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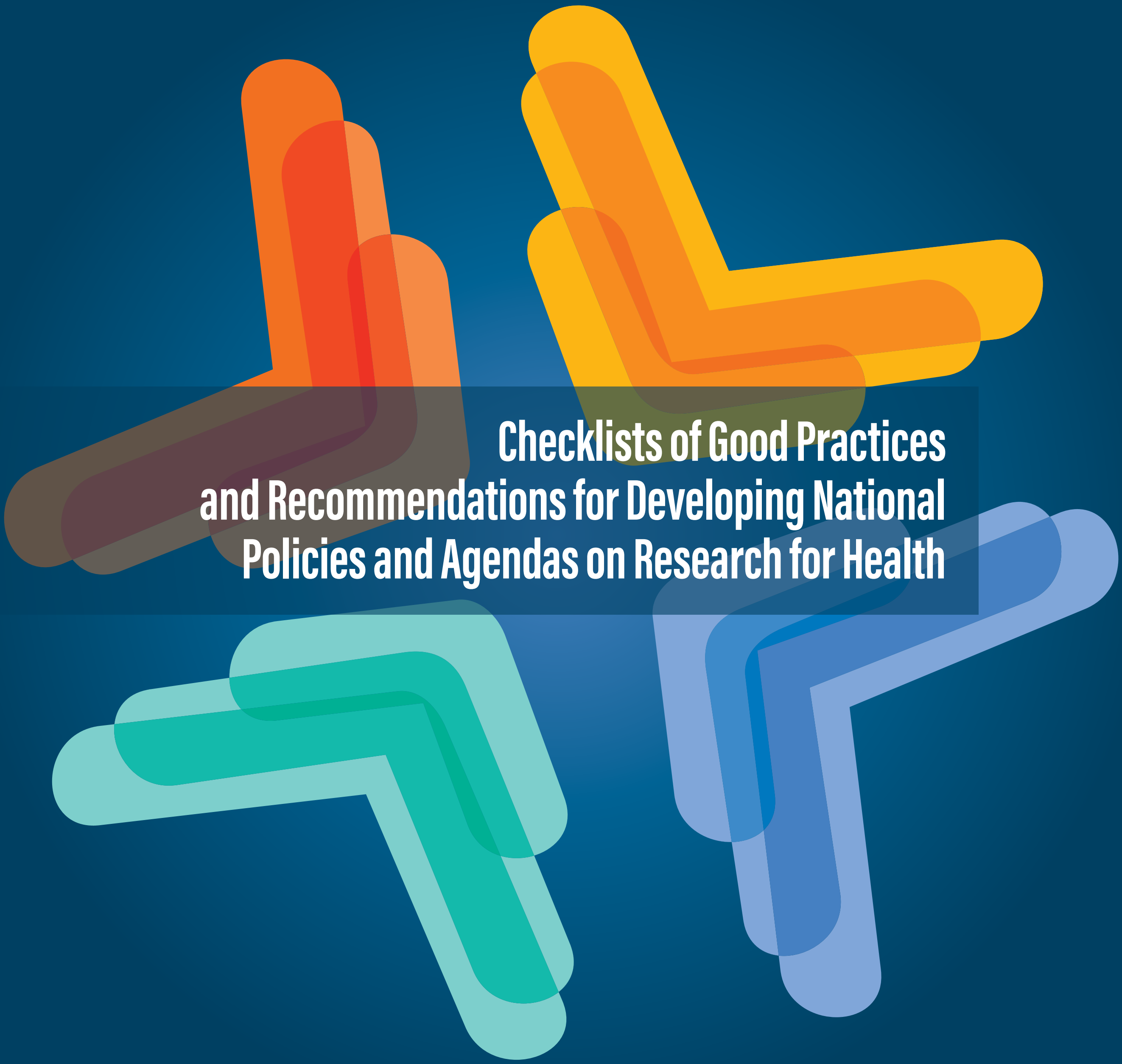

Checklists of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health

PAHO
Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

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LIST OF ABBREVIATIONS AND ACRONYMS

AHPSR	Alliance for Health Policy and Systems Research
ALASAG	Alianza Latinoamericana de Salud Global [Latin American Global Health Alliance]
ASPHR	Alliance for Health Policy and Systems Research
CARICOM	Caribbean Community
COHRED	Council on Health Research for Development
EPHF	essential public health function
EU	European Union
GERD	gross domestic expenditure on R&D
GFHR	Global Forum for Health Research
HIS	health information system
HSR	health systems research
LAC	Latin America and the Caribbean
MDG	United Nations Millennium Development Goal
MMR	maternal mortality ratio
PAHO/WHO	Pan American Health Organization, Regional Office of the World Health Organization
PASB	Pan American Sanitary Bureau (PAHO's Secretariat and Headquarters in Washington, DC)
PATH	Program for Appropriate Technology in Health
R&D	research and development
RIMAIS	Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud [Iberian American Ministerial Network for Health Education and Research]
SDG	United Nations Sustainable Development Goal
WHA	World Health Assembly
WHO	World Health Organization
UNDP	United Nations Development Programme
UNESCO	United Nations Cultural, Scientific and Educational Organization
UNICEF	United Nations Children's Fund

ABSTRACT

The countries of the Americas adopting PAHO's Policy on Research for Health spurred development of national policies/agendas and new paradigms, including an interdisciplinary, intersectoral focus radiating outside the health sector (health research). Evolving international policy frameworks meant greater emphasis on strengthening essential public health functions and seeking universal access to health services, prevention, and promotion. These address social determinants of health to reduce health inequities and promote the United Nations 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDGs). Countries have developed policies/agendas at different paces using different approaches. It is useful to learn from them and put forth good practices to facilitate aligning national policies/agendas around the international policy framework with its guiding principles and values for review, consultation, and development to support countries everywhere. The analytical framework (criteria) for identifying good practices resulted in two checklists: one for national policies, another for national agendas.

Domains and Subdomains of Good Practices

Domain	*Subdomain/Topic*
Formal Aspects	Formal aspects of presentation
Governance	Institutionality
	Participation
	Guiding vision Consensus and coordination
Quality	Relevance
Resources	Human resources
	Financial resources
Practices and Standards	Working methods
	Innovation
Knowledge Management	Impact
	Communication
Legal Framework	Legislation and regulation
Monitoring and evaluation (M&E) Scorecard	National objectives and expected results
	Regional and international goals
	Monitoring inputs, outputs, and impacts

These domains/subdomains reflect key issues discussed in regional/international agreements, consultations, events, and documents (position, conceptual, methodological, or diagnostic papers) by experts/leaders (individuals/organizations) on research for health, universal health, equity in health, SDGs, and health systems research. PAHO's policy was the reference comparator providing a baseline. Most recommendations contain references providing options for gradual development.

EXECUTIVE SUMMARY

Objective

The main objective of the technical work was to develop a proposal with an analytical framework of good practices (criteria). Once produced in detail, the result was two checklists. The objective of the checklists is to aid in guiding and developing national policies and agendas on research for health. Their purpose is to offer practical perspectives and guidance for countries to follow using agreed-upon policy values and principles.

- **Policy values** include:
  - equity
  - excellence
  - solidarity
  - respect
  - integrity
  - consideration of **cross-cutting priorities** such as
    - gender equality
    - ethnicity
    - social protection
    - health promotion
    - human rights
    - primary health care
- **Policy principles** involve:
  - impact
  - quality
  - inclusiveness
  - communication
  - accessibility

Both aim to fulfill the goals of overarching policy documents when updating or developing national policies and agendas on research for health.

In the scope of this publication, these policy values and principles especially apply to the Member States of the Pan American Health Organization / World Health Organization (PAHO/WHO) and the Pan American Sanitary Bureau (PASB, PAHO's Secretariat). This guidance can apply beyond the Region of the Americas as well. This contributes to PAHO/WHO's core function of defining norms and standards for implementing the Policy on Research for Health and, importantly, to build on research when striving for universal health and the achievement of the Sustainable Development Goals contained in the United Nations 2030 Agenda for Sustainable Development.

Background and Rationale

PAHO's Policy on Research for Health was adopted in 2009 in response to the 2008 Bamako Call to Action on Research for Health, making it the first region of the World Health Organization (WHO) to do so. In the meantime, WHO's Strategy on Research for Health was being developed for subsequent approval by the World Health Assembly in 2010, at a point when only a few countries of the Americas had already developed a national policy or agenda on "research for health," i.e., intersectoral, interdisciplinary health research expanded beyond the confines of the health sector, as opposed to "health research," where everything stays within that particular sector. This was not surprising, as this broader approach was coined at the Global Ministerial Forum on Research for Health in Bamako, Mali, in 2008. The new approach stressed the need for research-derived solutions to health issues, developed both from within and beyond the health sector: a broader intersectoral approach contrasting with the narrower traditional approach of seeking solutions to health problems primarily from within the health sector. The approval of PAHO's Policy on Research for Health, Resolution CD49.R10, by its 49th Directing Council was followed by the development of policies and agendas on research for health in numerous countries of the Americas, including joint developments by Members of the Caribbean Community (CARICOM).

Consultations and deliberations with countries and stakeholders were held, both public and closed. This led to the ratification of PAHO's Policy on Research for Health (2009) and WHO's Strategy on Research for Health (2010), thus creating the momentum to develop national policies and agendas on research for health that adopted the new paradigms—resulting in the countries taking into explicit consideration intersectoral work, equity, and inclusiveness in their approaches. As the international policy framework evolved, countries were placing a greater emphasis on strengthening essential public health functions as well as their health systems overall, moving towards universal access to health services and seeking to address the social determinants of health, unfair or unjustified inequities in health, and advancing the Millennium Development Goals (MDGs) and subsequently, the United Nations 2030 Agenda for Sustainable Development, aimed at achieving the Sustainable Development Goals (SDGs). Countries took different approaches in developing their policies and agendas; and, as this became evident, there arose a need to guide countries towards aligning their values, principles, and standards with those of the international frameworks, highlighting the need for practical guidance in terms of developing or updating the national policy documents.

