidence unit at WHO is working to improve its network of partnerships, build capacities and generate new knowledge. The organization has recently engaged partners to achieve "collective integration". These partnerships require a clear backbone and stewardship. The Secretary asked Ulysses Panisset to communicate with WHO and relay the importance of joint meetings with the Global and Regional ACHRs, pointing that many successful initiatives at PASB began from exchanges at these joint meetings with WHO and other regional ACHRs. Therefore, it is important for PASB to renew its collaboration with other ACHRs as soon as possible.

Types of Partnerships

The four types of partnerships listed below are not well represented in the working document; therefore, they should be elaborated on in the SPoA.

- **Non Government Organizations (NGOs):** NGOs are considered part of civil society, yet that is not always the case. However, they are still considered partners because of their advocacy role in community implementation.
- **Civil Society:** Examples of civil society partnerships include the Association of African Descent, as well as PAHO providing its support to register transgender populations.
- **Communities:** Although not thoroughly developed in the working document, PAHO has done extensive work with the community. An illustrative example came from the Millennium Development Goals (MDGs) initiative. Many were skeptical about the relevance of the MDGs to the Americas, but PAHO proved its relevance by advocating the need to address inequities and cooperating with the communities in the poorest municipalities. This led PAHO to become a leading agency in MDGs.

- **The Private Sector:** The private sector was the source of much discussion. Partnerships with the private sector are more elaborate than those with the civil society, and they are heterogeneous, despite frequently being perceived as homogeneous. Conflicts of interest are a big issue in these partnerships. However, there are benefits as well, and health has a mobilizing role for the industrial sector—a sector that is key in PAHO’s work in the prevention of chronic diseases. Transparency and management of conflicts of interest is very important within these partnerships. There are existing guidelines for working with the private sector that should be observed and referenced in the SPoA. PAHO’s partners in the private sector are chosen explicitly and must uphold to the principles of equity. The inclusion of human rights should also be considered in the new partnership initiatives.

PAHO has clear guidelines when forming partnerships with the commercial sector. For example, the partners’ ability and inability to work together must be analyzed. Though PAHO is unable to work with institutions related to snuff, weapons, narcotics, etc., there are specific cases where it would be allowed (e.g. alcohol and pharmaceuticals). There are clear guidelines for working with civil society associations, professional associations, academia, and technical panels that must be adhered to.

It is also important to have guidelines on working with industry organizations. The Democratic Governance for Global Health is actively demanding that their guidelines be clear and updated periodically, because with the economic crisis, WHO is being forced to ally with the pharmaceutical industry, and the industry sometimes has its own foundations.

Guidelines on standards were deemed important, and it was suggested that PAHO should advocate for open access to data using human rights arguments; just as the Open Society Foundation does. The many partners mentioned in objectives 4.1, 4.2 and 4.3 of the working document should be revisited to see if it is worth developing joint activities. Finally, there was a recommendation to create a chart of all the partners, organized by who they are, where they operate, what their sources of funding are and the outcome and results they produce with PAHO to better understand its partnerships.

Potential New Partnerships Identified:

Ministries of science and technology that share PAHO’s mission and vision are a good choice for joint projects. These would be strategic partners, since the Ministries of Health seldom host science and technology units.

Faith-based organizations or religious societies have a valuable role in the advocacy work of PAHO, especially during the initial stages of implementing innovations. PAHO invests a lot of resources into advocating for other sectors, and the influence of faith-based organizations proves to significantly contribute to the value of PAHO’s work.

Partnerships in Communications:

Special attention needs to be paid to the press. A partnership with journalists could result in making the news more evidence-based and could contribute to closing the research-to-reporting gap.

Other Institutions and Forms of Partnerships:

Mercosur, Andean Community and The Amazon Cooperation Treaty Organization all form a large component of the South-South cooperation.

Director's Closing Remarks on Partnerships:

The Summary tables do not reflect the entirety of PAHO's partnerships. It might be useful for ACHR Members to see the whole picture, not just the research partnerships. PASB should provide ACHR members with the information on other partnerships too.

STANDARDS: Foster best practices and enhanced standards for research

Trudo Lemmens

Discrepancies between the Policy and the working document include objectives 5.2 and 5.3, which were moved to the "Impact" and "Governance" goals (respectively). Items "f" and "h" from the Standards section of the Policy (CD49/10 Annex A, Item 34) have been combined.

