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Report to the Director

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Research Promotion and Development Project
Technology, Health Care, and Research Area
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1. Introduction

The Secretariat of the Advisory Committee on Health Research (ACHR) convened the 42nd Meeting of the Committee at the request of the Director of the Pan American Sanitary Bureau (PASB), Dr. Mirta Roses Periago, as a follow-up to the 41st Meeting of the ACHR held at PAHO Headquarters in Washington, D.C., United States, from 29-30 November 2007.

The objectives of the 42nd Meeting of the Advisory Committee on Health Research were to:

(a) discuss the proposed PAHO research policy with ACHR members and other collaborators;

(b) bring the ACHR and other participants up to date on the progress and implementation of PAHO's technical cooperation projects and activities in health research and alignment with the World Health Organization (WHO);

(c) inform the ACHR about the current vision of the research policy development and consultation process and the ACHR's role in it;

(d) promote a constructive dialogue among participants and the exchange of information surrounding the ACHR.

2. Opening Session

2.1. *Opening remarks*

2.1.1. *Welcoming remarks from the Pan American Health Organization's Representative in Brazil, Ing. Diego Victoria*

Ing. Victoria, PAHO/WHO Representative in Brazil, welcomed all participants to Brazil.

2.1.2. *Remarks from the Director of the Pan American Sanitary Bureau (Regional Office for the Americas of WHO), Dr. Mirta Roses Periago*

Dr. Roses, Director of the Pan American Sanitary Bureau, provided an overview of health research issues in the Region.

2.1.3. *Remarks from the President of the Advisory Committee on Health Research (ACHR) of the Pan American Sanitary Bureau, Dr. John Lavis*

Dr. John Lavis, President of the PAHO ACHR, thanked our Brazilian hosts on behalf of the PAHO ACHR, highlighted the gathering momentum in supporting the production, dissemination and use of high quality and locally relevant research, and described the three windows of opportunity that face us in the coming year (the development of the WHO research strategy, the development of the PAHO research policy, and the Bamako Ministerial Summit on Research for Health).

2.1.4. *Remarks from the Secretary of Science, Technology, and Strategic Inputs of the Brazilian Ministry of Health, Dr. Reinaldo Guimarães*

Dr. Reinaldo Guimarães, Secretary of Science, Technology and Strategic Inputs in Brazil's Ministry of Health, highlighted Brazil's many initiatives to support the production, dissemination and use of high quality and locally relevant research.

2.2. *Procedural matters*

2.2.1 *Welcome, announcements on logistical matters, and agenda, Dr. Luis Gabriel Cuervo, Team Leader, Research Promotion and Development, PASB, and ACHR Secretary*

Dr. Luis Gabriel Cuervo reviewed the background documents and objectives for the meeting, focused largely on providing feedback on the draft research policy. He summarized the feedback that was provided at the last PAHO ACHR meeting about the need to: 1) consider values and principles, the global and regional context, and PAHO and Member State contributions; and 2) undertake further analysis on topics such as the role of the public sector on research and PAHO's 'value added' in research.

Dr. Cuervo reminded PAHO ACHR meeting participants about the tradition of addressing participants by their first name. He thanked Dr. Maria Luisa Clark and Dr. Delia Sanchez for agreeing to act as rapporteurs, as well as other members of the ACHR Secretariat who contributed to planning the meeting.

2.2.2. *Introduction of participants, Dr. John Lavis, President of the ACHR*

Participants, included PAHO ACHR members, PAHO staff, and a number of distinguished guests, introduced themselves.

2.2.3. *Presentation of agenda and PAHO's work in research promotion and development, Dr. Luis Gabriel Cuervo, Secretary of the ACHR*

Dr. Luis Gabriel Cuervo began by highlighting four key messages: 1) recommendations from the PAHO ACHR have been heard and actions have been taken on the basis of the ACHR's input; 2) the preparation of PAHO's research policy is progressing according to the agreed upon schedule; 3) there is strong alignment between the PAHO ACHR's areas of focus and those of the WHO ACHR (with harmonization and cohesion now regularly discussed at WHO ACHR meetings); and 4) ACHR members are active and have engaged in specific initiatives.

