

R Research into Action

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COHRED's vision

Attain a system of effective health research to improve health and development in all countries, based on the values of equity and social justice.

COHRED's mission

Work towards improving health and development by enhancing effective NHRs especially in developing countries (based on the ENHR strategy). This contributes to the development and strengthening of countries' capacity to manage research on priority health problems and utilise the results to improve the health of their populations.

In this issue of Research into Action, the articles highlight the growing trend of countries embracing health research as a tool for health development. A myriad of experiences from countries around the world, namely the Central Asian Republics and Kazakhstan (CARK), Ecuador, Hungary, Thailand, Iran and the Philippines illustrate how health research is increasingly being used for evidence-based decision-making at regional, national and district level.

Health research is increasingly being used to improve the efficiency and effectiveness of national health systems, and through these, the health of the population. For instance, since the collapse of the Soviet Union, countries in the CARK and Eastern Europe have been going through a transition phase that affected their health sectors. With its imminent membership to the European Union (EU), Hungary has undertaken important steps to improve Research and Development to attain the targets of the EU as well as strengthen its economic growth and health sector. Meanwhile, during a recent workshop in Central Asia, participants analysed the general health and health research situation in the region and identified key priorities to strengthen their health research systems in response to these health needs.

With national forums already in place, the Philippines and Ecuador have recently held meetings to discuss the strengthening of the efficiency and effectiveness of the health research system. As certain infrastructures already exist, both countries have been identifying the necessary steps for strengthening the national health research system in response to the health needs of the population. In Thailand, health research has also been used in a process to obtain evidence-based health sector reforms. Through an assessment carried out in 2002, the main obstacles as well as certain key components were identified to reinforce the health research system.

However, in all these reform processes, the needs of the entire population can only be addressed if equity is an underlying value. Initiatives have been taken to make equity an integral part of reform processes. For instance, the equity value has explicitly been identified in Iran to guide the setting of health research priorities at district level.

These different experiences illustrate a positive trend in health research – the acceptance that collaboration between different stakeholders is central to more efficient and effective health research. It avoids duplication, the inefficient use of scarce resources and producing research unresponsive to the health needs. Thus, if research becomes a tool for making evidence-based decisions, it could be at the forefront of development. COHRED looks forwards to continuing its collaboration with its partners (in countries) to work towards this goal.

The Research into Action Team

Setting Priorities in Ecuador: The Outcome of the Second Forum for Health Research

The National Forum for Health Research recently held its Second National Meeting in Ibarra (May 2003). It brought together independent researchers, NGOs as well as representatives of academic and public health institutions. This paved the way for facilitating dialogue to define a national health policy and further develop the Ecuadorian Health Research System. The latter therefore needs to be further strengthened to carry out its functions, such as governance and financing, knowledge development and utilisation, human resource training, promotion of creativity and technological innovation and disseminating health research results. This article highlights some of the key outcomes of the meeting and their implications for future health research in Ecuador.

Key areas of focus

During the First Forum for Health Research (2002), four areas of work were defined as key components necessary for an effective health research process. These components were: health research policies; research priorities; strengthening human resources and funding health research. During the second meeting, the Forum for Health Research followed up on the progress made in these four areas.

The meeting was divided into three types of activities: presentations, discussions and working groups. In an attempt to involve a broad variety of stakeholders, presentations were given by national and international health policy specialists; university representatives; governmental institutions (such as the Ministry of Health and its Institute of Science and Technology) as well as representatives of PAHO, COHRED and the Alliance for Health Policy and Systems Research.

The participants were able to provide their inputs in the plenary discussions which followed the presentations. They were then divided into four working groups, each focusing on one of the four areas of work which had been defined during the First Forum.

Coordination of the forum

As the Forum is relatively new, certain organisational matters were addressed during the meeting. First of all, Dr César Hermida was elected as General Coordinator of the Forum. In addition, a National Coordinating Commission was created and four coordinators were appointed to represent the four working areas. The PAHO/WHO will be represented in the Commission.