Best practices should lead to concrete results. The description of the objective on standards (written equally in both the Policy and in the working document) should be expanded to incorporate: "The basic ethical requirement underlining best practices is improving health."

Lemmens noted that the objectives for the 'Standards' goal were different in the Policy than in the working document and he was presenting the highlights according to the policy.

The highlights presented were:

- 1) Guideline development is now part of technical cooperation in various countries, and the McMaster University and the Universidad Nacional de Colombia were supporting the effort;
- 2) Progress in clinical trial registration included having two Latin American WHO primary registries approved by WHO-ICTRP (Brazil and Cuba), one application received (Peru), and another registry (non-ICTRP compliant) in Argentina; a day before, the Canadian press announced that Health Canada would develop a registry;
- 3) Open Trial software has been customized by adding trial registration as a new field that Ethics Review Boards check when reviewing proposals. The software is prepared to set WHO-compliant Primary Registries with interfaces in Spanish, Portuguese and English;
- 4) The PAHO research registry was evaluated and, subsequently, the PAHOERC Standard Operating procedures were updated;
- 5) Research reporting guidelines continue to be promoted, and more guidelines in Spanish are published on the EQUATOR Network website. However, a recent study assessing adherence to research reporting guidelines in the scientific literature found that adherence is very low (see background documents);
- 6) A priority setting exercise identified specific research questions aimed at reducing maternal mortality, and the results have been published; global EVIPNet standards for policy briefs and deliberate dialogues have been incorporated with support from the MacMaster Health Forum and SURE.

- 7) The Secretariat was commended for publishing various articles in peer reviewed journals, inspiring other ACHR members to do likewise.

Comments on Future Plans:

- 1) Some activities and targets were specific enough to facilitate the measurement of the objective's achievements (e.g. a publication on guideline development to make PAHO guidelines compliant with WHO standards);
- 2) Other objectives need to be more explicit in order to measure whether or not its goals have been achieved, because there are big differences among countries;
- 3) The SPoA should reflect a more active role in the area of promoting research results and supporting open access to data, considering that WHO seems to be very aggressively promoting both;
- 4) Add incentives, i.e. PAHO could consider promoting good practices for setting research priorities.

Other future plans that warrant more discussion:

- 1) Enhance the Ethics Review Committee standards in the Americas;
- 2) Develop rapid response mechanisms in the context of EVIPNet and the harmonization of standards;
- 3) Promote policies to increase the investment in research, and identify alternative sources to fund research (e.g. south-south collaboration).

Comments on Standards

General Comments:

Some objectives should be rewritten to make them more clear and capable of being tangible indicators. How they are currently written makes them difficult to measure. The wording, "promote standards aligned with WHO Strategy" should be rephrased as "produce standards, taking into account the WHO Strategy." ACHR Members should focus on helping the Secretariat by providing recommendations about the goals, objectives, products and services for the SPoA. Once this is clear, the Secretariat should develop indicators using tools PAHO has in-house to create strategies and plans of action with very precise requirements.

Attention should be paid to the use of the word "help", for a better term would be "support," or "provide technical assistance".

The fact that there are three different wordings (the original used in the Policy, another used in the working document and a third used in the summary template) adds to the confusion. As long as the SPoA keeps track of the changes made to the Policy, it should be clear in the end, and at the same time, it will give the staff some flexibility to rework the objectives.

PAHO's objective on standards should be aligned to that in WHO's research strategy (2010), where WHO lists four objectives:

- 1) Develop a systematic method for selecting, developing, adopting and evaluating new norms and standards in line with the priorities;
- 2) Develop norms and standards for best practice in the management of research, for example ethic and expert reviews;

- 3) Report research findings, share research data, register clinical trials and the use of evidence for policy development, and facilitate publicly accessible registries of clinical trials; and
- 4) Technical cooperation to help countries adapt, implement norms and standards for research and monitor subsequent compliance.

It was established that standards are aligned with quality (referring to the [“Quality” session](#)). PAHO is the transmitter, and the Ministries of Health are the recipients, meaning research standards should be developed to support the Ministries of Health. This would be implemented by supporting the Ministries’ essential functions and providing evidence on what tools can be developed to ultimately strengthen the Ministries.

