Council on Health Research for Development (COHRED)

Best practices in health research policy development

Lessons from an expert consultation

Country experiences:

- **Brazil**
- **Mexico**
- **Mongolia**
- **Philippines**
- **South Africa**
- **Tunisia**
- **Uganda**
- **United Kingdom**

Collaborative Paper

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Annex 1: Session Abstract

Key messages from the session

Towards national health research policy development in low- and middle-income countries

The learning session and expert consultation, "**National health research: developing a policy framework**", was facilitated by COHRED at the Global Forum for Health Research meeting in Beijing. This was probably the first meeting of its kind to explore policy-development experiences and needs for national health research in low- and middle-income countries.

When establishing or shaping a national policy on health research, policymakers should consider:

o   Political support and leadership
o   System governance and management
o   Policymaking as *process*
o   Links between funding priorities and policy goals
o   System development
o   Evidence-based policymaking

Political support and leadership. This is essential for policy development. Decision makers must buy in to the notion that health research is not a luxury; it is an indispensable tool for health and economic development. A range of strategies can be used to build political support from those leaders who can influence decision making in the health research system. Strategies include promoting dialogue amongst the groups engaged, using arguments of cost-effectiveness with finance ministries, and outlining health and health-system improvements with health ministries. Presenting examples of national 'success stories'—that is, examples of policies yielding positive impact—can be a powerful catalyst for gaining political support.

System governance and management. Government agencies (preferably, ministries of health) must provide leadership. If they don't, other actors will take advantage of this lack of direction to pull the focus of the national health research system (NHRS) to their own needs.

Policymaking as *process.* An effective policy requires input from all the stakeholders that will be affected by its implementation. Without involvement and buy-in from these groups, implementation will be very difficult. Stakeholders should not view the policymaking process as an additional cost, but as an *investment* in policy effectiveness. Engagement with stakeholders can enrich the policy dialogue and highlight common ground between stakeholders with quite different perspectives. Credible external collaborators can play an important role in this process.

Links between funding priorities and policy goals. A key to effective implementation is to link funds to defined research priorities and policy goals. Without such links, effecting change in the NHRS will be extremely difficult. Investing public funds in research gives policymakers greater influence over the research activity of the country; it also requires foreign funders to align with nationally defined needs. Strategies, such as building research into development aid, should be formulated to ensure that the funding-policy linkage takes place.

System development. Policy goals should include capacity development at the system level, as well as at institutional and individual levels. Strategies to ensure that foreign funds for research projects or capacity building contribute to system strengthening also should be considered.

Evidence-based policymaking. Policy development should be based on sound evidence of health and health system performance collated from health information systems and the outputs of the health research system. Information on the structure and capacities of the national health research system from NHRS assessment activities are also vital to effective policy development.

1. Introduction

1.1 The session—This report summarises the discussions that took place during the session entitled "***National health research: developing a policy framework***" organised by COHRED during the Global Forum for Health Research meeting, held in Beijing October 2007. The session was co-chaired by Fudan University Prof Jie Chen (Peoples' Republic of China) and COHRED Director Prof Carel IJsselmuiden. The session took place in two parts:

1. The open session, titled "Best practices in health research policy development and implementation", brought together six panellists (Annex 1) who presented their experiences with health research policy development in Brazil, Mexico, Mongolia, the Philippines, South Africa and Tunisia.
2. A closed session, facilitated by Dr Mary Moran of The George Institute for International Health (Australia), focused on how to promote effective policy development and implementation in low- and middle-income countries.

The objectives of the open session were to allow policymakers to highlight, from their experiences, key issues in health research policy development and provide a platform for discussions on best practices.

The purpose of the closed session was to explore how to best promote uptake of policy development as a driver for research system strengthening in low- and middle-income countries. The group also discussed the role the 2008 Bamako Ministerial Forum on Research for Health[1] can play in uptake of policy development and research system strengthening.

