



# Research into Action

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Essential National Health Research (ENHR) is based on the principle that researchers are accountable to the society in which they work. In order to truly make a difference in linking research to action and working towards equity in health, the relationships between the various actors in health research (including the communities) must be thought of as a continual process of dialogue and coalition building. These are processes essential for the development and strengthening of the research system in a country. Effective communication is needed as a key strategy in this process.

The feature article of this issue of *Research into Action* elaborates the concept and framework for communication for health research. Following that are a number of articles highlighting experiences in various settings with communication in the context of health research. The Ghanaian example provides suggestions for overcoming the barriers which exist between policy makers and their use of research. The article also addresses the need for researchers to develop skills to become better communicators – in Ghana a concrete first step towards developing such skills has already been undertaken. Another article provides insight into the situation in the Philippines – where communication is seen within the context of research utilisation - which will ultimately lead to health gains.

Also featured is an interview with Nandipha Solomon, a Corporate Communication executive with the Medical Research Council in South Africa. She talks about the challenges she faced when introducing a marketing concept to an environment where this is not only viewed as alien, but perhaps also as undesirable. This interview provides an insight into the opportunities – and obstacles – facing communication initiatives at an institutional level - in this case a health research institution. An article from BIREME (The Latin American and Caribbean Center on Health Sciences Information) closes the contributions around communication for health research. This article describes the work and experience of BIREME in the use of information technology as a tool to make research more accessible. BIREME's Virtual Health Library is expected to make a major contribution towards equitable access to health sciences information and to increase the use of up to date scientific knowledge in the decision-making process.

In addition, you will find in this Newsletter an update of activities in which COHRED has been involved over the last three months: from the organisation of a training workshop on the measurement of resource flows, to participation in the launch of ENHR in Uzbekistan. These short pieces will give you a taste of the kind of activities given priority by COHRED – focusing on health research systems development at country level.

When we announced that this issue of *Research into Action* would have a special focus on communication, we received input from many of our readers. We would like to encourage you to keep sending us your ideas and contributions. The September 2002 issue will feature news on capacity development initiatives for health research, and again the focus will be on capacity development in the context of the health research system. Questions which will lead us in compiling the next issue include: what are the capacities needed to increase the demand for research, and what are the capacities needed to strengthen a research system? We look forward to receiving more of your ideas!

**The Research into Action team**

# Communication for Health Research: Linking Research to Action

*‘Making the best use of available research studies is a priority in most countries – developed or developing. Most efforts have adopted an overly simplistic conceptual framework which focuses on linking the final stage of the research process with the initial stages of the decision-making process. A more holistic approach is needed. Improving the research to policy and action link requires not only introducing new tools and techniques, but a paradigm shift among many of the key stakeholders, especially researchers and research funders. This new paradigm calls for a better balance between research supply and demand. It requires new skills and mechanisms to create this balance as well as new partnerships within countries and at the international level.’*

The statement above was taken from the issues paper developed by the COHRED Working Group on Research to Action and Policy.<sup>1</sup> The working group also concludes that better linkage of research to action requires commitment from a variety of stakeholders. It is not the responsibility of researchers alone. Although discrete yet parallel processes, efforts need to be focused on both decision-making and research generation, linking the two at multiple stages. Such efforts need to begin with the initial step of priority setting and continue through the dissemination of the research result. Five critical entry points for strengthening the research to policy and action link were identified (see box on page 3).

Also in the year 2000, COHRED’s Working Group on Community Participation looked at the specific needs of the community as key actor in the health research field.<sup>2</sup> This group concludes that ‘in order to truly make a difference in linking research to action and working towards equity in health, the relationship between communities and the other stakeholders must be thought of as a continual process of dialogue. It is by reciprocal communication, not by one way listening, that coalitions between researchers and communities can be built. Such partnerships would be learning coalitions to the extent that all partners acquire new understanding. And they would be innovative to the extent that they would require great flexibility and a longer-term approach.’<sup>2</sup>

The paper continues by saying that ‘attempting to establish a dialogue places an obligation on researchers to communicate their research in an

appropriate manner. Disseminating findings should be part of Essential National Health Research’. . . . . ‘ENHR is based on the principle that researchers are accountable to the society in which they work. This ethic needs to be conveyed and discussed together with the learning of research skills. Future researchers should learn about the dilemmas of accountability (to whom? about what?) and about different ways of relating to different kinds of communities.’

Based on the work of these two working groups COHRED decided there is a need to further analyse the opportunities to use communication to develop health research and to build coalitions for health research. These coalitions will be essential for the strengthening of the national health research system. Communication in this sense is seen as a much wider ‘concept’ than simply promoting the use of new technologies for disseminating research results. It is seen as crucial to the success of health research which leads to action and which has an impact on development.

In order to address this need, a COHRED Working Group on Communication for Health Research has been established. The group has the following mandate:

- to promote and advocate for effective and efficient communication in health research in order to achieve impact in policy and practice;
- to develop instruments to assess country needs in relation to communication for health research;

- to provide support and assistance at country level.

The first meeting of the working group took place in February 2002 in South Africa. The discussions focused on how communication for research needs to take place at each phase of the research loop – in defining the research agenda, in developing research projects, during the implementation of the project, in the dissemination phase, and in the development of new policies. At each phase of the research loop the basic questions will be:

- What is the message and how will it be delivered? The relevance and timeliness are the main measures for the quality of a message.
- Who is the sender, who are the partners, and what influence does the sender have over the receiver? Does the sender have the capacity to deliver the right message at the right moment?
- Who is the receiver? What are their needs? What is the action expected after the message is received? Does the receiver have the capacity to understand and act upon the message?

While the work of previous COHRED working groups focused on specific actors within the health research system (e.g. the community, researchers or policy-makers) the working group on communication focuses on all actors – producers of research, users of research, and the facilitators of research (e.g. funders, government, private sector). Each actor may be the sender or receiver of a message depending on the phase of the research loop. For example, a Research Directorate in a Ministry of Health may advocate for the research priority agenda it has formulated in order to inform research institutes and donor agencies about the national priorities. Ideally, many of the receivers were already involved in the priority setting work which will facilitate the advocacy role of the Ministry. Policy makers at the Ministry will, on the other hand, be the receiver of a message when research projects are being developed and carried

out. In this case the sender will be the researcher or a research manager. Also communities within which and for whom research is conducted should be a major receiver of information. It speaks for itself that the communication process, tools and language needs to be adjusted for each specific case.

