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STRUCTURE AND OPERATION OF THE ACHR: Topics for Discussion



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STRUCTURE AND OPERATION OF THE ACHR:

TOPICS FOR DISCUSSION

Revised version of the document prepared by Consultant Fernando Sempértegui for the Secretariat of the ACHR to assist in the discussion of this topic. This document does not reflect the opinion of the Secretariat and may not be reviewed, abstracted, or quoted unless duly authorized by the Pan American Health Organization (PAHO).

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I. INTRODUCTION

The present document describes the evolution of certain indicators designed to evaluate the structure and output of the ACHR in 1985-1995. This period was chosen, first of all, because a previous study¹ already exists, making the present study, in a certain sense, a continuation of the first; and also because the problems and challenges in the field of health and health research in the Region have been emerging with particular dynamism over the past decade.

It is therefore a complex challenge to scrutinize the products and impact of a consultative body such as the ACHR merely through the use of quantitative indicators. Obviously, the first anticipated product would appear to be its **recommendations**, although the topics, concepts, and controversies engaged in by the ACHR are in themselves a product that contributes toward the channeling of its actions. The assumption, nevertheless, is that the ACHR's recommendations are its most objective and measurable product. Applying a purely quantitative approach to them, however, has serious limitations, since a single recommendation may have more practical effect than another series of recommendations taken as a whole. For example, a decided change in the priorities or in the importance assigned to scientific problems involves a revamping of conceptual and practical perspectives. Furthermore, the recommendations may be very vague, which complicates management of the measurements employed; or, on the other hand, they may be very precise and point to **concrete and verifiable actions**. The latter type have been selected because the aim is to evaluate their impact, which leads, precisely, to verifying implementation of the actions recommended.

The document includes a proposal to adapt the structure and operation of the ACHR to the PAHO/WHO Strategic and Programmatic Orientations (SPO) for 1995-1998.

¹ Activities of the PAHO Advisory Committee on Health Research 1962-1984. XXIV Meeting of the Advisory Committee on Health Research. Havana, Cuba, 1985.

II. SOURCES OF INFORMATION

1. - Examination of the documents presented and discussed in the meetings of the ACHR in the period 1985-1995.
2. - Examination of the Reports to the Director, which summarize the deliberations of the ACHR in each meeting and contain the recommendations made in each document for the period 1985-1995.
3. - Examination of the proceedings of the meetings of the ACHR, which contain information on the members who attended and their institutional affiliations for the period 1985-1995.
4. - Interview with the Director of PAHO/WHO.
5. - Interviews with PAHO staff members in charge of Research Coordination.
6. - Study of the Organization's Strategic and Programmatic Orientations for 1995-1998.

III. RESULTS

1. - Members

Examination of the 1985-1989 and 1991-1995 periods shows that 35 members have participated in the ACHR over the past 10 years. During the first period there was balanced representation of the various fields, whereas the second period was characterized by a predominance of experts devoted mainly to research or to university instruction in the field of biomedicine. These experts were professors or researchers active in the basic sciences: biotechnology, microbiology, parasitology, immunology, and physiology. In the two periods epidemiologists and public health professionals represented 43% and 38%, respectively, of the membership.

Concerning the country of origin, there was representation on the Committee by Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Jamaica, Mexico, the United States, Uruguay, and Venezuela. Two scientists of Latin American origin residing in the United Kingdom also participated; one of them, a Nobel prizewinner, presided over the Committee. The countries of the Andean Area, Central America, and the English-speaking Caribbean have had a minor presence (Table 1).

