

*Commemorating 50 years of the Advisory  
Committee on Health Research*

## 43<sup>rd</sup>. Meeting of the Advisory Committee on Health Research

Pan American Health Organization

## 52<sup>nd</sup>. Session of the Global Advisory Committee on Health Research

World Health Organization

## Report to the Director

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



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**52<sup>ND</sup> SESSION OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)  
OF THE WORLD HEALTH ORGANIZATION  
AND  
43<sup>RD</sup> MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH  
OF THE PAN AMERICAN HEALTH ORGANIZATION (CAIS)**

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**Panama City, Panama, 11 – 14 November 2009**

**Report to the Director**

**ACHR Secretariat  
Research Promotion and Development  
Public Policies & Research for Health  
Area of Health Systems Based on Primary Health Care  
AD/HSS/RF  
Pan American Health Organization  
Washington, D.C.  
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## **Introduction**

To commemorate the first 50 years of the Advisory Committees on Health Research, the Pan American Sanitary Bureau and the World Health Organization organized a joint session of the Advisory Committee on Health Research (ACHR) of the World Health Organization (WHO; 52<sup>nd</sup> session) and the ACHR of the Pan American Health Organization, hereafter referred to as CAIS, its Spanish acronym (PAHO/AMRO; 43<sup>rd</sup> meeting). This meeting was the first for these Committees following the approval of PAHO/AMRO's Research for Health Policy by the Governing Bodies – the first regional policy aligned with the Research Strategy the WHO's 124<sup>th</sup> Executive Board submitted to the 63<sup>rd</sup> World Health Assembly. Hence, this meeting constituted an excellent opportunity to discuss issues relevant to the concordance between these documents, and the strategies and action plans needed to progress from policy to specific outputs. The meeting also offered an opportunity to examine relationships and interactions between global, regional and national developments.

The structure of this meeting was action oriented and geared towards obtaining guidance for the implementation of the proposed WHO Strategy on Research for Health (hereafter 'the Research Strategy'), and at the Regional level, of PAHO's Policy on Research for Health (Hereafter "PAHO Research Policy). The meeting also sought even closer harmonized collaboration between the regions and headquarters.

Work sessions were organized following the WHO Research Strategy Goals. Each session consisted of a short presentation followed by ample time for discussion. The presentations were the result of close collaboration between staff at the WHO Headquarters and Regional Offices, especially PAHO/AMRO. A list of topics organized according to the Strategy and Policy goals were identified for each session. Business owners provided Summary of Activity reports in tabular forms and these were grouped according to the WHO Research Strategy goals. The reports were analyzed by selected members of the ACHR and CAIS who then presented the key issues in two or three slides. This was followed by discussion moderated by a leader previously appointed by the ACHR and CAIS Chairs. The presentations in each session lasted 10-15 minutes and discussions lasted 60-90 minutes. The summing up session was used to discuss and propose future steps. A team of rapporteurs (Dr. John Lavis, Dr. Norka Ruiz Bravo, and Mrs. Eleana Villanueva) summarized the discussion and preliminary recommendations for the group. The recommendations were presented to the plenary and the Regional Director, Dr. Mirta Roses Periago, before being approved.

Committee members were all asked to consider the following questions for the discussions: what opportunities are we (WHO/PAHO) missing; who are the key strategic partners to begin working with, keeping focus; what are the additional barriers to implementing this goal (referring to each of the five goals listed in the agenda) at the global/regional/country level; How can we overcome these barriers; how will we provide for periodic assessment, course correction and new ideas; how can WHO and/or PAHO/AMRO be more helpful?

The novel format was well received and it was highlighted that it allowed guided discussions addressing key issues, provided sufficient time for rich discussions and inclusive participation, promoted the integration of the two committees, and offered an excellent way of

aligning the topics with the WHO Research Strategy and PAHO's Research Policy whilst accommodating for the needs and opportunities arising from the joint Global and Regional ACHR meeting.

