This document summarizes the deliberations of the 39th Meeting of the Advisory Committee on Health Research (ACHR), held in Santiago, Chile, from 7 to 9 November 2005. The meeting was devoted to an open discussion of the role of the ACHR, its contribution to the work of the Organization, and its objectives and operations in light of developments such as the recommendations of the Ministerial Summit on Health Research, held in Mexico in 2004, the appointment of the new Secretary of the Committee, and the consultation on the role of WHO in health research, which began in 2005.

Recommendations made at the meeting of the ACHR:

1. Map out a health research strategy and policy for the Region. The strategy should derive from a policy adopted by the Governing Bodies.
2. Provide technical cooperation that strengthens the steering role and governance in health research in the countries.
3. Promote the strengthening of specific capacities in health research, involving actors from the scientific community, government, and society.
4. Take advantage of the national, regional, and global domains of PAHO to promote subregional and regional research agendas for action. Develop strategic partnerships for research in the Region. Make headway with the health authorities on the issues of the steering role and the strengthening of productive capacity. Make use of science and technology observatories. Train a critical mass of investigators in areas critical to knowledge generation.
5. The ACHR will advise the Director and the technical programs, seeking to ensure the greatest impact of health research resources on the well-being of individuals, preparing the Organization to face the new challenges in the generation and use of scientific knowledge and contributing to the strategic functions of the Organization.
6. Coordinate the ACHR with the World Health Organization’s global Advisory Committee on Health Research (ACHR)

Developments

1. The Director has selected new members to renew and round out the ACHR. The new ACHR will serve as a permanent virtual forum with input from the Director and the Secretariat and regular presential meetings.
2. The Secretariats of the ACHR and global ACHR are coordinating on initiatives of mutual interest, harmonizing projects pertaining to the Advisory Committees.

Annex: Executive Summary of the 39th Meeting of the ACHR.
Executive Summary

39TH MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)
REPORT TO THE DIRECTOR
SANTIAGO, CHILE, 7-9 NOVEMBER 2005

This document summarizes the “39th Meeting of the Advisory Committee on Health Research (ACHR)”. During the meeting, the ACHR reviewed the role of the Committee, its importance, objectives, and functioning, as well as the made recommendations.

1. Conclusions and Recommendations

1.1. The Committee, Its Composition and Operation

The Committee operates on the basic premise that research helps to address the deterioration of health services and marginalization of the population, when the best scientific evidence and research findings are incorporated into health policies and actions geared towards strengthening health systems and promoting the well-being of populations, equity, and regional solidarity.

1.1.1 The Committee will focus on the following:

(a) Assigning high priority to health on the international research agenda, and highlighting research as an important means towards strengthening and enriching human resources.

(b) Building bridges between health researchers and health managers, in cooperation with PAHO, to bring down barriers and facilitate constructive collaboration. This may include, among other things, learning how to facilitate knowledge translation in timely and useful ways.

(c) Strengthening PAHO’s capacity to act as a regional catalyst and integrator of health research in the Region.

(d) Strengthening health research stewardship by health authorities to facilitate health research developments that address country needs.
1.1.2 About the composition of the Committee

The Committee should have broad representation and encourage rich dialogue and lateral thinking. Its members should have varied backgrounds reflecting different areas of knowledge and expertise needed in the cycle of knowledge generation, analysis, and implementation. During the ACHR meeting, the need to offer greater involvement to health policy-makers was emphasized. Members will come mostly from countries in the Region. The inclusion of a health policy-maker, a consumer representative, and a member working with the media has been recommended.

The Committee’s Secretariat will remain with PAHO’s Research Promotion and Development Unit, in order to carry out the recommendations adopted by the Organization and the Director.

The President and other Committee members will serve for a fixed period of time. It is recommended that, in order to retain the benefit of experience while at the same time encouraging new ideas and contributions, a periodic replacement of members is implemented. This could mean, for example, replacing 25% to 33% of the Committee every year and inviting members to serve for three to four years.

The Committee will rely on advisors, ad hoc committees, and subcommittees with representatives from various countries. Virtual or face-to-face meetings are recommended on an annual basis, alternating the venue between Washington, D.C., and a PAHO Member State.

1.1.3 About the work of the Committee

The Committee will:

(a) Function as a live and permanent forum, with periodic partial renovation, influencing the Organization by making implementable recommendations and proposals.