Other tools that support essential functions of the Ministries include:

- EVIPNet and the standards developed for knowledge translation;
- PRISMA-Equity Guidelines to incorporate the subject of equity when reporting on systematic reviews;
- ICTPR, an initiative that convened different stakeholders, each having a different agenda. Through a series of discussions, the stakeholders agreed on common fields that all were prepared to share.

Specific Comments per Objective (as Written In the Working Document)

Objective 5.1:

- 1) If PAHO does not align with WHO Standards, there should be a specific reason.
- 2) Following the advice to identify essential public functions in the ministries of health, standards should be developed to improve quality of care and policy-making.
 - Help Ministries to define the relevance of research;
 - Promote evaluative research as a research culture;
 - Include standardized risk assessment when conducting scenario building activities;
 - Develop standards for integrated knowledge translation into policies;
 - Develop standards for complex studies requiring the integration of qualitative and quantitative methods; and
 - Develop standards for the communication and validation of evidence-informed policies so that society can take ownership and implement them.

Operative Indicator Proposed for Objective 5.1:

Monitor the quality of PAHO’s guidelines and recommendations and evaluate its progress by conducting periodic assessments.

Objective 5.2:

If this activity is already being developed by other organizations (i.e. COHRED/Global Forum), should PAHO still add it to its agenda? If the idea is to work jointly with others, PAHO should identify the value it would bring. If there is added value, PAHO could develop the indicators used to measure the effect of the investment in health. For example: total budget/figure assigned to health research in the country, and in the ministry of health; number of `investigators` in the public sector, by relevant specialty; sources that fund

national research, etc. Once this information is available, it should be included in the Report Health in the Americas for dissemination in the Region.

Objective 5.3:

- 1) There is confusion and very little guidance regarding the standards for qualitative and ethical research. PAHO should collaborate with other institutions to develop such standards;
- 2) Consider specifying aspects of qualitative research, like ethical aspects, and analyze ethical standards;
- 3) The Gender, Human Rights and Bioethics Area manager mentioned a new Resolution that was approved during the recent Directing Council, which extends the area of ethics to encompass the sphere of public health and also considers, in addition to aspects of human subjects, aspects of human rights and other crosscutting components. This ambitious resolution proposes to have registries and maps of other factors, in addition to evidence, such as the patients, collaboration of researchers, participation of indigenous populations, etc.

Objective 5.4:

This objective should be rewritten to improve clarity; it encompasses a lot of information and the language is very technical.

Clinical Trial Registration:

This objective should be rewritten to show that clinical trial registration can produce results, such as improved transparency in health and research. There has been plenty of discussion regarding the funding and support of the registry, and emphasis should be redirected to creating shared registries that meet the needs of small countries where a single registry is not justified. Shared registries would be useful when registering multicenter studies.

Now that the registry is developed, it is necessary to expand the objective so that, in addition to measuring access to clinical trials, other aspects can also be measured. The registry is expected to strengthen the capacity of the Ministries of Health, contribute to transparency and impact public policies. Cross objectives should be added to facilitate the measurement of other aspects, or the objective should be expanded to include possible challenges. For example, has there been improvement in the publication of results? Is data being reported in open access sources? How can we support the Ministries of Health so that their use of the registry increases?

There is an existing body of non-clinical research, and the opportunity to include it in the registry is often missed. There may be a fear of registering studies as clinical trials based on - conflicts of interest. It should be emphasized that the registry it is also for studies other than clinical trials.

The objective should be rewritten to reflect that PAHO is promoting access to data and databases, as WHO is doing. In order to facilitate the exchange of information between databases, the International Classification of Diseases (ICD) 10 should be in open access.

Objective 5.5:

This objective should be combined with others due to overlap.

Objective 5.6:

A strategy should be developed to promote adherence to the registry and increase its use within specific audiences, the general public, the Ministry of Health, etc. A campaign to promote what the registry represents to the citizens and other stakeholders should be included in the strategy.

There is a need to analyze research ethics to find out how it promotes better ethical standards. The quality of proposals submitted to PAHO's Ethics Review Committee (ERC) varies hugely, despite being approved by external ethics review boards. Proposals should present a strong methodology and include how the study is going to be reported, what guidelines will be used, how the researchers will promote the research findings and any remaining knowledge gaps through specific recommendations.