As a first step towards illustrating the broad approach of the 'communication for health research' strategy, this issue of *Research into Action* provides articles on experiences with communication for health research within different settings:

- the articles from Ghana and the Philippines illustrate how communication has been used for the development of the health research system;
- the article from the MRC in South Africa illustrates communication

within a research council – the institutional focus; and

- the article from BIREME (Brazil) illustrates the technological possibilities focusing on one specific aspect of the research loop: research results dissemination and technology transfer.

## References

- (1) *Lessons in Research to Action and Policy. Case studies from seven countries.* COHRED Working Group on Research to Action and Policy, COHRED document 2000.10, 2000
- (2) *Community Participation in Essential National Health Research.* Prepared by Susan Reynolds Whyte for the Working Group on Community Participation, COHRED document 2000.5, 2000

## Actors that define the health knowledge systems

### The researchers:

Researchers themselves should develop communication and advocacy skills. In particular they must understand how resource allocation decisions are made and how policy is developed, implemented and monitored.

### Mediating mechanism:

Countries with a mechanism for promoting and coordinating health research are well positioned to strengthen research-policy linkages. A premier function of such a mechanism should be to act as a mediator to facilitate ongoing interaction between the research and policy processes as well as among the various stakeholders.

### National research managers:

There is a need for national research managers, preferably within the context of a research mediating mechanism or system. These leaders could be researchers themselves, research users, or funders. They require skills such as facilitating the process of multi-stakeholder priority setting, building coalitions around specific problems, seizing opportunities to identify relevant research questions or ensuring that available research is used, and nurturing future leadership for national health research and development. In particular, these leaders must learn how to function as 'knowledge managers' within the rapidly changing context of the global knowledge economy.

### Political leaders:

National governments have an important role to play in improving the infrastructure for social communication, both technical and human. Governments set the political climate for listening and responding to the concerns of the people, conducting the affairs of government in an open and transparent fashion, and asking for evidence to support decision-making. Political leaders must also understand that investing in science and technology, for both short- and longer-term purposes, is an investment in enhancing the well-being of the people.

### International research community:

The international research community has a major responsibility in ensuring stronger links between research and policy in developing countries. International agencies must consider changing the way they have traditionally operated. Examples include: aligning agency agendas with those determined by the recipient countries, providing funding support directly to a multi-stakeholder national research structure, rethinking the function of 'technical assistance' as a condition for funding, making much more use of national consultants (who understand the local context), and using 'external experts' only for carefully negotiated distinctive contributions.

# NOTICES

## General

### INASP-Health

INASP-Health is a programme of the International Network for the Availability of Scientific Publications. It is a cooperative network of organisations and individuals working to improve access to reliable, relevant information for healthcare workers in developing and transitional countries. A number of facilities are available through INASP-Health:

*INASP-Health Advisory and Referral Network.* INASP-Health promotes collaboration and sharing of expertise and experience through its advisory and referral network. Partners are kept abreast of new research and other activities via the INASP Newsletter.

*Health Information Forum.* INASP-Health runs regular thematic workshops, with an emphasis on supporting and helping those involved in health information work, North and South. Meetings are free and take place in London. INASP-Health has recently received requests from Bangladesh, Cameroon, Cuba, Democratic Republic of Congo, and Nigeria to help develop national 'HIF' groups.

*INASP-Health Directory.* INASP-Health publishes the leading directory of organisations working to improve access to reliable information for health professionals in developing countries. Available in full text on the INASP web site, the Directory serves as a networking tool for building professional relationships and sharing information, and as a reference for those in resource-poor settings who are seeking support.

'HIF-net at WHO' is an email list dedicated to issues of health information access in resource-poor settings. Launched in July 2000 in collaboration with WHO, the list promotes cross-sectoral communication among providers and users of health information. To join HIF-net at WHO email your name, organisation, and professional interests to <health@inasp.info>

*INASP Health Links* is a Gateway to selected websites of special interest to health professionals, medical library communities, publishers, and NGOs in developing and transitional countries.

INASP-Health facilitates *strategic and practical workshops* within developing countries, in response to requests received.

For further information on INASP-Health, please visit the website <http://www.inasp.info>

# Information and Communication Needs for Health Policy Decisions in Ghana

The concern about evidence-based decision making and the use of local research to enhance the health situation of the Ghanaian population prompted the Health Research Unit (HRU) of the Ministry of Health in Ghana to study the way in which health professionals and researchers seek information, information sources they use and factors that enhance or hinder the utilisation of research outcomes in decision making.

In order to enable decision making about the best public health interventions, the strengthening of health financing systems, the selection of the best diagnostic procedures and strategies for patient care, as well as deciding on appropriate cost effective promotional activities, there is a need for targeted research which identifies the best options in a given situation. However, currently, research information on which these decisions can be made is often not available to policy makers. The crucial questions to be raised include: are decision makers aware of potentially useful research findings on which to base their decisions, and if so, are they able to effectively utilise the findings?

To answer these questions a study has been conducted with the primary focus of examining the decision-making, research agenda setting and research dissemination processes and how these shape research use. Two main data collection techniques were used: focus group discussions and in-depth interviews. The study included decision-makers and health managers from national, regional, and district levels as well as health researchers from the universities. Additionally, health providers from the communities were also interviewed in the 10 regions of

the country. A total of 206 decision-makers were involved in the in-depth interviews and around 100 people participated in ten focus groups. Data was collected between February and April 2001.

### Some findings – research use in decision making

Decision-makers value research and regard it as an essential tool in decision-making. However, their use of research in decision-making is limited due to:

- The lack of data on health research done in the country. "It makes it difficult to even be aware of existing information and to use it".
- Difficulties in accessing research information, as most of the information is not available on line and no mechanism exists to ensure that every policy maker has access to research findings.
- Timeliness of research findings - research results may become available at the wrong period of the policy process.
- The passive involvement of policy makers in agenda setting.

Most intriguing was that all respondents at the national directorate level, and many at the regional and district level had been involved in research as either principal investigators or research assistants. However, when it came to planning, 'research consciousness' was very limited, resulting in a lack of resources allocated to research and health literature. Very few of the respondents had been involved in the research agenda setting process. The research agenda is often set at the national level in consultation with the HRU based on



priority questions raised by the annual national health sector reviews.

