

**WHO Research Strategy  
Pan American Health Organization (PAHO/AMRO) Consultation  
Washington, 7 February 2008**

**Participation**

We were delighted to work with a total of 35 PAHO/AMRO (PAHO). Although several people had to leave the workshop during the course of the day and others joined in the afternoon, we felt that overall the engagement was a strong and stimulating one and the outcomes of the work are very valuable and helpful.

**Thanks**

We would like to take this opportunity to thank again everyone involved in the discussion for their active participation and good contribution. We would also like to thank Dr. Roses for her opening words, which gave the workshop a robust positioning and led us all to open and constructive discussions. Last but not least we would like to thank again Dr. Luis Gabriel Cuervo and Dr. Analía Porrás for their excellent support and cooperation in the preparation and delivery of the workshop as well as Ms. Jenny Sherr, Ms. Liliana Silva and Ms. Liliana Tornee for their dedicated and efficient help throughout the event.

**The themes that we (the strategy team) heard most strongly and/or struck us**

We were struck by the **wealth of successful initiatives** linked to research at PAHO. The key themes emerging from these concrete examples of success were:

- Horizontal cooperation across government, civil society, policy makers and researchers is a key enabler.
- Tools such as EVIPNET and the development of research capabilities in the countries will be critical to future success.
- Research works when it is translated into ‘packages for use’ on the fields.
- PAHO has a strong tradition as guide for health in people’s mind (the PAHO ‘mystique’).

Emerging from the group work we also heard key themes that we found particularly strong:

- The need to **understand what is already being done**, in the countries as well as by other organisations (e.g. NGOs), so that WHO can develop a research strategy that is compatible with the countries’ agendas and within the overall context of health research. There was the idea that WHO needs to know, understand and ‘fit in’ in order to add value.
- We also heard a strong appeal for WHO, at an Organizational level, **to support and guide the countries** while at the same time leave **decision making and accountability within the countries**.
- The need for **capacity building within the countries** (not only in terms of doing research but also in terms of reading, finding research data, interpreting it and using it) was also a strong call.

- There was a strong wish to position WHO as a **catalyst/convenor** for knowledge development across the parties involved, as a **knowledge broker** within the whole health research arena and as a **steward** developing processes, standards and norms.
- PAHO has a unique strength in the breadth of its interactions “We can talk directly to governments and we are active on the ground.”
- Finally we also heard a clear and strong call for **legitimising research and the reflection about research** among PAHO staff so that the latter feel acknowledged and recognised –as well as rewarded- for their engagement in this matter.

In the following part of the document we report on the main points addressed by Dr. Roses, PAHO Director, in her opening words as well as the main points of discussion around the successes of PAHO and specific questions related to the research strategy for WHO.

## 1. Opening by Dr. Mirta Roses

PAHO Director Dr. Mirta Roses passionately affirmed the critical importance of health research, particularly with regards to making sure that scientific knowledge and breakthroughs thanks to research development can truly and effectively be translated to the benefit of all peoples, both in developed as well as in developing countries alike.

Dr. Roses said: “these are exciting times for research” and acknowledged the current existence of many disparate efforts in health research in the Americas and in other Regions of the world. “We can take advantage of that research but we have to integrate these efforts in a comprehensive, participatory manner, and we (PAHO) can provide that kind of umbrella.”

In the Region there is an increased awareness of the importance of research, particularly after first-ever Ministerial Summit on Health Research held in México (16-20 November 2004) by 52 WHO Member States to discuss the role of health research in improving health outcomes globally.

It is very encouraging that PAHO Member States have incorporated research into the health agenda. “We are now in the process to define a Regional Health Research Policy”, she said. “There has been a lot of progress in the Region”, she added.

“Some countries are very strong in research and we have to make sure that we all have the tools, the guides and the instruments so that research gets clearly embedded in health planning across the board. (...) If we don’t include research in our dialogue with Member States we will be losing a critical moment.”

## 2. Key themes emerging from the success stories at PAHO

As mentioned above PAHO can report on a wealth of successful stories in their work.

Looking at these stories and their link with research there are several themes emerging:

- Research has to make sense to the policy makers.

