



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **POLICY ON RESEARCH FOR HEALTH**

#### **Introduction**

1. Over the past decade global and Regional health research has taken on a higher profile. There has been a dramatic rise in funding for global health and health research (1), a stronger interest in innovation and technological advancement (2), an emergence of numerous global health research initiatives, increased attention paid to health systems research and evidence-informed policy and practice, and more awareness of the political, economic, environmental and social determinants of health. Now the time has come for a policy on research for health for the Pan American Health Organization (PAHO). Such a policy would assist and guide the Organization's technical cooperation in research for health over the coming years, set the foundation for the development of strategies and action plans that address the needs of the Region of the Americas, and align and harmonize them with relevant global and Regional policies (3-10).

#### **Background and Rationale**

2. High-quality research is essential for equity, health and socioeconomic development, and to attain the health-related Millennium Development Goals (11-12). In recent years, national governments, PAHO/WHO, the international research community, and other partners have been calling for the development and strengthening of national health research systems, and to improve the production and use of research that addresses health, equity and development needs (2-19).

3. Every country needs sustainable research systems if it is to improve its population's health and to reduce inequities and social injustice (2, 4, 13-15). Although the importance of such systems has been widely acknowledged, much needs to be done to build local capability in research and innovation in low- and middle-income countries, including those in the Region of the Americas (2).

4. Research is of fundamental importance for WHO, as reflected in Article 2 of its Constitution (7), in the eleventh General Programme of Work, 2006-2015, and in its six central core functions, which consider or require research competencies for their fulfillment (8).

5. Research also has been a core function and priority for the Pan American Sanitary Bureau since 1924, as reflected in the Pan American Sanitary Code (20), and is central to PAHO's mission (21). PAHO's Director's Report to the XVI Pan American Sanitary Conference in 1963 included a statement for research policy (22), and a 1983 paper entitled "PAHO/WHO research policy"(16) proposed an update to that statement. Although research is specifically addressed in PAHO's current main policy and planning documents (5-6), Member States have not endorsed an explicit research policy.

### **Development and Consultation Process**

6. The development of this Policy Document on Research for Health for PAHO builds on and integrates elements of:

- (a) consultations carried out during the development of the WHO Research for Health Strategy, which was submitted by the 124th Executive Board of WHO (January 2009) to the 62nd World Health Assembly (May 2009) (23);
- (b) consultations with the Advisory Committee on Health Research during ad-hoc sessions and during its 40th, 41st, and 42nd sessions (24);
- (c) a review of PAHO's existing research policy documents and other relevant documentation, including an assessment of the essential public health functions that was carried out in 2002 (25);
- (d) the First Latin American Conference on Research and Innovation for Health and Regional contributions to the Bamako Call to Action presented to PAHO's 48th Directing Council (2, 26); and
- (e) Consultations with internal and external stakeholders, including Pan American Sanitary Bureau (PASB) staff and WHO counterparts, between January and April 2009.

## **Draft Strategy Mission, Vision, Goals, and Objectives**

7. The new policy will address Regional needs, respond to international appeals for a strategic approach to improve research governance and stewardship, and strengthen essential public health functions (2-4, 9, 13, 25). The policy also will help harmonize, align, and facilitate the implementation of major global research strategies in the Region of the Americas, including WHO's Strategy on Research for Health\* and the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (3, 10, 17, 23).

8. Moreover, PAHO's Policy on Research for Health will bolster ongoing activities related to the Mexico Statement from the Mexico Ministerial Summit on Health Research (4, 13) and encourage an effective Regional response to the Call to Action from the Bamako Ministerial Forum on Research for Health; the World Health Report 2008: Primary Health Care Now More Than Ever; and, the report of the Commission on Social Determinants of Health (15, 18-19, 23, 27).

9. The policy also represents an opportunity for the Organization to review and revitalize the role of research within PAHO, as well as PAHO's role in the relevant research performed in the Region. It will be instrumental in improving PAHO's support to Member States in building research capacity to produce, share, and use knowledge from scientific evidence and it will strengthen PAHO's leadership role in influencing the Regional research-for-health agenda. Finally, the policy will help PAHO better communicate its involvement in research for health.

10. In these ways, and by providing guidance for subsequent strategies and action plans, the policy will integrate research into the response to other PAHO policies and mandates and will contribute towards equity, health, and development in the Americas.

## **Proposal: A PAHO Research for Health Policy**

11. This is an overarching policy that will underpin all of PAHO's work. As does WHO's Strategy on Research for Health, it covers the full spectrum of research, which spans five generic areas of activity: assessing the problem; understanding its cause(s); elaborating solutions; translating solutions or evidence into policy, practice, and products; and evaluating the impact of these solutions on the level and distribution of the problem. The operational definitions for PAHO's Policy on Research for Health are provided in Annex A.

12. The term "research for health" reflects the fact that improving health outcomes requires the involvement of many sectors, disciplines, and stakeholders.

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\* PAHO policies match strategy papers in WHO's taxonomy.

13. This policy aims to ensure that PAHO remains true to being a knowledge-based organization, that strong and sustainable national health research systems are found in every country in the Americas, and that research evidence constitutes a cornerstone of all activities aimed at attaining the highest level of health and equity. The achievement of these aims will require that the Secretariat, Member States, and partners work together to harness science, technology, and broader knowledge in order to produce research-based evidence and tools and foster innovation for the improvement of equity, health, and development.

### **Guiding Principles and Values**

14. When undertaking activities related to research and the use of scientific evidence, PAHO will be guided by the Organization's values of equity, excellence, solidarity, respect, and integrity and will consider cross-cutting priorities (such as gender equality, ethnicity, social protection, health promotion, human rights, and primary health care).

15. In addition to these Organizational values, PAHO's Policy on Research for Health is grounded in four principles that will guide the achievement of its goals and objectives: impact, quality, inclusiveness, and communication and accessibility.

### **Goals and Objectives**

16. Six interrelated objectives have been established for PAHO's Policy on Research for Health: (a) to promote the generation of relevant, ethical, and high-quality research; (b) to strengthen research governance and promote the definition of research agendas; (c) to improve competencies of and support for human resources involved in research; (d) 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; (e) to foster best practices and enhanced standards for research; and (f) to promote the dissemination and utilization of research findings; and (g) to promote participatory mechanisms for evaluating the health research policy.

17. The six objectives are consistent and synergistic with the five goals of WHO's Strategy on Research for Health, which are: to strengthen the research culture across WHO; to champion research that addresses priority health needs; to support the development of robust national health research systems; to promote good research practice; and to strengthen the links between policy, practice, and the outcome of the research.