Information needs are not static and differ according to a person's profession and function. It is therefore important to assess the information needs of health professionals periodically to enable health planners to design appropriate and coherent national health information and communication strategies.

The study also revealed important information regarding the preferred formats of presenting research results and the information sources most commonly used. This information is specific to the Ghanaian situation and can be used to further improve research utilisation locally.

### **Conclusion and Recommendations**

It is clear that policy makers face a barrier in the use of research information – it is often not accessible to them. Researchers also lack the skills in presenting research findings to meet the needs of policy makers and other stakeholders. The study therefore recommends that:

- A plan for research dissemination should be a key element in each research proposal, and adequate funding should be allocated to it. Provision should be made in the research budget to synthesise and package information to meet the needs of all stakeholders.
- Communication between researchers and policy makers be improved. The Ministry of Health should make a concerted effort to create a culture of demand for information and stimulate evidence based decision-making.
- Research information and knowledge has a tendency to stay among those who generated it. Therefore, it is important that researchers form alliances with policy makers at the research

formulation stage through to the generation of new knowledge.

- Researchers must be encouraged to view themselves as agents of change and should be more innovative in meeting the needs of the various target audiences.

Researchers often do not have the communication skills to effectively disseminate research findings to a heterogeneous audience and entice policy makers to take action on their recommendations. Also the knowledge of most researchers about the policy formulation process is limited, and this may affect their sense of timing for the dissemination of results to the policy cycle. An additional problem is the inability to harness information resources for effective use in national health development. A major task for the health sector is therefore not only to identify the needs of policy makers, health providers and health researchers, but also to identify and select useful sources of information already available (traditional and scientific) to meet the needs.

### **Advocacy on research communication**

A number of dissemination channels have been used to inform the relevant actors about the results of this study. One follow-up activity was an advocacy workshop on research communication which was organised for researchers, policy makers and the media. The goal was to equip researchers with communication skills as well as to sensitise policy makers to accept and use research data for decision-making.

The specific objectives were:

- To allow policy makers to tell researchers how they want to receive information – this increased the understanding of how best to package the information.
- To equip researchers with the skills to package information to meet the needs of policy makers.

- To get the mass media support and use them as champions to get research results to the policy makers.

Participants were systematically taken through various formats of packaging information including writing of fact sheets, policy briefs and memos, feature article and editorials for research. A coalition titled “Advocate for Private Sector Participation in Health” (APPH), was formed by the participants that agreed to meet periodically to review their work and produce information consistently to influence government decision on private sector participation in health. The Private Health Sector Unit of the Ministry of Health is the secretariat and a scientist from the Centre for Scientific and Industrial Research (CSIR) the executive secretary of the group.

The utilisation of a variety of channels and formats in order to cover the range of key stakeholders and influence their use of information will be the way in which communication for health research can be carried forward in Ghana.

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### **Further reading:**

*How can we act on information we don't have? Information and communication needs in health policy decisions in Ghana.* COHRED Learning Brief 2001/4, Geneva, 2000

# NOTICES

## General

### The Initiative for Sexual and Reproductive Rights in Health Reforms

A collaborative initiative of Cedes (Argentina), MIDS and independent researchers (India), the Women's Health Project (South Africa), in co-operation with the Department of Reproductive Health and Research of the World Health Organization, this project aims to:

- strengthen decision-makers' and advocates' understanding of the role of health sector reforms [HSR] in either facilitating or undermining efforts to establish sexual and reproductive rights and health [SRRH] policies and programmes;
- identify and advocate for strategies which maximise positive outcomes with regard to sexual and reproductive health and services.

The key foci are:

- health financing
- public/private partnerships
- methods for priority setting in relation to the primary care package
- decentralisation of services
- integration of services at primary care level
- accountability to consumers and communities in design and monitoring of policy and service implementation.

Please make contact and send us your insights, contacts, published and/or grey literature (evaluations, student and academic' research, consultancy reports). All contributors will receive copies of the publications and policy briefs produced and access to the networks and information identified.

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## From research to health gains, some insight from the Philippines

*Communicating research so that the benefits are felt by a country or a target population continues to be a challenge faced by research managers and researchers alike. The most common questions asked during budget hearings, research funding deliberations or research presentations are, "What results have been generated by the project/s? Were these results utilised? If so, by whom? If they were not utilised, why not?" And a host of related questions.*

In the Philippines, communicating research is viewed in a broader context - most often referred to as research utilisation (RU) programs. The objective is to ensure that research results are used for policy-making, professional practice, educating, informing, and in everyday life.

Some of the RU concerns include:

1. bridging the gap between knowledge/technology generation and utilisation - bringing researchers and users to work together on a project concept, in implementing a research project, or in making sure that results are used;
2. better ways of disseminating research information — for each type of research, what information is generated, who will use the information, and how should this information be packaged and delivered; conversely, for each type of client, what information is needed, in what format should the information be prepared, how will the client know about this information;
3. providing easy access to information — what do we do with the research outputs of our organisations, how do we organise and process the information in-house for easy access by other people, who will organise and process the information, and how do we connect to other sources of information.

Considering that research itself and its activities, in contrast with research results, needs an equally aggressive advocacy approach, the role of communication cannot be overemphasised.

### Research utilisation studies

The first time the research community addressed the issue of research utilisation in a National Health Research Congress was in 1985. A survey of 242 respondents from technical and professional groups of five projects funded between 1970-80 by the National Science and Technology Authority [now the Department of Science and Technology], showed that there was only 6% utilisation of results. The reasons cited included insufficient knowledge of the study, results being either unavailable, impractical or expensive. The low level of awareness was due to inadequate publicity; or if results were published, the communication channels used were not appropriate. The respondents indicated that their major sources of research information were their peers, journals and conferences. A major recommendation of this study was that each research proposal indicate the relevance of the study to priority health problems, the application of the study, and how results can be disseminated to intended audiences.

During the Fourth National Health Research Congress in 1990, 10 projects supported by the Philippine Council for Health Research and Development (PCHRD) between 1980-1990 were subjected to focus group discussions among four user-groups — research and practice, the production sector, the community, and policymakers. The objectives were to determine the level of utilisation by the user-groups, and to identify the various positive and negative influences on research utilisation. Reasons cited in the various user groups for results not being used adequately were, for example, irrelevance, the perceived need to revalidate some results, the need to simplify findings for various audiences, inadequate information dissemination, and limited funds to enable researchers to promote their results.

