

Supporting health research systems development in Latin America

Results of Latin America Regional Think Tank,
August 2006, Antigua

- Brazil
- Bolivia
- Chile
- Costa Rica
- El Salvador
- Guatemala
- Mexico
- Nicaragua

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Key messages from the consultation

Toward a regional plan of action for national health research system development

Over the past decade, some Latin American countries have made consistent and substantial investments in research for health. This has resulted in major improvements in the quality and focus of health research and the delivery of related services to their populations. These improvements can bring benefits to the countries involved and to the region as a whole, through increased south-south linkage on health research needs and practices in Latin America.

Several countries in the region (i.e. Brazil, Chile, and Mexico) have substantial experience in health research system development and can serve as an important source of expertise for other South American countries. Improved and stronger networking and ‘twinning’ can facilitate the exchange of knowledge and transfer of expertise between the countries in the region. Partnerships can be built to accomplish this in areas such as health research promotion, governance or management, and capacity building. South-to-south support needs to be developed to its optimal potential.

COHRED’s focus has progressed over the past years from promoting Essential National Health Research (ENHR) to supporting countries in their efforts to strengthen National Health Research Systems (NHRS). This concept expands the ENHR strategy while retaining the health equity focus. It encourages countries to implement a wider range of activities and strategies that take health research one step further, and make it an essential input in to both human and economic development by reconfiguring it as ‘research for health’. This link is not yet clearly acknowledged in many countries in the region and more advocacy work is needed to foster appreciation of this concept among policy makers, research managers and funders of research. The new governments that have recently emerged in many of the Latin American countries may be receptive to this equity and development approach.

A better understanding of the successes and limitations of national health research systems in the region is required so that further development and learning can be stimulated. Important issues to address include the creation of credible processes for regular health research priority setting and measurement of objectives; the development of national research management structures; and the development of national health research policies and human resource development strategies.

These issues will be explored in detail in September 2007, in a special Latin American Regional Meeting on Research for Health. It will involve participants from all Latin American countries, and a number of key northern partners with an interest in research for health and the initiation of the development of an *action plan for national health research system development* in the region.

1. Introduction

This report provides a summary of the discussions that took place during the COHRED Latin American Consultation held in August 2006. The think tank brought together 15 professionals from Latin America to develop strategic ideas for the promotion of 'research for health' by focusing on the following three main issues:

- Understanding the situation of the different countries regarding health research systems, with their particular opportunities and constraints, and their respective needs and resources to develop 'research for health'.
- Consideration of the role and value of networking, networks and south-to-south linkage in promoting research for health, through the review of various local, national or regional networks known to or used by meeting participants. And exploration of opportunities for networking or partnerships among the participants and their partners.
- Specific discussion on the potential roles of COHRED in the region in support of strengthening national health research systems. The question of how to enhance COHRED's presence in the region to be a more efficient and effective support to national health research systems in Latin America emerged as a basic concern. New forms of partnership, including the possibility of "decentralisation"¹, were a key part of the think tank's discussion.

¹ Placing "decentralisation" in inverted commas is intended to indicate the uncertainty about the adequacy of this work in describing how a structural and/or functional 'move', away from being a uniquely 'Geneva-based' organisation towards a globally-based organisation with a global board, can help COHRED better achieve its mission.

2. Presentations

The consultation was informed by presentations and contributions from all participants on their institutional, country and regional experiences in research for health. This section provides brief summaries of these presentations.

2.1. Bolivia - the contribution of NGOs and communities to health research²

The Bolivian experiences were shared from the perspective of PROCOSI, a network of 36 NGO's working in integral health in Bolivia, which focused on the contribution of NGOs and community to health research in the country. At community level, research is mainly conducted by NGO's including PROCOSI. Generally, the participation of community in this research ranges from data collection to analysing information and developing community action to solve the identified problems. PROCOSI supports capacity development in NGOs to assist communities with prioritising and conducting their own research.

Good interaction between the four main stakeholder groups (policy-makers, academia, community and NGOs) is needed to ensure an optimal contribution of the community to research and health development. For example: communities can interact with (local) policy-makers to influence the agenda and ensure use of local knowledge in policy making. Communities can also interact with academia to obtain information that can generate community action and to inform academia on community health experiences. Academia, in turn, can incorporate local knowledge and the capacity of communities in research programmes, build on local needs and disseminate results in a form that can stimulate community action. Communities can also interact with NGOs in implementing health projects and in actively supporting the design and evaluation of such projects. NGOs can act as the link between communities and academia, linking the community priorities with academia expertise and resources. In addition, NGOs can provide evidence for policy changes and assist in policy implementation.

Some key questions and challenges to enhance community engagement in health research revolve around issues of how to accomplish the following:

- strengthen the capacity of community members to play an active role in health research, and determine the capacity needed in NGOs to facilitate this process;
- extract and build on existing experiences within NGOs, and determine capacity needs;
- strengthen the link between academia and the NGO sector; and,
- present research results in such a way that they facilitate decision making.

In addition to NGO involvement in research, the Bolivian government is playing a more active role in the governance of health research. The present government has established, within the Ministry of Health, a National Advisory Unit for Project Planning and Coordination. This unit has a research and technology sub-unit and is currently setting priorities for research. The priority setting process also involves NGOs, academia and communities. Working groups on equity, biomedical research, clinical research, intercultural issues and community health were tasked with developing their priority agenda. Reports on this work were given to the Ministry of Health sub-unit, and will feed into a national workshop in June 2007, during which general priority lines for health research in the country will be established. Following this priority setting process, next steps include the identification of human and financial resources to address the priority areas and the joint development of proposals.