## **Implementation**

18. It is envisaged that a subsequent strategy and plans of action will be drawn up to implement PAHO's Policy on Research for Health, properly harmonized with other relevant policies and with a synergistic and complementary approach towards WHO's research strategy and plan of action on public health, innovation, and intellectual property.

19. PASB will work with Member States to monitor human and financial resources for health research, promote good governance for research, and develop incentives for the sustained development of research production and its use. In doing so, PAHO will strive to lead by example.

20. This policy applies to all work throughout the Organization. Research commitments shall be reflected in institutional policies and program budgeting and planning, implementation, monitoring, and evaluation; human resource management; and knowledge management. Effective implementation of the policy will require senior-level commitment and validation, as well as organizational support, including the coordination of activities to advance staff's research skills and knowledge. It also will require that knowledge resources be properly used, and that progress be made towards reaching investment levels recommended for research activities by expert committees, resolutions, and ministerial forums. The recommendation is for 5% of the combined core and voluntary budgets to be used in support of research (including dedicated funds for the implementation and evaluation of the Policy on Research for Health) (4, 11, 15).

21. These actions will help ensure the integration of research evidence in all of PASB's work in different fields. In collaboration with Headquarters, country offices and other entities, PASB will work with ministries of health, other sectors, non-governmental organizations, the UN system, the inter-American system, development agencies and civil society organizations to better integrate research into health systems and health care across the Americas.

## **Evaluation**

22. The Organization will report to the Governing Bodies on the implementation of this policy and the development of subsequent strategies and action plans. It will keep the Advisory Committee on Health Research abreast of relevant developments and it will work in coordination with other key teams such as Knowledge Management and Communication, technical areas, and centers. It also will seek to influence and offer consistency and sound synergies with other policies and activities (such as gender equality and publications). It will strive to characterize PASB's contributions to research,

technical cooperation, investments, and resources devoted to research through periodic reports.

23. Reports will be complemented by other relevant sources such as the essential public health function evaluations that include research.

### **Action by the Directing Council**

24. The Directing Council is invited to review the draft of the Policy on Research for Health (Annex A) and to consider the adoption of the resolution recommended by the 144th Session of the Executive Committee in Annex C.

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## POLICY PAPER ON RESEARCH FOR HEALTH

### Background and Rationale

1. The Pan American Health Organization's work is guided by the vision of being "the major catalyst for ensuring that all the peoples in the Americas enjoy optimal health and contribute to the well-being of their families and communities." The search for equity, the core value of this vision, is seen as the quest for "fairness and justice by eliminating differences that are unnecessary and avoidable" (1).
2. High-quality research is essential for equity, health, and socioeconomic development (2) and to the attainment of the health-related Millennium Development Goals (3). In recent years, national governments, PAHO/WHO, the international research community, and other partners have issued several calls for action to create and strengthen national health research systems, especially in low-income countries.
3. All countries need sustainable research systems in order to improve their populations' health and well-being, reduce inequities and social injustice, and promote economic and social prosperity (4-9). Although the importance of such systems has been widely recognized, much needs to be done to build local research and innovation capacity in low- and middle-income countries, including those in the Region of the Americas (10). In industrialized and developing countries, research for health has been an economic driver for improving the stock of useful knowledge; enhancing competitiveness; improving accessibility to useful products; strengthening the industrial, economic and health sectors; improving social knowledge and the ability to solve complex problems; and addressing some social determinants of health (11-15).
4. The fundamental importance of research for WHO is set forth in Article 2 of the Constitution of the World Health Organization (16), and in the eleventh General Programme of Work 2006–2015, the harnessing of knowledge, science and technology is highlighted as one of seven priority areas. The latter also identifies six core functions for WHO, one of which is: "shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge" (17). The other five functions—providing leadership, setting norms and standards, articulating evidence-based policy, providing technical support, and monitoring the health situation—all require strong research competencies among the Pan American Sanitary Bureau's staff.
5. In the Region of the Americas, research has been a priority of the Pan American Sanitary Bureau since 1924, when it was highlighted as a core function and duty in Chapter IX, Article 56, of the Pan American Sanitary Code (18).

6. Research is central to the Pan American Sanitary Bureau's mission "to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas" (1).

7. A statement for a PAHO policy for research was included in the Director's Report to the XVI Pan American Sanitary Conference in 1963 (19) and in 1983, a paper entitled "PAHO/WHO research policy" (20) proposed an update of that statement. Although research is specifically addressed in PAHO's current main policy and planning documents (21-22), no explicit research policy has been endorsed by Member States.

8. Over the past decade, however, research has gained a higher profile, manifested in a dramatic rise in funding for global health and research for health (23); greater interest in innovation and technological advancement (24); the emergence of numerous global health research initiatives; increased attention to health systems research and to linking policy, practice, and scientific research evidence; a growing demand for research on public health; greater awareness of the political, economic, environmental, and social health determinants; and a significant growth and exchange of knowledge for health diluted within a superabundance of information. The time has come for establishing a PAHO policy on research for health, approved by its Governing Bodies, to assist and guide the Organization's technical cooperation in research for health over the coming years.

9. The new policy will address a Regional need and will respond to international appeals (4-6, 10, 25) for setting a strategic approach for PAHO (including Member States) to improve research governance and stewardship and further develop essential public health functions (10). This policy will help harmonize, align, and facilitate the implementation of two major global research strategies in the Region of the Americas. The first is WHO's strategy on research for health, which was developed in response to a position paper on WHO's roles and responsibilities in health research (26). Resolution WHA60.15 requested the Director-General to submit to the Sixty-second World Health Assembly a strategy for managing and organizing research activities within WHO (27). The second is the global strategy and plan of action on public health, innovation, and intellectual property, which was the outcome of the second session of the Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property (28).

10. Moreover, PAHO's research for health policy will bolster ongoing activities related to the Mexico Statement from the Mexico Ministerial Summit on Health Research (4, 29), and it will foster PAHO's effective response to the Bamako Ministerial Forum on Research for Health's Call to Action, to expressed Regional needs (30), to The World

Health Report 2008: primary health care now more than ever (31), and to the report of the Commission on Social Determinants of Health (32).

