

PAN AMERICAN HEALTH ORGANIZATION



ADVISORY COMMITTEE ON HEALTH RESEARCH

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A REVIEW OF ITS CONTRIBUTIONS TO  
HEALTH AND RESEARCH FOR HEALTH  
IN THE AMERICAS  
• 2009-2015 •

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Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

Advisory Committee on Health Research (ACHR)

**A review of its contributions to health  
and research for Health in the Americas  
2009 – 2015**



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Prepared by the ACHR Secretariat and reviewed by the members of PAHO's Advisory Committee on Health Research (ACHR/CAIS).

Authors: Alicia Lightbourne (Graduate intern) and Luis Gabriel Cuervo (Secretary, ACHR)

Reviewers: Johanna Michelle Fedorovsky, María Senés, Christina Schreckinger and Lorcan Clarke (Graduate interns).

Cover and interior text design by Lucía Belén Cambón (lulicambon@hotmail.com) as a contribution to PAHO's Research Promotion and Development team

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# EXECUTIVE SUMMARY

## INTRODUCTION

Covering the activities and recommendations of the Pan American Health Organization's (PAHO) Advisory Committee on Health Research (ACHR/CAIS) between 1962 and 2008, [A Historical Review of its Contributions to Health, Health Care, and Health Policies](#) was published in 2010. A summary of PAHO's 1962-2008 review was incorporated in the World Health Organization's (WHO) [History of the Advisory Committee on Health Research 1959-1999](#).



This document aims to complement the original review by assessing and summarizing the contributions that were made from 2009-2015.

## METHODOLOGY

The ACHR/CAIS Secretariat reviewed *the Historical Review of its Contributions to Health, Health Care, and Health Policies 1962-2008* and WHO's *Research and the World Health Organization: a history of the Advisory Committee on Health Research 1959-1999* and then conducted a literature review of documents published between 2008 and September 2015 giving emphasis to Reports to the Director and related documents from ACHR/CAIS meetings held between 2009 and 2015. Virtual databases, such as BIREME and PubMed, were also searched. The Secretariat held conversations with former and current ACHR/CAIS members to complement information and review drafts of this report; ACHR Members recommend its publication.

## RESULTS

Regarding the ACHR/CAIS itself, there has been a successful initiative to modernize the Committee in terms of changing the format of the meetings and balancing gender, age and expertise. For the first time, the Committee reached gender balance in 2014. A constant of this period was the continuous engagement of the Committee with consultations and activities done using information and communication technologies between meetings, the participation of PAHO's Director throughout the ACHR meetings and during the review of the final recommendations, and the reporting to PAHO's Governing Bodies. Recommendations and activities undertaken in the most recent years of ACHR/CAIS have been primarily influenced by the creation, adoption, and implementation of the [Policy on Research for Health CD49/10](#) (Policy) and [WHO's Strategy on Research for Health](#).

ACHR/CAIS has championed numerous initiatives primarily related to the Policy's implementation and advancement, like: methodologies and platforms for knowledge translation, organization of data on national health research systems, clinical trial legislation and registration strategies, capacity development for improved research standards, production and management, the development of a research registry for the PASB, the revamping of PAHO's ethics review committee, and the assessment of PAHO's research grants program and subsequent recommendations.

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## DISCUSSION

Moving forward, ACHR/CAIS must consistently endeavor to both adapt to current needs and anticipate future challenges, such as taking into account the [Sustainable Development Goals](#) set by the United Nations, and ensuring that all populations, specifically vulnerable ones, are represented. Internal and external collaborations and partnerships should be capitalized upon to streamline resources and prevent overlap and thus, waste. The ACHR/CAIS has also participated in the discussion leading to a monitoring and evaluation strategy for the Policy on Research for Health, including the development of scorecards to assess progress in Member States, and an assessment of the implementation of the Policy done with the Pan American Sanitary Bureau (PASB) managers that resulted in a set of 10 specific recommendations, published in April 2014. Equipped with the Policy and its promotion through the efforts of ACHR/CAIS and the engagement of the Organization's leaders, PAHO is well-positioned to not only continue improving health in the Americas, but to making sustainable, multi-sectorial impacts at the local, national and regional levels.

