ADVISORY COMMITTEE ON HEALTH RESEARCH

REPORT TO THE DIRECTOR-GENERAL

on its fifty-first session

Held at WHO Headquarters, Geneva

16-18 March, 2009

CONTENTS AND AGENDA

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SUMMARY OF MAIN RECOMMENDATIONS

1. ACHR is pleased by the endorsement of the WHO strategy on research for health by the 124th Session of the Executive Board (January, 2009) and recommends that emphasis be placed on its effective implementation and development of key products (e.g. code for good scientific practice), which will require an optimal governance structure, management mechanisms, and adequate resources;

2. A similar recommendation is made following the successful Bamako Global Ministerial Forum on Research for Health - ACHR would like to see a coordinated effort to implement the Bamako Call to Action.

3. ACHR commends the work of the Guidelines Review Committee (GRC) and recommends that an in-house evaluation be performed on its work as a means of further strengthening its key role within WHO. ACHR also recommends that the GRC continue to develop stronger linkages with the regional offices of WHO in order to build capacity for guidelines development in the regions;

4. ACHR commends the excellent progress made by WHO's International Clinical Trials Registry Platform (ICTRP) and urges it to continue to work on encouraging the development of legislation around trial registration as a means of ensuring improved compliance with the registration process;

5. The Research Ethics Review Committee (ERC) should give emphasis to helping build capacity in ethics review in Member states, in collaboration with regional offices of WHO;

6. ACHR recommends that WHO continue to develop stronger working relations with the Cochrane Collaboration as a means of further facilitating the use of evidence in WHO's work, and improving the scope of the evidence base to better reflect health problems in low- and middle-income countries;

7. EVIPNet should continue to develop its business case, refine its strategy, promote more inter-regional collaboration, ensure the quality of its products, and balance an extension of its reach with a consolidation of the support it provides to existing partners, and;

8. ACHR would like to ensure that items on research agendas in the important areas of non-communicable diseases (NCD) and climate change, and other items of interest, such as better-informed decisions about public programmes, continue to be addressed at future meetings of the Committee;

9. A one day scientific symposium should be organized to commemorate the 50th Anniversary of ACHR in 2009 which will be followed by a joint Global ACHR-PAHO ACHR joint meeting.
Opening remarks were delivered by Professor Judith Whitworth, the Chair of ACHR, who welcomed Committee members and observers to the 51st meeting of the Committee. She emphasized that we are in the midst of exciting and pivotal times with the finalization of the WHO strategy on research for health. This augurs well for the future and promises a larger, more prominent role for research in health improvement. She pointed out that this is the first ACHR meeting after the Executive Board’s positive review of the WHO strategy on research for health in January, 2009. Effective implementation of the strategy is now the top priority. Dr Tim Evans, Assistant Director-General (ADG) for the Information, Evidence and Research cluster welcomed all participants and emphasized the importance of the meeting and looked forward to vigorous and useful discussions, especially on the implementation of the WHO research strategy.

Introductions were made by members and other participants (Annex 1) and the agenda for the meeting was adopted (Annex 2). Two new ACHR members, namely Silvina Ramos and Mohammed Hassar, were introduced.

The meeting agenda was adopted and Professors John Lavis (days 1 and 2) and Terry Dwyer (day 3) were appointed as Rapporteurs.

The report from the 50th Session of ACHR was adopted.

**Agenda Item 5 - Report on progress with main recommendations**

Dr Tikki Pang provided a report on progress in implementing the main recommendations from the 50th Session of the ACHR:

1. Bamako Global Ministerial Forum: the Forum was successfully held in November, 2008 and a more detailed report will be given in a subsequent agenda item;
2. Guidelines Review Committee: the GRC continues to make good progress and its role is gaining wider acceptance within the Organization. In addition to approving guidelines it is also involved in an advisory and educational capacity, e.g. in running help clinics.
3. International Clinical Trial Registry Platform (ICTRP): there is a significant increase in the number of users of the search portal, some new countries have recently launched national registers (e.g., Iran, Sri Lanka, Germany) or introduced trial registration legislation (e.g. Argentina), and there is good progress in establishing a regional register in Africa;
4. Code for good scientific practice: a small working group has been formed to take this work forward and a first draft will be prepared soon;
5. EVIPNet: this initiative continues to make excellent progress and will be covered in a subsequent agenda item but mention was made of recent success in mobilizing resources, improving visibility, expansion into more countries and how it has served to promote better inter-regional cooperation;

6. 50th Anniversary: planning is well advanced for this historic commemoration of ACHR's 50th anniversary including the preparation of a monograph on the history of research at WHO, with a focus on the ACHR, and the organization of a scientific symposium to mark the occasion;

7. World Research for Health Day: this item has been postponed for the moment given information received on the complexities of bureaucratic processes needed within the UN system to obtain such a designation. It will be revisited in the near future, perhaps in the context of agenda item 19 of the present meeting (WHR 2012);

8. World Health Report (WHR) 2012: there continues to be interest in this possibility and the issue will be raised at a meeting between the ACHR Chair and the Director-General;

9. Genomics: some progress has been made on this recommendation from a previous meeting and preliminary discussions are ongoing on developing a briefing paper on genomics and infectious diseases.