Dr. Cuervo provided an update on the Research Promotion and Development Project's portfolio of initiatives, which include actions related to supporting the production, dissemination and use of research (e.g., PAHO's research registry, developments relevant to the International Clinical Trials Register Platform in the Americas, PAHO Ethics Review Committee, EVIPNet, and the regional implementation of Guidelines for WHO's Guidelines).

2.2.4. *Open discussion*

The Committee congratulated the Secretariat for the continued progress across its full portfolio of initiatives. During the open discussion, five comments/questions were introduced: 1) a number of preparatory meetings for the Bamako Ministerial Summit are being conducted in some regions over the coming three months; 2) some countries are not actively engaged in supporting the production, dissemination and use of research evidence (e.g., with the trials registry and EVIPNet) so non-governmental organizations (NGOs) are instead taking action, which leaves PAHO striving to work with all committed actors within the mandates that have been agreed upon with Members States; 3) those involved in establishing trial registries are finding that they need access to people experienced in the regulation of drugs and in other legal frameworks needed to support the implementation of the trials registry; 4) the description of PAHO's research registry did not include details about its characteristics and any plans for making it publicly available; and 5) the one PAHO ACHR recommendation that has not yet been acted upon is for the Secretariat to write an article and/or position paper about: a) PAHO being the first region to undertake a critical self-reflection focused on its use of research evidence in developing recommendations for use at the country level; and b) the steps that PAHO is taking to respond to this evaluation.

3. Research Policy

3.1. *PAHO's research policy and alignment with WHO*

3.1.1. *Vision of the development of PAHO's research policy, Dr. Mirta Roses Periago, Director, Pan American Sanitary Bureau (Regional Office for the Americas of the WHO)*

Dr. Mirta Roses Periago stressed that PAHO's research policy must be synergistic and complementary with WHO's research strategy, the Inter-Governmental Working Group (IGWG) on Public Health Innovation and Intellectual Property Rights, and related international initiatives. Hence, PAHO needs to develop a roadmap to ensure that consultation and decision-making processes are aligned with these other initiatives. She stressed that convergence is key.

The planned consultation about the PAHO research policy has a number of objectives: 1) to "road test" the policy to ensure its feasibility and its flexibility for future adaptations; 2) to raise awareness about the importance of research for health and both PAHO's and Member States' roles in supporting its production, dissemination, and use; 3) to build capacity to support the production, dissemination, and use of research; and 4) to ensure Member States' ownership of the draft policy that will be brought to the Directing Council.

The consultation should make use of the range of existing regional and sub-regional processes (e.g. an upcoming CARICOM meeting), communications technologies (e.g., online feedback), existing networks (e.g., Collaborating Centers), and internal fora (e.g., with areas).

3.2. *Deliberations and recommendations on PAHO's research policy, sections 1, 2, and 3, led by Dr. John Lavis, President of the ACHR*

ACHR members, PAHO staff, and their guests spent most of the first day of the meeting reviewing each of the three sections of the draft policy. On the morning of the second day of the meeting, they broke into small groups to focus on particular sections of the report and then later reconvened to share and discuss their respective groups' feedback.

