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on Health Research  
for Development*



*Regional  
Consultative Process*

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and Newly Independent States*

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REGIONAL CONSULTATION ON HEALTH RESEARCH AND  
POLICY DEVELOPMENT IN  
CENTRAL AND EASTERN EUROPE AND  
THE NEWLY INDEPENDENT STATES

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COUNCIL ON HEALTH RESEARCH FOR  
DEVELOPMENT (COHRED)  
and the  
WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE  
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MEETING REPORT

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MALÉV GUESTHOUSE AND CONFERENCE CENTRE, BALATONLELLE, HUNGARY

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## **Summary**

The Regional Consultation on Health Research and Policy Development for Central and Eastern Europe and the Newly Independent States was held in Hungary on 12–13 May 2000. The meeting was organized by the Council on Health Research for Development (COHRED) and the World Health Organization Regional Office for Europe (WHO-EURO). The aims of the meeting were to review major health research initiatives in the region, focusing on health policy development; set a health research agenda for the next decade, and outline possible linkages between health research and policy-making. Participants reviewed the tools and methodologies used for health research and evidence-based health policy. They exchanged ideas about possible regional partnerships and made recommendations to improve equity in health and to encourage international organizations to support health research. Discussion focused on a number of country case studies and a SWOT (strengths, weaknesses, opportunities, threats) analysis.

The main message of the meeting was the need for a closer and more cooperative policy–research relationship. Emphasis was placed on the importance of multidisciplinary, coordinated action and better health research management. Participants spoke of a new paradigm for health research, involving closer partnership with policy-makers, wider stakeholder involvement in priority-setting, more effective health research thanks to an interdisciplinary approach to the definition and solution of problems, and better management of health research, including more effective use of available resources.

At the regional level participants recommended closer bilateral and multilateral cooperation, the identification of clusters of countries with similar conditions for health research, and the integration of existing human resource capacities into systematic health research capacity building efforts within the region. At the global level the meeting called for more support from the international organizations, mainly in the field of human resource development, promoting regional dialogue and common understanding of problems and research methods, contributing to health research policy formulation.

The output of the consultation will serve as an input to follow-up activities, including the International Conference on Health Research for Development in Bangkok.

## **1. Introduction**

The Regional Consultation on Health Research and Policy Development for the Central European Countries and the Newly Independent States was held in Balatonlelle, Hungary on 12–13 May 2000, under the auspices of the Council on Health Research for Development (COHRED) and the World Health Organization Regional Office for Europe (WHO EURO). It was a part of the consultative process in preparation for the International Conference on Health Research for Development, to be held in Bangkok in October 2000. The Conference will bring together the global health research community in order to assess progress made during the past decade, identify areas for further investment, and analyse the possibilities of broader stakeholder participation in the research process. The Consultation was attended by representatives of the CEEC and the NIS, who assembled to discuss the status of health research in the region, and to assess the impact of the past decade's radical socioeconomic changes on health research and research–policy relationships in their countries.

## **2. Aims of the Consultation**

The primary aim of the meeting was to elaborate the region's contribution to the International Conference on Health Research for Development by identifying the basic problems, needs and vision for the future of health research in the region. Seen in this light, the stated objectives of the meeting were to:

- Review major health research initiatives
- Assess the use of evidence-based policy-making and the tools and methodologies used
- Set a new health research agenda for the next decade
- Outline possible linkages between health research and policy-making
- Build partnerships among the countries of the region and with international organizations for health research development
- Make recommendations to improve equity in health and to encourage international organizations to support health research.

### **3. Work methods**

In order to achieve the above objectives and to provide the maximum opportunity for participants to exchange views and experiences, various methods of work were used, such as:

- Plenary presentation of country case studies. These were brief and were discussed in plenary session. The following country studies were presented: Hungary, Lithuania, Kazakhstan, Romania, Russian Federation and Uzbekistan. The studies described the health research capacity in the country concerned and its most important changes and challenges in the last decade
- SWOT analysis (strengths-weaknesses-opportunities-threats) of health research in the region. Participants were divided into four multinational teams. In the first stage, each group carried out a SWOT analysis for the region. Afterwards, each group concentrated on collecting and compiling the results of the analyses, focusing on just one component of the SWOT analysis (strengths, weaknesses, opportunities or threats). Each group presented a summary of their part of its analysis and the findings were discussed and finalized in plenary session

The subsequent open discussion provided a forum for drawing the main conclusions and preparing recommendations for individual countries, regional cooperation and international organizations. Participants elaborated the CEEC/NIS Voice for the Bangkok Conference, summarizing the key elements of their views of present and future health research and cooperation with stakeholders.

