ANNEX IV

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1 Justification

Promoting and performing health research has always been a function of WHO, as described in Article 2 of its Constitution.[1] WHO's Eleventh General Programme of Work 2006-2015[2] identified six core functions for WHO, and research is instrumental for their fulfillment. They include "shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; articulating ethical and evidence-based policy options; setting norms and standards and promoting and monitoring their implementation; providing technical support, catalysing change and building sustainable institutional capacity; monitoring the health situation and assessing health trends; providing leadership on matters critical to health and forming partnerships where joint action is needed."

According to the Pan American Sanitary Code, Chapter IX, art. 56,[3] research is also a function and duty of the Pan American Sanitary Bureau (PASB, formerly known as the Pan American Sanitary Office and Secretariat of the Pan American Health Organization [PAHO]). It is central to the mission of the PASB and instrumental in leading strategic collaborative efforts among PAHO's Member States and other partners "to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas,"[4] based on the values of equity, excellence, solidarity, respect and integrity.

Following the United Nations Millennium Declaration[5] and the identification of 8 millennium development goals (MDGs) and 18 targets,[6] PAHO made the health-related MDGs an integral part of its priorities and identified some of the knowledge gaps hindering their achievement. Consequently, research is specifically addressed in two of its main policy and planning documents approved by Member States: the Health Agenda for the Americas 2008-2017[7] and the Strategic Plan 2008-2012.[8]

At the 2004 Ministerial Summit on Health Research held in Mexico City, the key role of research to improve public health and health systems was recognized, and nine areas needing further action were identified. The Mexico Declaration called on WHO to "support networking of national research agencies in conducting collaborative research to address global health priorities"; facilitate that all major stakeholders "establish a platform linking a network of international clinical trial registers to ensure a single point of access and the unambiguous identification of trials"; "report

[1] World Health Organization. Constitution adopted by the International Sanitary Conference at New York, July 19-22, 1946. (on line) URL available at http://www.who.int Accessed 27 Dec 2007.
[2] World Health Organization. *Engaging for Health: Eleventh General Programme of Work 2006-2015, a Global Health Agenda. Geneva*: WHO; 2006. [On line]. Available at http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf Accessed 6 March 2008.
[3] Pan-American Sanitary Office. *Pan-American Sanitary Code*. Signed in Havana, Cuba, on 14 November 1924, during the VII Pan-American Sanitary Conference. [On line]. Available at: http://www.paho.org/Spanish/D/DO_308.pdf Accessed 27 Dec 2007.
[4] Pan American Health Organization values, mission and vision. Available on line at http://www.paho.org/english/paho/mission.htm Accessed 30 April 2007.
[5] United Nations Millenium Declaration. Resolution adopted by the General Assembly on 18 September 2000. [On line]. Available at http://www.un.org/millennium/declaration/ares552e.pdf Accessed 5 Feb 2008.
[6] United Nations road map towards the implementation of the United Nations Millennium Declaration. Report of the Secretary-General. 6 September 2001. A/56/150. [On line],. Available at http://www.un.org/documents/ga/docs/56/a56326.pdf Accessed 27 Dec 2007.
[7] Pan American Health Organization. Health agenda for the Americas. Text of document distributed at the launching ceremony in Panama City, 3 June 2007. [On line]. Washington, DC: PAHO. Available at http://www.paho.org/English/DD/PIN/Health_Agenda.pdf 2007 Accessed 22 Aug 2007.
[8] Pan American Health Organization. Strategic Plan 2008-2012. Washington, DC: PAHO; 2008. (Official Document 328). (Available only through the PASB's Intranet).

progress on the Mexico Statement at the UN Millennium Development Goals Summit in 2005, at a conference on health systems in 2006, and at the next Ministerial Summit on health research in 2008, and convene a ministerial-level international conference on research into human resources for health."[9]

Although its importance is recognized, public health research still needs much strengthening in many countries of the Region. When the performance of essential public health functions (EPHF) was assessed in 41 Member States in 2002, Research in Public Health (EPHF N° 10) showed one of the lowest regional scores in the domains assessed: (1) development of public health research plans, (2) development of institutional research capacity, and (3) assessment and technical support of subnational public health research.[10]

2 Health research in PAHO and the Americas

As the international agency specializing in public health in the Americas, PAHO must manage knowledge about health and provide technical cooperation based on the best available evidence. It should strengthen, within the framework of international cooperation, the capacities needed in the institution and its Member States to produce valid and relevant research that contributes to improving equity, health and development. PAHO must be regarded as a catalyst for the planned and sustainable improvement of public health research capacities that result in a systematic approach to the use and production of the best scientific evidence to inform policies and health care decisions.