3.3. *Working groups*

Group 1 (Justification/background)	Group 2 (Guiding principles)	Group 3 (Guiding principles and goals / objectives)	Group 4 (Goals / objectives)
Zulma Ortiz (ACHR)	Ernesto Medina (ACHR)	Rodrigo Salinas (ACHR)	Izzy Gerstenbluth (ACHR)
America Valdes	Alvaro Moncayo	Analia Porras	Helene Boussard
Delia Sanchez	Fabio Zicker	Janis Lazdins	Ingrid Bergmann
Elsa Segura	Fernando de la Hoz Restrepo (ACHR)	Ligia de Salazar	Isabel Noguer
Jorge Izquierdo (ACHR)	Kenneth Goodman	Robert Terry	Priscila Andrade
Jorge Gavilondo	Maria Luisa Clark	Victor Penchaszadeh	Stephen Maitlin
Moises Goldbaum (ACHR)	Pedro Brito	Zaida Yadon	Viviana Malirat
	Regina Castro		
	Rob Terry		
	Trudo Lemmens (ACHR)		

3.3.1. *Title and framing of the policy*

The policy needs a title that conveys a message, ideally one about the emphasis of the document. Examples that were suggested include:

- Policy about the production, dissemination and use of research
- Policy about improving competencies and the skilled use of research for better health
- Policy on science, technology and innovation in health: Production, dissemination, access, and use
- Research as an instrument to address the major health problems of the Region: Policy on research for health
- Research to improve equity, health and development
- Policy on equitable health research
- Policy on research for health

The policy needs to clarify up front that it is aimed at: 1) Member States; 2) PAHO's technical cooperation at Headquarters, regional centers, and country offices; and 3) PAHO's own human resource policies.

3.3.2. *"Justification and background" section of PAHO's draft research policy*

- A one-paragraph justification needs to be provided.

- E.g., PAHO has never had a research policy despite its long-standing commitment to the production, dissemination and use of research (and it needs to have a region-specific policy that addresses local needs and builds on local strengths).
- E.g., the Health Agenda for the Americas promotes the use of synthesized research evidence to inform policies.
- E.g., Assessment of key public health functions identified research as a domain requiring further work.

– The 3-4 paragraph background section needs to be re-worked (and one of the small groups spent time developing a preliminary revised draft for this section, which will be shared with the Secretariat staff involved in drafting the research policy).

Participants mentioned the following points:

- Persistence of problems related to the production, dissemination and use of research evidence and reasons for this persistence (despite the many documents that highlight these problems and propose strategies for addressing them, which should be made available for those who want to know more about these diagnoses and proposed solutions – one notable example is a document by Pellegrini, which is not cited in the current draft)
    - E.g., Role of states maturing in the Region, with democratization, development and other social forces supporting both the free flow of ideas and a broadening commitment to transparency and accountability for all members of society
    - E.g., Lack of national health authority leadership in health research in most countries (with Canada, Cuba and the U.S. being notable exceptions) despite the health authority's unique ability to identify needs for research (and an increasingly complex global health funding scene)
    - E.g., Lack of engagement with society, which can turn research into social innovations and advocate for solid rationales to underpin the decisions that affect them
    - E.g., Lack of engagement with industry, which can turn research into technological innovations
    - E.g., Research funding directed to the health problems of a "minority" in the Region (10/90 gap) and research funding priorities for the "majority" often driven by those focused on global, not regional, priorities
    - E.g., Lack of investment in capacity-building for research management and research use

  - E.g., Lack of monitoring and evaluation of health research systems (which would point out a disconnect between the "lip service" paid to health research systems and what happens in practice)

  - Other examples may be found in (old) sections 2 and 3.

- Rationale for PAHO addressing the problems collectively is that it is in the unique position of representing Member States and advising them/ providing technical cooperation, which means that it can build bridges and agreements and help push the policy

  - Many shared problems, including shifting disease burdens, impacts of demographic changes, and climate change (at least some of which research has already shown how to address), with a high likelihood of many emerging problems that will also be shared (which research can help to characterize and address)

  - Many innovative country initiatives that can be more widely adopted (e.g., Brazil's science and technology policy, Mexico's conditional-cash transfers) and there are tremendous prospects for regional collaboration to address the unfinished agenda (e.g. neglected diseases, neglected aspects of common diseases), protect major achievements, and confront the challenges that exist and that lie ahead

- Mandates that have arisen from the PAHO Governing Bodies and other bodies (listed in chronological order), although the latter can be captured by referencing the WHO research strategy and highlighting any region-specific areas of emphasis

<u>Suggestion to add a section about guiding principles for PAHO's research policy</u>

- A set of guiding principles needs to be added.