² Presented by Wendy McFarren

Further Reading:

- <http://www.procosi.org.bo/>
- Mesa de Investigación en Políticas Públicas de Salud, Memoria, Jornada Nacional de Investigaciones en Salud. Ministerio de Planificación para el Desarrollo, Ministerio de Salud y Deportes, Viceministerio de Ciencia y Tecnología, Unidad de Planificación. 2006, Santa Cruz de la Sierra
- Mesa de Investigación: Memoria, Jornada de taller de investigación comunitaria, PROCOSI, La Paz 2005 (<http://www.procosi.org.bo>)

2.2. Brazil - the role of the Ministry of Health in Science and Technology³

In Brazil, the main health research actors at the federal government level are the Ministry of Health (Department of Science and Technology, of the Secretariat of Science, Technology and Strategic Inputs); the Ministry of Science and Technology (including the National Council of Scientific and Technological Development); the Financial Agency to Studies and Projects; the Health Sector Fund; the Ministry of Industrial Development and Foreign Trade; the Ministry of Education; and Agencies for Research support from the 27 Brazilian states (FAPs). This section will focus on the role of the Ministry of Health in science and technology development in Brazil.

The main activities of the Department of Science and Technology (DECIT) include providing financial support for health research, setting and providing standards for health research, disseminating knowledge, and monitoring and evaluating health research. The DECIT, established in 2000, has developed a National Policy of Science, Technology and Innovation in Health (2004), and, linked to this, worked on establishing a National Agenda of Priorities in Health Research (2004). At the same time, it established partnerships with the Ministry of Science and Technology and the Ministry of Industrial Development and Foreign Trade.

The DECIT emphasises the implementation of the national agenda. Implementation is assured through a national investment mechanism that operates through competitive bidding processes, which are organised by themes (i.e. Social Determinants of Health, Neglected Diseases, and so on). During 2004-2006, 33 competitive biddings were launched according to the priority agenda, 990 research projects were selected and approximately \$100 million was invested. For 2006, \$65 million will be assigned to 15 competitive biddings. In the bidding process at the national level, emphasis is given to institutions that focus on developing multi-centre networks.

To ensure that resources are equitably distributed throughout the country, each State launches its own competitive bidding 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 States' researchers and health managers. DECIT allocates funds to each State according to the State's science and technology capacity. The decentralised competitive bidding finances research conducted by institutions in particular States and encourages research on local communities' health needs and on producing results that will help improve local decision-making.

Further reading:

- Ministry of Health (2005). Agenda Nacional de Prioridades de Pesquisa em Saúde. Brasil. ISBN 85-334-0827-3
- Ministry of Health (2005). Política Nacional de Ciência, Tecnologia e Inovação em Saúde. Brasil. ISBN 85-334-0933-8
- <http://www.saude.gov.br/>

³ Presented by Moisés Goldbaum

- Guimarães R, Pacheco Santos LM, Angulo-Tuesta A, Jacob Serruya S (2006). Defining and Implementing a National Policy for Science, Technology, and Innovation in Health: lessons from the Brazilian experience. *Cad Saúde Pública*, Rio de Janeiro, 22 (9): 1775-1794. (Includes debates on the paper by Guimarães et al by Sylvia de Haan; Hillegonda Maria and Dutilh Novaes; Naftale Katz & Vânia Maria Corrêa de Campos; Andres de Francisco; Rita Barradas Barata.)

2.3. Chile - improving mechanisms for coordination and financing⁴

In the past, health research in Chile was managed and funded by three ministries - the Ministry of Economy, the Ministry of Planning, and the Ministry of Education through the National Council for Research and Development (CONICYT). The majority of funding came from the Ministry of Education. A study carried out by CONICYT in 1999, illustrated that most research funding was directed towards basic sciences and very little was allocated to Essential National Health Research. The total investment in research and development in Chile amounted to 0.84% of the GDP in 2006.

Recently (2004), this system has been changed and a new scientific council (CONIS) as well as a funding structure (FONIS) have been established under the Ministry of Health in a joint venture with CONICYT. CONIS demands that research be conducted in certain areas, based on needs and on analysis of research results and recommendations. FONIS provides new funds for these requests on top of what has been historically assigned to research and development in Chile. Of approximately two thousand applications that Fonis has evaluated since 2004, 120 were granted financial support. In 2007, the Ministry of Health will initiate a broader priority setting process and present priority themes to the scientific community.

The majority of the funds provided by FONIS through this process are allocated to areas of public health and health care management research (around 45%) and clinical research (18%). Most funding is allocated to universities (54%). A smaller percentage goes to non-academic researchers from primary health care or other health care services. The total amount of funding available from FONIS in 2007 is around \$36.000 per project.

Further reading:

- <http://www.conicyt.cl/> (provides also link to FONIS)
- <http://www.minsal.cl/ici/fonis2006/fonis2006.html>

2.4. Costa Rica - revision of health research governance after government change⁵

In 1996, Costa Rica developed a health research policy. However, studies indicate that the policy was not known or used by the new government that took office in 1998. A process was initiated to strengthen health research in 2002 and the health research policy was revised. A commission on health research involving the Ministry of Health, Ministry of Science and Technology and the University of Costa Rica was established, and it led the development of a health research agenda through workshops and a national forum where the official agenda was presented. As a result of the the priority setting process, a Directorate of Science and Technology was established in 2006 under the Ministry of Health. Its role is to guide and strengthen health research within the defined priority areas. The Directorate does not yet have its own budget.

⁴ Presented by Jorge Arriagada

⁵ Presented by Xinia Gomez

Some of the activities planned to further strengthen the Costa Rican health research system include:

- operationalising the health research priorities in a national plan for health research;
- organisation of an Ibero-american network on education and research in public health;
- analysis of the national health research system assessment study conducted in 2005;
- development of a database of institutions, researchers, and research studies conducted in Costa Rica;
- execution of strategic studies to inform the work of the Directorate.