- Research needs to be practical.
- Research also needs to be specific in terms of methodology to address the needs of the regions: “don’t see the problem through northern eyes and use only northern methods!”
- Research needs to be diverse in terms of the sources it draws from: for example it is key to draw from social sciences as well as to work with people on the field who have the experience of the issue one is dealing with.
- Financial resources need to be available specifically to support research activities. However, they don’t necessarily have to be obtained by asking for funds from sources outside the country. Often things need to be done differently with the same resources or we need to try to work with the local government at a national or district level. This also brings the research agenda closer to the policy makers.
- Research should be prioritised, for example it should not focus on diseases that have already been over-investigated. Within countries there needs to be a continued effort to develop an understanding of where there are over-investigated issues and where there is a gap in the research.
- The stories show the power of WHO as a convenor: when WHO uses two way processes and works in partnerships, it is successful. The combination of diverse partners such as academics, collaborating centres, governments, etc. is also critical.
- The stories also show the trust that PAHO generates in the region. Some participants spoke about the PAHO ‘mystique’ telling the stories of how as a child you would take the name of PAHO with faith and accept at face value the vaccines and/or treatments prescribed for you since it was PAHO who recommended them. In many countries in the region PAHO was strongly known as a provider of health, even if as a child receiving an injection was not much fun.
- The importance of guidelines that need to be evidence-based (with dedicated attention to all stages and levels of research) as well as of the implementation of research in particular was emphasised.
- The need for immediate translation of research findings into “usable packages” was stressed.
- Most success stories were described as such because they were making an impact and a difference in people’s life.
- It must be easy to identify who has done the research and where the background information used can be found.
- Champions in the fields play a critical role.
- Resource mobilisation and capacity building in the regions are also most critical.
- Finally it was felt that PAHO was further ahead in the field of research and could serve as leader in this field to WHO.

**Examples of stories where staff were proud of the work PAHO had been associated with.**

We heard:

Bolivia: field work examined the trade off between using an expired rabies vaccine or not using a vaccine at all. It exemplified a pragmatic and field based solution.

Methodology (tool) developed by PAHO in 2005 was able to more accurately measure the scale of maternal health exclusion

Guatemala: The development of a close relationship between academic bodies and the work of medical schools. Research needs to be seen as credible by academics in order to be seen as high quality.

Cholera: “we learnt how to prepare, to train the people. It was a huge effort to train 1000 people involving the community. At that time we learnt about risk communication, trying to put the things as they are, very clearly, not hiding cases (...) we also took cultural values into consideration (for example the tradition of eating ‘ceviche (marinated seafood)’ in Peru.” Now this approach is also being used to help in other emerging diseases. “In less than 10 years we managed to eliminate cholera in the Americas. PAHO’s leadership was unquestionable in this issue.”

EVIPNET Pilot: seen as developing the research culture, kick-starting at a country level a tool for change in linking research to policy makers.

Publications: publishing research is still very important and PAHO collated the 100 best articles in Health Service Research

Training modules on Health Service Research, tested in PAHO & AFRO & ASIA

The BIREME (Latin American and Caribbean Centre on Health Services Information): the listserv has more than 35,000 subscribers.

The Bridge Epidemiological Bulletin printed in English and Spanish

Undertaking negotiations with donors using the Millennium Development Goals as the research focus: malaria, chagas, dengue/environment, gender, and community participation. 62 proposals were considered. There was a lot of partnership forging- 12 proposals were selected for improvement workshop; \$220K/ project

Chagas control programme: research on the effects of reform, recognising there was a lack of knowledge and, ability to find necessary information

WHO guidelines on HIV: bringing together multiple players, negotiating approaches (to be published in 2008). Research on persons living with HIV: not strong in research but strong in experience (only two of the people involved were not affected with HIV), technical assistance provided & partnership formed with PAHO at the level of community. The aim was to undertake surveys to better describe the needs of people with HIV despite the social and religious stigmas in dealing with this disease. The ability that PAHO had to work with the government, NGOs and the civil society did make a difference on the policy developed, helped enriching the knowledge and eased the exchange of knowledge.