- The drafters of WHO's research strategy have developed a draft listing of such principles that may prove useful to PAHO's research policy as well (however, these are perhaps closer to being objectives/strategies than guiding principles).
  - Work in *partnership* with Member States and all relevant stakeholders to encourage and support research that is nationally driven within a priority framework to meet pressing public health needs.

  - *Prioritize* research in areas that improve health equity, particularly where this will support the achievement of the Millennium Development Goals.

  - Promote high standards, an ethical approach and seek to share best *research practices*.

  - Work to encourage and facilitate in-country *capacity* to undertake and use research.

  - Encourage free and unrestricted *access* to published research, primary data, research tools and materials

- Other examples of guiding principles that were initially suggested include:

  - Address *inequalities* in capacity within and across countries in the Region (or alternatively, search for solidarity instead of perpetuating inequalities within and across countries) (or alternatively support cooperation between and among countries to support overcoming asymmetries in the Region).

  - Support *transparency in science*, which includes committing to full results *disclosure*.

  - *Lead by example* in managing knowledge and providing technical cooperation based on the best available evidence.

  - Commit to *intercultural* understanding and gender equity.

  - Ensure the highest *ethical standards* underpin the production, dissemination and use of research evidence.

  - Bring *decision-makers* closer to the process of producing, disseminating and using research evidence.

  - Commitment to social and technological *innovation*.

  - Support discovery research but clarify that our focus is applied *research for health.*

- Two small groups spent time developing a list of guiding principles and a broad consensus emerged about these principles (although additional work will be needed to ensure both conceptual clarity and consistency with PAHO's existing statements). The guiding principles could be introduced by the following statement: "In undertaking its work, PAHO will support, encourage and advocate for research that can be used to improve public health and meet the needs of policy makers as expressed by the following principles…." The groups' lists are provided below, along with additional wording suggested during the plenary discussion, with similar concepts captured in the same row of the table.

Group 2	Group 3	Plenary
	Research as an instrument to reach/improve/maintain people's health and grounded in the **values of the Organization**	
Inclusiveness - Work with partners: Member States, communities, industries and other relevant stakeholders to encourage and support research and social and technological innovation that is nationally driven within a priority framework	**Social participation** in the definition of priority problems	**Social participation** in all aspects of the research process and with such participation **grounded in a gender, intercultural, and rights-based approach**

Group 2	Group 3	Plenary
Equity - Prioritize research AND social and technological innovation that is used by policy makers to improve health equity and meet pressing health needs, particularly where this will support the achievement of the Millennium Development Goals.		
Responsible research - Promote an ethics process with a commitment to high standards and best research practice within the work of PAHO and promote this approach to Member States to encourage the (ethical or?) responsible conduct of research	**Excellence and respect for ethical principles** in research	
Capacity - Work to build capacity to conduct, disseminate and use research, social and technological innovation (in the discussion it was clarified that this might need to be re-crafted as supporting self-sufficiency in capacity in order for it to read like a guiding principle)		
Access - Encourage transparency through the free and unrestricted access to research results, primary data, research protocols, tools and materials	Free **access** to information and the **use** of research results	**Transparency and accountability for all members of society**
	Responsible **adoption** of research by the countries	
	Intersectoriality	

3.3.3. *"Goals" section of PAHO's draft research policy*

- The one or more overall goals (i.e., what PAHO collectively wants) and set of related objectives/strategies (i.e., what PAHO collectively wants to do) need to be clarified and justified.

- Some examples of goal statements (which could be combined into a single overall goal statement) include:

  - <u>Harnessing</u> (producing, adapting and disseminating) research to solve health problems and improve health equity in the Region.

  - Ensuring policies are <u>informed</u> by good quality evidence and that health programs are planned and undertaken in line with evidence about their effectiveness and impact.

