46th Session of the Advisory Committee on Health Research

Washington, D.C.
28-30 November, 2016

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46th Session of the Advisory Committee on Health Research. (Washington, D.C., 28-30 November 2016)
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The meeting was part of PAHO's paperless initiative supported by the Department of Information and Technology Services; tablets and the virtual storage were used to access documents and presentations used during the 46th ACHR and this reduced printing by an estimated 19,500 pages. This contributed towards a more environmentally friendly meeting.

ACRONYMS AND ABBREVIATIONS

ACHR	Advisory Committee on Health Research
BIREME	Acronym for the Latin American and Caribbean Center on Health Sciences Information
CIDEIM	International Center for Medical Research and Training
COHRED	Council on Health Research for Development
COMISCA	Council of Ministers of Health of Central America and Dominican Republic
COPE	Committee of Publication Ethics
EPPE	Effective Project Planning and Evaluation
EQUATOR	Enhancing Quality and Transparency of Health Research Initiative
ERC	Ethics Research Committee
EVIPNet	Evidence-Informed Policy Network (a WHO knowledge-translation platform)
FELSOCEM	Federation of Scientific Societies of Medical Students of Latin America
HiAP	Health in All Policies
HIFA	Healthcare Information for All
HR Web	Health Research Web, a wiki site about national health research systems
ICMJE	International Committee of Medical Journal Editors
ICTRP	International Clinical Trials Registry Platform
INCLEN	International Clinical Epidemiology Network
iPIER	Improving Program Implementation through Embedded Research (a program of the Alliance for Health Policy and Systems Research)
MDGs	Millennium Development Goals
NCDs	Noncommunicable diseases
NIH	(U.S.) National Institutes of Health
OAS	Organization of American States

OECD Organization for Economic Cooperation and Development

PAHO Pan American Health Organization, also the regional office of the World Health Organization and the specialized agency for health of the Inter-American System. Composed by Member States and the Pan American Sanitary Bureau

PAHOERC Pan American Health Organization Ethics Review Committee

PAJPH Pan American Journal of Public Health

PASB Pan American Sanitary Bureau, PAHO's Secretariat

RICYT Ibero-American and Inter-American Network on Science and Technology Indicators

RIMAIS Ibero-American Ministerial Network for Learning and Research for Health

SDGs Sustainable Development Goals (United Nations)

TDR Special Programme for Research and Training in Tropical Diseases

WHO CCs WHO Collaborating Centers

INTRODUCTION

The 46th session of the Advisory Committee on Health Research (ACHR) took place at the Headquarters of the Pan American Health Organization (PAHO/WHO), No. 525 23rd Street, Washington, DC, United States of America, on 28 – 30 November 2016. During the 46th session the ACHR drafted recommendations to implement and monitor PAHO's Policy on Research for Health[1] (CD49/10, the Policy) and developed approaches to channel research efforts towards the Sustainable Development Goals (SDGs, also known as the 2030 Agenda). The recommendations of the 46th ACHR recommendations were issued on April 2017 and published in the ACHR's website www.paho.org/achr. There is also a mandate to monitor and evaluate the implementation of the Policy at the PASB.

46th ACHR Opening session
Source: PAHO/WHO ©

The purpose of the 46th session was to efficiently advance the Policy on Research for Health and enhance its ownership by Member States and the Pan American Sanitary Bureau (PASB), Secretariat to PAHO/WHO.

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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. The Policy applies to Member states and PASB members.

The objectives of the meeting were to:

- Facilitate a meaningful dialogue on Research for Health in the Region.
- Take stock of the contributions and tools developed by the ACHR and PAHO.
- Acknowledge the advocacy role that the ACHR and its members provide for the Policy on Research for Health.
- Coordinate efforts with other regions and stakeholders to create a systematic approach, increase the value of research, and use research to strengthen health systems.
- Share feedback to identify new challenges in public health and discuss strategic approaches to build on research to achieve and maintain the SDGs.
- Think strategically about the challenges ahead for the next generation of research teams.

Meeting Progress and Role of Participants

Dr. Francisco Becerra
Source: PAHO/WHO ©

The two-and-a-half-day gathering of the committee was preceded by virtual meetings of the ACHR Chair (Dr. Nelly Salgado de Snyder), the ACHR Secretary (Dr. Luis Gabriel Cuervo), the ACHR members, PAHO's Assistant Director (Dr. Francisco Becerra), and staff, to craft the agenda and prepare the documentation and presentations. The ACHR Secretariat scheduled preparatory meetings beginning in July 2016. It was also decided to incorporate a workshop for ACHR members authoring articles for a special issue on the Policy to be published in the BMJ. The preparations included meetings with staff, to create presentations such as Knowledge Bioethics and Research; with advisors for Planning,

Performance, Monitoring, and Assessment, to prepare a presentation on including indicators relevant to the Policy in the planning and evaluation processes; with the Office of Sustainable Development and Health Equity, to create presentations relevant to the Sustainable Development Goals – Development Agenda 2030; and Health Systems Strengthening, to prepare a presentation on building human capital for research production and use.

Participants

With support from the office of the Assistant Director, the ACHR Secretariat asked PASB technical entities to provide, through their managers, input on progress made, challenges, and plans on every objective of the Policy, and to submit questions for the ACHR. With the inputs provided, the ACHR Secretariat prepared templates that were shared with the ACHR members and added to the reference materials of participants. The ACHR President appointed the ACHR members to lead discussions of each Policy objective. The meeting began with a seven-minute summary presentation followed by a one-hour deliberation, and a 20-minute wrap-up session capturing key ideas and recommendations for each objective of the Policy. Additional documentation and reference materials were shared with all participants, including a draft summary of the ACHR contributions made between 2009 and 2015. Most of the background documents can be downloaded at www.paho.org/achr and documentation can be read at that same web address.

The agenda was organized to discuss the following six interrelated Policy objectives:

1) Promote the generation of relevant, ethical, and high-quality research;

2) Strengthen research governance, promote the definition of research agendas, and report to the Director on the 46th Session of the Advisory Committee on Health Research of PAHO;

3) Improve competencies of and support for human resources involved in research;

4) Seek efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration, and by building public trust and engagement in research;

5) Foster best practices and enhanced standards for research; and

6) Promote the dissemination and use of research findings

46th ACHR Committee and audience at PAHO-HQ in Washington, DC.
Source: PAHO/WHO ©

1 Recommendations from the ACHR to PAHO on the Implementation of the Policy on Research for Health*

ACHR members commend PAHO's Secretariat for the continued progress in all key domains covered by the PAHO Policy on Research for Health; for its ongoing work with strategic partners that significantly expands its reach and visibility in the Americas; and for documenting progress in publications that illustrates the contributions of the ACHR to research for health. This progress is reflected in rich experiences and lessons learned in every objective of the Policy. Going forward, it will be necessary to continue taking stock and considering these milestones to use as benchmarks. The committee considers that in scientific research, PAHO[2] (Member States and PASB) will find strategic and effective tools to respond to the challenges they face, such as supporting the SDGs.

The general ACHR recommendations include steps to ensure that the PAHO Policy on Research for Health achieves its desired impact and that this impact is measured:

1) The research team within PAHO's Secretariat should continue working with support from the ACHR to integrate indicators assessing the Policy objectives in PAHO's periodic evaluations.

2) PAHO's Secretariat should find mechanisms to make reliable and current regional and national data and knowledge about health research systems available to Member States and partners. The data and knowledge comprise, among others, capacities and outputs; how data and knowledge are used to adapt to the evolving landscape of health and health systems; and their place in society, government, and development. Member States and PASB should develop standardized dashboards or

consoles with actionable data to monitor and offer transparent accountability of their capacities and outputs in research for health, and to guide their decisions.

3) PASB should continue supporting national health authorities, local research institutions, and other relevant organizations to promote research for health according to national priorities and countries' specific needs for research evidence. This would result in health policies and practices being rooted in timely, rigorous, and relevant research, and based on knowledge of the local context. PASB should promote and facilitate collaboration among Member States and actively support them in strengthening their governance in research, in adopting good practices and standards, and in implementing governance and performance tools (including policies, guidelines, regulations, international agreements, registries, etc.).

4) Emphasis should be placed on developing research teams and networks with a range of key skills that address the multidisciplinary and multisectoral demands of research for health with significant impact, especially in the regions and countries that are trailing behind in their capacities to produce and use research for health.

PAHO should consider innovative ways to encourage researchers and research groups to embrace collaboration and work with actors from multiple disciplines and sectors that address social determinants of health. It should promote adequate use of every research component, including the incorporation of social sciences and diverse methodologies such as mixed-methods, approaches, and disciplines. Data collection and analysis should consider the entire cycle of the research process, from discovery to assessment to scaling-up of interventions. In general, behavioral changes and other aspects of research for health should be integrated. Specifically, the ACHR recommendations are as follows:

a. Reactivate the WHO Evidence-Informed Policy Network (EVIPNet) in the Region.
b. Promote partnerships between non high-income countries.
c. Advance capacity-building with local research teams and regional networks to create efficiencies and facilitate collaboration and support across the subregions.

5) For consistency with the current paradigms, this committee should be renamed the *"Advisory Committee on Research for Health,"* to reflect the current, more comprehensive and inclusive paradigm that considers addressing the determinants of health and incorporates all relevant research that impacts health.

6) PAHO must disseminate and advocate for the Policy among bigger and more varied audiences, using different media and strategies and promoting its appropriation. PAHO should highlight the added value of research for health, mobilize experts and managers to reduce research waste, and increase the value and appreciation of research for health.

Recommendations are intended for PAHO (Member States and PASB) or the PASB.

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

1) PAHO should promote accountability, transparency, and the sharing of knowledge about research for health, especially publicly funded research. Countries and the PASB should know what capacities, needs, and outputs they have, and seize the benefits of research for health. Accountability is critical for determining investments returns and research for health outputs. With reference to accountability, countries and PASB should have a console/dashboard of standardized indicators providing actionable data to strengthen the health research systems and monitor research capacities, needs, and outputs; PASB should lead by example and provide annual reports of its research outputs, investment, and knowledge to strengthen health systems.

2) PAHO needs to build on reliable indicators to take stock and improve research governance and stewardship. PASB should support countries to capitalize on tools and good practices that are appropriate to their needs and capacities.

3) PASB should assist countries that need technical cooperation to prioritize research in order to identify the specific and strategic research questions that guide the research for health agenda.

4) PASB should have a dedicated research unit with a network of professionals from various PASB entities, selected according to their research competencies. The dedicated unit would mainstream research for health in ways that add tangible value to the work of others within the organization, while retaining a team responsible for championing and monitoring these efforts.

5) PAHO and WHO should advance standards for fair ownership and control of data, keeping in mind the ethical issues that arise with respect to ownership or control of data in specific research settings (e.g., research involving indigenous communities).

6) WHO should reestablish its annual ACHR meetings with participation from the regions; these earlier ACHR meetings resulted in initiatives with a significant impact and helped to foster coordination, efficiencies, and harmonization across the regions.

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

1) PASB should identify strategic areas for developing skill sets that are needed in the Region (e.g., scientific communication, research management, knowledge-brokering) and address structural or procedural pathways to advance implementation of the Policy and the recommendations issued by the ACHR. PAHO should spearhead and support national and regional initiatives including train-the-trainers schemes to build needed human capital and sustainable capacities in countries. PAHO must conduct sound monitoring and evaluation of its capacity-development efforts, and strive to incorporate human resources in research for health within the broader framework of human resources for health.