Outcomes and recommendations

Based on discussions emanating from the debates, the Forum reached a general agreement concerning a number of key resolutions and challenges. The latter must be addressed to attain a system of health research relevant to the health problems of the Ecuadorian population (and capable of improving its quality of life). They were used to form the basis for the *Communiqué of Ibarra for Health Research Development (Carta de Ibarra por la Investigación y el Desarrollo de la Salud)*. To further strengthen the work of the Forum and subsequently the National Health Research System, certain key elements were identified and recommendations were made, as follows:

- Within its framework of structural changes, the Ministry of Public Health has recognised the added value of research in improving the health of the population. Research

will be prioritised in the Health Policy through the creation of NITES (Health Research and Technology Centres) at national, provincial and local level.

- Research priorities should be identified to ensure that the production of knowledge is beneficial to the population's health. A research agenda would provide a starting point to construct a national research plan to guide the work of institutions and health researchers. In addition, these priorities should be incorporated in research policies and training. This requires the establishment of a coordinating process to define priorities with key stakeholders such as the Institute of Science and Technology (ICT) and the Foundation of Science and Technology of Ecuador (FUNDACYT). Through improved coordination, duplication will be avoided.
- Establish national and international health researcher networks to facilitate the sharing of experiences, expertise of researchers, results and common projects. By networking, the management and sharing of knowledge can be promoted through initiatives such as the PAHO/WHO virtual libraries which provide scientific and technological information on health.

Conclusion

This meeting highlighted how a myriad of stakeholders working in the health field have embraced research as an important tool for improving the health of the population. The main outcomes, recommendations and the *Communiqué of Ibarra* illustrate how Ecuador is undergoing a promising and highly motivating process with clear

objectives and activities for building a National Health Research System based on the spirit of ENHR. Although these are only the first steps of the process, they are significant as they underline how health research can be an essential tool to ensure better health and living conditions for the general population. At the end of the meeting, the participants agreed to meet for a third Forum in the city of Loja (southern Ecuador).

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Appointment of COHRED Coordinator

Dr Carel IJsselmuiden has been appointed as COHRED's new coordinator. He will come into function on 1 January 2004. However, he will work closely with the COHRED Secretariat as of September 2003.

Dr IJsselmuiden brings COHRED a wealth of experience in public health issues and in health research for development. His previous posts include: Head of the Department of Community Health and Director of the School of Health Systems & Public Health of the University of Pretoria (South Africa), member of the South African ENHR Committee, and Deputy Medical Officer of Health for Johannesburg City Health Department. Dr IJsselmuiden also leads the AfriHealth initiative which focuses on strengthening public health capacity for Africa.

Under the leadership of Dr IJsselmuiden, COHRED looks forward to continuing its fruitful cooperation with all of its partners.

Whose Data? 'Stealing' from the Poor¹

There is growing evidence that researchers and their agencies 'capture' poverty data sets for years on end, without making them publicly available. While hanging on to data sets may enhance their reputations and help 'fast-stream' their careers, what long-term effect does this have on research into chronic poverty and ultimately the poor themselves?

Quantitative panel data sets are produced by repeated questionnaire surveys of the same households. They can be used to analyse changes and patterns in household poverty in great detail. However, they are rare as they are demanding in terms of both money and management. While there is a pressing need to encourage the building of new data sets, it is also clear that much better use could be made of existing data sets if they were available to larger numbers of researchers more quickly.

Those who gain from keeping the data sets out of the public arena are based mainly in universities and research institutes in Europe and the USA and organisations headquartered in Washington, DC. The people who effectively 'lose out' are based mainly in the south – both researchers and the poor themselves.

The practice of keeping data sets out of public view is harmful in at least five ways:

- It weakens the scientific base of development research. 'Hard science' demands that results are replicated by other researchers to confirm findings.
- Such data sets are almost always collected with the aid of public funds but they are converted into private property by elite researchers.