11. The policy also represents an opportunity for the Organization to review and revitalize the role of research within PAHO and the role PAHO is to play in relevant research performed in the Region. It will be instrumental in improving PAHO's support to Member States towards building research capacity to produce, share, and use knowledge from scientific evidence, and it will strengthen PAHO's leadership role in influencing the Regional research-for-health agenda, addressing the Health Agenda for the Americas, achieving the Millennium Development Goals, and responding effectively to mandates that emerge from PAHO and WHO Governing Bodies. Finally, the policy will help PAHO to better communicate its involvement in research for health.

12. In these ways, and by providing a direction for subsequent strategies and plans of action, the policy will integrate research into the response to other PAHO policies and mandates, contributing towards equity, health, and development in the Americas.

### **PAHO Research for Health Policy**

13. This is an overarching policy that will underpin all of PAHO's work. The policy covers the full spectrum of research, which spans five generic areas of activity: assessing the problem; understanding its cause(s); elaborating solutions; translating solutions or evidence into policy, practice, and products; and evaluating the impact of these solutions on the level and distribution of the problem.

14. The term "research for health" reflects the purpose of research and the fact that improving health outcomes requires the involvement of many sectors and disciplines, including those that participate and are expected to benefit from research.

15. This policy aims to ensure that PAHO remains true to being a knowledge-based organization, that strong and sustainable national health research systems are found in all the countries in the Americas, and that research evidence constitutes a cornerstone of all activities aimed at attaining the highest level of health and equity. The achievement of these aims will require that the Secretariat, Member States, and partners work together to harness science, technology, and broader knowledge in order to produce, share, and use research-based evidence and tools, and to foster innovation for improving equity, health and development.

### ***Guiding Principles and Values***

16. In undertaking activities related to research and the use of scientific evidence, PAHO will be guided by its values of equity, excellence, solidarity, respect, and

integrity and will consider cross-cutting priorities (such as gender equality, ethnicity, social protection, health promotion, human rights, and primary health care).

17. In addition to these values, the PASB policy on research for health is grounded in four principles that will guide the achievement of its goals and objectives.

18. **Impact**—PAHO gives priority to research and innovation that is relevant to meeting health priorities and promoting development and equity at the country, subregional, and Regional levels. PAHO commits itself to fostering timely, responsible, and appropriate use of research outputs for the improvement of public health and its policies and practices.

19. **Quality**—PAHO commits itself to promote, produce, and use high-quality research that is ethical, effective, efficient, accessible to all, and monitored and evaluated by experts.

20. **Inclusiveness**—PASB undertakes to work in partnership with Member States and stakeholders to build on the contributions that every part of the research continuum offers (whether basic, experimental, or applied research), in order to take a multisectoral approach to research for health, to promote shared interests and responsibilities, to support and promote the participation of communities and civil society in every relevant aspect of the research process, taking into account gender, cultural, and human rights dimensions.

21. **Communication and accessibility**—PAHO commits itself to effectively communicate its research activities to the public in a timely and relevant manner, and to enable free and unrestricted access to the outputs, (non-private) primary data, and protocols of the research it supports, promoting good use of its research and encouraging other agencies and partners that fund or perform research to do the same.

### ***Goals and Objectives***

22. Six interrelated objectives have been established for PAHO's policy on research for health:

- (a) to promote the generation of relevant, ethical, and quality research,
- (b) to strengthen research governance and promote the definition of research agendas,
- (c) to improve competencies of and support for human resources involved in research,
- (d) 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,

- (e) to foster best practices and enhanced standards for research, and
- (f) to promote the dissemination and utilization of research findings.

23. These six objectives are consistent and synergistic with the five goals of WHO's strategy on research for health, which are: to strengthen the research culture across WHO (organizational goal); to champion research that addresses priority health needs (priorities goal); to support the development of robust national health research systems (capacity goal); to promote good research practices (standards goal); and to strengthen links between research, policy, and practice (translation goal).

*Promote the generation of relevant, ethical, high-quality research*

24. As a knowledge-based organization committed to providing informed technical cooperation to its Member States, PAHO aims to sponsor, support, fund, or conduct ethical, high-quality research that addresses present and future health needs and contributes towards the development of global public goods. Ideally, research should be integrated into the planning, implementation, monitoring and evaluation of all PAHO policies, programs, projects, and technical cooperation activities.

25. To achieve this objective, PASB will:

- (a) develop tools to register and systematically follow the research projects it sponsors, produces, funds or conducts, and to measure how well these projects align with country priorities;
- (b) use available tools to systematically assess the public health research needs and those of its own technical areas and prioritize specific lines of research integrating cross-cutting issues, priority issues such as health systems research, research that tackles the neglected diseases in the Americas (21), and primary and secondary research for health technology evaluation and public health;
- (c) develop incentives to support research activities that address the research priorities of the Region and Member States, while building skills and generating capacities that strengthen national health research systems;
- (d) support Member States in the development of strategies to identify and periodically review and assess their own research priorities, and provide technical cooperation aimed at identifying and resolving knowledge gaps in key areas; and
- (e) assist Member States, international organizations, and other partners in the development and deployment of appropriate tools and indicators to monitor

research capacities and production, adherence to standards and good practices, and, where possible, public health impact of the research conducted with the participation of Member States.

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

26. Good research governance is a pillar of robust national health research systems that can produce, disseminate, and use research evidence to address health priorities, while promoting efficiencies and minimizing duplication. Governance is an essential part of all organizations and institutions involved in research for health, and it is necessary for the development of a strong steering role and effective shared leadership. PASB must strengthen its internal research governance structures and must assist and support national health authorities and other relevant sectors, notably science and technology and education, to do the same.

27. To achieve this objective, PASB will:

- (a) strengthen its capacity to guide and supervise its research activities and to assess past experience in supporting the development of national health research systems, before generating new solutions for present and future challenges;
- (b) assist Member States in developing appropriate research governance structures and in strengthening and maintaining sustained public trust and engagement with research;
- (c) support Member States in developing strategies and action plans to implement and articulate policies for research for health and innovation, as well as in developing strategies and action plans to implement PAHO's Policy on Research for Health;
- (d) foster an appreciation, at the political level, of the value of research in accelerating health improvements and development, and seek political commitment to national health research aiming for the allocation of at least 2% of the budgets of ministries of health to research and research capacity strengthening, in order to reach funding levels proposed in WHA resolutions, expert committees, ministerial forums and strategic plans (2, 5, 8-17, 22);
- (e) help governments increase their capacity to adapt, disseminate, and use knowledge translation tools that facilitate linking research to health care policy and practice and to the assessment and selection of health technologies, essential medicines and devices;

- (f) work with Member States to define research agendas at the Regional, subregional, and national levels, fomenting country ownership of research agendas;
- (g) work with Member States to strengthen research as a public health function, developing agendas for research for health, institutional research capacity, and technical assistance, and support research in public health at the subnational level (10); and
- (h) assist Member States in monitoring funding flows for research for health in relation to the needs and expenditures required and, when necessary, advocate for resources to be redirected to priority areas, monitoring progress in reaching recommended milestones (2, 5, 8,15).