The recommendations made by the Committees provide a guide for the implementation of PAHO's Policy on Research for Health, the mainstreaming of research throughout the Organization, and the development of an operational plan that includes making research a cross cutting issue. The Committee congratulated PAHO for its work in the Region and issued specific recommendations that constitute benchmarks for the next meeting of the CAIS.

The main objectives of this meeting were to:

- Obtain ACHR/CAIS recommendations for a strategic approach to implement WHO's Research Strategy and PAHO's Research Policy.
- Give the ACHR/CAIS an update on: existing research-related initiatives and on technical cooperation projects and initiatives; developments between global and regional ACHRs and related offices; and harmonization, coordination, and collaboration efforts.
- Commemorate the first 50 years of the ACHR system taking stock of contributions made at the Committees in headquarters and the regional offices.

The overall expectation was to get recommendations from WHO's ACHR for the Director General and recommendations from the PAHO/AMRO Regional ACHR discussed and accepted by the Director. More specific expected results included obtaining:

- Recommendations for the development of regional strategies and action plans relevant to the goals of WHO's Research Strategy (priorities, capacity, standards, knowledge translation, organization) and the implementation of PAHO's concordant Research Policy. Evidence of stronger collaboration and coordination among regions and between each region and WHO-HQ, such as demonstrable progress on existing joint initiatives and recommendations for new ones.
- Recommendation for alignment of Global and Regional ACHR meetings with WHO's Strategy goals.
- Improved understanding of research development in Panama and establishment of a dialogue with the local health and research authorities about the challenges, opportunities and implications of the implementation of research for health policies in the country.

Preceding the meeting of the ACHR and CAIS and also in commemoration of the 50 years of the Advisory Committees on Health Research the Department of Research Policy & Cooperation of WHO organized a one day Scientific Symposium entitled A Fifty Year Journey from Medical Research to Research for Health - Lessons Learnt and Visions for the Future. The event endeavored to trace the role and contributions of research starting with "medical" research (the original name for ACHR was ACMR) through to "health research" (ACMR became ACHR in 1986, the Mexico Ministerial Summit on Health Research, 2004), and finally to "research for health" (the Bamako Global Ministerial Forum on Research for Health, 2008).

Considering the structure of this meeting, this final report summarizes the discussions according to the day and WHO Strategy objective or topic being addressed.

## **Wednesday 11 November**

### Opening ceremony

Julio Santamaria, Vice-Minister of Health, Panama, welcomed participants to Panama and wished them a successful meeting.

Judith Whitworth, Chair, Advisory Committee on Health Research (ACHR), thanked the Committee's hosts and welcomed ACHR members and guests to the 53<sup>rd</sup> meeting of ACHR.

Tim Evans, Assistant Director General of Evidence, Information and Research, WHO, noted that he attended the review and approval of the PAHO/AMRO research policy at the Directors' Council meeting and that significant progress has been achieved at the global and regional levels in beginning to address the goals in the WHO strategy on research for health (hereafter the WHO research strategy) and the objectives of the PAHO/AMRO policy on research for health (hereafter the PAHO/AMRO research policy).

John Lavis, Chair, PAHO/AMRO ACHR, thanked the Committee's hosts, thanked Mirta Roses Periago (PAHO/AMRO Director) for her participation in the meeting and her on-going support for the PAHO/AMRO ACHR, welcomed PAHO/AMRO ACHR members and guests to the 43<sup>rd</sup> session of the PAHO/AMRO ACHR, highlighted how the agenda has been organized around the five goals of the WHO research strategy and the importance of using the meeting to identify what is on track and what needs to be done better or differently, and noted that the meeting will be held in both English and Spanish.

Mirta Roses Periago, PAHO/AMRO Director, thanked the Committees' hosts and welcomed participants in the joint meeting.

## **Thursday 12 November**

Judith Whitworth welcomed ACHR members, PAHO/AMRO ACHR members, invited guests, and observers.

ACHR members approved the agenda, the report from the 51<sup>st</sup> session of ACHR, the report from the 42<sup>nd</sup> meeting of the PAHO/AMRO ACHR, and John Lavis as Rapporteur.

Tikki Pang highlighted progress on the main recommendations from the ACHR.