1.2 Background—In recent years, COHRED's focus has evolved from promoting Essential National Health Research (ENHR) to supporting countries in their efforts to strengthen National Health Research Systems (NHRS). The evolution from *research* to *research systems* expands the ENHR strategy while retaining the health equity focus. It encourages countries to implement a wider range of activities and strategies necessary to enable health research to have greater impact on health and economic development.

Collating and presenting experiences from key players involved in efforts to develop the NHRS and the policy framework needed for health research systems to operate is one of the ways stakeholders can learn from the plans, negotiations and political issues that either enabled or interfered with NHRS strengthening. This session was organised to share 'real-world' experiences.

1.3 Support for policy development—A national health research policy is a keystone to effective NHRS strengthening. To enhance countries' understanding of the experiences, successes and limitations, COHRED will use the input from the October 2007 session in its work developing an aid to guide country efforts. These guidelines will cover:

• The development of national research governance and management structures
• Regular health research priority-setting and measurement of objectives
• Human and financial resource development strategies

Although the process of policy formulation is unique to each country, there are generalisable lessons to be learned from the experiences of others.

For countries with more developed systems and policy frameworks for research, the COHRED guide will provide a tool to self-assess what aspects of the system might be missing or restructured for greater impact.

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[1] The Global Ministerial Forum on Research for Health will be held in Bamako, Mali, 17-19 November 2008. The forum will bring together policymakers and researchers and will focus on the key linkages between the health sector and the research, science and technology and higher education sectors (www.bamako2008.org).

2. Presentations

The session was informed by short presentations and oral contributions from the panel members on their institutional, country and regional experiences in policy development and implementation for research for health. This section provides brief summaries of these presentations.

In his opening remarks, co-chair Prof IJsselmuiden explained the session format and posted some questions to seed the discussion:

- What are the key characteristics of an environment that facilitates good research?
- Is it possible to identify which policy options work, which do not and why?
- With respect to governance in health research: What is needed to make it effective?

In her opening remarks, Prof Chen asked panellists to:

- Discuss the role of policy.
- Present case studies that illuminate both successes and failures.
- Share their practical experiences of policy formulation and implementation.

2.1. Mongolia, Dr Burmaajav Badrakhyn, Ministry of Health

The development of Mongolia's strategy was informed by a series of system analyses, including a SWOT analysis, an expert evaluation, a NHRS Mapping and a survey of research funders, producers and users. The information obtained was a valuable resource describing health research and the health research system in the country.

A working group led by the Ministry of Health was formed to develop the health research strategy. The group identified six key objectives:

1. To improve the quality of new knowledge and evidence generated
2. To strengthen health research capacities
3. To improve utilisation of health research results
4. To develop a system of ethics review for health research
5. To improve health research education of the population and collaboration with stakeholders
6. To improve health research management and administration

The working group also set a *structure* for the strategy, by setting health research priorities, acknowledging the importance of evidence to inform development and recognising the need to involve key stakeholders in policy development from an early stage, including UN agencies and non-governmental organisations (NGOs). The strategy developed has eight dimensions:

1. Background
2. Situation analysis of health research system
3. Health research priorities
4. Strategic plan
5. Funding for strategy implementation
6. Executive committee for strategy implementation
7. Stakeholders and their functions
8. Evaluation and monitoring committee

The next steps in the process of consultation on the strategy are a series of open discussions with researchers.

2.2. Tunisia, Nouredine Bouzouaia, Ministry of Public Health

Prof Bouzouaia acknowledged COHRED's technical support in making the transition from planning to action and being able to set out the structure of the NHRS in Tunisia.

Although Tunisia has a national health plan, no national priorities for health research have been established. Instead, priorities are set by individual researchers, research units and labs. In order to facilitate the priority-setting process, policymakers determined that mapping of the NHRS and its components was required. Toward this end, Tunisia consulted with health research system stakeholders and found that there was political awareness and support for more effective research. There was also a desire for a more effective use of health budgets, with a better allocation of resources to build stronger health services that address equity and population needs. A survey was designed and conducted to describe and understand these issues.