# INTRODUCTION

The Pan American Health Organization (PAHO) has constantly evolved throughout its 115 years of existence in order to adequately and effectively respond to the pressing health needs of the Americas, often in the direction of recommendations from the Advisory Committee on Health Research as summarized in *Advisory Committee on Health Research: A historical review of its contributions to health, health care and health policies 1962-2008*. PAHO has made significant strides in health throughout the Americas (such as the near eradication of several infectious and non-communicable diseases) that were heavily influenced by ACHR/CAIS and its support for research and evidence-based policy. In the period until 2008, ACHR/CAIS spearheaded initiatives to guide PASB in promoting and formalizing research with emphasis on

needs assessments and priority setting (1, 2).

Since the approval of the Policy on Research for Health in 2009, ACHR/CAIS's recommendations and subsequent progress have been directly related to the creation, adoption and implementation of PAHO's Policy on Research for Health (hereafter referred to as the "Policy"). The formulation of the Policy was directly supported by ACHR/CAIS and partnerships were immediately consolidated to support the Policy implementation. As depicted in Figure 1 (4), the Policy and other initiatives strengthen various components of national research systems in order to support health systems, influence determinants and attain the ultimate goal of a healthier population. It is important to note that knowledge translation –the integration of scientific research and other forms of evidence with policies and actions for health, serves as the

Figure 1.





driving force in this systems approach to technical cooperation. This ratified document was approved by all Member States at the 49<sup>th</sup> Directing Council and became the first regional policy of its kind; the Policy also predated and contributed to WHO's Strategy for Research on Health (A63/22) which was approved at the World Health Assembly in 2010 (5).

**Figure 2. Policy on Research for Health: objectives.**

**PAHO's Policy on Research for Health (CD49/10) six Objectives**

- 1)** To promote the generation of relevant, ethical and quality research
- 2)** To strengthen research governance and promote the definition of research agendas
- 3)** To improve competencies of and support for human resources involved in research
- 4)** To 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)** To foster best practices and enhanced standards for research
- 6)** To promote the dissemination and utilization of research findings

The Policy has six interrelated objectives that pertain to quality, governance, human resources, partnerships, standards and dissemination and utilization of findings (Figure 2). To support the implementation of and adherence to this Policy, ACHR/CAIS has championed numerous initiatives both for PASB and the Member States. (2-6)

The primary objective of this review is to complement the original document published by PAHO by synthesizing the work and overall impact of ACHR/CAIS from 2009 to 2015.

## METHODOLOGY

Prior to this review, two documents assessed the impact of PAHO's ACHR/CAIS and WHO's ACHR in their initial years. Both of these documents were used extensively to frame this report, which serves as an update. (2, 7)

Review for documents started in August 2015 with PAHO's ACHR website (<http://www.paho.org/ACHR>) and subsequently, the publicly available complete meeting documentation from the 43<sup>rd</sup> to 45<sup>th</sup> ACHR Meetings as those were within the desired time frame. Annexes of these reports and related documents to the ACHR Meetings were also included and cited with the Reports. Searches were also done in Virtual Health Library, BIREME, Cochrane Library, and the *Pan American Journal of Public Health* using the following search terms: "ACHR"; "Advisory Committee

*on Health Research*"; "CAIS"; "Comité Asesor de Investigación en Salud". Additional sources were also identified through interviews with current ACHR/CAIS members and the ex-officio secretary of ACHR/CAIS Dr. Luis Gabriel Cuervo.

The results were tabulated in chronological order according to their respective overall initiatives, and these initiatives were grouped according to the six objectives in PAHO's Policy on Research for Health. Due to the systems approach employed when the Policy was written, some initiatives have impacts in multiple objectives concurrently. Sources found included tables, reports and peer-reviewed articles. The review concluded in November 2015.