In 1995, a master's thesis assessing six projects supported by PCHRD between 1991-1994, reaffirmed the findings that users' involvement in project conceptualisation positively influenced research utilisation (Consolacion, 1995). The study suggested implementing a communication and marketing strategy on a per project basis. For product-based results, the study recommended that project officers develop their skills in identifying both the technical and economic merits of research proposals.

In 1998, a series of focus group discussions was conducted jointly by the Department of Science and Technology and the Asian Institute of Management to promote linkages between private corporations, universities, research institutions and venture capital sources to ensure a good match between R&D projects and market requirements. The results of the focus groups cited the lack of knowledge about what each sector is doing as the number one deterrent to research-industry linkages, and attributed this to limited networking and poor information systems and information sharing programs.

The ongoing series of consultations undertaken to assess the national health research system echo some of the earlier RU concerns such as educating the end-users on the use of research results; need to develop skills on research article writing, packaging of research results according to audience requirements, and research result presentations; and provision for communicating research.

### **Communicating research, an ongoing theme**

Most clear in the results of the various studies on research utilisation was the need to communicate research: to communicate the relevance, timeliness, validity, quality and quantity of research to users, opinion makers, partners, and funders, among others.

Secondly, communicating research is information sharing, meant to inform, to advocate, and to educate users, opinion makers, partners and funders. In order to do this, the planning and development of information and communication systems should consider the need to simplify messages about research, the formats of presentation and communication channels used, the availability of information, materials and research products at their points of value (when they are needed).

Third, and most importantly, communicating research requires resources, whether done at the project or program levels, by researchers themselves or professional communicators.

### **Communicating research within the national health research system**

The RU studies emphasised the need to link researchers and users. Likewise, in order for the national health research system (NHRS) to be effective, the synergy between researchers and communicators has to be harnessed within the system. The NHRS

## **NOTICES**

### **Conferences**

#### **Sustaining innovative education, health services and research against declining resources**

Annual Conference of the Network on Community Partnerships for Health through Innovative Education, Service and Research September 7-12, 2002 Eldoret, Kenya

This year's annual meeting of The Network will focus on the following topics

- Alliances between educational institutions, communities and health services
- Health professions education
- Health professionals in primary care oriented services
- Health research; within health research the focus will be on:
  - Setting priorities for health services
  - Advancing community health based on research outcomes
  - How to improve equity in access to health services
  - Assessing quality and cost-effectiveness of health services

For more information please contact the  
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## PCHRD'S Outstanding Health Research Award: The Link Between Research and Practice

The *Outstanding Health Research Award* encourages researchers to be sensitive to the scientific and technological requirements of the health delivery systems and rewards those whose research efforts are relevant to priority health problems.

The award provides recognition for the work of an individual or study group which has *demonstrated the link between research and practice* through the implementation of the research project in the health delivery system.

Established in 1996, every two years a grant is awarded in two categories of research (biomedical research and health services research). The winner is awarded US\$10,000.00, a plaque, and access to research grants.

### Year 2000

The *Newborn Screening Project* [Padilla, and Domingo C.] provided baseline data for preventable genetic disorders of the newborn. Cost-benefit analysis showed a net benefit of \$1.31M in savings for every 200,000 newborns screened in the first 24 hours of life. The study results served as basis for the Department of Health (DOH) to include newborn screening as a priority project in *Child 2025* and to create a Task Force on Newborn Screening. The DOH issued Administrative Order No. 1, Series of 2000, setting the priorities on the nationwide implementation of newborn screening.

The *National TB Prevalence Survey* [Tupasi, 1997], a multidisciplinary study, became the basis for the invigorated implementation of strategic TB control programs and health policies for the public and private health sectors. It also enhanced the educational advocacy efforts of the *Crush TB Project*, led by the Department of Health and the Department of Interior and Local Government, enjoining local executives to actively engage in TB eradication.

### 1998

The *Malaria Study Group of the Research Institute of Tropical Medicine's* study on malaria transmission and community intervention program resulted to reduction of malaria in Morong, Bataan to nil levels. The study showed that malaria can be eliminated as a disease burden if concerted efforts are sustained at the community level.

The *National Poison Control and Information Services of the University of the Philippines, Manila*, improved the reporting system of acute poisoning. Its 24-hour telephone information service, training programs, monographs, guidelines, publications, information dissemination and toxico-vigilance activities alerted physicians, employers, employees, small scale miners, plantation workers, farmers, fishermen and the public on the early recognition of environmental hazards.

### 1996

The comprehensive study on hepatocellular carcinoma or liver cancer of the *Liver Study Group of the University of the Philippines, Manila*, [Domingo E. et al] established that control of liver cancer can be achieved through the prevention of hepatitis B virus infection. The findings became the basis of the Department of Health's (DOH) policy on hepatitis B immunisation, and, consequently, DOH's mass vaccination program. The results of the study also led to the development of the technology for the rapid epidemiological assessment of the HBV carrier, and the transfer of technologies on the production of diagnostic reagents and prototype manufacture of HBV-DNA probes.

The *Health Finance Development Project of the Department of Health* contributed to the crafting of the National Health Insurance Law, Republic Act 7875.

subsystems work interdependently and interactively with each other, not in isolation of each other.

COHRED's support in assessing national health research systems, in particular, in the Philippines, provided opportunities for the communicators to work closely with researchers and research managers — to learn from each other — and, in the process, enrich the Philippine NHRS.

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# Marketing Research – An Essential Investment?

This issue of *Research into Action* has provided numerous examples of the crucial contribution that communication can make in the development of a national health research system. The Medical Research Council in South Africa also realised the importance of communication, and in April 2000, appointed a Corporate Communication executive. **Nandipha Solomon** talks to us about her role within the organisation.

## **How did the MRC staff react when you introduced them to your marketing approach to health research?**

It is always a challenge to introduce a new concept into an environment where this concept is not only viewed as alien, but also perhaps undesirable. This was my experience when I was appointed at the MRC. Having come from a corporate environment, I found it amazing that the concept of marketing was considered distasteful in science institutions – but I grew to understand it because I realised that there might have been ethical issues that prevented the “marketing” of research outputs in the past.