**Agenda Item 6 - Report back from Bamako Global Ministerial Forum on Research for Health**

On behalf of the six co-organizers, Stephen Matlin reviewed the preparations for and execution of the Bamako Global Ministerial Forum on Research for Health, as well as the Call to Action agreed at the Forum and the communiqué released at the Forum.

Committee members commented on a range of issues: 1) the importance of following up on the recommendation about allocating 2% of healthcare expenditures to essential national health research, although there was a recognition that not all countries had the research capacity to ensure that this investment represented good value for money-and that the real issue is adequate resourcing in given contexts, not necessarily just reaching a particular numerical target; 2) whether the language of 'research for health' begs a clarification about what is being included and what is not, although most committee members agreed that breadth is required in the definition and that this broader definition was now generally well accepted; 3) how the agenda now needs to turn to action even if the call to action includes many generalities; and 4) the importance of engaging civil society in follow-up actions.

An evaluation of the impact of 'ministerial summits' has been sought by the DG and is contained in the Call to Action from the Forum. ACHR should consider its input to this evaluation exercise.

**Agenda Item 7 - Guidelines for good scientific practice in WHO's work**

Davina Gbersi discussed the guidelines for good scientific practice in the context of the strategy on research for health and described how an internal working group has been focusing on developing a framework for these guidelines. She asked the
committee to consider whether the framework is ‘heading in the right direction.’ Committee members commented on a range of issues: 1) the need for cooperation and support within WHO’s regional structure in order to support good scientific practice; 2) the importance of adding both a provision for ‘whistle blowing’ that allows for anonymous reporting while putting in place appropriate safeguards and addressing the challenge of how long to keep data and documents; and 3) the importance of WHO developing and implementing the guidelines ‘in house’ as a precursor to its guidelines being fully embraced by all external groups. WHO secretariat staff indicated that there is likely to be more than one document produced, the first of which will be a WHO-focused document that focuses on both research conducted ‘in house’ and research that is commissioned by WHO.

Agenda Item 8 - Work of ACHR Sub-Committees

8.1. ACHR-SURE: Subcommittee on Better Use of Research Evidence in WHO - Guidelines Review Committee (GRC)

Sue Hill, ACHR-SURE Subcommittee Chair, introduced her comments by highlighting a recent external indicator of the Guideline Review Committee’s good work: the first ever designation of a WHO guideline as a fully evidence-based guideline by the National Guidelines Clearinghouse. She made three observations: 1) after one year of work at the HQ level (where the focus has been standards development and application), the Committee is now looking at expansion to regions, however, this will likely require dual standards during the transitional period; 2) the Committee is at risk of not having staff support if a permanent hire is not made soon; and 3) the Committee will require further methodological developments to support guidance in the area of public health and/or the area of policy (e.g., how to incorporate insights from country case studies).

Faith McLellan, lead staff person for the GRC, who was recently seconded from The Lancet, introduced her team and noted: 1) the generally low quality of the submitted guidelines; 2) the frequency of conflicts of interest; and 3) the recent introduction of a ‘help clinic’ to support WHO staff involved in developing guidelines.

Committee members made the following observations: 1) they are starting to witness more media coverage of policy development processes that were not informed by the best available research evidence; and 2) an in-house evaluation of the Committee’s structure, processes, and impact at the two-year mark would be welcomed and the Committee would be prepared to provide input to the terms of reference for such an evaluation. Regional ACHR chairs welcomed engagement with the Subcommittee, particularly given that there can be little excuse for occurrences such as the emergency of contradictory guidance at the global and regional levels in the absence of context-specific arguments for these differences.

Sue Hill and Faith McLellan clarified that they are not aware of any delays in publication that can be attributed to the Committee’s turn-around time. However, they are aware of cases of groups revising their processes as a result of input received (and these revisions can result in a delay in moving forward). They also clarified that the Committee has not been engaged in priority setting per se but rather in asking questions about priorities as a precursor to departments considering whether a
guidance document is needed in light of the others that are currently available (e.g., many departments were found to have been producing guidance on infection control).

