Rio de Janeiro, Brazil, 15 – 18 April 2008

Main Conference Messages

- The strengthening and stewardship of National Health Research Systems (NHRS) along with regional cooperation are vital for facing ongoing health challenges in a context of inequality, delay in achieving the Millennium Development Goals, epidemiological changes, food crises, and significant demographic changes that are detrimental to the poorest countries.
- The stewardship and governance of NHRS are the responsibility of the State and should be actively pursued through the Ministries of Health, with support from other state actors and civil society. This is the only way to coordinate research and innovation with the priorities of social development and public health, and to guarantee consistency in the allocation of funds and training of human resources for research. Each country must act according to its needs, resources and opportunities. The review of some experiences in the region in Brazil, Mexico, Argentina shows that it is possible to achieve concrete results in the short and mid-term.
- In order for NHRS to be sustainable, a coordinated human resource development and training strategy is required. Researchers should be trained while working on projects that are related to NHRS priorities. Training should be more comprehensive and should be coordinated with the production sector. Research teams should be multidisciplinary and stable.
- With regard to financing, it is essential that there be consistency between the allocation of resources and NHRS priorities, and that innovative strategies to generate funds be sought out, such as levies on industrial products that impact the burden of disease and death. It is equally important to be aware of and evaluate how resources are allocated and used; this requires a public registry of all research activity.
- Cooperation within Latin America is crucial to supporting NHRS, correcting asymmetries and reconciling the interests of intellectual property with those of public health. In this regard, existing capabilities, resources, agreements and networks need to be assessed in order to take advantage of them effectively and efficiently, and to create strategies and plans based on common and complementary interests.
- International technical cooperation enables countries to overcome their limitations in information, financing and technology. There are many opportunities for socializing resources, training officials and researchers, exchanging experiences, developing and marketing drugs for neglected diseases, and accessing research funds.
- Health challenges can become opportunities through technological and social innovations that are not necessarily costly. Examples can be found within the region; from agreements that allow the Brazilian government to access information belonging to the private sector to partnerships through which new drugs for malaria have been developed and marketed at cost.

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Executive Summary

The First Latin America Conference on Research and Innovation for Health sought practical answers in order to confront a shared challenge in the region: how to ensure that research deals with the countries' health priorities and contributes to equitable development in Latin America (LA). To that end, emphasis was put on the creation, development and strengthening of National Health Research Systems (NHRS) as well as the use of regional cooperation as a means of taking advantage of existing resources and reducing asymmetries.

The meeting took place in Rio de Janeiro, Brazil, from April 15 to 18, 2008. Some 120 strategic actors attended: officials from countries in the region in the fields of health, science and technology (S&T); representatives from technical cooperation and development agencies; national, regional and worldwide research networks and organizations; and specialists from the Pan American Health Organization (PAHO) and the World Health Organization (WHO). Present at the opening ceremony were PAHO director, Mirta Roses; the representative of PAHO in Brazil, Diego Victoria; and the Secretary of Science, Technology and Strategic Inputs from Brazil's Ministry of Health, Reinaldo Guimarães.

The organizing of the event was the result of a partnership between the Brazilian Ministry of Health, PAHO, the Coordinating Commission for National Institutes of Health and High Specialty Hospitals of Mexico (INSalud), the Council on Health Research for Development (COHRED) and the Global Forum for Health Research (Global Forum). The conference was financed by PAHO, the Brazilian Ministry of Health, the Wellcome Trust (London, UK), COHRED, the Global Forum and the Special Programme for Research and Training in Tropical Diseases (TDR) coordinated by the World Health Organization (WHO).

The Conference produced 14 reports on NHRS in different countries (see complete reports at http://www.cohred.org/main/publications/background_papers.php). These reports constitute the first reference material of its kind in the region and they include: multiple work contacts between countries, networks, international agencies and funders; information regarding new programs, scholarships and sources of support; a preliminary agreement for the sub-regional cooperation in Central America; and the commitment to hold a second conference in order to evaluate progress, with the venue and date still to be determined.

In four working groups, participants discussed and provided a series of definitions and recommendations regarding the conference's core points, which will serve as input for drafting national policies on health research and for defining strategies to develop and strengthen NHRS. The results from the conference can be used by governments and regional civil society organizations in order to agree on criteria for the Global Ministerial Forum on Research for Health, which will be held in Bamako, Mali, in November of 2008. Conclusions from the meeting will also contribute to designing PAHO research policy as well as that of other international agencies concerned with health. A summary of the main recommendations can be found below (see complete reports in Appendix 3).

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Two Great Responses Placing Health Care at the Service of Equitable Development

The strengthening and stewardship of NHRS and regional cooperation are vital to facing challenges in health care and promoting equitable development in Latin America. Therefore, health research and the equitable distribution of its results and benefits must be a top-level priority in the national and regional political agenda, in a democratic environment and with citizen participation.

What Each Country Can Do

All groups agreed on one strategic vision: NHRS stewardship including research, development and distribution of technologies, is the State's responsibility and cannot be delegated. This is the only effective way to combine research and innovation with development and public health priorities.

