

**REPORT**  
**Prepared by FIOCRUZ staff**



**2<sup>nd</sup> Meeting of Global Health Policy Think Tanks and Academic  
Institutions**  
**Implementation of Health-related Sustainable Development Goals  
(SDGs) Are we on the right path?**

Othon Palace Hotel, Rio de Janeiro, Brazil  
November 7 and 8, 2016

Opening of the meeting by the Coordinator of the International Health Relations Centre of the Oswaldo Cruz Foundation (CRIS/Fiocruz), Paulo Buss in his capacity as Host.

**Revisiting the points of the 1<sup>st</sup> Meeting in 2015**

Ilona KICKBUSCH presented a follow-up to the First Meeting which took place in November 2015, proposing that the *think tanks* should have a catalytic action to accelerate global action for the 2030 Agenda and the SDGs, contributing to their implementation on a national scale. In this regard, understanding that health is a precondition and indicator of human development and a shared global goal as was proposed at the RIO+20 Sustainable Development Summit. While SDG 3 refers specifically to health, the most important aspect is its interconnection with health determinants and risks. As health is central to the SDGs, we must consider what type of measurements will be important to develop in order to measure SDG 3 (Health) and its relationship to the others.

KICKBUSCH pointed out that SDG 16 is critical for the 2030 Agenda given that governance is the key to being able to implement this agenda, as well as a necessity for strong institutions at all levels. The challenge is to go beyond dealing with the issue of health through an intersectoral work approach. It is necessary to influence governance in other sectors to be able to make a positive influence on health policies. In this regard, it is necessary to see the health issue from a broad perspective, by analyzing strategic and associated alliances and with the challenge of equity. (APPENDIX IV)

Next, Peter TAYLOR emphasized that the 2030 Agenda is a global and universal initiative. I [sic] said that the Canadian perspective acknowledges the importance of the SDGs and he proposed the need to think about the SDGs not only in the lives of its citizens, but in the entire global community. He noted that the *think tanks* have an important role in generating knowledge, tracking policies, disseminating information and supporting the implementation of these policies and this is a great challenge. While each one of the *think tanks* may have different interests in different aspects of the Agenda, he believes that they can all contribute to the implementation of the 2030 Agenda with quality evidence-based and intersectoral research so as to reinforce the health of the populations. How can we understand the SDGs in a world with such conservative political changes? (APPENDIX IV)

The comments and discussions that followed these presentations emphasized:

- the effects of capitalism on the regulation of State structures, principally in recent times where there has been a wave of conservatism in different regions of the world, and how this can affect and even rupture the logic of the solidarity of cooperation;
- these movements can have an influence on the participation of society in promoting social action together with the most excluded populations, actions which are conducive to the implementation of SDGs such as the elimination of poverty and hunger. We must be alert to the possibility of non-fulfilment on a national level of many of the decisions made by the United Nations system due not to technical problems but to the non-equitable distribution of power and resources in society and the adoption of very unsustainable development models. Thus, it is not enough to think only about the acceleration of the implementation of the 2030 Agenda, but we must also consider the obstacles that governments may face in a more conservative context. It was remembered that other previous global mandates did not succeed in being implemented by different governments, such as Health for Everyone and the Millennium Development Goals (MDG);
- the availability of financing is going through a critical time, especially public investment affected by the economic downturn in many countries in the Americas and Caribbean region. This fact is relevant once the States are responsible for the mobilization of resources for the 2030 Agenda at all levels;
- think tanks (specialized intelligence units) and academic institutions can understand and express current socio-political transformations, as well as their effects on reality and societies, acting as a mediating element and influencing political agendas, as well as defending the right to health in these agendas. These spheres can and should incorporate knowledge generated by civil society, give them scientific meaning and bring experiential and emotional inputs to be acted on by the population in relation to the SDGs. In addition, these spheres that have the ability to develop research with interdisciplinary and intersectoral perspectives can disseminate information on two fronts: as scientific evidence for the preparation of policies and to inform the public.

