

ADVISORY COMMITTEE ON HEALTH RESEARCH

REPORT TO THE DIRECTOR GENERAL on its fifty-third session

Held at WHO Headquarters, Geneva

3 - 5 May, 2010

CONTENT AND AGENDA

- Report of recommendations of the fifty-third session of the ACHR
- List of participants (Annex 1)
- Agenda (Annex 2)

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SUMMARY AND MAIN RECOMMENDATIONS

ACHR members commended WHO on the activities undertaken to implement the draft WHO strategy on research for health at HQ and within the Regional Offices including its influence and use within the WHO technical programmes.

ACHR members recognized a strengthening of the research culture within WHO, several examples of which were presented to the ACHR in this session including priority setting, knowledge translation and establishment of a cross-cutting collaborative group on research. ACHR welcomed the strong collaboration with the Global Strategy and Plan of Action (GSPA) on public health, innovation and intellectual property.

The ACHR wished to align its future work programme more directly with monitoring and evaluating the implementation of the WHO research for health strategy and established a number of sub-committees to assist in evaluation of research and health impact assessment.

The ACHR welcomed the assertion of the Director General that "research is the foundation of policy."

Specific recommendations included:

- 1. The ACHR agreed that a report card to monitor progress on implementation of the strategy would be of value, which should take account of all four of its goals. The ACHR further agreed to the establishment of a Working Group to explore how to take this forward, chaired by John Lavis and including Fred Binka, Martin McKee, and Silvina Ramos, with secretariat support from Luis-Gabriel Cuervo, Govin Permanand and Rob Terry.**
- 2. The ACHR endorsed the establishment of a Research Ethics Sub-Committee comprising Mahmoud Fathalla, Fred Binka, and Peter Ndumbe, with Abha Saxena as secretary. Initially this group will provide advice and guidance to the Secretariat during the revision of the Operational Guidelines for Ethics Committees That Review Biomedical Research.**
- 3. ACHR agreed that a sub-committee be established to explore further the development of a framework for "mandatory impact evaluation." The sub-committee would be chaired by Andy Oxman and include Martin McKee and Judith Whitworth, supported by Tikki Pang. Luis Gabriel Cuervo (PAHO) was nominated as secretary to the sub-committee.**
- 4. ACHR agreed that Tikki Pang would write to the regional advisers to seek nominations for new members, in the expectation that they would consult with the chairs of the regional ACHRs where these exist, but they should then employ a procedure for selection agreed within each region.**

53rd SESSION OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Geneva, Switzerland, 3-5 May 2010

Opening session

Judith Whitworth, Chair of the ACHR, welcomed members to the 53rd session of the ACHR.

Tim Evans, Assistant Director-General of Information, Evidence and Research, WHO, noted that the committee was meeting just before the WHA which will discuss the WHO draft strategy on research for health that had been displaced from the previous WHA agenda by the emergence of H1N1 influenza. The WHA will also discuss certain related issues including innovative financing of research and virus sharing. He highlighted a number of developments since the last meeting of the ACHR including the research agenda arising from the report of the Commission on Social Determinants of Health, new collaborations between research groups based in Geneva, and progress on the World Health Report 2012 (working title: *Better Research for Better Health*), where he noted good engagement by partners. He drew attention to aspects of the agenda of the current Canadian presidency of the G8 and in particular a proposal to establish 1,000 research chairs, mainly in Africa, as well as an important proposal for strengthening research on maternal and child health, arising from a recent meeting at NIH. He then moved to developments within WHO, highlighting the severe fiscal challenges ahead, reflecting a fall in extra-budgetary income and a major shift of funds from HQ to regional offices. In particular, he mentioned that it may not be possible to hold a second meeting of the Committee in 2010.

Agenda items 1-5 - Adoption of agenda and progress reports

ACHR members approved the agenda, the report from the 52nd session of ACHR, and Martin McKee as Rapporteur.

Tikki Pang highlighted progress on the main recommendations from the ACHR. There had been a focus on setting priorities for research. This had included:

- A review of mechanisms for priority setting in research
- A review of classifications of research systems
- Further work on translation of research into policy
- Development of guidelines for use in health systems research and health policy

He informed the ACHR that the next ministerial forum on health research was likely to be hosted by a country in the EM Region (EMRO).

Tikki Pang paid tribute to the remarkable contribution made by Tim Evans, who is leaving WHO to become Dean of the James P. Grant School of Public Health in Dhaka, Bangladesh. This tribute was endorsed by members of the ACHR.