2.1 Strengthening research governance and national health research systems

For Member States to be able to produce and use research that addresses their needs, they must have strong national health research systems governing health research and providing stewardship; the national health authorities need to be strongly involved to ensure that public health needs are addressed. PAHO can catalyze the strengthening of health research systems using a range of different strategies, monitor developments, and promote synergistic responses and collaboration. PAHO's technical cooperation in many areas can be instrumental in strengthening health research systems.

To strengthen their health research governance and health research systems, countries need to identify, monitor, and evaluate their national health research priorities and develop strategies to address them, while building lasting capacities whenever possible. In addition, they need strategies and tools for registering, characterizing, and monitoring the research they conduct. Networking and collaborative research must be encouraged; ministries of health, scientific and academic institutions, and the community must be made to work together to ensure that State-funded research targets national priorities. Research management, research ethics, and good research standards and practices should be strengthened. Countries also require enough human resources to satisfy current and future needs in the area of public health research. Prior to undertaking new research, current knowledge and its gaps must be validly assessed, and incentives (e.g., grants programs) for performing research in specific areas, developing specific lines of research, and promoting collaboration must be developed and offered. Finally, access to essential health care information has

[9] Ministerial Summit on Health Research: the Mexico Statement on Health Research. *Knowledge for better health: strengthening health systems*. Mexico, DF, 16 to 20 November, 2004. [On line]. Available at http://www.who.int/rpc/summit/agenda/Mexico_Statement-English.pdf Accessed 17 April 2007.
[10] Pan American Health Organization. *Public Health in the Americas*. Washington, DC: PAHO; 2002. (Scientific Publication 589).

to be provided and strategies must be developed for disseminating such information in a timely fashion so that it can be used to inform decision making. These are all spheres of activity in which PAHO should provide much-needed technical support throughout the Region.

2.2 Promoting the generation of relevant ethical, high-quality research

As a knowledge-based organization, PAHO must fund or conduct ethical, high-quality research to provide evidence-informed technical cooperation. This may call for different types of research on a wide range of subjects, depending on the needs of its technical areas. PAHO must strive to align the research production of its specialized centers with national, regional and subregional health research priorities and encourage WHO Collaborating Centers to take these priorities into account. Investigator-initiated research should not be discouraged; it brings diversity and originality.

2.3 Improving the competencies and skilled use of research for better health

Health professionals, policy developers, and the public need different sets of skills to understand and interpret research results and inform their decisions. PAHO must encourage activities to strengthen such skills among different users of research evidence. Although not all research professionals need to conduct research, all health research professionals and providers benefit from using research evidence to inform their decisions. PAHO must encourage the development of these skills among health care personnel and work with partners, including academic institutions, to enrich health sciences curricula so that health professionals can make informed choices. It should also focus on the development, implementation and evaluation of strategies that promote appropriate use of research knowledge among policy makers, academicians, and the public at large, stressing the essential connection between research and good practice.

2.4 Developing and maintaining sustainable health research systems

Health research systems often lack sustainability in low-resource settings. Research is essential for development. In order to help develop sustainable health research systems, PAHO must advocate with governments the procurement of resources for health research; encourage continued international and intersectoral collaboration; develop incentives that encourage much-needed human resources to remain in the countries where they are most needed; facilitate long-term partnerships with potential donors; help governments prepare to meet future needs for human resources in the realm of health research by training enough professionals to satisfy those needs.

2.5 Promoting effective and strategic alliances and collaboration

Research production and dissemination require interaction among numerous partners. The Organization must promote strategic alliances with funding agencies and academic institutions in order to strengthen health research in the Americas, particularly in public health. It should also create research inventories and registers that promote transparency and public trust in research by making it possible for anyone to understand how research projects evolve and to identify planned, ongoing, and completed research projects and their contributions to knowledge, through published and unpublished reports, and by promoting social engagement with research and a public understanding of its benefits.

2.6 Promoting dissemination and utilization of health research findings

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PAHO must continue to make use of all communications tools available to widely disseminate the best research performed in Latin America and the Caribbean and to ensure that researchers, decision makers, health practitioners and civil society have access to the scientific literature, particularly in low-resource settings. PAHO should foster novel approaches to copyright and intellectual property, allowing knowledge that is essential for health to be shared and made widely available. It must also facilitate the systematic use of research results to formulate health information, which is widely recognized as critical.[11]

3 Implementation strategies and essential instruments for PAHO and its Member States

In trying to achieve the objectives outlined in the previous section, PAHO can apply different strategies and make use of a variety of instruments.