The overall aim of the priority-setting process in Tunisia is to increase the effectiveness of the NHRS and embed it in the health system. The active involvement of all interested parties in priority setting, from members of the community to health researchers, was actively sought. A committee of 21 stakeholders was formed and held its first workshop on 19 June 2007, after which three panel discussions with additional stakeholders were held. Tunisia now plans to conduct a more formal national priority-setting exercise that will evaluate and define priorities every 5 years.

One outcome of the June 2007 workshop is that Tunisia developed a roadmap for priority setting, as well as a set process that can be improved over time. The new process also defines the need to be sensitive to research areas that may not be seen as top priorities and may therefore be neglected. The new process is also sufficiently flexible to include new priorities as they emerge and link action to health services performance.

Prof Bouzouaia noted that while Tunisian policymakers have decided to "start small and aim to grow", they fully embrace the notion that health research is not a luxury; it is an essential tool to create impact.

2.3. Brazil, Suzanne Jacob Serruya, Ministry of Health

In Brazil, the main health research actors at the federal government level are the:

- Ministry of Health (Department of Science and Technology (DECIT) of the Secretariat of Science, Technology and Strategic Inputs)
- Ministry of Science and Technology (including the National Council of Scientific and Technological Development)
- Financial Agency for Studies and Projects
- Health Sector Fund
- Ministry of Industrial Development and Foreign Trade
- Ministry of Education
- Agencies for research support from the 27 Brazilian states (FAPs)

This presentation focused on the role played by the Ministry of Health's Department of Science and Technology (DECIT) in science and technology development in Brazil.

The main activities of DECIT include:

- Providing financial support for health research
- Setting and providing standards for health research
- Disseminating knowledge
- Monitoring and evaluating health research.

DECIT, established in 2000, has developed a National Policy of Science, Technology and Innovation in Health (2004) and, linked to this, DECIT has worked on establishing a National Agenda of Priorities in Health Research (2004).[2] At the same time, DECIT established partnerships with the Ministry of Science and Technology and the Ministry of Industrial Development and Foreign Trade.

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[2] See: http://portal.saude.gov.br/portal/saude/area.cfm?id_area=963

DECIT manages the implementation of the national health research priority agenda. Implementation is assured through a national investment mechanism that operates through competitive bidding processes, which are organised by themes (for example, Social Determinants of Health and Neglected Diseases). Between 2004 and 2006, 33 competitive calls were launched based on the priority agenda, 990 research projects were selected and approximately US$100 million was invested. For 2006, US$65 million was assigned to 15 competitive calls. In the bidding process at the national level, preference is given to institutions that focus on developing multi-centre networks.

To ensure that resources are distributed throughout the country, each Brazilian state launches its own competitive call coordinated by the FAPs, the health authorities at the state level (SES), DECIT and the National Council of Scientific and Technological Development. Research priorities are defined according to the health agenda at the local level. Priority setting occurs in workshops involving state researchers and health managers. DECIT allocates funds to each state according to the state's science and technology capacity.

2.4. South Africa, Mohammed Sayed Jeenah, Nelson Mandela Metropolitan University

South Africa adopted COHRED's recommendations and started activities on policy development in 1994. Because the challenges in the country were great, the Ministry of Health ran a priority-setting exercise in 1997. Critical questions needed to be addressed; for example, with regard to HIV research, policymakers needed to decide whether to target clinical and epidemiological projects or socioeconomic aspects of the disease. By 1999, a second priority (foresight) exercise, conducted with Japan, Germany and the United Kingdom, looked at the development of a vaccine for HIV. Here, the participating Science and Technology Ministry explicitly expressed the need for an HIV vaccine. In 2001, a new committee drafted a health research policy based on ENHR principles. More recently, in 2004, a third priority-setting exercise was held.

This continuous priority-setting process has shown that *national context* is crucial. Priority-setting exercises have also allowed South Africa to broaden the concept of *health research*, to a concept of *research for health,* with research integral to health sector decision making. Policymakers also understand that in linking priorities to funding, *national context* must again be considered. For example: What is South Africa's capacity to conduct research in a particular field? Priority-setting exercises have also allowed South Africa to more accurately assess their health research capacity and their health delivery system. Policy implementation is now being evaluated by the national research committee.