**Economic and social development in Latin America and the Caribbean** (APPENDIX V)  
(This session reviewed the regional contributions and for the 2030 Agenda and its SDGs.)

Luiz Augusto GALVÃO (Fiocruz) said that the topic of health and development is not new in the region and he reflected on how the region has been preparing itself for that with the discussion of the idea of “Health in all Policies”, supported by the PAHO and that relates SDG 3 (Health) with all the others, and he made a counterpoint with the progress of projects financed by the Pharmaceutical Industry. Thus, he proposed the need to invest in governance mechanisms that allow all actors to be included and not just the private sector. He reminded us that the next meeting of the United Nations Economic and Social Council (ECOSOC) will be in May 2017 and it is going to be important to focus on the Health Sector at this time, as well as to address all the organizations in the United Nations System on the importance of SDG 3 in the fulfilment of the other SDGs. He also mentioned a project being carried out by the Presidency of FIOCRUZ where over the next three years an historic record on health and sustainable development in Brazil will be prepared in addition to the systematic review of the evidence of the relationship between health and development and the preparation of an algorithm that will allow for the monitoring of the progress of health as a result of the intersectoral action of the implementation of the 2030 Agenda. All these efforts will be carried out in coordination with the UN and the Science, Technology and Innovation platform.

Rómulo PAES DE SOUZA, Director of the RIO CENTER PLUS, made a presentation on the achievements, opportunities and challenges of the economic and social development in which he analyzed the global distribution of wealth in different regions; he spoke about the economic crisis and the reduction in investments and the increase in unemployment causing political crises and the loss of confidence in the institutions; he emphasized that it will be difficult to maintain the current levels of health faced with the economic changes affecting the social sector; he reminded us of the evolution of income in the high and middle income countries and the unachieved agenda of the MDG on a global level and the transition toward the SDGs.

Paulo BUSS presented some contributions to the regional debate on the 2030 Agenda and health. Reviewing the record, he stated that the United Nations Summits and Conferences, held in the last 20 years, generated relative global consensus on policies and activities for the eradication of poverty and the promotion of sustainable development, providing a framework to achieve sustainable development and fight against poverty. However, there has been little concrete achievement in many countries, although by signing those commitments the governments acknowledge shared and universal equality and sustainability as guiding principles on which a new set of global, regional and national strategies and policies must be based to implement them.

The 2030 Agenda states that *“Sustainable development starts from the premise that the eradication of poverty in all its forms and dimensions, the fight against inequality within and between countries, the preservation of the planet, the creation of sustained economic growth, inclusive and sustainable and the promotion of social inclusion are intertwined and interdependent.”* This is an extremely important document, because although some consider it to be ‘rhetoric’, it is the only commitment document on development signed for the next 15 years by all the Heads of State and Governments in the world. The implementation of the Agenda in the countries indicates the challenge and the need for new governance mechanisms.

Kira FORTUNE, (Acting) Head of the Special Program on Sustainable Development and Health Equality of the PAHO, spoke about the progress in implementing the 2030 Agenda in the Americas region, considering equality as a priority in the Health Agenda of the Americas, since although it is a middle income region, it is one of the least equitable in the world. Recent World Bank studies show that more than one out of every four residents of the Region live in moderate poverty (on less than USD 4 per day). The Member States of the PAHO defined five discussion points: 1) progress follow-up; 2) governance to deal with the causes of health inequality; 3) global action on the determinants of health; 4) the role of the health sector; 5) promotion of participation. FORTUNE emphasized the world leadership of the Americas in driving the initiative, it being the first Region to establish a Plan of Action with training that is being implemented by the PAHO through the focus on Health in All Policies, by analyzing the synergies, the consequences and the need to coordinate actions so that all public policies that impact health can avoid the harmful effects on health in order to improve public health and health equality.