Methods

This proposal was carried out from a universal health perspective, mainly following an equity-oriented approach drawing on current policy frameworks. These include PAHO's Policy on Research for Health, WHO's Strategy on Research for Health, and the United Nations 2030 Agenda for Sustainable Development.

The framework (and the checklists derived therefrom) comprise good practices organized into domains (i.e., core categories of desirable policy function) and subdomains or more specific topics (i.e., policy functions contributing to each desired core policy function). Both the framework and the checklists reflect key issues discussed in regional and international agreements and events, as well as in documents (e.g., position papers; conceptual, methodological, or diagnostic papers) by experts and leaders (either individuals or organizations) on research for health, universal health, equity in health, the SDGs, and health systems.

The general, step-by-step methodology applied was as follows:

1. Bibliographic analysis to select domains and subdomains of good practices

A bibliographic analysis was conducted to determine which criteria comprised specific domains and subdomains, to use when developing policies and agendas for research for health. The database search extended from January to November 2019 and included PubMed, Bireme's Virtual Health Library, www.healthsystemsevidence.org, www.paho.org/researchportal/nhrs, www.healthresearchweb, and other sources. These are listed under the bibliographic analysis (Annex 1) to select domains and subdomains of good practice for guidance in developing national policies and agendas on research for health.

2. Preparing the framework of domains and subdomains of good practices

The bibliography consulted was classified in into four areas (see Annex 2):

a. research for health;
b. equity in health, universal health and the SDGs;
c. health systems;
d. general.

Table ES1. Domains and Subdomains of Good Practices

Domain	Subdomain/Topic
Formal Aspects	Formal aspects of presentation
Governance	Institutionality
	Participation
	Guiding vision Consensus and coordination
Quality	Relevance
Resources	Human resources
	Financial resources
Practices and Standards	Working methods
	Innovation
Knowledge Management	Impact
	Communication
Legal Framework	Legislation and regulation
Monitoring and evaluation (M&E) Scorecard	National objectives and expected results
	Regional and international goals
	Monitoring inputs, outputs, and impacts

The next step was to review and classify the literature as well as the framework and objectives of PAHO's Policy on Research for Health and then to choose the domains and subdomains to formulate a framework of good practices, as shown in the Table ES1. Each checklist will show the more detailed development of each subdomain or specific topic. This involved updating the lists of national policies and agendas published on PAHO and WHO databases, namely the PAHO Health Research Portal at www.paho.org/researchportal/nhrs and COHRED's Health Research Web at www.healthresearchweb.org. This involved focusing on those policy documents that appeared to be active because they had a current implementation date, because they had been approved over the past two years, or because they were issued by the existing government.

3. Preparing the checklists

A checklist was generated for national policies, and another for national agendas. Both were linked to supporting references wherever appropriate. Each list comprises specific good practices (criteria) to be contrasted with the documents of national policies and agendas, to verify their consistency with the proposal (see Tables 2 and 3 containing the checklists).

4. What's next?

The proposal concluded by looking at next steps to take into the future.

CHAPTER 1

SCOPE AND OBJECTIVE

This document presents a proposal on checklists for good practices and recommendations pertaining to the development of national policies and agendas on research for health. The proposal was formulated from a universal health perspective, in great part following an equity-oriented approach drawing on current policy frameworks—including the Pan American Health Organization's (PAHO's) Policy on Research for Health (*1*), and the World Health Organization (WHO) Strategy on Research for Health (*2–3*), and the United Nations 2030 Agenda for Sustainable Development (hereafter referred to as the 2030 Agenda) (*4*).

The document's main purpose is to offer practical perspectives and standardized guidelines for designing and updating national policies and agendas on research for health in PAHO Member States and in the Pan American Sanitary Bureau (PASB, PAHO's Secretariat) and beyond. The expected goal is to contribute to PAHO/WHO's core function of defining norms and standards, presenting this publication as the starting point in a step-by-step process for developing guidelines for countries as they elaborate their national policies and agendas on research for health, as well as to aid in their consultations and in the generation of knowledge and standards in this area, where there was a paucity of guidance and standards to follow in such a process.

Background and Rationale

In 2009, PAHO developed and approved its Policy on Research for Health, making it the first among the WHO geographical regions (*1*) to do so. At the time, WHO was also developing its Strategy on Research for Health (*3*). Coordinated efforts between the two entities made their policies both synergic and complementary. By then, the term "research for health" had already been coined at the Bamako Ministerial Summit in 2008 (*5*), highlighting its focus on research geared towards improving health—be it conducted inside or outside the health sector. At that time, there were few national policies or agendas on research for health, but momentum was underway to develop these policies—as well as a series of other regional and global initiatives that appear to have spurred the development of national and subregional (e.g., the Caribbean Community or CARICOM) policies and agendas[1], to advance research for health and implement the new global and regional policies (*6*).

The adoption of the Policy on Research for Health by the countries of the Americas gave momentum to the development of national research policies and agendas, as well as to the adoption of new paradigms. These include, among other things, a focus on "research for health" that considers interdisciplinary and intersectoral contributions to health, thus expanding the traditional focus on research carried out exclusively within the health sector (what is commonly referred to as "health research").

At the same time, the international policy framework has evolved: countries are now putting greater emphasis on strengthening essential public health functions and health systems to achieve universal access to quality health services. They are seeking to address the social determinants of health and to reduce unfair inequities in health and advance the 2030 Agenda, in order to achieve the Sustainable Development Goals (SDGs). Thus, as countries have progressed at different rates in developing policies and agendas, it is critical to align those policies and agendas with the relevant political framework (and the associated paradigms, proposals, and challenges) and to move forward toward the standardization of key components of their research policies and agendas.

In precisely these terms, a 2019 PAHO assessment (*7*) concludes the essential nature of advancing standards and recommendations when developing national policies and agendas, with a view to making them more consistent with key issues discussed in regional and international agreements and events, as well as in documents (e.g., position papers or conceptual, methodological, or diagnostic papers) by experts and by individual or organizational leaders on research for health; universal health, equity in health, and the SDGs; and health systems. It is worth noting that the assessment found greater coincidence in the content of the agendas analyzed than among the policies themselves.

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[1] See the documents consulted as listed in Annex 1: Cuervo LG (2018), Etienne C (2018), Kristensen-Cabrera AI (2018), Pan American Health Organization/World Health Organization (PAHO/WHO) (2009), Rodríguez-Feria P (2017), Salicrup LA (2018), and Viergever RF (2015), and Wichmann R (2016).

In September 2014, with Directing Council Resolution CD53.R14, PAHO's Member States adopted the Strategy for Universal Access to Health and Universal Health Coverage. The foundations of this strategy are equity, solidarity, and the right to health as a core value (*8*). The right to health is recognized in the constitution of 19 countries of the Americas and guides the development of strategies, plans, and policies to guarantee health and social protection (*9*). Nevertheless, when it comes to who enjoys this right, current data on health outcomes, access, and coverage show significant disparities among different population groups when analyzed by such factors as ethnicity, geographical location, gender, age, and socioeconomic status (*9*).

Between 1990 and 2015 (the time frame for the Millennium Development Goals [MDGs] (*10*), the countries of the Americas—especially Latin America—achieved clear health gains. These included meeting several targets established for MDG 4 (child mortality), MDG 6 (incidence of HIV and tuberculosis), and MDG 7 (access to safe drinking water) (*10*). However, the regional outlook for health appears less optimistic when viewed through the lens of equity.

The worst health outcomes in the countries of the Region are generally found in population groups who live in conditions of the greatest socioeconomic inequality. These include low income and consumption levels, substandard housing, precarious employment, insufficient access to quality health services, reduced access to education, insufficient access to water and sanitation services, marginalization, social exclusion, and discrimination, among other adverse social circumstances that harmfully impact health. A dramatic example involves MDG 5 (maternal mortality). In Latin America and the Caribbean (LAC), the maternal mortality ratio (MMR) dropped from 117 to 68 maternal deaths per 100,000 live births between 1995 and 2015; but despite these advances, the Region did not reach the MDG target of a 75% reduction. Still other major inequalities exist among countries in the Region: for example, 50% of all maternal deaths in the Region remain concentrated in that 20% of countries that have the lowest human development scores (*10*).

Furthermore, although the Region's mortality rate for children under 5 years of age fell by 69% between 1990 and 2015, from 54 to 17 deaths per 1000 live births, the data from available household surveys reveal inequities that overshadow this achievement. Mortality in children under 5 was over twice as high in poorer families than in wealthier families. The mother's level of schooling was also one of the most important determinants of infant mortality (*10*).

From the perspective of inequity in health systems, it is noteworthy that 30% of the population in LAC have poor access to health care due to financial considerations. Additionally, another 21% are unable to seek care due to geographical barriers (*10*). Huge data gaps persist and perpetuate substantial gender inequities (*11*).

Achieving equity is therefore both an essential aspect of the right to health and a crucial mandate to ensure healthy lives and promote well-being at all ages (SDG 3). In this regard, health targets can no longer limit themselves to reducing disease prevalence or incidence, nor to simply improving health services. Targets must also aim to reduce health inequities by mainstreaming health into all policies, since health is both a component of and an essential factor for sustainable development (*12*).