South Africa has identified the following future policy challenges:

1. The need to link funding to policy. In South Africa, external funds for biomedical research represent three times what the government provides. This disparity can give foreign agencies undue influence on the focus of national research production.
2. The need to reduce 'brain drain' to the US, Canada and the UK. South Africa has an annual expenditure of 600 million Rand (US$ 87 million) to train doctors who later leave the country. The main question here is: How do we raise this issue at a higher level, where policy decisions can be made to directly impact on the problem?
3. The need to look at broad social and environmental issues, together with biomedical issues. Because most health research in South Africa is funded by the Science and Technology Board, rather than from funds controlled by the Ministry of Health, social and environmental issues are sometimes overlooked.

2.5. Mexico, Francisco Becerra, Ministry of Health

Addressing the question "How is a country's health research system structured?", Dr Becerra highlighted the fact that the Ministry of Health (MoH) has to assume and exercise governance of health research. In particular, the MoH must set the policy framework for the system and ensure that proper laws and regulations are put in place; for example, for ethical review. If the MoH does not assume the role of governance, it will be taken over by academia or industry or some other sector. These actors would then have the opportunity to set their own priorities—priorities that may have no links to the country's health needs—which in turn would limit government influence and limit evidence-based decision making in the health sector.

Research priorities related to the health problems affecting the country need to be identified. In order to improve health system management and the impact of health programmes, health researchers need to answer questions posed by managers of these programmes.

Once a formal health research priority agenda is set and financed, there is the need to integrate the research produced into the decision-making processes of the health system. Funds have to be allocated to the topics that have been identified as priorities. If the research-financing bodies have no relation to the MoH, differing perceptions of health research needs and funding priorities can undermine impact. Therefore, it is important to involve interested parties in both setting priorities and allocating funds. If the health research system can link health research priorities to health needs, and then to health research financing, then the system can solve key problems. If insufficient or even no government funds are available, researchers will look elsewhere for funds, and outside funders will ensure that their own priorities are the ones that drive research activity.

The traditional concept of research ending once the results have been published has to be revised. There is an urgent need to 'translate' research findings into policymakers' language, because this will facilitate real-world *application* of research results.

To improve impact, the MoH and related agencies responsible for budget authorisation should work together to strengthen the NHRS by offering researchers good salaries and benefits and providing quality research facilities to support the work and minimise 'brain drain.'

2.6. Philippines, Jaime Montoya,[3] Philippine Council for Health Research and Development

The biggest challenge facing the Philippine National Health Research System (PNHRS), especially the core agencies, is campaigning for the passage of the Philippine National Health Research System Act (PNHRS Act). Initiated in 2005, this act is designed to accomplish two things:

1. It will institutionalise the Philippine National Health Research System.
2. It will create the Philippine National Health Research System Fund (PNHRSF), a special fund that segregates specified revenues from selected agencies for research purposes.

The Fund, in turn, has three ultimate objectives:

1. To provide sustained financial support for knowledge management and its translation into efficient and effective health policies and service delivery
2. To strengthen the healthcare system
3. To provide improved health for all Filipinos

In addition, the Fund will ensure that the government invests in health research as part of its commitment to secure the well-being of its citizens. Health research funds will be sourced from percentages of the income of relevant government agencies.

Institutionalising the PNHRS will establish this system as the foundation from which all other health initiatives can be built. Given that there is a direct link between a country's productivity and global competitiveness and the health of its citizens, a stable and functioning national health research system is required if the Philippines is to be competitive in the global community. The PNHRS will also enable the Philippines to deal with recurring diseases as well as prepare for and manage new ones. In addition, the PNHRS will help the country to become self-sufficient in research, which should benefit disadvantaged populations.

Locally available and manufactured pharmaceuticals and diagnostic devices translate to savings in two ways: First, diseases can be detected, diagnosed and managed earlier, thus averting the onset of serious medical afflictions and out-of-pocket expenses for medical and health services. Second, self-sufficiency in pharmaceutical production will yield savings for the Filipino consumer by way of cheaper effective medicines and healthcare.

