



Recommendations

DRAFT RECOMMENDATIONS

ACHR members commend PAHO's Secretariat for the significant, continued progress in all key domains covered by the PAHO policy on research for health and for its significant, continued work with strategic partners in order to expand its reach and visibility in the Americas. This progress and approach have put PAHO at the forefront of important developments in research for health and ACHR members hope that this will continue. The ACHR recommendations are grouped by broad strategic direction within the [WHO Strategy on Research for Health](#), which links closely with the [PAHO Policy on Research for Health](#). Within each broad strategic direction, one recommendation is focused on continuing the excellent work already underway and another one or two recommendations are focused on work that could be undertaken in order to keep PAHO at the leading edge of thinking and doing in the field of research for health.

1) Priorities

- a. PAHO's Secretariat* should continue to
 - i. support at the country, sub-regional and regional level the use and consistent application of tools and resources that support systematic and transparent research-prioritization processes and the effective communication of these priorities to the full range of research funders within countries and the region
 - ii. support the ongoing development and use of [Health Research Web](#) so that it provides a continuously updated picture of the status of research for health in all countries in the region
- b. PAHO should consider:
 - i. routinely identifying 'windows of opportunity' to address short-term national priorities, which can include what not to do as well as what to do (e.g., reducing health system expenditures in ways that avoid or minimize health impacts) that can be rapidly addressed through existing mechanisms (e.g., policy briefs and policy dialogues)

2) Standards

- a. PAHO should continue to:
 - i. develop and support the use of standards-related technical documents at PAHO (in the Secretariat and in Member States)
 - ii. strengthen ethics review systems and support countries in the development and revision of normative frameworks (i.e., regulations and standards) for research
 - iii. support clinical trials registration processes through the BIREME platform and efforts to include results reporting within these processes
 - iv. enhance and support the implementation of PAHO research standards (e.g., PAHO Secretariat's research registration system)
 - v. strengthen and implement PAHO's research reporting standards (including through the updating of the publication policy and in partnership with groups such as the EQUATOR network)
 - vi. refine (where appropriate) and share indicators (e.g., research expenditures, number of PhD-trained researchers) about the status of national health research systems in the region, advocate for their inclusion in the monitoring systems used by other areas (e.g., human resources for health), and support the planning and dissemination of the findings from key conferences that engage different sectors that contribute to and benefit from research for health
- b. PAHO should consider undertaking work to address the challenges associated with creating good governance systems for undertaking non-commercial research studies (particularly the diseases of poverty) in a research climate that has established infrastructure and processes primarily to support commercial research studies
- c. PAHO should also consider adapting and supporting the use of a guidance development process for health systems guidance (e.g., preparing a work book that can inform country-level deliberative dialogues) and pilot test the adapted version in a small sample of countries, ideally in partnership with [EVIPNet country teams](#)

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3) Capacity

- a. PAHO should continue to provide an online compendium of capacity-building supports that are adapted and used by individuals and institutions in the region
- b. PAHO should consider preparing an overview of ‘road tested’ capacity-building supports that is organized by:
 - i. focus (e.g., supporting evidence-informed policymaking, undertaking health systems research, conducting systematic reviews, leading research project management and evaluation, undertaking innovation management)
 - ii. target audience (e.g., politician, legislator, government official, senior policy analyst, planning unit staff member, manager, knowledge broker, researcher and research manager)
 - iii. pedagogical approach (e.g., online versus face-to-face, train-the-trainer versus not, pre-training activities versus post-training mentorship)
 - iv. optimal size and duration
 - v. existing delivery mechanisms (e.g., academic institutions, networks, non-governmental organizations, WHO Collaborating Centres, WHO reference centres, PAHO Virtual Campus),
- c. PAHO should consider convening a meeting with those with practical experience in using capacity-building supports to identify barriers to scale-up (e.g., costs and not connecting the right people, institutions and countries) and ways to overcome these barriers, support the preparation of proposals for funding and evaluating scaling-up initiatives, and identify potential funders and support the matching of proposals to funders

4) Knowledge translation

- a. PAHO should continue to identify, integrate and promote resources (e.g., Access and Innovation for Health – Regional Platform, BIREME, Health Systems Evidence), tools (e.g., SUPPORT tools, list of essential online resources for policymaking), mechanisms (e.g., EVIPNet, including the EVIPNet secretariat) and approaches to monitoring and evaluation knowledge-translation initiatives in order to support evidence-informed policymaking
- b. PAHO should consider strengthening the knowledge translation function within the secretariat in order to better support work in countries and at PAHO’s Secretariat and continue to identify ways to stimulate the demand for research evidence to support policymaking

5) Organization

- a. PAHO should continue to use mechanisms inspired by EVIPNet (e.g., policy briefs and policy dialogues as part of a rapid-response system) to support the work of other areas within the secretariat’s technical cooperation efforts and to support country activities
- b. PAHO should consider developing
 - i. a plan of action to further operationalize the PAHO Policy on Research for Health
 - ii. a ‘report card’ on the implementation of the PAHO Policy on Research for Health, complete it semi-annually, and seek input semi-annually on its implications from the Advisory Committee on Health Research
 - iii. a Research Board, analogous to the organization’s Learning Board and informed by its terms of evidence, workflow and evaluation, to support periodic discussions about tools and resources available to support the use of research evidence in the organization’s normative work and about synergies and opportunities related to research and supporting the use of research evidence
 - iv. a cross-cutting approach, inspired by the organization’s Gender, Equity and Human Rights, to support the consideration of research and research evidence in all key aspects of the organization’s work
 - v. a resource-mobilization plan to fund the scaling up of policy implementation.



Recommendations

All ACHR members and guests to consider:

- 1) providing any feedback on the draft World Health Report 2012 by the end of October (either through John Lavis or directly to Tikki Pang), with a particular emphasis on comments that supplement the feedback provided by Luis Gabriel Cuervo, which they already endorsed;
- 2) considering ways to promote the World Health Report 2012 in their countries and sub-regions and in the region as a whole; and
- 3) participating in the Second Latin American Conference on Research and Innovation for Health, Global Forum on Health Research, and Second Symposium on Health Systems Research over the coming year, among other key forums focused on research for health being planned in the coming year.

* PAHO or Pan American Health Organization comprises the Member States and the Secretariat, also known as the Pan American Sanitary Bureau (PASB).