Karina VANCE, Executive Director of the South American Institute of Health Government (ISAGS), made a presentation on the opportunities and challenges facing the health sector in the South American regional environment, emphasizing opportunities provided by the subregional level, such as the Union of South American Nations (USAN), to strengthen the implementation strategy of the SDGs through shared reflection, human resources education and training, construction of base lines indicators on a regional level or holding information seminars in these areas.

After the presentations, the meeting was opened to comments and questions by the participants. Some of the most noteworthy were as follows:

- the role of the academic institutions with respect to the 2030 Agenda: critical thought in relation to the Agenda and its preparation process, a committed education with its objectives and goals. That the existing networks facilitate the dissemination of pedagogical, methodological, interdisciplinary and multisectoral approaches to health in the area of sustainable development;
- take advantage of the different experiences and lessons learned in the region of the Americas that involve and concern vulnerable populations during the implementation of the 2030 Agenda;
- It is necessary to reflect critically and prepare cost estimates for the 2030 Agenda. Where will the funds come from for its implementation? To what extent are the donors committed to the Agenda, once the traditional donors have reduced their funds for cooperation?
- New lines of work for *think tanks*: inequality and health, the political economy of the development and financing of the 2030 Agenda; the use of tools such as Tobin Tax, identification of global public assets in health; study the financing mechanisms of new donors such as China.

### **National and regional experiences of *think tanks* and academic institutions to contribute to the application of the SDGs: challenges and opportunities I (APPENDIX VI)**

Julio VALDEZ, Executive Secretary of the Council of Health Ministers of Central America and the Dominican Republic (COMISCA), presented the management model for health and sustainable development within that integration mechanism.

Gonzalo FANJUL, Barcelona Institute for Global Health, spoke about the implementation of the SDGs in the European region where they have made progress in an Interinstitutional Group of Experts on SDG indicators. Notwithstanding, unequal progress has been observed in the countries in terms of strategy and the implementation of the SDGs on a national scale. The European Union is promoting regional consultations and many actors speak of the SDGs with a dialogue linked to their interdependence, but there are few who are really involved in projects. There are still agendas inherited from Paris COP, Rio + 20 and Habitat3.

But what does equality mean when we are talking about global health, the governance of global health, the challenge of a two-level agenda (national-global), the challenge of the generation of data and universal health coverage –UHC? The *think tanks* have been drawing attention to the SDGs and the risks of fragmentation between the Unfinished Health Agenda, the new health challenges and the maintenance of the health achievements. The possibility of the coordination of the Health SDGs and the *think tanks* is proposed; opportunities are opened up for information surveys, documentation of best practices, support for the SDGs and the development of North South approaches and beyond the sector, that is, contribution to defining national plans and indicators, data collection and its evaluation; follow-up, evaluation and adjustment of commitments; and combining local, national and international commitments. And an important point emphasized is what is understood to be Public Pedagogy, teaching and facilitating dissemination to the community about the scope of the SDGs and their importance.

Patrick KADAMA, Director of Health Policies and Strategies of the African Centre for Global Health and Social Transformation (ACHEST), analyzed the context of his region, understanding that it is an unpredictable dynamic social and political environment with economic shocks, social unrest, weak health systems, as well as natural disasters, including disease epidemics. The high burden of disease, limited resources, inadequate information systems, decentralization, associations with competing priorities and inequalities of power constitute important challenges in the African region. Nonetheless, there is progress and renewed hope. He stressed that the 2030 Agenda and the SDGs can be a great opportunity to convert the *think tanks* and the Academic Institutions into Big Players, contributing to better national coordination of the processes of incorporation of the SDG into the National Plans.

Hassan SAAF, of the Centre for Studies in Research and Social Sciences (CERSS) of Morocco ended the session by presenting his reflection on the role of the *think tanks* and academic institutions in the acceleration of the implementation of the health-related MDGs in North Africa, where he focused on the characteristics of the countries and the North African health systems (Algeria, Morocco and Tunisia), as well as the areas where CERSS is involved.