Table 1
MEMBERS OF THE ACHR BY COUNTRY AND YEARS OF MEMBERSHIP

Name	Country	From	To	Total
Guillermo Soberón	Mexico	1975	1991	17
Rodrigo Zeledón	Costa Rica	1979	1989	11
David Hamburg	USA	1980	1989	10
Frederick Robbins	USA	1981	1991	11
Alina Llop	Cuba	1982	1989	8
Raimundo Villegas	Venezuela	1982	1989	8
A. Sergio Arouca	Brazil	1983	1991	9
Ceferino Sánchez	Panama	1983	1991	9
Rodrigo Guerrero	Colombia	1983	1991	9
Roberto Caldeyro-B.	Uruguay	1982	1989	8
Luis Fernando Duque	Colombia	1985	1993	9
Aldo Neri	Argentina	1985	1993	9
José Rodríguez C.	Brazil	1985	1989	5
Richard Wilson	Canada	1985	1991	7
J.C. Laidlaw	Canada	1986	1989	4
J. Edward Green	Jamaica	1987	1995	8
Barry Bloom	USA	1991		
Roberto Briceño L.	Venezuela	1991		
César Milstein	UK	1991	1993	3
Jaime Lavados	Chile	1991		
Adolfo Martínez P.	Mexico	1991		
Salvador Moncada	UK	1991	1995	5
Elsa Segura	Argentina	1991		
Naomar Almeida Filho	Brazil	1993		
Agustín Lage	Cuba	1993		
Gordon H. De Friese	USA	1995		
Carlos Morel	Brazil	1995		
Roy Hickman	Canada	1995		
Glorisa Canino	P. Rico	1996		
Elsie Bonilla	Colombia	1996		
Julio Frenk	Mexico	1996		
Clive Y. Thomas	Guyana	1996		
Miriam Stewart	Canada	1996		

2. - Important Areas Considered by the ACHR Meetings

During the period 1985-1995 seven meetings of the ACHR were held in which 84 documents prepared by members of the Committee, staff members of the Organization, and special guests were presented and discussed.

Generally speaking, all the documents sought to establish institutional policy orientations for research. Most of the documents were concerned with evaluating institutional activity and identifying problems, in addition to assigning priorities (33.3% and 22.6%, respectively), which is appropriate in view of the nature of the Committee. Next, were documents that delineated orientations on strategies for scientific activity and those that presented theoretical developments (19.1% and 13.0%, respectively). Diagnostics of specific situations or case studies accounted for the fewest documents (12.0%).

Examination of the documents discussed in each meeting shows that, while evaluation of the activities being carried out by the Technical Programs and the Regional Centers is a major concern of the ACHR meetings, since 1991 the Committee has focused its concerns more on the impact and quality of the research performed within or outside the Organization. Evaluation of projects and programs, as well as the Pan American Centers and publications, forms part of this concern, and consequently, emphasis was placed on the importance of training and support for doctoral programs, the need for collaborative projects, the desirability of increasing the Research Grants fund, and the need for steering projects to make them more consistent with the Organization's strategies and, accordingly, achieve a greater impact.

3. - Recommendations Made in the Documents Presented

The recommendations made in each document presented in the various meetings have been taken from the Reports to the Director. An output index has thus been constructed, which is the ratio between the number of documents that made recommendations and the total number of documents presented in the meeting (r/d). This is a quantitative approach that in and of itself does not suffice to assess the importance of the meetings and the impact of their deliberations, since various general orientations and theoretical controversies contribute to the channeling of institutional management into range of decisions and actions that are impossible to quantify. This approach can nevertheless be useful in strengthening the emphasis on certain fields and in producing documents that insofar as possible result in viable recommendations in the management areas most directly linked to support for research.

The overall output index was higher in 1991-1995 than in 1985-1989 (0.71 vs 0.47), and the 1991-1995 period shows significantly higher indexes in all lines of orientation in comparison with the previous period. (Table 2)

Table 2

RATIO BETWEEN THE DOCUMENTS PRESENTED IN THE ACHR AND THE RECOMMENDATIONS MADE (R/D) IN IMPORTANT AREAS

Orientation Areas	Periods					
	1985-1989			1991-1995		
	R	D	R/D	R	D	R/D
Problems and priorities	6	11	0.54	6	8	0.75
Evaluation	8	15	0.53	11	13	0.85
Strategies	7	11	0.63	4	5	0.80
Theoretical developments	1	4	0.25	4	7	0.57
Diagnostics-case studies	0	5	0.00	2	5	0.40
R/D	0.47			0.71		

The paragraphs below propose to examine what attempts were made to follow up the recommendations--that is, which ones were carried out and in what manner, all to obtain a preliminary idea of the impact of the recommendations on the Organization's work. This involves ascertaining whether the succeeding meetings have benefited from the previous meetings' recommendations. There is no attempt to follow up on all the recommendations, but merely on some of the most important ones. This examination is based on the ACHR's own documents, which should successively reflect implementation of its recommendations.

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The **1986** meeting addressed the evaluation of research activities in the Technical Programs with the support of a document prepared on the basis of an explicit recommendation. It also discussed a questionnaire to study the administrative components of research institutions.