I spent almost three months trawling through copious amounts of documents, information, and research outputs and was amazed at the work that the MRC was involved in...and nobody knew about it! My rationale was very simple: MRC’s mission is “to improve the nation’s health status and quality of life through relevant and excellent research aimed at promoting equity and development”. In order to improve the nation’s health, we needed to communicate our research outputs. We needed to talk to policy makers and the community so that the former would be informed about health and health research outputs so as to incorporate it into our health system,

and the latter would incorporate research outcomes into their lifestyle.

## **How did you eventually succeed in getting such a ‘radical’ approach accepted?**

I realised that to have any chance of success I needed to convince the executive of the MRC, the strategic directors of the organisation, that firstly it was important to work on the MRC brand so as to create credibility and trust around it, and secondly that it was important to apply traditional marketing mechanisms to do so. This would take money, of course – and a great deal of creativity. However, what I needed most from the executive was total support. So, I presented my five-year business plan to them, with my core message that one of our key deliverables as a science council is interaction with stakeholders. I argued that all our communication mechanisms should reflect that MRC research is for, about and exists because of the people we serve. Besides involving target communities when doing research, we needed to report back to the greater South African community on the value that the MRC adds to the health of men, women, and children in South Africa.

The executive team bought this idea. My team then began the process by working on the obvious: our visual representation. We developed hundreds of logos, until we came up with the one we use today: which to us projected both the sciences and humanity. Because it is difficult to conceptualise the impact of effective communication, I decided to use the logo design as a marketing and interaction mechanism to launch the communication business plan and to market the communications team to the organisation. The MRC has centres in 3 cities: Cape Town, Durban and

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### Publications

#### **New e-Journal on Health Research Policy and Systems**

Health Research Policy & Systems, the new on-line, electronic journal from WHO and BioMed Central will be officially launched in August, 2002.

By publishing and disseminating quality research, the Journal aims to provide a vehicle or forum for furthering the intellectual debate and discourse on the role of evidence-based health research policy and health research systems in ensuring the efficient utilisation and application of knowledge to improve health and health equity, particularly in developing countries.

The journal welcomes a wide spectrum of articles addressing key issues and topics in the field of health research systems and health research policy, including:

- Approaches and methods in health research policy formulation
- Structure, organisation and boundaries of health research systems
- Financing of health research
- Management of health research systems
- Capacity strengthening for health research
- Human resource and infrastructure issues in health research
- Translation and utilisation of research
- Research synthesis and systematic reviews of health research
- Outputs and outcomes of health research systems
- Evaluation of health research system performance
- Ethical aspects of health research
- Public engagement in health research
- Systems approaches in international health research

For more information please contact:

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# NOTICES

## Publications

### **Global Forum for Health Research: 10/90 Report 2001- 2002** (ISBN 2-940286-07-8)

The Global Forum for Health Research has published its third "10/90 Report on Health Research", which focuses on the crucial role of health and health research in the fight against poverty; progress in the definition of priorities for health research; the development of partnerships and networks in key research areas; and the application of a new tool for developing the priority research agenda. The Report covers progress in helping correct the 10/90 gap in health research over the past two years and outlines plans for the coming years.

The 10/90 Report 2001-2002 is addressed to all those who can help change, in whatever way, the imbalance in the allocation of health research funding: those who fund research, those who set priorities, those who influence decision-making, and those who provide information and evidence.

The report may be downloaded (chapter by chapter) from the Global Forum's website: <http://www.globalforumhealth.org>

or request a free printed copy via the website or by emailing [info@globalforumhealth.org](mailto:info@globalforumhealth.org). The Executive Summary is also available in French and Spanish.

### **Genomics and World Health**

The Department of Research Policy and Cooperation (RPC/EIP) at the World Health Organization recently published the report 'Genomics and World Health'. The report is intended to highlight the relevance of genomics for health care world-wide, with a particular focus on its potential for improving health in developing countries.

The report notes that Genomics is a double edged sword as it can lead to new interventions that can improve the health of all, but it can also widen existing inequalities and the health and technology gaps between rich and poor countries.

The full report can be downloaded from the WHO web sites: <http://www.who.int/genomics> or: [http://www3.who.int/whosis/genomics/genomics\\_report.cfm](http://www3.who.int/whosis/genomics/genomics_report.cfm)

Pretoria. I took my whole team (twelve people) to all these centres and we introduced ourselves and our tasks (media, writing, editing, graphic design, photography and event management) to them. We then presented the new logo concept and "tested" the response from our staff members. This process was not easy – I was heavily criticised for spending too much money on travel and accommodation for twelve people, as well as for not having given the organisation an opportunity to help in designing a new logo. Be that as it may, everyone liked the logo and there was a really positive response.

In 2001 we launched the new logo, and began to focus on educating, training and helping scientists in the MRC to create communication strategies and to facilitate the communication of their research outputs.

### **Which concrete communication outputs have been developed within this new strategy?**

I had set up an infrastructure to meet what I felt were the organisational communication objectives and so pursued the following deliverables:

- establishing a generic corporate look and feel that extended to all our visual products – both electronic and print;
- developing a fresh(er) looking website;
- developing and distributing corporate guidelines on communication;
- developing media guidelines and policies and training researchers in media interaction;
- interacting with and training the media in science and its outputs; and
- compiling a corporate video.

The MRC's writers, editors and design studio now produce several visual products (with a generic look and feel) in print and electronic versions, such as Research (technical) Reports, Policy Briefs to government, MRC News, the *AIDS Bulletin*, *Urban Health* and

*Development Bulletin* and specifically tailored publications and PowerPoint presentations to defined stakeholders.

We launched a new website in 2001, which has since received favourable reviews all round. It is, of course, a dynamic site, which will grow as our outreach grows.

It is often said that human beings think in pictures - presumably that includes human beings who are scientists! Well, 2001 was a challenging and exciting year in which we managed to grab hold of 15 hours of video footage, making 'pictures' of MRC's research outputs in order to communicate our research findings to a wider target audience. We also aim to produce electronic business cards so that our researchers can have access to a variety of tools to describe their work to stakeholders.

On an even more exciting note, we are taking science to the communities. Our Community Liaison office will be going even farther to extend our efforts towards translating our research outputs into knowledge and practice. Influencing policy will be another critical area, and we will benefit from an analysis and development of best practice models for translating research output into policy through the MRC's new Research Translation Office.