- It is anti-development: reducing public access to such data sets slows down the advancement of useful knowledge.
- The main 'input' in such data sets is the unpaid time of poor people – all the other stakeholders (interviewers, researchers and aid agency staff) are on a salary.
- When other researchers eventually get access to the data set (which could be many years later) their use of the data may have little relevance to policy because of the time that has lapsed.

What should be done?

- Research funders should set dates for the publication of data sets. It is not unreasonable for researchers to have a period of 'first go' analysis, but this should be made clear in the research design and should not be more than 12 months.
- Researchers should follow ethical codes and monitor each other in this respect.
- Non-governmental organisations (NGOs) and advocacy groups should 'name and shame' researchers and agencies who delay data from entering the public domain.

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¹ This article has been reprinted (with permission from the author) from ID21 (<http://www.id21.org/>)

Reforming Health Research in Hungary

The collapse of the communist regime, the transition to a market economy and the imminent membership to the European Union (EU) profoundly affected the allocation of resources for health Research and Development (R&D) in Hungary. During a workshop on 'methodologies to measure resource flows in health research' (Geneva, April 2002), Hungary¹ was designated to carry out an analysis on resource flows. The analysis focused on the infrastructure and financial aspects of health R&D over the period of 1999-2001/2. Further objectives included reviewing the international and national environment for health R&D, with special regard to Hungary's membership to the EU; overviewing new national policies on R&D; drawing a set of recommendations for future research and monitoring resource flows in health R&D and their impact on health. The data was collected using a broad array of methods, including a desk study of the latest data, statistics and relevant literature on health R&D and interviews of key informants. For the purpose of this article, key outcomes emanating from the analysis will be reported.

The influence of the international environment on Hungarian R&D

R&D (including health research) has received increasing attention in the EU in recent years. This newfound attention has had a positive impact on resource flows towards health research in Hungary, as its priority setting process is influenced by EU priorities. The European Commission recently adopted a new strategic paper² which stipulated that EU average spending for R&D (1.94% of the GDP) needs to increase to 3% by 2010. This EU policy

direction is relevant to its current member states as well as those (including Hungary) due to join in 2004. To reduce the current gap between current and future EU member states, the latter have to increase their R&D spending. Hungary has already taken certain measures to increase expenditures on R&D, including health research.

Reforms to strengthen R&D in Hungary

The 1990s were marked by a reduction in investment in R&D. This changed in 1998, when the government began developing and adopting new policies aimed at strengthening efforts in Science and Technology (S&T) and undertaking reforms of infrastructure and financing of R&D. The rationale behind this enhanced political commitment was the expectation that stronger R&D would help improve the country's economic performance and strengthen its economic growth. Based on the recognition that stronger R&D could provide a sound foundation for a "knowledge-based economy", two new policy papers (2000) were adopted to reinforce and improve the co-ordination of education, research, development and innovation policies. These papers were the 'Science and Technology Policy 2000' and the 'Széchenyi Plan'³. The latter includes the *Programme for the Support of Research, Development and Innovation*. This new policy aims to achieve a Gross Expenditure on R&D (GERD) of 1.8-1.9% by 2006, while business/private funding for R&D reaches 0.8-0.9% of GDP. A component of the new policy is the *National Research and Development Programmes (NRDPs)*. One of its central aims is to improve

'quality of life'. As a result, health R&D could be in an ideal position to be considered a priority for receiving public funds for research.

By reiterating national priorities for health research, the programme is reinforcing high-quality research capabilities and providing support for applied research and experimental development. The research priority areas include: bio-medicine, health development and disease prevention, pharmaceuticals, functional genetics, public health, health policy and health economics as well as sustainable mobility. The NRDPs also aim to reinforce existing networks of R&D institutions by improving human capacities for research, introducing incentives for establishing and promoting new research jobs, and strengthening employment opportunities in publicly funded research institutions.