3.1 To strengthen research governance and national health research systems,

PAHO must assist countries and other international organizations and networks in developing and implementing tools to monitor research production, as well as health research indicators measuring not just performance but also public health impact. It must help them create health research inventories and registers, whose comparability must be ensured, and the adoption of standard identifiers and dataset collections that contribute to international trial registration efforts.

Through its Latin American and Caribbean Center on Health Sciences Information (BIREME), PAHO should continue to characterize the research published in the Region. This is necessary for monitoring the alignment of health research with regional and national research priorities.

PAHO should inform countries on existing instruments for research priority-setting and contribute to national, subregional and regional exercises in this and other key aspects of health research systems governance, as well as promote the systematic evaluation of strategies that improve knowledge on how to conduct priority setting.

PAHO must advocate for the allocation of sufficient national and international resources to address priority health research, and monitor funding for health research in Member States.

PAHO must help governments strengthen their capacity for local production, adaptation and dissemination of guidelines and other publications containing recommendations on how to use research results in health policy making.

To promote the ethical regulation of health research and enhance the health authority's stewardship in connection with research on humans, PAHO should encourage initiatives, such as WHO's International Clinical Trials Registry Platform, to assure the transparent reporting of research results. It should consider establishing a regional registry compatible with this Platform. Through channels such as bioethics networks, it should also promote all activities aimed at strengthening ethical review committees in the countries.

[11] Ministerial Summit on Health Research. *The Mexico Statement on Health Research. Knowledge for better health: strengthening health systems.* Mexico,DF, 16 to 20 November 2004. [On line]. Available at http://www.who.int/rpc/summit/agenda/Mexico_Statement-English.pdf Accessed 17 April 2007.

PAHO must continue taking part in international debate on how the legal framework for intellectual property will impact health research and people's access to its benefits, especially in low-income groups.

PAHO must play a key role in developing and disseminating international standards on health research, convening stakeholders, and providing technical capacity. It should assess the experience of the Pan American Conference on Drug Regulatory Harmonization[12] for potential expansion to other areas of health research. It should be a catalyst for research in public health insofar as possible.

3.2 To promote the generation of relevant ethical, high-quality research,

PAHO must fully understand how research governance works in Member States and must monitor and characterize the research it carries out by developing ways to register and track the research projects it sponsors, funds or conducts.

PAHO must help develop systematic, consensual methods for detecting knowledge gaps in strategic areas.

PAHO must promote specific lines of research, such as health systems research, research on neglected diseases, and primary and secondary research for health technology assessment.

The reinstatement of a monitored Research Grants Program that effectively contributes toward addressing these priorities and develops networking and capacities in key areas is a strategy that has been recommended by the Advisory Committee on Health Research (ACHR) after an assessment of the Research Grants Program.[13] Monitoring and evaluation activities need to be considered to ensure that the implementation of program modalities helps the countries that most need to benefit from the activities associated with the grants and that these address urgent research needs.

PAHO submits a yearly report on its research policy to the Directive Council via the ACHR. A monitoring and evaluation plan must be prepared and, once approved, used to collect data and characterize research before reporting to the Directive Council. Monitoring data should remain up to date and be made easily accessible to all PAHO constituencies.

3.3 To improve the competencies and skilled use of research for better health,

PAHO must build on its resources and networks to help ensure that human resources, especially policy makers in the public health sector, possess the skills and tools they need to develop national health research agendas. To this end it should rely on existing and novel technologies and evaluate the effectiveness of new processes as they are rolled out.

PAHO must help strengthen the capacity of its staff in performing and interpreting systematic literature reviews and in developing guidelines.

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[12] Pan American Health Organization. The Pan American Conference on Drug Regulatory Harmonization. [On line]. Available at: http://www.paho.org/english/ad/ths/ev/RedParf-home.htm Accessed 6 Feb 2008.
[13] Pan American Health Organization. 40th Advisory Committee on Health Research, Montego Bay, Jamaica, 29 April to 1 May 2007. *Report to the Director* . [On line]. Available at http://www.ops-oms.org/English/DD/IKM/RC/ACHR-2007-40-10-Meeting-Report-with-Annexes.pdf

PAHO must promote capacity building through various processes (e.g. peer review, participation in multicentric studies, addressing methodological issues, etc.).

3.4 To develop and maintain sustainable health research systems,

PAHO must, in addition to all of the above (sections 1 and 2), assess its experience in supporting the development of sustainable research systems and study past successes.

PAHO should cooperate with countries to evaluate current and future human resource needs in the sphere of health research and develop policies to make certain their human resources acquire and possess the necessary skills and capacities.