After the presentations, the meeting was opened to comments and questions by the participants. Some of the most noteworthy were as follows:

- It is important to identify the needs of society and governments. In this regard, the regional mechanisms of integration stand out that allow us to identify those needs and to develop mechanisms of cooperation and joint action which will provide good opportunities to achieve the SDGs. The need to mobilize domestic resources to support the implementation of the SDGs was emphasized, as well as the need for good governance in the sector. The role of networks such as the Latin American Global Health Alliance (ALASAGS) is also important. These networks bring together many academic institutions in public health and world health;
- The importance of SDG11 was emphasized for its contribution to reaching the objectives of SDG33, but it is not a matter of prioritizing one SDG to the detriment of another, but rather to point out that there should be more joint actions. How to identify priorities that can attract more immediate intersectoral actions, such as the example of Surinam;
- the role of the *think tanks* and the academic institutions: support to translate global commitments into national and local levels, whether by agenda or plans; support the development of human resources and research training programs for implementation in the 2030 agenda; develop policy studies and research that help to improve the relationship between academia, the State and civil society; pose the question to the leaders about the risk of having weak health systems; produce evidence between health and the other SDGs and show that their interaction can generate more benefits.

## **National and regional *think tanks* and academic institutions to contribute to the application of the SDGs: challenges and opportunities II (APPENDIX VII)**

José Antonio PAGES, ISALUD (Private University of Argentina), spoke about the formation of teams to reflect on the area of health in relation to development, feeding the processes of the formulation of policies by the Argentine government and how he incorporated the 2030 Agenda focused on poverty into his policy. Trying to influence the national body for

the implementation of the 2030 Agenda, ISALUD is working with the Coordinating Council of Social Policies in this regard.

Sofia BARBOSA OLIVEIRA, National Institute of Health of Guinea Bissau spoke of how a relatively new organization like hers, has been struggling to discuss in her country the implementation of the 2030 Agenda in its 11 regions, that have 115 health structures and she also spoke of concrete problems like the absence of statistical systems that could monitor the goals.

Walter FLORES, from the Guatemalan Center for the Study of Equity and Governance in Health Systems (CEGSS), presented his experience in a country that is highly inequitable even though it has grown between 4-5% per year. He spoke of how through mobilization, on-going education and the development of governance programs, the indigenous community and other populations were involved to empower them and create channels for change by showing the State that their claims were viable. He reminded us of the need for more applied research to generate evidence that can raise the awareness of the people and the government.

Edgar GIMENEZ, from the Development Institute of Paraguay, ended the session presenting how, based on research and knowledge production, they have been modeling or trying to exercise their influence on social policies.

After the presentations, the meeting was opened to comments and questions by the participants. Some of the most noteworthy were as follows:

- different institutions create different experiences and *think tanks* and the Academic Institutions are different in nature; a private university can also act in connection with the SDGs; a public health institution acts in a fragile and unstable context trying to support the health authority; NGOs or more militant institutions can generate *advocacy* or tools to fight for the SDGs or for change for the effective enjoyment of the right to health;
- the function of the *think tanks* in terms of commitment stands out, to make certain agendas visible and expand the number of actors who participate in the governance mechanisms.

### **Current status of the indicators of the 2030 agenda and the SDGs: development and implementation (APPENDIX VIII)**

Wasmália BIVAR, of the Brazilian Institute of Geography and Statistics (IBGE), told about his experience as a participant in the *Inter-agency and Expert Group on SDG Indicators (IAEG-SDG)* and in the *High-Level Group for Partnership, Coordination and Capacity-Building for Statistics (HLG-PCCB)*, as president of the UN Statistical Commission.