Further reading:

- <http://www.ministeriodesalud.go.cr/investigaciones.htm> (this page includes a link to the health research directorate as well as to the national agenda for health research)
- <http://www.ministeriodesalud.go.cr/comconis.htm>

2.5. El Salvador - strengthening the research function of the University of El Salvador⁶

Until the late 1990's, El Salvador was the country with the lowest levels of investment and productivity in health research in the Latin American region. By way of illustration, in 1998 'investment' by the University of El Salvador towards research, including health research, amounted to \$10. Following the end of the civil war, neoliberal policies that gave very low priority to research in general were introduced. Since then, the University of El Salvador has undertaken many efforts to strengthen its research function: it has set up a council for scientific research within the university, it defined its research policy and priority strategies, and it promoted a culture of change management within the university (recognising and valuing the role of research) as well as within state research policies.

These efforts are showing initial results. Since 2003, one part of the state financing to the university (amounting up to \$600,000) is allocated to finance the defined priority areas needed for strengthening research at the university, such as basic infrastructure, attendance of seminars and workshops, and participation in international events. In addition, in 1998, the university and the government of Spain reached an agreement to develop infrastructure, facilities and equipment to promote research in the area of health. The Centro de Investigación y Desarrollo en Salud (CENSALUD) was inaugurated in 2003. The Centre's objectives include i) conducting health research in the areas of public health, clinical research and biomedical research, in close coordination with the health sector; ii) promoting the production and use of knowledge and multi- and interdisciplinary studies; and iii) supporting postgraduate studies in order to develop a scientific community able to advance health research in the country.

Other areas of activity of the university include the implementation of a priority setting process through a series of workshops involving researchers from a variety of disciplines; training and education; and the conduct of multidisciplinary research in areas related to health, including social, agricultural, natural and environmental sciences. The university is also a partner in an Observatory of Public Policies and Health. This network includes other universities (from Spain and Colombia) and civil society organisations, and focuses on translating research results for the broader society.

Further reading:

- <http://www.ues.edu.sv/>
- <http://www.cic.ues.edu.sv/>. This website of the Consejo de Investigaciones Científicas de la Universidad de El Salvador includes a link to CENSALUD.

⁶ Presented by Eduardo Espinoza

2.6. Guatemala - analyses of health research situation⁷

In Guatemala there is an increased recognition of the contribution of health research to support decision-making in public health, to advance knowledge and to improve health conditions. The Ministry of Health regulates some areas of research, such as clinical trials and health intervention research.

Despite the acknowledged needs many areas of the health research system require strengthening. Though CONCYT, the national science council, develops the national science policy, there is no specific policy focusing on health research. Attempts to define health research priorities (in 1988 and 1998) were not successful. The Ministry of Health used to have a unit for health research (in 1990) but this unit is no longer active. In addition to the Ministry of Health and CONCYT, other actors in the health research system are the main universities (University of San Carlos, University del Valle, University Rafael Landivar), international agencies (PAHO, USAID, EU, UN agencies) and international projects (US and European academic institutions; Fogarty and NIH programmes). Health research funding comes primarily from these international actors as CONCYT can only provide small grants.

When looking at health research productivity in the country, it is clear that health research depends on the priorities of the institutions. There has been a recent increase in health research productivity, especially in the area of clinical trials, as a result of the adaptation of research conducted by NGOs and international programmes, and universities to local realities. The number of publications referenced in PubMed remains low: around 30 publications in 2006. These are mainly developed by outside investigators, with a few local investigators from academia, and focus on reproductive health, vector borne diseases and anthropology. One of the main limitations the country faces is limited human resources. There are few trained researchers, insufficient time available at academic institutions to do research, and little understanding of the concept of the 'critical mass' needed to advance research.

In summary, Guatemala is in need of a more systematic effort to organise, support and develop its health research agenda and national health research system.

2.7. Mexico - the health research action programme⁸

Mexico has recently undergone a number of changes in science and health research policy. The Special Science and Technology Programme for 2001-2006 established a state policy regarding Science and Technology and allowed for a pooling of Research and Development investments from all ministries. In spite of the overall increase in funds for Science and Technology, it did not reach the proposed objective as targeted by the programme. This programme was followed in 2002 by the Health Research Action Programme of the Ministry of Health.

This action programme has proven to be a turning point for health research in the country. It aims to increase quality of research and improve impact by making sure that there is increased financial support for health research; that research links to national problems; and by establishing a decentralised system for health research. A key principle of the plan is that it builds on a long term focus and vision.

Specific emphasis is given to promoting research careers. Strategies implemented include: improvement of employment conditions; provision of bonuses on top of salaries; awards for research projects and papers; and the organisation of annual health research meetings. Funding for health research has been increased through a Health and Social Security Research Fund, which is open to all researchers and provides trans-annual funds that are not linked to

⁷ Presented by Edwin Asturias

⁸ Presented by Francisco Becerra

fiscal budget limitations. The sectoral fund finances are directed towards main health areas. Funds are provided in response to calls for proposal. About 15% of the requests received are funded. To date, in the four years the sectoral fund has existed, over 65 million dollars have been delivered or committed for 427 projects that were selected through peer-review process.

Some of the outstanding challenges include: finding ways to better link the research results to improving policy and practice; better integration of health into overall science and technology; and ensuring more active participation and capacity building of states decentralising from Mexico City.

Further reading:

- Programa de Acción: Investigación en Salud, Secretaría de Salud, México, 2002, ISBN 970-721-022-2
- Programa Especial de Ciencia y Tecnología, CONACyT, 2002
- <http://www.salud.gob.mx>

2.8. Nicaragua - the role of NicaSalud Network Federation in health research⁹

The Nicaraguan experiences were presented from the perspective of NicaSalud - a network federation established in 1998 after hurricane 'Mitch'. This growing network currently has 28 NGO members. The networking approach helped the work of NGOs become more visible and increased the attention they receive from the Ministry of Health and other institutions and donors. It also supported a better alignment with policies of the Ministry of Health, and standardisation of rural community programmes. It advocates for new policies or modification of existing programmes. Networking has strengthened the involved organisations technically and in their administrative, financing and governance functions. Currently, NicaSalud has used its own experiences to facilitate creation of NGO networks and establish a Central American network involving Guatemala, El Salvador, Honduras and Nicaragua.