Health research in the country has recently received significant support from the national government, with a

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[3] Although Dr Montoya was unable to be present at the session, he prepared a statement, which was read out on his behalf.

specific order issued by President Gloria Macapagal-Arroyo creating the Presidential Coordinating Council on Research and Development. The President has also declared every second week of August as Philippine National Health Research System Week.

The core agencies of the PNHRS welcome this support and continue to work to ensure the smooth passage of the PNHRS Act. Although work to pass the PNHRS Act began in 2005, there is still a long road ahead. All those supporting this important initiative can take comfort in the words of the eminent Chinese philosopher Lao Tzu: "The journey of a thousand miles begins with a single step."

3. Summary of key issues raised in the presentations and discussions

3.1 Summary of presentations in open session

The major messages from the presentations on the development of health research policy were identified as:

- Understanding the system
- Governance and management
- Capacity development
- Policy development as *process*
- Priorities
    - Information for priority setting
    - Evaluation of priority setting
- Funding
- Use of research

This section summarises each of these key issues:

<u>Understanding the system</u>. NHRS Mapping provides important information describing the institutional, policy, and governance and management structure of the system. This information represents the evidence needed to inform policy development. External factors, such as wider research and political environments, also need to be taken into account. In addition, information must be adapted to different national contexts.

<u>Governance and management</u>. The Ministry of Health should assume and exercise formal governance activities and establish a management structure to drive policy and NHRS development. Legislation is needed across the board (e.g., with regard to ethics and clinical research guidelines). An essential component of governance and management is to link funding to policy.

<u>Capacity development</u>. Strategies to avoid 'brain drain' and develop *Human Resources for Health Research* are important considerations and should be included in "responsible" health research agreements between funders (often from high-income countries) and low- and middle-income-country research institutions. Strengthening both the system and the environment for researchers is crucial to make researchers feel secure and to enable them to perform their work. Where possible, countries should work towards self-sufficiency in research.

<u>Policy development as *process*</u>. The need to involve key stakeholders in policy development from an early stage, together with an open and frank dialogue, was identified. It was noted that there is often a surprising amount of common ground between different groups once discussion takes place. Early input from key stakeholders can help to build political support and motivate those who need to implement the policy.

<u>Priorities</u>. Health research is not a luxury, but a necessity. Setting health research priorities is an essential step towards increasing the effectiveness of the NHRS. Important links exist between health research foresight and health research priority setting that anticipates long-term and short-/medium-term research needs. Health research plans have to be flexible and subject to regular review. To effectively address the problems that health managers and practitioners face on a daily basis, the process of priority setting needs to establish clear links between research and health strategies. Alternatively, building research into health programmes is a way to ensure that research needs are fulfilled.

> <u>Information for priority setting.</u> Gathering evidence (on the status of health, the health system and the health research system) is an important component of setting priorities, because this evidence will inform the priority-setting process. In addition, working closely with information systems—where they exist—is recommended. Beyond this, involving a wide range of stakeholders in the priority-setting process can help to overcome problems related to data gaps.

> <u>Evaluation of priority setting</u>. The future cost and cost-effectiveness of *action* based on potential research findings should be built into criteria to evaluate research priorities and develop research protocols. Evaluation of priorities should deal with processes, outputs and outcomes and link investments in health research to potential outcomes.

Funding. It is extremely important to link funding to policy and priorities. Funding agencies should therefore be involved in the consultation processes, so that they understand the needs of the ministries of health. International donor agencies and health programmes should also be included in priority-setting consultations, and this can be helped by establishing donor cooperation mechanisms. Mexico and Brazil offer good examples of innovative funding mechanisms, while funding mechanisms planned by the Philippines provide another model. Other countries should examine how such schemes might be established or adapted to meet their own funding needs. Open and competitive tendering processes are also important in ensuring the effectiveness of funded research and in increasing the quality of research designs and the transparency of the commissioning process.