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

28. PAHO considers researchers to be an irreplaceable asset for sustainable development. All countries need to invest in education, training, recruitment, and retention in both basic and applied sciences, while seeking a balanced gender and ethnic representation and participation in research. In addition, health professionals, policy makers (in health as well as in other sectors that affect health), the media, and the public need different sets of skills to seek, understand, and interpret research results that can inform their decisions and actions.

29. To achieve this objective, PASB will:

- (a) promote the mainstreaming of human resources working in research for health and the integration of global and Regional policies, strategies, and plans of action for human resources in health;
- (b) strengthen the capability of its staff to use scientific knowledge and systematic reviews of the literature when they develop technical cooperation and address uncertainties in the face of insufficient research evidence;
- (c) work with partners, including but not limited to, health, science and technology, education, development, and legal sectors, and research institutions, to enrich the health sciences curricula; improve competencies in research, monitoring, and evaluation; and engage in capacity building activities to increase health professionals' capability to understand and use research results and to engage other sectors that influence health care, health systems, and health governance;
- (d) assist Member States to evaluate their current and future human resource needs to conduct research for health, to help them develop national policies and long-term

- plans to educate and retain the necessary number of health researchers with the required skills and capacities, and find constructive approaches that engage expatriate researchers;
- (e) help Member States address, through appropriate research and development of strategic incentives, the factors that determine migration and alienation of researchers to promote the development, retention, and thriving of productive research groups;
  - (f) cooperate with Member States to promote gender equity in the composition of research groups and research management structures, and to develop ways to support increasing the number of researchers from under-represented ethnic groups; and
  - (g) support the development of the structures, methods and directives that promote and maintain systematic evidence-informed approaches in the evaluation and selection of health technologies.

*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*

30. Research production, dissemination, and utilization require that there be interactions among multiple partners and the wise use of new technologies. The need to encourage networking and joint research has been acknowledged, as has been the formation of new strategic alliances among funding agencies, academic institutions, centers of excellence, and WHO collaborating centers and the reinforcement of old alliances. By working together, ministries of health, scientific and academic institutions, the productive sector, and communities can seek consensus so that research targets and addresses national priorities, especially when it is state funded.

31. To achieve this objective, PASB will:

- (a) engage the private sector with an emphasis on achieving long-term goals and commitments and fostering multi-center collaborations, innovation, and the sharing of ideas and appropriate technology;
- (b) facilitate relevant collaboration with the United Nations system, the inter-American system, civil society organizations, development agencies, and other stakeholders;

- (c) work with opinion leaders, strategic partners, and governments to mobilize support and resources for research for health;
- (d) make more efficient and effective use of its own specialized centers and of WHO collaborative centers;
- (e) facilitate communication and coordination between the public health and the industrial sectors to encourage the development of new products and procedures that address relevant priorities;
- (f) work in coordination with the education sector, the science and technology sector, independent research centers (nonprofit and for-profit), and networks in order to have research groups in Member States have critical skills and sufficient numbers to develop, grow, regenerate, and achieve sustainable progress;
- (g) promote exchange and collaboration within and between countries and subregions, with the participation of various complementary disciplines; and
- (h) promote the identification and implementation of strategic approaches to address the health determinants efficiently and effectively, and facilitating an equitable investment of resources commensurate to the susceptibility to improve the health and well-being of populations by addressing particular determinants.

*Foster best practices and enhanced standards for research*

32. International norms, standards, and guidelines pertaining to research are required to govern, manage, and improve the quality of research; address inefficiencies in the research process; promote transparency (related to planned, ongoing, and completed research); and improve access to information. They are essential to maintaining public trust, confidence, and participation in research (27).

33. International support grows for the development of a systematic method for selecting, developing, adopting, and evaluating new standards and norms in line with priorities in research for health. Such norms and standards must take into account general ethical principals (such as respect for persons, beneficence, and justice) (33), human rights, equality, and availability of resources, as well as the political, cultural, and environmental context in which they will be applied.

34. To achieve this objective, PASB will:

- (a) promote norms and standards that are in line with WHO's Strategy on Research for Health and foster their implementation and compliance with existing research standards;
- (b) advocate for research proposals to include plans for the dissemination, translation, implementation of the new knowledge they might generate;
- (c) promote civil society's enhanced participation and ownership in research as a true partner in research for health, contributing to the development of research policies, the definition of research agendas, and the development and use of research for health;
- (d) help Member States create or access research for health inventories and registers that are comparable and integrated with WHO's International Clinical Trials Registry Platform primary registers, and adopt standard identifiers and data set collections that contribute to international registration efforts and international ethics and publications standards (34-35);
- (e) promote access and use and further development of helpful organized collections and registries of research synthesis, including systematic reviews, evidence summaries, and policy briefs;
- (f) support Member States in the development of strategies and action plans, regulations, and incentives to strengthen adherence to research registration;
- (g) work in collaboration with relevant government sectors, the United Nations system, the inter-American system, centers of excellence, collaborating centers, civil society organizations, and other stakeholders to promote the ethical regulation of research for health in humans and the strengthening of ethical review committees and commissions in Member States;
- (h) help Member States build effective and efficient tools for determining and assessing the extent to which the research they conduct adheres to international good practice standards, including ethics, safety, and research management standards;
- (i) promote the development of validated indicators to assess and monitor the effects of investment in research and scientific production in the Americas (9) and the alignment between research activities and research priorities;
- (j) promote the notion that health care interventions must be subject to fair tests and evaluations (including interventions in alternative, traditional, and complementary medicine) in order to support wider access to safe and effective care and to protect individuals from interventions likely to be harmful or ineffective; and
- (k) advocate the development of research methods that promote better knowledge and standardization of the reporting and analysis of the equity and implementation aspects of qualitative and quantitative research and systematic reviews.

*Promote the dissemination and utilization of research findings*

35. Information and communications technologies can be used to give visibility to Regional research and to disseminate and promote the use of knowledge to improve health, equity, and development. Researchers, policy makers, health practitioners, and the public require timely and equitable access to research evidence. Strategies to bolster understanding of the essential links between research, policy, and action need to be developed, implemented, and evaluated.

