# Advisory Committee on Health Research
# 44<sup>th</sup> Meeting, Barcelona
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## Report to the Director

Prepared by the President and the Secretariat
Advisory Committee on Health Research of the
Pan American Health Organization

**44TH SESSION OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH
OF THE PAN AMERICAN HEALTH ORGANIZATION (CAIS)**
Barcelona, Spain 13-15 October 2011

# Report to the Director

**ACHR Secretariat
Research Promotion and Development
Public Policies & Research for Health
Area of Health Systems Based on Primary Health Care
AD/HSS/RF
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**Introduction**

The Advisory Committee on Health Research (ACHR/CAIS) of the Pan American Health Organization (PAHO/AMRO) met in Barcelona 13-15 October 2011 providing the Members the opportunity to attend the joint XIX Cochrane Colloquium and VI International Conference on Patient Safety in Madrid.

The structure of the meeting followed the same format of the 43$^{rd}$ ACHR meeting in Panama in its action oriented approach and alignment with the 5 goals of WHO's Strategy on Research for Health. The main objective was to assess progress on the implementation of PAHO's Policy on Research for Health (CD49/R10), and advice the Director on this regard.

ACHR/CAIS members and PAHO staff met virtually several times in preparation for this gathering to produce progress assessments and identify key areas for deliberation. An ACHR/CAIS member was appointed to present the overview of the progress, challenges and opportunities using the summaries prepared with the staff before the meeting. Committee members were reminded that these were hard times and that it is necessary to do more with less, and that there is a need to identify what not to do, and how to make the most from successes finding ways of scaling up helpful successful tools and interventions.

Members were invited to attend a scientific session led by John Ioannidis (professor and chairman at the Department of Hygiene and Epidemiology, University of Ioannina School of Medicine; tenured adjunct professor at Tufts University School of Medicine; and Professor of Medicine and Director of the Stanford Prevention Research Center at Stanford University School of Medicine) after the CAIS/ACHR meeting.

As part of the activities the PAHO/AMRO Director and Representatives from Cochrane Network inaugurated the Art for Research exhibit at the Santa Creu i Sant Pau which remained open to the public for the remainder of 2011.

The discussions and recommendations in this report follow the structure of the meeting.

**Thursday, 13 October 2011**

**Opening Ceremony**

Xavier Bonfill, Director of the Ibero-American Cochrane Centre & Network welcomed participants to the meeting, highlighted key historical aspects of the Casa de Convalescencia, part of the Hospital Sant Pau, the Meeting's venue and highlighted the role of the Iberoamerican Cochrane Center as a glue that pulls together many aspects of PAHO's work and stressed the valuable resource that the Cochrane Library in Spanish represents; the Cochrane Library has been integrated into BIREME's Evidence Portal (in English and Spanish) and is currently available to people in Latin America and the Caribbean. The Spanish edition has expanded resources. In closing he invited all to the opening of the Art for Research Exhibition at the main lobby of the Hospital.

John Lavis, President of the Regional Advisory Committee on Health Research (ACHR/CAIS) welcomed everyone and in his opening remarks commended PAHO for leading the way in the implementation of the Policy on Research for Health (CD49.R10) ahead of WHO's Strategy on Research for Health, recognizing that both policy documents are well aligned. He also underlined that the launching of the World Health Report (WHR) had been delayed for 2012 in light of the lack of funds available to achieve what had been planned for the Report (making it a participatory and innovative publication using new technologies) and noted that this offered opportunities to plan a creative dissemination of the WHR. He closed mentioning that difficult times were ahead and invited all to find creative ways to do more with less.

Mirta Roses Periago, Director of PAHO/WHO, thanked the hosts (IberoAmerican Cochrane Centre and Network, local authorities) and welcomed the Committee and the special guests thanking them for donating their time. She shared with participants that for her the ACHR/CAIS Meeting is an opportunity to be exposed to ideas and to reflect, and she finds this a worthy investment for the Organization. She acknowledged the Secretariat's good use of technology to meet virtually, advance preparatory work that enriches the discussions, and she also stressed the good collaboration between WHO Regions, acknowledging the participation of delegates from EURO and WHO-HQ (regional research focal points were invited).

The Director remarked that this was a time for taking stock on the progress made with the implementation of the policy on research for health, and a time to also look at the opportunities ahead; a time to move from segmented systems to more integrated systems and new ways of thinking, looking for more synergies. Research offers an opportunity and a big role because people are now listening and research can guide towards the right decisions. But she also cautioned that the financial situation is challenging and the fight for resources is real, even in times of growth. She asked participants to think about resources in different ways such as the networking with other disciplines, the sharing of ideas with partners, different approaches to intellectual property (the Region is very active on this) and options to address non-communicable diseases working through primary health care, or to introduce health in every policy. The Americas is a region with great diversity: 4 widely spoken languages plus many

indigenous ones; the Region has grown and looks better, but faces uncertainty and other pressures (aging, non-communicable diseases) and remains the most inequitable. There is growing integration within the Region and the Region is more connected through the Pacific to other regions. Yet, health still has to be better integrated into the political agenda of the countries and there is a need for more insight into what it means to bring health and health research to government agendas and placing it at the heart of social and economic development.

The Director recommended to the Committee to be skillful in recommending and using appropriate language to influence leaders such as those in parliaments, the finance world, those that impact in the resource allocations. She also recommended giving some thought to what to present to the governing bodies—the body that approves new developments. The year 2012 is a transition year, a new Director will assume". She indicated her willingness to attend the next ACHR /CAIS meeting with the new Director to assure a smooth transition, reminding all that the ACHR/CAIS is an advisory body that guides on how to better use research for health in a way that benefits the countries.

John Lavis, Chair of the ACHR/CAIS, introduced the newly appointed Members and their main areas of work: Dr. Jackeline Alger (research in parasitic diseases); Tomas Pantoja (use of research evidence to improve health systems, health care delivery and policies for health); and Susan Walker (nutrition and early child development with an emerging interest in knowledge translation).