In societies such as LAC, with deeply rooted economic inequalities, resources for financing public health services must, therefore, include measures to collect funds from those groups most able to contribute and then to redistribute the proceeds according to those in the greatest need. This approach should reflect social solidarity and reduce the risks of poor health leading to expensive poverty traps. Furthermore, it allows the whole of society to contribute to development in more meaningful ways.

Equity in health is a broad topic that encompasses a multitude of aspects within a broad healthy social environment. It contains at least three related issues (*13*):

1. the absence of unjust, unnecessary, and avoidable differences in health status;
2. access to prevention, treatment, and rehabilitation services, as well as to healthy environments; and
3. how an individual is treated (socially as opposed to biomedically) within the health system and by other social services.

These issues are closely related to the concepts of social determinants of health, universal access to health, and universal health coverage. Formal health systems constitute an important vehicle (though not the only one) for improving individual experiences with these concepts. Thus, the goal of equity in health should permeate the design and implementation of all national health policies and research agendas. Yet, the Region of the Americas has a long way to go, to consistently overcome these challenges.

Health outcomes depend on a set of underlying determinants. PAHO/WHO defines **intermediate determinants** as the conditions into which people are born, grow, live, work, and age—including local health system factors. Those circumstances are, in turn, shaped by broader

economic, political, and social forces, or structural determinants. These establish the social position of individuals, "stratifying" them within their societies by income and education level, occupation, gender, and race/ethnicity, among other characteristics. In turn, social position impacts **intermediate and specific health determinants**. Based on social status (a much broader concept than simply income), people experience differences in their exposure and vulnerability to conditions that compromise their health. These interacting factors explain the inequality in the distribution of health, as observed in certain societies (*2–3*).

To be effective, universal access to health requires a more nuanced conceptualization of the ways in which unjust, unnecessary, and avoidable inequalities (e.g., in geographic, economic, sociocultural, or organizational factors) are translated into de facto barriers to health care access—and to well-being—for some groups but not for others.

To meet the needs of the entire population without discrimination, universal health coverage implies that health systems possess the following:

- **organizational capacity** (e.g., planning, human resources, organizational processes, regulations, monitoring and evaluation, stewardship, governance, standards, and knowledge integration);
- **adequate resources** (e.g., technology, drugs, knowledge, and human capital); and
- **sufficient funding** (collected and distributed on a basis of solidarity).

However, it is not enough to simply provide health systems with improved resources. Among other fundamental aspects, health care paradigms should go beyond a purely biomedical approach, by applying a broader view of individual and community health. This broader paradigm should consider both the psychological and the socioenvironmental aspects of the health/disease process. Similarly, it is essential to address the potentially dysfunctional health service fragmentation and segmentation present in the Region..

It therefore becomes necessary to strengthen public health systems to safeguard their role as service providers who guarantee availability, acceptability, quality, and accessibility (understood as being both physically and economically accessible, showing no discrimination, and offering access to information). Improvement is also necessary in terms of the capacity of public health systems to deal with major social problems (e.g., inequities), as well as with economic and political problems that limit the effectiveness of their interventions in maintaining or improving health. Measures both internal and external to the health system are crucial to counteract these problems, and there is a need for quality data disaggregated in ways that allow for addressing the issues. If a health system hopes to effectively prevent disease and reduce health gaps in marginalized groups, then it must prioritize attention to system design, implementation, data collection and evaluation. The health system should focus on the most important problems facing target populations, addressing both explicit and implicit areas of inequality, exclusion and discrimination—all of which undermine full health and development.

Another essential aspect is the orderly, coordinated interaction and cooperation of actors from different sectors and different institutional and organizational levels. This will also improve health and reduce gaps in health outcomes.

CHAPTER 2

METHODOLOGY

2.1 Developing the Checklists

The proposed checklists (one for guiding the development of policies on research for health, the other one to guide the development of agendas on research for health) aim to ensure consistency of those policies and agendas throughout the Americas with the guiding principles and values stated in the Policy on Research for Health and other high level policy frameworks. Each checklist contains aspects considered essential ("good practice") in shaping modern policies and agendas on research for health, based on the political commitments, proposals and challenges facing universal access to health and the achievement of the SDGs. PAHO's Policy on Research for Health was used as a reference comparator to provide a baseline for the proposal.

2.1.1 Preparing the Framework of Domains and Subdomains for Good Practices

The good practices were grouped by "domains" (i.e., core categories of desirable policy function) and "subdomains or specific topics" (i.e., more specific policy functions contributing to each desired core policy function) in each type of checklist, a seen in Table 1.

Table 1: Domains and Subdomains of Good Practices

Domain	Subdomain/Topic
Formal Aspects	Formal aspects of presentation
Governance	Institutionality Participation Guiding vision Consensus and coordination
Quality	Relevance
Resources	Human resources Financial resources
Practices and Standards	Working methods Innovation
Knowledge Management	Impact Communication
Legal Framework	Legislation and regulation
Monitoring and evaluation (M&E) Scorecard	National objectives and expected results
	Regional and international goals
	Monitoring inputs, outputs, and impacts

Each subdomain was then assigned specific criteria to be met when developing national policies or agendas on research for health.

As for the bibliography consulted, it was classified into four areas[2] (see Annex 2: Documents Analyzed). Consequently, having reviewed and classified the literature, and having considered the framework and objectives of PAHO's Policy on Research for Health (*1*), domains and subdomains / specific topics were chosen for the framework of good practices (see Table 1), including good practices organized by domains and subdomains.

Each specific topic or subdomain was developed in more detail in each checklist (Table 2 and Table 3). Both the framework and the checklists reflect key issues discussed in regional and international agreements and events, as well as in documents. The latter included position papers as well as conceptual, methodological, or diagnostic papers[3] produced by experts and leaders (either individuals or organizations) on:

- research for health;
- equity in health, universal health, and the SDGs;
- and health systems.

Almost all good practices were supported by references.

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[2] 1) Research for health: 2) Equity in health, Universal health and the SDGS; 3) Health systems; and 4) General.

[3] Documents that are not among those already listed in the aforesaid regional or international events or agreements.

2.1.2 Compliance and Achievement Ratings within the Proposed Checklists

Two checklists were generated with supporting references during the development process, one for policies and another for agendas. Each lists the criteria for good practices to compare with the national policy/agenda documents and verify their consistency with this proposal. Table 2 and Table 3 allow those developing or updating policies and agendas to check for their compliance against the criteria listed and indicate the level of achievement, using the following scale:

Yes	Partial development	Interest in the subject is only shown or inferred	No

Each list has a column to indicate the page within the document that addresses the criteria, in cases of partial or full achievement. The list also includes a section for comments that allow for providing more data and data-gathering insights to further enhance the checklists.

CHAPTER 3

CHECKLISTS FOR POLICIES AND AGENDAS

3.1 Checklist for Developing Policies on Research for Health, by Domain with Topics and Specific Criteria to Be Met

Table 2: Policies on Research for Health, by Domain with Topics and Specific Criteria to Be Met

Table 2a: Formal Aspects Domain

Domain: **Formal Aspects**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Formal Aspects of Presentation				
✓	The policy states the date of issuance.			
✓	The policy states its period of validity.			
✓	The policy states conditions under which it will be reviewed/updated.			
✓	The document is publicly available in a designated website of the ministry of health or health authority, the science & technology authorities, or office of the Chief Medical Officer.			

Table 2b: Governance Domain

Domain: **Governance**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Institutionality				
✓	The policy on research for health clearly defines at least the following duties and responsibilities of entities and staff responsible for the national research system:			
	▪ Setting priorities.			
	▪ Assigning national leadership responsibilities.			
	▪ Financing research for health.			
	▪ Building internal governance and leadership.			
	▪ Regulating quality standards.			
	▪ Defining and renewing research agendas.			
	▪ Keeping research records; building public confidence; states how the public will have access to a standardized registry of research protocols and their related outputs.			
	▪ Taking and assigning responsibility for maintaining defined ethical and transparency standards.			
	▪ Setting standards to participate in the ethical review, review boards, and dealing with conflicts of interest.			
	▪ Defining evaluation, monitoring, and accountability mechanisms.			
	▪ Forging ties between research and the development of public and private sector initiatives (e.g., policies, programs, technology development).			
	▪ Developing strategic partnerships and participation by key actors, including civil society.			
	▪ Monitoring the implementation and research as a public health function.			
Topic: Participation				
✓	The policy development process included broad and inclusive citizen participation, thereby accessing viewpoints at greater risk of exclusion (due to economic or education level, race, gender, geographic location, employment status, sexual orientation or other social exclusion mechanisms).			
✓	The development group includes delegates working with all levels of care, prevention (prevention, treatment, and rehabilitation), and public policy.			
✓	There is an explicit working mechanism and assessment to ensure gender balance throughout the development of the policy and in every committee and consultation.			
✓	The policy development group includes stakeholders from other sectors of government (e.g., science & technology, education).			

✓	The development process involved service users dealing with public health and health systems, as well as actors involved in the implementation of health initiatives (including scale-up of interventions, innovations, etc.).			
✓	The development process involved producers of research for health (e.g., experts from public health networks/schools, departments of science & technology, education centers, and foundations).			
✓	The development process involved sponsors of research for health (e.g., donors, funders).			
✓	The development process included delegates responsible for the governance and stewardship of research, including those dealing with public health and health systems research (e.g., authorities and leaders from public institutes, national institutes of health, science and technology authorities, and research leaders within public health organizations).			
✓	The process describes how the policy drafts will be reviewed and revised to address the inputs from different stakeholders, and a log of how this issue was addressed will be available for consultation.			
✓	The policy drafts were elaborated in consultation with the public sector at various level of government (e.g., infrastructure, education, development, planning, economy, agriculture, and science & technology. These drafts considered the perspectives of different sectors and fields of knowledge that have an impact on health and development.			
Topic: Guiding vision				
✓	The policy has explicit guiding principles and values.			
✓	The policy focuses on making an impact and addressing national/local needs.			
✓	The policy places emphasis on strategies to produce quality, ethical research.			
✓	The policy addresses the need for inclusiveness and a multisectoral approach when conducting research (e.g., participation of organized civil society and research users at each level of care, in prevention and health systems, etc.).			
Topic: Guiding vision				
✓	The policy framework promotes health equity, universal health (universal access and coverage), and fulfillment of the SDGs.			
✓	The policy addresses the social determinants of health as the explicit approach for reducing inequities in health.			
✓	The policy encompasses the research process in its integrity, from the discovery to implementation, to assessment of impact and behavior change.			
✓	The policy addresses specific actions to promote transparency in research.			