## RESULTS

There have been three ACHR/CAIS meetings held since 2008;

- ▶ **43rd Meeting**  
in Panama City, Panama in 2009,
- ▶ **44th Meeting**  
in Barcelona, Spain in 2011.
- ▶ **45th Meeting**  
in Hamilton, Canada in 2012.

It is important to note that the 43<sup>rd</sup> Meeting happened concurrently with the 52<sup>nd</sup> Session of the Advisory Committee on Health Research of the World Health

Organization. Thus, there are three Reports to the Director which, combined with its respective annexes on summary of activities, are cited heavily in this report. The search for documents was done between August and October 2015. (6, 8-9)

There have been many shifts within ACHR/CAIS since both its inception and the most recent report published in 2010. ACHR/CAIS has become more modern in many respects; it has adopted technological advancements and has become more balanced in age and gender distribution. Though the push to embrace technology to facilitate information sharing was initiated in 2005, it was implemented systematically during the 2009-2015 period including holding virtual meetings, consultations, and working on shared documents. Technology has allowed members to collaborate in between ACHR/CAIS gatherings as the need arises, and to better prepare for ACHR/CAIS face-to-face meetings, and follow up on them. In 2009, there was an intentional shift in meeting formats after a joint meeting with WHO's ACHR. Before convening, topics were organized following the Policy's objectives and sub-objectives (using WHO Strategy objectives for the joint meeting and PAHO's Policy objectives subsequently), and the progress of related activities has been tabulated in templates. These templates listed achievements, challenges and questions to the Committee and were developed in collaboration between some ACHR Members and PAHO Staff. The templates were circulated to participants before the face-to-face

meeting. During the face-to-face meeting, appointed leaders presented each objective and its assessment in about seven minutes. This was followed by discussion periods of 60-90 minutes in which attendees focused on the questions and issues raised, and formulated recommendations for PASB that were meant to be implementable. A summary of the recommendations were shared with participants and the Director, and during the final day of the meeting a discussion was held with the Director focusing on relevance and implementation. With the inputs from participants, including the Director, a final set of recommendations was issued, and submitted for presentation to the Governing Bodies.

The Committee also communicates and shares relevant information using a closed [LinkedIn group](#), and the quarterly [Research Newsletter](#) (6, 8-9).

During this period, the size of ACHR/CAIS has fluctuated between 10 and 14 members (not including the Secretary), and the percentage of women has steadily increased from 30% in 2009 to 50% in 2014, marking the first time that balance in gender distribution was attained. There have been 20 members representing 14 different countries since 2009 as shown in Figure 3. During these years, the position of the ex-officio ACHR/CAIS Secretary has been held by PAHO's Unit Chief/Senior Advisor for Research Promotion and Development, Dr. [Luis Gabriel Cuervo](#) (10).

Country	Number	Percentage
 Argentina	1	5%
 Brazil	2	10%
 Canada	2	10%
 Chile	3	15%
 Colombia	1	5%
 Ecuador	1	5%
 Honduras	2	10%
 Jamaica	1	5%
 Mexico	1	5%
 Netherlands Antilles	1	5%
 Nicaragua	1	5%
 Peru	2	10%
 Trinidad & Tobago	1	5%
 USA	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

**Figure 3. Country Representation in ACHR 2009-2015.**

The Policy on Research for Health seeks to improve public health through the strengthening of national health research systems (NHRS) and the development of sustainable capacities to seize the benefits of research, producing and using research to its potential throughout the Americas.

In 2009 a call was made to develop explicit criteria in research priority assessment in

order to streamline priority-setting processes, especially regarding equity. ACHR/CAIS has spearheaded the accrual of organized data about NHRS with the aim of revealing any gaps or weaknesses in each Member State, and has made recommendations to address such calls. Since the inception of the [Latin American Conferences on Research and Innovation for Health](#), ACHR/CAIS has actively engaged in the organization and development of the three official events: the First Latin American Conference on Research and Innovation for Health took place in Rio de Janeiro, Brazil in April 2008; a Follow-up to the First Latin American Conference on Research and Innovation for Health was held in Havana, Cuba, in November 2009; and a Second Latin American Conference on Research and Innovation for Health was held in Panama City, Panama in November 2011. These gatherings brought delegates from ACHR/CAIS, the national science and technology councils from the region, and the research focal points of the national health authorities, to work on identifying barriers and solutions towards having functional national health research systems capable of identifying their resources, capacities and outputs, and giving stewardship to research for health in the countries.