Given the need for the identification of health problems and their causes in the rural areas in which these NGOs work, health research is important to them. A process of social auditing with the communities supports health problems identification, and informs the work of the NGOs accordingly. Research also helps build understanding of existing barriers to adoption of strategies and practices resulting from scientific evidence, identifies best practices, and helps provide input into policies and programmes. In addition, NGOs use research in monitoring and evaluating the programmes they implement.

To enable NGOs to use research in an effective way, it is important to develop their research capacity. At the moment, the NGOs have little research capacity and much of the research work is done through consultants. There is a move towards working jointly with the consultants to ensure a transfer of skills. The NGOs also have a role to play in national and regional priority setting, in bringing forward the priorities of the communities with which they work. Some of the operational research, in the identified priority areas, can also be conducted by the NGOs. A Central American operations research group has been coordinated by NicaSalud and facilitated by INCAP/PAHO.

Further reading:

- <http://www.nicasalud.org.ni/>

⁹ Presented by Josefina Bonilla

2.9. Two regional partners and their focus of work - PAHO¹⁰ and TDR¹¹

One of the roles of the Pan American Health Organization (PAHO) is to strengthen the development and use of research for health in the region. Focusing on the strengthening of health research stewardship, including policy development and priority setting, PAHO works with partners, and looks for strategic alliances to provide expertise that contributes to this essential function of public health.

PAHO faces the challenge of responding effectively to the different realities in the countries of the Latin American and Caribbean regions. As the specialised office for health of the Interamerican System, and the Regional Office for the Americas of WHO, PAHO covers the whole region. PAHO influences the highest levels of policymaking and enjoys wide recognition as a brokerer and instrumental agent of important public health successes in the Americas. Its work strategy builds on partnerships and solidarity between countries, and the organisation of observatory functions.

Placing particular emphasis on communicable diseases, the Communicable Diseases Research area of PAHO (CDR) also covers the whole region. It promotes research and capacity building at individual and institutional levels. One of the roles of CDR is to be the focal point for the UNICEF/ UNDP/World Bank /WHO Special Programme for Research and Training in Tropical Disease (TDR) in the American Region. CDR, in partnership with TDR, has a working focus on important issues related to tropical diseases in Latin American countries. Both, CDR and TDR emphasise research development and capacity building in the region. This includes four areas for present and future engagement: research advocacy and stewardship; research and development, intervention research and research capacity strengthening.

Further reading:

- <http://www.paho.org/English/hdp/hdr/>
- <http://www.who.int/tdr/>
- <http://www.paho.org/English/AD/DPC/CD/res-tdr-home.htm>

¹⁰ Presented by Luis Gabriel Cuervo

¹¹ Presented by Zaida Yadon

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

The introduction to the meeting, the background provided about COHRED, and the subsequent discussions lead to a number of general remarks about 'research for health' in Latin America and about COHRED's focus:

- Health research or 'research for health' should be seen as an **input for both human and economic development**. This perception is not yet shared by all countries.
- There is still a need for **advocacy** to create - and maintain - a political momentum, and COHRED as an international organisation can help by supporting such developments in countries.
- COHRED's focus has changed from promoting Essential National Health Research (ENHR) to working towards strengthening National Health Research Systems (NHRS): the concept of **national health research systems** is broader than ENHR - NHRS does not invalidate but rather expands the ENHR strategy, and health equity remains very much its overall focus. The widening of work from ENHR to NHRS was seen as very helpful as it encourages implementation of a wider range of activities and strategies to achieve 'research for health'.
- A **multiplication of actors** in the field of health research in Latin America occurred over the last decade. It is clear that more effort needs to be expended on generating a dialogue to **establish links** between the different actors from academia, decision-makers, NGOs and the community, and setting up **participatory processes**. Different actors bring in different strengths, and their work and synergies need to be organised, harmonised, and coordinated to allow fluid progress. It could be useful to develop a "model", building upon the proposal from PROCOSI, which describes 4 key groups of actors: politicians, academia, NGOs and the community. This is similar to the COHRED approach, which considers researchers, decision-makers (i.e. clinicians, public health officials, policy makers), users of research results (i.e. the general public, the "community"), and development agencies/international community.
- Over the last decade, some **Latin American countries have made consistent and substantial investments in research for health** and have achieved **major capacity gains** as a result. Not only is this good for the countries involved, but also for the region, as more **south-south linkage in Latin America** is now possible. A handful of countries in the region could serve as major sources of expertise and help other countries with the development of their research and research systems. In fact, some are already establishing collaboration initiatives geared towards developing and strengthening research systems (e.g. Brazil is creating south-south linkages, for example with lusophone African countries in health research and public health. TDR is also supporting interesting south-south initiatives).

Building on the country and organisational presentations and specifically focusing on the needs of the region, the following main areas were discussed:

- There is a need to **establish research priorities** at country level in order to develop a national research action programme. This exercise should start with an analysis of the country's needs and resources, and lead to the development of a **National Health Research Policy** (or policy framework; possibly jointly with Science and Technology sectors).