Use of research. The research process does not end at publication. Translation and dissemination are essential for research to be used to improve health and increase the cost-effectiveness of health systems. In addition, research synthesis (systematic reviews) can play an important role in informing decision makers. However, in many countries these methods are not used as often as they might. For research to be used by decision makers to solve real problems, the research conducted must address these problems. Strong user-involvement in research, from concept to implementation, and in research priority setting is therefore key.

3.2 Summary of follow-up discussion in open session

The discussion developed from questions posed by the audience. The co-chairs asked the panellists to answer those questions that were most relevant to the topics they presented. Questions generated by the audience centred on eight topics:

- Data to set priorities
- Systematic reviews and funding
- Lack of resources
- Stakeholder dialogue
- Budget allocation and its management
- Building research into development aid
- Evaluation of policy implementation processes
- 'Brain drain'

Data to set priorities. Data will be available, depending on the maturity of the routine health information systems of each country. Additional data can be collected from NHRS assessment, which can help identify what capacities exist to develop research on the priorities. Policy- and decision makers from different parts of health and health research systems can work together to interpret available information.

Systematic reviews and funding. Secondary data analyses of research results (systematic reviews) are not widely used, but these results should be made available to researchers, program managers and policymakers. Funds are rarely available for these analyses, and this was recognised as a missed opportunity.

Lack of resources. The lack of resources available to health systems affects the implementation of health research findings. Recommendations to improve health and health systems are often not implemented due to funding constraints, even when additional funding might significantly increase cost-effectiveness. This problem occurs because the additional costs associated with implementation of recommendations have not been built into budgets. To minimise this problem, the operational side of ministries of health need to be involved in research and research priority setting.

Stakeholder dialogue. There is a need to educate all stakeholder groups. Providing platforms where dialogue can take place and facilitating visits where the different perspectives can be seen in context is invaluable. Taking these steps helps stakeholders identify the considerable common ground that often exists between groups. To ensure that research meets policymakers' needs and provides evidence to inform decision making, closer collaboration between researchers and users of research is required. In addition, researchers must provide recommendations that take into account budgetary and infrastructure limitations. Doing this will enhance the capacity of health systems to act on research findings. In South Africa, for example, a study on research implementation showed that close collaboration between commissioners and users of research results facilitated uptake. Involving industry partners in researcher-policymaker dialogue can also be beneficial.

Budget allocation and its management. Funds allocated to research should be used wisely and linked to research priorities. Because different countries face different challenges, *country context* needs to be taken into account. For example, health systems research can be less costly than the basic science and biomedical research required to develop a new vaccine, and thus may be a wiser investment for countries with limited research budgets.

Building research into development aid. Appropriate budgets for research must be built into development project protocols to ensure that they are successful. National ministries do provide funds for research, but these are not enough. The perspective from Mexico is that countries should be able to decide on their own priorities and that there is therefore a social and ethical responsibility for development funders to align with these priorities. Donor alignment is a difficult task, but it helps if there is political and technical consensus. In Tunisia, for example, this is not a problem, since priorities for health research are supported at the highest level (by ministers) and research is nationally funded. In China, where a good deal of research has been built into development aid, they have found that similar projects can be funded by different agencies. To minimise overlap, a central panel has been created to oversee collaborations with donor agencies. However, it is difficult to control local developments, which can bypass central coordination.

Evaluation of policy implementation processes. Evaluation is needed all the way through the process of policy implementation, and it is essential to measure performance and impact. Establishing a monitoring system with a well-defined set of indicators to inform NHRS decision making is also important.

'Brain drain'. Because low- and middle-income counties cannot pay the international salaries that can help to retain researchers, the problem of 'brain drain' needs a more political solution involving the wider community. Strategies must be developed to minimise the exodus of research professionals out of the country.

3.3 Summary of discussion in closed session

The closed session was facilitated by Dr Mary Moran of The George Institute for International Health (Australia). Three questions generated the most discussion. Highlights of this session are outlined, below:

In building support for health research policy development, what arguments worked best?