  - Helping countries acquire and maintain the research <u>capacity</u> to enable them to respond to challenges, to improve health equity, and respond to threats to health security.

- The current set of objectives/strategies could be clarified further.

  I. Strengthening research governance and national health research systems

- Clarify who is the authority that promotes research management and stewardship and aspects of governance (e.g., legal framework, structure including ethics review boards, resources)

- Emphasize that some countries need to create such systems because they don't currently exist, and describe aspects of such systems (e.g., stewardship, financing, etc.) and their positioning with respect to national health authorities.

- Recognize that extremely small countries require both capacity-building and on-going technical support.

- Recognize that even some large countries are dependent on small groups who are making efforts and need to be supported.

- Add something about appropriate research ethics governance systems.

II. Promoting the generation of relevant, ethical, high-quality research

- Consider adding the creation of global (or regional) public goods, such as a cure for Chagas disease

- Clarify what constitutes "relevance" and whether it is defined in relation to identified priorities.

- Emphasize research about neglected diseases as well as neglected research about common conditions.

- Recognize that there may be a role for regional priorities, not just national priorities.

III. Improving the competencies and skilled use of research

- Map existing competencies, areas of focus, and funding sources

- Emphasize that PAHO is going to support capacity-building and on-going support through technical assistance (and not build everything around grants, which leads to a vicious circle where those lacking in capacity cannot get access to funds)

IV. Developing and maintaining sustainable national health research systems

- Modify the statement of the objective/strategy to clarify that the focus is mobilizing resources to support the production, dissemination and use of research

V. Promoting effective and strategic alliances and collaborations

- Mention collaboration within and among public and private sectors, health, and science and technology sectors, patient groups, NGOs, etc.

- Mention linkages with Collaborating Centers

- Mention the need to get communities on board – e.g., use "getting to outcomes" approach with communities – and draw from the last paragraph in the document some wording about science receiving the confidence of society if it delivers

- Mention the key role of the media

VI. Promoting the dissemination and utilization of health research findings

- Mention access to both outputs (products) and outcomes (results in Spanish – i.e., information about effectiveness and safety) – in other words, results disclosure and access to literature

Two of the small groups spent time developing a preliminary goal(s) statement and revised list of objectives/strategies. In both cases, the groups suggested a single goal:

(a) Strengthening research governance by promoting compliance with our guiding principles (group 3), although it was pointed out that this statement reads more like an objective/strategy than a goal (and hence it could be moved to the top left cell in the table below);

(b) Contributing to solving problems and improving health equity in the "Region through the application and promotion of research (group 4), although it was pointed out that research does more than solve problems and that a positively framed statement might be more persuasive.

In the plenary discussion, a third potential framing of the goal was introduced:

(a) Promoting and supporting the production, dissemination and use of research to address pressing public health needs and to support improvements in health and well-being.

The groups' lists of objectives are provided below, with similar concepts captured in the same row of the table.

Group 3	Group 4
	Building and strengthening national health research systems (NHRS), with NHRS defined 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, and with the initial focus being to identify the components of NHRS and to identify key stakeholders within Member States
Promoting the generation of ethical and high-quality knowledge that contributes to solving/resolving/improving health problems in the Region, with special attention to the health of	**Promoting and generating relevant ethical, high-quality research at the regional level**

Group 3	Group 4
vulnerable and marginalized groups	
Providing technical cooperation to and among Member States in the development and strengthening of the competencies needed to undertake excellent research (including all other relevant actors)	
Promoting free access to the results of research and ensuring its context-sensitive application in health policies and programs	**Promoting effective and strategic alliance collaboration**
Committing to the funding of health research, including achieving the targets of 2% of health expenditures and 5% of development assistance in the health sector	

Additional work will need to be done to come up with a final list of objectives/strategies, but the building blocks for this list can be found in the original draft research policy and in the above lists.