In addition to bringing these sectors to work together to propose the way forward and to facilitate linking research for health priorities with funding, these meetings produced a series of national reports that were uploaded into the [Health Research](#)

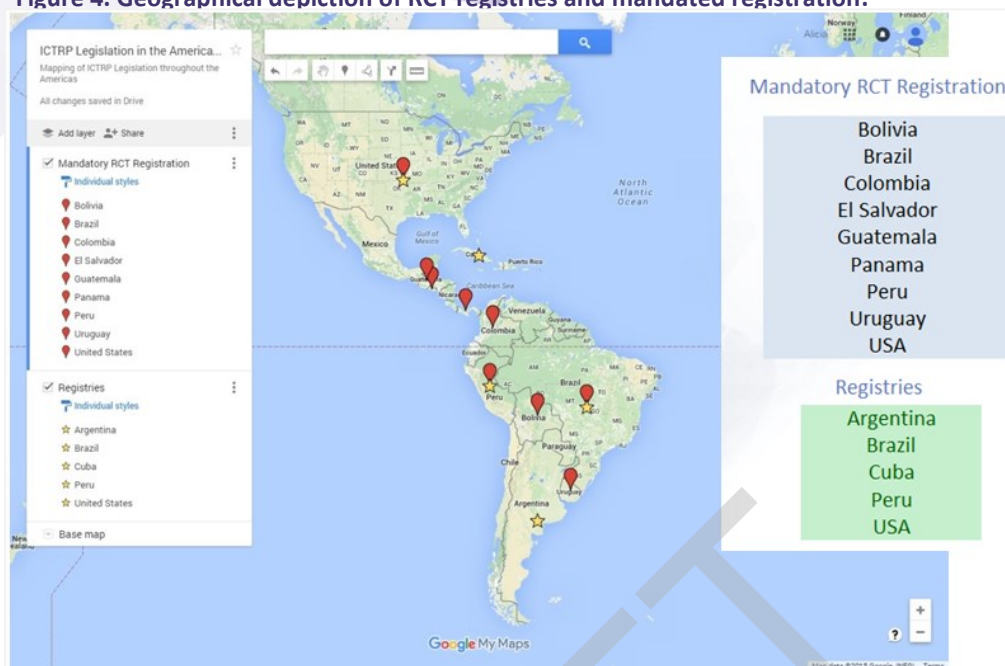
[Web \(HRWeb\)](#), a [wiki site with descriptors of national health research systems](#) and lead to the development of a [series of articles and webinars](#) analyzing the situation and way forward. HRWeb, which was launched in 2010, maps the key research-related resources in each country to manage NHRS by showing: governance and policies, national priorities for research, key institutions and networks, research ethics review, research regulation, research financing and partnerships, civil society organizations, research projects and publications, information resources and a country report. The use of explicit public data (as the one presented in HRWeb) following set standards in a systematic manner contribute towards improving transparency in research prioritization at the country, sub regional and regional levels (6, 11).

**Covers of the reports (click to open) of the Latin American Conferences on Research and Innovation for Health 2009-2015.**





**Figure 4. Geographical depiction of RCT registries and mandated registration.**



ACHR/CAIS and its former and present members presented various topics (including NHRS strengthening, setting national health priorities and equitable development) to regional and international leaders in health, science, and technology. As a result of these conferences, there has been successful documented analysis of national health research systems in 14 countries throughout the Americas with urgent proposals for their improvement at the local level. Reports of the Conferences can be found at [www.paho.org/LACRIH](http://www.paho.org/LACRIH) (6, 12-15).

In 2012, PAHO evaluated its research registry and PAHO's Ethic Review Committee (PAHOERC) updated their standard operating procedures to better respond to and assess studies beyond clinical trials, giving special emphasis to health systems and implementation research. Students from the University of Honduras aligned their research with their

country needs, influenced by the newest prioritization strategy (8-9).