- **Human resources** are a key element of national health research systems. Researchers need a supportive environment, with access to information, financing (including from the international level), and training. A lot of research capacity is lost due to lack of incentives, improper infrastructures, poor awareness of opportunities and available local resources, insufficient means and even time dedicated to research. Several countries, have implemented mechanisms to improve this situation. The creation of research funds in some countries (e.g. Brazil, Chile or Mexico), or the Mexican system allowing young medical students to do their social service in research serve as examples. These could be replicated or adapted elsewhere. WHO too, and more specifically PAHO, is addressing the development of human resources for health, and should be encouraged to give particular attention to human resources for health *research*.
- The question of the **impact of research for health** is crucial. How does research influence the formulation of policies and health practice? The answer depends on **whether and how research results are translated into action**. The transformation of information into action is a very difficult process. Research (including evaluation of the impact of past decisions) should ultimately support decision making at many levels (policy makers, clinicians, health authorities and the public), aiming at the improvement of population health). The **quality, relevance, and delivery strategy, of the information** provided by researchers is very important, as is the capacity of politicians to understand and use results to formulate policies that bring about desirable changes. Research results must be written/presented in a form that supports decision-making at different levels. This is an area of opportunity for countries to develop “research translating units”, and PAHO has recently started to work on research translation as a priority for the region. Politicians and decision-makers themselves must be sensitised to the use of research to inform the decision making process and design policies. The link with health services and health systems research is important to ensure that health policies are relevant and applicable, which implies greater emphasis to qualitative research that focuses on the social determinants of health and health inequities. There is a need for an explicit priority setting process as, to a large degree, research should respond to a country’s health problems. Health researchers need to understand how policy is formulated in different country settings to successfully orient the research process. In short, ‘**science communication**’ in its widest sense, is a key area for development.
- The community has a role to play in the dissemination and analysis of research information and in policy making processes. It should be recognised that the approach of health research in some countries is more hierarchical, while others engage in community-based action research. The need for community engagement in the health research process should be better articulated and understood.
- In implementing comprehensive policies, ‘vertical’ (disease specific or donor-instituted) research programmes may create problems, as they look for immediate results, are usually product or condition oriented, and may ignore other priorities in countries. COHRED’s ‘**Responsible Vertical Programming**’ campaign can be used to help bring more order in this domain, and more national control over research for health. The contribution of **health research should - ideally - be linked to the health reform and may support the current emphasis on decentralisation of many national health systems** in Latin America.
- The **importance of sharing experiences** between Latin American countries (and, more broadly, with other countries in the South facing similar problems) is recognised by all meeting participants. In each country, there exists a historical memory of processes that needs to be captured and made more widely available and more user-friendly. Existing experiences should be collected, synthesised, and systematised. A transfer mechanism should be developed, to help **disseminate good practices**. Existing regional experience and working infrastructures can be used to this end. BIREME and PAHO have engaged with the countries in the development of the Virtual Health Libraries and the development of other communications strategies that can be

strengthened and exploited for these purposes. This could help develop a set of minimum requirements for a national health research system. Such a set of minimum requirements will support countries in the planning, prioritising and management of their health research system and development. However, the differences between the countries of the region should be recognised and taken into account. **The political context** is particularly important, and varies from one country to the other. For example, in countries with a democratic tradition, it may be easier for the Ministry of Health (MoH) to play a participative role than in countries that lack this tradition.

- **Health research management and stewardship** is crucial. The stewardship and overall health research management function must be distinguished from ‘research project management’. The stewardship function (or the overall health research management in countries) should be clearly identified and properly located in order to offer an interface to the different actors in the health research field at the national level. In almost all countries, health research is being performed at some level, regardless of whether it is recognised by the health authorities. Failure to regulate or prioritise it in any way may have counterproductive effects in the long run and undermines the opportunity to better address countries’ needs.

In several countries, stewardship comes from the Ministry of Health. In others it corresponds to the Ministry of Science and Technology, a National Health Research Council, or a special entity created for the purpose of coordinating national health research efforts. The situation and decisions of each country must be respected. In many cases, the Ministry of Health develops the vision for health research and uses its convening power to provide an interface with other actors including academia and decision-makers (and, in some cases, the community and/or the NGOs). In addition, the ministry plays a role in developing human resources strategies, including the provision of incentives and recognition to researchers. Legal issues and ethical problems related to research themes (e.g. clinical research guided by supply or service providers, or other parties with vested interests that don’t match those of the population) where the Ministry of Health has a normative role to play also need to be taken into account.

- **Networking** and ‘**twinning**’ is needed to facilitate the exchange of experiences and knowledge transfer between the countries of the region. The countries with well developed health research systems (e.g. Brazil, Chile, and Mexico) could support the countries where health research and health research systems are less developed. Such ‘twinning’ could occur in the areas of health research promotion, stewardship or management.

4. Proposals for future action

4.1. General conclusions

- There is a need/ role for COHRED in Latin America.
- Important synergies with ongoing activities and other stakeholders and parties working on research topics, offer opportunities to join efforts so as to maximise impact. This requires identifying the strengths, risks and opportunities each partnership may bring, and making an effort to coordinate and share resources in a way that plays to each organisation's strengths.
- How and where COHRED could strengthen its collaboration should be further examined, and should help clarify the following questions: Should COHRED work in the whole Latin American region or consider having both a 'south' and a 'central' America focus at the same time? Should it focus on helping a few countries in greatest need or work more regionally with all countries? There are commonalities between sub regions in the Americas, and these could be exploited for good.
- There is a clear need for, and opportunity and interest in support for solidarity between Latin American countries in establishing 'south-south' links that will help the entire continent move forward.
- Health research needs are country dependent, and future efforts should be country specific, even if some common characteristics can be found and common strategies developed.
- Several regional activities could be developed in the near future and incorporated to the work plan to serve some of the common needs identified (i.e. database development, increased networking, capacity building activities).
- It is crucial to team up with key institutions in the region, such as the Pan American Health Organization (PAHO)¹², to avoid duplicating efforts and to play to the strengths each organisation can bring in. For example, PAHO has a great power to convoke in the Region, especially amongst health care authorities. COHRED has a great capacity to build up pressure for action. A partnership could help maximise the impact of these organisations by convening key actors, creating the opportunities to strengthen health research systems, and building the political support and the clout they need.
- Explore the experience of Mexico of north-south-south cooperation in training and capacity building, in which countries from the north, with wider experience and funding capability, partner with a more developed southern country to help a less developed southern country.