2) PAHO should work with strategic partners including those from other sectors in order to bring research closer to the education system. It should promote collaboration between academic institutions and health authorities and the use of health research to achieve the SDGs.

3) PASB should assist Member States in generating incentives and reward systems to establish robust research teams, use relevant and important knowledge, and develop successful career paths in research for health.

4) PAHO should share experiences about how to build nurturing environments at the regional and subregional level for research teams and networks and people with different types of expertise.

5) PAHO should promote innovation and learning environments to find new solutions yet where errors should be avoided, still maintain   firm control of evidence-informed health.

1.3 Impact: Promote the dissemination and utilization of research findings

1) PAHO should capitalize on successful experiences and provide discussions spaces to balance global values and knowledge, with local realities.

2) PASB should capitalize on existing regional resources (such as BIREME and the Ibero-American and Inter-American Network on Science and Technology Indicators [RICYT]), and should promote clearinghouses of essential resources for knowledge-translation in public health and for strengthening health systems.

3) PAHO should build on successful experiences and partnerships (such as EVIPNet, McMaster Health Forum, and Improving Program Implementation through Embedded Research [iPier]), and should develop national strategies for systematically using research evidence in public health and policy.

4) PAHO should continue building and promoting capacities for knowledge-brokering and intelligence units that support health authorities at different levels of the health system. Knowledge-translation skills need to be integrated into training programs and curricula to build the necessary human capital. This requires partnering with education programs and professional associations to build skills in knowledge-translation, scientific communication, and critical appraisal in ways that support the next generation of research teams and leaders.

5) PAHO should test and adopt innovative tools to provide valid, real-time, open-access information that guides decisions for health.

6) PAHO should partner with scientific and public communication experts to consistently and appropriately inform a variety of relevant audiences about research findings and needs. PASB should revamp and rethink its communication strategies to expand the use of its resources and tools in evidence-informed policy-making, health care, and prevention.

7) PAHO needs to prioritize sustainable strategies to build the networks and niches of excellence where standards and important, high-quality research are produced in a timely and efficient manner—

for example, "train-the-trainer" courses with special programs for Cochrane, the WHO Collaborating Centers (WHO CCs) Special Program for Research and Training in Tropical Diseases (TDR), and Enhancing Quality and Transparency of Health Research Network (EQUATOR).

1.4 Partnerships: Seek efficiencies and enhanced impact and appropriation of research

1) PASB should continue benchmarking successful programs, learning from experience, and fostering environments conducive to fair and effective partnerships. PAHO should engage civil society and decision-makers early in its research development to foster capacities and encourage meaningful contributions to research. PASB should continue to work with partners in promoting literacy in both health and science.

2) PASB should take stock of regional experience in developing research capacities to foster stronger health systems. For example, it should consider the experiences of Cochrane, the Council on Health Research for Development (COHRED), Campbell Collaboration, Evidence Aid, the Global Health Network, Healthcare Information For All (HIFA), the International Clinical Epidemiology Network (INCLEN), the International Initiative for Impact Evaluation (3ie), and TDR, among others.

3) PASB and regional centers like BIREME should focus their attention on available databases to better utilize the knowledge available at the regional and national level—for example, virtual health libraries, health statistics units, Health Research Web tool, and Ibero-American and Inter-American Network on Science and Technology Indicators.

Source: PAHO/WHO ©

4) PASB should prioritize technical support for sustainable strategies that result in important local capacities, networks, and niches of excellence. It should encourage participatory approaches where stakeholders are integral to the development and use of health research.

5) PAHO should empower research teams and strengthen capacities where they are most crucial. It must convene individuals from different sectors and fields of knowledge to capture their perspectives and contributions for improving health and equity, and for achieving the SDGs.

6) PASB should collaborate and coordinate with regional bodies and networks interested in advancing the Policy on Research for Health—e.g., the Caribbean Community, Council of Ministers of Health of Central America and Dominican Republic (COMISCA), Ibero-American Ministerial Network for Health Learning and Research (RIMAIS), Federation of Scientific Societies of Medical Students of Latin America (FELSOCEM), etc.

7) PAHO should forge alliances that promote transparency and good practices based on public interest.

8) PAHO and WHO should continue to work with key stakeholders to promote transparency, research registration, results reporting and other good practices.

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

1) PAHO should focus on building research teams and networks that are multidisciplinary and that harness key competencies (e.g., management of different methods, including mixed methods, communications, collaboration with policy makers, technology, taking stock of evidence, and packaging knowledge for different audiences) that keep the competencies relevant, significant, and influential

2) PAHO should encourage consumers and other stakeholders beyond research experts (including technical advisors, teachers, patient representatives, elected officials, legal advisors, and journalists) to participate throughout the research process—from the planning stage to dissemination and appropriation of results. For this kind of participation to succeed, cadres of such stakeholders need training in understanding the value of scientific evidence.

3) PAHO should set and promote standards and good practices for research review committees (ethics, methodology, safety, statistics, implementation, reporting) including strategic aspects such as the assessment of equity or the balancing of benefits and harms.

4) PAHO should advance the standards and good practices that define research priorities to address specific problems with valid approaches. PASB should promote developing and adopting validated processes to prioritize research and should develop meaningful research priorities in the countries of the Region.

5) PAHO should engage key stakeholders (publishers, ethics review committees, sponsors, funding agencies, and consumers) to uphold research standards and good practices. .

1.6 Standards: Foster best practices and enhanced standards for research

1) PAHO shall continue to capitalize on sharing standards (related to publicly and privately funded research) with stakeholders at all levels (publishers, regulatory agencies, ethics committees, methodologists, knowledge brokers, communicators, and so on).

2) Through partnerships, PASB should advance recommendations and good practices for fair contracts and health research practices that include standards for sharing data among specific communities, bearing in mind specific sensitivities.

3) PAHO should promote adherence to good practices and standards that establish links with key administrative processes. PASB should lead by example, ensuring its technical entities and managers implement the recommendations to advance the Policy.

4) PAHO should promote collaboration among funding agencies to establish open-access databases for research results and publications.

5) PASB should promote setting standards and good practices for health research and reporting and translating that research into regulations, policies, health care, and prevention.

6) PASB should continue working with international bodies—e.g., the International Committee of Medical Journal Editors (ICMJE), Committee of Publication Ethics (COPE), EQUATOR Network, etc., to advance good reporting standards and reduce research waste.

7) PAHO should promote linking published research results with registries and protocols.

8) PAHO's Advisory Committee on Health Research should endorse the idea that data derived from research involving human subjects is of public interest and that such data should therefore be publicly accessible.

Source: PAHO/WHO ©

Director Etienne addressing the 46th ACHR Committee and audience at PAHO-HQ in Washington, D.C.
Source: PAHO/WHO ©

2 Opening Words from the Director of PAHO

Director Dr. Carissa Etienne opened the 46th ACHR meeting with welcome remarks to the committee attendees and the incoming ACHR President, Dr. Nelly Salgado. Dr. Etienne highlighted past efforts of the committee to foster, develop, and promote partnerships for implementing the Policy on Research for Health, and stressed that ill health is no longer an accepted norm.

The demand for quality health care, an aging population, and the prevalence of non-communicable diseases (NCD) are increasing at a rapid rate and carry high economic costs. This has a significant impact in the region, especially in the younger generation. Moreover, existing and newly emerging infections such as Chikungunya and Zika add economic burdens to governing health systems.

National health care costs are rising during this period of economic instability, while opportunities for development in the health field are shrinking due to the struggle to balance competitive demands and priorities when allocating resources. Investments in health are constrained not by lagging interest, but by the challenges presented by national priorities; and to make better decisions, country leaders require better evidence. While acknowledging that times are difficult, Dr. Etienne reiterated a commitment to universal health care coverage, and called on the ACHR and international communities to use health research to address key regional and global challenges in the sustainable development agenda.

The Director also highlighted that the SDG agenda and PAHO's Policy on Research for Health were integrated and worked as good collaborative frameworks for addressing the overall social determinants

of health. She encouraged trust and multisector approaches as viable methods for planning, implementing, and evaluating health outcomes to reduce the gaps of health inequities.

The tasks necessary to meet health challenges include better implementation of health research, translating research into meaningful public health improvements, measuring PAHO accomplishments, and adapting to evolving technologies for real-time information on research capacities and outputs across the Region.

Dr. Etienne posed four questions to the ACHR:

1. *How should we translate relevant and strategic research findings to create better systems and lives while recognizing that Member States differ in their language, size, and capacity to produce and use research?*

2. *Can we promote inter-country research teams to foster regional cooperation and capacity-building through knowledge-generation?*

3. *Can we look at approaches to rapidly advance capacities so that every country has the critical tools and human capital to use or produce research for health?*

4. *How can we make research an important element in decision-making and in planning for implementation so that all health care workers and professionals see research as an essential tool of the work they do?*

Dr. Etienne recommended increasing the number of highly skilled professionals, researchers, and competent workers. In doing so, research can be incorporated into everyday tasks and information systems integrated and continuously updated, thus making it possible to provide comprehensive, up-to-date assessments.

She also encouraged using the Policy on Research for Health as a guideline for countries looking for indicators and assessments to define, monitor, and evaluate progress in health.

Moreover, she reiterated her confidence in the ACHR and PAHO staff to enhance the efficiency and effectiveness of health systems and interventions. She praised the quick implementation of a

Assisntant Director (Dr. Francisco Becerra), Director (Dr. Carissa Etienne), ACHR President (Dr. Nelly Salgado de Snyder)
Source: PAHO/WHO ©

research agenda for Zika to quell the recent outbreak in the Region, and emphasized that research workshops in the Region are the type of development needed to meet SDG and national health goals.

Dr. Etienne restated her hope that together with the Secretariat, we can position research as a vital component of the national health development process. Finally, she congratulated everyone for their participation and shared her enthusiasm for receiving the recommendations from the meeting.

Dr. Nelly Salgado, President of the 46th ACHR
Source: PAHO/WHO ©

3 Message from the ACHR President to PAHO's Director, Management, Staff and Participants

Dr. Nelly Salgado, new President of the 46th ACHR, thanked the Director for her welcome, greeted the 46th ACHR members, attendees, and expressed her enthusiasm for leading and collaborating with committee members to advance the Policy on Research for Health. She commended the past ACHR committees for their work on health efforts and reiterated her confidence in the ACHR's work facilitating cross-sector dialogues to achieve universal coverage, Health in All Policies (HiAP), and implementation of the SDGs.

Dr. Salgado concluded her remarks by pointing out recent social, political, and environmental changes in the global community that have affected the region and the way it conducts its research for health. Significant increases in natural disasters, violence, injuries, massive migration, incidences of mental health problems, and other issues have a negative impact on health in the Region. In a call to address these issues and reinforce the ACHR commitment to health research, Dr. Salgado encouraged the Committee to view these global challenges as unique opportunities to implement health research, and she vowed to encourage innovative and interdisciplinary approaches to ensure timely and adequate responses to the health problems in the Region.

Secretary ex-officio of the ACHR, Dr. Luis Gabriel Cuervo
Source: PAHO/WHO ©

4 ACHR Progress and Roles: ACHR Secretariat

PAHO is at the forefront of important international developments in research for health. With the support of partners such as the ACHR, it promotes and implements the Policy on Research for Health in the Americas. In the 45th meeting of the ACHR, held in Hamilton, Canada, on 17-19 October 2012, five recommendations were made:

1) Establish a strategic plan to clearly define commitments, roles, and responsibilities of regional, subregional, and national entities, as well as the internal work plan of each entity that coordinates research teams.