In order to make this vision a reality, the following **strategic lines of action** were proposed:

- The State must exercise stewardship and governance of NHRS through the Ministry of Health and with the support of other state and non-state actors.
- NHRS must set and update research priorities to optimize resources and respond to the health system needs and national development objectives. The allocation of funds and the training of human resources for health must be linked to these priorities through stable, participative and transparent mechanisms. It is also necessary to collect and evaluate information regarding resource allocation and use.
- NHRS must foster a political, legal and educational environment that favours research focused on equitable development. This requires establishing regulatory frameworks that do not change according to the administration in power; integrating science, technology and innovation systems into the daily NHRS operations; using scientific information to create health policies in a participatory way; and offering incentives to work in research, with the goal of generating and retaining a critical mass of scientists.

The groups recommended **specific actions** on a number of fronts. In relation to the **regulatory frameworks**, there was a push for creating and enforcing laws that safeguard ethics in research and establishing bodies that monitor activity and guarantee the recording of information. Expanding the debate regarding the informed consent of indigenous populations and other vulnerable groups was also recommended.

With regard to human resources training, the following was suggested:

- Train and educate researchers through work on projects that are related to NHRS priorities.
- Establish evaluation systems for researchers that include new assessment criteria, such as a project's positive externalities.

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- Form interdisciplinary groups with a broad vision for health research, promote stability of those teams, and promote training of scientific and non-scientific staff.
- Facilitate coordination with productive sectors.
- Provide more comprehensive training that aims at improving the methodological quality of proposals, respect for ethical principles, project management, group work, and communication and use of the research results.
- Promote early education in science and technology.

In regards to financing with national funds, the following was recommended:

- Seek innovative strategies for obtaining funds, such as taxes on industries that increase the incidence of disease and death (tobacco, alcohol and automobiles).
- Include health research agreements in loans from multilateral banks.
- When allocating funds, the quality of projects should be taken into account; however training and academic qualifications should not be a hurdle to access.
- Raise awareness among healthcare administrators and managers, and decision makers regarding public health investments, about the strategic advantages and the added value resulting from research.

Regarding **innovation**, the following was recommended: strengthening drug regulatory agencies; providing transparency in the context of public procurement; promoting public access to products of social and technological innovation; and incorporating traditional medicines into the innovation cycle in an explicit manner, paying attention to the equitable distribution of the resulting benefits.

In order to organize NHRS, assessing available capabilities and creating national data bases regarding researchers, research groups and scientific and technological production were suggested. These steps were also considered useful for orienting human resources training, funding research and fostering innovation.

What Can Be Done Within the Region

The conference advocated a common **strategic vision**: regional cooperation is a key factor in supporting NHRS, reconciling the interests of intellectual property with public health interests and reducing asymmetries in information, funding and technology.

In order to implement this vision, **lines of action** have been laid out that seek to take advantage of existing capabilities, and **specific actions** have been proposed regarding these different lines. A summary of those proposals is shown below:

- Create strategies and cooperative projects based on common and complementary interests. This requires actions such as the following:

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- Catalogue, spread awareness of and utilize available cooperation agencies in order to train human resources, exchange experiences, access research funds and develop and market drugs for neglected diseases.
- Exchange experiences regarding research management, funding, researcher training, and processes and methodologies for defining priorities.
- Encourage multi-centric research projects that seek joint funding in order to favour international participation by NHRS.
- Promote studies on the burden of disease to help define priorities for cooperation in the region.
- Take advantage of and adapt the S&T information systems available
- Establish a more fluid dialogue with technical cooperation and financing agencies to take advantage of the opportunities they offer for human resources training.
- Face the challenge of reconciling the interests of the intellectual property and public health within the region. For this purpose, the following were proposed:
 - Use as a reference the response model of the WHO Inter-Governmental Working Group on Innovation, Public Health and Intellectual Property (IGWG).
 - Invite both the health sector and civil society to take an active role in discussing intellectual property rights and public health.
 - Include in the discussion assessment of measures protecting intellectual property and possible compensatory mechanisms.
- Focus technology transfer on diseases that are not of commercial interest and affect those with the fewest resources. Among other actions, the following were suggested:
 - Identify and optimize the region's pharmaceutical production capacity, and define cooperative actions.
 - Facilitate access to products of good quality manufactured in the region, as occurs with the Revolving Fund for Vaccine Procurement and the Strategic Fund for medicines procurement, managed by PAHO.
 - Support initiatives that promote free access to scientific information, such as registries for clinical trials and their outcomes, virtual libraries, etc.
- Harmonize existing regulatory frameworks and processes in the different countries. For this purpose, the following were recommended:
 - Coordinate the processes for regulating drugs and assessing products of innovation in the region.
 - Create a Code of Conduct for international funders.
 - Foster compliance with the International Clinical Trials Registry Platform and its extrapolation to other types of studies, with mandatory enrolment.

International agencies for technical cooperation, in particular PAHO, COHRED and the Global Forum, can accompany NHRS development and contribute to the continuity of multinational initiatives.