Topic: Consensus and Coordination				
✓	The process for designing the research policy is defined and documented transparently.			
✓	The research policy contains mechanisms to improve chances of regulatory influence on key issues (e.g., resource allocation committees, higher education councils, science and technology authorities for planning and grant support) and links with the country's national institute of health (or local equivalent in the domestic research agenda).			
✓	The research policy includes mechanisms for multisectoral dialogue at different levels of government (e.g., participation of regulatory entities for research policy on the board of directors of government bodies).			
✓	The research policy contains mechanisms for dialogue between researchers and actors from the political sector (e.g., lawmakers, representatives of political parties).			

Table 2c: Quality Domain

Domain: **Quality**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Relevance				
✓	The policy promotes research to identify priorities and actions aimed at strengthening health systems.			
✓	The policy promotes research to identify priorities and actions for achieving universal access to health.			
✓	The policy requires that any new research is preceded by a sound assessment of what is known in the topics and what are knowledge gaps to be addressed.			
✓	The policy promotes research to identify priorities and actions to reduce health inequities.			
✓	The policy on research for health promotes research to implement and scale up health initiatives.			
✓	The policy generates incentives to conduct research on neglected diseases and health conditions that perpetuate disease, poverty, or unfair inequities.			

Table 2d: Resources Domain

Domain: **Resources**				
	Topic with Specific Criteria to Be Met	Level of Achievement	Page Number	Observations
Topic: Human Resources				
✓	The policy proposes an allocation of human resources consistent with the research priorities identified.			
✓	The policy describes the mechanisms to account for existing research teams and their capacities.			
✓	The policy describes the mechanisms to identify gaps in the necessary gaps and plans for developing the work force needed.			
✓	The policy describes responsibilities for monitoring gender balance and ethnic group participation in research workforces/teams.			
✓	The policy encourages strategies to promote multicenter collaboration and projects.			
✓	The policy states specific measures to increase the value of research and avoid research waste (e.g., to ensure accountability in research, that it be published and disseminated in impactful ways, that publicly funded research results can be accessed by the public, that the development of new research identify knowledge gaps, and that it ensure the added value of new research and how it will be used to make a difference).			
Topic: Financial Resources				
✓	The policy explicitly allocates financial resources for its implementation.			
✓	The assigned funding for research for health is required to be publicly reported (e.g., % of the national health budget, Health GERD34F,1 GERD,35F2 Health GERD/ Gross domestic product (GDP)) with assurance that the funds are stable (e.g., with a budget linked to taxation revenues).			
✓	National research priorities are linked to the funding allocated for research for health.			

Notes

1. Gross domestic R&D expenditure on health (health GERD); see World Health Organization. Global Observatory on Health R&D: gross domestic R&D expenditure on health (health GERD) as a % of gross domestic product (GDP). Geneva: WHO; 2020.
   Available from: https://www.who.int/research-observatory/indicators/gerd_gdp/en/.
2. GERD = Gross domestic expenditure on R&D.

Table 2e: Practices and Standards Domain

Domain: **Practices and Standards**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Working Methods				
✓	The research policy requires compliance with protocols and standards to ensure high-quality research for health through all research phases.			
✓	The policy requires that research protocols (at least for publicly funded research) be registered in a publicly accessible database following international standards.			
✓	The research policy requires meeting ethical standards in all research for health.			
✓	The research policy addresses the need for standardized data collection and data verification systems, in order to analyze health determinants and health indicators.			
✓	The research policy promotes development of standardized time series and panel databases on stratified social determinants of health and health indicators, in order to analyze equity (e.g., by geographic location, racial or ethnic group, occupation, gender or sexual orientation, religion, education, socioeconomic status, environmental factors [e.g., access to water, sanitation, etc.], social resources, or social capital).			
✓	The research policy requires incorporation of processes and structures to ensure integration of the best available evidence to inform health policies, such as			
	▪ defined rapid response mechanisms;			
	▪ institutionalization of deliberative dialogue that explains the positions of different key actors on evidence-based health policy options;			
	▪ the existence of mechanisms for scientific consultation and use of scientific evidence in the documents on which policy decisions are based;			
	▪ the existence of processes to systematically identify questions relevant to public health; and			
	▪ the existence of standardized and validated processes to develop evidence summaries, informing the technical work of defining health policies and practices.			
✓	The research policy requires and proposes standards for the preparation of research reports.			

Topic: Innovation				
✓	The research policy responds to needs for innovative research solutions to improve public health system performance, specifically regarding health system efficiency, quality, and equity of access to preventive, treatment-oriented, and rehabilitative services.			
✓	The policy promotes collaborations to integrate artificial intelligence, automation, and new technologies that support the production and use of research for health, its monitoring, and its evaluation.			
✓	The research policy expressly encourages the participation of multiple knowledge disciplines and orientations, in order to generate novel solutions for public health and health systems.			

Table 2f: Knowledge Management Domain

Domain: **Knowledge Management**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Impact				
✓	The policy addresses the use of research findings to design or modify strategies, policies, programs, and practices (both within and outside the health sector), to improve health results and reduce health inequities.			
✓	The policy on research for health addresses use of research to affect the social determinants of health and health gaps, guiding the agenda for international cooperation in health and other areas impacting health.			
✓	The research policy specifies mechanisms to evaluate results, effects, and impacts of research for health.			
Topic: Communication				
✓	The policy promotes broad dissemination of findings from research for health.			
✓	The policy promotes the publication of publicly funded research on open-access platforms.			
✓	The policy document has been shared with and reported to PAHO/WHO observatories.			
✓	The research policy establishes mechanisms to facilitate that research findings of impact to public health be publicly accessible.			
✓	The research establishes mechanisms to promote understanding of the policy on research for health in schools and in the programs of colleges and universities.			
✓	The research policy promotes the transformation of findings from research for health into end-user–friendly, easily understood documents that can be translated into social sector activity.			

Table 2g: Monitoring and Evaluation Scorecard Domain

Domain: **Monitoring and Evaluation Scorecard**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Monitoring and Evaluation				
✓	The research policy presents a framework of objectives and expected results, to be achieved in a specific timeframe.			
✓	The policy describes tools and indicators to monitor investment36, capacities, productivity, adherence and good practices, impact and outputs.			
✓	The policy allocates the responsibilities and describes the processes needed to feed relevant SDG and research for health indicators (to UN agencies including PAHO).			
Note: Among other things, it would be crucial to know disbursement records by type of research (e.g., basic, clinical, public health, health systems).				

4.2 Checklist for Developing Agendas on Research for Health, by Domain with Topic with Specific Criteria to Be Met

Table 3: Developing Agendas on Research for Heath by Domain, with Topic and Specific Criteria to Be Met

Table 3a: Formal Aspects Domain

Domain: **Formal Aspects**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Formal Aspects of Presentation				
✓	The agenda states the date of issuance.			
✓	The agenda states its validity period.			
✓	The agenda states conditions under which it will be reviewed/updated.			
✓	The document is publicly available in a designated website of the ministry of health or health authority, the science & technology authorities, or office of the Chief Medical Officer.			

Table 3b: Governance Domain

Domain: **Governance**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Participation				
✓	The agenda development process included broad and inclusive citizen participation, thereby accessing viewpoints at greater risk of exclusion (due to economic or education level, race, gender, geographic location, employment status, sexual orientation or other social exclusion mechanisms).			
✓	The development group includes delegates working with all every level of care, of prevention (prevention, treatment, and rehabilitation), and of public policy.			
✓	There is a working and explicit mechanism and assessment to ensure gender balance throughout the development of the agenda and in every committee and consultation.			
✓	The agenda development group includes stakeholders from other sectors of government (e.g. science and technology, education).			
✓	The development process involved service users dealing with public health and health systems, as well as actors involved in the implementation of health initiatives (including scale-up of interventions, innovations, among others).			
✓	The development process involved producers of research for health (e.g., experts from public health networks/schools, departments of science and technology, education centers, foundations).			
✓	The development process involved sponsors of research for health (e.g. donors, funders).			
✓	The development process included delegates responsible for the governance and stewardship of research, including those dealing with public health and health systems research (e.g., authorities and leaders from public institutes, national institutes of health, science and technology authorities, research leaders within the public health organizations).			
✓	The process describes how the agenda drafts will be consulted and revised to address the inputs from different stakeholders, and a log of how these were addressed will be available for consultation.			
✓	The agenda drafts were elaborated in consultation with the public sector at various levels of government (e.g., infrastructure, education, development, planning, economy, agriculture, and science & technology) Said drafts will consider the perspectives of different sectors and fields of knowledge that impact on health and development.			

