



EDITORIALS

Research for health in the Americas

© 08 OPEN ACCESS

Evolution of health research to reshape national health agendas

Carissa Etienne director¹, Kamran Abbasi executive editor², Luis Gabriel Cuervo senior adviser³

¹Pan American Health Organization/World Health Organization (PAHO/WHO), Washington, DC, USA; ²The BMJ, London, UK; ³Health Systems Research, PAHO/WHO, Washington, DC, USA

Research for health is the linchpin of effective and efficient health systems. A broad range of research methods is required to improve public health and equity, and to understand the economics and mechanics of health systems. As access to scientific knowledge mushroomed in recent decades, expectations for the adoption of that knowledge for better health also grew. Societies now expect decisions to be informed by the best knowledge, but the organisation and management of the research enterprise remain inadequate. Hence, much research is wasted or is of limited value. Research sponsors don't see that their investment affects development, and they may not even see any effect on prevention initiatives or health policies.¹⁻⁵

In 2009, member states of the Pan American Health Organization (PAHO) approved a regional policy on research for health in the Americas, the first such WHO regional policy. It was developed to harmonise with and complement WHO's Strategy on Research for Health. This special BMJ/PAHO collection (www.bmj.com/health-research-americas) offers insights and perspectives on developments and challenges after the implementation of PAHO's research policy. We examine what lies ahead given adoption of the United Nations Agenda 2030 and sustainable development goals, louder calls for universal health coverage and strengthening of health systems, and approval in May 2018 of WHO's 13th Global Programme of Work 2019-2023. §

Most PAHO member states developed national policies on research for health after the regional policy was introduced. Some of these expired or are being updated. By December 2017, 16 countries reported a national policy on research for health, and 18 Caribbean community (CARICOM) countries endorsed a common policy. But striking differences remain between countries in their ability to deliver, use, and organise research for health, or to monitor their research capacity. Economic and developmental returns on investment are often realised outside health, in other sectors of government, society, and the economy. Delimination of polio and access to HIV/AIDS treatment, for example, enabled hundreds of thousands of people

to live fuller lives, to be more productive, and to contribute to society more widely. 11 12

The organisation and management of research is non-existent in places, and the benefits of big data, social media, and other digital tools are waiting to be seized. Societies are yet to see the digital age reflected in monitoring and organisation of research for health. But structures and processes that better support implementation research, health systems research, and public health research are ready to be harnessed by the research community. Society, funding agencies, research sponsors, and research participants will then see the outputs and outcomes of the region's investment in research.

Unfortunately, research remains a weak public health function in the Americas and this must change.¹³ In the past decade, research reporting standards improved and trial registries brought transparency to research, but the need remains to integrate developments in ways that benefit citizens, and to do it consistently in all countries. Identifying remaining gaps will help the region tackle and eliminate established and emerging diseases as well as maintain gains in health, equity, and access. Better planning of investments is needed for discoveries to translate into public health and health system gains.¹⁴

This collection of articles takes stock of progress since the introduction of PAHO's policy on research for health, identifies areas of slow progress, and discusses the challenges ahead. We also welcome contributions that add to the debate in the Americas on how to integrate research into health systems, how to organise research, and how to increase its value. How should we shape research teams in an interconnected world, and how do we capitalise on any opportunities that arise?

The PAHO research policy followed a systems approach with six inter-related objectives (box 1); research is necessary to fulfil the core functions of PAHO and WHO .²¹⁵ We seek to shape the research agenda in the Americas and globally by stimulating the generation, translation, and dissemination of valuable knowledge. We urge other regions to share their stories

EDITORIALS

and build a common narrative for better health systems and a healthier world.

Box 1: Objectives of PAHO's policy on health research

- To promote the generation of relevant, ethical, and quality research
- To strengthen research governance and promote the definition of research agendas
- To improve competencies of and support for people involved in research
- 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
- To foster best practices and enhanced standards for research
- · To promote the dissemination and use of research findings

See www.bmj.com/health-research-americas for other articles in the series.