2) Develop, monitor, and implement inputs to ensure achieving the objectives of PAHO's Policy on Research for Health, the WHO strategic plan for 2014–2019, and PAHO's strategic plan for 2014–2019.

3) Establish measurable indicators for recommendations 1 and 2 that align with indicators proposed by WHO to monitor implementation of its strategy on Research for Health, so that periodic "report cards" can be produced.

4) PAHO's Secretariat should create an implementation strategy and PAHO-wide work plans and link to WHO-wide initiatives to ensure lessons learned, engagement, and ownership from all stakeholders.

5) PAHO's Secretariat should undertake research (a) for which it is uniquely placed, (b) when research findings can directly support implementation of the Policy on Research for Health and others, (c) and when research would serve organizational development objectives.

A key development was the transition from the phrase "health research" to "research for health," adopted after the 2008 Global Ministerial Forum on Research for Health (a.k.a. Bamako Ministerial Forum on Research for Health). To address the determinants of health, achieve the SDGs/Agenda 2030, help strengthen research and systems, and improve individuals' health, it is necessary take broader approaches, incorporating contributions from different sectors. The new ACHR President proposed aligning the name of the ACHR with the Policy, to achieve consistency with the term "on Research for Health."

Health research systems and knowledge-translation need to be improved and made integral to decision-making in order to catalyze developing and improving public health. The framework of PAHO's Policy follows a systematic approach to that end.

As a result of the 45th ACHR recommendations, a monitoring and evaluation plan was developed for Member States and PASB with the goal of improving implementation of PAHO's Policy on Research for Health. The plan will build on the existing PASB biannual work plan assessment processes. While several conclusions are drawn from existing outcomes and outputs, new variables were proposed to assess missing elements in the Policy, such as: the capacity to systematically report on or account for: (1) research projects and their alignment with research priorities, (2) human resources involved in research for health, and (3) the financial flows for research within PASB and Member States.

In 2016, a survey—a follow-up to a baseline survey of 2013—was conducted to evaluate PASB staff and managers and identify specific activities that would allow PASB to lead by example in implementing the Policy on Research for Health. The survey results showed that PASB had made progress in research

registration and defining research priorities, but results from both surveys showed that there was still room for improvement. The 2016 survey provided specific and actionable recommendations, and will be shared with managers in 2017.

Findings were passed to the ACHR in order to continue implementing the Policy where it is effective. The ACHR could then reassess the reasons for existing gaps, and address them.

It is necessary to ensure that PAHO leads the integration of its research within its technical work and implementation of the Policy. In addition to adopting more multidisciplinary approaches would mobilize PAHO and its partners to increase sustainability creating benefits in the health field and other professional sectors.

An assessment of clinical trial registration was shared with the ACHR members; it showed substantive growth but also important differences in progress among countries. It highlights where improvement is needed and in which countries; it also shows which countries have demonstrated leadership in this arena—lessons learned to guide others in the process

The 46th ACHR meeting aimed to facilitate dialogue and establish steps to ensure the implementation of the Policy on Research for Health in the Region. The ACHR Secretariat recommended including indicators for measuring countries' capacities to conduct research, particularly indicators for the Global Observatory on Health Research and Development. These indicators can pinpoint which strategies have had significant impact—thus highlighting areas where access and capacities to use or produce research in the Region are inequitable.

Source: PAHO/WHO © Art for Research www.paho.org/artforresearch

Dr. Fernando Muñoz presenting on PAHO Policy on Research for Health- Objective 1: Quality.
Source: PAHO/WHO ©

5 The Regional Agenda and Its Current Situation: A Perspective from the ACHR Members *(Presentations)*

5.1 Objective 1– Promote the generation of relevant, ethical and quality research *(Quality)*
Discuss options to promote the funding of priority research; linking the need for SDG related research

ACHR member, Dr. Fernando Muñoz

Decisions about quality should be reflected in national health objectives. It is therefore imperative to determinate key stakeholders who define how health issues are prioritized clarify how funding can impact the quality of health and, when priorities are not well-defined, how overly inclusive agendas can effect health outcomes.

Dr. Muñoz said that in order to improve quality, there are three areas that need improvement: integrating innovative ideas from young researchers and using those ideas to fill research gaps, funding health research priorities, and providing good governance and leadership for health research institutions.

(1) In health care fields that are lagging, more should be done to incorporate innovative ideas of young researchers and balance those ideas with research needs. It is important that research requests from donors are matched to readily available data and to researchers' needs and capacities.

(2) Funding health research requires linking it to processes used to establish priorities. However, currently there are gaps between the use of national, dedicated research funds and countries' research needs and priorities. In order to secure more reliable funding for health research, it is

imperative to highlight results from key contributors' studies; it is important to make visible the returns on investment that research brings to society. A common perception is that public health and health systems research is poorly funded. To engage relevant stakeholders more effectively, more research should be conducted in settings outside of routine clinical primary care areas; this requires dedicated funding.

(3) Cultivating leadership in health research institutions depends on good governance, and that, in turn, is dependent on knowledge-translation. To better address knowledge-translation priorities, documents should be made available in the languages that most users will need. This could be a regionally coordinated initiative with TDR. Research governance should be highlighted in this effort in order to assess countries' capacities for implementing the Policy and to determine how PASB can better support countries. PAHO's Policy on Research for Health should serve as a guideline for performing policies for high-quality research on health.

In closing, Dr. Muñoz highlighted three ways to improve quality:

- Train a large base of individuals in research methods.

- Improve the balance between using experienced researchers and supporting younger ones in their development.

- Increase the use of qualitative methods to provide accurate and reliable evidence about the achievement of research for health

Participants' Comments

Existing resources are not used properly by all countries; in regions with limited support from health and technology, the health sector can become invisible. To address this, countries' ministries of health should lead initiatives aimed at reform of health research policy. Health authorities need to be engaged because health and technology generate benefits for other sectors, such as industry and business. Flexibility is needed to support countries that lack capacity as well as those that already have capacity. We need to use benchmarks that help countries close the gaps while keeping in mind that the framework in each country can differ.

The role that ministries of health play in facilitating health research should be clarified; they promote research but are not themselves research agencies. It is also necessary to clarify how funding is allocated and to develop funding methods with flexibility. One example would be to apply two rounds: 1) in the first round, use a strict analysis of methodology to judge the general proposal, and 2) in the second round, determine if the proposal addresses the priority of implementing the SDG agenda and social determinants of health and equity, according to the country needs.

To address the lack of engagement with younger researchers, academic researchers could develop training programs to teach and mentor younger researchers.

Innovative thinking and the research used to guide decisions have very different concerns. The former should be tolerant of errors, while the latter must focus on avoiding them. To address those differences, the Secretary of the ACHR suggested that they be prioritized separately. One would focus on innovations, the other would focus on research for implementation according to established priorities.

It is also important to evaluate what has already been done in the Region based on the SDG agenda, current policies, and the availability of human resources—both academically trained researchers and researchers trained in public health priorities and research from an epidemiological perspective.

A closing observation focused on the quality of research as it relates to journal publication. International journals rarely publish research produced in the Region; the majority of regional research is published only in local journals where it gains little exposure and is rarely put to use. But quality is just one element of what drives journals to publish, and previous analysis indicates that much good work remains unpublished for reasons that have nothing to do with quality. Since quality is not the determining element, more should be done to expand opportunities for publishing regional research in journals that reach an international audience.

Solid links should be established between policymakers' priorities, the research needs of the countries and the Region, and their capacities. The leverage of regional competencies in Latin America and the Caribbean can build competition and/or collaboration to translate research into actions that benefit policies or communities. Finally, to improve research funding, we should prioritize transparency efforts in the selection processes for funding. This will lead to a more efficient dialogue between the scientific community, funding stakeholders, and policymakers.

5.2 Objective 2 – Strengthen research governance and promote the definition of research agendas *(Governance)*
Appraise current capacities on research for health to address countries and PASB's needs for efficient use of existing resources

Source: PAHO/WHO ©

ACHR member, Dr. Jackeline Alger

For a research system that produces and disseminates research priorities for health (including goals for monitoring and evaluation), good governance is required. Consequently, promoting efficiency and reducing duplication in research systems should be a defining pillar of good governance in research for health.

As per Dr. Alger, one of the essential components of a national research system is a monitoring and evaluation mechanism.

Figure 1: Health Research Web tool: governance and policies

Policies and or governance efforts to advance research for health in the Americas

Source: https://www.healthresearchweb.org

PAHO has implemented the Health Research Web tool, an online "wiki" database that allows countries to self-report their documents and data, giving them an opportunity to monitor and evaluate their national health research systems. Some countries lack documents about their governance structure and policies.

With regards to integrating knowledge into policies, the Evidence-Informed Policy Network (EVIPNet), a WHO knowledge-translation platform and network, assists with that by promoting the systematic use of research evidence in making and implementing health policy, and building local capacities to integrate this process into the work of health authorities.

Brazil and Chile are examples of countries currently participating in the EVIPNet platform, but the resources can be better utilized. The PAHO-ACHR committee should further encourage using these tools and resources to improve countries' monitoring and evaluation capacities. The Ibero-American Ministerial Network for Health Learning and Research (RIMAIS) may be a key network to work with in promoting these resources.

Participants' Comments

Clear indicators need to be defined for implementing the Policy on Research for Health. Without these, or if different indicators are used, it is difficult to measure progress. Member States and PAHO play a significant role in advancing these policies and should maintain continued support and advocacy of EVIPNet in countries.

Efforts to improve implementation require planning and engagement starting at the local level and expanding to PAHO/at the regional level. It would be beneficial to ensure that all Member States participate in implementing the Policy, assess progress, and advocate for research for health.

PAHO should create guidelines to set up implementation efforts in public health and research health systems and should reach out to political leadership in difficult places that are believed to have a good return on investment for implementation.

Linking country leaders to research that addresses national research agendas is one viable option for promoting research governance. Research that addresses equity and poverty is needed, and we should work to improve relations, building trust and facilitating the sharing of data. PAHO can play a role in encouraging these types of dialogue.

Identifying standards for sharing data and making those standards operable across international systems would be beneficial for countries. Data management should be promoted with other priorities, such as trial registration, research reporting standards, and other requirements for journals. Another key part of facilitating health research is providing a minimum information dataset in each country to better determine which capacities are available or lacking.

Likewise, in order to improve communication abilities, it is important to determine current communication capacities and what capacities are lacking. These efforts will establish outputs of health research, the linkages between country issues with health research implementation, and the research agenda conducted and supported by public funds.

Finally, to coordinate the mechanism for overall monitoring and evaluation in implementing the Policy, PAHO should facilitate building communication bridges across networks and ministries of health to facilitate multisectoral collaboration and data-sharing.

5.3 Objective 3 – Improve the competencies of and support for human resources involved in research *(Human Resources)*
Build sustainable human capital and strengthen research networks as integral components of the health workforce

Source: PAHO/WHO ©

ACHR member, Dr. Ana Sanchez

Dr. Ana Sanchez presented on the topics of human capital and networks. She aligned the topic to the third objective of the Policy on Research for Health (CD49/10) and discussed how research is a tool that uses evidence to guide action and intervention, and in turn can create greater public awareness, and engage participants' comments with policymakers, media, or students. This means research should be integrated in a comprehensive framework where it can be used to help implement SDGs. Additionally, health care workers will be essential, as they are the ones who will support or conduct most of the research and

reporting. As such, a core component should be training them in a set of skills that includes research methods, design, and bias identification.