PAHO should try to address, through appropriate research, the factors that determine migration (or retention and thriving) of health researchers and propose and support effective mechanisms and incentives to promote their retention in an environment that allows them to thrive where they are needed, especially in developing countries where they have pursued their careers and established networks.

3.5 To promote effective and strategic alliances and collaboration,

PAHO needs to draw closer to opinion leaders and strategic partners so as to influence governments and potential funders of health research.

PAHO must partner with academia, independent research centers and networks inside and outside the health sector and work more closely with its own specialized centers and PAHO/WHO Collaborative Centers.

PAHO should facilitate communication and coordination between the health and industrial sectors, which are often separate, so as to encourage the development of new products and procedures.

3.6 To promote the dissemination and utilization of health research findings,

PAHO should continue to promote and provide access to the scientific literature in full text and disseminate research from Latin America and the Caribbean through BIREME's Virtual Health Library. The Cochrane Library Plus, a fundamental tool for policy making, is now freely accessible via BIREME. The Health InterNetwork Access to Research Initiative (HINARI) has given lower-income countries in the Region access to scientific information and should be continued.

PAHO must develop and disseminate guidelines and other reliable publications that profile research findings, or contain recommendations that are based on the best available evidence and show that appropriate development processes were followed.

PAHO must promote activities to facilitate the transfer of knowledge from research producers to policy makers and other users, such as the Evidence for Policy Networks (EVIPNet) strategy, which has already been launched in the Region.

PAHO should support best practices by performing operational research and using other mechanisms to ensure that its guidelines are based on the best scientific evidence available. Guidelines for WHO Guidelines can serve as a model for undertaking a similar initiative in PAHO.

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260 PAHO should strive to empower civil society to understand and use research results, thereby democratizing knowledge, through alternatives such as the Citizens Consensus Conferences[14] or publishing in plain language the findings and recommendations of systematic reviews on key health problems.

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[14] The Danish Board of Technology. The Consensus Conference. [On line]. Available at http://www.tekno.dk/subpage.php3?article=468&toppic=kategori12&language=uk Accessed 28 Feb 2008.

Annex 1. Basic definitions

Research and development

According to the OECD, R&D "comprise creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications".[15]

Science and technology

The same source defines scientific and technological activities as "those comprising scientific and technical education and training (STET) and scientific and technological services (STS). The latter services include, for example, S&T activities of libraries and museums, translation and editing of S&T literature, surveying and prospecting, data collection on socio-economic phenomena, testing, standardisation and quality control, client counselling and advisory services, patent and licensing activities by public bodies".

Health research and research for health

The 43rd World Health Assembly[16] defined health research as "a process to systematically obtain knowledge and technologies that may be used to improve the health of individuals and groups. It provides basic information on health and disease status of the population, it endeavors to develop instruments for the prevention, cure and relief of the effects of diseases and it is committed to planning better approaches for individual and community health services".

Perhaps in response to the difficulties posed by the above definition, the concept of "research for health" has gained ground. Maitlin and Ijselmuiden[17] point to a difference between health research and research for health. Based on the definition of health research as being "oriented to protecting and promoting health and to reducing disease," they claim that health research, as understood to mean biomedical research, public health research, health policy and systems research, environmental health research, social and behavioral sciences research, operational research and health research as part of science and technology, does not allow for studying the relationship between health and social, economic, political, legal or agricultural factors, inter alia. Instead they propose the term "research for health" but fail to define it.

The Brazilian Ministry of Health[18] chose a more operational definition, stating that health research includes the knowledge, technologies and innovations from whose application an improvement in the health of populations shall result.

Health systems research

There are many different definitions of health systems research, since it is a scientific field rather than a discipline. Patmanathan and Nuyens[19] define health systems research as "the scientific

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[15] Organisation for Economic Co-operation and Development. *Frascati Manual 2002*. (OECD Code: 922002081E1). [On line] Available at http://213.253.134.43/oecd/pdfs/browseit/9202081E.PDF Accessed 14 Feb 2008.

[16] World Health Organization. 43rd World Health Assembly, 16 May 1990, Geneva, Switzerland. Technical discussions report A 43. Geneva: WHO; 1990.

[17] Council on Health Research for Development and Global Forum for Health Research. *Why health research?* Geneva: COHRED; 2006.

[18] Brasil, Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia. *Política nacional de ciência, tecnología e inovação em saúde / Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Ciência e Tecnologia*, 2.ª ed. Brasília: Editora do Ministério da Saúde; 2006. (Série B. Textos Básicos em Saúde).

[19] Patmanathan I, Nuyens Y.. Information for health development. In: World Health Organization. *Research*

method used to acquire information that may be used for the rational decision-making process in health management". They claim it "concerns populations, organizational structures and the interaction among them" and "provides information to identify health needs in specific contexts, in order to set priorities..."

