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41st ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)
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Report to the Director

ACHR Secretariat
Research Promotion and Development Team
Technology, Health Care, and Research Area
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Organización Panamericana de la Salud
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1. INTRODUCTION

The Secretariat of the Advisory Committee on Health Research (ACHR) convened the 41st Meeting of the Committee at the request of the Director of the Pan American Sanitary Bureau (PASB), Dr. Mirta Roses Periago, as a follow-up to the 40th Meeting of the ACHR held in Montego Bay, Jamaica, from 29 April to 1 May 2007.

The objectives of the 41st Meeting of the Advisory Committee on Health Research were to:

(a) update ACHR members on the progress made in PAHO's technical cooperation projects involving health research since the 40th Meeting in Montego Bay;

(b) update ACHR members and consult them about PAHO's proposed policy on health research in order to develop an outline of the document for presentation and extensive discussion at the ACHR meeting in April 2008 in Rio de Janeiro, Brazil, and at the meetings of PAHO's Governing Bodies to be held during 2008;

(c) provide an opportunity for dialogue between ACHR members and the PASB's technical areas;

(d) review progress in connection with the ACHR work agenda, including the possibility of developing guidelines for evaluating PAHO and WHO recommendations and guidelines, and follow up on the commitments made;

(e) inform ACHR members about developments in the planning of the First Pan American Conference on Health Research and Innovation, scheduled for 16-18 April 2008 in Rio de Janeiro, Brazil.

2. OPENING SESSION

2.1 Opening Session

2.1.1 Opening of the event and welcoming remarks by the Secretary of the Advisory Committee on Health Research, Dr. Luis Gabriel Cuervo

Dr. Luis Gabriel Cuervo welcomed all ACHR members and others present at the meeting and announced that the Director of the PASB, Dr. Mirta Roses, was unable to attend the meeting due to illness.

2.1.2 Address by the Deputy Director of the Pan American Sanitary Bureau, Dr. Cristina Beato, on behalf of Dr. Mirta Roses Periago

Dr. Cristina Beato welcomed ACHR members on behalf of Dr. Mirta Roses and shared her own views on the role of research at PAHO/WHO and its implications for the achievement of greater equity in health in the Americas. In her presentation Dr. Beato pointed out the difficulties of performing sound, relevant research and of making appropriate use of research results in health policy making.

2.2 Procedural Matters

2.2.1 Presentation of the agenda by Dr. Jorge Izquierdo on behalf of the Chairman of the Committee, Dr. John Lavis

Since Dr. Lavis could not attend the morning session due to illness, Dr. Jorge Izquierdo presented the agenda and accepted being chairman of the session. The agenda was approved.

2.2.2 Introductions by members of the Committee and other participants

All ACHR members and PAHO/WHO staff members who were present briefly introduced themselves.

3. PRESENTATIONS

3.1 Report of the ACHR Secretariat and preliminary discussion, by Dr. Luis Gabriel Cuervo

Dr. Luis Gabriel Cuervo's report centered on the following messages: (a) ACHR recommendations have been heard and action has been taken on almost every front; (b) there is growing support for and awareness of the need to strengthen research production and the use of research results, and this is now reflected in high-level agreements, the Health Agenda for the Americas, and PASB's Strategic Plan 2008-2012 and (c) ACHR members have responded to the Secretariat's requests and have been supporting specific initiatives.

The presentation, which is found in Annex 3, provided an overview of the different lines of work the Secretariat is pursuing in order to promote and coordinate research in the Region and in PAHO/WHO. Dr. Cuervo focused particularly on those that would be dealt with in greater depth during the meeting: the development of PAHO/WHO's research policy, the progress of EVIPNet projects in the Americas, the registry of clinical trials in Latin America and the Caribbean, and the evaluation of PAHO/WHO guidelines and recommendations.