To empower health care workers as local agents of change, give them the capacities based on the evidence provided by research. The integration and indivisibility of the SDG agenda should be directly linked to the management of its human resources. Thus, it must be in a country's capacity to respond to and mitigate health challenges. In addition, establishing multi-disciplinary and trans-disciplinary teams is crucial for the development of health care workers, both to conduct health research, and to reduce brain drain in the Region **(Figure 2)**. Although research cannot be conducted in isolation, each country needs to have the capacity to conduct, manage, and lead its own research endeavors. Conversely, however, it is important that countries conduct research as part of a broader international collaboration.

Figure 2: Brain circulation/exchange and brain drain in the Americas 2016

Share of a country's nationals with a university education who live in an (other) OECD country

- 1. less than 2%
- 2. less than 5%
- 3. less than 10%
- 4. less than 20%
- 5. more than 20%
- not included
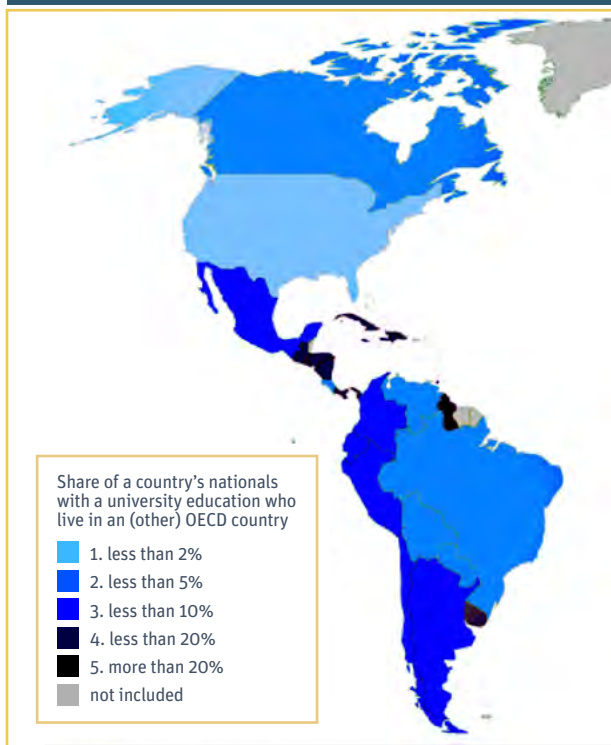
Source: OECD. Migration and the Brain Drain Phenomenon. Internet. 2016. http://www.oecd.org/dev/poverty/migrationandthebraindrainphenomenon.htm

Registering grant recipients on national and regional research rosters should be promoted. Such information would connect researchers, help eliminate research repetition, and would increase one-on-one and network-level interaction and cooperation. Additionally, the silo structure of academia needs to be addressed. Integrating multidisciplinary and trans-field interactions at an early stage would increase the likelihood of cooperation later.

Students should also be empowered and acknowledged as potential support for researchers, especially in countries with less robust research capacities. Likewise, community engagement is a cornerstone of human resources capacity-building. It is not only imperative to involve communities in the research itself, but open access to data informs people and provides evidence and create awareness of how communities benefit from research.

In the past, research networks have often been successful due to rigorous monitoring and assessment and the long-term commitments they engender. Using research networks helps to showcase and increase the network's value. Therefore, a strategy on how to capture significant data should be moved forward. It is also important to include specific modules on the value of research evidence, not only in health care workers' education (medical school, dental school, nursing school, etc.), but in fields such

as government, economics, public affairs, etc. Finally, strategies should be built on lessons derived from accomplishments and successes in emergency situations. Such situations furnish examples of the value in bringing together different skills and in developing multi-centric protocols.

Participants' Comments

Community engagement and ownership of research makes research more visible, makes collecting data easier, and helps ensure public resources for the research. It is important that the research community value and integrate all elements of the community as part of its knowledge- and evidence-base. Likewise, it is important to continue networking efforts to strengthen multi-programmatic approaches, to accrue lessons about efficiency and effectiveness in using research, and to monitor and evaluate how research results are implemented.

In capacity-building, it is essential to understand countries' needs and the reasons why research capacities remain unequal in the Region.

Another element that will make research visible is creating networks of researchers developed around multi-centric protocols and collaborations that inform policy-making.

Promote the integration of research at an early stage in academic programs, promote interactions across sectors, and learn how collaborations can develop among interdisciplinary teams. This should be encouraged with funding that allows the human capital training in foreign countries to return to their country of origin and to establish networks building local capacities. It is important to create plans that allow returning researchers to thrive and develop their careers.

5.4 Objective 4 – 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 *(Partnerships)*
Engage different research consumers and communities to catalyze development

Source: PAHO/WHO ©
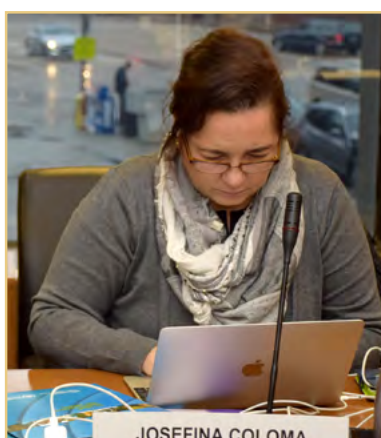
ACHR members, Dr. Jaime Miranda and Dr. Josefina Coloma

Partnerships can enhance the development and impact of research. In that regard, PAHO, a regional organization, has a role of convener, helping to build formal relationships through networks of peers. During the meeting, Dr. Miranda and Dr.

Coloma discussed how partnerships are also social relationships between individuals, and that trust is an essential component.

Although there are already many existing partnerships, there are few South-to-South collaborations, and few collaborations led by lower- or middle-income countries. PAHO should support and cultivate initiatives that put Caribbean, Central, and South American countries "in the driver's seat."

One concern with research design is lack of community involvement. Research should pose questions for civil society and take actions (such as developing educational materials) that encourage community engagement and promote better communication.

Building partnerships requires time and is an activity that is rarely funded. However, grant requirements that mandate cooperation have shown great success, and they need to be continued or advanced. Partnerships also require teaching management and behavioral skills to facilitate interactions and help people become comfortable with both the constraints and benefits of collaboration.

Participant's Comments

There is a need to focus efforts on creating more equitable models for partnerships in which the research agenda and priorities—from development to implementation and dissemination—are shared equally among all concerned parties.

Collaborative approaches to partnerships in research for health require careful discussion about all aspects of the partnership—from objectives to governance—plus sensitivity to and respect for the constraints of divergent and multiple agendas of various stakeholders.

If the community is to be engaged in research, health literacy is essential; and to develop health literacy, it is important to create clear, simple messages and build awareness so that informed public opinion can help influence policymakers' actions.

Research agendas should be beneficial for all involved, establishing more equitable development and use of research. In some countries of the Region, however, research and the use of research are hindered by communication conflicts or lack of collaboration between universities, health authorities, and research and funding entities, and PAHO has an important role to play in helping to bridge those differences.

5.5 Objective 5 – Foster best practices and enhanced standards for research *(Standards)*
Increase the value of research and reduce its waste

Source: PAHO/WHO ©

ACHR member, Dr. Trudo Lemmens

To reduce research waste, data should be made more accessible (transparent) through increased sharing and reporting. But such accessibility/transparency faces resistance from industries and is often challenged legally on grounds of intellectual property rights. PAHO's role should be to promote standards, especially Objective 5 of its Policy on Research for Health: "Foster best practices and enhanced standards for research."

Dr. Lemmens emphasized that one problem related to standards and the value of research is the high rate of clinical trials that are never published[3]. The reasons for unpublished clinical trials range from problems with trial recruitment to research design to various failures after the research has been launched. Conversely, there are also problems with published trials: their intended outcome may go unreported while more favorable and inflated conclusions are published instead. Increasing the requirements for launching a clinical trial and limiting the annual number of such trials may help combat research waste.

There are two key challenges in research waste, Dr. Lemmens said: 1) Industrial knowledge production is controlled by those who have direct financial interest in the research, which may result in private interests influencing the results[4]. 2) The data's lack of transparency, with limited public accessibility.

The transparency/accessibility of data should continue to be advanced through research standards, but implementing that remains legally difficult. Research data are integrated into broader regulatory frameworks and constrained by various legal rules, most particularly those related to intellectual property and privacy law. There are some interesting initiatives related to data-sharing and access, but the legal requirements surrounding research data—particularly data related to clinical drug trials—often thwart transparency.

Several international transparency initiatives address this issue. They include the WHO International Clinical Trials Registry Platform (ICTRP) that was launched in 2006, and the revision of the Declaration of Helsinki, which introduced transparency as an explicit ethical requirement for research involving humans. However, those international initiatives and regulatory tools still face resistance, especially from the pharmaceutical industry; it insists that data submitted to drug regulatory agencies contain commercially sensitive information and must therefore be kept confidential.

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3   Ioannidis JPA. Clinical Trials: What a waste? BMJ 2014;349:g7089. doi: https://doi.org/10.1136/bmj.g7089
4   In a nutshell a systematic review on a drug would usually show that "any drugs beat any drug". Am. J. Psych. 2006: 163(2): 185-194

However, since transparency is now accepted as an important ethical obligation for research involving humans, Dr. Lemmens suggested that research ethics committees could play a role in promoting data transparency.

Figure 3: EQUATOR Network website, resource to increase transparency in health research

Source: http://www.equator-network.org/

PAHO has had several successes in fostering best practices and enhancing research standards. It has also increased public awareness in the Region about the importance of registering and sharing data. It has developed initiatives on reporting results, particularly on standards for research reporting (used for planning and publishing, too) in collaboration with the EQUATOR Network.

However, progress on attaining complete data-sharing has been minimal. This challenge is not only due to the resistance of the industry, but also due to the reluctance of drug regulatory agencies. Many drug regulatory agencies appear to accept industry's claim that clinical trials data submitted to the drug regulatory agencies constitutes commercial confidential information. An exception is the European Medicines Agency, which has taken a proactive approach to data-sharing and now prospectively publishes the data from clinical trials that it receives. The agency takes the stance that clinical trials data do not constitute commercially confidential information and that it is up to industry to provide evidence why, in exceptional circumstances, it should be considered confidential. This is a valuable approach that other regulatory agencies could take.

Participants' Comments

One suggestion was to more clearly define the authorship when a research project is initiated, i.e., determine whether the data belong to the funding agency or the research team.

A second suggestion was to consider promoting and using more existing materials, such as webinars.

A third suggestion: challenge the unequal treatment of researchers when they collaborate on papers. In international collaborations between high-income countries and lower- and middle-income countries, the researchers from lower- and middle-income countries rarely received full credit, although they are often the ones who conduct the research. And despite the growth of research in lower- and middle-income countries, the rate of first authors or corresponding authors remains low.

Similarly, sometimes lead authors from lower- or middle-income countries are included to fill quotas but omitted from leading positions.

There is also a need to advocate for data to be published more quickly in order to encourage relevant secondary analyses that is necessary for developing new hypotheses. One way to promote efficient release of data is to make it a requirement for access to funding.

Another option to promote data-sharing is to emphasize mutual interest, i.e., it is not only good for an individual's career but reproducibility of research is also good for science in general.