Topic: Guiding Vision				
✓	The agenda follows explicit guiding principles and values.			
✓	The agenda focuses on making an impact and addressing national/local needs.			
✓	The agenda seeks to contribute to health equity, universal health (universal access and coverage), and the fulfillment of the SDGs.			
✓	Addressing social determinants is the explicit paradigm for reducing inequities in health, thus underpinning the agenda on research for health.			
Topic: Consensus and Coordination				
✓	The process for designing the research agenda is defined and documented transparently			

Table 3c: Quality Domain

Domain: **Quality**				
Topic with Specific Criteria to Be Met		Level of Achievement	Page Number	Observations
Topic: Relevance				
✓	The agenda proposes research to identify priorities and actions aimed at strengthening health systems.			
✓	The agenda proposes research to identify priorities and actions for achieving universal access to health.			
✓	The agenda proposes research to identify priorities and actions to reduce health inequities.			
✓	The agenda proposes research to implement and scale up health initiatives.			
✓	The agenda proposes conducting research on neglected diseases and health conditions that perpetuate disease, poverty, or unfair inequities.			
✓	The research agenda considers the health priorities of all members of all population groups, without exclusion, at national, regional, and local levels.			
✓	The research agenda includes studies to produce evidence on the social determinants of health; i.e., on the close correlation between the social conditions of diverse populations and health status inequalities.			

Topic: Relevance (cont'd)				
✓	The research agenda includes analysis and proposals based on the six pillars or "building blocks" comprising health systems: ▪ *Block 1:* Service delivery ▪ *Block 2:* Health workforce ▪ *Block 3:* Information ▪ *Block 4:* Medical products, vaccines, and technologies ▪ *Block 5:* Financing ▪ *Block 6:* Leadership/Governance			
✓	The research agenda includes studies on health systems' performance in terms of essential public health functions (EPHFs), as adopted by PAHO: ▪ *EPHF 1:* Monitoring, evaluation, and analysis of health status ▪ *EPHF 2:* Public health surveillance, research, and control of risks and threats to public health ▪ *EPHF 3:* Health promotion ▪ *EPHF 4:* Social participation in health ▪ *EPHF 5:* Developing policies and institutional capacity for ▪ planning and managing public health ▪ *EPHF 6:* Strengthening institutional capacity for regulation and enforcement in public health ▪ *EPHF 7:* Evaluating and promoting equitable access to necessary health services ▪ *EPHF 8:* Human resources development and training in public health ▪ *EPHF 9:* Quality assurance in personal and population-based health services ▪ *EPHF 10:* Research in public health37F111 ▪ *EPHF 11:* Reducing the impact of emergencies and disasters on health			
✓	The research agenda includes studies about innovative solutions to improve public health system performance, specifically regarding health system efficiency, quality, and equity in access to preventive, treatment-oriented, and rehabilitative services.			
Note: The operational definition and evaluation of this function should be expanded, since the 2002 evaluation focused on disease and clinical aspects. This calls for incorporating a more comprehensive approach that considers health determinants and the objectives of existing policies.				

Once having developed the checklists, the general, step-by-step methodology applied was as follows:

3.3 Bibliographic Analysis to Select Domains and Subdomains of Good Practices

A bibliographic analysis was conducted to determine which criteria for specific domain and subdomain should be used in the development of health policies and research agendas[4]. The search ran between January and November 2019 utilizing PAHO/WHO, PubMed, and healthsystemsevidence.org databases, seeking guidance on the development of national policies and agendas on research for health. Specific and relevant information sources used were, for example:

- Alianza Latinoamericana de Salud Global (ALASAG) at http://www.alasag.org/es/
- Council on Health Research for Development (COHRED) at http://www.cohred.org/
- Equator Network, a repository on research reporting guidelines at https://www.equator-network.org/
- Red Iberoamericana Ministerial de Aprendizaje e Investigación en Salud (RIMAIS) at http://www.rimais.net/
- Special Programme for Research and Training in Tropical Diseases (TDR) at https://www.who.int/tdr/
- Alliance for Health Policy and Systems Research (AHPSR) at https://www.who.int/alliance-hpsr/
- Canadian Cochrane Network and Centre at https://canada.cochrane.org/
- James Lind Library at http://www.jameslindlibrary.org/topics/
- McMaster Forum at https://www.mcmasterforum.org/ with its collection repositories, namely Health Systems Evidence at www.healthsystemsevidence.org and Health Evidence at www.healthevidence.org

This study produced no log describing the branching or findings during the searches. Notable was the paucity of documents to guide the development of national policies and agendas on research for health. This implicitly stressed the importance of further developing this field of knowledge and policymaking.

3.4 What's Next?

The next steps to take will be an iteration of consultations with experts, advisors, and consumers; with those developing national policies and agendas; and with WHO counterparts and WHO Collaborating Centres (*14*). The aim will be to progressively enhance and further elaborate the proposed guidelines and framework. The intention is to embark on a process of continued improvement and consultation, both testing and using the products and processes developed, and to continuously enhance and adapt the checklists and guidance documents so that they best serve the needs of PAHO/WHO Member States. This will be done by developing a public good that advances the field and delivers practical tools to enhance national policies and agendas on research for health.

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[4] The complete list of documents consulted is provided in Annex 1.

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ANNEX 1: DOCUMENTS CONSULTED

Note: All links were accessed between 12 and 14 April 2021. Documents are categorized by type in Annex 2.

Source of Information: **Various**

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20. United Nations. Transforming Our World: the 2030 Agenda for Sustainable Development. Document and Resolution A/RES/70/1 from the 70th Session of the United Nations General Assembly: The United Nations at 70—A New Commitment to Action..New York: United Nations; 2015. Document available from: https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf. Resolution available from: http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.
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ANNEX 2: DOCUMENTS ANALYZED

Note: All documents presented below are cited in Annex 1, where full bibliographic date can be obtained.

Research for Health

Regional and International Agreements/Events

- 2004. The Mexico Statement on Health Research. WHO.
- 2008. The Bamako Call to Action on Research for Health, Bamako, Bali. WHO.
- 2009. PAHO Policy on Research for Health. Document CD49/10 of the 49th Directing Council, 61st Session of the WHO Regional Committee for the Americas. PAHO/WHO.
- 2009. Follow-up Meeting to the 1st Latin American Conference on Research and Innovation for Health: Cuba, 2009. PAHO/WHO.
- 2010. WHO Strategy on Research for Health. 63rd World Health Assembly. WHO.
- 2010–2018. Global Symposiums on Health Systems Research (8 in total to date). WHO.
- 2011. 2nd Latin American Conference on Research and Innovation for Health. PAHO/WHO.
- 2012. Changing Mindsets: Strategy on Health Policy and Systems Research. WHO.
- 2018. 5th Global Symposium on Health Systems Research. HSR.

Documents

- 2004. European Commission report on 20 years of health systems research funding. EU.
- 2004. A practical guide for health researchers. WHO.
- 2006. Turning research into practice: suggested actions from case-studies of sexual and reproductive health. WHO.
- 2009. Follow up Meeting to the 1st Latin American Conference on Research and Innovation for Health: Final Report. WHO.
- 2012. From Research to Health Policy Impact. Health Serv Res.
- 2012. Health Policy and Systems Research: A methodology reader. AHPSR.
- 2013. Research for Universal Health Coverage. World Health Report 2013. WHO.
- 2014. Statement on Advancing Implementation Research and Delivery Science. AHPSR, USAID, WHO, & The World Bank.
- 2014. The Role of Research and Innovation in the Post-2015 Development Agenda: Bridging the Divide between the Richest and the Poorest within a Generation. COHRED, Global Health Technologies Coalition, International AIDS Vaccine Initiative, PATH.
- 2017. Assessing Progress of the Pan American Health Organization's Policy Research for Health in Member States. PAHO/WHO.
- 2018. World Report on Health Policy and Systems Research. WHO & AHPSR.
- 2018. Implementation research: New imperatives and opportunities in global health. Health Policy.
- 2018. Research for health in the Americas. PAHO/WHO.
- 2018. Promoting high quality research into priority health needs in Latin America and Caribbean. PAHO/WHO.
- 2019. Advancing health research through research governance. PAHO/WHO.
- 2019. Improving public health and health systems through evidence informed policy in the Americas. PAHO/WHO.

Equity in Health, Universal Health, and SDGs

Regional and International Agreements/Events

- 1990. Health Research: Essential link to Equity in Development. COHRED.
- 2005. Creation of the Commission on Social Determinants of Health. WHO.
- 2010. A conceptual framework for action on the social determinants of health. WHO.
- 2011. Rio Political Declaration on Social Determinants of Health. WHO.
- 2013. The Helsinki Statement on Health in All Policies. WHO 8th Global Conference on Health Promotion.
- 2014. Plan of Action on Health in All Policies. PAHO/WHO.
- 2014. Strategy for Universal Access to Health and Universal Health coverage. PAHO/WHO.
- 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. United Nations.
- 2017. PAHO Strategic Plan 2014–2019 (amended): Championing Health: Sustainable Development and Equity. PAHO/WHO.
- 2017. Sustainable Health Agenda for the Americas 2018–2030: A Call to Action for Health and Well-being in the Region. PAHO/WHO.
- 2019. Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages: Progress of Goal 3. United Nations (UN).

Documents

- 2010. A conceptual framework for action on the social determinants of health: Social Determinants of Health Discussion Paper. WHO.
- 2011. Closing the Gap: Policy into practice on social determinants of health: Discussion paper. WHO.
- 2015. Equidad en salud desde un enfoque de determinantes sociales. PAHO/WHO.
- 2015. Determinantes sociales de salud, cobertura universal de salud y desarrollo sostenible: estudios de caso en países latinoamericanos. Lancet.
- 2016. A History of Global Health. Interventions into the Lives of Other Peoples. Johns Hopkins University Press.
- 2017. Health in the Americas. PAHO/WHO.
- 2017. World Development Report 2017: Governance and the Law. The World Bank.
- 2018. A Health Policy Analysis Reader: The Politics of Policy Change in Low- and Middle-Income Countries. AHPSR & WHO.
- 2018. Just Societies: Health Equity and Dignified Lives. PAHO, WHO, and Institute of Health Equity.