(b) Advise the Director, the Organization, and the Technical Programs on maximizing the impact of resources invested in health research for the well-being of populations, developing strategies to foster collaboration and regional integration, and facilitating the apportionment of knowledge. This will be oriented to minimizing inequities, and strengthening the steering role and governance of health research.
(c) Serve as the radar, sentinel, and observatory, gathering intelligence to keep the Organization abreast of developments and prepared for coming challenges in health research and its use in health policy-making.

4. Contribute to the strategic functions of the Organization and to its efforts to improve research production, recovery, evaluation, and use of valid and relevant evidence for health management.

5. Help articulate the regional ACHR with the global ACHR of the World Health Organization, identifying needs and bottlenecks, helping to set out priorities in health research (considering aspects such as the burden of disease, local interest, vulnerability, etc.) and seeking some short-term successes while programming long-term initiatives.

1.1.4 *Key issues that the Committee needs to address and discuss in the near future*

(a) Financial resources for multicenter research projects at the country and subregional levels, among groups dealing with common problems, as well as internal associations within PAHO for research projects.

(b) Research priorities.

(c) Dissemination of research results.

(d) Building bridges between investigators and health policy-makers.

(e) Training within PAHO and at the country level on topics such as the search for financing, preparation of successful fellowship applications, presentation of research projects, writing of scientific articles, and synthesis of knowledge.

1.2 *The PAHO Secretariat and the Research Promotion and Development Unit*

The need to define a clear strategy and policy on health research for the Region, based on policies adopted by the Governing Bodies of PAHO, was emphasized. There is a favorable environment at the global level for placing research on international agendas, as expressed in the agreement of the Ministerial Summit on Health Research held in Mexico in 2004.

PAHO has been urged to deliver technical cooperation to support countries in strengthening effective health research steering and governance, and to promote collaboration on solving research problems and resource mobilization.

PAHO was asked to help strengthen specific capacities in health research, bringing different actors to work together, such as the scientific community,
governments, and society at large. Examples of this are seeking funds, publishing, networking, priority setting, and knowledge application in practice inside and outside of the Organization. PAHO should support strengthening of these aspects in countries with a robust research capacity, while supporting capacity developments in countries that do not have a robust capacity for health research. A need to foster a culture of research that impacts on society and benefits end users and the population as a whole was also identified.

PAHO’s advantage of working at the national, regional, and international levels to promote subregional and regional agendas on research for action needs to be maximized. PAHO should forge strategic alliances to support research in the Region and should also promote the debate on the steering role of health authorities, capacity strengthening in countries, and use of science and technology observatories. Technical cooperation should include facilitating the training of researchers (in person or using distance education) securing funding for research, developing quality protocols, publishing results, and translating knowledge into action.

2. Summary

Upon the request of the Director of the Pan American Health Organization (PAHO), Regional Office of the World Health Organization (WHO) for the Americas, the Secretariat of the Advisory Committee on Health Research (ACHR) convoked the 39th Meeting of the ACHR to review the role of this Committee and discuss its future, the importance of it continuing, and its functioning considering a series of new circumstances, particularly the appointment of the new Secretary of the Committee.

The ACHR has had various working modalities since its creation in 1932, and has contributed in a number of ways, including the formulation of policies and cooperation strategies on research within PAHO. It has also reviewed research activities in which the Organization participated. In its early years, the Committee met every two years, but during the last decade, the meetings have been held annually, with the exception of the previous regional ACHR meeting which took place in 2003. The Committee’s composition included 15 prominent scientists from the Region.

The agenda for the 39th meeting of the ACHR had three main parts:

(a) A panel on health research agendas in the Region of the Americas and on funding mechanisms for research, with contributions from responsible parties representing the ministries of health and the national councils of science and technology of Argentina, Brazil, Chile, Colombia, and Costa Rica.
(b) Debate on the production trends of scientific health research in Latin America and the Caribbean; patterns of collaboration between countries in the Region and with the other Regions; the foundation of a PAHO research policy and the role of the Secretariat; and the interaction between the Research Promotion and Development Unit and the ACHR.

(c) A panel on the experiences of Chile in health research.\(^1\)

It is anticipated that once the proposed conditions have been implemented, the ACHR will provide scientific leadership and guidance so that the Organization may fulfill its advocacy role in promoting research to improve the health of the peoples in the Region.

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\(^1\) More information is available in the document “39th Meeting of the Advisory Committee on Health Research (ACHR). Report to the Director.” Pan American Health Organization, 2005.