There are sometimes competing interests between international standards and local priorities. In Canada, for example, indigenous populations are empowered because they own the data produced with them. However, international standards are not always aligned on this effort; ethics research committees can play an important role in protecting and empowering vulnerable populations.

There is a distinction between a principal investigator (PI) and an author; a principal investigator may not author a report and cannot claim authorship on subsequent analysis.

Promoting equitable research priorities requires a focus on communities' most pressing issues. To address this, it is necessary to understand and identify communities' needs by using research methods.

5.6 Objective 6 – Promote the dissemination and utilization of research findings *(Impact)*
Discuss the way forward with knowledge-translation platforms and existing tools

Source: PAHO/WHO ©

ACHR members, Dr. Jorge O. Barreto and Dr. Tomas A. Pantoja

Dr. Barreto and Dr. Pantoja discussed the challenges and future of promoting, disseminating, and utilizing research findings, and identified the following issues:

1. The complexity of policy-making includes four challenges:

- When research is not relevant to the political context (production);
- When research is difficult for policymakers to use (translation);
- When research competes with other factors that influence decision-making;
- When research is not considered a valuable source of information (climate/culture for using research).

2. The ability to distinguish between reliable and unreliable research: research that does not comply with high standards presents a risk and may be misleading.

3. "Push efforts" led by researchers: sometimes researchers do not communicate their findings effectively.

4. "Pull efforts" led by research users: policymakers may lack the skills and methods to use and implement research efficiently. They need to understand and incorporate research in their work.

5. Linkage and exchange efforts: policymakers may lack forums where policies can be challenged and discussed with key stakeholders such as researchers.

6. Insufficient core funding for knowledge-translation activities: funding is needed to train people who provide knowledge-translation over sustained periods.

Health Systems Evidence, developed and refined over the last decade by McMaster Health Forum, a Canadian research organization, is a free, comprehensive health systems database for research evidence.

A second knowledge-translation tool, proposed and sponsored by WHO, is the Evidence-Informed Policy Network (EVIPNet); it provides a multifaceted approach for translating evidence for policy-making.

A third tool: Improving Program Implementation through Embedded Research (iPIER). This initiative uses research to facilitate implementing effective health interventions. The iPIER model places implementers such as policymakers, district health officers, program managers, and frontline health workers at the center of the research process.

A fourth tool: SUPPORT Tools for evidence-informed health Policymaking; PAHO has funded translations into French, Portuguese, and Spanish.

A fifth and final tool: SURE Guides for Preparing and Using Evidence-Based Policy Briefs are a collaboration between African and European researchers that cover evidence-based policy briefs. SURE Guides allow access to guiding resources, such as presentations and articles.

Source: http://www.who.int/evidence/sure/guides/en/

Participants' Comments

It is important that ministries of health have evidence to inform and support policy decision-making efforts. However, it is a challenge when the people providing evidence must rely solely on requests from policymakers; if policymakers don't request data, then relevant and available evidence is not considered in the decision-making process. It is also crucial that the advisory bodies that provide research evidence are independent.

Additionally, it can be a challenge to connect networks that focus on different evidence-based areas, such as health systems, health technology assessment, clinical guidelines, etc., even though those areas use shared approaches.

It should be discussed whether knowledge-translation should focus on appropriating knowledge or disseminating information.

Research results need to be communicated in a timely and relevant manner. The U.S. National Institutes of Health RePort Expenditures and Results Tool (RePORTER) summarizes and presents results in understandable formats and shares the results according to social media trends. It is an example of promoting social appropriation of research knowledge that is generated by academic institutions.

Opportunities for using new technologies and creative ways for presenting data (such as tools that can make data available in real time or tools that can present data in a simple, visual way) should be explored.

Source: PAHO/WHO ©

Dr. Kira Fortune, Regional Advisor for Social Determinants at PAHO.
Source: PAHO/WHO ©

6 The Policy on Research for Health: A Perspective from PAHO *(Presentations)*

6.1 The SDGs challenge and the use of research to achieve them
Regional Advisor for Social Determinants at PAHO, Dr. Kira Fortune

The Latin America and the Caribbean region is one of the most unequal regions in the world. Its epidemiological profile is changing, and top health concerns now include NCDs and aging.

The UN decision to shift from Millennium Development Goals (MDGs) to United Nation's SDGs was a critical pivoting point in the international health sector. While the MDGs were helpful guiding principles, they were too sector-specific, focused primarily on lower- and middle-income countries, and they did not address root causes of health issues. In contrast, the agenda of SDGs is a country-driven initiative that allows countries to expand beyond silos and resolve pressing health concerns through collaboration using a multisectoral approach. Consequently, social determinants of health should be a key priority for PAHO Member States addressing the regional health issues of this century. On the first and last day of the meeting, Dr. Fortune delivered presentations discussing how the SDGs **(Figure 4)** were linked to and relevant for PAHO's Policy on Research for Health.

PAHO's role

The PAHO Region was the first in WHO to adopt an action plan on Health in All Policies (HiAP), a country-led initiative and an evidentiary step working across sectors. During the presentation, Dr. Fortune indicated that PAHO's role in integrating the SDGs agenda with the Policy on Research

Figure 4: Links between Policy on Research for Health and the SDG agenda

for Health should include three steps: (1) encouraging discussions to promote multisectoral collaboration; (2) promoting equity awareness in all actions; and (3) using a HiAP approach to address the Region's health needs.
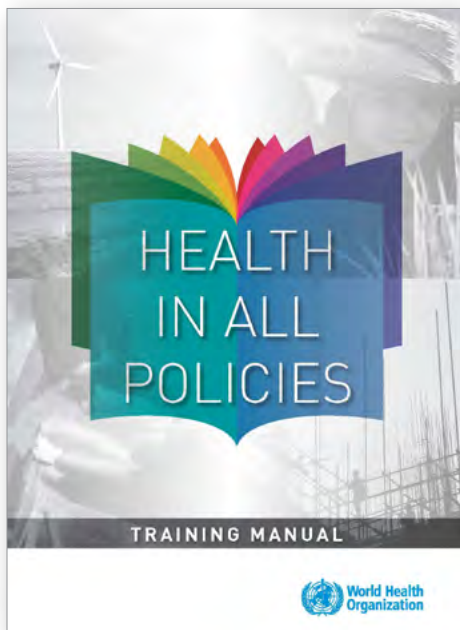
Dr. Fortune shared several examples of successful multisectoral collaborations. She highlighted three research institutions that created a manual to conduct training on implementing the HiAP approach, and she cited Suriname, which has an in-country equity assessment and research institution heading its training process, as a prime example.

Role of researchers

Dr. Fortune and others emphasized that researchers should play a critical role in closing gaps by serving as a powerful voice of advocacy for good governance of the SDGs; by ensuring accountability for the implementation of SDGs agenda; by engaging stakeholders in SDG implementation; and by ensuring knowledge-sharing

and joint learning. Dr. Fortune also discussed the need for inclusivity in implementation efforts, ways to reach the most vulnerable populations, and how to measure the impact of efforts. She focused specifically on addressing gender and ethnicity, and on incorporating universal health coverage as a pillar of equity principles. In an effort to avoid alienating communities, researchers should make SDGs relevant to regional populations by encouraging local communities' ownership and implementation of the SDG agenda.

Government role

The government's role is selecting indicators and crafting in-country institutional research agendas for a Policy on Research for Health that is led by ministries of health and addresses SDG goals.

Participants' Comments

Participants suggested that the SDG agenda and PAHO's Policy on Research for Health should be coordinated. They suggested that countries should select their own indicators, that members of the research community should hold governments accountable for making progress on the agenda, and that they should work more closely with WHO Collaborating Centers (WHO CCs).

More specifically, Dr. Fortune urged PAHO to actively engage Member States in discussing their indicators, targets, and goals to determine their alignment with the SDG agenda and the PAHO Policy on Research for Health. She urged researchers to create dynamic political alliances and capitalize on existing networks (both regional and global) to encourage SDG implementation and the HiAP approach. She also urged using the PAHO Equity Commission to help incorporate equity into implementation efforts.

Dr. Fortune proposed that PAHO use available technologies to promote monitoring and evaluating systems that track progress on implementing the SDG agenda and countries' accountability. She also urged researchers to involve community participants in the HiAP approach, since community participation in research is vital to positive health outcomes.

Finally, participants proposed that WHO CCs incorporate equity and the SDG agenda into effort to promote the Policy. They suggested that urban health be a priority in social and environmental determinants of health, that more effort focus on subregional priorities, and that implementation be handled through regional entities such as the Southern Common Market, the Caribbean Public Health Agency, and the Council of Ministers of Health of Central America and Dominican Republic (COMISCA), etc.

6.2 Policy on Research for Health in All Policies (HiAP)

Source: PAHO/WHO ©

ACHR president, Dr. Nelly Salgado

Environment has a substantial influence on the social determinants of health, so equity and social justice issues must be at the center of health policies and actions. The health sector should be a leader of multisector efforts to achieve SDGs/2030 Agenda. To produce more effective outcomes, we must take local context into account when analyzing the conditions of daily life. Research is fundamental to this: solutions must be rooted in evidence that includes research and a systematic approach. We need to close the gap between research knowledge and policy-making.

However, policymakers, health professionals, and other actors may not have all the skills necessary to analyze and use research evidence to inform policy or to inform researchers of their specific needs. Furthermore, social factors are frequently not recognized as elements linked to health outcomes. Targeted financial resources, shared budgets, and programs are frequently mentioned as ways of addressing this problem but these approaches are seldom put into practice. Furthermore, other sectors are often reluctant to share their resources because they don't necessarily recognize the relationship between health and their own work, or understand the return on investment for their sector. The intersectional approach is more effective when it led by the health sector and when it is incorporated from the beginning of the policy-making planning phase. However, in the health sector, we are still missing the political will and effective leadership needed for an intersectional approach that modifies social determinants of health.

It is important that all actors understand that the responsibility for health does not belong solely to the health sector. We need to incorporate innovations and new knowledge, building on existing capacities. Available tools and the environment have changed, and we need to adapt. We need to move beyond just biomedical research (e.g., laboratory experiments and randomized controlled trials), and conduct social science research in conjunction with the biomedical approach; it is important that more actors recognize that the two approaches are complementary. To solve health problems, it is also helpful to establish an interdisciplinary vision with community-based, intersectoral action-oriented strategies.

For a positive impact on overall health and well-being, the HiAP approach helps put research findings into practices: It promotes using research evidence that identifies and incorporates relevant contributions from other fields, thus helping to put in place policies that include contributions from other sectors.

PAHO can make substantial progress in responding to these pressing issues by:

1. Focusing on more innovations and solutions that take into account the holistic nature of health problems.

2. Acknowledging and incorporating contributions from various fields of knowledge.

3. Using a multisectoral approach that complements HiAP.

To implement HiAP in accordance with the objectives of the Policy on Research for Health, PAHO and Member States should consider the following suggestions:

Quality: *Promote the generation of relevant, ethical, high-quality research.*

Researchers should conduct social science research related to health, not illness. We need to think of health as a social state of well-being rather than as recovery from a state of illness.

Researchers should also continue conducting research on communicable and noncommunicable diseases and try to understand how social determinants of health affect individuals' health care choices and access to healthy environments.

PAHO should continue to guide and give support countries in the Region to conduct more high-impact research for policy development and implementation.

Governance: *Strengthen research governance and encourage research agendas which take into account the socio-political context in which health policy is created.*

PAHO should promote technical cooperation among sectors; Member States should continually update countries' health priorities as social, political, and economic factors change and as knowledge gaps are closed or circumstances change.