4.2. Actionable items for 'short' or 'medium' term

A Latin American Regional Meeting on Research for Health.

In response to the decision to open participation to a broader audience, including representation of other potential partners, a regional meeting was proposed. Brazil offered to host the meeting, in either Brasilia, Sao Paulo or Rio de Janeiro. The Brazilian led interest for south-south collaboration (involving Africa) is very strong. COHRED is a key interested partner, but it was made clear that the regional meeting cannot be a 'COHRED meeting'. It must be driven by countries in Latin America.

¹² The Pan American Health Organization is the specialized organization for health of the Interamerican System, and the Regional Office for the Americas (AMRO) of the World Health Organization (WHO). PAHO Research Promotion & Development Unit has in its work plan objectives to strengthen health research stewardship in the countries, strengthen the systematic use of research evidence in policy making, facilitate capacity building leading towards better use of research results in policy and practice, collect experiences, and promote capacity building for research with regional solidarity.

Focus of the meeting: ‘National health research systems’ (including the widening from ENHR to NHRS), national research management, and highlighting strengths in health research in Latin America. In addition, ‘south-south’ linkage opportunities would be prominently discussed. For that reason, donors should be explicitly included in the meeting. The meeting should be as inclusive as possible, and this goal should be reflected in the language(s) selection.

Participation: Participants will depend on the theme chosen for the meeting, but the meeting should bring together the research stewardship organisations of the different countries, donors and organisations who have a strong presence and interest in the region (EU, Wellcome Trust, Gates Foundation, PAHO, IDRC, CIDA). The Global Forum for Health Research should also be a partner.

Outcomes: The meeting will facilitate the exchange of experiences, and the establishment of new partnerships/networks. Additional ‘outcomes’ require further articulation.

Organisation: An organising committee has been formed, including: Brazil (Ministry of Health; Moisés Goldbaum, Suzanne Serruya), Chile (Ministry of Health; Jorge Arriagada), COHRED (Carel IJsselmuiden), Mexico (Mexico National Institutes of Health; Francisco Becerra), PAHO (Luis Gabriel Cuervo, Zaida Yadon). Carel IJsselmuiden will brief and invite the Global Forum for Health Research (Stephen Matlin). Participants also agreed to include a representative from a country that has a less developed health research system, and a representative from an NGO. Moisés Goldbaum and Suzanne Serruya will organise a meeting with Stephen Matlin (Global Forum) during the ABRASCO meeting (Aug 2006) to get the ball rolling. Subsequently, Carel IJsselmuiden will meet with Moisés Goldbaum and Suzanne Serruya before leaving Guatemala. The Global Forum meeting in Cairo will offer another opportunity to meet.

Collaborations between countries

Two specific areas for bilateral collaboration were mentioned: training and technical collaboration.

In terms of training, the main focus of discussion was to engage neighboring countries, with an emphasis on developing, through a solidarity approach, capacities for health research and for the generation and use of applicable scientific evidence in those countries that have less developed infrastructure and capacities. Research management could constitute one of the first themes as it is perceived as an important skill missing in most places. Several resources are available that could be adapted and used for this purpose:

- PAHO has the capacity to convoke health research authorities and science and technology boards;
- TDR has developed a research management module;
- Mexico could provide experiential learning through special visits, seminars, etc.;
- Brazil has courses in technology management (professional masters for the management of technology and administration);
- COHRED could bring research managers together;
- A web-based "learning spiral" could be established;
- A curriculum could be developed for a high level research system management course. COHRED is interested in facilitating this world wide, and Brazil, Chile and Mexico can contribute with their experience;
- Brazil is going to do training around some of the areas in which gaps in human resources have been identified (i.e. bioethics and technology management), in each of its regions through masters degree courses;
- Several bioethics training programmes already have a regional role (e.g. Chile and Argentina), there are active regional networks on bioethics, and PAHO has had an active bioethics Unit with influence in the region;
- Training is also needed for improving the use of research results for formulating policies. Longer and shorter courses on ‘science communication’ for researchers, policy makers, media, community, and NGOs in would be very useful. Ensuring

continuity in policies is a critical issue. People in politically appointed positions in the Ministries of Health usually change frequently. Capacity building at a senior technical level is therefore crucial, as it reaches a more stable audience of advisors in the Ministries of Health, and is less susceptible to political changes. The process of applying knowledge is not immediate. There is a need to insist and invest in capacity building programmes for decision makers.

There is a great need in the area of technical assistance. Countries with less developed research systems request support from those with more robust systems. There is a growing willingness on the part of governments and institutions to start playing a more important regional role in Latin America and reaching fluid partnerships with neighboring countries. A possible role for COHRED could be in helping to foster, broker, or develop these links in a harmonic and coordinated way.

Such collaborations, as well as specific technical assistance, could be further discussed and developed at a later stage, according to needs and opportunities. Meetings such as this COHRED think tank provide good opportunities to establish contacts between 2 or more countries/institutions with a common interest or research topic. It could also be a specific purpose of the Latin America regional meeting in 2007.

Networking

Work with Latin American countries interested in the development of national health research, and contribute to ongoing regional initiatives, e.g. the Ibero-American Network of Research and Education chaired by Costa Rica. The strengths of the different actors involved should be identified and recognised, and development plans designed according to the present situation of each country. Diverse national and regional resources could be used by the network (e.g. training opportunities, and Centers of Excellence in Health Research). Countries could share their training, capacity building, or financing opportunities with other members of the network. COHRED should work with other partners in the region, such as PAHO and donor agencies, to facilitate effective networking. Such a regional network could facilitate the systematisation of innovative experiences, (e.g. involving communities, or reproducing the experience of the Fund for Health Innovation in Chile, which aims at stimulating new investigations), and support the development of qualitative research and multidisciplinary research on health problems, including social sciences. It could facilitate the development of an interface between the researchers, the decision-makers, and the civil society on public health objectives.