Luis Gabriel Cuervo highlighted progress on the main recommendations from the PAHO/AMRO ACHR.

## Status of the WHO research strategy and PAHO research policy

Robert Terry noted that the WHO research strategy was approved by the WHO Executive Board in February 2009 and will be reviewed at the World Health Assembly in May 2010. The plan had been to have the strategy reviewed at the World Health Assembly in May 2009, however, the H1N1 pandemic took up most of the agenda, which required the postponement of the WHO research strategy discussion. Robert noted that, even though the WHO research strategy had not yet been approved, its influence was already being seen in other departments, where its framework was being used to organize approaches to issues like H1N1 and food-borne diseases. He also reviewed the status of the strategy in each of the WHO regional offices.

Luis Gabriel Cuervo noted that that PAHO/AMRO research policy was approved by the Directors' Council and he reviewed the significant progress achieved already, particularly in the consolidation of partnerships that will support the policy's implementation.

Many ACHR members congratulated both WHO and PAHO on the progress achieved. Several ACHR members highlighted the importance of both the WHO research strategy and PAHO research policy being accompanied by:

- 1) the development of an implementation plan containing a clear timeline and clear milestones, as well as success indicators;
- 2) the development of an advocacy plan to build legitimacy among and gain the support of those who were not engaged in the strategy's and policy's development – ideally through country- or subregion-level dialogues for researchers and Ministries of Science and Technology or their analogues, among others -- particularly in countries with weaker national health research systems (and one ACHR member noted that the World Health Report 2012 provides a superb opportunity for advocacy); and
- 3) the refinement and execution of the monitoring and evaluation plan, which should inform course corrections in the implementation plan and feed into the advocacy plan.

Individual ACHR members noted that:

- 1) the participatory process used to develop the strategy and policy and the high-level approvals of them both bode well for the future;
- 2) the momentum achieved must be kept up (not least by the ACHR, its regional counterparts, and their respective sub-committees and working groups) and efforts must be taken to ensure that other priorities don't divert attention from the strategy's and policy's implementation; and
- 3) mapping progress at the country level can help to support implementation; however, the difficulties associated with doing this, particularly in countries with federal government structures, and the contestability of the results may mean that it can best be done as a wiki with countries taking the responsibility for its accuracy.

The PAHO/AMRO Director reminded ACHR members that 'everyone's business is no one's business' and that much can be learned from past main-streaming efforts (e.g., gender, human rights) and much gained by integrating with these other efforts. She emphasized the importance of fitting into existing planning, budgeting, performance monitoring, and reporting mechanisms at the regional and national levels (e.g., country cooperation strategies and national

health development plans), as opposed to being seen to add to the burden of what needs to be done, while at the same time paying attention to critical junctures that offer the possibility of doing things differently. She also recommended leading by example and asking good questions, such as whether WHO and PAHO are using research evidence when producing governing body documents (as opposed to “condemning people to their memory of what works and what doesn’t work”).

### Priorities goal

Robert Terry began the discussion about the Priorities goal by describing the initiative (in 2006/07) to provide a comprehensive overview of research activities at WHO, the work done as part of the WHO research strategy-development process to map research supported by WHO's five affiliated research programs, and more recent efforts to review existing research classification systems and to obtain all existing inventories of WHO-linked research.

Norka Ruiz-Bravo described the relationships between the WHO research strategy, PAHO research policy, and Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property Rights (GSPA). She noted that work has started on a common monitoring and evaluation framework for the research strategy and GSPA. Several ACHR members emphasized the importance of continuing to ensure the close alignment between the strategy/policy and GSPA.