ACHR members Professor Fred Binka, Professor Mahmoud Fathalla and Dr Ana Langer were asked to provide peer review comments on the document "Research and World Health Organization" prepared by Dr Pierre Mansourian with inputs from the Regional Offices.

Agenda item 6 - Update on implementation of the WHO Research for Health Strategy (WHA 63/22)

Rob Terry gave an update on implementation of the WHO research for health strategy. He set out the three principles of quality, impact and exclusiveness and the four goals:

- Capacity building
- Setting priorities
- Developing standards
- Translation of evidence into practice

The process of implementation involved four priorities:

- Roll out to Regional Offices
- Use by WHO Departments (with early progress in TB/HIV, H1N1 influenza, food-borne diseases, and radiation safety)
- Conducting an overview of research involving WHO
- Coordinating a monthly meeting of eight Geneva based research bodies¹

He described considerable progress, evidenced by the increasing number of references to the strategy in policy documents, the much better understanding of the \$215m research activities (mainly research synthesis) involving WHO, work on the development of systems to classify research, and early thinking on creation of a research portal.

Work so far had indicated the need to identify gaps in research, with an initial scan showing a marked mismatch between funding for disease groups and the burden of disease that they accounted for, with an apparently disproportionate expenditure on communicable diseases compared to non-communicable diseases and injuries (although the balance was partially redressed when the work of IARC was taken into account). It had also identified a number of key themes in priority setting (inclusiveness, preparation, context and values, use of a tool, ranking/ consensus, implementation, balancing global and national considerations, and transparency).

He then described the programme of joint work with the Public Health Innovation Group, which had led to, among others, progress on a Monitoring and Evaluation Framework, which was making progress despite technical challenges, ethics review (which had led to the production of a highly praised case book), and guidelines review, whose success was

¹ Informally designated the gr8 the collaborative group of Geneva based research entities consists of: Alliance HPSR, COHRED, GFHR, IVB, HRP, PHI, RPC and TDR.

illustrated by the increasing tendency for those involved in guidelines production to engage earlier, i.e. at the planning stage.

Members congratulated Rob Terry on the very considerable progress that had been made and raised a series of issues related to his report. In particular they welcomed the analysis of research expenditure in relation to disease burden and drew attention to the substantial increase in health research in low-income countries over the past decade. They emphasized that guidance arising from priority setting exercises should be informative but not prescriptive and should involve the users of research as well as researchers. They also explored the scope for WHO to support capacity building in-country and confirmed the importance of research being accessible.

In response, Rob Terry noted the challenges in priority setting, in particular the engagement of a wide range of stakeholders, as well as the considerable challenges in devising a framework for classifying research systems.

The ACHR then considered its role in supporting the implementation of the strategy, in view of the substantial reduction in funding announced by Tim Evans. The ACHR:

- Endorsed the greater use of virtual meetings, taking advantage of electronic communication
- Stressed the important role that could be played by regional ACHRs but noted with regret that three of the Regional Offices currently do not have an ACHR.

The ACHR agreed that a report card to monitor progress on implementation of the strategy would be of value, which should take account of all four of its goals. The ACHR further agreed to the establishment of a Working Group to explore how to take this forward, chaired by John Lavis and including Fred Binka, Martin McKee, and Silvina Ramos, with secretariat support from Luis Gabriel Cuervo, Govin Permanand and Rob Terry.

Agenda item 7.1 - Report on Global Strategy and Plan of Action; Agenda item 7.2 - The Health Impact Fund and agenda item 7.3 - UNITAID

Precious Matsoso updated the ACHR, describing how the process was linking closely with related initiatives including the Global Strategy and Plan of Action (GSPA) on Public Health, Innovation, and Intellectual Property. She identified as a key issue the need for securing sustainable funding mechanisms and recalled that WHA Resolution 61.21 had established an Expert Working Group to examine financing and co-ordination of research and development and to develop innovative sources of funding. Work so far has focused on:

- Mechanisms for monitoring and evaluation of public/private and product development initiatives;
- Understanding the incentive systems for R&D;
- Development of innovative funding sources.

A consultation with member states will take place on 13th May 2010, prior to being taken to the WHA.

Members welcomed the progress made but there was some caution expressed about the scope to (and wisdom of) co-ordinating research in too much detail lest this have the unintended consequence of stifling innovation.