8.2. International Clinical Trial Registry Platform

Davina Ghersi described continued progress with the registry platform, noting in particular: 1) the large increase in the numbers of visitors to the website and the plan to complete the translation of the platform into all official languages of WHO by the time of the World Health Assembly; 2) the efforts to establish a strategic plan for the implementation of registries in Latin America, with Argentina being a recent example of a country that introduced legislation on the issue; 3) the recent contact from many countries in the Western Pacific that are interested in introducing/establishing national registries, one of which hopes to use it to monitor progress in ensuring that all research is subjected to ethics review; 4) the recent efforts to expand the reach of the registry platform and the trials captured by the registry platform to cover children, not just adults; and 5) the recent initiatives in Africa that appear to be building enthusiasm for trial registries in that region, with discussions focused on developing a regional register which will serve the needs of multiple countries.

Committee members commented on gaps in trials and/or trial registries in particular jurisdictions (e.g., eastern Europe) and for particular groups (e.g., drugs for women of child-bearing age), the need to work towards a ‘one-stop shop’ built around registry platforms in order to enhance the efficiency with which research is reviewed and conducted, the need to link to parallel initiatives such as drug-surveillance systems, and the need for legislation on trial registries to be accompanied by follow-up about enforcement mechanisms.

8.3. Evidence and research in emergency situations

Jonathan Abrahams from WHO’s Health Action in Crisis cluster highlighted that WHO is the health lead for global emergency preparedness but that there is still significant room for improvement in how it does this. For example, there is a need to develop a community of practice and a knowledge gateway to support this work.

Altaf Musani, who is the EMRO Regional advisor in this domain and director of a WHO EMRO centre in Tunis that is focused on risk analysis and mapping and social mobilization related to humanitarian crises, reviewed the key messages from discussions and a recent meeting within his region. The key messages included the fragmented nature of current response mechanisms, the lack of supportive regulatory systems, and the need to learn lessons (and not just from Africa and not just based on the tsunami, hurricane Katrina, and war in Lebanon, but from many regions and for emerging threats to health, such as climate change and food insecurity). He pointed out that humanitarian crises stress the health system and there is a need for research and dissemination/translation in order to improve the programmatic response to such crises (and more generally the funding of such programs given that in the midst of a crisis most resources go to food and water and the health system is often under-resourced in relative terms).
Agenda item 9 - Update and follow-up on WHO strategy on research for health

9.1. Presentation of strategy to the Executive Board

Tikki Pang reviewed the key messages arising from the discussion during the 124th Session of the Executive Board in January, 2009: 1) the need for better coordination; 2) the need to focus on translation/use (and less on production of knowledge/research per se); 3) the need to promote health systems research, research about primary healthcare, and research about the social determinants of health; and 4) the hope that WHO will one day be seen as a model of good practice in the use of research evidence.

9.2. Implementation of the strategy

Tikki Pang reviewed: 1) the four implementation workshops held on four of the five goals of the strategy and a recent discussion within EMRO during the EMRO ACHR meeting; and 2) the action points arising from the workshops. For example, he highlighted three action points related to the Priorities goal: 1) undertake an inventory and mapping of priority-setting activities across WHO departments; 2) map funders and opportunities for dialogue; and 3) continue dissemination of priorities framework.

He then reviewed the two-phase plan for strategy implementation (2009-10 and 2011 onwards), preliminary findings from RPC department’s SWOT analysis related to the implementation phase, the importance of broad engagement within WHO and with relevant partners, and WHO’s potential to be a role model in supporting both research and research use.

Rob Terry reviewed: 1) the functions of coordinating mechanisms and the idea of a sustainable coordination mechanism at WHO, provisionally called the WHO research network (WReN); 2) models of coordination, with a particular focus on research collaboration networks (e.g., the recently established UK Clinical Research Collaboration); and 3) the potential staffing, resources and governance required for WReN.

Committee members noted the importance of: 1) ensuring adequate funding to make this possible (possibly by allocating a fraction of the overhead brought in through research programs, or for research capacity strengthening, to this function rather than taxing the programs directly); and 2) planning WReN from the bottom up and giving the research programs a voice in its development and functioning.

9.3. Implications for WHO’s research architecture and beyond

Tim Evans presented some ideas for how to achieve more functional collaborative arrangements for research, which in the short run (March through May 2009) involve engaging consultants to work with all partners to develop the pros and cons of options for collaboration reforms (including maintaining the status quo) and convening a stakeholder meeting to consider the consultant report on options and agree further work as necessary. He expressed the hope that an agreement on ‘best’ options for new collaborative arrangements with a timeline for their implementation be put in place between January and June 2010. The initial focus of this exercise would be the Geneva-based research organizations and initiatives.
Committee members participated in a spirited debate about how to improve coordination, noting in particular that: 1) the language of ‘global architecture’ elicits strong reactions and using language like ‘improved coordination’ is likely to promote more constructive dialogue; 2) a diagram showing a ‘straw person’ for what improved coordination could look like may seem more concrete and definitive than it is at such an early stage in the process; 3) there are many options for improved coordination (or at a minimum greater collaboration), all of them should be explored in terms of their pros and cons, and several of them may need to be pursued given how unlikely it is that a ‘single global solution’ would address all concerns and interests; 4) there is a clear need for better data and evidence to support priority-setting processes; and 5) the call for improved coordination is coming from many Member States (e.g., more than 60 Member States were signatories to the Bamako action statement that called for improved coordination), not just from donors.