Dr. Cuervo also informed the ACHR about activities undertaken in preparation for two important meetings on health research that will take place during 2008: the First Latin American Conference on Research and Innovation for Health, to be held in Rio de Janeiro, Brazil, from 16-18 April, and the 2008 Global Ministerial Forum on Research for Health, which will take place in Bamako, Mali, from 17-19 November.

In response to Dr. Cuervo's report the Committee congratulated the Secretariat for having taken action in each of the areas for which it had issued recommendations during its last meeting, for its efforts across its full portfolio of activities and for its engagement of ACHR members in supporting key PAHO initiatives. It also expressed its support of PAHO's involvement in strengthening national health research systems in the Region, particularly in countries where no critical mass of skilled human resources exists in the sphere of health research, and of the Secretariat's role in planning the First Latin American Conference on Research and Innovation for Health.

3.2 Report on progress and the components of the proposed policy on health research, by Dr. Delia Sánchez

Subsequent to Dr. Cuervo's report, Dr. Delia Sánchez, a consultant with the PASB's Research Promotion and Development Unit (RC), presented an overview of progress in the development of PAHO/WHO's research policy.

Following the recommendations of the 40th ACHR meeting, RC conducted a survey on health research activities and priorities among PAHO'S areas, units, centers and country offices. Dr. Sánchez focused her presentation on the results of this survey, stressing that a low response rate (39.4%) made it impossible to draw definitive conclusions, but that a trend was nonetheless apparent and worth being discussed by the Committee. PAHO's strengths and weaknesses in the sphere of health research were presented and discussed by ACHR members. The main strengths identified were PAHO's direct presence in the countries; its profound knowledge of health conditions and of the status of health research in the countries; the existence of PAHO specialized centers that conduct important research and are fully integrated into the international academic community; and the inclusion of research in the country cooperation strategy documents of a very large percentage of country offices. PAHO's main areas for improvement include highlighting the importance of research in many areas of the Organization; establishing well-defined research priorities in many areas and units and in the PASB as a whole; focusing the areas for research; establishing robust mechanisms for ensuring good ethical review of research projects carried out or funded by the Organization; and, addressing the issues raised in reports from country offices by placing sufficient human and financial resources to respond to the demand for technical cooperation in health research. The full report is presented in Annex 4.

The Committee congratulated RC for the progress made in the development of PAHO's research policy. It agreed that the response rate was disappointing and felt this might point to: (a) an over-worked staff; (b) health research being accorded low priority; and/or 3) an urgent need to provide support in developing research capacity at different levels within the Region. It also mentioned the following as some of the more interesting findings: (a) contradictory answers to some questions; (b) research being regarded as highly important by the two centers that completed the survey; (c) very low rates of submission of research protocols to the PAHO Ethics Review Committee; (d) multiple funding sources for many research projects and failure of respondents to identify some of the large funding sources; and (e) the fact that research studies tend to align with national priorities where such priorities have been identified.

The Committee suggested that this work be pursued further and that an effort be made to determine why the response rate was so low, while emphasizing in a positive way the need to make a baseline diagnosis of the current state of health research in the Region. It also underlined that promoting research is one of PAHO's most important roles and that to move forward successfully PAHO will need to develop strategic alliances with potential funding agencies, such as development banks and foundations.

To prepare the group for continued discussion on the following day about the development of PAHO's research policy, Dr. Sanchez asked for ideas about what the policy should address and the points that should be covered by the document. The Committee offered many suggestions for consideration in developing PAHO's research policy and allocated extra time at the end of the second day of the meeting to further this discussion. During the second discussion period, Committee members expressed their concern about the lack of a consensus definition of health research and other concepts in PAHO's health research policy proposal.

The Committee also discussed the timeline ahead, agreeing that by the end of December 2007 an outline of the final document would be circulated amongst ACHR members and that a final draft of the policy document would be ready by late February 2008 for circulation for comments amongst ACHR members.