Media coverage of the MRC since 2000 has grown in leaps and bounds. Our training and media interaction has really made a difference. For the period April 2001 to March 2002 we reached a staggering AVE value<sup>1</sup> of R14 million (the value it would have cost if it had been paid for)! The MRC also received significant international coverage. Examples include the front pages of the *New York Times*, *Washington Post*, the UK *Guardian* and *Times*, the *Times of India*, and the *Sydney Morning Herald*.

### **Is it really necessary to invest so much in communication?**

I believe we can never 'over-communicate', as long as we do so effectively. I'm always reminded that

when I buy a beverage, or enter into a cell phone contract, 50% of the price I pay is probably used for marketing this product. That's my money they are using to market the product back to me! That which the MRC needs to convey is essential in contributing towards the health of South Africa. So – let's not be afraid to invest the time (and the money) to convey our research!

I AVE (Advertising Value Equivalent): the amount that would have been spent for the coverage calculated on column centimetres and on current advertising rates on different radio and TV stations.

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### Publications

**National Health Research Systems – Report of an international workshop, Cha'am, Thailand, 12-15 March 2001. World Health Organization, 2002. ISBN 92 4 156205 6**

It has long been recognised that strategies for strengthening health research can help in decreasing the growing inequities in health. However global efforts remain fragmented, and are often duplicated and grossly inadequate. There is a growing recognition that a systems approach to health research might be better able to harness some of the ongoing efforts and avoid duplication and fragmentation. The concept of health research systems is a relatively new concept and many ideas need to be discussed, thought through and defined before global actions can be suggested. The International Workshop on Health Research Systems, held in Cha'am, Thailand attempted to clarify some of these concepts and also proposed some actions that countries might take at the national, regional and global level. This publication presents a synthesis of the ideas articulated at that workshop by participants from 16 countries. It is hoped that this book will be useful to health researchers, policy makers, managers of health research councils, research funders, voluntary organisations involved in health research and in fact anybody involved in health research.

To request a copy of this publication please contact: Abha Saxena, Email: [abhas@who.int](mailto:abhas@who.int)  
The report can be downloaded from the WHO website (as a pdf document) at <http://www.who.int/rpc/publication/>

# BIREME's use of information technology as a tool to making health research more accessible

In 2002, BIREME – the Latin American and Caribbean Center on Health Sciences Information celebrates 35 years of contributions to the development of health in Latin America and the Caribbean region, through the promotion, strengthening and democratisation of scientific and technical health information.

BIREME was established by the Pan American Health Organization (PAHO), in March 1967, through an agreement between PAHO and the Brazilian Government, represented by the Ministry of Health and Ministry of Education, the Health Secretary of the State of São Paulo and the Universidade Federal de São Paulo. Located on the campus of the latter, BIREME has contributed to fulfilling the growing demand expressed by health professionals and researchers for up-to-date health scientific literature. BIREME has promoted cooperation between producers, intermediaries and users of health information, and led the adoption of new working information models and technologies for the cooperative operation of services and products for the last three decades. All Latin American and Caribbean (LA&C) countries participate either directly or indirectly in the operation of the network promoted by BIREME.

BIREME's current strategy in the health information field is the Virtual Health Library (VHL). The VHL aims to promote equitable access to information in order to contribute to the continuous improvement of health planning, management, promotion, communication, research, education and care. The decentralised operation of VHL information sources and services promotes the development of

local capabilities, using advanced information technologies appropriate to social and economic conditions of Latin America and the Caribbean.

The widespread adoption and dissemination of the VHL model throughout the LA&C countries in the last three years reasserts the historical role of BIREME in strengthening the health information flow by pushing for the adaptation of contemporary information sources and solutions to the local conditions. The evolution of this approach is ultimately a product of the concurrence of a great number of health sciences information-related institutions and professionals. More than 1000 information centers and libraries in the Region are currently engaged in building the VHL.

The following list of achievements highlights the cooperative services and products developed by BIREME's network:

- Access to scientific literature indexed in national, regional and international databases.
- Access to printed scientific literature. This service has continually evolved and the current version that operates in the VHL is the Cooperative Access to Documents Service (SCAD), which is integrated with the database retrieval service, and allows documents to be sent by mail, fax, electronic transmission (Ariel) and e-mail;
- Adoption, adaptation and development of methodologies and information technologies for the operation of information sources according to economic, social and technological infrastructure

conditions of the Region. Methodologies and technologies developed and adopted by BIREME and its partners in the last three decades are open and free of charge to all cooperating institutions. More than ever, the VHL architecture for decentralised operation of information sources, with public domain tools for common products and services, poses an enormous challenge in mastering new technologies. However, it also means significant advancements on training and empowerment of countries on the use of information technologies of strategic importance to their development.

- Development of health science terminology in three languages: Portuguese, Spanish and English, known as DeCS - Health Sciences Descriptors. It includes the translation of U.S. Medical Subject Heading descriptors and special subject categories. DeCS is used on the VHL for indexing, retrieval and navigation on the network of information sources regardless of the language of the original documents;
- Training of librarians, informatics and health professionals on the management and operation of information sources;
- Intensive sharing of experiences and continuing education programs. These are periodically systematised through meetings in which stakeholders including information producers, intermediaries and users of the Region as well as international experts evaluate the current trends in information sciences and ongoing solutions. These periodic meetings are today an international reference for sharing experiences and continuing education activities and constitute a forum for evaluation and coordination of BIREME and VHL achievements.

- In the 60's the Index Medicus Latino-Americano (IMLA) was developed to improve the visibility of scientific production in the Region. In the 80's this system was transferred into the decentralised LILACS (Latin American and Caribbean Health Sciences Literature) database, as new methodologies and indexing tools were developed. Indexing of electronic journals using LILACS methodology on Internet will enable more efficient and effective dissemination of, and access to LA&C journals in MEDLINE/ PubMed and LILACS databases.

- The online publication of scientific journals known as Scientific Electronic Library Online (or SciELO) envisages increasing the visibility and accessibility of the contents of the best journals from LA&C and Spain. In addition, it intends to measure the usage and impact of the journals in order to complement the bibliometric indicators provided by the Journal Citation Reports from the Institute of Scientific Information. The SciELO model for electronic publishing is currently operational or being adopted by several countries, including Brazil, Chile, Costa Rica, Cuba, Mexico, Venezuela, Spain and Venezuela. The methodology is being adapted to the electronic publishing of other types of literature, such as theses, proceedings of congress and monographs in general.