Announcements included that the meeting format resembled that of the previous CAIS/ACHR meeting (Panama 2009) with a Committee member introducing each session using the summaries prepared by staff from the Pan American Sanitary Bureau (PASB; the Secretariat to the Pan American Health Organization) to make the best use of time and an efficient and organized sharing of information, leaving ample time for deliberations; a new subcommittee was established for impact evaluation, looking into the big policies that should be evaluated with the limited resources available. Participants were invited to the launch of the Art for Research exhibition at the Hospital de la Santa Creu i Sant Pau. CAIS/ACHR Members approved the agenda, and Eleana Villanueva and Evelina Chapman were appointed as rapporteurs

**Report on the implementation of the Research Policy and the advancements on the recommendations from last ACHR (43rd CAIS) and Report to the Director. ACHR Secretary, Luis Gabriel Cuervo.**

The Secretary (Dr. Luis Gabriel Cuervo) indicated that PAHO has adopted a strategic systems approach towards policy implementation with the goal of having healthy people. National authorities and PAHO staff are at the base supporting the health research system which in turn supports the health system whose goal is healthy people. In this scenario, knowledge translation is the key catalyst (Figure 1).
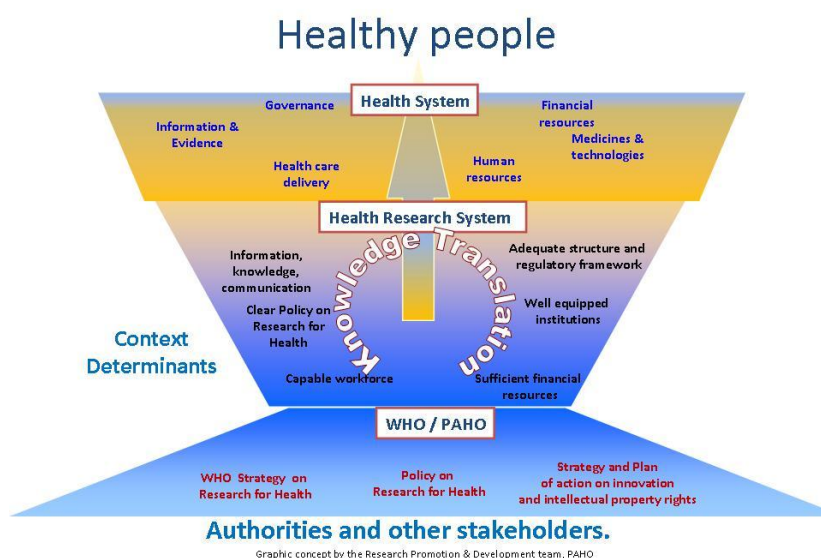
Figure 1

The advances in policy implementation were illustrated with examples for each policy objective highlighting the strategic partners' contribution:

- **Governance**: PAHO Research Registry, integrated into administrative processes and the Health Research Web (with COHRED), tool that provides essential information on governance, including definition of research agendas.
- **Quality**: Guideline Development (WHO, McMaster, Cochrane Canada), Ethics, ethics review committees (WHO, COHRED),
- **Human resources**: improve competencies with emphasis on train the trainer's model and supporting local capacities (EVIPNet support group, Alliance for Health Policy and Systems Research, CIDEIM, McMaster).
- **Partnerships**: Numerous partners contribute to each of the policy goals. More generally, AECID, James Lind Library, and other Partners contribute to several policy goals.
- **Standards**: Clinical trial registration, Research reporting guidelines and Guideline Development and Assessment (WHO, EQUATOR, McMaster, TDR and CIDEIM)
- **Impact**: Dissemination and utilization of research findings: publishing policy briefs and deliberative dialogs, the production of a series of videos to show the EVIPNet cycle, use of Evidence by a Minister of Health, and the Art for Research exhibit to illustrate the Value of Research; (AECID, KMC/PAHO, SUPPORT, SURE)

The Committee assessed progress in the recommendations of the 43rd Meeting as follows. It recognized significant progress in the goals of priority setting and standards, and some progress in preparing the report on research priorities with partners. Progress was also recognized in defining a workable approach to capacity building across partners and in the translational goal where efforts have been made to build on existing country, sub-regional , and regional strengths. Partial progress was noted in the development of an operational plan with clear milestones, defined accountabilities and, monitoring and evaluation and lastly the

mainstreaming of research was considered to be still pending and expected to advance when the Strategy and Plan of Action are developed.

In launching the sessions, the Secretary asked the Members to consider during the discussions: taking stock of what is available and known, and what needs to be done; focus on what is working (e.g. setting priorities, defining methods); determine what needs adjustment, (e.g. evaluation and generation of new knowledge); use a systems approach that considers the context and need for simple sustainable capacities; PAHO's role as a convener with partners and if it should look into expanding its alliances to other public and private institutions.

Comments regarding the Opening Ceremony

Members commended the Organization for the substantive and continued advancements made after the 39th ACHR/CAIS when the Committee was reconvened on a regular basis, and the good progress made in the past five years with milestones such as: having a research policy approved; advancements in all the recommendations of the 44th ACHR/CAIS; a good number noticeable ongoing initiatives that support research capacity and governance. Specific mention was made to the usefulness of the joint development with COHRED of the Health ResearchWeb Americas (HRWeb) as a global public good that enables better governance and understanding of national health research systems, and facilitates cross-country collaboration and coordination. Recommendations about the HRWeb included promoting its use and establishing a process to evaluate the information published on it.

Various Members commented on the need to look into research funding and suggested to add this topic to the discussion of future ACHR/CAIS meetings: a systems approach, primary health care, innovation, monitoring and evaluation, translational research to reach out to other sectors, look into what is missing in terms of governance, and get into public/private partnerships. Considering that 2012 would be a transitioning year, a question was posed on how's the policy implementation relates to the work within the organization; some members suggested looking into the administrative and political cycles of the organization taking into account that a new five-year strategic plan will be set before the election of the new Director, hence it is advisable to harmonize the research policy with the Organization's strategic plan and line up the Strategy and Plan of Action on Research for Health that is to be presented to the Governing Bodies in 1 or 2 years maximum. Even if research is embedded in every aspect of the Organization's work, there will still be a need to have a responsible officer and a team or unit looking after the research governance and coordination. Reference was made to PAHO being the only organization in the UN system that has a budget policy that describes resources' allocation and has research embedded in the budget.

Other guests' issued a plea for more and better action oriented research, health systems research, knowledge management and translation, and to incorporate the field of experiments (e.g. to improve quality and access to care) within these areas. They also stressed the need for clarifying the Organization's role in terms of technical science because there is widespread confusion between research and intervention; research needs to be cross-cutting while interventions can be vertical.

Systematize and capture the practice of others: For example, the [Latin American Faculty of Social Sciences - FLACSO](#), [United National Development Programme UNDP](#) (best practices) and the [Bill & Melinda Gates Foundation](#) (vaccination/technical advisors).

