46th Session of the 
Advisory Committee on Health Research (ACHR) 
of the Pan American Health Organization (PAHO) 

Washington, DC, United States of America 
28–30 November 2016 

Report to the Director 
Introduction and ACHR Recommendations 

ACHR Secretariat 
Office of Knowledge Management, Bioethics and Research 
Pan American Health Organization 
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Figure 1 Participants at the 46th Session of the Advisory Committee on Health Research

Figure 2 Members of the ACHR and Secretariat: From left to right: Josefina Coloma, Jorge Maia Barreto, Ana Sánchez, Fernando Muñoz, Luis Gabriel Cuervo, Francisco Becerra, Nelly Salgado, Tomás Pantoja, Jackeline Alger.
Introduction

The 46th Session of the Advisory Committee on Health Research (ACHR) took place at the Headquarters of the Pan American Health Organization (PAHO/WHO), 525 Twenty-third Street, Washington DC, United States of America, on 28 – 30 November 2016. During the 46th Session the ACHR issued recommendations to implement and monitor PAHO’s Policy on Research for Health (CD49/10, the Policy), and developed approaches to channel research efforts towards the Sustainable Development Goals (SDGs). The Policy applies to Member States and PASB1

The objectives of the meeting were to:

- Facilitate a meaningful dialogue on Research for Health in the region.
- Take stock of the contributions and tools developed by the ACHR and PAHO.
- Acknowledge the advocacy role of the ACHR and its members for the Policy on Research for Health.
- Coordinate efforts with other regions and stakeholders to have a systematic approach, increase the value of research, and use research to strengthen health systems.
- Exchange feedback to identify the new challenges in public health, and discuss strategic approaches to build on research to achieve and maintain the SDGs.
- Think strategically of the challenges ahead for the next generation of research teams.

The two-and-a-half-day gathering of the Committee was preceded by virtual meetings of the ACHR Chair (Dr. Nelly Salgado), Secretary (Dr. Luis Gabriel Cuervo), ACHR members, PAHO’s Assistant Director (Dr. Francisco Becerra) and staff, to craft the agenda. The ACHR Secretariat scheduled preparatory meetings beginning in July 2016. It was also decided to incorporate a workshop for ACHR members authoring articles for a special issue on the Policy to be published in the BMJ.

With support from the office of the Assistant Director, the ACHR Secretariat asked PASB technical entities through their managers to provide: inputs on progress made, challenges and plans on every objective of the Policy, and submit questions for the ACHR. With the inputs provided the ACHR Secretariat prepared templates that were shared with ACHR Members, and added to the reference materials of participants. The ACHR President appointed ACHR members to lead discussion of each objective of the Policy. It began with a 7 minute summary presentation followed by a one-hour deliberation, and a 20 minute wrap-up session capturing the key ideas and recommendations for each objective of the Policy. Additional documentation and reference materials were shared with all participants, including a draft summary of the ACHR contributions made between 2009 and 2015. Most of the background documents can be downloaded from www.paho.org/achr. The documentation can be read at www.paho.org/achr. The agenda was organized to discuss the following six interrelated Policy objectives:

1) Promote the generation of relevant, ethical, and high-quality research;

2) Strengthen research governance and promote the definition of research agendas;

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1 The Secretariat of the Pan American Health Organization is the Pan American Sanitary Bureau (PASB); PAHO is comprised by the Member States and the PASB.
3) Improve competencies of and support for human resources involved in research;
4) Seek efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration and the building of public trust, and engagement in research;
5) Foster best practices and enhanced standards for research; and
6) Promote the dissemination and utilization of research findings.

There is also a mandate to monitor and evaluate the implementation of the Policy at the PASB. The purpose of the 46th Session was to efficiently advance the Policy on Research for Health and enhance its ownership by Member States and the Pan American Sanitary Bureau -Secretariat to PAHO/WHO.

*This recommendations follow the structure of the meeting and objectives of the Policy. A more detailed report of the deliberations will be found at www.paho.org/researchportal/achr.

Recommendations presented by PAHO’s 46th ACHR to the Director

ACHR members commend PAHO’s Secretariat for the continued progress in all key domains covered by the PAHO Policy on Research for Health, for its ongoing work with strategic partners that significantly expands its reach and visibility in the Americas; and for documenting progress in publications that illustrate the contributions of the ACHR to research for health. This progress is reflected in rich experiences and lessons learned in every objective of the Policy. There is also a need to continue taking stock and considering these milestones as benchmarks for the way forward. The Committee considers that in scientific research, PAHO (Member States and PASB) will find strategic and effective tools to respond to the challenges they face, such as supporting the Sustainable Development Goals.