Many ACHR members agreed that WHO is ‘off to a good start’ in terms of ‘mapping the current lay of the land’ and noted that, going forward, WHO needs to identify ways to:

- 1) articulate principles that can be used to guide context-sensitive priority setting, such as: a) giving voice to research users (citizens, providers, managers, and policymakers) and highlighting the unique needs of marginalized groups of research users and research beneficiaries, b) achieving societal goals (e.g., reducing inequalities), and c) ensuring accountability for follow-up;
- 2) build up from country-level processes and learn from country-level experiences;
- 3) engage all regions, not just a select few;
- 4) convene informed-conversations, particularly about higher-level / system domains (e.g., social determinants of health such as education; sanitation; transportation; and climate change), not just about clinically defined problems;
- 5) advocate for, and support the countries in, developing their own health research priorities (which may not be the same as the health priorities or the burden of disease).
- 6) Learn from knowledge-translation processes such as developing policy briefs and convening deliberative dialogues.

Several ACHR members also suggested that WHO and PAHO should:

- 1) focus on identifying gaps that are not being filled at global, regional and national levels (particularly in applied research), the barriers to filling these gaps (e.g., lack of engagement in setting national research strategies, focus on commercialization goals to the exclusion of public health goals, and lack of transparency in global price-reporting mechanisms for pharmaceuticals), and those best positioned to fill the gaps;

- 2) advocate vigorously to ensure identified gaps are filled by those best positioned to fill them;
- 3) identify, collect and act upon outcome measures (e.g., funding alignment, priorities acted upon, and prioritized research used); and
- 4) begin working with partners to prepare for the flagship report on research priorities.

One ACHR member noted the importance of distinguishing WHO's normative and technical roles in priority-setting, each of which can make significant contributions.

Individual ACHR members noted that:

- 1) national policies for science, technology and innovation in health (or what others might call a national research strategy) must be a component of health policy, and the former must incorporate a systematic and transparent process for identifying research priorities (as the ACHR member argued Argentina, Brazil, Costa Rica and Panama currently have, at least in part) and a process for aligning resources to identified priorities; and
- 2) WHO's efforts appear to be on track given tools are starting to be identified to assist with priority setting, however, WHO could make greater use of its convening authority and pay greater attention to identifying where the necessary resources are going to come from.

### Capacity goal

Tim Evans began the discussion about the Capacity goal by recognizing that health systems can facilitate scaling up interventions and describing the preliminary thinking about the objectives of a proposed First Global Symposium on Health Systems Research and its thematic focus on accelerating universal coverage (which is the focus of the World Health Report 2010), one objective of which is to support the development of a research community with the capacity to address pressing health system challenges.

Many ACHR members agreed that WHO is off to a good start in the sense of adopting a 'systems thinking' approach to capacity building (and not just focusing on individuals and organizations), but they noted that there is an urgent need to define a common language for and workable approach to capacity-building across partners that builds on lessons learned (perhaps identified through a cross-ACHRs sub-committee), that is adaptable to national and sub-regional contexts, that is adaptable both to the country 'with nothing' (where the initial step might be establishing an ethics review committee, as was the case in Cambodia) and to the country that needs to optimize what is already in place, and that achieves measurable impacts. These ACHR members argued that capacity building is a domain where so much has been done yet with few sustained results and little in the way of consolidated understanding about which approaches work best in which contexts (e.g., fellowships for individuals versus grants to institutions, training in leadership and problem-solving or 'learning by doing research,' and twinning at the institutional or system level and within the South or between the South and the North). Some ACHR members argued that there was an urgent need for a paradigm shift in how capacity building is approached, and others argued that there is an urgent need for case studies of the

barriers to and facilitators of capacity building in different contexts and for the monitoring and evaluation of capacity-building initiatives.

ACHR members differed in their views about the relative priority to be accorded to each of individuals, organizations, and systems. They also differed in their views about whether WHO and PAHO/AMRO should be a promoter, motivator, facilitator, convenor, organizer, advisor or 'identifier of synergies' and in whether their engagement in capacity building should begin 'in house' (which is a topic that would be taken up later in relation to the Organization goal) before they work through how to respond to country requests for advice and support.