Stress even more the work with networks and other actors that can foster research, (e.g. the development banks, Bill & Melinda Gates Foundation, Non-Government Organizations (NGOs), International Association of Public Health Institutes in El Salvador (funded by Gates); National Institutes of Health (including Fogarty International Center); Partnership with [Drugs for Neglected Diseases Initiative -DNDi](#); and look into Pharmaceuticals (as per the Director, PAHO doesn't deal with the industry but there are legitimate ways of collaboration (through "chaperones").

On financial issues participants commented: financial resources to support research may be insufficient but resources do allow bringing key actors together, promoting effective alliances and helping countries to develop policies. For example, discussing priorities with different development and research agencies; PAHO can support countries preparing proposals so that these have a better chance of being financed; setting up exchanges between countries (south south) with other key actors; sharing priority research questions so that they get adequately addressed.

To an individual comment that PAHO could move more towards a bottom-up approach by engaging frontline workers and local institutions that tend to isolate themselves, the Secretary presented the example of grassroots movement in the municipality of [Piripipi, Brazil](#), where work is being done on [improving maternal and neonatal health and the wellbeing of adults using research evidence to guide decisions on health systems issues such as staff turn-over and identification of better ways to remunerate work](#).

In closing members stressed the need to make the best of the remaining year and a half given the strong leadership.

Preparations for the 2nd Latin-American Conference on Research & Innovation for Health
Gabriela Montorzi, from the Council for Health Research & Development– COHRED, referred to the fruitful collaboration established with PAHO that contributed among other developments, to the [1st Latin American Conference on Research & Innovation for Health](#) (Rio de Janeiro, 2008), the [Follow up to the 1st Latin American Conference on Research & Innovation for Health](#) (Havana, 2009). COHRED is sponsoring the [2nd Latin American Conference on Research & Innovation for Health](#) in Panama on November 23-25, 2012. The focus of this 2nd conference will be the financing for research for health, networks, and building and maintaining bridges between research for health and innovation. Results expected include topics that are in line with the spirit of PAHO's Art for Research exhibition. This networking and discussions should help in strengthening the networks themselves and in exploring means and sources for sustainable funding for research for health and strengthen health systems. Participation in the Latin American Conferences on Research for Health is by invitation and the report should be available in January 2012. Some examples of achievements since the 1st Latin American Conference on Research & Innovation for Health include: we have better descriptors and understanding of national health research systems; communications

have been strengthened between the health and science & technology offices in countries with stakeholders working in common groups (Health and Science and Technology), the Caribbean Research Council agreed on a Research Agenda for the Caribbean with its Member States; , WHO's Evidence Informed Policy Network – EVIPNet is being an effective network to address priority issues whilst building stronger systems, using research evidence and promoting collaboration between and within countries; there is a growing communication efforts to focus on research for health (as opposed to research for research's sake).

*\*.Subsequently the exhibit was taken to the Global Forum for Health Research 2012 "Beyond Aid: Research and Innovation as key drivers for Health, Equity and Development"*

Comments 2<sup>nd</sup> Latin American Conference on Research & Innovation for Health

Donald Simeon from the Caribbean Health Research Council (CHRC) acknowledged COHRED's support in developing the research agenda and emphasized the need to build capacity in the Caribbean to carry out the needed different types of research.

Other members suggested as well that the 2<sup>nd</sup> Latin American Conference was an ideal opportunity to continue strengthening alliances and to explore issues relevant to funding of research such as the taxing of companies that create costs for the system, i.e. pollution, tobacco, oil, as a way to finance research, and other options that are being considered elsewhere –but the evidence behind these options needs to be pulled together.

The Director mentioned the weakening of multi-lateral systems that are representative (where every country is represented and has a vote) by the development banks (World Bank and Inter-American Development Bank) that have moved beyond financing to building on technical capacity and policy orientation. While PAHO cannot influence them, it can strengthen capacities in the countries so that they are in a better position to negotiate with the banks. PAHO moved to work with the health and science and technology sectors some time ago, and it can work better in this area with the Organization of American States—the institution that convenes the inter-ministerial science &technology meetings. However, the end use of some of the ongoing projects has been hard to understand and big networks can be cumbersome yet they can be used as effective umbrellas for sub-groups to collaborate; to build capacities there is a need to bring strong institutions and weaker ones to work together with methods and standards that help build capacities.

**Priorities goal**
**Discussion leader: Dr. Jacqueline Alger; Moderator: Dr. Gabriela Montorzi**

<u>Introduction to the agendas for research in the Region</u>

Dr. Jackeline Alger introduced her presentation highlighting that research agendas can: guide research expenditures in the countries; promote science, technology, and innovation; promote human resources for research; and strengthen a country's position to negotiate with funding partners. There are many resources from PAHO and COHRED – and from their partnerships, to facilitate priorities setting (e.g. management tools, PAHO Policy on Research for Health, COHRED's six steps for priorities setting, plus there are compound approaches such as the 3D combined matrix approach, child health priorities approach, etc.)

Developments at the regional level include the PAHO's Research for Health Policy (2009) that countries are now implementing; the CHRC's work resulted in 20 Caribbean countries having a shared research agenda; the Council of Health Ministers of Central America (COMISCA) has approved the integration and development of National Health Research Systems (NHRS) as a permanent topic in the national agencies –they want to advance the implementation of the regional policy on research for health; the collaborative efforts from PAHO and COHRED continue to raise the bar for everyone, and to raise awareness and gain momentum. Some countries have established priorities on research for health but there is a need for better harmonization and standards with valid methodologies that make these lists helpful and valid. Without harmonization the results from some countries will result in a list of health problems or sub agendas, or areas of problems, but not in actionable priorities that allow advancing research for health that makes a substantial difference.

PAHO and COHRED continue to expand the [Health Research Web](#) (an interactive online platform that allows research information management across Latin America). Its use by national actors should be encouraged. It also facilitates cross-country collaboration/learning (jurisdictional reviews) and offers helpful tools for better research management, governance, and visibility. Every technical expert in a Ministry of Health or Science and Technology should have this resource bookmarked on their computers and it should appear in the top ten resources for Research for Health.

<u>Priorities on health systems research and health services research, Ruben Torres</u>

Dr. Ruben Torres highlighted a few considerations in health systems research: Objective research (habitat, work, deficiencies, consumption, and disease); subjective research (interests, aspirations, fears, values); academic research (traditionally done by researchers); applied research (aims to solve practical problems). Evidence is only one piece of the decision making context. As per the Overseas Development Institute (ODI)'s framework this context includes politics and policymaking, other influences (the media, lobbying and networking), and then evidence (research, learning and thinking) as well as external socio-economic and cultural influences, and donor policies.