There then followed presentations on two ideas that had emerged from the search for innovative funding models.

Thomas Pogge and Aidan Hollis presented a proposal for a **Health Impact Fund** as an alternative to the existing patent regime; as a voluntary scheme and to be pursued on a product-by-product basis. This envisaged the establishment of a fund – to be set up as an independent international agency with contributions primarily from governments – that would reward companies that develop drugs for neglected diseases where the potential health gain is large. It envisages that manufacturers would pool patents for products that would then be manufactured by others. The product would be sold at cost price and the patent holder would receive a share of a \$6 billion fund in proportion to the health gain achieved. It was believed that this would encourage pharmaceutical companies to market their products in ways that maximized health gain, such as through ensuring accurate leaflets, refrigeration, delivery systems, paediatric formulations, etc.

While ACHR members found the concept attractive in theory there was some concern regarding the number of unresolved practical issues. In particular they identified the problems in attributing health gain to particular products, given the limitations inherent in using RCTs for this purpose, determining the “cost” of drugs given the need to factor in the cost of acquiring intellectual property, and the difficulties in delivering products in weak health systems. In their response, the presenters recognized the existence of these problems and accepted that considerably more work needed to be done.

Chan Park then described the **UNITAID** Medicines Patent Pool initiative. UNITAID was established in 2006 to support existing efforts to treat HIV/AIDS, malaria, and TB. The Medicine Patent Pool initiative envisages patent holders voluntarily licensing their patents to a pool from which others could develop products, in return for which they would be compensated. It was seen as a means to facilitate development of fixed dose combinations and bring products to markets more quickly.

Again, members expressed some scepticism about how such a scheme would work; noting that drug pricing is not simply a function of R&D and manufacturing but also takes account of what the market will bear. They also noted an example of where the price of a drug initially used to treat a neglected tropical disease went up markedly after a new indication emerged.

At the conclusion of these presentations, Judith Whitworth, Chair of ACHR, thanked Precious Matsoso for her presentation and congratulated her on her recent appointment as Director General for Health in South Africa.

Agenda item 8 - Influenza research

Sylvie Briand (Global Influenza Programme-GIP) introduced the WHO Strategic Action Plan for Pandemic Influenza 2006-7 and provided examples of how research had made it possible to answer crucial questions such as whether countries need to stockpile masks, antibiotics, and antivirals. Each involved complex multidisciplinary inputs and a key consideration was how measures (such as school closures) should be adapted to different settings.

The work of the GIP was now focusing on capacity building. It has five streams: reducing risk of emergence of influenza, limiting its spread, minimizing its impact, optimizing treatment, and promoting the application of public health tools.

John Tam continued by setting out a programme to consolidate research and undertake road mapping. This involved identifying topics of global public health impact, especially those that fill a gap in public health decisions and support decision making. He differentiated issues arising in pandemic and inter-pandemic situations and highlighted a series of cross-cutting themes: surveillance, laboratory diagnosis, risk communication, and mathematical modelling.

Members wondered whether the threat of influenza might be used to argue for greater support for public health infrastructure. They asked about the potential for rapid response research and highlighted the limited global capacity to undertake sophisticated mathematical modelling.

In response, Drs Briand and Tam described the work being done to increase funding for research, with active involvement of donors to ensure ownership. They noted the importance of good relations between ministries affected by influenza and that these were improving in many countries. They also highlighted the role that research can play in developing public health capacity in many countries and stressed the importance of regional research because of the variation in causes of influenza-like syndrome.

Tikki Pang reported on a successful collaboration between GIP and the Guidelines Development Group that had made it possible to agree rapidly guidelines on the use of Tamiflu to treat severe clinical cases.

Judith Whitworth, Chair of the ACHR, congratulated the presenters on the high quality of documentation supplied to the ACHR.

Agenda item 9 - Global Burden of Foodborne Disease

Claudia Stein and Tanja Kuchenmüller presented a major project to quantify the global burden of foodborne illness, defined as “diseases commonly transmitted through food.” They dispelled several myths including that food security is more important than food safety and that food safety is a luxury for rich countries. They introduced the Foodborne Disease Burden Epidemiology Reference Group (FERG) and its innovative method of working (for WHO) involving a core group and thematic task forces.