The PAHO registry was built as a record for all research involving PASB. PAHO staff is required to register all research proposals, regardless of whether or not they involve human subjects. However, there is a problem with adherence. The report on research proposals not submitted to PAHO's ERC is missing; there is a need to determine how to better integrate registration with the technical and administrative work at PASB.

Objective 5.7:

There were no comments on this specific objective.

Objective 5.8:

The terms in parentheses (alternative, traditional, and complementary medicine) could be moved immediately after "intervention" to improve clarity.

This objective should be rephrased to state that PAHO should only promote guidelines and healthcare protocols that include interventions that have been proven to be beneficial and cost-effective, because national registries sometimes include guidelines that conflict with scientific evidence.

COMPLIMENTARY SESSIONS

The World Health Report

A session on the World Health Report (WHR) was added to the meeting to address the concerns raised on the first day, when participants inquired about WHO's decision not to publish the WHR, "No Health without Research", and instead, issued a report on "Universal Health Care and Research". The Chair requested and received a two-page outline of the report from WHO in time for the session,

There had been two fully fleshed drafts of the "No Health Without Research" report that included input from the ACHR. Both drafts were dismissed, which was disappointing, considering the opportunity that having a report on research offered. A third report has been commissioned, and it focuses specifically on research and universal health care. The discussion was opened for the ACHR to provide input on the current version.

The two-page outline provided by the WHO did not give enough information for Committee members to provide reasonable comments. Some suggestions were provided and are copied below (in no particular order). A Member of the WHO-ACHR suggested that instead of providing comments, the Committee could send a message to WHO, profiling what it believes the report should be about. To help craft the message, the WHO-ACHR member described what the two previous drafts included.

The first draft presented three overarching messages:

- 1) How to convey the benefits of research to governments; how research is embedded in everything and; and there is a social and political value to research.
- 2) Research for health has many facets, and the intent is to make people reach beyond typical thinking, for example, in health services research.
- 3) It is important for countries to have national health research systems with good governance.

Building on these messages, case studies were developed to help the reader relate research to real life situations.

The second draft also used those three central messages, but it was somewhat diluted. However, it was still more comprehensive than the draft in preparation. The outline of the third version is far from what the Committee had envisioned for the WHR, and it is not clear if the report is to be about universal health care or research. The outline does not specify if the report is being approached from a perspective of human rights, systems, or research. The Committee recommends alerting the WHO Director General about what the countries would like to see from the WHR.

There is concern over WHO losing credibility and generating conflict regarding transparency due to the Report being withdrawn from publication without merit. To avoid this, it is recommended that the contents of the “No Health without Research” report be released and published under another modality, if not as a WHR.

Other reactions and recommendations were, in no particular order:

- 1) If the report references public health as a public good, it should also make reference to free access to data, transparency, and terms like human rights and equity—all core values that one would expect to see in a public good, although none are currently mentioned.
- 2) Consumers are absent from the report, yet citizens are a necessary part of the design and utilization of research, particularly in the case of universal health care.
- 3) A slogan would be helpful to add more impact to the Report’s message. The slogan, “No Health Without Research”, had a great impact on the authorities when it was used to convey the importance and value of research.
- 4) The outline reflects a more quantitative approach, yet there is plenty of qualitative and health systems research that contributes to universal health care.
- 5) Research gaps should be mentioned, at the very least, in chapter four where research priorities are covered.

The Committee should be strategic when presenting its thoughts to WHO and should consider if it is best to press for the original to be published or request that a report on research be considered for 2014, or decide whether it prefers to influence the contents of the 2013 report and incorporate as much as possible from the

previous drafts.

Open Discussion on Making the Focus on Research and Innovation More Synergistic

The purpose of this session was to discuss how to synergize focus on innovation with research. WHO has issued two policies: one on research, which is more technical and done in-house, and another on intellectual property and innovation, which is driven by Member States. There is some tension between the two policies, though they are now managed by the same person (Robert Terry).

It was brought to PAHO's attention that innovation is going to be part of the Global ACHR. It is important to discuss what this would mean for research and how the two components should be incorporated within the Committee. Though PAHO is not expected to follow WHO's structure, it is key to address this concern in the SPoA.