Gender equity and getting a gender dimension into health policy reform: policy formulation and integration throughout sectors, tools, working with UN agencies, formation of gender equality observatory, transfer of care to the household seen as an essential but under-recognised part of the health system between the individual and primary health care. A recognition of the difference between paid and unpaid carers, linking at a national level users & producers, multi country research project (contest within PAHO)

Evidence/Policy Interface – New at country level - Collaboration with Academia (University of WI)

PANAFTOSA (Pan American Foot and Mouth Disease Centre): Its work has led to a rabies incident reduction in the region by 90%; its work to develop animal vaccines

TRT: Co-authoring by health research financing

Non Communicable Disease Research: again a strength in ‘putting research teams’ together.

WHO Collaborating Centres: collaborating centres, communicating with partners, putting policy changes into practice

Work towards a consistent and evidence-based selection of essential drugs formularies for reproductive health

Malaria: decreased malaria by 20%, research on treatment, vector control and the supply chain management as well as improved disease surveillance

Putting health on the agenda of disaster reduction, creating a safe hospital in emergency situations providing a focus on health impact of disasters along with socio economic impact

Communicable Disease Research Programme (TDR): strong research component identifying the links between under-nutrition and the role of micronutrient fortification to improve the effectiveness of treatment particularly in the use of HIV/AIDS drugs; affecting health reform systems, ongoing work in communicable diseases research (including malaria, dengue, TB, measles, polio. )

Road safety: the advocacy of a day for road safety, understanding the social determinants for these injuries/issues better than just to know the ‘fatalities’

Strong collaboration around food safety

Safe hospitals (assessment of capacity; patient safety; occupational health)

Network BIREME: BVS / Scielo/Scienti

Reflection at regional level about the research in the countries and the development and support to the research groups in social medicine. The network is specialised in the dissemination of knowledge. There is the development of a virtual library of data. The biggest difference here is that they managed to develop a real ownership among all actors involved. Success is due not only to the methodology used and ensuring good access; it was much more the mindset of people involved.

INCOSUR-Chagas: Southern Cone Initiative to Control/Eliminate Chagas Disease The research regarding Chagas particularly the role of PAHO secretariat and TDR projects.

AMR – Antimicrobial Resistance Surveillance Network [Red de vigilancia de la resistencia a los antimicrobianos] Started in 1996 with 8 countries, in 2007 there are 21 countries with a culture of quality and evaluation.

RESCAD: forbidding pesticides and enabling a system to control their use. There was a positive result. It was an initiative of research done horizontally: the research was done with research groups outside of health – horizontal/transversal research-, and then their work was incorporated into the systems of health. The groups were national groups and the countries were funding their own projects. The work was done as daily work and not as research work.

### **3 What does WHO do well in terms of research and what should be done to get more of this?**

In addition to all success stories mentioned above there was a general reflection about WHO and what it does well.

There was a sense that the focus on regional needs is happening but that it should be increased and that particular attention should be paid to the most disadvantaged places.

The efforts to apply new methodologies are also seen as positive.

There was a question as to whether TDR should “show more flexibility” i.e. not strategically focus on just 10 diseases. Its role in research could be broadened.

The efforts to develop skills in the region were also emphasised, however it was felt that more could be done to develop a sense of ownership in the countries.

It was felt that more should be done to enable more free (open) access to publications. It is important to be able to freely read and reuse the material.

### **4. What does WHO do less well and how can we address this?**

In terms of research it was felt that more focus was needed: “we don’t always address the needs”.

The follow-up and dissemination of research results could be improved; research shouldn’t end with the delivery of the final report.

Incentives are needed for staff to engage in scientific publications as part of their work. And policies need to be updated to reflect developments (for example copyright arrangements conflict with open access proposals).

Indicators as well as the monitoring and governance of research can also be improved. This could be addressed by developing a policy for research registers and governance tools.

It was felt that data gathering is not always followed by proper analysis: there is some fragmentation and compartmentalization of data. Standardization together with proper packaging of data and incentives for a novel approach could address this problem.