The consolidation of the Virtual Health Library is expected to bring a major contribution towards equitable access to health sciences information and to increase the usage of up to date scientific knowledge in health related decision-making processes. It was impossible to think of equitable access to information before the introduction of the Internet. Considering that equitable access also means the capability to publish information



sources in the Web, the advancement of the VHL requires the continued access and development of new information technologies and methodologies to provide more and more institutions and people with the capability to contribute their own information sources to the VHL. More than ever, information technology is essential for the dissemination of health science research.

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### New COHRED Learning Briefs

#### **South African Medical Research Council scientists and the media: Attitudes to and experiences of reporting their findings to the public**

##### Learning Brief 2002/3

Described as “the best established statutory research body in sub-Saharan Africa”, the Medical Research Council (MRC) receives around 60% of its funding from the taxpayer, and hence is accountable to them. As a publicly funded body the MRC must be able to justify why it gets this money, as well as to explain what it does with it in terms of its mandate to improve the health status of the nation. It is crucial that MRC research findings be communicated to a public who are largely paying for them and that stand to benefit.

Although the MRC has an excellent track record in terms of research outputs, awareness of the organisation among the South African public is limited. Almost the only direct communication with the public happens when research involves members of specific communities (e.g. trial sites, research relating to human behaviour, etc.).

How can communication between the MRC's scientists and the media and public be boosted?

First it had to be ascertained how the scientists felt about communication and interaction with the media and public, what their attitudes were, what their experiences had been, and how these had affected them. This learning brief reports on a study dealing with these questions.

**Learning Briefs are published quarterly as a supplement to the ENHR Handbook.**

**The Handbook and the briefs are available from the COHRED Secretariat.**

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### New COHRED Learning Briefs

#### **How should public money be spent? The case of health research in Tanzania**

##### Learning brief 2002/4

In recent years, COHRED has supported a number of countries in the development of their health research agenda. While the methods and approaches for priority setting for health research have developed over time, and now provide a strong tool for country teams embarking on an initial priority setting exercise, the implementation of national agendas has in many instances remained weak. The publication ‘*Health Research in Tanzania: How should public money be spent?*’ provides concrete suggestions for this implementation phase. This learning brief summarises the main suggestions and opportunities and is meant as discussion material for those country teams who are at the stage of implementing a research agenda. The publication and this learning brief use Tanzania as an example, but the principle can be applied in many other settings.

#### **Developing and strengthening the health research system in Pakistan**

##### Learning Brief 2002/5

The process of strengthening the health research system in Pakistan began in early 2001. The first critical step in the process was the organisation of a national seminar to develop priorities for health research. The participants identified broad priorities in the critical areas of health services, maternal and child health, communicable diseases, non-communicable diseases, mental health and health systems research. The priorities were based on the values of equity and social justice and led to the development of a generic, relevant and essential national health research agenda.

As a second step guidelines for action to develop and strengthen the health research system in Pakistan were established. This learning brief focuses on how this plan was developed, the questions raised, and the action required to implement a research agenda. The plan of action will guide activities such as the generation of funds, efforts for capacity development, and consultations with national and international partners.

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### Publications

#### Un Manuel pour la Définition des Priorités de Recherche utilisant la Stratégie RNES

Préparé par David Okello, Pisonthi Chongtrakul et Le Groupe de Travail du COHRED pour la définition des priorités. COHRED document 2002.1, Mai 2002

#### Maintenant disponible en Français!

Ce manuel est un guide pour les instructeurs ou les facilitateurs qui dirigent des ateliers de définition des priorités de recherche utilisant la stratégie RNES. Il inclut les aspects spécifiques de la définition des priorités qui suivent :

- Travail préparatoire de l'équipe qui engage l'exercice de définition des priorités;
- Les éléments de la définition des priorités;
- Les critères pour la définition des priorités;
- Les activités de suivi après l'identification des domaines de priorités généraux;
- La mise on oeuvre.

Le manuel n'impose aucune méthode ou critère particuliers de la définition des priorités de recherche aux facilitateurs ou aux participants. Il est essentiel que les participants prennent les décisions par consensus à chaque étape du processus.

Peu importe la situation, le niveau de financement ou autre, la définition des priorités doit toujours 'commencer avec ce que l'on a'. L'objectif est de combiner de manière efficace l'information descriptive, analytique et évaluative avec les idées, les perceptions et les accents des groupes d'acteurs de la RNES, y compris le public dans son ensemble.

## ENHR and COHRED in Action: April – June 2002

*This article provides an overview of the activities supported by COHRED during the last three months. If you would like to know more about any of the activities please contact the COHRED secretariat (contact details on the last page of this Newsletter).*

### Resource flows workshop

Researchers from seven countries (Brazil, Burkina Faso, Cameroon, Cuba, Hungary, Kazakhstan and Uzbekistan) met in Geneva in April to attend a training workshop on measuring resource flows for health research. Based on previous experiences with conducting resource flows studies in Malaysia, Thailand and the Philippines, the participants discussed the methodology and approach most feasible for their country.

The researchers will conduct the study on resource flows in the next 6-12 months. Each country's key stakeholders in health research will be involved from the beginning of the research and the resulting data will be reviewed in light of health research priorities identified in the countries – an indicator of the degree to which resource allocation is aligned with prioritised research, and a first step

towards reallocating resources. This information will be very useful for assessing and strengthening the effectiveness of the national research system in addressing prioritised research areas.

COHRED aims to work in close collaboration with the Research Policy & Cooperation Division of the World Health Organization (WHO) in their work on the assessment of resource flows for health research in all WHO member states. The other global partner in this initiative, the Global Forum for Health Research, provided technical and financial support to the training workshop.

Further reading on this topic:

- *Tracking country resource flows for health research and development (R&D). A comparative report on Malaysia, the Philippines and Thailand with a manual on tracking country resource flows for health research.* Bienvenido Alano and Emelina Almario, Center for Economic Policy Research, the Philippines, 2000
- *Monitoring financial flows for health research.* The Global Forum for Health Research, 2001



*Participants during a working session of the resource flows training workshop*

## **COHRED roundtable on future strategies**

A roundtable discussion on COHRED's future strategies took place in Budapest (Hungary) in May. The meeting was a step towards developing a strategic direction for COHRED.