Health Systems

Regional and International Agreements/Events

- 2000. Essential Public Health Functions. PAHO/WHO.
- 2018. Incorporación de equidad en salud en la investigación sobre implementación: revisión de los modelos conceptuales. Revisión. Rev Panam Salud Pública.

Documents

- 2000. Public Health in the Americas: Conceptual Renewal, Performance Assessment, and Bases for Action. PAHO/WHO.
- 2007. WHO Framework for Action—Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. WHO.
- 2010. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. WHO.
- 2012. Guidance for Evidence-Informed Policies about Health Systems: Linking Guidance Development to Policy Development. PLoS Medicine.
- 2016. A History of Global Health: Interventions into the Lives of Other Peoples. Johns Hopkins University Press.
- 2017. Health in the Americas. PAHO/WHO.

General

Documents

- 2007. A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation. Practical Action Publishing.
- 2010. Transparent and accurate reporting increases reliability, utility, and impact of your research: reporting guidelines and the EQUATOR Network. BMC Med.
- 2012. Deliberative dialogues as a mechanism for knowledge translation and exchange in health systems decision-making. Soc Sci Med.
- 2016. How to engage across sectors: lessons from agriculture and nutrition in the Brazilian School Feeding Program. Rev Saude Publica.
- 2016. Designing a rapid response program to support evidence-informed decision-making in the Americas region: Using the best available evidence and case studies. Implementation Science.
- 2017. Advancing the right to health: the vital role of law. WHO.
- 2018. Advancing health research through research governance. BMJ.
- 2019. Analysis of National Policies and Agendas on Research for Health in the Americas. PAHO.

ANNEX 3: FRAMEWORK OF GOOD PRACTICES (CRITERIA)

Domain: Formal Aspects

Subdomains	Specific Criteria to Be Met
FORMAL ASPECTS OF PRESENTATION	The policy and agenda on research for health clearly present their date of production, validity period, and conditions under which it will be reviewed/updated.
	The document is publicly available in a designated website of the ministry of health or health authority.

Domain: Governance

Subdomains	Specific Criteria to Be Met
INSTITUTIONALITY	The policy on research for health clearly defines at least the following duties and responsibilities of entities and staff responsible for the national research system:[1, 2, 3] ▪ Setting priorities and planning leadership activities ▪ Financing ▪ Internal governance ▪ Regulation of the process of designing research projects and quality standards ▪ Records on research; building public confidence ▪ Disbursement records, by type of research (e.g., basic, clinical, public health, health systems) ▪ Definition of ethical and transparency standards ▪ Definition of evaluation and accountability mechanisms ▪ Forging ties between research and the development of public and private sector initiatives (e.g., policies, programs, technology development) ▪ Developing strategic partnerships and participation by key actors, including civil society.
PARTICIPATION	The research policy and agenda are designed to allow broad, inclusive citizen participation, thereby accessing viewpoints at greater risk of exclusion (due to economic or education level, race, gender, geographic location, employment status, or other social exclusion mechanisms).[4, 5, 6]
	The research policy and agenda are designed with the participation of key stakeholders, including service users, knowledge users, public representatives, promoters of research for health, and those involved in implementation. They should also incorporate scale-up of interventions, innovations, and research on health systems and services (e.g., public health networks/schools; departments of science and technology; experts from the health, science, and technology authorities; education centers; foundations; and donors).[7]
	The policy and agenda on research for health are designed in coordination with the public sector at various levels of government (e.g., infrastructure, education, development, planning, economy, agriculture, and science and technology) and consider the perspectives of different disciplines and their influence on health and development.[8]

CONSENSUS AND COORDINATION	The process for designing the research policy and agenda are defined and documented transparently.
	The research policy contains mechanisms to improve chances of regulatory influence on key issues. Such mechanisms may include resource allocation committees, higher education councils, science and technology authorities for planning and grant support, and links with the country's national institute of health (or local equivalent in the domestic research agenda).[9]
	The research policy includes mechanisms for multisectoral dialogue at different levels of government for designing, implementing, and evaluating research aimed at reducing inequities in health (e.g., participation of regulatory entities for research policy on the board of directors of government bodies).[10]
	The research policy contains mechanisms for dialogue between researchers and actors from the political sector (e.g., lawmakers, representatives of political parties).[11]
	The research policy encompasses the research process in its broadest sense: i.e., research does not end with publication of results but should include (from the design stage onwards) guidelines on how to achieve impact with its results, as well as a strategy for dissemination and ownership.[12]
GUIDING VISION	The policy framework is specifically aimed at equity, universal health (universal access and coverage), and fulfilling the SDGs.[13]
	Addressing social determinants is the explicit paradigm for reducing inequities in health, thus underpinning the policy and agenda on research for health.[14]

Notes on Governance Domain

[1] Health research systems consist of the different institutions that support national health systems and tackle public health challenges through planning, coordinating, monitoring, and managing health research resources and activities. "All countries need sustainable research systems to improve the health and welfare of their populations, reduce inequalities and social injustices, and promote economic and social prosperity" (Salicrup, Cuervo, Jimenez & Posada, 2018:2).

[2] PAHO's Policy on Research for Health, adopted by its Member States at the 49th Directing Council in 2009, represents an international recognition that research for health is crucial in achieving health equity and represents a core function of the Organization. Among other things, the policy outlines how high-quality research can strengthen health systems and services throughout the PAHO region through six objectives. One of them is "research governance strengthening" (Frankfurter, Lee, & Cuervo, 2019). In this sense, Resolution CD49.R10 of the PAHO's 49th Directing Council, 61st Session of the WHO Regional Committee for the Americas, urges Member States to "establish, as necessary and appropriate, governance mechanisms for research for health to achieve effective coordination and strategic approaches between relevant sectors, ensure the rigorous application of good research norms and standards, including providing protection for human subjects involved in research, and promote an open dialogue between policymakers and researchers on national health needs, capacities, and constraints."

[3] "Health research governance is a crucial component of any national health research system, guiding the roles and actions of the different individuals, organizations, and sectors involved in health research by allocating responsibilities and resources, including funding. In settings with established research governance initiatives, health systems and services have benefited from enhanced efficiency and effectiveness, including increased competitiveness." (Salicrup, Cuervo, Jimenez & Posada, 2018:1.)

[4] In recent years, discussions revolving around representation and inclusion have been held in the area of research for health, especially because problems regarding inequities in access to universal health care have become much more evident. For example, one of the main topics of the 5th Global Symposium on Health Systems Research (2018) was entitled "Leave no one behind," highlighting that some communities benefit from improvements in quality, affordable healthcare, healthy environments, and economic opportunities, while others remain marginalized without adequate access or voice (HSR, 2018).

[5] The participation of citizens outside formal institutions and bureaucracy is also relevant because informed citizens know they can demand accountability from policymakers and researchers (VaneKlasen and Miller, 2007: 2), thus citizen participation a factor in citizen empowerment.

[6] "Health systems promote health equity when their design and management specifically consider the circumstances and needs of socially disadvantaged and marginalized populations, including women, the poor and groups who experience stigma and discrimination" (WHO, 2007:v).

[7] The participation of actors and organizations not directly related to health is an important criterion to be considered during research. PAHO, for example, acknowledges that working with a multidisciplinary approach is necessary for enriching the health sciences curricula (PAHO, 2009: 17). Several successful health interventions across the globe involve a plural and multidisciplinary approach. In Brazil, for example, a law dictating the use of funds in the national school feeding program was issued in 2009, and several actors had to participate to carry the program forward, including (but not limited to) the board of education, the national health system, the agriculture sector, and local farmers and families that harvested food (Hawkes, et al., 2016).

[8] Intersectional approach towards health is mandatory. "Structural determinants of health inequities can only be addressed by policies that reach beyond the health sector. If the aim is attacking the deepest roots of health inequities, an intersectoral approach is indispensable" (Solar O, 2010:56).

[9] "In LAC countries, the governance of health research remains uneven. The lack of coordination among relevant stakeholders, such as the ministries responsible for health, science and technology, education, and the economy, is a limiting factor hindering efforts to strengthen governance in several countries. For public health, this lack of coordination among stakeholders could affect the adequate distribution of available funding to support priority needs and challenges." (Salicrup, Cuervo, Jiménez & Posada, 2018:1.)

[10] International agreements such as The Helsinki Statement on Health in All Policies (Helsinki, Finland, June 2013) and the Strategy for Universal Access to Health and Universal Health Coverage (Washington, DC, October 2014) acknowledge the importance of multisectoral participation and dialogue. The latter document points out that "Efficient and participatory health systems require the commitment of society, with clear mechanisms for inclusion, transparency, and accountability, as well as multisectoral participation, dialogue, and consensus among the different social actors, and firm, long-term political commitment from authorities responsible for formulating policies, legislation, regulations, and strategies for access to comprehensive, timely, quality services." (WHO, 2014:3.)

[11] Ideally, "all health decisions would be adequately and suitably enabled by scientific evidence generated through robust research" (WHO, 2012). However, this is not the case in all situations, since a policymaker may frequently dismiss the researcher's recommendations by deeming them inadequate or incomplete, and vice versa (Lavis et al., 2012). The policy should then consider these differences and acknowledge the input and perspective of both sides involved and propitiate dialog in its planning, execution, and evaluation.

[12] One possible solution for reorienting researchers' accountability could be found by shifting performance measurement "from publication in high-impact journals to measures of policy influence and impact" (WHO, 2012: 31).