Individual ACHR members noted that:

- 1) capacity-building initiatives need to be a long-term commitment, adopt a phased approach that begins by strengthening existing processes and building local ownership, operate at multiple levels simultaneously (but in a coordinated way), be capable of dealing with a lack of political will in some countries (where the focus should initially be on awareness-raising among key opinion leaders) versus a need for expansion and consolidation in others, and be evaluated;
- 2) capacity-building initiatives at the organizational level need to be focused on issues like governance and transparency, including how to address political interference;
- 3) capacity-building initiatives at the system level need to be focused on national health research system strengthening as a means to the end of supporting evidence-informed decision-making within all levels of the system, which requires giving dedicated attention to the four domains of national health research systems (stewardship, financing, production, and utilization) and articulating expected results in each of the domains of knowledge and behaviors, service delivery, 'usable' products generation, and policy and system development;
- 4) capacity-building initiatives in the specific domain of health systems research need to focus on principles (e.g., responsiveness, teamwork, community engagement, and transparency), not just technical skills, work in partnership with schools of public health and with those in closely aligned domains such as implementation and operations research, and be marketed through demonstration projects that show tangible local results.
- 5) capacity building is fundamental to the success of implementing many of the research policy's goals and objectives.
- 6) the PAHO grants program should be re-instated in order to enhance the ability of researchers to compete for funding from other sources.

### Standards goal

Rob Terry and Luis Gabriel Cuervo highlighted in the background documentation key initiatives and issues related to three areas of significant activity in relation to standards: trial registration, ethics review, and guideline development.

Regarding trial registration, ACHR members and WHO staff noted a number of possible initiatives, including fostering inter-regional collaboration (e.g., PAHO/Africa given shared

languages and some shared development challenges), developing approaches to establishing national regulatory structures that prioritize 'quick wins,' promoting the development of compliance mechanisms (both indirect mechanisms, such as establishing trial registration and results/outcome reporting as a pre-condition for research ethics approval and for publication in journals, and direct mechanisms such as the international Regulatory Initiatives), monitoring compliance with registration requirements (particularly for medical devices and in low- and middle-income countries), and evaluating the quality, completeness, and timeliness of trial registries. ACHR members and WHO staff also noted recent developments related to results/outcome reporting, including the work of the Expert Panel on Guideline, Research, Methods and Ethics (GRME). One ACHR member noted that there is a need for criteria for the performance of a trial registry, such as compliance and usage rates. Costs, time investment and language barriers were also identified as hurdles for trial registration by several members, and collaboration towards solutions on this front deemed necessary.

A number of issues were raised by ACHR members and WHO staff in relation to ethics review, including the sometimes unclear distinction between research methods review and ethics review, the question about whether and 'conflict of interest' review (which would include a review of disclosures of financial benefits accruing to researchers) should be incorporated in ethics review, the perennial question of what proportion of studies are being reviewed, the importance of supporting the development of national regulations/standards for ethics review, the need for brainstorming about approaches to recruiting, educating and retaining committee members and peer reviewers, and the need for securing financing for national ethics review committees. Abha Saxena noted plans for publishing a case book on ethical issues in international ethical research. One ACHR member also argued that ethics review should include a review of commitments to dissemination within the countries where studies are conducted. Another ACHR member noted that timeliness should be a criterion for ethics review committees to ensure that they don't delay or impede research that can have an impact on health. A third ACHR member suggested using sub-regional ethics review committees to support countries that can only draw on a small pool of committee members and peer reviewers.

ACHR members and WHO staff also noted a number of issues related to guideline development and review, including the need to build capacity for guideline development (e.g., framing the question, selecting committee members, managing conflicts of interest, changing the culture of 'experts know best,' and grading the strength of available evidence), to develop new methods (e.g., developing health systems guidance and establishing which 'hedges' work best for which questions), and to establish an early-warning system for guidelines (e.g., when they are needed and when they need updating). WHO staff noted that there was a steep learning curve for many of their colleagues as they began using the Guidelines for Guidelines, lots of time was spent building trust, and lots of time was (and is) spent providing support. They also noted plans to submit learning materials to the Global Learning Committee, which is critical to support the roll-out of the Guidelines for Guidelines across regions.

A number of ACHR members argued that this is the goal where the most coordinated activities have occurred recently, particularly in these three highlighted domains of ethics review, trial registration, and guideline development. Several ACHR members suggested that WHO and

PAHO need explicit criteria for determining what additional areas warrant standards development.