Since its establishment in 1993, the environment in which COHRED is operating has changed considerably. The increasing number of players in international health research necessitates a more focused strategy, which includes rethinking COHRED's specific roles, and defining the organisation's competitive edge, or niche. Although COHRED's values (with a main focus on equity and countries first) remain as relevant as they were 10 years ago, the question to be answered is how the organisation can best make a difference. The year 2002 presents the opportunity for revitalisation and for gaining focus. COHRED's niche is to support countries in developing their National Health Research Systems using the values and approaches inherent in the ENHR strategy, and working towards addressing health equity in these countries.

We will keep you posted on the developments around the strategic thinking within COHRED in forthcoming issues of *Research into Action*. This will include a description of the process and its outcomes as this may be a learning experience for organisations (whether operating globally, nationally or at sub-national level) undergoing a similar exercise.

## **Sub-regional meeting of francophone African countries**

This year's sub-regional ENHR networking meeting of the francophone African countries was held in Benin, on May 28-29. For the francophone African sub-region this annual event has great importance for maintaining an active network, as other communication channels (electronic

networking, telephone and mailing systems) are often not functioning effectively. Besides the usual exchange of information between the participants from the various countries on the progress made in the field of essential health research, this year's meeting also explored the opportunities of linking the sub-regional network with the African Forum for Health Research. The latter will be launched on the occasion of the sixth Global Forum for Health Research (November 2002, Arusha, Tanzania) and will be a health research forum for the whole of Africa. The African Forum therefore creates great opportunities for the sub-region to overcome its isolation.

## **Health research in Kazakhstan in the context of health care reform**

The Second Republican Conference on "Experiences, problems and perspectives on health care reforms in the Republic of Kazakhstan" was held on June 3-4 in Almaty. The conference was well attended by government officials including the Minister of Health, key persons from neighboring countries and representatives from international organisations. The role of health research in the development of health care was intensively discussed. Emphasising the large-scale consultations on the implementation of ENHR in 2001 to identify health research priorities, the participants expressed the need to develop skills in the field of scientific research management. In addition to the opportunity to share experiences and exchange ideas with other country representatives, the meeting facilitated discussions on the potential for broad-based partnership development between the central Asian countries, Kazakhstan and Azerbaijan. The option for creating a broad working group on health research among the Central Asian Republics and Azerbaijan was discussed as a preliminary step towards

# NOTICES

## Publications

Desde ahora, en español, el **Manual para el establecimiento de prioridades de investigación en salud utilizando la Estrategia ENHR (INES)**. Es una producción de David Okello, Pisonthi Chongtrakul y el Grupo de Trabajo del COHRED para el establecimiento de prioridades. Documento 2002.2, julio 2002.

Fortalecer los vínculos entre la investigación, la acción y las políticas en salud constituye una de las grandes preocupaciones actuales del sector de la salud pública en el mundo. Para hacer frente a esta problemática se requieren, entre otros, los instrumentos metodológicos y conceptuales que permitan establecer las prioridades de la investigación en salud de manera consensual entre los diferentes actores implicados en el mejoramiento de la salud. Este manual pretende contribuir a este objetivo, como una guía para los facilitadores e instructores que orientan los talleres de establecimiento de prioridades de investigación en salud utilizando la estrategia ENHR (INES). El manual presenta los diferentes pasos específicos del establecimiento de prioridades:

- El trabajo preparatorio del equipo a cargo del ejercicio de establecimiento de prioridades;
- Los elementos del establecimiento de prioridades;
- Los criterios para el establecimiento de prioridades;
- Las actividades de seguimiento después de la identificación de áreas prioritarias de investigación;
- La puesta en marcha

Se focaliza en el análisis de los problemas locales/nacionales, en el trabajo hacia la equidad y la vinculación de la investigación con la acción. Su carácter inclusivo favorece la participación de todos los actores en la toma de decisiones a lo largo del proceso de establecimiento de prioridades y no impone a los facilitadores y a los participantes, ningún método o criterio particular de la fijación de prioridades. Permite la potenciación de los recursos con los que se cuenta y la planificación de intervenciones cuya relación costo-beneficio sea más favorable que las ya existentes.

Para adquirir un ejemplar, póngase en contacto con el secretariado de COHRED.



the development of a regional forum to be presented during the sixth Global Forum for Health Research to be held in Tanzania (November 2002).

### Launching ENHR in Uzbekistan

Uzbekistan was one of the five countries, which committed themselves to ENHR during the Bishkek meeting in 1999. The social and economic reforms taking place in Central Asian countries and Kazakhstan on management and financing issues provide opportunities for dialogue across different levels including the health sector. The Ministry of Health and the Forum on Health Research Development (FOHRED) organised a meeting on May 29 in Tashkent. The meeting was perceived as an important event in opening the dialogue on health care and health research at national level. It achieved high level and broad participation both from within the country and between neighboring countries. One important output was the achieved level of mutual understanding between the Ministry of

Health – once centralised and exclusive - in decisions about health and health research in the country and the broad based partners representing NGOs, Civil Society groups from different provinces and mass media. The deputy minister expressed the Ministry's satisfaction with the steps taken by FOHRED in developing coalition and cooperation among different partners in health care and health research activities in Uzbekistan. The integration of Ministry of Health priorities and FOHRED findings on priorities from four oblasts (districts) remains a key challenge for all stakeholders.

### Working Group on National Health Research Systems

The first meeting of COHRED's analytical working group on National Health Research Systems was held in Bangkok (Thailand) from June 6-8. Participants from nine countries (Brazil, Cambodia, Cuba, Indonesia, Laos, Philippines, South Africa, Tanzania and Thailand) presented the current system for health research in their countries

and analysed its strengths and weaknesses. The presentations provided a good picture of the differences between the various settings, and pointed towards the need to consider the local context when discussing health research. The participants also presented the plans existing or in development to strengthen the health research system in their respective countries. Key strategies identified for strengthening the system were, among others, the need to measure resource flows for health research (both in the public and the private sector), and the need to consider various options to improve the linkage between the health and the science and technology sectors.

The work of this working group is closely linked to the work of other COHRED working groups (such as the group on communication which is featured in this issue of *Research into Action*) and to the work of WHO on performance assessment of the health research system.



The Deputy-Minister of Health of Uzbekistan (second left) during the ENHR launching meeting.



Participants at the resources flows training workshop in Geneva

The newsletter of the Council on Health Research for Development is published four times a year.

**RESEARCH INTO ACTION** is issued complimentary upon request.

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