The issue of ‘brain drain’ or, in other words, the challenge of keeping and developing research skills also needs to be addressed through adequate development plans and incentives for health research staff. Opportunities need to be created for researchers in countries.

The need to synchronise policy with scientific developments and standards was also mentioned.

The theme of language barriers was also described as something that needs to be improved: for example the perception is that it is much more difficult to get something published if one has a Spanish name compared with a person with an English sounding name. There is a kind of automatic censorship happening.

## 5. How can WHO research strategy support PAHO's work?

It was clearly felt that WHO at an organizational level could help PAHO in its activities by:

- Putting PAHO's work in the larger context of global work with the other regions and by acknowledging the local context and differences at the same time;
- Developing a basket of tools (stakeholder analysis, priority setting, development of national research agendas, etc.);
- Mobilizing expertise and resources;
- Putting across a clear message with an acknowledgement that research (supporting research, convening meetings, disseminating findings) is an important part of staff work and that it is acknowledged (e.g. included in post-descriptions, time given for it, other incentives such as a better publications policy)
- Developing bioethics networks to learn from experiences elsewhere;
- Identifying the shared common important themes where there are research gaps;
- Giving a stronger mandate to collaborate with academic institutions and to develop south-south collaborations;
- Training staff at a regional and country level in understanding research. Skill would include for example how to write up findings so they are credible, writing a scientific publication, how to search and understand the research literature, how to read scientific papers, how to write joint proposals);
- Offering guidance on use of research;
- Developing indicators for research and the use of the strategy;
- Making explicit resources available within PAHO for research (earmarked).
- Tapping into regional experts and resources, contributing towards offering opportunities to researchers and experts in the region.

## 6. What are the major research questions that WHO should take a lead on? Which ones are global and which ones are unique to PAHO?

WHO should focus on social determinants as a theme (particularly regarding vulnerable groups).

This cannot be really a question of research themes; it must be much more a **mechanism** to **identify** the themes in each region and within the technical areas.

WHO needs to provide the overarching aspects of a policy or strategy; the specificities should be left to the regions ensuring synergy between the global and regional proposals.

It is about identifying, using and generating the knowledge that we are currently missing to improve the technical cooperation.

There is the need to identify which themes are currently over researched: “There are themes which are currently over-researched and which keep being further researched”.

There is the need to strengthen the national health systems and to explore how the WHO research strategy will be compatible with the research strategies of the different countries: “We need to first analyse what the countries have got in terms of research strategies before developing a global research strategy”.

WHO needs to guide the countries regarding the important themes of research.

WHO needs to find a way to deal with the pressure from the donors to impose their agenda for research.

WHO needs to measure the interface between research and policy. It also needs to measure the benevolent (non remunerated) contribution of men and women to systems of health.

Household delivery of healthcare is a key theme and needs to be included as an essential part of the health delivery system.

WHO needs to promote to others where there is an availability of resources for research to be done in critical areas.

## **7 What would you like to see happen as a result of the WHO research strategy?**

All groups had a lot of expectations. We have clustered these under several categories.

### **Technical expertise**

- Technical consultation
- Expert advisory groups

### **Knowledge provider**

- Use of available knowledge
- Database of research associated with WHO current projects: even the title and key contact would be helpful.
- Mapping/inventory of research (activities, outcomes, resources)
- “Clearing house” for resources information – single portal for users to navigate around WHO to find “research” at WHO.
- Access to library and its resources (e.g. GIFT, HINARI)
- New knowledge and evidence for public health priorities
- Initiatives to open up access to communication on scientific research.

### **WHO and the Countries**

- Focus on controversial issues and help the countries make decisions
- Clear strategy, practical tools at all levels (roadmap, framework) which support countries and take local contexts into account
- At the basic end of scientific research researchers need to be setting the agenda. Ministries need to drive the agenda (taking ownership).

- Advocacy for a sound budget for health research support at country level
- Developing a budgeting policy for research in all regions where the budget needs to be held within the region
- The budget needs to be discussed in the countries on the basis of a coordinated strategy that would reflect the reality in the countries.
- Need to go back to the original position of the United Nations so that decision making goes back to the countries and is not only with the donors
- The role of WHO will be to show the needs for research in the countries.