The general ACHR recommendations include steps to ensure that the PAHO Policy on Research for Health achieves its desired impact and that this impact is measured:

1) The Research team within PAHO’s Secretariat\(^2\) should continue working, with support from the ACHR, to integrate indicators assessing the objectives of the Policy in PAHO’s periodic evaluations.
2) PAHO’s Secretariat should find effective mechanisms to make available to Member States and partners reliable and current regional and national data and knowledge about health research systems. These comprise among others, their capacities and outputs, data and knowledge utilization to adapt to the evolving landscape of health, and health systems, and their place in society, government and development. Member States and PASB should develop standardized dashboards or consoles with actionable data to monitor and offer transparent accountability of their capacities and outputs in research for health, and guide their decisions.
3) PASB should continue supporting national health authorities, local research institutions, and other relevant organizations, to promote research for health according to national priorities and specific needs for research evidence. This would result in health policies and practice being rooted on timely, rigorous and relevant research, as well as in knowledge of the local context. PASB should promote,

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facilitate collaboration among Member States and actively support them in strengthening their governance in research, adopting good practices and standards, and implementing governance and performance tools (such as policies, guidelines, regulations, international agreements, registries, etc).

4) Emphasis should be put on developing research teams and networks with a range of key skills addressing the multidisciplinary and multi-sectorial demands of impactful research for health, especially in the regions and countries that are trailing behind in their capacities to produce and use research for health. PAHO should consider innovative means to encourage researchers and research groups to embrace collaboration and work with actors from multiple disciplines and sectors that address social determinants of health. It should promote adequate use of every research component including the incorporation of social sciences and diverse methodologies such as mixed-methods, approaches and disciplines. Data collection and analysis should consider the entire cycle of the research process, from discovery to assessment to scaling-up of interventions. In general, behavioral changes, and other aspects of research for health should be integrated. Specifically, the ACHR recommends that:

   a. WHO’s Evidence-informed Policy Network (EVIPNet) is reactivated in the region.
   b. Promoting partnerships between non high-income countries.
   c. Advancing capacity building with local research teams and regional networks that bring efficiencies and facilitate collaboration and support across the subregions.

5) For consistency with the current paradigms, this Committee should be renamed the “Advisory Committee on Research for Health”, to reflect on the current, more comprehensive and inclusive paradigm that considers addressing the determinants of health and incorporates all relevant research that impacts on health.

6) PAHO must disseminate and advocate for the Policy among wider audiences, using different media and strategies, and promoting its appropriation. PAHO should highlight the added value of research for health and mobilize experts and managers to reduce research waste, and increase the value and appreciation of research for health.

Recommendations are geared towards PAHO (Member States and PASB) or the PASB.

**Governance: Strengthen research governance and promote the definition of research agendas**

1) PAHO should promote accountability, transparency and sharing of knowledge about research for health, especially for publicly funded research. Countries and the PASB should know what capacities, needs and outputs they have, and seize the benefits of research for health. Accountability is critical towards determining investments returns and research for health outputs. With reference to accountability, countries and PASB should have a console/dashboard of standardized indicators providing actionable data to strengthen the health research systems and monitor research capacities, needs and outputs; PASB should lead by example and provide annual reports of its research outputs and investment, and knowledge to strengthen health systems.

2) PAHO needs to build on reliable indicators to take stock and improve research governance and stewardship. PASB should support countries to capitalize on tools and good practices that are appropriate to their needs and capacities.

3) PASB should assist countries in need of technical cooperation to prioritize research, to be prepared to identify the specific and strategic research questions that guide the agenda of research for health.

4) PASB should have a dedicated research unit with a network of professionals from various PASB entities selected according to their research competencies, to mainstream research for health in
tangible ways that add value to the work of others within the organization while retaining a responsible team to champion and monitor these efforts.

5) PAHO and WHO should advance standards for fair ownership and control of data, considering the specific ethical issues that arise with respect to ownership or control over data in specific research settings (e.g. research involving indigenous communities).

6) WHO should re-establish its annual ACHR meetings with participation from the regions; these meetings resulted in impactful initiatives and brought coordination, efficiencies and harmonization across the regions

**Human resources: Improve competencies of and support for human resources involved in research for health**

1) PASB should identify strategic areas for developing skillsets that are needed in the region (e.g. scientific communication, research management, knowledge brokering) and address structural or procedural pathways to advance implementation of the Policy and the recommendations issued by the ACHR. PAHO should spearhead and support national and regional initiatives; including train-the-trainers schemes to build needed human capital, and sustainable capacities in countries. PAHO must conduct sound monitoring and evaluation of its capacity development efforts, and strive to incorporate human resources in research for health within the broader framework of human resources for health.

2) PAHO should work with strategic partners including those from other sectors, to bring research closer to the education system. It should promote the collaboration between academic institutions and health authorities and the use of research for health to achieve the SDGs

3) PASB should assist Member States in generating incentives and reward systems to establish robust research teams, use impactful knowledge, and develop successful career paths in research for health.

4) PAHO should share experiences on building nurturing environments at the regional and subregional level for research teams, networks and different expertise.

5) PAHO should promote innovation and learning environments to find new solutions, while maintaining a stronghold on evidence-informed health, where errors should be avoided.

**Impact: Promote the dissemination and utilization of research findings**

1) PAHO should capitalize on successful experiences and provide discussion spaces to balance global values and knowledge, with local realities.

2) PASB should capitalize on existing regional resources (e.g. RICyT, BIREME), promote clearing houses of essential resources for knowledge translation in public health, and for strengthening health systems.