Tunisia. The Ministry of Health has to be actively involved, but international partners can help increase awareness of policy-development issues within ministries and can provide valuable technical support. Right from the start, Tunisia benefited from assistance from COHRED, as well as from WHO-EMRO. Tunisia structured research into Ministry of Health policies. From this they expect positive outcomes, in particular, the benefit of research becoming more visible. This model for policy development will serve as a template for integrating research into other ministries.

South Africa. Each ministry set research priorities. While the Ministry of Science and Technology used a foresight approach, other ministries decided to set up strategic clusters. Limited communication between ministries can cause problems. For example, the Department of Education has developed research themes it has not clearly communicated to the Department of Health. Other problems stem from the fact that South Africa is undergoing major political change. This can cause problems for foresight exercises, which require high-level political and financial commitments if the findings are to be operationalised.

Mexico. Setting up and operating national research funds is a way of forcing ministries to allocate funds for research, but it also gives them a say on which priorities get funded. In Mexico, the Health Research Fund has commissioned over 400 projects, all awarded through open competition to both the public and private sectors. The initial catalyst for funding national research was a new law on research funding, which forced ministries to get involved in and give more funds to research. The Health Research Fund is currently the most active of all the funds established.

United Kingdom. Securing support for research is always political. It involves 'big politics' with ministers and 'small politics' within the Ministry of Health. Impetus for reform in the UK came from the Treasury (Finance Ministry) prioritising a healthy population and a research-driven economy as the keystones of national development. The case for investing funds in health research could be made around these national goals. Providing opportunities for researchers and policymakers to directly engage is key, as is the provision of "translation", to allow the two groups to understand each other's position. Evidence is research; M&E is

research; surveillance is research—and all are essential to inform ministerial decision making and effective use of funds.

Brazil. Long-term vision and commitment are necessary for effective policy development and implementation, but it takes time for the arguments to hit home. In addition, backing for research is fragile and a change in government can end the momentum. Support for research therefore needs to become part of the working culture of ministries.

Does research save money?

United Kingdom. In the case of the UK, the example of research into grommets for children demonstrated how research could save money. The "market failure" argument was also used. Through a grand dialogue, the case was made that government has an important role in building infrastructure and capacity, and in funding research other actors will not fund. In addition, it was noted that it is important to argue the case for research in the language of those who make the decisions. One argument that particularly hit home was: "I was the director of market-*failure* research."

Facilitator. A potential "hook" on which the case for research can be made can be very powerful. This will be driven by very specific national issues; for example, grommets in the United Kingdom and, in the Philippines, the issue of access to and the high cost of medicines.

How important is governance of health research?

Mexico. If the Ministry of Health does not want to lead health research, other sectors, pushing their own interests, will take the lead. Therefore, ministries of health need to assume and exercise leadership.

Uganda. Uganda had well developed research institutions in the 1960s. The institutions later became independent, and the government ceded its leadership role, causing the research institutions to seek linkages overseas. Uganda now needs to regain control and internal leadership.

South Africa. The entities assuming leadership need to make research a strong "vehicle". This will require exerting greater control over the external funders, and then building the political support to move forward.

Tunisia. Political engagement is extremely important, and the country benefits greatly from the strong support for research at the governmental level. Tunisia sees itself as a leader in development, and is now giving advice to other governments. Today, 85% of research conducted in Tunisia is funded by Tunisia. This makes Tunisia more competitive in obtaining grants from abroad. So far, 25% of foreign research funds are invested in health research. The country dedicates 1% of GDP to research, of which 10% is for health research.

Brazil. Governance needs to take into account the multiple actors in health research. In Brazil, institutions in every state receive funds for health research, and the states have their own research budgets. The Ministry of Science & Technology also funds health research; for example, in collaboration with the Ministry of Health, the Ministry of Science and Technology launched a call for proposals for neglected diseases, with the states contributing through matched funds. In total, 30% of health research is not funded by the Ministry of Health.