36. To achieve this objective, PASB will:

- (a) continue to encourage open access to scientific literature and to foster novel approaches to copyright and intellectual property that will allow knowledge essential for health, equity, and development to be shared and made widely available;
- (b) continue to participate in the international debate on how legal frameworks for intellectual property affect research for health, especially the impact on development and equitable access to the benefits research;
- (c) promote knowledge sharing among researchers, policy makers, and other users and foster the development and evaluation of new knowledge translation initiatives and tools in the Region;
- (d) seek the empowerment and participation of civil society organizations in setting priorities, generating knowledge, and harnessing research evidence;
- (e) publish relevant research findings, recommendations, and guidelines that emerge from research for health in formats that are most appropriate for the target audience;
- (f) work with the media to improve public understanding of the benefits of research for health and to improve scientific literacy of policy makers, health providers, and the public;
- (g) work in cooperation with its specialized centers, such as the Latin-American and Caribbean Center on Health Sciences Information (BIREME), to index and organize research evidence in helpful ways and promote the Virtual Health Library model and the indexing, organization, access, and sharing of relevant health information; and

- (h) promote access to and use of research evidence summaries that integrate results through valid methods, thus facilitating a better understanding of the relevance and effects of interventions and promoting efficiencies in the search and analysis of qualitative and/or quantitative scientific research.

### **PAHO'S Commitment to Implementation**

37. Strengthening the research culture across PAHO depends on the skills, knowledge and commitment of staff involved in the production, dissemination, use and/or management of research and evidence. The sustainability of organizational commitments to research for health relies on the development of knowledge, skills, and incentives and on the institutionalization of policies and practices. Research commitments should be routinely included in institutional policies and programming, such as in work plans, job descriptions, staff evaluations, and induction courses. Specific funding and resources should be set aside for research for health. The recommendation of expert committees, resolutions, and ministerial forums is for 5% of the combined core and voluntary budgets to be used in support of research (including dedicated funds for the implementation and evaluation of the Policy on Research for Health) (2, 5, 8)—to ensure that these commitments are adequately implemented and monitored (including expenditures for this core function, in line with PAHO's Strategic Plan, 2008-2017) (22). Independent funding also should be harnessed to enable PAHO to forge ahead with its research agenda. All research taking place in PASB should be registered in established inventories that can be properly monitored and that allow governance of research. Reports on resources for research and PASB research activities should complement the reports of the Advisory Committee on Health Research to the Governing Bodies and should be reflected in the Director's reports. The Organization will strive to make the most of investments in research, seeking efficiencies that build lasting capacities while developing and implementing incentives for research.

38. In its effort to develop and implement incentives for research, PAHO will seek efficiencies and, where possible, will address its research agenda and knowledge needs. PASB will ensure that the best possible ethical and methodological standards are followed and that good research practices are adhered to when it promotes capacity building and the dissemination and implementation of the research that it conducts.

39. The successful realization of this policy will require that all PASB staff at Headquarters, centers, and country offices, as well as all ministries of health in Member States, consistently and actively participate in its implementation. Responsibilities and effective actions will require collaboration and effective linkages across all PASB departments and levels and with ministries of health, other relevant government sectors, academic and research institutions, and nongovernmental organizations. Special emphasis will be assigned to the creation and strengthening of linkages between governments,

leading research institutes, and civil society organizations. Essential skills for the proper use of research will be assessed to ensure that research focal points and staff in PAHO entities and country offices have or can develop the skills needed to facilitate the implementation and evaluation of the commitments to research for health. Ministries of health will be encouraged to do the same. PAHO will strive to lead by example in the implementation of its research governance.

40. Senior management will take the necessary steps to ensure that the policy translates into action in both the technical and the managerial aspects of programs. They will transmit the policy to technical and administrative staff and monitor its consistent and effective application throughout the work for which they are responsible. They will be accountable to the Director and the Governing Bodies for the successful incorporation of research into their work.

41. This policy applies to all work throughout the Organization, including policy and program planning, implementation, monitoring and evaluation; human resource management; and program budgeting. Effective implementation of the policy will require senior-level commitment and validation and Organizational support for activities to advance staff's research skills and knowledge.

42. This policy will contribute to the implementation of the strategic plan presented by PAHO and WHO's Eleventh Program of Work and to the fulfillment of PAHO's and WHO's core functions (17, 22). Functional and robust research governance is necessary to efficiently address six of the strategic objectives in PAHO's Strategic Plan, 2008-2017 (Strategic objectives 1, 2, 4, 11, 14 and 15) (22).

43. General guidance and support will initially be provided by the Research Promotion and Development team under the Office of the Assistant Director, in collaboration with research focal points and staff in every Regional area, center, country office, and ministry of health. However, all areas and units in the Secretariat will be expected to be involved in reviewing and reflecting on the research aspects of their respective areas of work, and in following up and implementing the research policy.

44. These actions will help ensure that research evidence be integrated in all of PAHO's work in various fields. In collaboration with Headquarters, country offices will be expected to strengthen or create mechanisms and assign resources to promote the integration of research issues into the health systems; this effort will involve working with ministries of health, other sectors, nongovernmental organizations, the United Nations system, the inter-American system, development agencies and civil society organizations.

45. The Research Promotion and Development team will coordinate the implementation of the research for health policy; coordinate the development of implementation strategies and action plans with other relevant PAHO entities, providing an effective monitoring and evaluation mechanism to track whether research is, in fact, being mainstreamed into work programs; assist and support the development of methodologies and materials for research analysis, the introduction of standardized terminology to ensure coherent communication about research issues, and the implementation of a strategy for appropriate capacity building across the Organization; and prepare a resource mobilization and partnership strategy to support the implementation of the policy in the shortest possible time. The Research Promotion and Development team will also contribute to build an appropriate database on research activities in the Organization.

## **Operational Definitions**

### ***Full spectrum of research***

46. The *full spectrum of research* is understood to be the many aspects of the research enterprise to gain knowledge that may have long-term or immediate application, including research on basic sciences, clinical research, clinical therapeutics, intervention outcomes, health systems, population health, knowledge translation, and so on.

### ***Governance***

47. This term refers to “processes for collective action that structure the interaction between actors, process dynamics, and the rules of the game (formal and informal), with which a society determines its behaviors and makes and implements its decisions”(36).