3) PAHO should build on successful experiences and partnerships (e.g. EVIPNet, iPier, McMaster Health Forum), and have national strategies for the systematic use of research evidence in public health and policy.

4) PAHO should continue building and promoting capacities for knowledge brokering, as well as intelligence units that support health authorities at different levels of the health system. Knowledge translation skills need to be integrated into training programs and curricula to build the necessary human capital. This requires partnering with education programs and professional associations to build skills on knowledge translation, scientific communication and critical appraisal in a way that supports the next generation of research teams and leaders.

5) PAHO should test and adopt innovative tools to provide appealing valid real-time open-access information that guides decisions for health.
6) PAHO should partner with scientific and public communication experts to consistently and appropriately inform different relevant audiences on research findings and needs. PASB should revamp and rethink its communication strategies to expand the use of its good resources and tools in evidence-informed policy making, health care and prevention.

7) PAHO needs to prioritize sustainable strategies to build the networks and niches of excellence where standards and impactful quality research are produced in a timely and efficient manner (e.g. train the trainers courses with TDR, EQUATOR Network, Cochrane, or WHO Collaborating Centres).

**Partnerships: Seek efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration and the building of public trust, and engagement in research**

1) PASB should continue benchmarking successful programs, learning from experience, and fostering environments conducive to fair and impactful partnerships. PAHO should engage civil society and decision makers early in research development, so it can foster capacities to promote their meaningful contributions to research. PASB should continue to work with partners in promoting literacy in both health and science.

2) PASB should take stock of the regional experiences on developing research capacities (e.g. COHRED, INCLEN, Cochrane, Campbell Collaboration, 3ie, EVIDENCEAID, TDR, The Global Health Network, Healthcare Information For All – HIFA, etc.) to foster stronger health systems.

3) PASB and regional centers like BIREME should shed light on available databases to better exploit knowledge at the regional and national level (e.g. VHLs, Health Statistics Units, HRWeb, RICYT).

4) PASB should prioritize technical support towards sustainable strategies that result in impactful local capacities, networks, and niches of excellence. PAHO should promote participatory approaches where stakeholders are integral to the development and use of research for health.

5) PAHO should empower research teams and strengthen capacities where they are most crucial. It must convene different sectors and fields of knowledge to capture their perspectives and contributions to improve health and equity, and to achieve the SDGs.

6) PASB should collaborate and coordinate with regional bodies and networks interested in advancing the Policy on Research for Health (e.g. CARICOM, COMISCA, RIMAIS, FELSOCEM, etc).

7) PAHO should forge alliances that promote transparency and good practices based on public interest.

8) PAHO and WHO should continue to promote transparency, research registration, results reporting and other good practices, working with key stakeholders.

**Quality: Promote the generation of relevant, ethical and high-quality research for health**

1) PAHO should focus on building research teams and networks that are multidisciplinary and harness key competencies (e.g. management, different methods including mixed methods, communications, policy interphase, technology, taking stock of the evidence, packaging knowledge for different audiences) that keep them relevant and impactful.

2) PAHO should engage consumers and other stakeholders beyond the research experts (e.g. technical advisors, teachers, patient representatives, elected officials, legal advisors, and journalists) to participate throughout the research process—from the planning process to the dissemination and appropriation of results. This requires training cadres of such stakeholders in understanding the value of scientific evidence.

3) PAHO should set and promote standards and good practices for research review committees (ethics, methodology, safety, statistics, implementation, reporting)—including strategic aspects such as the assessment of equity or the balancing of benefits and harms.
4) PAHO should advance the standards and good practices that define research priorities to address specific problems with valid approaches. PASB should promote the development and adoption of validated processes to prioritize research and develop meaningful research priorities in the countries.

5) PAHO should engage key stakeholders to uphold research standards and good practices (e.g. publishers, ethics review committees, sponsors and funding agencies, and consumers).

**Standards: Foster best practices and enhanced standards for research**

1) PAHO shall continue to capitalize on sharing standards (regarding publicly and privately funded research) with stakeholders at all levels (publishers, regulatory agencies, ethics committees, methodologists, knowledge brokers, communicators, etc.).

2) PASB should advance recommendations and good practices for fair contracts and health research practices, through partnerships. These include standards for the sharing of data among specific communities, bearing in mind specific sensitivities.

3) PAHO should promote adherence to good practices and standards, establishing links with key administrative processes. PASB should lead by example ensuring its technical entities and managers implement the recommendations to advance the Policy.

4) PAHO should promote collaboration among funding agencies to establish open-access databases for research results and publications.

5) PASB should promote the setting of standards and good practices in research for health, its reporting and translation into regulations, policies, health care and prevention.

6) PASB should continue working with international bodies (e.g. ICMJE, COPE, EQUATOR Network, etc.) to advance good reporting standards and reduce research waste.

7) PAHO should promote the linking of published research results with registries and protocols.

8) PAHO’s Advisory Committee on Health Research should endorse the idea that data resulting from research involving human subjects is of public interest and that public accessibility of data should therefore be the norm.