3.3 Progress of the EVIPNet project in the Americas. Networks for evidence-informed health policies, by Dr. Analía Porrás

Dr. Analía Porrás, a consultant with PAHO's RC unit, provided an overview of progress with the Evidence-Informed Policy Networks (EVIPNet) in Latin America, listing the countries and territories that participate-- Bolivia, Brazil, Chile, Colombia, Costa Rica, Mexico, Paraguay, Puerto Rico, Trinidad and Tobago, and the PASB's office in El Paso, Texas--and those that have expressed an interest. Dr. Porrás informed the ACHR about the steps taken to secure funding for EVIPNet Americas and to develop technical and strategic alliances. She talked about an EVIPNet workshop held at the Cochrane Colloquium in October 2007 in São Paulo, Brazil. Five countries belonging to EVIPNet Americas participated--Costa Rica, El Paso, Trinidad and Tobago, Paraguay and Chile—and approximately 40 delegates attended. The activity helped raise awareness about EVIPNet and identify opportunities for technical and strategic support. A framework agreement was signed between the Iberoamerican Cochrane Association and PAHO/AMRO to collaborate on a range of activities, including capacity building, technical cooperation, and other EVIPNet related activities.

Dr. Porrás spoke about several fund-raising activities under way, including an application for funds from the Spanish Carlos III Institute (ISCIII) for the upcoming biennium, currently under evaluation by the ISCIII. Dr. Porrás also presented a proposal for a skills-building strategy, developed by HSS/RC, Human Resources (HSS/HR) and BIREME, aimed at providing team members with the necessary skills to implement the EVIPNet strategy and at training a critical mass of qualified individuals to sustain EVIPNet over the long term. Certain partnerships had already been established for this purpose with the University of the West Indies, the International Clinical Epidemiology Network, and the U.S. Cochrane Center. The full presentation is included in Annex 5.

The Committee congratulated the Secretariat for its rapid progress in engaging country teams in planning their respective EVIPNet activities and noted that many countries have made tremendous progress. Some have already built EVIPNet activities into their technical cooperation agreements with the PASB, and only a few had not engaged significantly at that point in the planning phase.

The Committee also expressed its support for the proposed skills-building strategy for EVIPNet participants, as well as for the EVIPNet evaluation protocol, which includes plans for sharing data from the annual summaries of activities and outputs in each country; formative evaluations of priority-setting processes; policy briefs and deliberative dialogues; outcome evaluations in years 2 and 4 (following a baseline assessment), and impact evaluations in a small number of countries on year 3 and in all countries on year 5, as this will facilitate cross-country learning. Finally, the Committee expressed agreement with continued efforts to mobilize resources to promote EVIPNet.

3.4 Registry of clinical trials in Latin America and the Caribbean: PAHO proposal, Regina Castro and Luis Gabriel Cuervo

The presentation, which was delivered by Dr. Luis Gabriel Cuervo and Dr. Regina Castro, began with an overview of both the global and regional background for the development of a regional clinical trial registry, recent developments in the Region, and the Research Promotion and Development Unit's engagement in high-level advocacy to support a regional registry. Dr. Cuervo spoke specifically about PAHO's systematic efforts to raise awareness among partners, researchers, and grantees through publications, presentations, and interactions at various levels; the Organization's efforts to seek funding from strategic partners and stakeholders; and the support given to the trial registration requirement by *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*.

Dr. Cuervo talked about a meeting held in São Paulo, Brazil, on 26 October 2007 that brought together representatives from BIREME and PAHO (HSS/RC) and from research and government institutions and national registers within and outside the Region; representatives of the Iberoamerican Cochrane Centre and the Latin American Ongoing Clinical Trial Registry (LATINREC); members of the scientific and international advisory boards of the International Clinical Trial Registry Platform (ICTRP); and other technical experts. During the meeting it was concluded that a favorable climate existed in the Region, as evidenced by the fact that some countries, such as Argentina, Brazil, and Cuba, were already developing their own registration tools.