Financing health R&D

The past decade has been marked by a decrease of state subsidies for R&D (see Figure 1), which coincided with the economic downturn of the transition phase. Since 1999, the GERD has increased. This is partly due to new government policies on R&D. In 2001, it reached around \$US 504 million, with the state providing 53% of the overall funding, whilst enterprises contributed 34.8%.

Meanwhile, health R&D expenditures followed a different trend to the GERD (see Figure 2). Funding increased until 1994, even though the real value declined with the falling purchasing power of the local currency. Since 2000, the increase of health R&D expenditures has been coupled with

1 Seven countries were designated to carry out studies, the others were Brazil, Cuba, Cameroon, Burkina Faso, Uzbekistan, Kazakhstan

2 Investing in research: an action plan for Europe – http://www.bmbwk.gv.at/medien/9407_aktionsplan_3prozent_en.pdf

3 A comprehensive national development plan which has a series of comprehensive economic objectives.

Figure 1: Research and development expenditures in Hungary as a percent of GDP (GERD) 1988-2001

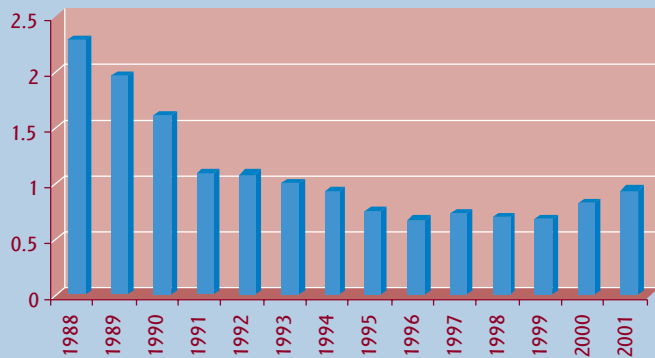
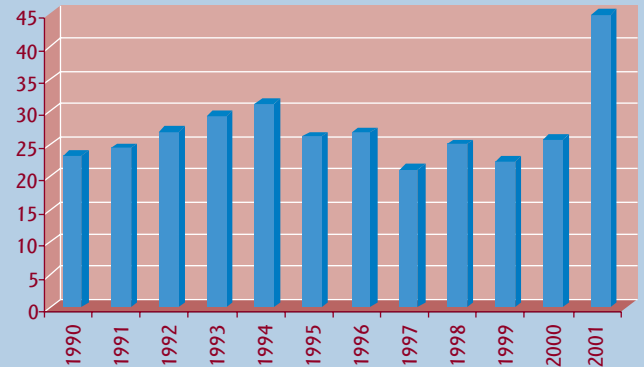


Figure 2: Health research expenditures in Hungary 1990-2001 (in million USD)



the strengthening of local currency, leading to a significant rise in investments in R&D. Between 1999 and 2001 health R&D expenditures doubled.

Governance of health research

The governance and co-ordination of health research in Hungary is pluralistic in terms of who provides and receives funding. The principal stakeholders include the central and local government, national fund managers, private funding agencies (e.g. banks and pharmaceutical companies), universities, public service corporations as well as foundations and non-governmental organisations (NGOs).

Between 1998 and 2001 the number of places carrying out health research rose by 26%. Specialised research institutions controlled by the Hungarian Academy of Sciences (HAS), universities and research units of private enterprises (especially pharmaceutical companies) still undertake the majority of research. While these actors have maintained or even strengthened their positions, new stakeholders have emerged principally due to the new policies on R&D. As a result, funds have been freed in favour of government funded public service corporations (quasi-NGOs) and

NGOs. This diversification of research sites has been accompanied by a shift from traditional biomedical research towards more policy and public health-oriented research. For instance, those performing research on social and behavioural aspects and determinants of chronic, non-communicable diseases have doubled.

Key fund providers for health research

Another positive trend is the financial strengthening of key fund managers in health R&D, such as the Hungarian Scientific Research Fund (HSRF) and the Medical Research Council⁴ (MRC). Between 1999 and 2002, the funding provided by the HSRF for R&D doubled. HSRF dedicated over 40% of its funding to research in 'life science' (two-thirds for health research). A further 20% of funds go towards research in 'social science'- psychology, demography, sociology or economics. The increasing public funds administered through the HSRF led to the attainment of the 1993 level of funding.