A crucial component for strengthening NHRS is research transparency, for the sake of both research producers and research consumers. This push was initiated in 2007 when the digital regional library of health sciences information BIREME and PAHO proposed during the Cochrane Colloquium in Brazil, a common research registry for the Americas that could feed directly into international meta-registries such as the International Clinical Trials Registry Platform (ICTRP). By establishing and promoting ICTRP as a comprehensive meta-registry for clinical trials, there has been over a twenty fold increase in clinical trial registration within the Americas. As of 2015, five countries in the region have established their own national clinical trial registries: Argentina, Brazil, Cuba, Peru, and USA. Cuba and Brazil launched the first Latin American registries to be recognized as data providers for ICTRP in 2012, and



other countries such as Peru, are developing their own registries. Furthermore, a number of Member States have passed legislation or regulatory requirements for all clinical trials be registered (Figure 4). As of October 15<sup>th</sup> 2015, 19,390 trials have been registered in Latin America and the Caribbean. (9, 16-18) An important facet in taking a systems approach to implement the Policy in a sustainable manner is to build capacity and empower researchers in each Member State; this is largely made possible through the wide range of partnerships that PAHO has been developing strategically.

ACHR/CAIS maintains that PAHO must take advantage of these external and internal strategic collaborations in order to enhance efficiency and build engagement in research and public trust. [Examples of key partners](#) include (in no particular order): Organization of American States (OAS); McMaster Health Forum and McMaster University; EQUATOR Network; Council on Health Research for Development (COHRED); The James Lind Library; The Alliance for Health Policy and Systems Research; Latin American and Caribbean Center on Health Sciences Information (BIREME); Latin American Forum of Ethics Committees in Health Research (FLACEIS);

Latin American International Clinical Epidemiology Network (LATINCLEN); Ibero-American and Inter-American Network for Science and Technology Indicators (RICYT); Ibero-American Ministerial Network on Learning and Research for Health (RIMAIS);

International Network of Information and Knowledge Sources for Science, Technology and Innovation Management (ScienTI); Tropical Diseases, Special Programme on Research (TDR); four centers within the Cochrane Collaboration (Brazil, Canada, Iberoamerica, USA); and WHO Collaborating Centers such as Foundation International Center for Training and Medical Research (CIDEIM) / WHO Collaborating Center for Leishmaniasis; WHO Collaborating Centre for Complexity Science for Health Systems at the University of Vancouver; WHO Collaborating Centre for Evidence-Informed Policy at McMaster University; WHO Collaborating Centre in Ethics and Global Health Policy at the University of Miami (19).

These collaborations have resulted in substantial outputs that advanced the objectives of the Policy on Research for Health by strengthening the building blocks of health research systems; for example, a partnership between CIDEIM, TDR and PAHO has resulted in the establishment of four training centers on Effective Project Planning and Evaluation in Biomedical Research (Cali, Kingston, Tegucigalpa, and Fiocruz), the training of dozens of trainers, and an impactful training of hundreds of research teams across Latin America and the Caribbean. Similarly, activities organized with a range of institutes (the United States' National Institutes of Health - NIH, the Ministry of Health of Colombia, the University of St. George's in Grenada, CARPHA, PAHO and others) has resulted in the training of cohorts of research teams

who have successfully applied to NIH research grants. These are just two examples among many of the capacity developments done with a systems approach to enhance health research systems (21-24).

Though volume can indicate an increase in research for health, steps must be taken to ensure it is impactful, of high-quality, ethical and done responsibly. ACHR/CAIS proposed the updating of PAHO's Ethic Review Committee (PAHOERC) and integrated in its works issues such as research registration and other tools to protect human and animal subjects, increase the value of research, and reduce waste of already limited resources. Through a specific committee, ACHR/CAIS has also advocated for the enhancement of the guideline development processes ensuring that research evidence and proper standards were used in the development of guidelines and recommendations, and the process was aligned and integrated with [WHO's Guideline Development Process and Review Committee](#). A study published in 2011 noted that though registered randomized control trials exhibited "larger sample size and longer follow-up, and reported more frequently information on funding, conflict of interests, and ethical issues", there was still a lack of adherence to proper research reporting standards and the overall proportion of registered trials were low (6, 9, 18).