## **Friday 13 November**

### Translation

Martin McKee set the stage for the discussion about the Translation goal by reviewing the challenges in linking research to policy (such as inadequate research capacity, inadequate policy capacity, genuine uncertainty, failure of transmission, failure of reception, and different meanings accorded to research and to policy), the different groups involved in translation activities (researchers, translators/brokers, and research-aware practitioners and policymakers), the findings from a systematic review about what influences the use of research in policymaking, examples of 'essential tools' to support translation (such as EVIPNet, HINARI, Reproductive Health Library, and the European Observatory on Health Systems and Policies), and potential WHO/PAHO roles in supporting translation (such as advocating for greater resources to be devoted to this function and facilitating access to research results/outcomes).

Many ACHR members argued that this was a goal where activities were starting to point in the right direction. They noted a number of areas for consideration as next steps:

- 1) call the 'knowledge translation' function whatever works locally (e.g., supporting research use, health policy analysis strengthening, helping policymakers and stakeholders do their job better or more efficiently, and supporting risk management);
- 2) encourage countries seeking to improve their 'knowledge translation' function to begin with jurisdiction-specific context-mapping (e.g., who's doing what well already and who can become involved in a train-the-trainers approach to capacity building, what inter-country learning networks are already operating and can be built upon, and what regional supports such as BIREME are already available);
- 3) ensure that civil society and the media are engaged (as they have been in the women's and HIV/AIDS movements), not just policymakers and formal stakeholder representatives, given the importance of social pressure in policy development; and
- 4) consider ways to involve researchers with the right attitude and skills (such as by rewarding efforts to support the use of research evidence through synthesis and contextualization, not just to produce it), to create 'customers who wants to learn' from research evidence, and to support processes that integrate well with how policymakers and stakeholders currently work and the timelines under which they currently work (which can include supporting the work of scientific advisory committees where they already exist).

Individual ACHR members and WHO staff noted:

- 1) the importance of supporting social networks that support the use of research evidence (given translation is a social process and research evidence a social construct);
  - 2) the emergence of rapid reviews and other more responsive research methodologies;
  - 3) the challenges associated with the short tenure of the policymakers in many countries;
- and

- 4) the challenges associated with biases emerging from research institutions' translation offices having an interest in overstating the importance of their own research and from the large differences in the resources available to these institutions and offices.

In response to the final challenge, one ACHR member asked whether WHO and PAHO could develop 'integrity' guidelines for translation, support the development of training modules for translation officers, and undertake other activities to support more accurate translation.

### Organization

ACHR members noted a number of 'steps in the right direction,' including the strengthening of internal processes for guideline development and the increasing collaboration between Headquarters and the regions. They noted that these improvements should be acknowledged and celebrated. However, ACHR members singled out three main areas for continued improvement:

- 1) changing the 'research' and 'research use' culture within the organization, which includes both the mainstreaming of research in terms of budgeting, performance management, and other operational processes and the sending of 'strong signals from the top';
- 2) strengthening research governance within the organization, which includes a more formalized role for ACHRs, which are uniquely positioned to provide a comprehensive view across what is otherwise a fragmented and disease-oriented research landscape, and more formalized linkages across the Boards and the Scientific and Technical Advisory Committees of the organization's affiliated research programs; and
- 3) improving research management/coordination within the organization, which for many ACHR members would ideally include giving RPC a more horizontal orientation and direct link to the Director General's / Director's office and support its close collaboration with the five regions and with partners.

ACHR members disagreed on whether the ACHR should become involved in assessing research programs and proposals, which was advocated by one ACHR member, or whether it should begin to produce something like a semi-annual report card that documents the implementation of the research strategy/policy, recommends course corrections, and identifies possible new initiatives. ACHR members also had different perspectives on the value of a 'Committee C' that would convene Member States, global health initiatives, civil society, and industry together to harmonize and better coordinate global health initiatives, including global health research initiatives.