9.4. Role of WHO collaborating centres

Matias Tuler reviewed key accomplishments with the Collaborating Centres (CC) in 2008 (e.g., a new policy was approved in July 2008, the first global workshop was convened for WHO CC focal points, the number of ‘pending’ centres was reduced, CC networks were strengthened, and intensive training has been provided and eCC has been launched). He also highlighted priorities for 2009: 1) aligning work plans with WHO programme’s needs; 2) keep reducing the number of ‘pending’ centres; and 3) supporting network activities.

Several Committee members described their perspectives on the centres from a national perspective, highlighting in particular how the portfolio of centres and decisions about their approval or discontinuation often don’t align with perceptions about the strongest centres in their country and/or these centres’ performance. Matias Tuler reminded Committee members that the portfolio of centres should reflect the best research institutions working with WHO, not the best research institutions in the world or in any single country. He also reminded Committee members that improving transparency in decision-making about approval or discontinuation is critical to the program’s performance and sustainability.

9.5. NCD research agenda (for information only)

No discussion. Committee members, however, expressed their continuing and strong interest in this agenda item and hoped for an update at the next meeting.

9.6. Climate change research agenda

Maria Neira, director of the Public Health and Environment department, provided a concise summary of the recent acceleration of research on climate change and WHO’s efforts (both alone and in partnership with others) to guide health-promoting decisions in other sectors. Committee members noted the significant recent developments in this field and the disproportionate impact on developing countries of the health impacts of global warming.
Agenda item 10 - Update from the Ethics Review Committee (ERC)

Abha Saxena provided an update on the Research Ethics Review Committee (ERC) of WHO, noting in particular: 1) usage statistics that demonstrate a very active ethics review function at WHO; 2) gaps in service delivery, including the need for website enhancements, database improvements, discussions with local ethics committees, and reviews of non-research activities that involve generating information from human participants; 3) challenges associated with ERC monitoring of research projects and strengthening local ethics committees; 4) engagement in normative functions within WHO, such as the development of guidance materials, harmonization of guidelines, and harmonization of ethics review across WHO (both across departments in HQ and across regional offices), and outside WHO, such as participation in the Ministerial Forum in Bamako and the development of norms and standards in research ethics more generally; and 5) resource constraints with only a limited budget available for activity support.

Committee members asked about: 1) whether there were synergies that could be capitalized upon, such as the pre-accreditation of national ERCs in order to avoid duplication at the global level and the prioritization of activities that are not being undertaken in the ‘parallel universe’ outside WHO; 2) whether more can be done at the level of country offices to support ethics review at the national level and whether more can be done at the regional and global level to support staff who participate in ERC functions; and 3) whether there is a need for a report about emerging issues in the field, including those issues that arise in partnerships, and/or about how to address reviews of non-research activities that involve generating information from human participants (e.g., sharing the ERC’s ‘decision tree’ to promote broader discussion).

Agenda Item 11 - Responsible vertical programming (COHRED)

Michael Devlin reviewed the effects of vertical programming and opportunities for a responsible programming approach, including the roles that can be played by countries and by donors/sponsors. He noted that, informally, the principles he introduced are being followed/acknowledged in the WHO strategy on research for health, the IGWG global strategy and plan of action, and the TDR 10-year vision and strategy. He asked whether ACHR would formally endorse ‘Responsible Vertical Programming’ (RVP) for WHO programmes and strategies and that RVP evidence be included as part of the WHO submission to the G20.

Judith Whitworth clarified that the Committee’s role is advisory and it does not formally endorse particular documents and reports. Committee members identified a number of principles that they actively supported, including the importance of countries taking responsibility for developing national research capacity and protecting the horizontality of their health systems, but several Committee members flagged their concern that the language of vertical versus horizontal programming is unhelpful.
Agenda Item 12 - Update on EVIPNET (Evidence-informed Policy Networks)

Luis Gabriel Cuervo reviewed: 1) EVIPNet’s growing influence (e.g., being featured in the Ministerial Forum in Bamako and in prominent journals; receiving strong and explicit endorsements from many groups; being recognized for the streamlining of technical cooperation and development of skills with immediate impact; and being credited with building sustainable capacities at the organizational, local and regional levels); 2) EVIPNet’s strategic alliances and synergies (e.g., SUPPORT, GHRI / IDRC / Research Matters, TDR, INCLEN, Cochrane Collaboration, International Association of Public Health Institutes, and WHO entities); 3) EVIPNet’s resources (while funding remains a challenge, there are now success stories and there is a commitment to blended funding approaches with significant ownership and investment from countries; regional capacities are being developed through a train-the-trainer approach; a skills-building strategy is being developed to allow country-specific tailoring of capacity-building strategies; and partners are bringing know-how and in-kind contributions; and regional centres of excellence are being engaged).