Starting in 2011, partnerships were expanded expressly to improve research

reporting standards, train research producers and users, and thoroughly incorporate related topics such as equity and beneficence, to consider the balance between benefits and harms. Initiated with support and guidance from ACHR/CAIS, a partnership with the EQUATOR Network spawned a mutually beneficial collaboration supporting a comprehensive effort to increase the value of research for health, and reduce its waste through a virtual library that consolidates health research-related tools and documents. ACHR/CAIS has also worked to make EQUATOR more accessible through supporting the translation of research reporting guidelines into Spanish and Portuguese (2013) and developing Spanish and Portuguese interphases of the EQUATOR website launched in 2015. The EQUATOR Network has also opened spaces to enhance the importance of these developments to public health and highlighted the Policy on Research for Health at high levels, such as its [Annual Lecture 2015](#), placing the Policy high on the agenda of leading initiatives to increase the value of research and to address research integrity throughout the region and the world (26).

Also in 2011, the Cochrane-PAHO award recognized technical excellence in systematic reviews and protocols related to priority health systems issues from the Americas. These awards were delivered during the Colloquiums held in Ibero-America and resulted in numerous protocols and reviews addressing priority topics for the regions. Selection committees

included delegates from a range of technical areas of the Pan American Sanitary Bureau, getting staff acquainted with such developments.

A partnership between the National Institutes of Health of the United States (NIH), the Colombian Ministry of Health, and PAHO, engaged and trained teams of researchers and research managers from Central America and the Andean region in 2012, to enable them to deliver successful grant applications. This initiative was well evaluated and was therefore replicated in the Caribbean in a partnership between NIH, PAHO, the Caribbean Public Health Agency (CARPHA), the University of the West Indies, and the host institution St. George's University.

PAHO also worked with the Canadian Cochrane Center to produce over forty webinars ([Cochrane Canada Live webinars](#)) on health systems research, research policy, methodology and communication. These were developed between 2009 – 2015 and had thousands of live participants and the recordings are used as reference materials with many thousands of downloads (6, 8-9).

In recent years, ACHR/CAIS has actively promoted knowledge translation through advancing methodologies and consolidating global platforms such as EVIPNet Americas with support from key partners like the WHO Collaborating Center at McMaster University, the Pontificia Universidad Católica de Chile, and a network of experts and partners. The Evidence Informed Policy

Network (EVIPNet) has been sponsored by WHO and was adopted by PAHO in 2007; it allows a systematic integration of research into policy and health care delivery by building local teams for knowledge brokers who support the health authorities. These knowledge brokers work within an international network and share resources in ways that facilitate cooperation, share standards and reduce duplication of work. They also share, helpful monitoring and evaluation methodologies. EVIPNet bridges the policy and research environments by presenting evidence informed policy options that can be discussed with different stakeholders, such as civil society; this allows to use research evidence to seek shared views and common ground between researchers, policy makers, and the people affected by decisions. Several evaluations have shown that [EVIPNet Americas](#) is working improving processes, leading to the production of strategic evidence summaries to inform policies, informing deliberative dialogues with stakeholders, and impacting on health outcomes in some constituencies. WHO will be publishing late in 2016 a collection of EVIPNet success stories including some from the Americas. Due to prior success, capacity building was scaled up in 2009 and workshops were started in 2010 to train over 700 local personnel on skills that facilitate knowledge translation (e.g. searching, appraising, summarizing and presenting research evidence to inform policies) and some would be prepared to teach others these skills. [Between 2010 and 2013](#), systematic evaluations sought to measure any impacts, knowing some of the

key outcomes may require longer follow ups. In that period, twelve countries had used EVIPNet in developing fourteen policy briefs and ten dialogues. As an example of EVIPNet's success, a rapid response mechanism in a Brazilian municipality developed policy briefs to address neonatal mortality, Dengue fever, and an exercise to prevent non-communicable diseases (9, 20).