National health research systems

Pang et al.[20] define a national health research system as "the people, institutions, and activities whose primary purpose in relation to research is to generate high-quality knowledge that can be used to promote, restore, and/or maintain the health status of populations; it should include the mechanisms adopted to encourage the utilization of research. The definition includes all actors involved in knowledge generation, research synthesis, and using research results in the public and private sectors".

National science, technology and innovation policy in health

According to the Science, Technology and Strategic Inputs Secretary of the Brazilian Ministry of Health,[21] "a national science, technology and innovation policy in health is a component of a country's industrial, education and other social policies, oriented to satisfying the needs of the population and whose main objective is the development and optimization of production and absorption processes of scientific and technological knowledge by health systems, services and institutions, human resources training centers, enterprises in the productive sector and other segments of society".

Knowledge translation, management, utilization and brokerage

The Canadian Institute of Health Research defines knowledge translation as "the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users".[22] In a *WHO Bulletin* editorial written by Nuyens and Lansang,[23] the authors comment on a series of lessons learned from different knowledge translation initiatives. These are: (a) the importance of context, (b) the importance of continuity, (c) the need to take complexity into consideration, (d) the need to take all actors into account, (e) the fact that the weakest link is capacity development.

A related concept, knowledge management, is defined by the Association of State and Territorial Health Officials[24] as "an organization or community's planned approach to collecting, evaluating, cataloging, integrating, sharing, improving, and generating value from its intellectual and information-based assets".

Strategies for Health New York, Toronto, Bern, Gottingen: Hogrefe & Huber Publishers; 1992: pp. 67-75,

[20] Pang T, Sadana R, Hanney S, et al. Knowledge for better health: a conceptual framework and foundation for health research systems. [On line]. *Bull World Health Organ* 2003;81(11):815-820. URL available from http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862003001100008&lng=es&nrm=iso&tlng=en Accessed 17 April 2007.

[21] Brasil, Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnología, op. cit.

[22] Canadian Institute of Health Research. The CIHR Knowledge Translation Strategy 2004-2009: innovation in action. [On line]. Ottawa: CIHR; 2004. [Cited 20 April 2007]. URL available from http://www.cihr-irsc.gc.ca/e/26574.htlm

[23] Nuyens Y, Lansang MA. Knowledge translation: linking the past to the future. *Bull World Health Organ* [On line]. 2006;84(8). URL available from http://www.scielosp.org/pdf/bwho/v84n8/v84n8a02.pdf

[24] Association of State and Territorial Health Officials. Knowledge management for better health. ASTHO report [On line]. 2005;13(3). URL available from http://www.astho.org/pubs/FallA###HOReport2005.pdf

Knowledge utilization is a complex concept that encompasses four dimensions: dissemination source, content, dissemination medium and the intended user.[25]

Knowledge brokerage[26] stems from the idea that creating knowledge and making policy are different activities and that interaction between knowledge producers and users is needed, besides a transfer of research results.

Funding

In this report, funding refers to the provision of funds to finance a project as well as to the total funds available for a given project.

Grants

According to the OECD,[27] grants are "transfers in cash or in kind for which no legal debt is incurred by the recipient. For reporting purposes, it also includes debt forgiveness, which does not entail new transfers; support to non-government organisations; certain costs undergone in the implementation of aid programmes; and grant-like flows., i.e. loans for which the service payments are to be made into an account in the borrowing country and used in the borrowing country for its own benefit".

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[25] National Center for the Dissemination of Disability Research (NCDDR) A Review of the Literature on Dissemination and Knowledge Utilization, July 1996. [On line]. URL available from http://www.researchutilization.org/matrix/resources/review/litreview.pdf

[26] Lomas J. The in-between world of knowledge brokering. BMJ [On line]. 2007;334:129-132. [Cited 20 April 2007].http://www.bmj.co###cgi/content/full/334/7585/129- Lomas J, Culyer T, McCutcheon C, McAuley L, Law S. Conceptualizing and Combining Evidence for Health System Guidance: final report. [On line]. Ottawa**:** Canadian Health Services Research Foundation; 2005. [Cited 20 April 2007]. URL available from http://www.chsrf.ca/other_##cuments/pdf/evidence_e.pd##

[27] Organisation for Economic Co-operation and Development. 2008 survey on monitoring the Paris Declaration. Glossary. [On line.] Available at: http://www.oecd.org/document/19/0,3343,en_21571361_39494699_39503763_1_1_1_1,00.html Accessed 28 Feb 2008.