We thank Francisco Becerra, Luis Alejandro Salicrup, and PAHO's advisory committee on health research for their support in the development of this series.

Competing interests:We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

This article is part of a series proposed by PAHO and commissioned by *The BMJ*, which peer reviewed, edited, and made the decision to publish the article with no involvement from PAHO. Open access fees for the series are funded by PAHO.

Provenance and peer review: Commissioned; not externally peer reviewed.

- Chalmers I, Bracken MB, Djulbegovic B, etal . How to increase value and reduce waste when research priorities are set. *Lancet* 2014;383:156-65. 10.1016/S0140-6736(13)62229-1 24411644
- Cochrane AL. Effectiveness and efficiency: random reflections on health services. Nuffield Provincial Hospitals Trust, 1972.
- 3 Smith R, Rennie D. Evidence based medicine—an oral history. JAMA 2014;311:365-7. 10.1001/jama.2013.286182 24449049
- World Health Organization. The Barnako call to action on research for health: strengthening research for health, development, and equity. WHO, 2008.

- World Health Organization. Bamako call to action urges new approach to research for health. 2008. http://www.who.int/rpc/news/bamako call to action/en/
- 6 Pan American Health Organization. Policy on research for health. CD49/10. 2009. http://www.paho.org/hq/images/stories/KBR/Research/research%20policy%20on%20research%20for%20health%20english.pdf?ua=1
- WHO. 63rd World Health Assembly. WHO's roles and responsibilities on health research. A63/22. 2010. http://apps.who.int/gb/e/e_wha63.html
- World Health Organization. Thirteenth general programme of work 2019-2023: promote health, keep the world safe, serve the vulnerable. 2018. http://www.who.int/about/whatwe-do/gpw-thirteen-consultation/en/
- 9 Cuervo LG, Bermúdez-Tamayo C. Desarrollo de la investigación para la salud en Latinoamérica y el Caribe. Colaboración, publicación y aplicación del conocimiento[Development of research for health in Latin America and the Caribbean. Collaboration, publication and application of knowledge]. Gac Sanit 2018;32:206-8. 10.1016/j.gaceta.2018.03.001 29728253
- Greenhalgh T, Raftery J, Hanney S, Glover M. Research impact: a narrative review. BMC Med 2016;14:78. 10.1186/s12916-016-0620-8 27211576
- 11 Thirumurthy H, Galárraga O, Larson B, Rosen S. HIV treatment produces economic returns through increased work and education, and warrants continued US support. Health Aff (Millwood) 2012;31:1470-7. 10.1377/hlthaff.2012.0217. 22778336
- 12 Zandam H. Life after polio: towards improving the situation of polio survivors. 2015. https://www.twigh.org/twigh-blog-archives/2015/8/25/life-after-polio-towards-improving-the-situation-of-polio-survivors
- 13 Pan American Health Organization Public. health in the Americas: conceptual renewal, performance assessment, and bases for action. 2002. http://iris.paho.org/xmlui/handle/123456789/2748
- 14 World Health Organization. Changing mindsets—strategy on health policy and systems research. 2012. http://www.who.int/alliance-hpsr/alliancehpsr_changingmindsets_ strategyhpsr.pdf
- 15 Pan American Health Organization. Values, vision and mission of the Pan American Sanitary Bureau. 2015. http://www.paho.org/hq/index.php?option=com_content& view=article&id=95%3A2008-values-vision-mission&catid=6822%3Acorporate-pages& lano=en.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/ permissionsThis is an Open Access article distributed under the terms of the Creative Commons Attribution Non Commercial No Derivs (GO License (CC BY-NC-ND 3.0 IGO), which permits distribution and reproduction for non-commercial purposes in any medium, provided the original work is properly cited. If you remix, transform, or build upon the material, you may not distribute the modified material. See:

https://creativecommons.org/licenses/by-nc-nd/3.0/igo/ In any reproduction of this article there should not be any suggestion that PAHO or this article endorse any specific organisation or products