In his view, knowledge management contributes to the expansion of social gaps because it contributes to elitism in knowledge (closed circle of academic power guided by value that emphasizes academic prestige over the social commitment) and researchers being led by competitive relationships. He asserted that researchers' studies don't respond to regional issues and that their aim is to be published in foreign journals; Dr. Torres mentioned that current epistemological paradigms favor a neutral scientific activity in addressing the problems and that areas of potentially profitable projects receive more support than those of social interest

Other challenges he presented: Research products are more about individual cases than collective health; Health Systems Research requires multidisciplinary and broader approaches than other fields; interventions are ineffective and inefficient; researcher training is oriented towards research type I, and a similar thing happens in terms of project selection for funding; he quoted a study of 1,600 reviews that found that 1 in 5 studies deal with subjective research; decision-makers remain unaware of the evidence available to guide the allocation of resources and their decisions are based on interests, not on the evidence;  relationships between decision makers and academia are weak, decision-makers are not trained or motivated to manage knowledge, and the current paradigm isolates the policy from the academic practice.

He concluded pointing out that what needs to be done is to: bridge the gap between researchers, policy makers and the people; develop skills and apply research to solving priority health problems; develop/establish partnerships with institutions inside and outside the health sector to conduct studies that support the decisions of health authorities at all levels and fields of action**.**

From priorities topics to research questions

Dr. Ludovic Reveiz and Dr. Evelina Chapman presented their work illustrating how they established a reproducible and efficient methodology for identifying priority research questions on specific lines of research, based on the information obtained from systematic reviews. They used as an example the identification of research gaps that if addressed would accelerate the Millennium Development Goal No. 5, including different forms of research (e.g. clinical, health policy and systems). Their proposal involved moving from priority topics to research questions in the topic of maternal mortality by identifying unanswered questions from systematic reviews and then prioritizing them with the participation of a broad group of experts from around the world. Their empirical experience suggests that most research was "free theme" and that this methodology would help raise awareness about key questions that need to be answered, generate incentives to address them, and invite different stakeholders to invest their time and resources where it can make a critical difference. Explanation was given of how they arrived to a priorities list of questions in maternal mortality; the methodology can be used –and is being used, to prioritize research questions in other areas of work, and will soon be published. Their first steps included mapping the evidence (for maternal mortality reduction) and then conducting a Delphi process from the survey responses, to prioritize the questions.

Comments on Priorities goal

The use of evidence at high level decision making can create a tension between the health sector and industries; they have different goals and the need to harmonize them can become quite evident (e.g., public/private partnerships). There is a need for helpful guidance on how to set up meaningful and actionable priorities by managers and decision-makers, and for better governance (and research on good governance) including good practices and regulations. We remain in the search for specific strategies and answers about the management of knowledge gaps about complex interventions and their evaluation, and the ways to better work around health systems. The Region needs more and better trained human resources, including civil servants; we need to strengthen capacity building with a focus on equity issues (cultures, poverty, disaster management and prevention)

Members wanted to know what mechanisms exist in PAHO to influence prioritization processes, and how to advance and harmonize these processes. Members think PAHO has a key role with Science &Technology agencies, the development banks, regulations and financing (e.g. taxes), innovation, etc. Individual members raised the following issues: Conflict of interest in knowledge translation and their links to decision-making processes; dealing with perverse rewards/incentives; differences between the times and needs of the policy processes, policy makers and researcher; heterogeneity in research use and production; reconciling research driven by researchers and commissioned research; promoting soft innovation; application of direct knowledge by people and the processes in between; access to valid and helpful information (asynchronous and real time; packaging of information; progress made by Cochrane in summarizing and presenting research for health)

The Director mentioned that PAHO's influence in policy decision making is marked by timing which is critical in policy making; the production and use of evidence may have different timing. She suggested that policymakers and researchers can value each other and build and maintain a relationship where they both build on the strengths brought by each partner. Regarding the Organization's priorities she stressed that the political mandates (e.g., MDGs, resolutions by governing bodies) should guide research priorities.

Preparations for the World Health Report 2012 – Research for Health*

Dr. Ulysses Panisset and Dr. John Lavis led the session to collect feedback and reactions from Members and guests about the last draft of the World Health Report (WHR) to take back to the appointed report's editor, Dr. Tikki Pang. Feedback provided included: to strengthen among other things, investment in research, and to emphasize that this investment has excellent returns advancing health and development, hence it has the potential of promoting prosperity; elaborate more on funding and financing issues; Millenium Development Goals and Primary Health Care strategies need to define their research topics (health systems research, operational research, knowledge translation and implementation research); address quality of health care. Governments and WHO have a role in implementing well governed systems; overregulation can interfere and productivity is hard to measure; leverage intellectual property rights, innovation and open access, advance governance tools, and stress need for systems thinking,

building capacity and highlighting some helpful case studies. With regards to the dissemination of the report there could be a shared plan, keeping in mind the need to be creative in terms of the means and ways of promoting dissemination.

*Subsequently to the ACHR Meeting, the publication of the Report was postponed.*

**Friday, 14 October, 2011**

**Knowledge Translation**
**Discussion leader: Dr. Tomás Pantoja; Moderator: Dr. Fernando de la Hoz**

EVIPNet Americas: Dr. Evelina Chapman.

EVIPNet Americas has grown considerably. It was launched in 2007 with the participation of 10 countries. By October 2010 when Dr. Chapman took office as coordinator for EVIPNet Americas, 4 country teams and one PAHO technical area were engaged; by December 2010, 8 country teams and 4 additional PAHO technical areas were participating in the initiative. To date (October 2011), the network has 10 active country teams working in coordination with relevant PAHO technical areas. Every team is at a different level of development/execution yet there have been important achievements in terms of outcomes and networking such as the production of 2 Systematic Reviews, 8 policy briefs, and 2 Deliberative Dialogues. Countries work on the priorities they define and 8 countries have trained their EVIPNet national teams in workshops coordinated by the Secretariat and delivered in coordination with a network of partners. Three teams are self-sufficient funded locally (all teams have some degree of funding from the local activities/budget), and teams work following the standards that are being generated and organized by the Secretariat. Resources have been organized with simple entry points. Within PAHO, collaboration is growing fast; five technical areas are working with EVIPNet (FCH, HSD, SDE, KMC, BIR) and the Secretariat is leading the coordination and contributions to WHO that enrich the resources and interregional exchange and standards. The Secretariat is also providing some rapid response to PAHO and country technical teams. Forthcoming challenges include: securing resources and support from relevant agencies (e.g. Alliance for Health Policy and Systems Research, international development agencies) to support the central coordination and governance of EVIPNet Americas, the development and promotion of shared resources, and conducting the monitoring and evaluation and the continuous improvement processes, as well as the coordination and contributions to the to Global EVIPNet network, Secretariat and Steering Group (which has had the lead from delegates from the Americas from the outset).