### Subcommittees

ACHR members briefly discussed the main active ACHR sub-committee, which is led by Andy Oxman, and agreed to send any comments about the sub-committee's work to him.

PAHO/AMRO ACHR members agreed to ramp up the work of the proposed Standards, Capacity, and Translation working groups.

ACHR members agreed that the implementation of the WHO research strategy (provided it is approved at the World Health Assembly in May) and the PAHO/AMRO research policy remained a key priority for both committees (which should include a focus on mainstreaming research and research use, and for which an advocacy component should be considered) and that the World Health Report 2012 would become a key priority for the global ACHR. ACHR members also discussed the need to be more responsive to emerging priorities and issues, such as the global economic crisis. Several ACHR members noted that this crisis did not immediately lead to calls for cuts to healthcare expenditures, unlike past economic crises. One ACHR member, noting the absence of representation from a few regions, asked for a continued focus on harmonization.

### Summary/ Recommendations

ACHR members commend WHO for developing its research strategy, PAHO/AMRO for developing its research policy, and both WHO and PAHO/AMRO for the significant progress already achieved in several key domains covered by the strategy / policy. They agreed that there was a need for:

- 1) an operational plan with clear milestones, defined accountabilities, and monitoring and evaluation (possibly with a scorecard that provides a roll-up of Headquarters and regional office plans and progress); and
- 2) a main-streaming approach to ensure that research and research use are integrated in the organization (both at Headquarters and in the regions) and that it becomes a cross cutting issue reflected through budgeting and workplan development processes, recruitment and performance-management processes, and other routine operations (to ensure that WHO/PAHO lead by example).

ACHR members also identified a number of high-priority next steps in relation to the five goals:

- 1) use explicit criteria to assess collated lists of research priorities and use the findings to re-orient priority-setting processes to ensure a greater focus on research users (particularly those brought into focus using an equity lens), among other 'best practices' (Priorities goal);
- 2) begin working with partners to prepare for the flagship report on research priorities (Priorities goal);
- 3) define a workable approach to capacity-building across partners that builds on lessons learned (perhaps through a cross-ACHRs sub-committee) and that achieves measurable impacts (Capacity goal);
- 4) develop and apply explicit criteria to set priorities for standard setting at WHO, both at Headquarters and in the regions (Standards goal);
- 5) support context-sensitive approaches to standards development that engage a broad range of social actors in social processes that support research use that are informed by jurisdiction-specific stakeholder-mapping and efforts to build on existing country, sub-regional, and regional strengths (Translation goal);

- 6) support research governance within the organization by having ACHRs focus on overseeing (and providing to the Director General/Regional Director an annual report card on) the implementation of the strategy/policy, informed by a monitoring and evaluation plan (Organization goal); and
- 7) improve internal research management/coordination within the organization by having RPC and its regional counterparts assume a horizontal (not a vertical) orientation, build its capacity and support the building of capacity among WHO and PAHO/AMRO staff, and be supported in its work by creating incentives for regions and key partners to work closely with it (Organization goal).

### Financial flows for research for health and funding for research strategies

Stephen Matlin provided an update about research-related financial flows, noting in particular that investments in the domains of development, health and research have been rising significantly in recent years, but that few countries are meeting the targets that have been set. He identified five potential areas for activity:

- 1) strengthen Member States' organizational capacity to track and report their own investments in health research and development;
- 2) assist Members States to develop research strategies/policies and to build capacities to track and report on their implementation;
- 3) encourage Members States to reach the 2% target for research investments;
- 4) promote the of health research and development financial flows data by Member states; and
- 5) deepen collaboration across established resource tracking groups.

ACHR members discussed the update and potential areas for activity in some detail.

Individual ACHR members noted:

- 1) the need for a league table that might encourage countries to compete with one another;
- 2) the possible added value that could be obtained by triangulating these data with other data, such as clinical trials registry data; and
- 3) the importance of one day being able to disaggregate the data by the five goals (e.g., what percentage of financial flows has gone to supporting research use as opposed to supporting research).