### **Stewardship**

- More standardization and norms: the stewardship of WHO
- Creating awareness on health issues
- Clearer definition of what is meant by research (surveillance, evaluation, etc) and levels of evidence
- Stronger advocacy for importance of research (even in less developed countries) to improve health and development
- Improved dissemination of research, including inclusion of basic values in design of research (e.g. gender, ethnicity, ethics, etc., equity)
- Everybody on the same page regarding basic principles, responsibilities and guiding values (process, resources, players)
- More and better and relevant research
- Strategies in place to build skills and capacities (research being part of human resources for health)
- Valid indicators and monitoring
- Need to make lots of efforts to develop the capacities of research at the local level (training)
- Follow-up of the research results
- Regulate the human resources and ethics aspects
- A very important role will be to specify processes and procedures of research.
- Research on social determinants
- State policies
- Need to define two things:
  - What parts of the work needs to be defined by research
  - The duty to cooperate technically in order to strengthen the national research systems
- More research and focus on health systems

### **Uniqueness of WHO & WHO's work with partners**

- Communication: WHO is a well placed catalyst to work with other partners and is respected as a reference.
- Clarity on WHO's role across the entire spectrum of research – basic to operational research (Need to define what is WHO's competitive advantage)
- Identifying the niche for the research that we should facilitate
- The role of WHO needs to be considered in the context of the other organisations: what type of compatibility will we get with the other organisations? We also need to adapt the necessary mechanisms to implement research (e.g. with NIH).

**Other critical aspects:**

- When implementing the strategy “The walk needs to be matching the talk”.
- We would like to see research strategy support staff.
- Improvement of quality of life should be a result of the WHO research strategy.
- WHO needs to develop different scenarios and consider threats and risks before defining its research strategy.
- When it comes to the research strategy document, the flow of information around the world has to be a key component of the paper.

**8. What needs to change in order to make the WHO research strategy happen?**

We will need to **legitimise the place of research in our work**. Staff should be encouraged to engage with research and their contribution should be recognised and even rewarded: “The fact that we have been talking about research today is a good starting point. We now need to create more space and opportunities for this type of meetings and conversations”.

We will need to adopt **an attitude of wanting to understand first what is done** by others before taking actions. For example: what are the research strategies taken by other agencies? How are these working? What are the agencies learning from it?

We need to make a **significant shift from always doing what is urgent to doing what is important**.

We need to make **another shift, namely from what people [researchers, donors] want to do in terms of research to what WHO needs to do**.

We need to **level out the capacity among regions**. Some regions are focused on technical topics, some are more policy oriented. “We need to fill the gaps in resources and skills among ourselves. We cannot expect Bolivia to do the research all by itself and we cannot expect the US to do research for the rest of the countries”.

“We **need to give it the time**: research takes time. Once you decide, stick to it and evaluate it. You need to evaluate from the start”.

**In terms of leadership we need to**

- Agree on the semantics: what do we mean by research?
- Build on the strength we already have and work with what we have
- Think about how we can keep what we have achieved (e.g. keeping a control on cholera outbreaks).

**From the standpoint of PAHO in particular:**

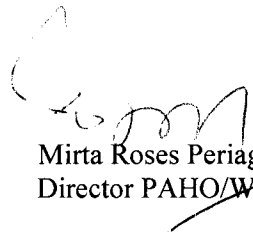
- “A strategy is more pragmatic than a policy. I feel more comfortable with it”.
- “We need a mandate to be consistent and credible”.
- “We need to be very careful with the agenda that we are pushing: we will be held accountable!”

**9. What will be key for you to keep involved in the dialogue?**

For us in order to keep in the dialogue about the strategy process...

- We need to get as much information as possible.
- We need to participate in short meetings with precise objectives.
- “We need to be able to share the documents and the agenda beforehand: we don’t like to work for others with hidden agendas!”
- We need to create more situations like this where we sit and talk and think together.

This report produced by the WHO Rapporteurs reflects the discussions that took place in PAHO/WHO on 7 February 2008



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