## 4. Results of the SWOT analysis

The results of the SWOT analysis provided an excellent background for further strategic work. They are summarized under the four main areas of the analysis.

### 4.1 Strengths

Participants identified several strong points of health research in the region. It was generally agreed that existing elements and structures of health research provide a sound basis for further development and have contributed to the survival of research teams and schools. The most important message of this part of the analysis is that existing human resources and other non-material resources (such as traditions, schools, public health data collecting systems etc.) are among the greatest strengths of the CEEC/NIS.

The details are as follows:

- Strong, competitive human resources in specific areas of health research, fundamental scientific research and scientific schools that are still important
- Existing organizational structures of health research: universities, academic institutions, education of researchers, academic scientific career system
- A long-running tradition of health research in most countries
- Competitive resource distribution in health research
- Existing links with international agencies and research institutions
- Changes in the population's health are of interest to the international research community
- Rich database, with a detailed information system for health policy and research policy formulation
- Health research priorities exist in most of the countries
- There has been rapid development of information technology

#### **Russian Federation**

After the collapse of the USSR, the Russian Federation inherited the majority of its health research capacity. The basic research potential is concentrated into two large structures — the institutions of the Russian Academy of Medical Sciences and those under the Ministry of Health of the Federation. According to this, the State-provided financial resources are allocated through several channels.

The priorities for health research are suggested by the research community itself, through a bottom-up method with the involvement of the leading scientists of research schools and institutes. A larger scale stakeholder involvement is not practised at present.

Health research is very sensitive to the public health issues, according to the tradition of the country. The research themes follow the changes in most important health problems of society. International cooperation had a supportive role in adapting to the actual social challenges.

The critical point of the research process at present is the utilization of research results in decision-making at the central and, even more so, regional and subregional levels.

- Experience has been gained in involving governments and other state agencies in organizing and funding health research
- Successful survival techniques practised in difficult economic situations.

## 4.2 Weaknesses

### Hungary

Hungarian health research has a great tradition with world-renowned scientists and results. In spite of the socioeconomic changes and consequent monetary stringency, most of research potential has been preserved during the last decade.

Biomedical research comprises the vast majority of health research. The health-related behavioural sciences are severely underfunded in spite of the morbidity pattern of the population — lifestyle-related, preventable diseases are the leading causes of premature mortality — similar to the situation in other countries of the CEEC/NIS region.

There are explicit priorities for health research, developed and recommended by leading health scientists of the country. The broader involvement of stakeholders or communities is not common.

The financial resources are provided basically from the State budget, via several financing channels and methods. The coordination and principles of distribution of different types of funds are mainly based on personal cross-representation in advisory bodies for fund allocation. Mainly as a result of the fragmented financing system, the funds do not follow the health research priorities, and only a small proportion of total expenditure is allocated to priorities.

While the human side of health research is traditionally strong and persists in the region, the financial and infrastructural basis of research was hard hit by the monetary restrictions brought about by the economic crisis affecting all countries of the region.

Another weak point is the relatively poor capacity for research management, such as ineffective resource allocation and the inability to make rational use of available resources. There was no research management tradition in the previous centrally planned economy with total bureaucratic-administrative control of resource flows. Thus, the sharp drop in available money was compounded by inadequate national and local research management.

In addition to these mainly financial and technical weaknesses, there are political shortcomings in health research, inherited, for the most part, from the previous, undemocratic regimes. The lack of broader stakeholder participation and community

involvement in priority-setting, and the lack of emphasis on research into sociocultural determinants of health (such as inequality, ethnic minorities), had their origin in these traditions.

The list of weaknesses, in more detail, was as follows:

- Insufficient funding of health research
- Financial allocation that does not reflect real priorities
- Lack of equipment and appropriate technical infrastructure
- Insufficient and uncoordinated international support
- Lack of experience in fund-raising and research management



- Lack of coherent strategy or plan of action for human resource development in health research
- Declining interest of younger generation in a research career
- Low salaries of researchers
- Insufficient research training in the field of public health
- Lack of stakeholder participation in different phases of health research: needs analysis not practised, no community involvement, poor dissemination of information and communication with broader community, policy makers, media

### **Romania**

Health research in Romania has a great tradition. During this century a large variety of institutions developed, all carrying out health research.