Member States could invest in establishing interdisciplinary and intercultural research groups that maximize funding for public health.

Human Resources: *Improve competencies in and support for human resources involved in health research.*

Scientific knowledge should be an integral part of public health policies, and we need to communicate scientific knowledge to a broad audience so that it can be readily understood by people from a wide range of sectors. Member States can foster scientific research skills among research teams and promote research understanding as part of education. We can develop research teams' communication skills and strategies for disseminating information, and build their capacity for intersectoral negotiation.

We should be make it a priority to equip young researchers with the skills necessary for the challenges of the decade ahead. Skills should include long-range planning, problem-solving under pressure, visionary thinking, negotiating with people from outside the health sector, learning to identify areas of opportunity, and the ability to use institutional, social, and financial resources to maximum effect. A good way to teach these skills is to foster mentorships and find other ways to support young researchers-in-training.

Source: PAHO/WHO ©

Partnerships: *Seek efficiencies, greater impact, and better use of research through strategic alliances, collaboration, and by building public trust and encouraging more extensive engagement in research.*

PAHO should continue building partnerships with academic institutions and international and regional organizations (e.g., the Latin-American Alliance of Global Health and similar umbrella groups involved with research training and technical cooperation aimed at improving the Region's health). Dr. Salgado de Snyder deems it beneficial to stimulate more South-to-South multinational collaboration to implement the Policy.

It will also be useful to develop strong, strategic ties and working partnerships with community-based organizations, civil society organizations, and—in order to disseminate accurate information—the media.

Standards: *Foster best practices and enhanced standards for research. PAHO should work with Member States to develop strategies to disseminate findings for each country. Using equality and human rights as focus, PAHO should identify best practices for and challenges associated with implementing the Policy.*

Ethics review committees play a significant role in upholding adequate research standards in all health research institutions and ministries of health, and it is critical that PAHO reinforce and support those voices.

Integrating social sciences with clinical and biomedical research is a worthy step in maintaining Policy standards. PAHO should work to link good research practices (such as trial registration, adequate reporting, and ethics) to administrative processes in research.

Impact: *Promote the dissemination and use of research findings.*

Countries need to close the gap related to their capacity for using high-impact research—and balance it with their capacity to conduct health systems and public health research and translate and put findings into practice. The Region can benefit by encouraging countries' creating observatories of health and health research. Dr. Salgado de Snyder recommends aligning the work of this ACHR with the new PAHO plans—and in line with PAHO's holistic approach, changing the name of this ACHR to "Advisory Committee on Research for Health."

6.3 Leveling research capacities to enable all Member States to move forward with the Policy

Specialist, Training and Fellowship, Mrs. Karen Gladbach

Over the past two years, more than 180 young professionals from the Region of the Americas have pursued graduate or advanced degrees (master's and doctoral degrees) in health-related fields, and under the OAS-PAHO partnership, more than 1,200 scholars have had access to valuable research tools to help them implement high-quality, ethical research.

Part of the partnership between OAS and PAHO focuses on building human resource capacities, boosting skill sets, and providing training in research for health. The partnership is a good example of ways to advance research policies in the Americas, and it has recently offered scholarships to applicants from 22 countries. However, the representation of Caribbean students needs to be improved.

OAS has a portal page for all scholars to communicate, connect, and monitor progress. Complementing this, and to promote research for health, PAHO organized a closed LinkedIn group that connects the students. In 2015, Mexico received 8 scholars and Brazil, 67. In 2016 there were a total of 113 scholars; with an exact 50-50 balance between men and women. The first cohort completed studies in December 2016.

Figure 5: OAS-PAHO scholarships: research for health

Year	MEXICO	BRAZIL	TOTAL
2015	8	67	75
2016	53	60	113
2017*	8	85	93
TOTAL	61/69	127/212	188/281

Selected; awaiting candidate acceptance by November 2016.

The next step is to determine how we can develop and strengthen this network to advance the partnership and further support the goals of the Policy on Research for Health.

For example, we are developing online classes for students about good research practices and reporting, Mexico made programs available in English to provide people from the Caribbean with opportunities, and Brazil offers Portuguese courses as part of its scholarship program.

We have explored options to increase training through the WHO Collaboration Centers. For example, improving skills in research management is being explored as an option to develop with the International Center for Medical Research and Training (CIDEIM). In the Caribbean, steps are also being taken to train more students at the University of West Indies in coordination with Dr. Marshall Tulloch-Reid and Dr. (cand) Damian Francis, Co-Directors of Cochrane Caribbean, and with the support Dr. Cuervo, Senior Advisor for Research Promotion and Development at PAHO. The training options are still in early stages and further information about their research placements is being gathered. PAHO is working to keep country offices informed when scholars are selected and to foster retention when they return to their countries PAHO makes it known that the individuals are linked with academia and relevant institutions.

Mrs. Gladbach offered some suggestions on ways to improve the partnership: Ensuring that research program trainees benefit their own countries and a portion of the required courses are accessible virtually, via web entities supported by PAHO. She suggested the possibility of partnering with the U.S. National Institutes of Health on a "blended learning" initiative.

Participants' Comments

Some attendees raised concerns about the qualifications of master's degree students to conduct scientific research of the same caliber as doctorate students. To address the issue, the Secretary of the ACHR proposed that master's degree students collaborate and possibly be mentored by someone who knows how to conduct research according to required standards.

Other recommendations to enhance the partnership included developing new courses for the programs and creating a policy forum where students make presentations to national policymakers and help lead informal meetings at the countries' ministries of health; this would help develop communication channels between researchers and policymakers.

6.4 Integrating the Policy on Research for Health in PAHO's systems

Specialist, Planning, Performance, Monitoring and Assessment, Mr. Travis High

During this presentation, Mr. High discussed the PAHO planning frameworks, including an update on the PAHO Program and Budget, 2018-2019.

PAHO operates under a results-based management framework that is based on three main concepts:

1. **Planning:** Formulate results, identify indicators set targets, and estimate costs.
2. **Implementation:** Allocate resources to implement programs and conduct regular performance assessment exercises.
3. **Assessment, evaluation, and learning:** At the end of each biennium, PAHO conducts a joint assessment process with Member States, through which PAHO seeks to identify and apply lessons learned for the next cycle.

Figure 6: Three main concepts in the PAHO Results-Based Management Framework

Source: Travis High

According to the results chain approved by Member States in the PAHO Strategic Plan 2014-2019, the PASB is accountable for the financial, human, and material resources inputs and activities, products, and services at the operational plans level. Member States and PASB have joint accountability for outputs, outcomes, and impacts. Performance monitoring and assessment reviews at PASB are conducted every six months and focus on PASB's operational plans and the products and services of PASB entities. At the end of each biennium, there is also a joint assessment, which reviews the progress on achieving outputs and outcomes in the PAHO program and budget.

In the end of the biennium assessment report for 2014-2015, the outcome indicator 4.4.2 was rated as "in progress" for achievement by 2019. This indicator measures the number of countries with functional mechanisms for governance of health research. The corresponding output 4.4.4 for the 2014-2015 program and budget was partially achieved. This indicator measured the number of countries implementing the regional Policy on Research for Health (CD49/10).

At the time of the meeting, the proposed PAHO 2018-2019 program and budget was under development and was to be presented to the PAHO Governing Bodies in 2017. A proposed output for the Policy on Research for Health (CD49/10) was divided into two indicators:

1) **Policy implementation indicator:** countries showing advancement in at least three of the six policy objectives.

2) **Research for health budget indicator:** countries that have dedicated a specific percentage of the ministry of health budget to research.

During the development of the PAHO Strategic Plan 2020-2025, there will be opportunities to develop and/or further refine indicators.

The Research Team also presented three indicators that were not captured by PAHO's monitoring and assessment mechanisms, and the team urged the ACHR to look at how to integrate those indicators into the evaluation.

1) **Financial flows for research:** The amount invested in countries' health budget for research.

2) **Human resources for health research:** A proposed indicator that could be used to monitor health researchers in the same way that nurses, doctors, midwives, dentists, etc., are monitored.

3) **Monitoring and evaluation for research:** A report that countries would produce annually to assess their own progress; it would monitor and evaluate research outputs, capacities, and gaps.

6.5 Integrating the Policy on Research for Health: Pan American Journal of Public Health

Source: PAHO/WHO ©

Specialist, Journal Management, Dr. Damian Vazquez

The Pan American Journal of Public Health (PAJPH) provides assistance to researchers working to implement the Policy on Research for Health within the Region of the Americas. Through the journal, PAHO is able to promote dissemination of research findings, generate an archive of relevant research within the Region, help improve competency of human resources related to publishing research, and foster best practices related to research standards.

Readers have free access to the PAJPH and authors are not charged for publication. To increase its exposure to a broad international audience, articles or their abstracts are translated and included in multilingual databases. The PAJPH provides a plethora of opportunities, such as a fast-track, peer review process from submission to manuscript that is designed to benefit the policy-making process. The PAJPH strengthens institutional partnerships and advances human resource capacities in the Region by helping regional authors get published and by delivering workshops on effective scientific writing. Finally, it fosters quality and standards on research for health in the Region by promoting (and leading by example) in its use and dissemination of research reporting guidelines that foster quality research studies.

Participants' Comments

PAHO should explore means to include research evidence collected through the PAJPH in public health policies in the Region. The President of the ACHR inquired about strategies to improve its impact factors indicator. Although impact factors are debatable because they reflect just how a particular paper has been cited and used, people still use them. The impact factor of the PAJPH, 0.9, is not high, yet it is well-positioned in the Region. Of the Region's 18 public health journals, the PAJPH is ranked fourth. PAHO needs to develop an indicator that measures how published research is used in policy-making levels.

Most of the manuscripts originate in Brazil, Colombia, Argentina, and Mexico; submission figures in Haiti, Guatemala, Central America, and Peru are lower. There should be a concerted effort from the PAJPH to strengthen research reporting capacities in these countries while focusing on contributors' writing expertise. This could be done by assisting countries in writing documents and articles as a means to raise submissions rates instead of solely judging their work or delivering feedback. Given the pressing need to improve publication rates in Latin America and the Caribbean, and considering that the PAJPH is not a commercial journal, it should focus on increasing publications from these countries. Assistance should focus on good study design, tutoring and mentoring, best practices in interpreting results, methodology for writing in a journal format, and outlining.

6.6 PAHO Ethics Research Committee: Characteristics of research submitted to PAHO's ERC

Source: CIOMS/WHO ©

Regional Bioethics Advisor at PAHO, Dr. Carla Saenz

PAHO Ethics Review Committee (PAHOERC) is tasked with reviewing all research studies in which PAHO is financially or technically involved; it is housed by the Regional Program on Bioethics, which is further responsible for PAHO's technical cooperation on research ethics. The "Bioethics: Towards the Integration of Ethics in Health" Concept Paper and Resolution, approved by Member States in 2012, supersede PAHO's research policy in what respects to research ethics as a more updated and specific mandate.

In 2015, PAHOERC submissions increased by 83% compared with 2014; the committee received 75 proposals from 23 countries. Half the proposals submitted came from three clusters: the Special Program for Research and Training in Tropical Diseases (TDR) grants, the Improving Program Implementation through Embedded Research (iPIER) program, and the Edmundo Granda Ugalde Leaders in International Health program.