Meanwhile, the MRC provides 'seed' grants for health research activities. It aims to co-ordinate health research within the institutions controlled by the Ministry of Health (e.g. national

institutes of health disciplines). The MRC also assists with developing the country's health research agenda through its scientific committees (11 professional teams). Every year, these committees submit proposals to the minister, on setting the agenda and developing research priorities. In addition, the MRC advises the minister on health policy issues. It is therefore in a privileged position to strengthen the channelling of research findings as well as providing the health research community with an avenue to actively take part in the policy-making process. This has led to an increase in the number of research projects on epidemiology and other public health topics. However, the overall number of projects relevant to public health is still low.

The Ministry of Education also provides support for R&D. It is responsible for co-ordinating the implementation of the Hungarian S&T policy. Meanwhile, public service corporations (new actors in this field) such as the OKTK Public Foundation⁵ support relevant national social science research. It provides funding for research activities and intends to support the development of social policies, including healthy public policies.

⁴ It is a consultative-advisory body of the Ministry of Health, Social and Family Affairs, and remains a key stakeholder for funding and coordinating health research.

⁵ Országos Kiemelés_ Társadalomtudományi Kutatások Közalapítvány (OKTK) is funded by the government.

NOTICES

General

What makes research real?

Do you have stories to tell, or case studies to share? We are looking for studies, or stories, which document experiences and learning of the research community in transforming research into policy and action.

We want to understand better how research becomes a policy and is woven into action. How people advocate for research and raise awareness and understanding about research and its results. How the role of research in policy- and decision-making can be strengthened. We want to comprehend the transformation processes and systems within organisations and within the researchers' environment. We also would like to learn how to build and make use of existing information resources and transform these into useful knowledge.

We hope to trigger a discussion on these issues, then synthesize the lessons learned and develop better solutions to improve health and equity.

If you would like to contribute to these issues, please contact:

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The main fund users

The budgets of universities and specialised R&D institutions belonging to the HAS are still largely dependent on government subsidies or direct funding from the state budget respectively. The Institute of Experimental Medicine is the main research institute carrying out health R&D. It applies for funding both in- and outside the country. Finally, research units of private companies - the third key stakeholder in health R&D - have virtually doubled in number, with close to 500 units. This has led to health R&D doubling in this sector between 1999 and 2001.

Conclusion

The analysis of resource flows highlighted a number of interesting issues. First of all, Hungary has the means to carry out studies of this sort as it has bodies such as the Central Statistics Office which regularly collects data on health R&D. With the imminent membership to the EU, the stakes are high in terms of funding, sharing of information and collaboration. It is therefore necessary for Hungary to work towards improving these areas if it wants to achieve its own R&D objectives as well as those of the EU.

Since the R&D reform process began, there has been a strong revival of health R&D. Increasing expenditure for this sector has led to the development of new programmes, as well as the establishment of new structures to disseminate and utilise funding. However, to attain a more effective and efficient health research system, it is essential to improve the dissemination of findings and the collaboration between stakeholders both nationally and internationally. This underlines the need for a more efficient information system. The existing reporting of fund utilisation (carried out by funding agencies) do not provide sufficient documentation on the use of research findings in the process of health policy

development. Furthermore, with the emergence of new actors performing health research, more formal mechanisms for communication between fund managers and users needs to be established to ensure a more effective use of the available resources. It is only by strengthening advocacy efforts, improving the advocacy and communication skills of researchers and health professionals, establishing formal and informal partnerships with decision-making bodies, that information flows will contribute to further reinforcing Hungarian health research.