4. Proposals for future action

4.1. General conclusions

Each effort to establish a national research policy is unique. Each country will have to detect and solve specific issues according to the context and structure of the national health research system. However, the particular experiences presented in these sessions can help other countries to become aware of relevant and important factors that may arise during their own efforts to develop their policy framework for health research, and also help those countries with frameworks in place to identify items that may have been left aside.

While the experiences shared at this session cannot be directly applied to other settings, they do provide real-world examples of how some countries have developed policies to strengthen their health research systems, examples from which others can draw valuable lessons.

There are many aspects to consider in health research policy development and many interested parties to include in the long-term process of consultation, priority setting, implementation and review.

Political support is essential if the legislation and regulations of an effective NHRS are to be established and the necessary resources are to be secured to finance the changes required. Building this support should be part of the policy-development process, and consultations with those entities that can provide support is absolutely central to achieving success. This grand dialogue is important for two reasons: It will build the case for the state's responsibilities for strengthening infrastructure and capacity for health research with decision makers in government, and it will get input and build ownership with stakeholders who will either implement or be affected by the strategies employed. Strong bodies to exercise the governance and management functions of the NHRS are required, to provide leadership and to execute the steps necessary to realise policy goals.

Once the infrastructure to direct and coordinate the NHRS has been established, policy goals should focus on ensuring that the system delivers the evidence required to improve health, health systems and health inequities. In particular, this will require research needs to be defined, research capacities strengthened, funds to commission research secured (from both national and international sources) and funding aligned with policy and priority goals.

4.2. Actionable items for: Countries

- Start the process of building national support for policy development amongst policymakers and other key stakeholders, and identify the arguments that can be used to make the case for health research with these groups.
- Consult with stakeholders to assess what the major policy goals are for health research in the country, and collect the necessary evidence to support policy development.
- Make the jump from policy development to implementation, securing the support, both political and financial, to ensure action.

4.3. Actionable items for: COHRED

- Use the experiences presented as an input to develop an 'aid' that countries can use to guide health research policy development.
- Form an expert panel with experience in policy development to review the health research policy development aid before dissemination to interested countries.
- Identify countries with national health research policies and review their policy goals and strategies.
- Use the 2008 Bamako Forum as a platform to promote the development and implementation of national health research policies in low- and middle-income countries.

Annex

Annex 1: Session abstract

Forum 11, Beijing, People's Republic of China, 29 October – 2 November 2007

National health research: developing a policy framework
Tuesday, 30 October

A good research policy framework is key to unleashing the potential of health research to support national health research systems (NHRS). As part of an ongoing focus on NHRS, this session provided a platform for discussion on best practices in policy development and implementation with senior policymakers leading efforts in their countries.

Open session

Co-chairs:
- Prof Jie Chen, Professor, Key Lab of Health Technology Assessment, Fudan University, People's Republic of China
- Prof Carel IJsselmuiden, Director, Council on Health Research for Development, Switzerland

Panellists:
- Dr Burmaajav Badrakhyn, Senior Officer in Charge, Health Research Policy and Coordination, Health Policy and Planning Department, Ministry of Health, Mongolia
- Dr Francisco Becerra-Posada, Joint Director General, Coordinating Commission for National Institutes of Health and High Speciality Hospitals, Ministry of Health, Mexico
- Prof Nouredine Bouzouaia, Director General, Ministry of Public Health, Tunisia
- Dr Suzanne Jacob Serruya, Director, Science and Technology Unit, Ministry of Health, Brazil
- Prof Mohammed Sayed Jeenah, Deputy Vice Chancellor, Research, Nelson Mandela Metropolitan University, South Africa
- Dr Jaime Montoya, Executive Director, Department of Science and Technology, Philippine Council for Health Research and Development, Department of Science and Technology, Philippines

Rapporteur
- Dr Francisco Becerra-Posada, Joint Director General, Coordinating Commission for National Institutes of Health and High Speciality Hospitals, Ministry of Health, Mexico

Closed session

Facilitator:
- Dr Mary Moran, Director, Pharmaceutical R&D Policy Project, The George Institute for International Health, Australia

Participants
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- Prof Sally Davies, Director of Research, Department of Health, United Kingdom
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