### Saturday 14 November

#### Planning of the World Health Report 2012

Tikki Pang reviewed the Director General's expectations regarding the report:

- 1) outward and forward-looking in orientation;
- 2) targets non-researchers
- 3) of practical value to low- and middle-income countries;
- 4) demystifies research;
- 5) permits everyone to see their place in producing and using research; and
- 6) sends a message that research serves the core business of all actors in health.

He also noted that the Director General's views that the report should not be:

- 1) a catalogue of WHO achievements in research;
- 2) a comprehensive overview of the state of global health research;
- 3) a detailed mapping of research capacity and activities in countries;
- 4) a shopping list of research needs in specific health sectors;
- 5) an advocacy document for importance of one type of research over another.

Tikki Pang also noted that the report should be informed by recent initiatives (e.g. GSPA, WHO research strategy, AMRO/PAHO research policy, and Bamako call to action) and could highlight core, generic drivers and facilitators that help to achieve the objective of improving the health of all people through research and its use. He also noted one possible organizing framework for the facilitators:

- 1) transparency, accountability and access to research data, literature and tools;
- 2) ethical conduct of research;
- 3) best use of evidence (i.e., knowledge translation);
- 4) imbalance and gaps in types of research funded, and the related issue of global health research governance;
- 5) capacity building in low- and middle-income countries;
- 6) intersectoral and global nature of research in response to global needs (e.g., pandemics, climate change); and
- 7) evaluating the impact of research

He concluded by reviewing the key next steps, which include raising awareness and generating buy-in within the organization, consulting with and engaging those outside the organization, defining appropriate processes for content development (e.g., analytical work, any primary research, literature reviews, and case studies of successful and unsuccessful examples of research and of evidence use), mobilizing resources, and developing a process to ensure that milestones are met (e.g., the report should be completed by the end of 2011 and launched at the next ministerial conference on research for health at the end 2012).

Jonathan Lomas challenged the group to consider having the chapters written from perspective of research users (e.g., a mother in Peru, a midwife in Mali, a Minister of Health of Lao, and a researcher in Russia), with attention given to how research has influenced them and how it could have influenced them had there not been deficiencies in the process of prioritizing, producing and using research.

ACHR members met in sub-groups and shared their detailed notes from these sessions with those involved in planning the report. Some commonalities in the notes include:

- 1) employing a participatory approach to consultation and engagement about priority topics;
- 2) engaging skilled journalists who can 'bring the uses of research alive' with stories from all parts of the world and who can 'touch the soul' of the next generation of decision-makers, leaders and researchers;
- 3) using new media, not just print media, to disseminate the messages from the report and to engage people in taking the messages forward;

- 4) crafting an engaging title (e.g., Research inside!) that conveys an important message (e.g., research is embedded in the drugs we take, the patient information materials we read, the guidelines our doctors use, and the reports our policymakers read); and
- 5) developing a plan for evaluating the report's impact.

#### Date and place of the next meeting

The global ACHR agreed to convene its next meeting in the first two weeks of May. The AMRO/PAHO ACHR will decide on the date of its next meeting by e-mail.

ACHR members agreed that their next meetings should continue to be organized around the goals articulated in the research strategy / policy and that some innovations introduced at this meeting (e.g., keeping staff reports short and taking them as read, involving ACHR members as discussion facilitators, and having some small group work) should be retained.

#### Wrap-up

The ACHR chairs thanked the PAHO/WHO country representative for their hospitality, WHO staff for the hard work in preparing for the meeting, and the AMRO/PAHO Director for her active participation in the meeting.

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**Members of the Global ACHR and Regional ACHR (Americas) with the PAHO/AMRO Director and the Assistant Director General for Information Evidence and Research of WHO**



*43rd Meeting of the Advisory Committee on Health Research (ACHR) of the Pan American Health Organization (PAHO)  
52nd Session of the Global Advisory Committee on Health Research of the World Health Organization (WHO)  
Panama City, Panama. November 11 - 14, 2009*

**Participants to the joint meeting of the Global and Regional (Americas) ACHR.**



*Commemorating 50 years of the Advisory Committee on Health Research  
Panama City, Panama. November 11 - 14, 2009*