Dr. Cuervo also explained the recommendations made during the meeting, namely, to facilitate debate on ways to move forward with the implementation of the ICTRP proposal in Latin America and the Caribbean; to plan ahead, reach constructive agreements, build on accomplishments, and coordinate the work so as to avoid duplication and properly distribute responsibilities; and to have an open source tool to facilitate coherent and standardized trial registration, while allowing for local customization. The full presentation is included in Annex 6.

Dr. Regina Castro, Coordinator of Health Scientific Communication in BIREME (PAHO), provided an overview of BIREME's preparatory technical work on a regional registry and its consultations with PAHO country representatives.

The Committee expressed its recognition of the Secretariat's high-level advocacy in support of a registry of clinical trials. It also acknowledged BIREME's technical work and consultation process, which together enhanced the spirit of collaboration on this joint initiative within the Region, and praised PAHO/WHO country representatives for their willingness to adopt a regional approach.

The Committee requested a copy of the report of the regional meeting about clinical trial registration that was held in São Paulo, Brazil, in October 2007–among its attendees were Regina Castro, Luis Gabriel Cuervo, John Lavis, Trudo Lemmens, and Rodrigo Salinas--and agreed with Luis Gabriel Cuervo and Regina Castro that the PASB should continue to promote trial registration in compliance with WHO's International Clinical Trials Registry Platform, which calls for: (a) continuing advocacy; (b) monitoring progress; (c) defining strategies for implementation; and (d) defining strategies for promoting adherence.

The Committee agreed that PAHO's Ethics Review Committee should consider requiring trial registration for all studies that meet the registry's inclusion criteria and that trial registration should be mentioned explicitly in PAHO's research policy.

According to the Committee, PAHO should see the registry not as an end in itself, but as a means for improving health and reducing inequities in health through the transparent performance and reporting of medical research in human subjects. The Organization should, over time, begin adding study results to the registry. It was noted that PAHO should work in close collaboration with WHO in its work on the transparent reporting of clinical trial results and on the impact of intellectual property rights and trade secret laws on the promotion of transparent research.

3.5 Evaluation of PAHO/WHO recommendations and guidelines: contributions for PAHO policy, by Dr. Luis Gabriel Cuervo

Dr. Luis Gabriel Cuervo provided background information on WHO's establishment of a Guidelines Review Committee and the development of its Guidelines for WHO Guidelines initiative in response to criticisms that some of its guidelines were not evidence-based, resulting in discrepancies between guidelines, failure to differentiate between opinion and evidence, and possibly in inappropriate recommendations. He mentioned that developments in this field have been quick and recent and require that the Organization builds the skills and capacities necessary so that PAHO/WHO can catch up with those guideline developments and reflect good guideline development practices. He described a subsequent baseline assessment of 62 PAHO guidelines (or PAHO publications containing recommendations, other than WHO guidelines requiring translation) found in PAHO publications for 2000-2006, PAHO's Institutional Memory Database, and BIREME's PAHO HQ Library Catalog. To perform the evaluation, WHO's checklist for the assessment of guidelines was used. One reviewer individually

appraised all guidelines, with rather discouraging results and significant room for improvement. The full report is included in Annex 7.

The Committee praised the PASB for undertaking a critical self-reflection about its use of research evidence in developing recommendations for use at the country level, a step that was particularly important in light of the high profile accorded to PAHO recommendations within the Region. Proposed as elements of a response were:

- Awareness raising and capacity-building activities;
- Developing a cadre of information specialists with expertise on evidence searches to provide support to technical areas, centers and country offices;
- Working with experts in PAHO/WHO collaborating centers and networks (e.g. GIN-AGREE, Cochrane, etc) and building on agreements to develop in-house skills in guideline development processes;
- Incorporating in a PAHO Publication Policy the requirement to follow WHO's Guidelines for Guidelines standards
- Compulsory training as a requirement for guideline authors;
- Linking with the work of the Ethics Officer and the Ethics Review Committee.