[13] Even though substantial advances have been made towards achieving universal health access and equity and the achievement of the SDGs, the United Nations and WHO acknowledge that "progress [on the SDGs] has stalled or is not happening fast enough with regard to addressing major diseases, such as malaria and tuberculosis, while at least half the global population does not have access to essential health services and many of those who do suffer undue financial hardship, potentially pushing them into extreme poverty. Concerted efforts are required to achieve universal health coverage and sustainable financing for health" (United Nations, 2019). Therefore, research and action should focus on bridging these disparities.

[14] In 2011, at the World Conference on Social Determinants of Health in Rio de Janeiro, participants ratified the global objective of effectively intervening in social determinants by developing multilateral, intersectoral, and political measures to achieve health equity (WHO 2011). Later, at the 8th Global Conference on Health Promotion held in Helsinki, Finland from 10-14 June 2013, governments created a key tool for implementing the Rio Political Declaration on Social Determinants of Health: the Health in All Policies approach. "Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities." (See the web page of the United States Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/policy/hiap/index.html (accessed 15 April 2021).

Domain: Quality

Subdomains	Specific Criteria to Be Met
RELEVANCE	The policy on research for health promotes research to identify priorities and actions aimed at strengthening health systems.
	The policy on research for health promotes research to evaluate and improve health systems' performance.[1]
	The policy on research for health promotes research to identify priorities and actions for achieving universal access to health.[2]
	The policy on research for health promotes research to identify priorities and actions to reduce health inequities.3
	The agenda on research for health proposes research to identify priorities and actions for strengthening health systems.
	The research agenda proposes research aimed at identifying priorities and actions with a view to achieving universal access to health.
	The research agenda proposes research aimed at identifying priorities and actions with a view to reducing inequities in health.
	The research agenda considers the health priorities of all population members, without exclusion, at national, regional, and local levels.
	The research agenda includes studies to produce evidence on the social determinants of health: that is, on the close correlation between social conditions of populations and health status inequalities.
	The research agenda includes analysis and proposals based on the six pillars or "building blocks" comprising health systems:[4] ▪ *Block 1:* Service delivery ▪ *Block 2:* Health workforce ▪ *Block 3:* Information ▪ *Block 4:* Medical products, vaccines, and technologies ▪ *Block 5:* Financing ▪ *Block 6:* Leadership/Governance
	The research agenda includes studies on health systems' performance in essential) as adopted by PAHO:[5] ▪ *EPHF 1:* Monitoring, evaluation, and analysis of health status ▪ *EPHF 2:* Public health surveillance, research, and control of risks and threats to public health ▪ *EPHF 3:* Health promotion ▪ *EPHF 4:* Social participation in health ▪ *EPHF 5:* Developing policies and institutional capacity for planning and managing public health ▪ *EPHF 6:* Strengthening institutional capacity for regulation and enforcement in public health ▪ *EPHF 7:* Evaluating and promoting equitable access to necessary health services ▪ *EPHF 8:* Human resources development and training in public health ▪ *EPHF 9:* Quality assurance in personal and population-based health services ▪ *EPHF 10:* Research in public health[6] ▪ *EPHF 11:* Reducing the impact of emergencies and disasters on health
	The policy on research for health promotes research to implement and scale up health initiatives.[7]

Notes on Quality Domain, Relevance Subdomain

[1] "An effective health research system needs to carry out four functions in particular. "It must define research questions and priorities; raise funds and develop research staff capacity and infrastructure; establish norms and standards for research practice; and translate research findings into a form that can guide policy" (WHO, 2013:95). Therefore, research should be guided towards the completion of those goals to ensure relevant, usable, and well-crafted research that can have an impact on health inequities and the overall health system.

[2] *Ibid*.

[3] In the Sustainable Health Agenda for the Americas 2018-2030, PAHO and its Member States acknowledge that, "It is vital that [...] priorities and goals reflect the needs of the most vulnerable populations and are based on current evidence. In order to generate evidence that reflects current health inequities both between and within countries, it is important for countries to include data collected at the subnational level in their health inequalities analyses" (PAHO, 2017: 19). In this sense, an interesting example comes from the current Salvadoran policy. According to Itriago (2019), the policy shows strengths, especially in the domains of Quality and of Practices and Standards. It is outstanding in its vocation to promote research to identify priorities and actions with a view to reducing inequities. This is very consistent with the framework guiding the policy and focuses on promoting a systematic reduction of health inequalities and the distribution of social justice among different population groups.

[4] See WHO (2010).

[5] See PAHO/WHO (2000).

[6] The operational definition and evaluation of this function should be expanded, since the 2002 evaluation focused on disease and clinical aspects. A more comprehensive approach should now be incorporated that considers the social determinants of health and the objectives of existing policies.

[7] Implementation research is described as the scientific study of the processes of implementation of health interventions, services or programs, which include contextual factors that affect or could affect such implementation processes (Peters, Tran y Taghreed, 2013). According to Theobald S, Brandes N, Gyapong M, El-Saharty S, Proctor E, Diaz T et al (2018), "Implementation research is important in global health because it addresses the challenges of the know–do gap in real-world settings and the practicalities of achieving national and global health goals. Implementation research is an integrated concept that links research and practice to accelerate the development and delivery of public health approaches. Implementation research involves the creation and application of knowledge to improve the implementation of health policies, programmes, and practices."

Domain: Resources

Subdomains	Specific Criteria to Be Met
HUMAN RESOURCES[1]	The research policy addresses the need for capacity-building to facilitate research teams' study of the social determinants of health and their relationship to inequalities in health indicators.[2]
	The research policy promotes the balanced representation and participation of both sexes and of different ethnic groups in research for health.
FINANCIAL[3]	The research policy proposes an allocation of resources for research among various levels of government, based on formulas using equity criteria for resource allocation.
	The research policy proposes an allocation of resources consistent with the research priorities identified.
	The research policy and research agenda are assigned specific, adequate financing (e.g., equivalent to 2% of the national health budget) that are stable (e.g., with a budget linked to taxation revenues).

Notes on Resources Domain

[1] "The sustainable development of a country can only be accomplished with the support of trained human resources; and to this end, long-term investments are required for the technical and professional training and education in all fields of knowledge" (Gomez, 2009:19). WHO and other organizations acknowledge the importance of having well-trained staff when it comes to health research; however, a well-trained staff may not be able to operate if financial resources are scarce.

[2] A good example in this sense is founded in Panama's Law 606 that regulates and promotes research for health and the broader policy that covers the entire health sector. It proposes addressing the social determinants of health to reduce health gaps and improve health outcomes. It highlights a broad, comprehensive range of capacities

and a multidisciplinary approach to research. It declares strengthening research for health capacities as being in accordance with its objective of strengthening the development of action areas and thematic axes based on the health-disease process and its determinants, as well as on the identification and resolution of health problems. It follows a multidisciplinary approach including the basic, biomedical, and social sciences, along with technologies and interactions between health, environment, and society (Itriago, 2019).

[3] Funding for research for health in the national context is a necessity if the goal is to achieve robust, quality research that nurtures informed policy. Back in 1990, The Commission on Health Research for Development published a report on public health and proposed three possible actions that could improve conditions for health research (COHRED, 1990:88):

- developing countries should invest at least 2% of their health budged on health research and research training;
- some 5% of the resources obtained from development and aid agencies should go to strengthening research capacities; and
- funding should be innovative, with all organizations involved in health research finding new ways to mobilize funding beyond the limited amount of local (national) funding.

These new strategies could be achieved by establishing funding pools or exploring other funding intermediaries.

Domain: Practices and Standards

Subdomains	Specific Criteria to Be Met
WORKING METHODS	The research policy addresses the need for standardized data collection and data verification systems to analyze health determinants and health indicators.
	The research policy promotes development of standardized time series and panel databases1 on stratified social determinants of health and health indicators, in order to conduct equity analysis (e.g., by geographic location, racial or ethnic group, occupation, gender or sexual orientation, religion, education, socioeconomic status, environmental factors [e.g., access to water, sanitation, etc.], social resources, or social capital).
	The research policy requires incorporation of processes and structures to ensure integration of the best available evidence to inform health policies, such as ▪ having defined rapid response mechanisms;[2] ▪ institutionalizing deliberative dialogue that explains the positions of different key actors on evidence-based health policy options; ▪ establishing mechanisms for scientific consultation and using scientific evidence in the documents on which policy decisions are based;[3] ▪ setting up processes to systematically identify questions relevant to public health; and ▪ establishing standardized, validated processes to develop evidence summaries that inform on the technical work of defining health policies and practices. The research policy requires and proposes standards for the preparation of research reports.[4] The research policy requires meeting ethical standards in all research for health.[5] The research policy requires compliance with protocols and standards to ensure high-quality research for health, throughout all research phase.[6] The research policy specifies mechanisms to evaluate results, effects, and impacts of research for health.[7]
INNOVATION	The research policy responds to needs for innovative research solutions to improve public health system performance, specifically regarding health system efficiency, quality, and equity in access to preventive, treatment-oriented, and rehabilitative services.[8,9]
	The research policy expressly encourages the participation of multiple knowledge disciplines and orientations, to generate novel solutions for public health and health systems.[10]

Notes on Practices and Standards Domain

[1] These are data that arise from the observation of the same cross-section of N individuals over time. Information is obtained for each individual (household or other unit of analysis), i=1,2,3…N, and for every moment in time, t=1,2,3…T, so that the sample comprises NxT observations. The greatest advantage of this type of database is having information on key variables for the same sample of individuals (or other unit of analysis) over time.

[2] For those cases in which the policy and practice decisions need to be made rapidly, and in order to increase the probability of using research, it is important to ensure rapid reviews that optimally balance timeliness and quality—and, wherever possible, further evaluation as compared to full reviews. See Haby, Chapman, Clark, Barreto, Reveiz & Lavis (2016).

