Implementation of the draft WHO Strategy on Research for Health and harmonization with the Global Strategy and Plan of Action

Background

Resolution WHA61.21, requested the Director-General to reflect as appropriate the global strategy and plan of action on public health innovation and intellectual property in the further development of the WHO's research strategy. In addition Resolution WHA60.15 requested the Director General was to submit to the Sixty-second World Health Assembly a strategy for the management and organization of research activities within WHO, and to convene a ministerial conference on health research in Bamako, in November 2008.

In response, a draft WHO strategy on research for health was drawn up using a participatory and consultative process coordinated by the Research Policy and Cooperation department (RPC) and WHO jointly convened, with five other partners, the Global Ministerial Forum on Research for Health in Bamako.1,2

At its 124th session in January 2009, the Executive Board considered the draft strategy and adopted resolution EB124.R12.3 Due to the constraints on the agenda following the outbreak of the H1N1 pandemic, the Sixty-second Health Assembly decided to postpone discussion of the strategy to the Sixty-third Health Assembly in 2010.

Resolution EB124.12 requests the Director General:

- to implement the strategy within the Organization at all levels and with partners, and in line with the references to research for health in the Global strategy and plan of action on public health, innovation and intellectual property;

and the Ministerial document, drafted at Bamako, called for action:

- to ensure that WHO streamlines the architecture and governance of its research activities and effectively implements in unison both the strategy on research for health and the Global strategy and plan of action on public health, innovation, and intellectual property.

This paper summarizes the activities undertaken to date to enable the joint implementation of both strategies wherever appropriate.

Summary of WHO draft strategy on research for health.

Five interrelated goals have been defined in order to enable WHO to realize the draft strategy’s vision of the application of research-based evidence to inform decisions and actions in support of health and health equity.

The **Organization goal** involves the strengthening of the research culture across WHO;

The **Priorities goal** concerns the reinforcement of research that responds to priority health needs;

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1 Document A62/12 WHO's role and responsibilities in health research.
3 Document EB124/2009/REC/2, summary record of the twelfth meeting.
The **Capacity goal** relates to the provision of support to the strengthening of national health research systems;

The **Standards goal** concerns the promotion of good practice in research, drawing on WHO’s core function of setting norms and standards; and

The **Translation goal** involves the strengthening of links between the policy, practice and products of research.

Research associated with WHO undertaken under these Goals will be guided by three principles: **Impact**, **Quality** and **Inclusiveness**.

Each goal is framed according to the challenges that will need to be met, the actions that Member States, the Secretariat and partners will take in response to those challenges and a description of the results that achievement of the goals is expected to produce.

These Goals map directly onto a number of the actions described under the GSPA elements particularly:

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There is a large degree of work undertaken by WHO in partnership with other stakeholders that has been highlighted in EB126/6 so the remainder of this paper summarizes the initial phase of joint implementation work has been undertaken in a number of key areas.

There are a number of actions in the GSPOA that have been identified which are part of the WHO Strategy on research for health. To ensure harmonization and alignment of activities between various WHO departments jointly led by PHI and RPC. A number of actions listed below have been identified and plans to execute them are underway.

**Priorities Goal and Element 1.1 Mapping global research and development with a view to identifying gaps in research and development on diseases that disproportionately affect developing countries.**

As an initial step to mapping and identifying research priorities a review is being undertaken of all the health research priority setting exercises that have been organized or coordinated through WHO in Geneva since 2005. The majorities of these exercises are undertaken with a global perspective in mind and involves a broad range of stakeholders. The depth of this work will be greater in some disease areas than others. For example under the Stewardship function of TDR, disease focused and thematic groups have been convened to examine needs and challenges with respect to research on neglected diseases as well as options for action. Reports are planned for publication in 2010 on a wide range of topics. A global biennial report, to be published in 2011, is to focus on three key themes: health systems, interplay between environment and neglected diseases, and biotechnology/innovation platforms.
Similar research priority setting exercises have been undertaken in other areas, for example H1N1, TB/HIV co-infection, food borne diseases, health aspects of climate change, non-communicable diseases and the social determinants of health. In other health areas the depth of work is less and in some research priorities have either not been addressed or are only defined at a generic level.

This initial data should enable a description of:

- Research priorities that have been identified through WHO programmes in partnership with other stakeholders.
- Research areas where priorities, as organized through WHO, have not been identified.
- Information on the range of methodologies employed to identify priorities.