BIVAR highlighted that the topic of the indicators must be discussed thoroughly and that it is necessary to join forces to think of the most appropriate indicators to measure the scope of the 2030 Agenda and the SDGs. He reminded us that some goals are very broad and diffuse and that they need a lot of indicators to express them. To agree on an indicator, two dimensions must be kept in mind: the existence of a methodology for its calculation, to apply it and analyze it and whether there are data (or sources of data or information) available to build that indicator. Some indicators are very broad and the choice of a single indicator for that goal is very complicated. For that reason, new indicators must always be found. The SDGs and their indicators represent a great challenge for the statistical systems of countries, especially the environmental indicators, such as those used to measure climate change, since these data are not produced by the Statistics Institutes around the world.

Each research project that is carried out in a country develops a measurement mechanism that is not necessarily available in the other countries. In addition, each country has its own requirements with respect to the breakdown of the information in accordance with the variables. For example, in Brazil, the indigenous population represents less than 1% of the population, but in other countries, this same population takes on great importance. Therefore, there is also work to be done in strengthening the institutional capacity for the production of statistical data and in this regard, it is important to value the movement of funds and efforts for the strengthening of the Statistical Institutes or Offices of the countries.

The need to have common registers for obtaining statistical information and take the SDGs into account was proposed. In this regard, the Global Action Plan will be presented in the UN World Data Forum, with the intention of making progress in perfecting the existing information systems. To take this unprecedented volume of information into account, it is necessary to mobilize resources and to coordinate so that the Statistics Offices of the countries have the human resources and equipment to be able to provide this information. In Brazil, they have also constructed governance mechanisms to coordinate the production of the information with those in charge at a national level of the implementation of the 2030 Agenda and the SDGs. In this regard, to strengthen the national level, they are organizing a National Conference of Producers of Statistical, Geographical and Environmental Information.

Next, Dr. Luiz Augusto GALVÃO of FIOCRUZ made a presentation about the systematic studies of evidence of “proxy” indicators of the four dimensions (environmental, social, economic and safety) of the UNDP’s sustainable development framework of the presented during the Rio+20 Conference. As a result of these studies, a matrix has been created that identifies the correlations and evidences found and that will serve as a basis for the development of an algorithm that will allow for an integrated indicator of health and sustainable development. A proposal for a dynamic graphic representation was also presented that could facilitate the communication and the understanding of the importance of health and sustainable development.

After the presentations, the meeting was opened to comments and questions by the participants. Some of the most noteworthy were as follows:

- none of the goals have political indicators, therefore the question was asked: what and how to measure? It is important that the data are accessible and comprehensible.
- Someone spoke about the formation of a *Sustainable Development Solutions Network (SDSN)*.

## **GROUP WORK**

### **Group Work 1: Best practices on a national and regional level in the implementation of the 2030 Agenda and the SDGs.**

#### **Key Questions:**

- What would characterize best practices in support of the implementation of the Health-related SDGs?
- What could be some examples of these best practices?
- What are some strategies to promote best practices as a tool for the implementation of the 2030 Agenda?

## Discussion

In relation to the best practices it was agreed that there are factors that can strengthen or weaken them, but their main characteristics are that:

- they should be efficient with regard to the social determinants of health (SDH), propose intersectoral coordination and place a healthy life at the centre of the development. Some countries already saw evidence of the need for a category of *wellbeing, or good living, living well in all policies*;
- they should be evidence-based, be supported by evidence of their effectiveness and at the same time they should generate or produce new evidence (the construction of a pool of evidence);
- the guidance function of what is done should be made clear and have methodological rigor: the general objective should be explicit and specific; it should be feasible to monitor it with respect to its outcome and effects on equity in health and the most vulnerable populations; it should be capable of being modified based on reality and, therefore, provide clarity when evaluation is requested;
- they should cross all sectors, the State, society, academia and *think tanks*, both at a national, provincial, municipal and micro-territorial level;
- they must be sustainable, they must allow things to be possible, they can be disseminated to society and promote changes in behaviour, favouring activities for sustainable development that impact the SDGs;
- they are known by the entire population and recognized as such in the framework of a National Agenda.