Members confirmed the importance of the topic, especially in light of changing diets and methods of food preparation, and applauded the role of the presenters in co-ordinating a response. They particularly highlighted the importance of foodborne illness in children and

asked about the inclusion of allergies and additives. They emphasized the need to involve the Regional Offices fully and the particular importance of the topic for countries whose economies are dependent on tourism.

In response, the presenters noted the challenge of obtaining sustainable funding but also the inability to accept funding directly from the food industry, although they also noted the establishment of a blind fund by the World Bank that could contribute to overcoming this problem. (It is to be noted that, at the recent WHO Global Policy Group meeting in Johannesburg, the creation of an independently-managed and executed pool for private donations to WHO was endorsed.) They did, however, note that the food industry was collaborating by supplying data. They confirmed that food allergies are on their agenda but not at the top of their list of priorities. They also noted the technical challenge of attributing disease to chemical contaminants, given the variable time lags. Finally, they noted that regional advisers are engaged, but to varying degrees.

Judith Whitworth, Chair of the ACHR, congratulated the presenters on the high quality of their presentation, their engagement with the research strategy and EVIPNet, and their response.

Agenda item 10 - Non-communicable Disease

Shanti Mendis introduced the prioritized research agenda for prevention and control of non-communicable disease, tracing its development from 2008 and its discussion at Bamako. She spoke about the role of collaborating centres and work with international partners to support LMICs. She identified certain cross-cutting domains: social determinants; health systems and primary care; diet, physical activity and obesity; tobacco control; genetics of NCDs; and cost-effectiveness of interventions. She also identified four major disease categories: cardiovascular disease, cancer, diabetes, and chronic respiratory disease. The next steps were to expand the agenda this year, with a final consultation in October 2010.

Members expressed concern about the large number of priorities, given limited resources, and stressed the importance of community-based participatory research, the role of primary care in case detection, and the translation of research into policy. Some asked about the balance between new research and implementation of what is already known and others about how to deal with conflicting messages on risk factors.

Dr Mendis responded by accepting the need to prioritize topics and confirmed the importance of community participation, primary care, and getting research into policy.

Agenda item 11 - Sleep disorders

Dr Hideo Shinozaki described the importance of sleep disorders. These are common, affecting 20-40% of adults, and set out the evidence linking these disorders with a range of physical and mental disorders. He argued that WHO should promote epidemiological research on sleep, encourage professional engagement, and encourage public awareness.

Members agreed on the importance of the issue and provided many personal examples of the consequences of sleep deprivation.

Judith Whitworth, Chair of the ACHR, later reported that she had received a written report of subsequent meetings between Dr Shinozaki and the technical departments in WHO. The report endorsed the importance of sleep disorders for mental health and highlighted the need for research on low-cost diagnostic and therapeutic tools for use in LMICs.

Additional item - Update from regions

The regional advisers and chairs of regional ACHRs present were invited to report on developments in their regions.

PAHO: Progress was being made in many areas but the work on electronic support for registration of clinical trials was emphasized, including plans to facilitate this process in Spanish.

AFRO: The highlight was establishment of the African Health Observatory and engagement by countries with EVIPNet.

EURO: Despite the continued delays to appoint a ACHR, progress was being made in a number of areas linked mainly to knowledge translation (BRIDGE, Health research for Europe, and EUSANH projects), capacity building, policy briefs (led by HEN), policy dialogues (linked to EU Presidencies), and work by the European Observatory on Health Systems and Policies.

EMRO: A Regional Framework for Research for Health is being developed, the contribution of Collaborating centres is being reviewed, the planned April meeting of the ACHR and accompanying regional consultation on the WHR 2012 were postponed due to the volcanic ash cloud having prevented members from travelling, and EMRO will facilitate the selection of one of their Member States to host next Ministerial Forum on Research for Health.

WPRO: Although presently lacking an ACHR, the office is mapping research priorities in preparation for a regional research strategy and is working with HQ and other agencies to establish an ethics review committee. Substantial progress is being made with the Asia Pacific Observatory.

SEARO: The ACHR received no information.

Agenda item 12 - A framework for mandatory impact evaluation

Andy Oxman introduced a proposal for mandatory impact evaluation, as set out previously in a Lancet paper. He described the benefits, such as ensuring that research is used and decisions are based on evidence, but also the risks, such as increased bureaucracy and litigation. He proposed that the ACHR could assist WHO to develop a framework to move forward on this issue through the establishment of a sub-committee that might prepare or commission a review of evidence, discuss the concept with stakeholders, and report back to the ACHR.