[3] Specific tools for supporting evidence-informed policymaking can provide support to policymakers in the process of designing and implementing more effective and efficient policies. See Lavis, Oxman, Lewin & Fretheim (2009).

[4] Research publications can show limitations that make it difficult or impossible to assess, among other things, the methodology used or the reliability of the findings presented. Thus, published studies often cannot be used by clinicians or policymakers. Using standards and reporting guidelines could increase the completeness, clarity, and transparency of research papers. See Simera, Moher, Hirst, Hoey, Schulz & Altman (2010).

[5] WHO (2008) lists ten ethical considerations for research ethics committees:

1. Ethical review must be supported by an adequate legal framework.
2. Research committees should have multidisciplinary and multisectoral membership.
3. Research ethics committees should have enough resources to perform their duties.
4. Committees should be independent.
5. The member of the committee must be trained and well versed in the ethical aspects of health-related research.
6. Committees should be transparent, accountable, consistent, and of high quality.
7. The committees' decisions and reviews should acknowledge and be guided by international guidance documents, human rights instruments and any other national laws regarding health research.
8. Discussion regarding research protocols should be based in a thorough and inclusive process of deliberation.
9. All of the written policies and procedures of the committee should include explanations regarding all its decisions and actions.
10. Research and reviewing should be performed only by qualified researchers.

[6] Research protocols help "to clarify the thinking about the plan, and is [also] necessary for getting approval from ethics review committees" (Fathalla, 2004). It also ensures the quality of the research by complying with approved guidelines and facilitates funding and the overall research process. The WHO Regional Office for the Eastern Mediterranean offers A Practical Guide for Health Researchers available from https://apps.who.int/iris/handle/10665/119703.

In this regard, noteworthy was Panama's Law 606 that commits to establishing processes to satisfy ethical standards and compliance with protocols and standards for high-quality development of research for health. It even outlines guidelines for preparing research reports (Itriago, 2019). Similarly, the Dominican Republic´s policy elaborates on processes to satisfy ethical standards and enhance compliance with protocols and standards that result in high-quality research for health (Itriago, 2019).

[7] Even if "defining research and innovation indicators is difficult to quantify because timelines are long, and success in R&D is defined by a complex set of milestones that must be met in advance of the ultimate health impact" (PATH, 2014:11), the need for evaluation during all stages of the research policy is imperative because it can "increase accountability of researchers, governments, and funders" as well as inform research processes and nurture new strategies along the way" (PATH, 2014:12).

[8] Innovation in research for health in low-middle development countries should point to research that offers original results to solve problems that represent a heavy economic and social burden on health systems. The innovative character is not necessarily linked to high-tech or highly sophisticated contributions, but rather to simple proposals that solve complex problems (COHRED, 2011). In this sense, Zicker and colleagues argue that, regarding innovation, the clue is its ability to find a new solution to a problem: whether the intervention is deemed 'simple' or 'complex' is not important, as long as a clear advance towards a solution is made (Zicker et al., 2018).

[9] In the report Turning Research into Practice (TRIP), WHO acknowledges the important role that research findings can play in improving health systems, specifically in terms of working to further research; promote advocacy, improve policies, identify relevant priorities for subsequent research and actions, develop guidelines, and improve practices (WHO, 2006:19).

[10] WHO acknowledges health as a complex phenomenon determined by multiple factors that require diverse perspectives, tools, and forms of action to be studied, researched, and subsequently obtained (WHO, 2008). The relevance of diverse and multidisciplinary approaches in research for health is now more important than ever.

Domain: Knowledge Management[1]

Subdomains	Specific Criteria to Be Met
IMPACT	The policy on research for health addresses the use of research findings to design or modify strategies, policies, programs, and practices (both within and outside the health sector) to reduce health inequities.[2]
	The policy on research for health addresses use of research to affect the social determinants of health and health gaps, guiding the agenda for international cooperation in health and other areas impacting health.
COMMUNICATION[3]	The research policy promotes the publication of publicly funded research on open-access platforms.
	Protocols for research for health projects are included in research registries, such as publicly accessible databases (i.e., for publicly funded research, research involving regulatory entities, research involving clinical trials, and—wherever possible—all other types of research).
	The research policy promotes the transformation of research findings into end-user–friendly, easily understood documents that can be translated into social sector activity.
	The research policy promotes the dissemination of research findings, with intersectoral collaboration, to all levels of government (e.g., by providing subsidies for publication in high-quality, indexed, open-access platforms).
	The research policy promotes the dissemination of research findings within academia and among key opinion leaders as well as relevant social organizations and movements (e.g., by offering subsidies for publication in high-quality, indexed, open-access platforms).
	The research policy promotes the dissemination of research findings in various areas of policy activity (e.g., involving the executive and legislative branches of various levels of government).

Notes on Knowledge Management Domain

[1] The current policy in the Dominican Republic shows outstanding strength in the domain of Knowledge Management by placing emphasis on the impact of research in designing public health policies. It also makes an explicit commitment to ensuring proper communication of research processes and results. For example, it proposes the creation of a registry providing accountability vis-à-vis different types of research projects and a national clinical trials registry. It also emphasizes disseminating the findings of national and international research conducted in the country (Itriago, 2019).

[2] Informed decision-making should be considered when elaborating policies, as it is crucial for global, national, and local development (WHO, 2004). When it comes to formulating policy and agendas, the importance of considering research for health has been an important and central topic in multiple global conferences on health, most notably in Mexico's Ministerial Summit on Health Research in 2004.

[3] Dissemination of knowledge is one of the main objectives of PAHO's Policy on Research for Health (PAHO, 2013), since in circumstances when timelines are strict, informed decision-making can only be made when there is equitable access to research evidence. As such, the dissemination of knowledge is key to fulfilling the ideal link between research, policy, and action (PAHO, 2013:23).

Domain: Legal Framework

Subdomain	Specific Criteria to Be Met
LEGISLATION AND REGULATION	The research policy is supported by laws and regulations, providing a framework for the activities of actors and entities involved in the national health research system (or its local equivalent).[1]

Notes on Legal Framework Domain

[1] "Law is increasingly being recognized and used as a tool for improving the health of populations at global, national, and subnational levels. At the national level, governments need functioning health systems supported by strong legal frameworks. Public health legislation sets out the responsibilities and functions of governments to coordinate responses to public health risks, to create healthier environments, to promote healthier behaviors, to generate the information base that is needed for effective action and policies, to manage a competent health workforce, and many other functions." (WHO, 2017:1-2)

Domain: Monitoring and Evaluation Scorecard

Subdomain	Specific Criteria to Be Met
MONITORING AND EVALUATION (M&E)	The research policy and agenda present a framework of objectives and expected results to be achieved in a specific timeframe (via monitoring and evaluation scorecards).
	The policy describes tools and indicators to monitor investment, capacities, productivity, adherence and good practices, impacts, and outputs.[1]
	The monitoring and evaluation scorecards incorporate and assess indicators for research already established in policy documents and in international observatories (e.g. the WHO Global Observatory on Health R&D)[2] 77Fas well as the indicators set for the United Nations Agenda 2030 for Sustainable Development (e.g., 3.b.2, 9.5.1, and 9.5.2).[3]

Notes on Monitoring and Evaluation Domain

[1] Itriago (2019) identifies an example of a good practice for monitoring and evaluating Paraguay's policy on research for health that promotes monitoring investment, capabilities, and production in research on health systems and in public health. It accomplishes this through the creation of a Health Research Observatory and a system of national and international research information networks, both aimed at unifying research programs and projects, at reducing inefficiencies (overlapping or duplication of actions or research), and at ensuring the applicability of research results. Similarly, the Dominican Republic's policy proposes establishing a network of associations as a platform for discussion, knowledge synthesis, and evaluation of the results of research carried out. It also proposes establishing a monitoring committee on the use of the research results (Itriago 2019).

[2] In January 2017, WHO launched its Global Observatory on Health Research and Development. "The observatory seeks to collect valuable, up-to-date data from all WHO member states, including LAC countries, on national funding earmarked for health research; bridge persistent gaps in workforce development; and consolidate, monitor, and analyze relevant information on health research and development needs in developing countries, thereby guiding coordinated action. The observatory could serve as a key instrument for policy-makers, research sponsors, and others to identify health research and development priorities based on public health needs and then link their indicators to the sustainable development goals" (Salicrup, Cuervo, Jiménez & Posada, 2018).

[3] For more information on these indicators, see https://www.who.int/observatories/global-observatory-on-health-research-and-development/indicators (accessed 15 April 2021).

This publication is geared towards stakeholders planning, developing, implementing, or updating national policies or agendas on research and innovation for health. It includes checklists to guide the development of these national documents, aligned with the guiding principles and values of the Policy on Research for Health of the Pan American Health Organization (PAHO) and with recognized good practices. PAHO's Policy on Research for Health was approved in 2009 for implementation in Member States and the Pan American Sanitary Bureau.

The approval of the policy on Research for Health and of the Strategy on Research for Health of the World Health Organization in 2010 generated momentum. Since then, numerous countries have developed such policy documents, which need to be kept current as circumstances and governments change, and as a means to strengthen health research systems, governance, and the impact of research.

Following the recommendations made by PAHO's Advisory Committee on Health Research, the Pan American Sanitary Bureau mapped national policies and agendas on research for health and reported to its Governing Bodies. It also completed an Assessment of National Policies and Agendas on Research for Health in the Americas in 2019.

These checklists offer a practical tool to assist the development of updates and future national policies and agendas that seek alignment with the regional and global policy frameworks and are grounded in the same guiding principles: impact, quality, inclusiveness and communication, and accessibility.

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