In synthesis, there are four indispensable requirements for the identification of best practices with respect to the implementation of SDGs:

- 1) **DISSEMINATION: information and communication;**
- 2) **BREADTH: intersectoral and capacity to bring into other areas;**
- 3) **Promote community PARTICIPATION and empowerment;**
- 4) **Guarantee the SUSTAINABILITY over time.**

With respect to any of the experiences:

- Angola: health reform package that involves not only the health sector and they try not to focus on disease, but also to involve the SDH;
- Cuba: intersectoral programs with community participation, seeking to achieve that all the evidence generated can be generalized;
- Nicaragua: work on potable water linked to the different health and environmental actors, with the PAHO, University, etc. Working across sectors.

In relation to the strategies:

- It is necessary to be careful to differentiate best practices for the implementation of policies or experiences linked to the SDGs and best practices linked to the *think tanks* with respect to their work as a catalyst for the realization of the SDGs and the 2030 Agenda.

- The *think tanks* have to carry out the notification and communication so that the 2030 Agenda is adopted, so that it becomes a part of the national policy.
- National and international networks that can contribute to the dissemination of the agenda to influence national governments to make progress in the implementation of this agenda.
- The academic institutions that train the human resources would have to propose reflection as a strategy about how to train people and promote research in relation to the 2030 Agenda and the SDGs.
- All the States should consolidate a state entity for the process of implementing the MDG Agenda.

## **Work Group 2: Measure the progress of the intersectoral action and good governance in relation to the Health-related SDGs**

### **Key Questions:**

- How can we measure the intersectoral action and good governance beyond SDG 17?
- What are the current deficiencies with this measurement?
- What are the best strategies to promote the integration of the intersectoral action and good governance to promote health in the 2030 Agenda?

### **Discussion**

- The importance of the **intersectoral** nature in the analysis and application of the Health SDGs was highlighted. It is very difficult to discuss the determination of health using isolated factors, because they are factors that are inseparably interconnected and interrelated. The health conditions are determined both by local and global factors. The **territoriality** is a necessary approach in the identification and evaluation of the public policies that promote good examples.
- how is governance measured? Can governance be measured? It was discussed that good governance is related to methods and processes and does not have an end in and of itself. Concern was expressed about the emphasis on simple measurable indicators. To measure the intersectoral nature and good governance, it is necessary to use **process indicators**, beyond outcome and structural indicators. To measure how the government is ruled and by what type of interest, it is necessary to ask questions such as governance for what, for whom, once we can find examples of good governance that lead to policies that in turn increase the inequalities in access to health. The association between “good governance” and the strengthening of the institutions, as if all the institutions were neutral, when many of them can promote or strengthen exclusive policies.
- *Think tanks* and academic institutions can contribute to thinking about the concept of good governance that involves values and principles. Its analysis predisposes an **interdisciplinary** approach. Political Science discusses definitions of governance that can be useful for the area of health in clarifying the use of the term “good governance” which expresses the idea of transparency and seeks to identify the decision makers, where governance comes from, as well as its key elements. Some authors suggest terms like “**democratic or participative governance**”. *Think tanks* and academic institutions possess the conditions necessary to support analysis and to suggest models of participative governance in the management of

health services. This task can be facilitated through the exchange of successful experiences as in the case of Surinam, which positively influenced other Caribbean countries to work on the topic of inequality in access to health.