Health Systems Evidence - John Lavis

John Lavis presented Health Systems Evidence (HSE), a key online resource for evidence informed policy making and health systems research, highlighting that it addresses two factors that can increase research use: (1) improving interactions between researchers and policymakers and, (2) timeliness. Hence, it caters to policymakers and managers who need immediate online access to synthesized research evidence on any questions that they may have. Shortly this resource will be available in 7 languages (including English, French, Portuguese and Spanish) and the plan is for an HSE team to routinely scan a range of sources to identify syntheses of health systems research evidence and update the site accordingly on a monthly basis. PAHO has been a partner in this development supporting the translation of these

contents and there is a plan to integrate HSE into BIREME's Evidence Portal and collection of virtual health libraries once an agreement is reached on the management and technical arrangements needed for this. This would facilitate making BIREME's Evidence Portal a true one-stop shop for evidence to policy information.

Evaluation for systems based approaches to Knowledge translation, Tomas Pantoja:

Tomás Pantoja summarized key challenges in linking research with policy: research competes with many other factors; research is not always valued as an information input; research is not always relevant or easy to use. He then presented an evaluation framework developed to find out the impact and effects of knowledge translation strategies such as EVIPNet. This framework considers the context (where the translation process is housed), activities (policy dialogues), the outputs (policy briefs) and the outcomes (greater availability of research evidence, strengthened relationships between policy makers and researchers, policymaker able to find and integrate evidence. The impact is measured by using research evidence considered for policymaking. The evaluation in the Region is beginning and the focus is now in developing the capacities to conduct evaluative work at the country level; there are some evaluations of policy briefs and deliberative dialogues now available (e.g. Peru, Chile). Two questions were asked during the discussion: What is PAHO's role in knowledge translation? What are the main barriers to use of research evidence in the health systems? Finally, the Central evaluation team and the agencies and people sponsoring or funding EVIPNet activities were acknowledged for their support.

Comments regarding Knowledge Translation

The Secretary commended his team and the EVIPNet collaborators and sponsors for the many meaningful achievements reached within a short period of time and thanked the support received from different stakeholders, including the technical areas and the Director.

He stressed that evidence is frequently used in technical cooperation and policy decisions, but the emphasis is now on using it systematically and with the best strategies to make the best use of existing knowledge to improve people's health (systematic processes, the best available resources)

A particular barrier remains in prejudiced concepts such as the idea that policy should stick to the findings of evidence when the reality is that policymaking is complex and needs to consider many different aspects such as values, costs, perception, opportunity, etc. Research should be a component of the process, but not the single component.

One guest to the meeting enquired how HSE was being used and how its use could be encouraged also amongst researchers. Dr. Lavis pointed out that leading users include at this time people from the EVIPNet teams, such as those based in Africa, Trinidad and Tobago. Another dominant group includes policy makers from Canada. At this time an evaluation is being conducted to identify the value of health systems evidence to different users.

A participant stressed that tools and resource groups such as HSE, BIREME are terrific and that it would be fantastic if journalists were more involved in this processes, and more awareness is raised about these unique resources of summarized evidence.

The Director cautioned that all of the different forms of knowledge are in play in the policy dialogues: policymakers need summaries with the benefits, risks, and costs. She underlined the need to add a component of political risk management to the policy dialogues considering the short-term and long-term. She also invited the Caribbean Health Research council to disseminate EVIPNet in their region because it is a public good that needs to be used for the public good, hence it is everybody's business. Two additional recommendations were to commit to the institutionalization of EVIPnet within PAHO's technical work, and to continue building capacities in the countries and technical teams while preserving a strong coordination/secretariat.

**Standards:**
**Discussion leaders: Dr. Trudo Lemmens – Moderator: Dr. Moises Goldbaum**

Trudo Lemmens referred to the many events and outcomes related to good standards: developing and supporting the use of guidelines for technical documents at PAHO and in member states; supporting the clinical trials registration process; strengthening PAHO research standards (e.g. PAHO research registration system, ethics reviews); and strengthening PAHO's research reporting standards. New publications were made on guideline development, trial registration (network governance, foster communication, promote national trial registry and use of open trials software), research reporting standards.

Future challenges – implementation of a regional trial registry to promote equitable access to quality trial registration, while WHO is diminishing in the resources for its clinical trial platform. Dr. Ludovic Reveiz presented options for PAHO to further develop and consolidate trial registration in the Americas (such as a shared open access software platform). Lic. Eleana Villanueva presented the partnership with the Equator Network highlighting the development of their Spanish portal in collaboration with PAHO. This collaboration includes that both entities will promote the use of research reporting guidelines in Latin America and the Caribbean. Dr. Carla Saenz mentioned that all research proposals in PAHO follow and ethics approval, all members of the ethics review committee and a good number of investigators and research focal points have received training on key aspects of research ethics, and regulatory frameworks for research with human subjects are available in Member States. The HRWeb Americas has been used to identify, map and organize data of >1,000 ethics review committees in the region, and this data can be updated and enhanced by people in the countries.

Comments regarding Standards

Regarding ethics, Brazil was mentioned as an example to be followed where the council of ethics is subordinate of the National Council for Health that deals with the existence of many organizations with ethic review committees. There is a need to seek standardization, harmonization and accreditation so that protocols approved in one country are accepted by other countries and committees, reducing duplication. WHO and PAHO have been collaborating for several years harmonizing ethics review within their committees.

Regarding clinical trial registration –which has grown substantially in the region, Committee Members highlighted the debate over research that is public or non-commercial versus private or commercial research, and the problems that arise from both and the tensions in various fronts (e.g. excessive requirements that exclude certain entities or researchers); they recommended looking at initiatives in the public sphere to see identify what issues they encounter.  For example, that just an estimated 25% of research takes place in academic institutions, that there is an imbalance in volume in terms of post commercialization of research, and that public funding for post-marketing  surveillance is needed; that and in the Americas there is public responsibility in medical research; that pharmaceuticals and other private industry used to take care of insurance for civil responsibility; that cumbersome requirements for research are being imposed by regulatory systems making it difficult for non-commercial research to comply and thrive. Members recommended to look into what types of regulatory changes can be recommend to safely addressing this? Should requirements vary for different kinds of research? Should countries consider a public goods approach but contracted through government?