3.3.4. *"Commitment to implementation" section of PAHO's draft research policy*

- Member States' commitment to implementation could take the form of monitoring and evaluating progress in the production, dissemination and use of research in their respective countries, ideally informed by a baseline assessment of their national health research systems, which could appear in an annex to the research policy.

- PAHO's commitment to implementation could take the form of technical cooperation at Headquarters, regional centers, and country offices focused on: 1) issuing recommendations that comply with the Organization's guidelines for guidelines; 2) disseminating research relevant to the Region and ensuring access to this research; 3) supporting the creation and/or development of national health research systems; and 4) supporting the creation and/or development of evidence-to-policy partnerships that bring together policymakers, civil society groups, researchers, and other stakeholders.

- PAHO's commitment to implementation could also take the form of changes to its own human resources policies in order to ensure that capacity building among staff and the performance management system include a focus on mainstreaming research in general and supporting the production, dissemination and use of research in particular.

- These and other commitments to implementation could be assessed against five criteria:

  - objective/strategy – a clear description of the objective/strategy;
  - scope, roles and responsibilities - who will take the lead and who will need to be involved;
  - resources – the staff, skills and funding required;
  - timescale - how long it will take for this objective/strategy to deliver in the short, mid- and long-term; and

- impact – the degree of impact this objective/strategy will have on the outcomes.

3.3.5. *General reflections about the feedback provided and the process for going forward*

Many participants observed that it had been a privilege to take part in discussion and that the development of an aspirational research policy with clear guiding principles represented a significant and timely advance for the Region.

Several participants asked whether the research policy should be accompanied by any additional materials that expand on the thinking behind the very concise research policy. Dr. Roses suggested that the policy should be accompanied by a brief description of each Member State's health research system using 10-12 parameters that enable readers to quickly see where opportunities for improvement lie. This approach may be one way to highlight the significant differences in needs and capacity in the Region, ranging from a country like Brazil to small island states like those in the Caribbean, and the potential for cross-national learning within and across peer groups.

In response to several Committee members' questions about the process going forward, Dr. Roses clarified that the Committee was providing advice about a background document that will be turned into a PAHO policy document based on the different perspectives brought forward in the discussions, taken through a consultation cycle in the Region (in parallel with the consultations about WHO's research strategy), and presented to the Governing Bodies in 2009. She also clarified that the Committee will have a chance to provide additional advice about the revised document that emerges from the consultation cycle.

Many participants observed that implementation will be a key challenge, requiring significant leadership and advocacy on PAHO's part, a clear recognition of related initiatives taking place in other related domains (e.g., intellectual property and trade secrecy), a pragmatic and sequenced implementation plan, ear-marked resources, and a collective commitment to monitoring and evaluation.

4. Brief Address by Dr. Luis G. Sambo, Director of WHO's Regional Office for Africa

Dr. Sambo offered several observations during his brief time with the Committee just before lunch on the first day of the meeting:

- Several joint initiatives are under way, such as EVIPNet, a joint regional office webpage, and polio eradication, and there is much to learn across regions;
- AFRO has a regional ACHR as well;
- AFRO is very pleased to be hosting the Bamako Summit on Health Research; and
- AFRO has been working to improve information about health research systems, which has been and will continue to be a major focus of the ACHR's deliberations.

5. Reports / Presentations

5.1. *Progress report by the ACHR Secretariat: Developments since November 2007*

5.1.1. *EVIPNet: Evidence-informed Policy Networks. Progress report, by Dr. Analía Porrás*

Dr. Analía Porrás provided a brief update about Evidence-Informed Policy Networks (EVIPNet) in the Americas, focusing in particular on progress in developing a capacity-building strategy for EVIPNet participants.

5.1.2. *Intellectual property and research, by Dr. Jose Luis Di Fabio*

Dr. Jose Luis Di Fabio provided an overview of the work of the Inter-Governmental Working Group (IGWG) on Public Health Innovation and Intellectual Property Rights, which is another initiative which the PAHO research policy must acknowledge.