Members emphasized the need to be aware of the actions of those with vested interests, highlighting in particular the activities of the tobacco industry in manipulating guidance for impact evaluation. They raised questions about funding sources for this activity but also asked for case studies that would demonstrate why impact evaluation was beneficial to governments. They also questioned whether binding legislation was either possible or desirable and suggested a step by step approach. Several members highlighted the importance on transparency and public access.

The ACHR voiced support for the general approach, and especially for it to be done on a step-by-step basis, but stressed the need to involve research organizations, such as universities, in the process and to establish forums for public discussion of evaluations in countries. However they also emphasized problems to be overcome, including the role of lobby groups, tort² legislation and inadequate routine information systems. It was proposed that WHO should give a lead, exemplified by work being undertaken by PAHO to demonstrate the impact of research funding on national competitiveness.

In response Andy Oxman thanked members for helping to refine the issues. He noted the importance of dealing with vested interests, of ensuring transparency, and of making the process sustainable.

ACHR agreed that a sub-committee be established to explore further the development of a framework for "mandatory impact evaluation." The sub-committee would be chaired by Andy Oxman and include Martin McKee and Judith Whitworth, supported by Tikki Pang. Luis Gabriel Cuervo (PAHO) was nominated as secretary to the sub-committee.

Agenda item 13 - Operational guidelines for research ethics committees

Abha Saxena introduced the work that had been undertaken, going back to 2000, to support research ethics committees and asked whether it would be helpful for WHO to issue standards for ethics committees.

Members explored the separation of scientific and ethical components of research given that methodologically poor research is inherently unethical. They noted the inadequate funding for ethics committees in many countries, the challenge of getting sufficient scientific input, the need for training for committee members, and the resulting delays to important research. The unclear boundary between social research (increasingly subject to review) and opinion polling (not subject to review) was noted. Members also identified specific problems in certain countries. These included the absence of legislation on registration of clinical trials and the problem of achieving independent committees in autocracies. The enormous burden falling on some countries was noted. One member from a middle income country questioned whether a proposal that had already been considered in detail and approved by an ethics committee of known high quality in another country need be considered in detail in all other

² Legal action in certain countries by groups of individuals seeking to prove negligence or medical malpractice in an organization caused them harm and subsequently suing that organization for compensation.

countries, instead suggesting that it could simply be noted. In the same light, the need to avoid duplication within countries was noted. A clear message from the members was that there was considerable evidence of “mission creep” as research ethics committees extended their reach. Instead, there was agreement that they should clarify what they should *not* be doing, as the opportunity cost of unnecessary work is enormous. In this regard, one member highlighted that ‘ethics is a culture’ and needs to be inculcated (learned) from the outset; for in many contexts it is difficult to ‘teach’ later on.

The ACHR endorsed the establishment of a Research Ethics Sub-Committee comprising Mahmoud Fathalla, Fred Binka, and Peter Ndumbe, with Abha Saxena as secretary. Initially this group will provide advice and guidance to the Secretariat during the revision of the Operational Guidelines for Ethics Committees That Review Biomedical Research.

Agenda item 14 - First Symposium on Global Health Systems Research

Tim Evans presented an overview of the Symposium, noting the very high level of interest already shown through the submission of very large numbers of abstracts, more than 1,000. He described how the focus of the Symposium would be on universal health coverage and mentioned the Norwegian initiative on an ‘implementation platform for research’ which would be launched at the Symposium.

Tony Mbewu, Executive Director of the Global Forum on Health Research congratulated Tim Evans on the progress that had been made and commended the content and format.

Members emphasized the need for guidance on health systems research and expressed concern about the limited support for it in many universities. They also noted the importance of including a human rights dimension and addressing the challenge of building capacity in countries where there is little or none at present. The challenge of translating research into policy was again highlighted, posing a challenge for researchers and policy makers. Members expressed the hope that this would be the first of a series of such symposia.

Tim Evans noted the comments and reported that he was seeking a speaker who could highlight human rights issues.

Agenda item 15 - The World Health Report 2012

Tikki Pang set out the thinking that had taken place since the ACHR meeting in Panama on the format of the WHR 2012. He acknowledged the fruitful discussion that had taken place at the previous ACHR meeting and, after reviewing 26 previous reports on health research, noted that this would be different, asking not “how to help research” but “how research helps”. He stressed the power of anecdote and that the WHR would reverse the usual model of having analysis in text and examples in boxes. He proposed five chapters: What’s happening now; those who do research; those who use research; those who benefit from research; and what needs to be done in the future. Finally, he highlighted the need to conduct regional consultations by the end of 2010.