Subsequent analysis will inform the necessity for any new work needed in this area - the research gaps or deficits. A comparison of the different methodologies used will inform the need for the creation of norms or standards in research priority setting tools.

**Element 8. Establishing monitoring and reporting systems**

An evaluation framework was developed as part of the development of the draft WHO strategy on research for health. For the GSPA a series of 32 indicators were drafted as potential measures for the monitoring of the impact of the GSPA.

Work has been done jointly between RPC and PHI to identify the overlap in the indicators common to both the strategy, the GSPA and those measured as part of the WHO Mid-term strategic plan (MTSP). All WHO departments have been contacted to identify what information and data they collect routinely that are related to these indicators, what additional effort would be required to collect such data, whether the data is collected by other bodies and which indicators will require new efforts, and resources, to be measured. This process will also inform which indicators need to be better defined and/or refined.

As one indicator of capacity, terms of reference are being developed to jointly commission, with PHI, a bibliometric study showing trend analysis of published research papers where the lead author is resident in a developing country. This will provide a trend analysis covering the previous 20 years.

**Ensure that WHO streamlines the architecture and governance of its research activities and effectively implements in unison both the strategy on research for health and the Global strategy and plan of action on public health, innovation, and intellectual property.**

There have been a number of meetings between WHO-based and Geneva-based units and programmes associated with research for health aimed at improving collaborative arrangements between the institutions. They have agreed to review and collaborate on the implementation of the research for health strategy and the GSPA. Collaboration efforts to date remain focussed on supporting the development of the global symposium on health systems.
research in November 2010. There is an interest to collaborate on the development of the World Health Report 2012.

**Interaction of the research for health strategy and the GSPA in the Regional Offices**

The intention is for each Regional Office to produce its own unique research for health strategy based on the framework of the global document reflecting their local needs, priorities, capacities and situational analysis. In summary:

AFRO: is building on the Algiers Declaration drafted in preparation for the Bamako Ministerial Forum as a framework for a research strategy in the region.

AMRO/PAHO: Using the Research for Health Policy approved 61st session Regional Committee of the Americas 2009.

EMRO: EM ACHR approved, in March 2009, the development of the EMRO Research Strategy to ensure implementation of the WHO (Global) Research Strategy in EMRO, emphasizing the regional needs and specificities. For implementation of GSPA, RPC in EMRO prepared and submitted a concept paper in collaboration with the Essential Medicines Programme to the Regional ACHR which was approved and significant funds for this purpose in the next biennium. See separate report from EMRO.

In EURO and WPRO further action remains dependent on the strategic directions of the new Regional Directors now they are in post.

**Next steps in Implementation of the WHO strategy on research for health**

Much has been achieved in the interim period since the endorsement of the research for health strategy by the Executive Board in 2009 and the expected approval by the World Health Assembly in May 2010. This has been done by using influence, goodwill and networking but significant change remains limited by the constraints on staff time and resources. There was support for the creation of a WHO research network or forum but no agreement on how to support such a network. The ongoing tasks that need a mechanism to deliver them include:

1. An intelligence/policy unit on research for health undertaking analysis on behalf of all the research departments under the guidance of a steering committee. This unit should also be tasked to promote and coordinate analysis of research in the regional offices, including the implementation of the strategy.

2. Mapping exercises necessary to collect, collate and disseminate case studies of good practice. Create and maintain a WHO database on research and a web portal for research on the WHO website. Support the monitoring and evaluation of the research for health strategy and follow up to other initiatives such as the Bamako Call to Action. Promote similar activities in regional offices.

3. Indentify and work on the norms and standards indentified from the above and liaise with the Guidelines Review Committee and Ethics Review Committee on emerging issues. Support the work of working groups and cross-cutting groups set up to tackle this work. Priority areas include:
   - a public access (open) policy for WHO
   - a code of good research practice for WHO
   - standards for research priority setting methodologies
   - agreement on a classification system for research
4. Organize workshops, training exercises and events to build and maintain a research skills base within the Organization.


The basic rationale for any coordinating mechanism or unit would be for it to act as a service to the other departments and a resource for the Organization as a whole. The main function that would still need to be addressed is how to improve the coherence of WHO’s research activities by establishing mechanisms for the periodic review of the portfolio of research agendas, including decision criteria to guide decision-making concerning the initiation, adjustment and winding down of programmes (action (f) under the Priorities goal). In previous years this was a function performed by ACHR that is now dissipated among the technical and scientific advisory groups of specific programmes. A similar need to address this function in the context of the regional offices is also required.