## DISCUSSION

Through the efforts and recommendations of ACHR/CAIS, PAHO has remained at the forefront of public health throughout the Americas, in part due to its unwavering commitment to the widely diverse populations of the region and its seamless coordination between different countries and regions; however, there is more to be done.

Though ACHR/CAIS is now more diverse than ever, a systematic and strategic method should be implemented to ensure gender and ethno-cultural balance in the future; this initiative will emphasize that PAHO/WHO and ACHR/CAIS are devoted to ensuring that all peoples in the Americas and their needs are represented in the endeavor to improve health for all.

In line with ACHR/CAIS's recommendations for the future, a monitoring and evaluation plan was created and needs to be implemented to hold Member States and

the Pan American Sanitary Bureau (PASB) accountable in their adherence to the Policy. For this to be effectively accomplished, indicators must be assigned to each objective and sub-objective. To address this, the Secretariat, in coordination with the President of the ACHR, guided professionals working at PAHO to develop progress indicators for the Policy on Research for Health. After several attempts that resulted in complex and costly assessments, it was recommended to use the existing PASB Biannual Work Plan evaluation process that would allow capturing good enough essential information and that if complemented with three variables that were not being assessed and if included these would allow getting a rough periodic assessment of progress in the countries. The variables to be added to the periodic evaluation focused on: (1) PASB being able to systematically report on the research projects it sponsors, produces, funds or conducts, and to measure how well these projects align with country priorities; (2) Including the indicators for human resources involved in research for health in the indicators used to assess human resources for health; (3) reporting the financial flows for research within PASB and in Member States.

These assessments would be complemented by surveys at PASB to assess adherence by managers and staff, and other specific assessments such as those of research registration and financial flows in countries and PASB. The proposed periodic evaluation was deemed the most efficient

as it would not require conducting additional measurement exercises or workshops in Member States. The recommendations were done in consultation with PAHO's Planning and Budget Department (PBU) and presented at PAHO HQ in June 2015, and in the preparation of the Program and Budget 2018-2019, in August 2016 (23).

A baseline of the Policy implementation was done by surveying in 2013 PASB managers. The results were distributed to all PASB managers in 2014. The implementation survey revealed several key findings that resulted in ten recommendations for the future, mainly for PASB managers to adopt and promote. A survey for Member States was to be complemented with updated surveys of PASB managers and an assessment of research as an essential public health function, considering the baseline assessment made in 2001 has not been updated and it was then quite focused on response to specific diseases missing on the new focus on determinants of health and research for health, not just within the health sector. The proposal to advance this assessment of research as an essential public health function found a good number of partners but has been put on hold for the meanwhile. A recommendation was made to generate incentives for adherence to established programs such as guideline development. Similarly, ACHR/CAIS members suggested the creation of a subcommittee to develop measurable indicators and assess tangible health impacts of their recommendations, and to

reestablish PAHO's Research Grants Programme that could serve several strategic aims, such as generating knowledge while building capacities on key topics (27, 28).

Although there is internal support for a shift to research for health as reflected in the Policy, current times necessitate that ACHR/CAIS exhibit a formal shift from "health research" to "research for health" to bring on board innovation and solutions that consider the holistic nature of problems and solutions for health, the many contributions from different fields of knowledge and the multi-sectorial approach that complements the health-in-all-policies approach, facilitating a more coordinated attack on health inequities that limit human development and impact on public health. Officially adapting this view would mobilize PAHO and its partners, and facilitate a more sustainable approach with benefits in health as well as other sectors. It is also necessary to continue the high level support and the Director's engagement with the ACHR as well as the Executive Management, to ensure that PAHO keeps walking the talk in terms of integrating research into its technical work, and implementing the Policy on Research for Health.



## CONFLICTS OF INTEREST

Alicia Lightbourne: None declared.

Luis Gabriel Cuervo is PAHO's ACHR  
Secretary and Senior Advisor for Research  
Promotion and Development

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