The finance for health research is provided mainly from the State budget through several channels. The most important are the funds provided by the Ministry of Health, by the National Agency of Science, Technology and Innovation, by the Medical Section of the Romanian Academy and from the budget of the universities with a medical or pharmaceutical faculty (Ministry of Education). In spite of the numerous ways of financing, health research is underfunded.

The existing good health research capacities — infrastructural and human — are not coordinated effectively. This is the consequence of a fragmented financing structure and the lack of a clear health research policy and inappropriate communication between decision-makers and the research community.

- Lack of coordination and cooperation between health researchers in different disciplines
- Lack of clear health policy, health research policy and policy implementation plan
- Imbalance among biomedical, health system and behavioural science research; the latter is relatively neglected and underfunded
- Problems with the process of priority-setting; priorities are often not based on existing evidence; sometimes there is no consensus on priorities
- Not enough attention devoted to inequalities.

### **Lithuania**

Health research in Lithuania has a great tradition of investigating the causes and consequences of social inequalities in health. This activity was started during the Soviet period, in cooperation with international organizations and foreign partner institutions. This tradition was preserved after the change in the political and economic system. Researchers maintained the existing relations and were able to develop them (e.g. FINBALT Health Behaviour Monitoring in Adults, or the external evaluation of health research of Lithuania in cooperation with the Research Council of Norway).

The role of the health research community and the potential for advocacy are remarkably strong in Lithuania. Public health issues are high on the political agenda, the research community can structure and present its findings and recommendations to decision-makers in an appropriate way, building national consensus around the most important health issues.

## **4.3 Opportunities**

Participants put the emphasis on future cooperation between the countries of the region. In spite of

## **Uzbekistan**

The country's research facilities were previously part of the research infrastructure of the Soviet Union. After independence a considerable part of health research potential remained without finance. This situation affected mostly those institutions that belonged to the network of the Scientific Academy of the USSR or other federal research structures.

Thus, the organizational structure of health research in Uzbekistan had to be re-established and new research priorities formulated, better reflecting the health needs of the new republic's population, such as women's health, family planning, health of children and certain infectious diseases. The support of international organizations and donors provided resources and know-how for this process. At the same time, because of the economic crisis affecting all of former Soviet republics, the available resources were reduced considerably and the effectiveness of resource utilization became an important issue.

The measures taken by the new Government in resource allocation included the assessment of the practical applicability of research, calculation of economic efficiency of research and the overview of social and medical importance of the research fields.

the similar social problems and more or less similar conditions of health research, the CEEC/NIS institutions, research teams and individual researchers have inadequate knowledge of each other's activities and results, and there is little cooperation or collaboration between them. The exchange of information and the shaping of future collaboration can be enhanced by more intensive communication between researchers, for which the rapid development of information technology provides an excellent opportunity. Another supportive factor could be aid — technical, methodological and, for countries in the worst economic straits, even financial aid from donor countries and international organizations. The most promising, but probably the slowest emerging, opportunity is the favourable changes under way in political and social attitudes and practices related to health research.

Accordingly, the following opportunities were identified:

- International and regional cooperation between research institutions and individual researchers
- Rapid development of information technology, with a chance to improve access to information and knowledge
- New emerging priorities, and new methods of priority-setting
- General improvement in the economy in the region
- Use of internationally available expertise and knowledge (WHO, etc.)
- Access to funding from the international development agencies
- Better understanding of research as an investment
- Wider acceptance of new practices of cross-sectoral thinking
- New ethical standards of research in international cooperation and at national level
- Globalization offers the potential for establishing new partnerships and alliances.

## 4.4 Threats

The threats identified are related to the social and political environment for health research. However, it is not surprising that some of them originate in the research sphere and are related to the old patterns of behaviour among researchers. They include:

- Political instability in many countries of the region, with frequent changes of government
- Low level of research funding in line with a general economic crisis in many countries
- Widespread corruption and nepotism in the region
- The loss of existing networks, structures, scientific schools
- Migration of researchers, brain drain to the West
- Aging of the research community and weak links with the next generation
- Lack of clear ethical standards in research, the impact of commercialization
- Persisting lack of coherent health policy
- Lack of responsiveness to new challenges within the research community, lack of flexibility, mental barriers to the adaptation to a turbulent environment
- Continuing lack of appreciation of health as an investment; and underestimation of health as an input to national progress.

### **Kazakhstan**

Health research in the country has experienced a number of difficulties since the collapse of the USSR. The previously existing scientific connections and partnerships disappeared, together with the organizational and financing structures of research coordination.