He highlighted five key messages: 1) EVIPNet is building momentum as a result of championing by ACHR, among others; 2) EVIPNet is perceived as an embodiment of the research strategy’s Translation goal; 3) EVIPNet is providing a rationale and focus for inter-regional collaboration within WHO; 4) EVIPNet is helping to organize and streamline technical cooperation; and 5) EVIPNet is now formalizing its strategy and developing a business case.

Ulysses Panisset provided additional examples of the high-level support being provided to EVIPNet and noted a number of areas of progress, including methodology and tool development. He also highlighted strategic areas/themes requiring further development in 2009, notably: 1) improving the participation of civil society in the process—with a meeting planned on this topic in 2009; 2) absorbing best practices and tacit knowledge; 3) organizing rapid-response mechanisms / decentralized clearinghouses; 4) reviewing existing standards, including standards on the ethics of research use in policymaking; and 5) supporting the training of trainers and providing online support for workshops.

Committee members made a number of observations: 1) EVIPNet is becoming the answer to a lot of questions on the ground and its ‘open source’ approach provides lessons for many other initiatives; 2) EVIPNet is currently active in three regions and soon will be active in four but are there prospects for engaging other countries/regions where there is significant demand for it?; 3) EVIPNet’s credibility hinges on the quality of its products so mechanisms need to be put in place to assure this; 4) EVIPNet’s efforts to develop methodologies to absorb best practices and tacit knowledge have the potential to have an important impact; and 5) EVIPNet’s activities have been well supported by the Alliance for Health Policy and Systems Research and continued efforts should be undertaken to ensure synergies with the Alliance’s other efforts to support evidence-to-policy initiatives.

Luis Gabriel Cuervo and Ulysses Panisset confirmed that EVIPNet, as a demand-driven initiative, is open to approaches from other countries/regions, and that EVIPNet, as an evidence-focused initiative, is committed to establishing and maintaining the quality of its products (while recognizing that these are primarily country-owned and country-driven outputs, not WHO-owned products).
Agenda Item 13 - Update from the Alliance for Health Policy & Systems Research (AHPSR)

Lindiwe Makubalo, Executive Director ad interim, highlighted: 1) the Alliance’s core functions (tracking the field, advocating for health policy and systems research, and mobilizing resources); 2) the addition of a fourth theme (pharmaceutical policy) to its three existing themes of health financing, human resources for health, and role of the non-state sector; 3) its efforts to leverage resources; 4) (under its knowledge generation objective), the nature of the research it has funded or recently issued calls for and its work on research priority-identification processes and knowledge synthesis; 5) (under its objectives related to supporting the application of health policy and systems research to policy), the Alliance’s support of initiatives like EVIPNet and the Asia Pacific Observatory; 6) (under its capacity-development objective) its support of a variety of pilot programs; 7) institutional developments such as Secretariat growth and change, efforts to strengthen French-speaking activities, progress in establishing a memorandum of understanding with WHO, and commitment to quality and innovation (which has resulted in increased donor interest and improved prospects for enhanced funding); and 8) challenges, such as the rapidly changing environment (e.g., WHO research strategy, IGWG), research architecture, and ongoing need to develop capacity for health policy and systems research in the South.

Committee members highlighted: 1) the importance of exploring collaborative opportunities with GAVI and the Global Fund and with efforts to establish a broader health systems research agenda; 2) the importance of mapping existing capacity to generate and support the application of health policy and systems research; and 3) the salience of the Alliance’s planned biennial review on the evaluation of system-level interventions. Alliance staff described its past working relationships with GAVI and the Global Fund and its current mapping effort focused on health policy analysis units, which is supported by the Rockefeller Foundation.

Agenda Item 14 - Dialogue with regional ACHR’s - Progress with cohesion and harmonization

SEARO: Professor Ganguly reviewed a number of strategic initiatives being led or supported by the SEARO ACHR, such as the development of a plan of action to address re-emerging infectious diseases. He emphasized that the SEARO ACHR is very committed to working collaboratively with the ACHRs in EMRO and WPRO given similarities in their contexts and in the challenges they face.