Other participant referred to the need for greater investments in people, time and monies to establish platforms for better governed research and for the need of guidance in terms of health systems research (e.g. prepare a workbook plus deliberative dialogues).

**Capacity Strengthening**
**Discussion leader: Dr. Ernesto Medina - Moderator: Dr. Susan Walker**

Ernesto Medina summarized the various modalities of capacity building activities at PAHO and highlighted specific areas for the Committee to focus on: more training in the field, a skills building strategy for researchers and policy makers including exploring gaps and courses through the virtual campus, should PAHO extend a certificate or diploma to participants, an evaluation plan to assess impact of capacity building activities, explore how to offer a more equitable approach for students interested in internships at PAHO so that those from less affluent communities can also participate. He also proposed expanding the collaboration with the Equator Network and WHO's Learning Board to train researchers and PAHO staff in better reporting of research. He asked the committee to challenge PAHO to scale up capacity building to increase development and use of research for PAHO's work.

Project Planning and Evaluation in Biomedical Research Training Program, Nancy Gore Saravia
Nancy Gore-Saravia, Director of the WHO-Collaborating Center CIDEIM, presented the course Effective Project Planning and Evaluation in biomedical research (EPPE), a research tool from TDR. Projects are increasingly complex and therefore scientists need to acquire management skills for effective management and reporting. The EPPE course, which has a manual for participants and another for facilitators, is a 4-day face-to-face workshop in addition to two months planning and two months follow-up. With support from PAHO these materials have been translated into Spanish and a train the trainers' modality has allowed the establishment of 4 training centers in the Region where hundreds of researchers and dozens of trainers have been trained.

TDR has various EPPE regional training centers, CIDEIM one of them and does the Regional dissemination of the EPPE in the Americas—they have adapted the course for graduate students. CIDEIM is funded with soft-money, would like to sell services and needs an institutionalization process. Limitations are trainer and participant availability (groups limited to 15, divided in 5 groups of 3), cost, marketing, and certification. Options being considered, E-learning, New Horizon, integrate EPPE with platforms such as the CITI Program sponsored by the WHO Collaborating Centre in Ethics and Global Health Policy at the University of Miami.

Developing a cadre of epidemiologists for the Caribbean; progress since the 40th ACHR/CAIS in Montego Bay 2007, Susan Walker

The 40th CAIS/ACHR in Montego Bay led to collaboration between the University of the West Indies, PAHO, INCLEN-CANUSAClen and the Cochrane Collaboration (US and Canada) to establish an INCLEN affiliated clinical epidemiology unit. Later collaboration between TDR/CIDEIM and PAHO resulted in the training of researchers from the Caribbean on the EPPE course (see above) and setting up a regional training center for the Caribbean. More recently a cadre of researchers have been trained on conducting systematic reviews with an emphasis in public health and equity issues, and supported to establish a branch of the Cochrane Collaboration to serve the Caribbean. These developments have taken place mostly at the UWI in Kingston but the emphasis and training has been offered with a regional scope (mostly the English speaking Caribbean).

The Caribbean region needs to expand and strengthen capacity for research, knowledge synthesis and knowledge translation, and training at PhD level to meet regional needs. Specifically it would be helpful to have 3 month fellowships and 3 day trainings for 30 researchers, and the sort of seed funding needed to cover salaries for three researchers would be around 118,000 USD. Challenges are: the high tuition rates and the costs for students from non-campus countries, plus the limited offer for post-training internships.

Comments Regarding Capacity Session.

Members recommended as well defining target populations and segmenting training by target audience, consider pedagogical approaches, using what is available such as existing delivery mechanisms (existing institutions, virtual campus and existing courses such as those offered in Brazil or the webinars offered by the Canadian Cochrane Center) and network multipliers (LatinCLEN and other existing communities), make links between countries, keep in mind that train the trainers approach gives built in multiplier and leverage; advantages of face to face training while identifying when e-learning is most useful. Look at existing training and how to scale it up. Expand training to social sciences and monitoring and evaluation. Figure out a certification process. Need for on-going follow-up, an evaluation in the Caribbean showed good outputs but impacts were not measured.

Other members mentioned that skills are out there and the need is to bring people together. For example Marie-Gloriose Ingabirre from Canada's International Development Research Centre - IDRC shared their interest on health systems research and systems thinking approaches, and the need to match proposals with funding.

The Director remarked that PAHO's role is not to provide certifications; it can just attest attendance; certified training is to be carried out by affiliated national academic institutions. PAHO can have catalogs of courses in offer as a service.

**Organization: Challenges and Opportunities.**
**Discussion leader: Dr. Zulma Ortiz with contributions from Lisa Bero;**
**Moderator: Jaime Miranda**

Research Governance in PAHO**:** Luis Gabriel Cuervo

Luis Gabriel Cuervo highlighted ongoing activities, outputs, and available measures of outcomes and impact, underscoring ACHR/CAIS's contributions through its recommendations which have been key in guiding and leading towards today's progress. Those key recommendations included: to develop a PAHO Research registry; to advocate for countries' participation in the ICTRP; implementation of EVIPnet; the strengthening of research governance and coordination within the Pan American Sanitary Bureau, and most salient, the development, approval, and implementation of the Policy on Research for Health in 2009.

Current advances in governance: provision of technical cooperation on setting national research for health agendas and coordination with COHRED on priority setting in the countries; develop groundbreaking work and reports illustrating a pragmatic approach for the identification of research questions for public health, and providing specific recommendations for researchers, research sponsors and funders to address knowledge gaps; contributions to the scientific boards of the 1st Global Symposium on Health Systems Research, the Campbell Collaboration, the Cochrane Collaboration and colloquia, the Justice Health Network, and other influential groups such as International Initiative for Impact Evaluation - 3iE. Still pending are the implementation of a research grants program with an emphasis on health systems research and, promoting capacity building, and the development of the Strategy and Plan of Action for PAHO's Policy on Research for Health.