Members responded enthusiastically to the presentation, congratulating Tikki Pang on the progress made since Panama and endorsing the overall approach proposed. They agreed on the importance of innovative strategies for communication in multiple media.

There was a consensus that the primary audience for WHR 2012 should be the general public, who include and in turn would influence policy makers. It should be especially relevant to those working on the front line in health systems and show have an emphasis on LMICs.

Members welcomed the decision to engage with the DG's communications team from the outset and the engagement of a health journalist. Suggestions included publication of the report as a paperback book that would fit into a pocket (for which there could be a large market – reference was made to the Bundled Report), linkage with video presentation (although certain drawbacks were noted if using YouTube), and publication in languages other than the official WHO ones (noting that this posed certain problems for WHO but the ACHR expressed the strong view that these be overcome). Other suggestions included having pictures of people on the cover and possible partnership with a publisher to ensure maximum distribution and as a possible source of funding.

There was discussion about the proposed structure and one alternative envisaged a focus on the economic benefits of research, with six chapters: How research saves money (with subsequent chapters illustrating this theme); Drugs, vaccines and technology; Informing decisions and policy makers; Empowering people (e.g. family planning); Who is doing research and where is it being done?; How to maximize the return in investment in research. However, other members supported the initial outline, although it was also suggested that this be supplemented with a section setting out “what is research” as this is often misunderstood as being confined to activities undertaken in laboratories. It was agreed that, throughout the report, there should be an emphasis on demystifying research.

Members also proposed inclusion of a human rights perspective, although it was also noted that this may create problems for WHO’s legal department. Again it was hoped that these could be overcome.

Members identified a number of specific topics that might be included in the report:

- Development of methods for safe abortion (also noting the failure of politicians to promote them);
- Progress with polio eradication (in particular the development of a vaccine);
- Lithium for depression;
- Discovery of *Helicobacter pylori*, its association with gastric cancer and subsequent eradication therapy;
- Analgesic nephropathy (in which incomplete research initially led to poor policy formulation having no public health effect, but when robust evidence was undertaken subsequent policy was effective);
- Chlorpromazine for major psychoses;
- Research on skill-mix in management of NCDs;
- Health systems research on Rapid Assessment Protocol for Insulin Access (RAPIA project);

- Biological and engineering methods to control schistosomiasis;
- Research from the Avoidable Mortality in the EU project (AMIEHS) on quantifying impact of health care on population health;
- Doll & Hill's research harmful effects of smoking;
- The Green Revolution in agriculture;
- Evidence from Brazil on return on investment in health research;
- Research from Guatemala on nutrition interventions;
- Innovative uses of mobile phones in LMICs.

Tikki Pang thanked the ACHR for their many practical examples and responded on five points.

- Structure: This will be reconsidered in the light of the comments, which did not produce a consensus;
- Target audience: There was a clear consensus that the primary target is the general public, and through them policy makers, who are themselves members of the public;
- Presentation: The idea of having pictures of people on the cover is a good one. The communication strategy is being addressed already, with engagement of a health journalist;
- Evaluation: There should be a post-report evaluation;
- Resources: While noting the current financial difficulties in WHO it was noted that the WHR 2012 is a high priority for the DG.

Agenda item 16 - Global Health Observatory

Ties Boerma presented the work that had taken place to establish a Global Health Observatory, describing in particular the complex task of bringing data together in comparable formats, making data accessible, developing standards for estimates used in situations where data are missing, and procedures for data sharing. In discussion it was clarified that the Observatory has limited resources and, while recognizing the great needs for countries to develop information systems, is constrained in what it can do to help in the present financial climate beyond establishing norms and guidelines.

Members congratulated Dr Boerma on the vision he had set out and the progress made so far. There was a lengthy discussion on the limitations of existing estimates which, while essential when data are missing, should be prepared in as transparent a manner as possible and should take full account of specific country contexts when interpreting data that are being fed into the models. They highlighted the problem of inconsistency of data, even where standards, such as ICD, exist, necessitating the provision of metadata to assist in interpretation of national information. They also drew attention to the information that can be obtained from censuses. The challenges of working with ICD in international comparisons were noted (very large data files, variation in coding rules) but no solutions were identified (it was noted that an alpha version of ICD-11 would soon be released for web-based consultation). Members noted the importance of strong links between the GHO and regional and national

observatories. Finally, members expressed concern about the frequent reluctance of NGOs to share data they had collected.