EMRO: Abdul Ghaffar (presenting on behalf of Professor Fathalla) highlighted a large number of activities undertaken or being undertaken in the Eastern Mediterranean region under the auspices of the EMRO ACHR: 1) passing a resolution about bridging the gap between researchers and policymakers; 2) developing a regional strategy on research for health; 3) establishing an electronic repository for grey literature produced in the region; 4) launching EVIPNet with senior policymakers and researchers from 14 countries on 28 January 2009; and 5) modifying its granting mechanism to require a dissemination element in every funded project. He emphasized that he is committed to working as a team with the other research focal points.
**WPRO:** Terry Dwyer described the challenges associated with the work of the WPRO ACHR, including a general lack of high-level buy-in from the senior leadership in WPRO and hence a lack of dedicated staff and resources. He indicated that the strategy on research for health provides a window of opportunity for renewed activities in the region.

**EURO:** Martin McKee prefaced his comments by pointing out that he had only just received an invitation to chair and renew the EURO ACHR and that, like in WPRO, there is only one research-focused staff person (Govin Permanand) with multiple competing demands on his time. He described the work plan he has co-developed with Govin, which includes raising the resources necessary to fund the activities and tackling high priority initiatives such as snapshot surveys of ethics review, trials registries, data access, etc. in Member States. He highlighted the importance of: 1) recognizing that his region has had a significant increase in ‘country splitting,’ with countries like the Soviet Union splitting into many constituent countries; 2) the need to strengthen linkages at the personal level (both staff and ACHR chair) and at the initiative level (e.g., EVIPNet and IARC); and 3) the importance of getting buy-in from regional office.

**AMRO/PAHO:** John Lavis also prefaced his comments by providing context for PAHO ACHR activities: 1) the ACHR has met three times in 18 months as the Committee was being renewed, the PAHO Director actively participates in ACHR meetings, the ACHR has a presentation slot at the annual Directors’ Council meeting, and PAHO is fortunate in having a small team of exceptional staff persons supporting research and research use in the office and the region; 2) the Committee is actively supporting the development of the PAHO research policy in a way that provides added value to the WHO strategy on research for health (e.g., same editor, common framework, regional specificity); 3) the Committee is introducing a sub-committee structure that mirrors the strategy (with one sub-committee per goal); and 4) the Committee has appreciated how PAHO staff have been able to identify instances of explicit statements about supporting research and research use in technical cooperation documents and in other documents that guide the organization’s activities.

John Lavis also described recent ACHR-sponsored activities using the research strategy framework, which include: 1) Organization goal – training managers and WHO representatives at the Annual Managers’ Meeting (with the focus being on how to find and use research evidence to support technical cooperation), reviewing PAHO guidance document using criteria described in WHO’s guidelines for guidelines, and supporting a well functioning ethics review committee; 2) Capacity goal – mapping national health research systems (in partnership with COHRED) and establishing linkages with local and regional networks, such as the IberoAmerican Cochrane Centre and LatinCLEN; 3) Priorities goal – identifying the take-home messages from the recent AHPSR-funded research on priority-setting in many Latin American countries; 4) Standards – nothing at this time; and 5) Translation – supporting EVIPNet and training policymakers to find and use research evidence efficiently.

Luis Gabriel Cuervo was asked to review PAHO’s approach to developing a regional version of the strategy on research for health. He summarized the challenges and lessons as follows: 1) it would have been better to have an approved global strategy before embarking on the development of a PAHO research policy; 2) the rules and
standards for policies are being put in place as the policy is developed, which has added to the workload; 3) the alignment to regional, sub-regional and national frameworks has been somewhat time-consuming but important for regional buy-in; and 4) policy development needs to be properly resourced and informed by consultations, and the latter needs to be aligned with sub-regional and ministerial meetings.

**General discussion:** Committee members focused on how to increase harmonization and coherence: 1) seeking out champions at the most senior level of regional offices; 2) undertaking periodic benchmarking initiatives to support the case for change in regions that are lagging behind; 3) identifying areas where strong evidence exists but no action has been taken, again to support the case for change in regions that are lagging behind; and 4) identifying opportunities for linkages to existing regional and global directives (e.g., Country Cooperation Strategies) and/or major research programs (e.g., TDR) to support particular activities. In response to a question about how regions can support one another, Luis Gabriel Cuervo pointed out that resources have been allocated to develop a Clinical Trial Primary Register for Africa that feeds into WHO's ICTRP and at the same time PAHO is working with its BIREME Center to develop a similar register for the Americas, and this opens an interesting opportunity of collaboration because the allocated resources for Africa could be used seeking an efficiently in expanding PAHO/BIREME's database to offer registration in English, French, Portuguese and Spanish serving both Africa and the Americas.

**Agenda item 15 - 50th Anniversary of ACHR and joint PAHO-global ACHR meeting (November 2009)**

Pierre Mansourian provided an overview of his progress in preparing a commemorative volume to celebrate the 50th anniversary of ACHR. Tikki Pang reviewed the idea for a one-day meeting to look back at the history and look forward to the future of research at WHO and beyond. Luis Gabriel Cuervo and John Lavis described their hope that the joint global / PAHO ACHR meeting agenda be built around the new strategy’s goals and include reports by the Secretariat against indicators of progress and reports by the regional focal points / ACHR chairs about their own progress in the corresponding domains (as a preliminary effort at benchmarking).