A key concern is shielding the coordination of the research policy implementation to ensure that this key governance and coordination function is maintained strong enabling accountability and proper integration of research within PAHO's technical work. Research coordination is cross cutting, a key component to strengthen health systems and PAHO's technical work; hence it needs to work with technical and administrative entities in the countries and within the Organization. Research coordination needs to be strongly supported and visible in PAHO's roster so that it can succeed in integrating research into PAHO's technical cooperation and administrative work, as learned from the achievements in the integration of gender and equity issues into

PAHO's platforms and how best to integrate them; Rubén Torres

Ruben Torres referred to the many platforms that co-exist in PAHO (health systems country profiles, a regional observatory of human resources for health, the HRWeb, Bireme's Evidence portal, Virtual Campus, Regional platform for innovation and medicines) and advocated for the need to integrate them. One way could be, classify them:
- Virtual tools
- Processes and mechanisms
- Regional platform (access to medicines)
- Virtual campus for public health: virtual classroom, segmented by target audience and delivery mechanism
- Policy documents database: repository for searches for legislation in countries, health economics and financing (national accounts)
- Health systems country profiles, Regional Observatory of Human Resources.

**Saturday October 15 2012**
**(cont.) Organization: Challenges and Opportunities.**
**Discussion leader: Dr. Zulma Ortiz with contributions from Lisa Bero; moderator:**

**Jaime Miranda**

Zulma Ortiz introduced the session by referring to the adoption cycle of any organization up to reaching the point of crisis. With this in mind she asked the Members if PAHO: should focus on achieving the MDGs; if its role is bringing knowledge and expertise about 'policies that work', and is thus becoming more important in some countries than its ability to deliver traditional assistance and training; or if its role is to enable peer learning among member states and different actors, and the required PAHO staff. Given the expanding role of non-government organizations, foundations, etc. it is not clear what PAHO's unique contribution is. Is PAHO's role to coordinate international development assistance? She presented these questions to the Committee:
- Are funding levels, the organizational chart and governance adequate in today's environment to continue with all the activities that have been undertaken?
- How to maximize impact in various contexts to strengthen national health research systems?
- How to ensure relevance, coherence, effectiveness and efficiency?

Health Systems financing; Ruben Torres

Ruben Torres presented key aspects of the World Health Report on Health Systems Financing underlining that universal coverage won't be possible if health systems financing is not addressed. As per the Report, globally speaking, every country faces at least one of three problems: (1) insufficient funding; (2) need to ensure that "out of pocket expenses" don't discourage vulnerable populations to seek needed health care, and; (3) inefficient and inequitable use of resources.

The Report outlines the steps and options that countries can adopt to modify their health systems financing and indicated that all this must be based on previous research and lessons learned. Research is needed for attaining universal coverage and social protection in health and

to secure appropriate financing in health systems. Dr. Torres pointed out the existence of 142 relevant reviews but few coming from low or middle income countries, and little synthesis of econometric studies.

Strategic Approach and the Integration of Research into Technical Cooperation in the Current Environment - Mirta Roses

The Director of PAHO cautioned that the nature of the Organization pointing out that one needs to be clear when it talks about the Pan American Sanitary Bureau (PASB; Secretariat to PAHO) or PAHO (Member States plus PASB). The Organization is a multilateral organization charged with undertaking collective mandates and it obeys individual needs as defined by collective mandates (i.e. bring in maternal health through malaria a program).

PAHO's technical cooperation framework has three components: (1) the unfinished agenda (e.g. MDGs); (2) protecting achievements through sustained efforts (e.g. preventing the reemergence of polio as it has happened in Russia or Europe; keeping maternal mortality low) and; (3) facing new challenges (non-communicable diseases, climate change, alcohol abuse).

PAHO's managerial strategy is the result of three years of discussions about PAHO in the XXI century and what should a public multi-lateral agency be like: slim/lean, efficient, subsidiarity, transparent, accountable, and applying results based management. This meant changing many ways in which things were done and introducing new mechanisms. Current issues are about governance and differentiating governance from governability. Governance (where details are key) makes the governments work, and in PAHO it is in the process of development.

The strategic plan for 2013-2017 will soon be launched and it is important to include the Strategy and Plan of Action on Research for Health. It is important therefore to extract elements from the ACHR/CAIS deliberations when looking into the next strategic plan to see how to better fit research and its contributions.

PAHO is to develop a Strategy and Plan of Action for Policy on Research for Health that takes into account all other Plans of Action (PoAs). It is therefore relevant to assess other PoAs checking that research is part of them, find out what is missing and start building. The Plan of Action on Research for Health should incorporate all other issues and it will be about research for health throughout PAHO (Member States and the Secretariat) and not about a particular or self-sufficient research team. PAHO's Research Promotion & Development team does the management for the research governance at PAHO; the team should look at the countries and their governance systems—they all have resources, experiences, tools, institutions, etc. The Strategy and Plan of Action on Research for Health should review existing activities to co-opt others by providing services based on what is already available (same for countries). With a plan, it should use instruments to define processes and advice how to get process to contribute towards achieving objectives at the country level, sub-regional level, regional level, and at the Secretariat. The CAIS/ACHR and the Research Promotion & Development team should advise the administration on how to develop a process that delivers within the forthcoming context

and frameworks. The Strategy and Plan of Action on Research for Health will be shared, consulted, and executed.

Comments regarding the Organization Goal

Members highlighted the need of a national health research system to establish priorities; the need to consider what is done at the regional level versus in the countries; the need to focus on what's to come ensuring that structures are prepared; that there is a connection with international organizations, including trade groups, and that these connections are well established.

Other comments were that MDGs should have been solved with existing knowledge and resources; the 2nd Global Symposium on Health Systems Research in Beijing (Oct 31-Nov 2, 2012) is an opportunity to monitor: universal health coverage and reduced access to health care; the need to favor researchers work in the health services (publish or perish); differences between university students, health services personnel and researchers; and to foster international exchanges.

Research, research funding, and Knowledge Translation make a difference:
What to do inward? Changing the organizational chart won't change how research is viewed, but providing a highly valued service will change how research is viewed. There is a need to have technical staff within EVIPNet's Secretariat able to provide rapid responses based on the best available research evidence. At PASB the work should continue in helping technical areas with rapid responses and support for the use of research.

What to do outward? To continue leveraging the good will of individuals, groups and networks and to try to help people within the organization to do their job more efficiently and better (e.g. policy briefs). PAHO and the PASB are disproportionately visible outside as per the small team relates to others outside the organization; they have done a terrific job and demonstrated leadership working with other regions.

The Director commented that the coordination of the research policy implementation is located within the area of health systems based on primary health care, with the emphasis moved from healthcare services to health promotion. This conveys that research is integral to the health system similarly as HIV and mental health are now under family and community health, and that health determinants and health promotion are under Sustainable Development and the Environment. This is the focus for the next 10 years.