### ***Health research***

48. *Health research* is a process designed to systematically gain valid knowledge by following scientific, reproducible methods that are meant to be implemented in ways that improve the health of individuals or populations. In this document, health research refers to research for health approaches, essentially conducted by the health sector.

### ***Health system***

49. The *health system* is understood to be the set of interventions carried out in society that have health as their primary goal (including caring for people and the environment), in order to promote, protect, and restore health or reduce or compensate for irreversible disability. It includes the provision of the necessary means, resources, and

conditions to accomplish this (such as actions affecting health determinants). The health system is much broader than the health care system or the health care sector (10).

### ***Health systems research***

50. *Health systems research* is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and, ultimately, health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations (37).

### ***Innovation***

51. WHO defines *innovation* as the creation of something new, normally through study and experimentation. In the context of public health, innovation normally derives from research, and may include new medicines, medical devices, diagnostic methods, clinical practices, or means of delivering health care (38).

### ***Knowledge translation for health***

52. *Knowledge translation for health* is a dynamic and iterative process that includes synthesis, dissemination, exchange, and the ethically sound application of knowledge to improve the health of the population, provide more effective health services and products, and strengthen the health care system (6, 39).

### ***Pan American Sanitary Bureau (PASB)***

53. PASB is the world's oldest international health agency and the Secretariat of the Pan American Health Organization (PAHO). The Secretariat is committed to offering technical support and leadership to PAHO Member States in its effort to attain the goal of Health for All and its inherent values, as indicated in the values, vision, and mission that guide the work of the Secretariat.

### ***National health research systems***

54. *National health research systems* are the individuals and institutions that govern, manage, coordinate, demand, create, communicate or use evidence resulting from research to promote, restore, improve or maintain the state of health and development of a population (6, 37).

### ***National science, technology and innovation policy***

55. A *national science, technology and innovation policy* in health is a component of a country's industrial, educational, and other social policies that is oriented towards satisfying the needs of the population, and whose main objective is the development and optimization of the production and absorption processes of scientific and technological knowledge by the health systems, services and institutions, human resources training centers, enterprises in the productive sector, and other segments of society (40).

### ***Research and development***

56. According to the Organization for Economic Cooperation and Development (OECD), *research and development* "comprise creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications" (41).

### ***Research for health***

57. *Research for health* is research undertaken to advance knowledge about health. It includes any discipline, or combination of disciplines, that seeks to determine and improve the impact of policies, programs, and interventions originating within and outside the health sector, including biomedical research, public health research, environmental health research, social and behavioral sciences, and the study of their relationship with social, economic, political, legal, and historical factors, in order to achieve the highest possible level of health and absence of disease in the population as a whole and in individuals (42).

### ***Science and technology***

58. The OECD defines *scientific and technological* (S&T) activities as "those comprising scientific and technical education and training and scientific and technological services. The latter services include, for example, S&T activities of libraries and museums, translation and editing of S&T literature, surveying and prospecting, data collection on socioeconomic phenomena, testing standardization and quality control, client counseling and advisory services, patent and licensing activities by public bodies" (41).

### ***WHO International Clinical Trials Registry Platform primary registers***

59. *WHO Primary Registries* meet specific criteria for content, quality and validity, accessibility, unique identification, technical capacity, and administration. WHO Primary

Registries meet the requirements of the International Committee of Medical Journal Editors. A list of such registers is available from:

<http://www.who.int/ictrp/network/primary/en/index.html>.

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PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
 WORLD HEALTH ORGANIZATION

CD49/10 (Eng.)  
Annex B

**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS**

**1. Agenda item:** 4.6. Policy on Research for Health.

**2. Responsible unit:** THR/RP

**3. Preparing officer:** Luis Gabriel Cuervo

**4. List of collaborating centers and national institutions linked to this Agenda item:**

About 30% of the Collaborating Centers are involved in research activities and activities relevant to this policy document are ongoing with many active Collaborating Centers and national institutions. Several collaborating centers (from Canada) responded with helpful comments in consultation process.

**5. Link between Agenda item and Health Agenda for the Americas 2008-2017:**

Research is needed to respond effectively to every Area of Action of the Health Agenda of the Americas 2008-2017 and it is particularly addressed under *Harnessing Knowledge, Science, and Technology*.

**6. Link between Agenda item and Strategic Plan 2008-2012:**

Research governance is linked in multiple places:

- **As a core function** (paragraph 76, item *ii*, *iii* and *iv* of the list are directly related to the production and use of research. It is also relevant to *v* and *vi*).
- **Strategic objectives:** research governance and technical cooperation is highlighted in
  - Strategic objective 11 (addresses research governance and capacity building in Member States and the Organization). And it is also explicitly presented in
  - Strategic objectives 1, 2, 3, 4, 6, 9, 10 and 15.

The remaining strategic objectives do not mention it explicitly, but research is needed to achieve them; research is instrumental to know what works in emergencies (SO 5), identify and address the social and economic determinants of health (SO 7), identify and address the route causes of environmental threats to health (SO 8), ensure improved access and quality of products (SO 12), address the workforce development needs (SO 13), and develop PAHO/WHO as a learning effective organization (SO 16).

**7. Best practices in this area and examples from countries within the Region of the Americas:**

An evaluation of financial flows for research and the returns from research suggests that several countries in the region are already strengthening their investment in research to recommended levels, and that they are obtaining good returns for this investment.

<http://www.globalforumhealth.org/en/Media-Publications/Publications/Monitoring-Financial-Flows-for-Health-Research-2008-Prioritizing-research-for-health-equity>

There is progress in many Member States to the point where some are now quantifying the benefits of research (e.g. Brazil, Canada, US) that spill over other sectors of national life, and various Member States are progressing towards reinforcing research that addresses priorities, actively working towards strengthening national health research systems; promoting good practices and setting norms and standards.

**8. Financial implications of Agenda this item:**

The proposed budget for the planning and implementation would involve allocating an estimated US\$ 1,162,500/yearly to planning and implementation of the policy and \$1,000,000 yearly to implement a grants program that would address capacity building and organizational research agenda issues (totaling \$2,162,500). These funds do not include staff salaries or the budgets of other entities, focusing instead on the development of the strategy and the plans of action related to the implementation of the policy.