PAHO supports numerous projects that are at the intersection between public health research and public health activity. PAHOERC's review process begins with determining whether submissions constitute human subjects research and thus need an ethics review, or whether they are exempted from ethics review. PAHOERC issues a significant share of exemptions. PAHO lacks a current research registry for studies it conducts, which makes it difficult for the Organization to report on its own research or to lead by example with regards to good research governance.

Infectious diseases (in particular, neglected infectious diseases) and immunizations are prominent topics for PAHO-supported research. The Zika virus outbreak led to numerous requests for support on research ethics topics. PAHO led an ethics consultation and the development of the *Ethics Guidance on Key Issues Raised by the Outbreak,* which was endorsed by *The Lancet*. The Guidance addresses issues that are crucial to catalyzing ethical research during an emergency, on which confusion persists.

Discussion

Regulatory gaps imply challenges for ethical research in the Region. For example, ethics reviews are often sought or required for a subset of research with human subjects, such as clinical trials for drugs or medical devices. Moreover, decisions on whether a study requires ethics review are often made by investigators. However, journals increasingly require that these determinations be made by relevant third parties such as ethics review committees, which in turn increases the submissions to ethics review committees and their workload. Committees also face practical challenges to conducting ethics review rigorously and efficiently.

Source: PAHO/WHO ©

PAHO's Regional Program on Bioethics advances a view of research ethics systems. It helps Member States strengthen ethical research comprehensively, e.g., through the implementation of ProEthos—a PAHO-developed open-access software designed to enhance standards for ethics review—supporting the development of appropriate normative and regulatory frameworks, and increasing ethics capacity through the dissemination of guidance, tools, and resources through the *Investigación Ética* list.

6.7 Trial registration: Progress with trial registration for clinical and observational studies

Source: PAHO/WHO ©

Senior Regional Advisor for Research Promotion and Development, Dr. Luis Gabriel Cuervo

In addition to the information provided in the background documentation, a proposal was made to explore the role of consumers in promoting research transparency. Consumers were key to reducing opposition and barriers initially brought by the industry with regards to clinical trial registration between 2004 and 2007. Delegates from pharmaceutical companies initially raised concerns about impact in competitiveness and intellectual property rights, yet these arguments proved to be unfounded, and organized civil society made a case that persuaded the pharmaceutical companies to accept research registration.

Clinical trial registries have been influential in saving patient lives. During the presentation, Dr. Cuervo mentioned that during some key meetings with stakeholders to discuss trial registration proposals circa 2004, a patient disclosed how participating in a trial that he had identified through a registry may have saved his life; he benefited from participating in a study assessing the effects of anti-retrovirals; he outlived his estimated life expectancy and had a decent quality of life. Trial registration, an element included in the Policy on Research for Health, can improve health outcomes and transparency. Clinical trials in the Americas have progressed substantially—first from the establishment of the *clinical trials.gov* database in the U.S. and legislation requiring that publicly funded studies be registered, and more recently from the increase in such requirements and the deployment of new registries such as the Cuban registry (the first with a Spanish interface) and the Brazilian registry (the first with a Portuguese interface).

While these improvements are notable, there is still a need to address inequitable progress within the Region. PAHO may need to focus next on promoting adherence to research registration (or at least to clinical trial registration) in national legal frameworks. Legislation helps with compliance, and for countries that want to have their own registry, the legislation helps make them worthwhile. Moving forward, the WHO International Clinical Trial Registry Platform is a meta-registry that pulls together information from validated/approved registries and serves as a tool to increase public access to and use of research—especially clinical trials. It also helps to gather other valuable information relevant to research governance and partnerships, identifying expertise and collaborations. Trial registries are increasingly moving toward including observational studies, and there are international calls to register all trials.

6.8 Collaboration on standards: Uptake of research reporting standards (EQUATOR) and building a cadre of epidemiologists to support public health in the Caribbean and Central America

Source: PAHO/WHO ©

ACHR Special Guest, Dr. Marshall Tulloch-Reid

The main challenge regarding epidemiology training in the Region is two-fold:

(1) Too few people are trained in the Region, a situation that leads to a predominance of expatriates or regional nationals being trained overseas.

(2) There has been little change over time; it is difficult to attract and retain trained professional because for Caribbean nationals, capacity depends on training opportunities outside the Region.

The University of West Indies plays a leading role in capacity-building for the region, and the creation of it Epidemiology Regional Unit has been critical in developing several initiatives that could increase epidemiological training capacities in the region. The unit pulled together several epidemiologists and statisticians and created a focus for regional capacity-building.

One of the main catalyzers was a focus on training capacities; a master's of science program in epidemiology was created in collaboration with the London School of Hygiene and Tropical Medicine and various other partners, including PAHO and universities throughout the world. The first class graduated in 2006, and a doctoral program was established a few years later.

Building capacities was also enhanced by the alignment of those initiatives with the broader international collaboration supported by PAHO. It included:

- Integrating a unit at the University of West Indies into the International Clinical Epidemiology Network (INCLEN) in 2009.
- Developing the Effective Project Planning and Evaluation (EPPE) courses and a "train-the-trainers" scheme in the Caribbean. EPPE was developed by the WHO Programme for Research and Training in Tropical Diseases (TDR), and supported by WHO Collaborating Centers, PAHO, and the International Center for Medical Research and Training (CIDEIM); we have a training center at the University of the West Indies that supports the expansion of EPPE in the countries of the Caribbean.
- Creating the Caribbean Branch of the Cochrane Collaboration in 2013.

It is difficult to assess the impact of these initiatives. For example, how many people have been trained through the WHO/TDR Effective Project Planning and Evaluation training network, since it

has now been integrated into Master of Public Health (MPH) programs? We have assessments and evaluations of the workshops we organize, but we cannot easily count and follow trainees in these programs.

Four strategies have been identified as the next steps for this endeavor:

- Development of distance learning and flexible learning opportunities to address the geographical constraints of the islands of the Region and increase regional reach.

- Development of funding research to support graduate students.

- Development and diversification of skills among faculty staff.

- Development of additional partnerships with larger epidemiology training programs to strengthen skills. For example, with support from PAHO, an assessment is being made to expand capacities for research and research synthesis for policy in nutrition, in collaboration with Cornell University.

Source: Courtesy of Dr. Marshall Tulloch-Reid

Participants' Comments

One comment observed that in order to encourage students and researchers to eventually return to their countries, in-country capacity-building was crucially needed.

Another difficulty is in measuring the success of activities facilitated by PAHO, due to funding limitations and the complexity of monitoring and evaluating those activities; most investment used in capacity-building are limited resources and are therefore left to develop and implement an evaluation framework. Nevertheless, PAHO is currently working on an assessment of some of the capacity-building in the Caribbean. Because of the numerous outputs of health technology assessment in the Americas, it is difficult to capture and measure the impact and work accomplished.

6.9 Research Team Components: Multi-programmatic research teams to address inequities and communities to catalyze development

Source: PAHO/WHO ©

Research Promotion and Development Team, KBR (Dr. Luis Gabriel Cuervo, Aura Marcela Ariza, Cristina Schreckinger, Maria Senes, Josselyn Mothe, Lorcan Clarke).

The Research Promotion and Development Team prepared an enactment illustrating why multidisciplinary teams are beneficial to research capacity-building, and why such teams can be more competitive. A team in which members have complementary skills can cover different stages of research development and provide a more informed response to funders applying for support; the research team may need to draw on expertise in basic, clinical, public health and/or health systems research. To remain competitive, it also needs expertise in project management, implementation, economics, and public communication. The presenters provided an example using a simulation and emphasized that building a team goes beyond just assembling a group of specialized researchers. Multi-programmatic teams include project managers with knowledge of international development, health professionals with content expertise, health policy scientists, health economists, and scientific communicators. The presenters also described how innovations seldom happen in isolation; they are often the result of interaction and collaboration and occur in a culture that tolerates failures. This is distinctly different from knowledge-translation and evidence-based health care that by their nature have a low tolerance for failure. They are different and complementary activities with contrasting needs. Research is an incremental process that relies on the capacity of people to translate complex ideas into simple messages, building on different strengths, and integrating core skills from different fields.

6.10 Fishbowl discussion led by Assistant Director, Dr. Francisco Becerra

Source: PAHO/WHO ©

Dr. Fernando Muñoz, Dr. Patricia O'Campo, Dr. Luis Gabriel Cuervo, and Dr. Diego Gonzalez were guest speakers

Dr. Becerra led a "fishbowl" discussion to coordinate team efforts and integrate tools between technical areas. The purpose was to discuss methods for incorporating research and implementing the Policy on Research for Health. During the activity, participants of the 46th ACHR meeting had the opportunity to showcase how their teams tap into research and advance the Policy.

The discussion started with three brief presentations by Dr. Muñoz, Dr. O'Campo, and Dr. Cuervo to cover key questions and open the floor for participants' comments:

• What is research for health? How is research used in technical cooperation? How is it used and how should it be used? How do we promote research by developing human capital on research?

• Capacity-building in research: challenges and perspectives in the LAC region. Why is research a key element for development at the regional and national level? A case study on housing improvements and its beneficial impacts in mental health and health expenditure was used to stress the importance and benefits of Health in All Policies (HiAP).

Dr. Munoz's presentation focused on why research for health is necessary. He defined it as research which addresses health problems—even if it involves other disciplines—answers questions about health concerns, produces knowledge that is useful in solving health problems, and improves well-being and overall health. It relies on established standards of credibility that produce trustworthy results.

Dr. Munoz stressed the need to clarify the purpose of research for health to communities and, when research is used in the public domain, to the public. When research can assist other countries in resolving health concerns or improve the quality and frequency of technical cooperation, research efforts should be deployed in other countries, he said. He also discussed that the PASB should use evidence from research to improve the use of research. He closed with a reminder that research output should benefit the public.

Dr. O'Campo discussed solution-focused research methods used in public policy to resolve health concerns. Solution-focused research includes synthesizing evidence, tailoring programs, evaluating processes and implementation, evaluating developments and outcomes, evaluating policy, and estimating program scale-ups.

To describe the methods, Dr. O'Campo used a case study from Canada, a project in which homeless people with mental health issues participated in making choices about their dwelling places on the condition that they would receive treatment. In studying the choices that the people made, the project found that having a choice was beneficial to participants' health and reduced overall health costs. Participation reduced the number of nights spent in shelters and saved about $21,000 per person annually and because of the results, the Canadian government decided to increase its funding for the project. Additional systematic reviews of the study indicated that many service providers needed help to implement or adapt the project, and a website was created to monitor information and guide others in how to put this model into practice.

Dr. Cuervo's presentation focused on indicators that Member States can use to develop human capital skill sets, resources available to improve the impact of research for health, and to encourage effective knowledge-translation. These indicators aim to help countries identify which human resource capacities are available and which are still needed. Dr. Cuervo mentioned two specific indicators:

1) improving the human capacity in health research to monitor and evaluate progress on research, and 2) core competencies needed to produce and determine countries' workforce capacities. He also explained the strategies needed to develop monitoring and evaluation capacities at the country level.

In a concluding call to action to develop human resource capacities in health research, he urged attendees to consider these questions:

- What strategies, indicators, and monitoring and evaluation methods need to be developed to allow countries to assess national capacities and to develop plans to fill their gaps in human capital?

- Acknowledging that significant research is produced by multidisciplinary teams, what core competencies are needed to conduct competitive, important research?

- What kind of critical capacities are efficient and useful to centralize in subregional centers or in integration entities, and which ones should maintain an essentially national focus?