The Committee agreed that: (a) developing recommendations is an area of expertise that has advanced quite rapidly, yet PAHO has already adopted some approaches that are now well accepted and has afforded examples of excellence in the use of these approaches (which should be profiled as success stories); (b) the evaluation has generated very helpful baseline information as PAHO addresses areas in need of improvement and should not be distributed by Committee members while PAHO prepares its response to the findings; (c) the results of the evaluation will also be very useful for the development of a PAHO research policy.

The Committee recommended looking more closely at: (a) the results of the evaluation in order to identify whether the use of approaches that are now well accepted increased over 2000-2006 (which can also be flagged as a success story); and (b) look at selected criteria used in the evaluation to decide whether all the criteria apply to all types of recommendations that PAHO may produce.

Following a discussion on how the evaluation would affect PAHO's image, the Committee expressed its belief that PAHO will be judged primarily by how it responds to this evaluation, and less so by what it has done until now. It agreed that PAHO should take a number of steps to respond to this evaluation, including raising awareness among all PASB staff; building capacity among PASB staff members who are involved in developing recommendations or could become involved in the future; developing a cadre of information specialists who can assist the people involved in developing recommendations; working with PAHO/WHO Collaborating Centers and with networks

in the Region that can assist the people involved in developing recommendations; incorporating into PAHO's publications policy a requirement that all documents containing recommendations meet a common standard--ideally WHO's existing Guidelines for WHO Guidelines--and establishing links with the work of the ethics officers and the PASB's Ethics Review Committee.

4. VISITS TO DESIGNATED PASB TECHNICAL AREAS AND UNITS

Dr. John Lavis explained how nine of the PASB's technical units/areas were invited by the Director to prepare a two- to three-page synthesis or PowerPoint presentation of the research situation, with particular attention given to: (a) the systematic use of research evidence to address technical cooperation needs; (b) research promotion; (c) addressing evidence needs; (d) knowledge translation for technical cooperation; (e) the dissemination of research results; and (f) resource needs.

Five technical units/areas did not respond to the invitation, so visits to them were not arranged. These units were: (a) Gender, Ethnicity and Health (GE); (b) Health Surveillance and Disease Management (HDM); (c) Health Systems Strengthening (HSS); (d) Sustainable Development and Environmental Health (SDE); and (e) Technology and Health Services Delivery (THS).

Pairs of ACHR members reviewed the synthesis/PowerPoint presentation of two technical units/areas that responded to the Director's request--Information and Knowledge Management (IKM) and Family and Community Health (FCH)--and then met with representatives of both units/areas and with Disaster Planning and Emergency Preparedness (PED), which also made itself available for a meeting, to discuss the response. Dr. Jorge Izquierdo and Dr. Rodrigo Salinas met with Dr. Richard Van West-Charles from IKM; Dr. Izzy Gerstenbluth and Dr. Trudo Lemmens met with Dr. Jean-Luc Poncelet from PED; and Dr. Fernando de la Hoz Restrepo and Dr. Moises Goldbaum met with Dr. Gina Tambini and several of her colleagues from FCH.

The Committee identified three common themes that emerged from the visits to the units/areas: (a) PAHO should think creatively about how to ensure capacity for operational research and for the dissemination and use of research evidence, and see to it that a climate that is conducive to continuous improvement in the use of research evidence (or more generally in critical self-reflection and results-based management) prevails throughout the Organization. These domains should not be perceived as the limited purview of a single unit (HSS/RC) or two specific areas (HSS and IKM) working in cooperation with one another. (b) PAHO should consider how to make the case for using the evidence generated by research (e.g., by producing case studies illustrating successes as well as instances in which processes could have been improved); how to harness many types of evidence; how to involve different types of people in supporting its use of research evidence; how to use the evidence generated by research and demonstrate that such evidence was used in developing recommendations, and how to support the use of evidence stemming from research by many categories of research users in the countries (including civil society groups) given the linguistic, cultural and other differences observed within and across countries in the Region, (c)

PAHO should review recent developments in the funding landscape (which show a trend toward less funding for research in the Americas) to determine how monitoring and evaluation can be built into proposals for new programs and identify other ways to give direct or indirect support to the production, dissemination and use of research evidence.