In response Dr Boerma confirmed the intention to work with national and regional observatories. He noted the importance of making data available in a more timely manner, although that was mainly an issue for national governments to address. He expressed an intention to make data interfaces user-friendly and confirmed the objective of making more use of censuses.

A brief discussion followed on how the Global Health Observatory might support impact assessment. This identified the importance of timely and accurate data, available for single years (rather than interpolated between survey rounds), as well as improved methods of attribution.

Judith Whitworth, Chair of the ACHR, congratulated Dr Boerma on the high quality of the work that had been presented.

Agenda item 17 - Evidence Informed Policy Network

Ulysses Panisset and John Lavis updated the ACHR on the work of EVIPNet and the development of the SUPPORT tools, a major methodological innovation in translating research into policy. They described an extensive body of work in developing and implementing training for policy makers, policy advisors, and researchers and gave concrete examples of the uptake of this work, especially in Africa Latin America and the Caribbean.

Members congratulated Ulysses and John and contributors to EVIPNet in the Secretariat and Regional offices on their achievements and expressed appreciation for the quality and relevance of their work. They encouraged them to take their work beyond capital cities, recognizing the need for evidence-based practice at all levels in a health system, and explored the challenges of engaging with civil society. There was agreement on the need to develop research-aware policy-makers, something being addressed by the provision of 1.5 hour sessions aimed at ministers and other senior staff and setting out the value of research-aware staff throughout organizations. The potential for cognitive research to understand how policy makers use evidence was discussed, and it was further mentioned that technical programs and clusters in WHO and its regional offices are becoming increasingly interested in linking their work to EVIPNet; and on enhancing and aligning their skills to work at par with EVIPNet teams. Members again stressed the need to work with regional observatories and expressed their gratitude to those agencies acknowledging the importance of this work and providing direct support, most notably the IDRC, Health Canada and the Spanish Agency for International Cooperation and Development AECID. They concluded by noting the power of EVIPNet to strengthen national health research systems.

Agenda item 18 - Future role of the ACHR

It was noted that funds would not permit the customary second face to face meeting in 2010. However it was proposed that a virtual meeting would be held in November, based on papers circulated in October. The precise details will follow.

A discussion ensued on the format of the current meeting. The inclusion of presentations by groups, such as influenza and food safety, was appreciated as it demonstrated the extent to which a research culture was now being embedded in WHO. However, members also suggested that there may be greater coherence by aligning the agenda more closely to the WHO research for health strategy, as happened in Panama, albeit recognizing that many of the issues discussed mapped easily onto one or other of the goals. This would have the advantage of enabling the ACHR to more closely track progress on the WHO research strategy. For example, impact and ethics align with standards, while work on a report card aligns with strategy. However it was also noted that some issues, such as clinical trials registries, are cross-cutting.

Rob Terry described how he has been part of a consultation group asked to assist UNICEF develop its research strategy, noting in particular their interest in the role of a high-level advisory group, such as the ACHR and system of WHO Collaborating Centres.

Agenda item 19 - Workplan for 2010

Work by ACHR members will proceed in three sub-committees as follows:

- Ethics, chaired by Mahmoud Fathalla;
- Report cards, chaired by John Lavis;
- Health Impact evaluation, chaired by Andy Oxman.

Agenda item 20 - Membership of ACHR

Judith Whitworth, chair of the ACHR, thanked the four members standing down at the completion of their term of office for their invaluable contributions to the work of the ACHR. They are: Ana Langer, Hossein Malek Afzali, Jean-Paul Moatti, and Andy Oxman.

A discussion ensued as to the process of appointing new members, with agreement that there should be a gender, regional, disciplinary and language balance on the ACHR.

ACHR agreed that Tikki Pang would write to the regional advisers to seek nominations for new members, in the expectation that they would consult with the chairs of the regional ACHRs where these exist, but they should then employ a procedure for selection agreed within each region.

Agenda item 21 - Date and place of next meeting

As already noted, the next meeting will be virtual, in November 2010. The 2011 meeting will take place in Geneva, probably in June as a May meeting is difficult because of its proximity to the WHA. Several members, while recognizing the financial constraints, suggested

exploring the possibility of holding a second meeting that would be combined with one of the regional ACHRs, building on the successful experience at Panama. No decision was reached.