Based on the exchange and analysis of experiences of its members, the network could develop a minimum standard for a Health Research System in the countries of the region. The question would be how to define common strategies fitting with the reality of the region, taking into account the many disparities between (and even within) the Latin American countries.

Networking is an appealing form of collaboration and work. However, networks are difficult to operationalise. They need to be supported financially and otherwise. Are countries willing to do this? Some interesting models of networking exist (INDEPTH: population studies network) and could be studied.

Information & Data

Assembling a Latin American information system on Science and Technology, (e.g. by strengthening BIREME, which plays an important role for academic researchers) merits further investigation. Ministry of Health Brazil would be very interested in supporting this effort. Since BIREME is already functioning, it is worth exploring the potential for linking all future data and information projects, including that on health research systems management to this system.

Research impact

Actions which could improve the translation of research into policy changes and enhance the use of existing information include: strengthening capacities in producing and using evidence synopses or reviews; developing a repository of experiences; building up the capacity amongst policy makers to formulate policies based on research results; effectively communicating public health research and policy knowledge needs to researchers; setting up novel incentives to address these needs; and trying to ensure continuity of the informed decision-making process. As an independent organisation, that is not linked to the local political changes likely to occur, COHRED has a key role to play.

Opportunities for partnering with PAHO and other organisations that will help raise awareness, identify stakeholders, and convene key actors instrumental to these activities also exist.

Continuation of the present group.

The meeting was initially meant as a single consultation, but all participants appreciated the open, informative and interesting discussion. Participants expressed a willingness to keep in touch and try to organise joint actions.

Where to go from here? Among other things, the group could facilitate the work of COHRED in the region, but should do so for other initiatives of other actors as well. The group needs to define and prioritise its activities and strategic partnerships, with desirable, measurable outputs. The group should have an identity. Names were suggested, such as *Steering Committee for Health Research for Development in Latin America*, *Think Tank on Health Research for Development*. Francisco Becerra offered to be the focal point to help initiate this effort.

As COHRED is starting a new process of nomination for its board members, with a good portion of the board to be renewed, it was suggested that the group would be invited to nominate a person for the COHRED board membership. In the immediate future, the group could also assist in the preparation of the regional meeting of 2007.

5. Conclusions on COHRED's role in Latin America

COHRED should:

- Build upon existing activities in the region, and team up with key institutions such as PAHO;
- Maintain an advocacy role, and a role in creating a political momentum, so as to assist 'start-up' programmes at national levels through its position as an 'international organisation';
- Use its convening power to bring donors together and sensitise them for supporting countries' health research efforts;
- Adopt a technical role by assisting in the development of a system for health research in countries who want/need it;
- Obtain funds for translation of COHRED publications into other languages relevant to the region, as needed;
- Facilitate cooperation between countries;
- Stimulate the creation and strengthening of networks, and contribute to their coordinated work (not a task of COHRED exclusively);
- Capture and help disseminate success stories at the national and regional level;
- Develop, together with countries and partners, a "minimum NHRS" map that will help give countries a rational start and will assist small countries in their decision making on optimal investments;
- Assist countries to develop the often missing skills in research management, stewardship and governance;
- Develop 'country research system profiles', together with PAHO and hopefully at national level with each country concerned;
- Support more effective research communication at national level: country based communication, national research communication.

In conclusion, participants expressed their satisfaction with the consultation. They enjoyed the opportunity to better know COHRED, to hear about diverse and interesting experiences in their region (which provided good material to rethink their own situation), and to discover resources available in other countries. The participation of NGOs in the meeting was seen as very positive. The open, genuine and enthusiastic discussions were highly valued. Participants expressed a common feeling of looking for more solidarity and opportunities to share their strengths, weaknesses, problems and resources. Health research can be and should be a 'Bridge to Peace'.

The challenge for everyone involved is to keep the momentum going and take small concrete steps toward developing practical, useful collaborations. The organisation of the Regional Meeting in 2007 will be a good opportunity to start working on new partnerships.

Annex I

Agenda, COHRED Latin American Think Tank, Antigua, 16-17 August 2006

Day 1: 16 August

9-12.30

- Welcome. Introduction. Objectives of the meeting.
Carel IJsselmuiden, Ernesto Medina, Sylvia de Haan, Martine Berger
- Introduction of participants
- Presentation of COHRED
Carel IJsselmuiden
Questions of clarification
- Presentations by the participants (starting)
Bolivia/ PROCOSI
Brazil
Chile
Costa Rica
El Salvador
Guatemala
- Discussion

13.30-17.00

- Presentations by the participants (continued)
Nicaragua
Mexico
PAHO
TDR
- Discussion

Day 2: 17 August

The day will be devoted to discuss two main issues:

1. The role and value of networking: opportunities for new/reinforced partnerships in the Latin American region
2. The contribution of COHRED: how could COHRED establish strategic synergies for a more effective work in the region? How can it decentralise its activities and better join forces with its partners to serve countries of the region more effectively?