- What can be done to make evident the links between research and its returns on investment in society? Many returns don't come through the health sector (e.g., education and productivity). How can these be made more evident so that society makes smart investments in research? How can we promote an appreciation of the impact and returns of research on development?

Dr. Gonzalez focused on the democratization of and access to the information. PAHO has worked with virtual libraries through BIREME, which has a regional database of registries organized by countries, cities, and populations.

Figure 6: Virtual library on health - PAHO-BIREME

Source: http://www.bvsalud.org
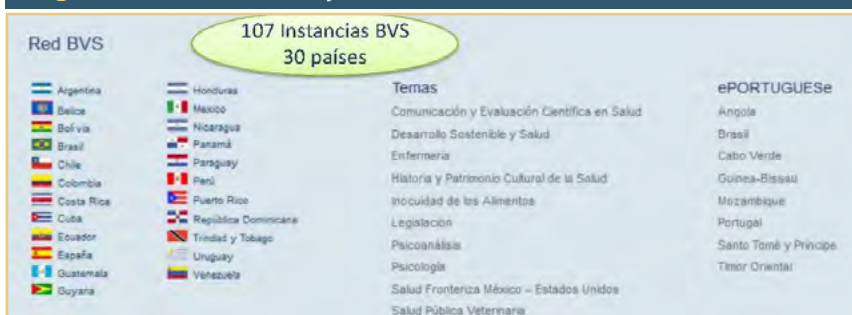
Participants' Comments

Participants discussed that there should be an easier way to create awareness of and create access to research in the Region, particularly since it is a tool for policymakers' decisions. A regional database that compiles information and provides organized results would be beneficial to policymakers looking for quick results when they are faced with critical health decisions.

Member States need autonomous ways to improve their health systems with solution-focused research that allows projects to be adopted and implemented in any country. For this to be feasible, a standard process for conducting research should be developed based on environmental changes and health priorities that match the countries' needs. It is also important to provide general guidelines

on how to calculate costs for solution-focused research. In some case studies, the use of randomized control trials has been instrumental in policymakers' decisions to fund solution-focused research. It would be valuable to incorporate randomized controlled trials as a substantial part of the process in a framework for solution-focused research.

For health research, equity-first priorities should be on par with financial priorities. This would ensure that the needs of stakeholders in the community and in the public and private sectors are met. Measurements of wellness, quality of life, reintegration into society, and other health factors will be critical when determining the equity perspective of a solution-focused process. This will also clarify the return of investment for governments and stakeholders. Using an equity-first lens can ensure that challenges are addressed not only from a moral perspective, but also from an economic perspective.

It is important to identify, utilize, and maintain efficient tools and resources that already exist, such as the Health Research Web wiki site or EVIPNet. Meanwhile, in response to regional health needs, continue training and promoting research skills.

To improve and foster health within the Region, it is imperative to clarify why scientific production in the Americas is lagging. PAHO can promote research by collaborating with universities to encourage and incentivize students to do research in the Region. However, research for health can no longer be from just a biomedical point of view; to be effective, it must include the social sciences and anthropological, economic, and other perspectives.

Source: PAHO/WHO ©

Source: PAHO/WHO © www.paho.org/artforresearch

7 Conclusion and Final Recommendations: What Needs to be Done?

PAHO continues its efforts to address regional needs to promote, integrate, and improve research governance to improve national health research systems and overall public health. One of the major achievements was establishing the Policy on Research for Health in 2009. Although many countries in Latin America and the Caribbean have advanced national research agendas, there are significant disparities across the Region in countries' capacities to produce and use research, such as their ability to access and use knowledge sources. Therefore, PAHO will exercise its role as convener and assist in developing and strengthening the Region's research health systems. This should result in an equitable implementation of the Health in All Policies approach addressing the SDGs.

The key points of the 46th ACHR members' recommendations to PAHO are as follows:

- It is important to continue working on integrating indicators to assess the objectives of the Policy during PAHO's periodic evaluations.

- Countries will benefit from the development of standardized dashboards or consoles with data to monitor and evaluate country and regional capacities in research for health. The dashboards/consoles will promote transparency and boost the relevancy of research in the Region.

- Countries should establish effective mechanisms to make available the current regional and national data and knowledge on health research systems. The information should cover capacities, outputs, outcomes, data, and knowledge use across all stakeholders.

- PAHO will promote research for health according to national and subregional priorities, and will facilitate knowledge- and information-translation according to different stakeholders and contexts (e.g., policymakers, academia, and civil societies) from local to regional levels.

- PAHO will help strengthen research governance by implementing good practices, performance tools, and standards that will be applied throughout the research cycle—from proposal and implementation to evidence-gathering and policy-making decisions.

- PAHO will advocate for developing and establishing research teams and networks with a multi-programmatic and multisectoral approach—particularly where the capacities of subregions and countries are lagging—and will consider working with clusters of experts and networks of research teams. This should produce a better response to the challenges created by determinants of health.

- PAHO will use varied communication strategies to disseminate the Policy among stakeholders and advocate its ownership and implementation. In turn, the value of research for health will increase, and local experts will see more opportunities and resources, which in turn will reduce research waste. ("Research waste" is defined here as research that produces little impact or research that produces poor returns on investment).

The following were suggestions from the 46th ACHR meeting that address the Director's questions posed to the panel at the beginning of the conference:

1. **How would you advise PAHO to translate relevant and strategic research findings to create better systems and lives while recognizing that Member States differ in their language, size, and capacity to produce and use research?**

   There are three main areas that PAHO should consider when translating relevant and strategic research findings: (1) Research governance; (2) research communication/translation and knowledge-sharing; and (3) knowledge-building. The focus should be responsive to national priorities and needs and existing standards.

   Strong research governance will promote local leadership at health research institutions and will facilitate stewardship. By empowering individuals and entities inside the countries are most familiar with the needs of the population and are best equipped to identify research that will be relevant and beneficial to the country.

   Designing effective systems, delivering research results, and making those results available in real time are key. Improving how results are communicated (for example, making results more accessible to different audiences) and improving how PAHO uses technology will, in turn, improve transparency and encourage more country sectors to become involved in research; and with more parties involved across the Region, research can be used to its full potential. In order to achieve this end, Member States need to cultivate scientific research skills among teams that include more than researchers.

Knowledge-building and knowledge-sharing fosters implementation, and if it addresses equity principles—particularly issues about gender and ethnicity—it encourages inclusivity and reaches vulnerable populations. Knowledge-brokering and knowledge-translation skills need to be integrated into training programs and curricula to build necessary human capital at the local and regional levels.

Another key element to improving research strategies lies in enhancing research reporting capacities, especially in countries where publication rates lag. PAHO could assist these countries in building their capacities to report research, increase the rate of successful submissions, and adopt best practices in interpreting results. In countries such as in the Caribbean islands, where geography or development limits access to research results, PAHO could continue facilitating open-access distance-learning and opportunities for flexible learning.

It may also be helpful to explore new research methods used in public policy for resolving health concerns. Methods need to be better aligned to local needs. One example presented during the 46th ACHR meeting was the solutions-focused project in Canada for improving housing and mental health.

2. Can we [PAHO] promote inter-country research teams to foster regional cooperation and capacity-building through knowledge-generation?

PAHO should continue building and promoting capacities for knowledge-brokering and intelligence units that support authorities at different levels of health systems. Knowledge-generation of research needs to be incorporated into training programs and curricula to build the necessary human capital. Through academic and professional associations, PAHO can help develop skills in knowledge-translation, scientific communication, and critical appraisal in a way that supports the next generation of researchers. Ideally, those training programs should help develop research teams and networks with the capability of addressing multisectoral demands with important health research at the local level and with a subregional perspective. This will be valuable for countries that are lagging in their capacities to conduct health research.

PASB should reassess its communication strategies to improve its use of resources and tools for evidence-informed policy-making, health care, and prevention. Furthermore, in order to use knowledge more effectively at the regional and national levels, PAHO should also assess available databases and take stock of regional centers such as BIREME, and experiences in developing research capacities (e.g., COHRED, INCLEN, Cochrane, the Campbell Collaboration, and WHO CCs, among others).

There are two other components important to cultivating regional cooperation: (1) political and health-sector leaders' will to implement intersectoral approaches, and (2) decision-makers' and civil society's early engagement in research development. The latter is something PAHO should promote.

These components will:

- Foster capacities and promote their contributions to research.
- Ensure the communities provide public resources and support for research and data collection.
- Increase access to and equity on health issues.
- Help identify where additional training is required and where implementation of the Policy needs to be reassessed. This increased collaboration will serve as a foundation for future national and regional initiatives. Additionally, promoting open access among funding agencies will boost research findings and publications.

To improve relationships and dialogue and increase trust, PAHO should require incorporating research evidence on all topics that address equity and poverty. To facilitate multisectoral collaboration and sharing, PAHO's communication strategy should bridge networks with ministries of health.

3. **Can we look at ways to rapidly improve capacities so that every country has the critical tools and human capital to use or produce research for health?**

PAHO should disseminate and support national and regional initiatives, ensuring that existing resources are used to their full potential. For example, using capacity-building tools such as the "train-the-trainers" schemes in TDR courses or WHO Collaborating Centers can build needed human capital and sustainable capacities in countries. Additionally, sustainable strategies need to be prioritized for developing networks and units of excellence where findings are produced efficiently, with quality, and in a timely manner. We need clusters of experts and networks of teams that can pull together to deliver necessary knowledge.

While ministries of health should lead initiatives on health research policy reform, PASB could provide countries with frameworks according to each country's capacity and needs; PAHO should employ benchmarks for closing the gaps between countries and for achieving SDGs. PAHO needs to support developing South-to-South collaboration to foster initiatives led by Caribbean, Central American, and South American countries. PAHO must encourage using research to attain and maintain SDGs with smart, sound approaches.

4. **How can we [PAHO] make research an important element in decision-making and in planning and implementation so that every health care worker and professional sees research as an important component of the work they do?**

Research evidence is critical for addressing health challenges effectively and efficiently and a vital component of a country's health development process. Research can facilitate governmental scientific, and community response to outbreaks, emergencies, and communicable and noncommunicable diseases.

In order for health care workers and professionals to see research as an important component, they need to develop research skill sets early in their careers. The necessary skills include: knowing how to select and use the best of different research methods, how to design and implement research, and how to work through bias and errors. In helping to leverage these skills, Member States encourage collaboration while they compete to produce research that is useful for policymakers and communities.

When they possess strong research capacities, Member States can address the health challenges they encounter. Research capacities enhance regional competitiveness and collaboration and make it possible to translate research into a product that has a beneficial impact on policies and the community.

PAHO could implement and promote the practice of pairing younger researchers with senior mentors. Senior mentors and other members of research teams could turn priorities into research goals and inculcate good practices in the next generation. This is the stage where capacities for monitoring and evaluation are developed in the research community. Additionally, this is a practice where local implementation leads to long-term regional impact.

Source: PAHO/WHO © www.paho.org/artforresearch

PAHO needs to renew its knowledge priorities and create awareness about how essential these activities are for decision-making:

- Establish professional networks according to research competencies and promote clusters of expertise that encourage collaboration and competitiveness.

- Fast-Track health research that is tangible and that can be used for other research projects.

- Work in partnership with different sectors to bring research closer to educational systems.

- Endorse good practices and transparency for public health needs.

For small countries where resources are distributed unevenly, another key issue is identifying potential leaders who support the region's need for distance learning and opportunities for flexible learning, both of which help address geographical constraints and increase regional reach.

END