PAN AMERICAN HEALTH ORGANIZATION  
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## **49th DIRECTING COUNCIL** **61st SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 28 September-2 October 2009*

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CD49/10 (Eng.)  
Annex C  
ORIGINAL: ENGLISH

### ***PROPOSED RESOLUTION***

### **POLICY ON RESEARCH FOR HEALTH**

#### ***THE 49th DIRECTING COUNCIL,***

Having reviewed the document *Policy on Research for Health* (Document CD49/10);

Recalling Resolutions WHA58.34 on the Ministerial Summit on Health Research, and Resolution WHA60.15 on WHO's Role and Responsibilities in Health Research; PAHO's Regional Contribution to the Global Ministerial Forum on Research for Health, including the progress report on Resolution WHA58.34 delivered to the 48th Directing Council; and the report by the Advisory Committee on Health Research to the 27th Pan American Sanitary Conference;

Aware that as our rapidly changing world faces significant environmental, demographic, social, and economic challenges, research will be increasingly essential to elucidate the nature and scope of health problems; identify effective, safe, and appropriate interventions and strategies; address health equity and determinants for health; and fulfill the Millennium Development Goals and the 2008-2017 Health Agenda for the Americas;

Realizing that improving health outcomes requires research that is multidisciplinary and intersectoral;

Acknowledging that research for health is an essential public health function that needs to be further developed and strengthened in Member States;

Affirming PAHO's important roles and responsibilities in research for health, as the leading Regional public health organization;

Recognizing the need to strengthen the public sector's capacity in health research;

Cognizant of the need to better communicate and integrate PAHO's research results and activities throughout the Organization and with its Member States and partners;

Conscious that PAHO and its Member States need to maintain functional governance mechanisms for research for health, and aware that functional national health research systems can gain greater advantage from research by promoting efficiencies, pursuing effective management, and coordinating research for health activities;

Taking into account Resolution WHA61.21 on the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property, and Resolution CD48.R15 of the 48th Directing Council on Public Health, Innovation, and Intellectual Property: a Regional Perspective;

Noting the references to research for health in the report of the Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH), as well as the relevant conclusions and recommendations of WHO's Commission on Social Determinants of Health; and

Taking into account the outcomes of the Global Ministerial Forum on Research for Health (Bamako, 17-19 November 2008), the Regional contributions presented to the Directing Council, the conclusion of the 1st Latin American Conference on Research and Innovation for Health, and WHO's Strategy on Research for Health,

***RESOLVES:***

1. To endorse PAHO's Policy on Research for Health (Document CD49/10).
2. To urge Member States to:
  - (a) recognize the importance of research for health and health equity and to adopt and implement policies for research for health that are aligned with national health plans, include all relevant sectors public and private, align external support around mutual priorities, and strengthen key national institutions;

- (b) consider drawing on PAHO's Policy on Research for Health according to their national circumstances and contexts, and as part of their overall policies on health and health research;
- (c) work with PAHO to strengthen and monitor national health research systems by improving the quality, leadership and management of research for health, focusing on national needs, establishing effective institutional research mechanisms, systematically using evidence to develop health policies, having the necessary skills in place through increased training of health researchers, encouraging research participation and harmonizing and coordinating national and external support;
- (d) establish, as necessary and appropriate, governance mechanisms for research for health to achieve effective coordination and strategic approaches between relevant sectors, ensure the rigorous application of good research norms and standards, including providing protection for human subjects involved in research, and promote an open dialogue between policymakers and researchers on national health needs, capacities, and constraints;
- (e) continue working with PAHO and its specialized centers to support the point of view that holds that research evidence essential for health and development continue to be accessible and available, including, when appropriate, in the public domain;
- (f) promote intersectoral collaboration and quality research to produce the research evidence necessary for ensuring that policies adopted in all sectors contribute to improving health and health equity;
- (g) initiate or strengthen intercountry and subregional collaboration as a way to obtain efficiencies of scale in research by sharing experiences, best practices, and resources, by pooling training and procurement mechanisms, and by using common and standardized research evaluation methods;
- (h) continue to pursue financing of research for health and its monitoring, as articulated in Resolution WHA58.34 and in line with the Paris Declaration on Aid Effectiveness; and
- (i) establish ethical review boards and implement ethical principles for clinical trials involving human subjects, with reference to the Declaration of Helsinki and other appropriate texts on ethical principles for medical research involving human subjects.

3. To invite Member States, the research for health community, the inter-American system, the UN system, and other international organizations, supporters of research, the private sector, civil society organizations, and other concerned stakeholders to:

- (a) provide support to the PAHO Secretariat for implementing the Policy on Research for Health and monitoring and evaluating its effectiveness;
- (b) collaborate with PAHO, within the framework of the policy, to identify research for health priorities, develop guidelines relating to research for health, develop registries and monitoring mechanisms, and share helpful information and data;
- (c) assist PAHO and its research partners to mobilize and monitor resources for the identified Regional and subregional priorities for research for health;
- (d) collaborate with PAHO to better align and coordinate the global and regional research for health architecture and its governance through the rationalization of existing partnerships, in order to improve coherence and impact and to increase efficiencies and equity;
- (e) pay particular attention to the research cooperation requests from Member States with pressing needs, notably in areas such as technology transfer, research workforce, infrastructure development, and determinants for health, particularly where this will contribute to the achievement of the Millennium Development Goals, health equity, and better health for all; and
- (f) support, where appropriate, technical cooperation aimed at raising research for health standards in Member States.

4. To request the Director to:

- (a) provide leadership in identifying regional priorities for research for health by promoting collaboration systems for detecting research needs and problems jointly with the Member States;
- (b) implement and mainstream the Policy on Research for Health at all levels of the Organization, as well as with partners, and align it with relevant resolutions such as Resolution CD48.R15, *Public Health, Innovation, and Intellectual Property: a Regional Perspective*;
- (c) adhere to the best standards and quality of research within the Organization by ensuring that the highest norms and standards of good research are upheld within PAHO, including technical, ethical, and methodological aspects, disseminate and

- promote access to research results and advocate their translation into policy and practice, and review and align the architecture and governance of the Organization's research activities and partnerships;
- (d) continue to facilitate the development of PAHO staff with the necessary skills to appropriately and effectively use research in every relevant PAHO activity;
  - (e) provide adequate core resources in proposed program budgets for the implementation of the Policy on Research for Health;
  - (f) provide support to Member States, upon request and as resources permit, to strengthen national health research systems and the development of efficient intersectoral collaboration;
  - (g) collaborate constructively with other international organizations, networks, and stakeholders, including centers of excellence and WHO collaborating centers, to promote efficiencies and achieve a higher impact with this policy;
  - (h) support the effective promotion and implementation of WHO's Research for Health Strategy, with periodic reporting to Member States, the active involvement of all relevant constituencies in PAHO, and the development of strategies and action plans for the Policy on Research for Health with the participation of Member States and in consultation with other stakeholders, including civil society; and
  - (i) promote transparency, with the collaboration of the Member States and, when appropriate, the dissemination of information useful for research and development and for research findings.