When innovation is discussed, the pharmaceutical industry is what typically comes to mind. However, innovation should be introduced to all aspects of research: financing; health care delivery models; etc. The countries asked PAHO to hold a regional consultation regarding the synergy of research and innovation. Twenty-seven countries were represented, and 14 of them participated throughout the entire consultation.

Although the countries agree that more investment is needed in research for health, there is tension, because resources remain scarce. The countries are conflicted as to whether or not they should put more money towards research for health, especially if it requires using a percentage of their GDP, because some countries do not have the capacity to put those funds towards more research.

Report of the Consultative Expert Working Group

The report of the Consultative Group had been presented to the Governing Bodies, and the countries have expressed concern over finding the resources to finance its contents. Other countries, i.e. El Salvador, see the need for funding as an opportunity to seek new resources that will help to conduct more research.

Second Symposium on Health Systems Research

PAHO had a more substantive presence in the First Global Symposium on Health Systems Research than in the Second. At least a dozen presentations about EVIPNet were included in the First Symposium's program, as was PAHO's Policy on Research for Health. However, none of the research advisors or EVIPNet Secretariat members were able to attend the Second Symposium, due to insufficient funding. Jacqueline Alger reported that she had been invited to review abstracts for the Symposium, and she had only found two from Central America. Eleana Villanueva informed the Committee that WHO press officers were making an effort to brief journalists on selected themes regarding the Symposium; there was an opportunity to highlight key research topics, and anyone was able to make a suggestion.

The Cochrane Library

A session on *The Cochrane Library* was scheduled to address one pending issue: PAHO/BIREME is committed to paying \$135,000 per year for the right to publish the *Library* in English, Spanish, and

Portuguese. This makes it available through BIREME, free of charge, to readers in Latin America and the Caribbean. However, countries often default on their payments; roughly half of the Spanish-speaking countries have failed to pay, and the other half pay less than what is required. When the countries do not submit their payment, PAHO is forced to either cease access to the *Library* from that country or pay the fee for them. The current situation is not sustainable, especially because there is no certainty as to how often the Spanish (and Portuguese) versions are being used or if the countries are consulting the English version instead. Given this situation, PAHO would like to stop paying for the Spanish version of *The Cochrane Library* and would like endorsement from the Committee on this decision.

BIREME's Director added that other partners (Cochrane Brazil, Cochrane Iberoamericana and the Spanish Government) have historically contributed to the costs of the *Library*. Things were working smoothly until the Spanish crisis hit, and that is when BIREME fell behind in the Portuguese translations. To address pending payments there have been several meetings in Brazil, and hopefully, there will soon be a decision.

The Cochrane Steering Group is working on a new Plan of Action for the Collaboration, and one specifically for the Americas. This may be a good opportunity to discuss, with other Cochrane nodes, the work that the Collaboration should prioritize. Cochrane's contribution goes way beyond the *Library*, and the relationship is strategic for PAHO. PAHO should consider incorporating Cochrane outputs into its Policy goals. Cochrane offers academic and scholarship opportunities, as well as support in the areas of systematic reviews, generating evidence, knowledge translation and policy implementation.

Suggestions in regards to payment included:

- 1) Using interns or students to do the translations⁷;
- 2) Enlarging the contributor base to international associations, such as the Guideline International Network;
- 3) Negotiating a new contract with Wiley-Blackwell and Abbey software, and inviting other PAHO entities, especially BIREME, to negotiate;
- 4) Promoting the contribution Cochrane offers and elaborating on the value of the *Library* so other institutions/countries will see the significance in paying for the resource.

In the end, the Committee agreed to pass one of the recommendations and look forward to a speedy resolution. The Committee will also include other PAHO stakeholders, for example BIREME, in the solution.

In Closing

The meeting was adjourned, and the Secretariat is to circulate the recommendations within a month, as discussed during the event. The report will be produced at the earliest convenience and shared with the incoming Director as well as uploaded to the website. The dates and objectives of the next meeting will be confirmed with the incoming Director. Thank you to the McMaster Health Forum for its excellent organization and hospitality.

⁷ An ACHR Member informed that this had been the case at the beginning but that translation needed to be more professional, so it is now done by a WHO-CC in Rosario (Argentina) at a cost below the market cost, but translation is expensive anyway.