The young republic faced these problems and monetary constraints at the same time. The main objective was to save the functioning structures and preserve the human resources of research. The existing research capacities are now concentrated in scientific centres dealing with clinical research. The profile of the institutions determines the direction of research, thus most health research is carried out in the clinical fields. The management and financing structure of research is centralized in the capital and is rather inflexible and hierarchic.

The connection of health research to decision-making is far from efficient. The research topics often do not reflect the needs of decision-makers or the actual health problems of the population. Research priorities and financial allocations do not reflect the health problems of the population.

## 5. Conclusions

Three tiers of conclusions and recommendations were formulated at the Consultation. Participants sought to identify first recommendations relating to possible actions or policies for individual countries. They also drafted recommendations for researchers and decision-makers relating to regional cooperation. Finally there were recommendations addressed to the international organizations.

### 5.1 Country recommendations

The conclusions and recommendations relating to countries summarize a new concept of health research that provides a unique approach to research–environment relationships and enriches the relationships between researchers, policy-makers and other stakeholders. Participants agreed that this concept represents a *new paradigm* for health research. It opens the research community to the sponsors and consumers of research, increasing the relevance, timeliness and appropriateness of health research, making its contribution to the improvement of people's health more effective.

The key elements of the new paradigm are:

- The creation of sustainable partnerships with politicians and policy-makers, focusing on advocacy aimed at policy-makers, and enhanced coordination of State resource allocations
- The improvement of the quality of priority-setting processes
- The development of interdisciplinary linkages between different branches and areas of health research to increase the effectiveness of advocacy and the use of resources
- The strengthening of research management, focusing on quality of research and research processes.

Further recommendations stressed the following:

- The need for strategic human resource capacity development
- The need to increase health research finance
- The need to build on existing structures and the rich heritage of the past.

### 5.2 Recommendations for regional cooperation

All participants agreed that the possibilities for regional cooperation are far from fully exploited and the region's researchers could provide valuable mutual support in raising and answering key questions about health research, mainly in the fields of public health and health systems research. The regional recommendations were:

- Regional networking and cooperation are vital, and should be strengthened and deepened
- Professional networks and, societies in different disciplines should be linked for an exchange of experience and joint actions
- Bilateral cooperation and twinning should be developed
- There is a need in some cases for a subregional approach with differentiated policies (Central Europe, Eastern Europe, Central Asia)
- Supranational and subregional collaboration, with a sustainable organizational background, should be promoted
- Region-wide training of health researchers in local centres of excellence should be organized
- A regional clearing-house of research projects and results should be set up.

The CEEC/NIS region intends to participate more intensively than it did during the past decade in the global dialogue on health and health research, in line with the traditions and existing capacities of its countries. This should include a regular exchange of ideas with researchers from other parts of the world, the free flow of scientific information and a presence in international initiatives and task forces.

## **5.3 Recommendations for international level**

The role of international organizations is crucial in providing methodological support for in-country research activity and in assisting the countries of the region to create and maintain effectively functioning networks. Some of the countries — mainly the Central Asian Republics — need direct financial aid in order to carry out their essential national health research. The organization, and partly the provision, of this aid is a task for international organizations such as COHRED and WHO. The recommendations on the future strategy are detailed below.

### **5.3.1 For WHO**

- Strengthen collaborative activities.
- Give more attention to human resources development, including training for researchers, civil servants, and decision-makers on the subjects of priority-setting and translating research into action
- Provide a forum for regional dialogue and organize regional follow-up
- Contribute to the formulation of regional health research policy
- Develop and promote the use of research norms and standards (research quality, ethics of cooperation)

- Create a health research glossary for common understanding
- Contribute to establishing a regional clearing-house of health research know-how.

### **5.3.2 For COHRED**

- Provide more technical and financial support for in-country activities
- Contribute to the regional networking process; provide know-how on networking
- Develop ENHR regional network
- Give priority to support for Central Asia
- Support the voice of countries with poor representation in international forums
- Involve the CEEC/NIS region in COHRED regular activities (task forces, research-to-policy initiatives).

### **5.3.3 For the Global Forum for Health Research**

- Provide analytical support for the CEEC/NIS in priority setting for health research
- Support regional initiatives
- Provide regular information on the ongoing GFHR activities, and ensure the “right to ask” for CEEC/NIS countries
- Provide a forum in the GFHR marketplace for regional initiatives.

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