Committee members provided a range of feedback about the proposed meetings: 1) preparations for media coverage need to begin sooner than later (e.g., through an exhibition at the World Health Assembly, through preparation of a press kit, and through discussions about coverage by publications like The Lancet); 2) preparations for illustrious speakers and for the engagement of representing ‘innovating’ countries in the region (e.g., Argentina, Brazil, Cuba, Mexico) need to begin sooner than later as well; 3) decisions about the involvement of particular speakers should be informed by a recognition of the link between human rights and health, which may mean inviting representatives of civil society from the countries in which the speakers are located; 4) focus of the meeting should include successes but it should also include ‘failures,’ such as the lack of global coverage of many cost-effective interventions; 5) focus of the meeting might most profitably have a forward-looking orientation and perhaps focus on the relative contributions of local and universal knowledge; and 6) a local flavour should be added to the meeting to take advantage of the learning opportunities afforded by our locating the meetings in Latin America.
**Agenda Item 16 - Dual use of research**

Emmanuelle Tuerlings provided an overview of WHO’s efforts to protect life sciences research for health within a wider biosecurity context. She described WHO’s outreach activities related to this topic as well as the draft guidance that are currently being developed.

The Committee applauded the shift in emphasis within the presentation to a focus on advocacy over regulation.

**Agenda Item 17 - Enhanced cooperation with the Cochrane Collaboration**

Davina Ghersi explained that there has been extensive collaboration between WHO and the Cochrane Collaboration (CC) with over 100 identified interactions. However this has been on an ad hoc basis and WHO now seeks to make this more systematic and strategic by designating it as an NGO in official relations with WHO. There are six activities planned which will be conducted in the coming three years.

A Reproductive Health library of evidence has already been developed by WHO in collaboration with the CC. It is anticipated that there will be similar developments in other area such as nutrition. This is likely to help the CC as well, as their work on some of the very large areas such as this are progressing very slowly at present. It is hoped that the WHO interaction will also help the CC focus more strongly on issues of global health importance. WHO will also commission systematic reviews in relation to specific questions identified as important by the Organization.

The CC has the capacity to conduct training programs on the development and use of systematic reviews and WHO intends to use CC to run such training programs in relation to strategies designed for improving quality of care, particularly in low- and middle-income countries.

Another specific task will be to develop a register for clinical trials of medicines in children and to develop standards for clinical trials conducted on children in lower and middle income countries. The committee was generally positive about this agenda item, but a concern was expressed that an extra effort was needed to involve contributors from developing countries.

**Agenda Item 18 - A proposal for better-informed decisions about public programmes**

Tikki Pang outlined the salient points of a draft manuscript which has been prepared on this matter, led by Andy Oxman. Its key message is that public programs to address health and social problems are often very costly, but rarely supported by a systematic examination of the evidence or an evaluation of their impact. It urges governments to mandate that the best evidence be sought to underpin such programs. The need for this is as great in developing as in developed countries. Current perceived barriers include: lack of easily accessible evidence, lack of capacity to use it, and conflicts of interest. Examples of recent policies different governments have
developed that have lacked supporting evidence are provided – as are examples of initiatives by a number of countries to respond to this need.

This proposal requests that WHO develop a framework to be supported by the WHA followed by a program to enlist governments as signatories to an agreement that will require them to legislate for the purposes described above. There is a precedent, as WHO has been successful in enlisting governments as signatories to the Framework Convention on Tobacco Control. Over 160 governments have participated.

There was some support from Committee members for the proposal, but concern was raised that legislation of this kind might restrict governments from making rapid responses when needed. Reasons why government were not already doing this should be considered in the paper. There was also concern that the capacity for evaluation of policy initiatives was too poorly developed at present to provide the necessary underpinning for such a legislative framework. It was agreed to provide feedback along these lines to Andy Oxman.

**Agenda Item 19 - World Health Report 2012 and Meeting with the Director-General**

This agenda item featured a report back from the Chair of her meeting with the Director-General, Dr Margaret Chan where a draft proposal for a World Health Report (WHR) on research was presented to her. The DG was attracted to the idea of ‘research for health’ being a focus for a WHR - particularly if it addressed how research evidence might underpin cost-effectiveness of health systems.

The DG also explained that WHR’s are no longer produced on an annual basis, and are now produced on the basis of perceived need. The DG is positive about considering ‘research for health’ as a topic for a WHR in 2012 but there is no guarantee that it will be chosen ahead of other candidates. She will present the proposal to the next meeting of the Global Policy Group (DG, DDG, Regional Directors) in March, 2009. She mentioned that ACHR should consider producing a report on this topic even if it did not have the status of a WHR.