Other member suggested keeping a watchful eye on what is not being done; focus on what's the relationship between public expense, private insurance and low-income populations. Consider integrating research on adverse events and regulation into the package of health services because these essential bits of research could have a huge impact in the countries.

**Summary/Recommendations and approved by the Regional ACHR and presented to the Director**

ACHR members commend PAHO's Secretariat for the significant, continued progress in all key domains covered by the PAHO policy on research for health and for its significant, continued work with strategic partners in order to expand its reach and visibility in the Americas. This progress and approach have put PAHO at the forefront of important developments in research for health and ACHR members hope that this will continue. The ACHR recommendations are grouped by broad strategic direction within the WHO Strategy on Research for Health, which links closely with the PAHO Policy on Research for Health. Within each broad strategic direction, one recommendation is focused on continuing the excellent work already underway and another one or two recommendations are focused on work that could be undertaken in order to keep PAHO at the leading edge of thinking and doing in the field of research for health.

1) Priorities
   a. PAHO's Secretariat* should continue to
      i. support at the country, sub-regional and regional level the use and consistent application of tools and resources that support systematic and transparent research-prioritization processes and the effective communication of these priorities to the full range of research funders within countries and the region
      ii. support the ongoing development and use of Health Research Web so that it provides a continuously updated picture of the status of research for health in all countries in the region
   b. PAHO should consider:
      i. routinely identifying 'windows of opportunity' to address short-term national priorities, which can include what not to do as well as what to do (e.g., reducing health system expenditures in ways that avoid or minimize health impacts) that can be rapidly addressed through existing mechanisms (e.g., policy briefs and policy dialogues)
2) Standards
   a. PAHO should continue to:
      i. develop and support the use of standards-related technical documents at PAHO (in the Secretariat and in Member States)
      ii. strengthen ethics review systems and support countries in the development and revision of normative frameworks (i.e., regulations and standards) for research
      iii. support clinical trials registration processes through the BIREME platform and efforts to include results reporting within these processes
      iv. enhance and support the implementation of PAHO research standards (e.g., PAHO Secretariat's research registration system)
      v. strengthen and implement PAHO's research reporting standards (including through the updating of the publication policy and in partnership with groups such as the EQUATOR network)

vi.  refine (where appropriate) and share indicators (e.g., research expenditures, number of PhD-trained researchers) about the status of national health research systems in the region, advocate for their inclusion in the monitoring systems used by other areas (e.g., human resources for health), and support the planning and dissemination of the findings from key conferences that engage different sectors that contribute to and benefit from research for health

b. AHO should consider undertaking work to address the challenges associated with creating good governance systems for undertaking non-commercial research studies (particularly the diseases of poverty) in a research climate that has established infrastructure and processes primarily to support commercial research studies

c. PAHO should also consider adapting and supporting the use of a guidance development process for health systems guidance (e.g., preparing a work book that can inform country-level deliberative dialogues) and pilot test the adapted version in a small sample of countries, ideally in partnership with EVIPNet country teams

3) Capacity

a. PAHO should continue to provide an online compendium of capacity-building supports that are adapted and used by individuals and institutions in the region

b. PAHO should consider preparing an overview of 'road tested' capacity-building supports that is organized by:
   i. focus (e.g., supporting evidence-informed policymaking, undertaking health systems research, conducting systematic reviews, leading research project management and evaluation, undertaking innovation management)
   ii. target audience (e.g., politician, legislator, government official, senior policy analyst, planning unit staff member, manager, knowledge broker, researcher and research manager)
   iii. pedagogical approach (e.g., online versus face-to-face, train-the-trainer versus not, pre-training activities versus post-training mentorship)
   iv. optimal size and duration
   v. existing delivery mechanisms (e.g., academic institutions, networks, non-governmental organizations, WHO Collaborating Centres, WHO reference centres, PAHO Virtual Campus),

c. PAHO should consider convening a meeting with those with practical experience in using capacity-building supports to identify barriers to scale-up (e.g., costs and not connecting the right people, institutions and countries) and ways to overcome these barriers, support the preparation of proposals for funding and evaluating scaling-up initiatives, and identify potential funders and support the matching of proposals to funders

4) Knowledge translation

a. PAHO should continue to identify, integrate and promote resources (e.g., Access and Innovation for Health – Regional Platform, BIREME, Health Systems Evidence), tools (e.g., SUPPORT tools, list of essential online resources for policymaking), mechanisms (e.g., EVIPNet, including the EVIPNet secretariat) and approaches to monitoring and evaluation knowledge-translation initiatives in order to support evidence-informed policymaking

b. PAHO should consider strengthening the knowledge translation function within the secretariat in order to better support work in countries and at PAHO's Secretariat and continue to identify ways to stimulate the demand for research evidence to support policymaking

5) Organization
   a. PAHO should continue to use mechanisms inspired by EVIPNet (e.g., policy briefs and policy dialogues as part of a rapid-response system) to support the work of other areas within the secretariat's technical cooperation efforts and to support country activities
   b. PAHO should consider developing
      i. a plan of action to further operationalize the PAHO Policy on Research for Health
      ii. a 'report card' on the implementation of the PAHO Policy on Research for Health, complete it semi-annually, and seek input semi-annually on its implications from the Advisory Committee on Health Research
      iii. a Research Board, analogous to the organization's Learning Board and informed by its terms of evidence, workflow and evaluation, to support periodic discussions about tools and resources available to support the use of research evidence in the organization's normative work and about synergies and opportunities related to research and supporting the use of research evidence
      iv. a cross-cutting approach, inspired by the organization's Gender, Equity and Human Rights, to support the consideration of research and research evidence in all key aspects of the organization's work
      v. a resource-mobilization plan to fund the scaling up of policy implementation.

All ACHR members and guests to consider:
1) providing any feedback on the draft World Health Report 2012 by the end of October (either through John Lavis or directly to Tikki Pang), with a particular emphasis on comments that supplement the feedback provided by Luis Gabriel Cuervo, which they already endorsed;
2) considering ways to promote the World Health Report 2012 in their countries and sub-regions and in the region as a whole; and
3) participating in the Second Latin American Conference on Research and Innovation for Health, Global Forum on Health Research, and Second Symposium on Health Systems Research over the coming year, among other key forums focused on research for health being planned in the coming year.


* PAHO or Pan American Health Organization comprises the Member States and the Secretariat, also known as the Pan American Sanitary Bureau (PASB).