- Another **contribution of think tanks and academic institutions** is to support the identification and evaluation of indicators of good governance defined by different international agencies such as the World Bank and the School of Governance in Berlin, among others. Another contribution is in discussing governance at other different levels of management in which the countries organize themselves (National, Regional and Local), that often have specific functions in health policies and management. *Think tanks* and academic institutions can still support the understanding and evaluation of different answers to the health crisis, identifying which measures led to satisfactory results and which did not, **supporting the policy makers (policy makers)** not to isolate the topic of health, bringing evidence and substance that promote the intersectoral nature in policies.
- How to measure good governance? It was proposed not to restrict it to qualitative indicators, since the quantitative indicators are very efficient for political consciousness raising. How to establish consensual measurements? How to relate quantitative analysis to qualitative analysis? Example: to understand different outcomes in terms of health indicators in countries like those in the MAGREB. It was proposed to perform an experiment with several indicators, testing some, and returning with the results a year later to be discussed by everyone.
- As well as observing aspects such as transparency and participation, it is necessary to evaluate the degree of autonomy of the policies in relation to the private economic interests that are harmful to health (such as the tobacco industry, agribusiness and the food industry). In this regard, the **interrelation between the SDGs**, was shown to be important, since the idea of good governance in health cannot be separated from the analysis of other SDGs. The need to identify a set of indicators to measure the behaviour of the countries in terms of “governance for the Health SDGs which would allow them to be compared with each other was highlighted. An example would be the degree to which the Rule of Law is respected in the countries.

### **Work Group 3: New global academic health challenges to the application of the 2030 Agenda**

#### **Key questions**

- What are the paradigms that support the current political and economic changes and how do they affect global health?
- What are the implications for the *think tanks* and the academic institutions?
- How can the think tanks and the academic institutions navigate the changing environment to shape policy in a sustainable manner?

#### **Discussion**

- the **role of the think tanks and universities** is different in terms of their behaviour and different according to the geographical context and must be clearly defined. Although a **network of think tanks** and academic institutions may be a network of networks that have their own invitation criteria, it deals with health policy and health-related policies (with a focus

on the governance of SDG3 as well as the other 16 SDGs), therefore the high caliber of this group will be valuable in moving the agenda of the SDGs forward. What would the added value of a network of *think tanks* be? Its political role.

- however, **the universities of Latin American and the Caribbean region (LAC)** have an institutional force that is growing stronger and stronger. It can be seen that to build community development models and share existing technologies it is not possible to continue working in isolation. The collaboration between different sectors and the formation of non-traditional associations are essential for a change of paradigm. It is necessary to improve the availability and clarity of the research, making it smoother and more comprehensible for the community and decision makers. The university now has specific centres and programs (some academics are also directors of centres) and they are somewhat similar to the *think tanks*. There are also health institutes doing more research in strategic development that also places them at this level.
- it is necessary to broaden the links with **the community** and with the people, even more so with those experiencing inequality. The network of *think tanks* and academic institutions must advocate for and support the community so they have their own voice, becoming a practice community based on evidence and generating evidence, going beyond the classical reports in technical language and presenting results in a language to which the community can relate. Previous debates showed that the countries that obtained community participation had greater transformative power. For example, the application of a human rights perspective was shown to be transformative in the past. Although we are in favour of community participation, we recognize that there is a changing landscape and new trends in the most developed countries: many are not interested in experts or evidence. In Europe they are having difficulties finding this community voice. In some countries there is a strong movement against vaccination that is not concerned with evidence. That matter is somewhat important to discuss and we need to be well prepared for this type of debate.
- the ***think tanks*** can play an important role in the definition of the problem and the different ways to approach and present key challenges. The *think tanks* must work on more transformative approaches with more society involvement. In the health field, we must surpass the idea that better tools are only obtained for biomedical problems and ignores the policy determinant in this discussion. We must determine where and how to work together and where there should be separation.

### **Recommendations:**

- **clearly define the role of the *think tanks* and of the academic institutions:**
  - their geographical differences and contexts;
  - *think tanks* must play a role of translating the research for responsible policies and provide an evidence base for decision making;
  - it is an important point for more debate and a workshop;
  - as this network continues advancing, the governance of the institutions must be clarified.
- **the added value of this group** must be clearly defined to advance in the SDG agenda. For this purpose, conceptual mapping and tool mapping would be useful.

- In order to obtain a better understanding of the SDGs for individuals who are not familiar with its concepts, it is recommended that **an SDG guide be developed**.
- It is essential to improve the **follow-up and supervision of our own institutions in terms of SDGs and social responsibility**.