5.2. *Additional reports/presentations*

5.2.1. *Research policy in Brazil and its impact, by Dr. Reinaldo Guimarães, Secretary of Science, Technology, and Strategic Inputs of the Ministry of Health*

Dr. Reinaldo Guimarães, Secretary of Science, Technology, and Strategic Inputs from Brazil's Ministry of Health, provided some background on the development of Brazil's research policy. Dr. Suzanne Jacob Serruya then gave a presentation about Brazil's research policy and its impact. The Committee agreed that the presentation was very inspiring and there is much that can be learned from Brazil's experience.

6. Presentation of Conclusions for Review and Approval

Recommendations for the Director

The Committee commends PAHO for making continued progress on the development of the PAHO research policy and recommends that Secretariat staff who will be involved in revising the background document discussed during the meeting to consider:

(a) crafting a title for the policy document that conveys a message;

(b) adding a clearer statement of the problem to which the research policy is a solution and more generally revising the justification and background section based on the feedback provided;

(c) adding a section about guiding principles for the research policy based on the input provided;

(d) changing the title for the section about goals/objectives and developing both an overall goal statement and a list of objectives/strategies based on the feedback provided;

(e) drafting a statement about PAHO's commitment to implementation based on the feedback provided; and

(f) modifying the list of definitions to ensure that all key concepts are defined and that any definitions in the current draft that do not match with a concept in the research policy are dropped from the list.

7. Closing Session

On behalf of the Committee, Dr. John Lavis thanked the translators for their exceptional work, distinguished guests for their very helpful contributions, both Ing. Diego Victoria and Ms. Susana Damasceno de Oliveira from the PAHO country office in Brazil for assisting with the coordination of the meeting, Dr. Albino Belotto, Ms. Astrid Rocha Pimentel from the Direction of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) as well as other staff from the Center that provided excellent logistical support and contributed towards a successful meeting, Dr. Mirta Roses Periago for her clear commitment to research in the Americas and her engaged presence throughout the meeting, and both Dr. Jose Luis Di Fabio and Dr. Pedro Brito for their participation in the meeting. Dr. Lavis singled out Dr. Luis Gabriel Cuervo and his team of staff and a consultant, who bravely put forward a 'straw person' in the form of a background document that allowed the meeting participants to engage meaningfully and at an early stage in crafting the research policy. Dr. Lavis concluded by thanking his peers, the members of the PAHO ACHR, for their significant contributions during this meeting and their past and future contributions between meetings.

This report, produced by the ACHR Secretariat, reflects the discussions that took place in Rio de Janeiro, Brazil, from 13 to15 April 2008.

President ACHR	Secretary ACHR
Dr. John Lavis	Dr. Luis Gabriel Cuervo

Note: ACHR Members were invited for a guided visit to the Oswaldo Cruz Foundation (FIOCRUZ) with Dr. Jose Roberto Ferreira (International Cooperation) and Dr. Jose Da Rocha Carvalheiro (Vice-presidency for Research and Technological Development) in the afternoon of the 18th of April 2008.

This report was released on 25 June 2008.

Annexes

I. ACHR 42/2008.01. Agenda v6.0

II. ACHR 42/2008.02. List of participants/Participant list

III. ACHR 42/2008.03. List of Documents/Lista de documentos

IV. ACHR 42/2008.04. PAHO Research Policy Draft. Working Document. Not to be cited or circulated

V. Welcome, announcements on logistical matters, and agenda, Dr. Luis Gabriel Cuervo, Team Leader, Research Promotion and Development, PASB, and ACHR Secretary

VI. Presentation of agenda and PAHO's work in research promotion and development, Dr. Luis Gabriel Cuervo, Team Leader, Research Promotion and Development, PASB, and Secretary of the ACHR

VII. ACHR 42/2008.05 EVIPNet: Evidence-Informed Policy Networks. Progress Report, Dr. Analía Porrás