9.00-12.30

- Networking in Latin America to strengthen national (regional) health research systems:
Open discussion

13.30-16.00:

- The COHRED contribution: how can it better help?: *Open discussion*

16.00-16.30:

- Wrap up session: Next steps

Closure of the meeting: 16.30

Annex 2

List of Participants, COHRED Latin America Think Tank Guatemala, 16 & 17 August, 2006

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Annex 3

Background paper, COHRED Latin America Think Tank Guatemala, 16 & 17 August, 2006

"COHRED in Latin America- a think tank on supporting health research systems development in the countries of the region"

Background Paper

Rationale

In recent years, several countries in the Latin America region have demonstrated an increasing interest in health research and its key contribution to improving the health status, hence the development, of their populations. Some countries have organised or developed systems for health research priority setting and increased advocacy and dialogue around health research issues and the value of research for health and development. In other countries, systems are less developed or poorly resourced, and there may be a rising awareness of the importance of health research among some of the key actors of the scientific, education or health fields, and willingness to better address the national needs; but not necessarily well organised health research efforts or systems.

COHRED, whose overall objective is to enable countries to set up or develop their health research system, has over its first years of existence supported several projects in Latin America and established a few solid partnerships. However, given the changing environment, the growing demand from countries to get support for developing their own strategies and structures, and the renewed and expanded commitment from COHRED to better support countries by establishing itself as an alliance of institutions and countries from the "South"; it seems timely to try and reflect about more specific action to be undertaken by COHRED and its existing or potential partners to crystallise some of the earlier thinking and experiences in Latin America.

COHRED has therefore decided to organise a think-tank meeting in Guatemala, on 16-17 August 2006 to explore the question of the development of health research systems in Latin America.

Purpose of the meeting

The meeting is a consultation with a group of key actors in health research in Latin America. In setting up the meeting, COHRED tried to reach a balanced participation from different stakeholders groups, i.e. from government level, multilateral level, universities or research institutions, bilateral aid agencies, and NGOs, to the extent possible. Also, there should be participation, as far as possible, from countries with different levels of organisation and sophistication of national health research systems, ranging from countries with well structured systems, through countries with efforts of collaboration and rationalisation of health research, to countries with no organised systems but with a few knowledgeable people and a growing interest for the issue.

The purpose of the consultation is:

- 1) Getting to know each other's experiences, sharing useful information, understanding the situation of the different countries regarding health research, with their diverse opportunities and constraints, their respective needs and resources. Participants will be asked to share their views on the context in which they work, reflect on their own institution, and on the possible opportunities open to them.

- 2) Particular attention will be given to the role and value of networking, trying to review the different local, national or regional networks know/used by the meeting participants and exploring opportunities for partnerships among the participants and their regular and/or potential partners.
- 3) There will be a reflection on the role of COHRED in the region, on COHRED's interests and expectations as well as expectations and interests of its partners. One of the basic questions is how to increase COHRED's presence in the region, so that it can better understand the countries' needs and support them, including through establishing new mechanisms of collaboration and partnership. The question of "decentralisation" is a crucial one which the renewed COHRED must address to establish itself as a southern alliance.

Outcome of the consultation: key questions and issues

'Decentralisation' is a key aspect of the decision to develop COHRED as a 'networked' organisation and a 'southern alliance with key northern partners. The think tank is intended to share experiences, and to come up with ideas, possibilities and innovative thinking, and with the identification of some of the key questions that should still be answered beyond this consultation.

Some of the key questions for the meeting are:

- What are some of the most important successes and failures of those who have tried to develop national health research systems in the region before, and, consequently, what can we learn from these?
- Are there other resources in the region that we are not aware of? (people, networks, publications, web-sites, consultants, ...)
- Can we team up with other organisations in the region supporting health research? If so, which ones, and what would be added advantages?
- What could be possible mechanisms to establish closer, more effective collaboration between the Latin American countries for greater advocacy for and appropriate use of health research and development of sustainable health research systems?
- What should be COHRED's key contributions to the health research effort in Latin America? How should it organise its work in the region to truly become a southern alliance of key Latin American partners?

The questions above are only meant to provide some food for thought. Many more questions that can be explored during the meeting, drawing on the participants' knowledge and expertise, and you are all invited to think freely and creatively for a stimulating discussion.

However, in order to use the available time in an optimal way, participants will be requested to do some preparatory work. In order to guide this preparation, we are providing a short list of questions/points of reference below. This is not intended as a questionnaire to be completed, but rather as a guide to help you think about which useful information you could bring to the group. We would be grateful if you would have a look at it and come to Antigua with relevant references and documents (e.g. existing policies, surveys, indicators, strategic papers etc., either national or regional), to make the meeting more informative, focused and useful for everyone. You will be expected to make a 10 to 15 minutes presentation, on your institution, country or network. The presentations (no power point needed) should be informative but informal. If you have anything available

in writing before the meeting, feel free to provide it to us ahead of time to allow for dissemination to the participants.

The following points could be kept in mind for preparation for the consultation:

- Who are the different actors in the health research field in your country? Please try to think about and list not only the most obvious and official ones, like governmental structures and research institutions, but also the private sector, not for profit (NGOS...) or for profit (industry), the users, funders, producers, research managers,....
- Have these different actors/stakeholders established lines of dialogue or collaboration? Are they all concerned or do such lines exist between some of them only?
- Is there any mechanism set up at national level for priority setting regarding health research?
- Is there any official entity/department responsible for health research in your government? in which ministry is it located, under whose responsibility?
- Is there already an organised health research system in your country?
- Does your country have a health research policy?
- Is health research included in national development plans, health policy, research policy?
- Where does power/influence lie within the system: Ministry of Health, other governmental structure, university, NGO, donors, industry?
- To your knowledge, has there been any particular initiative in your country to advocate for/promote health research as a key tool for health, and global development?
- Is there one, or several, charismatic/trusted leader in/advocate for/champion of health research in your country? Such people may now be retired or based abroad.
- What has been your own exposure to/role in health research in your own country and region?
- Has any review of health research been done recently in your country? If yes, could you provide us with the latest, as pre-reading for the meeting?
- Who are your own regular partners in the health research field at national, regional or international level?
- Do you belong to or relate to particular health research networks? If yes, which ones and for which purpose?
- What would you see as the main strengths and weaknesses of health research (system) in your country?