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CD49/10 (Eng.)  
Annex D

**Report on the Financial and Administrative Implications for the  
Secretariat of the Resolution Proposed for Adoption**

**1. Agenda item:** 4.6. Policy on Research for Health.

**2. Linkage to Program Budget 2008-2009:**

**(a) Area of work:**

Technology Health Care and Research/Research Promotion and Development (coordination of the policy development). This is a cross cutting topic and its implementation requires coordination especially with technical areas, PAHO Centers and Knowledge Management and Communications.

**(b) Expected result:**

**RER 11.3** Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge and scientific evidence for decision-making (linked to OWER 10.5 and 10.6).

**RER 11.4** Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.

**RER 15.4** Provide Organizational Research Governance and Managerial Activities for strengthening research cooperation.

This policy will also contribute to other expected results, especially those under strategic objectives **1, 2, 3, 4, 6, 9, 10 and 15**.

Research is needed to achieve other strategic objectives, even if not mentioned explicitly; research is instrumental to know what works in emergencies (SO 5), identify and address the social determinants of health (SO 7), identify and address the route causes of environmental threats to health (SO 8), ensure improved access and quality of products (SO 12), address the health workforce development needs (SO 13), and develop PAHO/WHO as a learning effective organization (SO 16).

As a core function (paragraph 76, items ii, iii and iv are directly related to the production and use of research, but this is also relevant to items v and vi). Core functions are: (i) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (ii) Shaping the research agenda and stimulating the generation, dissemination and application of valuable knowledge; (iii) Setting norms and standards, and promoting and monitoring their implementation; (iv) Articulating ethical and

evidence-based policy options; (v) Establishing technical cooperation, catalyzing change and building sustainable institutional capacity; (vi) Monitoring the health situation and assessing health trends.

### 3. Financial implications

**(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):**

It is not feasible to provide the cost estimates for the lifecycle of the policy at this stage because the action plans and strategy need to be developed, and because the policy is not meant to expire but to be reviewed by 2017. We can provide an estimate of the cost for the next biennium (2010-2011). Baseline and monitoring data of current investment in research is needed. Assessing these investments and monitoring them is part of the proposed policy implementation.

**Biannual investment by policy goal 2010-2011**

<b>Policy item (WHO Strategy objectives)</b>	<b>Investment</b>
1. Promote research generation (priorities and capacities and organization)*	\$2,000,000
2. Research governance & agendas (Priorities, organization)	\$ 650,000
3. Develop human resources (Capacities, organization)	\$ 325,000
4. Partnerships and engagement (translation, capacities, standards, organization)	\$ 275,000
5. Foster best practices and enhanced standards for research (standards, organization, capacities)	\$ 650,000
6. Dissemination and utilization (Translation, organization)	\$ 425,000
<b>Total</b>	<b>\$4,325,000</b>

*\*Reinstatement of the research grants program.*

The lifecycle of the policy is not fixed but we estimate that a review will be necessary with the development of the next Health Agenda for the Americas (around 2017).

The proposed budget for the planning and implementation would involve allocating an estimated US\$ 1,162,500/yearly to planning and implementation of the policy and \$1,000,000 yearly to implement a grants program that would address capacity building and organizational research agenda issues, and an estimated \$734,000 for additional staff.

The implementation of the policy would require increasing the biannual regular budget as follows

	<b>Biannual RB (USD)</b>	<b>Grants (USD)</b>
Current	\$652,000	0
Proposed Ceiling	\$2,325,000	\$2,000,000
Proposed increment	\$1,673,000	\$2,000,000

These funds do not include the budgets of other entities, focusing instead on the development of the strategy and the plans of action related to the implementation of the policy. However, the resources from this budget spill out into other entities benefitting the Organization as a whole. The grants programs are expected to address research priorities

relevant to other entities and support activities such as support for the development of guidelines and research proposals.

**(b) Estimated cost for the biennium 2008-2009 (estimated to the nearest US\$ 10,000, including staff and activities):**

Program budget 2008-2009 (Apr 2009):

<b>Regular Budget</b> (ceiling 2008: 440,000)	<b>Additional Resources</b>	<b>Total Funded</b>	<b>Proposed Increment</b>
652,000	225,000	877,000	Operation: \$1,673,000 Grants: \$2,000,000

**(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** \$877,000 Note: technical cooperation activities under way are already aligned and will contribute towards the policy implementation activities.

<b>Element</b>	<b>Funded</b>
Research Policy definition and development of tools and methodologies to implement and monitor health research governance in countries (RER 11.04)	158,000
Promoted the systematic use of research evidence to inform decision-making process (RER 11.03)	411,000
Provided organizational research governance and stewardship to strengthen research cooperation (RER 15.04)	308,000
<b>Total</b>	<b>877,000</b>

**Current staff in research coordination and governance:**

- Coordinator (P5).
- P4 (job opening; Policy item 5).
- P4 (transferred; Policy item 4).
- G6 (Information specialist; Policy item 6, coordination with Bireme and KMC).
- G5 (administrative assistant, Coordination and Policy item 1).
- G4 (to be filled; Policy items 4, 5).

**4. Administrative implications**

**(a) Indicate the levels of the Organization at which the work will be undertaken:**

The successful realization of this policy will require that all PAHO staff at Headquarters, PAHO centers, and country offices, as well as all ministries of health in Member States, consistently and actively participate in its implementation.

Responsibilities and effective actions will require collaboration and effective linkages across all of the Pan American Sanitary Bureau's departments and levels and with ministries of health, other relevant government sectors, academic and research institutions, and nongovernmental organizations. Special emphasis will be assigned to the creation and

strengthening of linkages between governments, leading research institutes, and civil society organizations. And the maintenance of a life research registry that allows the organization to characterize and account for its research activities.

**(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

1. P4 technical officer to work in knowledge translation activities.
2. P3 Technical officer to liaise with HRM/Staff development.
3. 1 G4 Administrative assistant (support for registries and grants programs).

**(c) Time frames (indicate broad time frames for the implementation and evaluation):**

The development of the strategy and action plans would be carried out during the 2010-2011 biennium. The implementation of the policy would be carried out at least for the period left for the Health Agenda for the Americas (until 2017) with review and monitoring activities held during this period.