#### **Work Group 4: The importance of interdisciplinary research approaches and methods for measurement, reporting and accelerating the implementation of the health-related SDGs.**

##### **Key question**

- To what extent are interdisciplinary approaches necessary?

##### **Discussion**

- health-related research in the development sphere must take into account studies on the **social determinants of health** with a multidisciplinary approach, taking **territoriality** into account. It was emphasized that an **interdisciplinary** approach is the methodological framework of public health. However, various publications, subsidies and training in the health field continue to be based on a single discipline methodology.
- **territoriality** considers that reciprocal and conflicting relationships in the social structure take place in a specific territory. Therefore, this approach may be effective for research that requires understanding of actions that originate in public policies and, therefore, for practically all the SDGs and their implementation (including the health indicators, of course). In the LAC regions it is particularly important for work with indigenous communities, minorities, fragile or socially excluded groups, which cannot be done without a multidisciplinary approach.
- the **interdisciplinary** approach in research in the global health field has a great ally in the social sciences to intertwine the biomedical sciences, political and anthropological sciences in order to understand individual and social behaviours, as well as changes in behaviour. Important challenges of the interdisciplinary approach are also applied to measure the base line to convince governing bodies and governments, the levels of consensus and to report biomedical results to the society. Interdisciplinary research subjects must be defined between *think tanks* and the principle users of the expected results.
- Examples of interdisciplinary research challenges:
  - **Ethiopia:** studies on informal cross border trade and security carried out by the academia, civil society organizations and the government;
  - **Brazil:** research program on integrated and sustained urban development in the populations that surround the Fiocruz headquarters in Rio de Janeiro;
  - **Colombia:** a National Health Observatory of the National Public Health Institute gathers together different people to discuss health and urban infrastructure through the arts, as part of the World Habitat Meeting on the new urban agenda;
  - **Malaysia:** workshop on urban drainage and environment in a disciplinary approach;
  - **Spain:** Welcome Trust makes a grant of an interdisciplinary fund.

##### **Challenges**

- There are no incentives for interdisciplinary research since it is very difficult to find subsidies and ways to publish interdisciplinary research. Within the interdisciplinary approach, some research divisions have more power than others to access grants in certain fields.
- It is difficult to obtain incentives for the researchers to study “policies”, but a change in this tendency is expected for research on the implementation of the SDGs, involving the modification of the purpose of the study when health does not lead this initiative. How and who generates a framework for interdisciplinary research? How to avoid competition instead of collaboration between intersectoral and interdisciplinary groups? How to unite very different skills on research projects, whether through based projects, shared appointments or in a research group?
- The challenge of the great policy changes, such as for example, the changes in research incentives in the United States.

## CONCLUSIONS AND URGENT STEPS

- The participants have been requested to prepare comments about the *framework* of *think tanks* and academic institutions with a view to broadening the perception of this strategy throughout the entire group, adding the comments that came out of the discussions.
- The preparation of regional articles was requested. These articles could be published by the BMJ. For this purpose, guides will be prepared that provide a comparable orientation between them. This way it is expected to join forces and carry out joint research, generating joint reflection for the realization of the SDGs.
- The need was expressed to focus actions on governance and the determinant health policies pointing out the need for evidence-based work. In addition, participants pointed out the need for greater reflection on the interface between health and commerce, as well as between health and security.
- The representative of the IDRC/CRDI highlighted the idea that other meetings such as this one are going to be held in other regions of the world in support of the *think tanks*, to connect with the global community, through the GHPTT Network. Similarly, he is going to propose a dialogue with all the associates to obtain support and implement some of the areas identified in the base document.
- Fiocruz indicated its intention to make an effort for the implementation of the 2030 Agenda, mobilizing the national health institutes in Latin America and the academic institutions and *think tanks* of the region.
- The meeting organizers reported that a *website* is being built and they proposed the idea of adopting the same puzzle used at the present meeting as an image or logo for the Network of *think tanks* and academic institutions.