Agenda item 22 - Any other business

Judith Whitworth, chair of the ACHR, set out a proposed agenda for her forthcoming meeting with the DG. It was agreed that this would include:

- Implementation of the WHO strategy on research for health, and its links to the GSPA;
- The strengthening of the research culture within WHO, several examples of which had been presented to the ACHR in this session;
- The WHR 2012, emphasizing the key role that the ACHR can play in its development;
- The importance of disseminating and acting on a one line message - “Research is the foundation of policy”;
- The work on impact evaluation.

Judith Whitworth thanked the staff for their excellent work in preparing for the meeting. In return, Tikki Pang, while adding his congratulations to the staff, thanked Judith Whitworth for her work in chairing the committee and the members for their participation, mentioning in particular those members who are standing down at this meeting.

The meeting then closed.

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**World Health
Organization**

ACHR53/10.2

ADVISORY COMMITTEE ON HEALTH RESEARCH

Fifty-third session

Geneva, Salle B, 3 - 5 May 2010

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ACHR53/10.1/Rev.1

ADVISORY COMMITTEE ON HEALTH RESEARCH

Fifty-third session

Geneva, Salle B, 3 - 5 May 2010

PROGRAMME OF WORK

Monday, 3 May 2010

08:30-09:15

1. Welcoming remarks from the Chair and 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 52nd Session of ACHR, Nov 12-14, 2009
5. Report on progress with main recommendations (**T. Pang**)

09:15-10:30

6. Update on implementation of the WHO research for health strategy (WHA63/22). (**R. Terry**) -
6.2 - A checklist for health research priority setting

10:30-11:00 Coffee break

11:00-12:30

7. Update: Global Strategy and plan of Action with specific reference to the Expert Working Group on R&D Coordination and Financing (**P. Matsoso**); with short presentations on
7.2 The Health Impact Fund (**T. Pogge/A. Hollis**) and
7.3 UNITAID (**Chan Park**)

12:30-14:00 Lunch

14:00-14:45

8. Influenza: developments in the public health research agenda for influenza (**J. Tam/S. Briand**)

Monday, 3 May 2010 (continued)

14:45-15:30

9. WHO initiative to Estimate the Global Burden of Foodborne Diseases - developing the research agenda (**C. Stein/T. Kuchenmüller**)

15:30-16:00 Coffee break

16:00-17:30

10. Non-communicable disease: developing a global research agenda (**S. Mendis**)

11. Sleep deprivation and health (**H. Shinozaki**)

18:00 Reception hosted by DG/ADG - WHO Restaurant

Tuesday, 4 May 2010

09:00-09:45

12. A framework for mandatory impact evaluation to ensure well informed public policy decisions (**A. Oxman**)

09:45-10:30

13. Operational guidelines for research ethics committees: discussion of work undertaken to produce new guidance in this area. (**A. Saxena/N. Kass**)

10:30-11:00 Coffee

11:00-11:30

14. First Global Symposium on Health Systems Research. ACHR are asked to comment on:
1) the scope of the meeting; 2) the outputs of the meeting; 3) the best way of seeking inputs from the 1,200 participants during the Symposium.
(**S. Tang/T. Evans**)

11:30-12:30

15. World Health Report 2012 - Research for better health: update on progress and ideas for case studies/topics (**T. Pang**).

12:30-14:00 Lunch break

Tuesday, 4 May 2010 (continued)

14:00-15:30

16. Global Health Observatory (**T. Boerma**)

15:30-16:00 Coffee

16:00-17:00

17. Evidence Informed Policy Network (**U. Panisset**)

Wednesday, 5 May 2010

09:00-10:30

18. Future role of ACHR including a review of the issues raised in the report of 52nd meeting
(**T. Pang**)

19. Workplan for 2009

10:30-11:00 Coffee

11:00-12:30

20. ACHR membership

21. Date and place of next meeting

22. Any other business

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Update items provided as information documents

- a) A History of ACHR and research at WHO - discussion of publication commissioned by ACHR in 2008 and now ready for publication.
- b) Progress report: International Clinical Trial Registry Platform (ICTRP).
- c) Progress report: WHO Guidelines Review Committee (GRC).
- d) An overview of research classification systems.
- e) Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies.
- f) Staff development funds allocation.