The **1987** meeting did not monitor the most important recommendations of the previous meeting, which were related to the mobilization of resources and local capabilities within frameworks of integration and subregional collaboration, although it did monitor the evaluation of research components in the Technical Programs in a report prepared for this purpose. Based on situation analysis documents on health systems and services research (HSSR) and biotechnology, the ACHR recommended the formation of subcommittees in these two areas.

The **1989** meeting established the two subcommittees recommended by the previous meeting; these subcommittees subsequently submitted reports on their activities. The HSSR report presented some theoretical-conceptual orientations, suggesting priorities and bases for the promotion of research. The Subcommittee on Biotechnology presented a Regional Program for the promotion of biotechnology, with emphasis on diagnostic methods.

The **1991** meeting continued to trace developments in the field of biotechnology. The Regional System of Vaccines (SIREVA) had been organized as recommended by the previous meeting, and specific projects were presented. The concern for health systems and services also continued. The Subcommittee on HSSR proposed a refocusing of the theoretical-methodological approaches to the organization of local health systems.

The **1993** meeting also reflected continuity with respect to the previous recommendations. SIREVA noted some progress, in particular the preparation of a master plan and the success of certain financing arrangements for vaccine testing. An evaluation of the research activities in the Pan American Centers was made on the basis of a specific study. Procedures were also examined to evaluate projects and publications. A document was produced containing an assessment of the impact of the Grants Program.

The **1995** meeting took place at a time marked by significant events: in the Organization, a new Director was named and the strategic orientations for the coming years were formulated; and in the Region, rapid socioeconomic changes had an impact on health and the health services, necessitating new approaches and new strategies. These topics dominated the meeting, although they did not prevent follow up on some previous recommendations such as incentives to define scientific policies in the

countries, new roles for the Grants Program in promoting and supporting projects, support for human resource training, and cooperation with advanced centers.

The 1991-1995 period not only contributed a greater number of concrete and verifiable recommendations, but also implemented them to a greater extent, lending added continuity to the ACHR's advisory role. Obviously, this has required the Program on Research Coordination to concern itself with channeling the recommendations toward objective activities, with the result that the ACHR has been able to discuss tangible results, at least in some areas. It is also true that the precision of certain recommendations has served as the basis for building a conceptual and technical structure for various actions that are currently under way. Among the significant successes achieved were technological advances that made it possible to produce diagnostic reagents, the progress made in vaccines, the collaborative projects now under way, the training programs to strengthen graduate-level education, and the new forms of promotion advanced by Research Coordination in order to obtain higher quality research proposals with a greater impact.

In any case, the output index--that is, the ability of the documents presented to make recommendations--should be improved. Efforts should be made to ensure that the documents lead to explicit recommendations for each and every problem under discussion. This is definitely a difficult task in areas where conceptual consensus is lacking, but even in these areas the documents and the debates should specify the new studies and activities required.

IV. STRUCTURE AND ROLES OF THE ACHR WITHIN THE FRAMEWORK OF THE SPO AND RESEARCH TRENDS IN THE REGION: A PROPOSAL

1. Characteristics of the ACHR

A review of the past 10 years sheds light on the characteristics that the ACHR should have in the nexus between the realities of the Region and the Organization's strategic orientations: dynamism, representativeness, versatility, and articulation.

Dynamism refers to the ongoing evaluation of health problems in the Region and to the timely reordering of priorities pertaining to research problems in order to respond to the demands of the situation and political decision-making. This function of the ACHR in itself constitutes a political decision of the Organization in regard to research. The reordering of priorities should not be restricted to general lines of research but should also include the strategies and feasibility conditions required.

Representativeness refers to the desirability of achieving participation in the Committee by all the subregions. This is important, since, as noted earlier, some subregions have unfortunately been underrepresented--precisely those that have encountered the greatest difficulties in channeling initiatives for health sector reform. It may be anticipated that their presence in the ACHR will lead to a fuller comprehension of the problems requiring priority studies.

Versatility refers to the characteristic that enables the ACHR to exercise its orientations in the different fields of health science: sociomedicine, public health, epidemiology, clinical medicine, and biomedicine. This requires a balance of disciplines in accordance with the fields of activity of its members. The different output and emphasis of the ACHR with regard to certain problems in the two periods studied can be attributed to the relative predominance of certain fields, although, as noted, other factors have also played an important role.