The Committee acknowledged that these interactions gave it only a limited view of the range of issues faced by technical units/areas and expressed the hope that the Committee and Secretariat could continue to engage these units/areas and learn from them.

5. PRESENTATION AND DISCUSSION OF RECOMMENDATIONS

Dr. John Lavis presented an outline of the meeting's minutes and recommendations. Since there was no time to discuss them, the Committee agreed to have them sent to all members via e-mail and to have ACHR members respond with their comments or questions. The document was circulated and approved, along with the recommendations listed under point 7 below.

6. CLOSING SESSION

During the closing session Dr. Cuervo thanked all ACHR members and PAHO staff members for their hard work and contributions during the meeting, and announced that the next meeting would take place in April 2008 in Rio de Janeiro, Brazil, just prior to the Latin American Conference on Research and Innovation for Health.

Dr. John Lavis thanked the Committee's guests for participating in the meeting, particularly Merle Josephine Lewis (FCH), who was present throughout its entirety, and Alberto Concha-Eastman, who participated in the discussions about the technical units/areas. He also thanked Committee members for their hard work between meetings and their collegial engagement in this meeting, as well as members of the Secretariat for their hard work in preparing for the occasion (which included extensive analyses that the Committee drew on directly in formulating its recommendations).

7. RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH TO THE DIRECTOR OF THE PAN AMERICAN HEALTH ORGANIZATION

The Committee recommends that PAHO accelerate its development of a draft PAHO research policy that will form the basis for consultations in the Region (which should include circulating a draft outline of the research policy by the end of December and a complete draft of the research policy sometime between late January and late February) and that PAHO continue collaborating with WHO to ensure that its research policy intersects with and amplifies elements of WHO's emerging research strategy in ways that contribute to the global agenda while addressing the unique issues faced in the American region.

The Committee urges HSS/RC to conduct a needs assessment and (based on the findings) to design and support the implementation of a training strategy targeted at EVIPNet team members; to continue its efforts (in conjunction with BIREME/PAHO and HSS/HR) to support countries as they move through the planning phase for EVIPNet, and to continue in its efforts to mobilize resources to support EVIPNet.

The Committee encourages BIREME/PAHO and HSS/RC to proceed with the technical work required to establish a regional registry in close cooperation with country representatives and to prepare for the types of technical cooperation that will be required to implement the registry, promote adherence, and (eventually) include trial results reporting, and the Committee encourages PAHO to continue its high-level advocacy for the registry, include trial registration as a requirement for ethics review by the PAHO's Ethics Review Committee, and work in close cooperation with WHO in its work on clinical trial results and on the impact of intellectual property rights and trade secret laws on the promotion of transparent research.

The Committee congratulates PAHO for being the first region to undertake a critical self-reflection focused on its use of research evidence in developing recommendations for use at the country level and encourages PAHO to write an article and/or position paper about PAHO's leadership in this field and the steps that PAHO is taking to respond to this evaluation.

The committee urges PAHO to continue to: (1) nurture a climate that supports the use of research evidence within units/areas in ways that are open, mutually supportive, and focused on continuous improvement; and (2) support units/areas in their efforts to produce guidelines and recommendations more generally in ways that follow now well accepted approaches, which may include identifying success stories and providing access to information specialists.

Rapporteur: Dr. Delia Sanchez
Secretary ACHR: Dr. Luis Gabriel Cuervo
President ACHR: Dr. John Lavis