The idea that the report might have a cost savings emphasis received support from Committee members. An alternative proposal was that ACHR should suggest that all WHR’s have a research and evidence base component and that ACHR could assist with this.

The Chair also discussed the implementation of the WHO strategy on research for health with the DG. The DG indicated that she was not able to commit extra funds because of a significant, 30% reduction in her budget consequent on the global financial crisis. She re-iterated that evidence and research is one of her six priorities and she believes the Organization is making progress in the area as a result of initiatives from the ACHR.

Regrettably, the DG will not be able to attend the Panama meeting (see agenda item 21) but will present by video.
Agenda Item 20 - Workplan for 2009

The focus of the workplan for 2009 will be on implementation of the WHO strategy on research for health. This will include various activities related to the strategy, the 50th Anniversary commemoration symposium, a possible World Health Report, and the specific ongoing activities that ACHR has initiated in recent years – including the key activities around EVIPNet, clinical trials registration, guidelines and ethics review.

Agenda Item 21 - Date and place of next meeting

The 52nd Session of ACHR will be held in Panama City, Panama from November 12-14, 2009 and will be a joint meeting between the global ACHR and the AMRO/PAHO ACHR. The meeting will be preceded by a one day scientific symposium on November 11, 2009 to commemorate ACHR’s 50th Anniversary.

Agenda Item 22 - Any other business

None.

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ANNEX 1

ACHR51/09.2

ADVISORY COMMITTEE ON HEALTH RESEARCH

Fifty-first session

Geneva, 16-18 March 2009 (Salle B)

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Mr Robert Terry
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* Unable to attend.

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ADVISORY COMMITTEE ON HEALTH RESEARCH

Fifty-first session

Geneva, Salle B, 16-18 March 2009

PROGRAMME OF WORK

Monday, 16 March, 2009

08:30-09:00
1. Welcoming remarks from the Chair and DG and/or ADG/IER
2. Brief introduction of new members, members and participants
3. Adoption of the agenda & appointment of Rapporteur
4. Adoption of the Report from the 50th Session of ACHR, Oct 8-10, 2008
5. Report on progress with main recommendations (T. Pang)

09:00-10:30
7. Guidelines for good scientific practice in WHO’s work (D. Ghersi)

10:30-11:00 Coffee break

11:00-12:30
8. Work of ACHR Sub-Committees
   8.1 ACHR-SURE: Subcommittee on Better Use of Research Evidence in WHO-Guidelines Review Committee (GRC) (F. McLellan)
   8.2 International Clinical Trial Registry Platform (D. Ghersi)
   8.3 Evidence and research in emergency situations (U. Panisset, D. Ghersi)

1230-1400 Lunch
Monday, 16 March, 2009 (continued)

1400-1530

9. Update and follow-up on WHO strategy on research for health
   
   9.1 Presentation of strategy to the Executive Board (R. Terry)
   9.2 Implementation of the strategy (T. Pang)
   9.3 Implications for WHO's research architecture and beyond (T. Evans)

15:30-16:00 Coffee break

16:00-17:30

9. Update and follow-up on WHO strategy on research for health (continued)
   
   9.4 Role of WHO collaborating centres (M. Tuler)
   9.5 NCD research agenda (for information only)
   9.6 Climate change research agenda (M. Neira, R. Bertollini)

1800 Reception hosted by DG/ADG

Tuesday, 17 March, 2009

09:00-10:30

10. Update from the Ethics Review Committee (ERC) (A. Saxena)

11. Responsible vertical programming (COHRED)

10:30-11:00 Coffee

11:00-12:30

12. Update on EVIPNET (Evidence-informed Policy Networks) (J. Lavis, U. Panisset, RPC regional counterparts)

13. Update from the Alliance for Health Policy & Systems Research (L. Makubalo)

12:30-14:00 Lunch break

14:00-15:30

14. Dialogue with regional ACHR's - Progress with cohesion and harmonization (Regional ACHR Chairs, RPC counterparts)

15:30-16:00 Coffee
Tuesday, 17 March, 2009 (continued)

1600-1730

15. 50th Anniversary of ACHR and joint PAHO-global ACHR meeting (Nov, 2009)  
(P. Mansourian, T. Pang, L. Cuervo, J. Lavis)

16. Dual use of research (O. Cosivi, E. Tuerlings)

Wednesday, 18 March, 2009

0900-1030

17. Enhanced cooperation with the Cochrane Collaboration (D. Ghersi, T. Pang)

18. A proposal for better-informed decisions about public programmes (T. Pang)

19. World Health Report 2012 (T. Evans)

1030-1100 Coffee

1100-1230

20. Workplan for 2009

21. Date and place of next meeting

22. Any other business

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