Articulation refers to the desirability of linking ACHR functions to the life of the Organization in a more sustained manner, which would make it possible to obtain the necessary dynamism through ongoing monitoring of the Region's problems. The challenge is to bring about this kind of articulation without expanding bureaucratic structures and without adversely affecting already established structural linkages. An attempt will be made below to respond to this challenge.

2. Roles of the ACHR

The Strategic and Programmatic Orientations of PAHO/WHO constitute the Organization's reference guide for its work, which naturally includes research cooperation activities. Accordingly, in its advisory role, the ACHR should rely on these orientations as a reference guide.

The ACHR's documents, debates, and recommendations should provide the Director and the various entities in PAHO with a clear and updated vision of the priority problems that demand expertise, the strategies to address them, and the requirements for carrying out the respective studies. These functions of the ACHR are, of course, inseparable from its role as evaluator, which should be reflected in ongoing study of the results of research and their application to the respective problems.

Obviously, such advisory services cannot be provided by occasional, annual, or biennial meetings. Rather, they require a breaking down and apportioning of the ACHR's functions among the members in order to set up a permanent support system for the Organization's decisions and actions.

In short, the roles of the ACHR as an advisory body would be to:

- a) Evaluate the evolution of health problems and to update priorities, thereby ensuring acquisition of the new knowledge required to deal with problems as they arise.
- b) Formulate strategies to address the problems through research. In this instance an entirely new horizon emerges, based on the differential development between the countries of the Region. For example, associations should be encouraged between centers in a developed country and centers in the developing countries with respect to collaborative and multicenter projects.
- c) Establish strategies to strengthen infrastructure that will foster research, emphasizing human resources education and the establishment of networks for information exchange.
- d) Evaluate the results of the research performed and recommend eventual fields for its application, as support for the technical cooperation provided by the Organization.

3. Structure

It is suggested that three subcommittees linked to the ACHR be formed in the following areas:

- Health systems and services
- Disease prevention and control
- Promotion of health, environment, and development

After the presentations of the Division Directors on the research component of the respective SOP in the 1995 meeting and the visits made during the 1996 meeting, subcommittees appear to be regular mechanism for monitoring and evaluating research activities in the area of the SOP. The recently created Subcommittee on HSSR would maintain its current composition; the Subcommittee on Disease Prevention and Control would incorporate some of the members and functions of the current Subcommittee on Biotechnology; and finally, the Subcommittee on Promotion of Health, Environment, and Development would respond to a recommendation of the ACHR made in 1995 on the importance of reviewing conceptual and methodological considerations as well as strategies for the promotion of research in these areas.

In order to carry out their functions while maintaining the necessary flexibility, the subcommittees should be small and versatile. It is suggested they consist of four members, at least two of whom would be members of the ACHR, in addition to two who would be external experts in the subject area but not necessarily investigators. The corresponding Directors of Division would act as secretaries of the subcommittees, responsible for convening, organizing, and facilitating whatever consultation meetings are deemed necessary.

In general, each subcommittee would prepare a plan of action that includes a definition of the critical problems recognized in the respective orientations, the policy directions (strategies) needed to carry out the respective studies, and the capabilities required for carrying out the studies. The plan should also include the procedures for evaluating the progress made. An important function of the subcommittees would be to establish the areas that require theoretical development and the procedures required to achieve it.

4. Meetings of the ACHR

In accordance with this proposal, the ACHR would meet biennially, inasmuch as the subcommittees would be involved in monitoring the policies. The ACHR would meet to maintain continuity and to ensure the renewal of policies. Accordingly, its regular agenda would include the following items:

- a) Study of the evolution of regional problems and other problems that demand research, and formulation of the policy directions necessary for conducting such research.
- b) Study of the reports of the subcommittees.
- c) Study of the Research Coordination report.
- d) Study of the results of the research performed and recommendations to the Director concerning pertinent fields of application.
- f) Harmonization of priorities and strategies.
- g) Discussion of theoretical developments.

Research Coordination, as Secretariat of the ACHR, would be responsible for convening and organizing the meetings of the ACHR, preparing a report for the Director, and coordinating and monitoring the entire process. Once approved by the Director, the recommendations of the ACHR would then be forwarded to the Divisions, which would incorporate them into their activities with the support of the corresponding subcommittees.