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Resources

**Launching the Cochrane Virtual
Library website
Latin America and Caribbean**

**Website: [http://
cochrane.bireme.br](http://cochrane.bireme.br)**

The Cochrane Library consists of a regularly updated collection of evidence-based medicine databases, including the Cochrane Database of Systematic Reviews – evidence based systematic reviews prepared by the Cochrane Collaboration. These provide high quality information to people giving and receiving care and those responsible for research and teaching.

The access to the Cochrane Library through the Virtual Health Library (VHL) is available to health professionals from Latin America and the Caribbean region, as a cooperative effort among BIREME/PAHO, Update Software, Cochrane Collaboration and Brazilian Cochrane Centre.

Working Towards Equity in Health in Iran: Setting Health Research Priorities Through Partnerships

As in many countries, health research has traditionally been conducted within an academic context in Iran. The mandate of its 39 Universities of Medical Sciences (UMSs) included a range of activities from health research to social advocacy and providing medical and public health services. Furthermore, each UMS is responsible for covering the health needs of a specific population. Whilst the UMSs are socially responsive to fulfilling societal needs, their research activities are not specifically oriented towards the health priorities of the population. Research priorities have usually been set by university experts, without the involvement of other stakeholders.

In recent years, Iran has embarked on a mission to make health research more equitable, addressing the needs of the entire population. Whilst advocating for equity is still necessary, the challenge now lies in turning this ideal into concrete, practical and effective action. Despite the enormity of the challenge, actions have been taken to move towards a more equitable health research system prioritising the population's needs.

This article looks at the steps which have been taken in the Province of Qazvin to introduce equity in health research.

Working towards equity in health in Qazvin

To begin with, an assessment of the health research system was carried out. The assessment consisted of a review of all the research projects in the province of Qazvin (130 km northwest of Tehran). It revealed that a majority of projects were not directly relevant to the needs of the population. In addition, research findings were rarely used at community level.

Since 2001, Qazvin's UMS policy has been revised to redirect research resources towards community health priorities through partnerships with the community. The university was given the responsibility of leading the development of community coalitions. This involved the mobilisation of a broad variety of stakeholders to define the community's critical health issues, prioritise them and propose solutions to solve them. This new policy received the backing of the Deputy Minister for Research & Technology of the Ministry of Health & Medical Education.

Putting equity into practice

A committee consisting of a broad range of stakeholders (e.g. medical specialists, local governors, teachers, medical care providers, NGOs and community advocates) was set up to assess community health problems and their research priorities. As a result of a series of consultative meetings, workshops and conferences, the committee initiated various actions. It organised working groups and planned to take actions within the framework of the Health Research Priority Setting Project. These actions included gathering, screening, clustering and analysing existing data as well as collecting new data from household surveys, raising awareness at community level, organising focus group discussions, setting health priority problems and evaluating the outcomes.

The collaboration between the stakeholders was central to carrying out these actions in an efficient and effective manner. The diversity of the stakeholders strengthened their collaboration and work, as they each brought valuable contributions in their specialised areas. For instance,

academics, managers, students, advocates of social groups, NGOs and health volunteers designed the methodology for gathering data as well as actually collecting it. Meanwhile, the committee's working groups analysed it. The data will be reported to the community through the mass media and public meetings. Finally, the committee will set the priorities.

Conclusion

The enthusiasm, cooperation and mobilisation of the various stakeholders underline their commitment to attain equity in health and health research. It illustrates how barriers can be brought down in countries which traditionally conducted research in a rather isolated setting (academia). Many positive outcomes can be observed at different levels. First of all, academic and medical specialists have broadened their perspective and accepted the important role of other stakeholders in conducting health research relevant to the population's needs. In addition, different stakeholders have learnt to work together and draw from each others' strengths and knowledge. Another important impact was the involvement of the community in the different steps of the process. Thus, the example of the Province of Qazvin illustrates how the mobilisation of human, financial and technical capital is essential in working towards equity. By carrying out the process in this manner, equity is already beginning to be addressed.

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Key Steps Towards Establishing the Philippine Health Research System

Issue 27 of *Research into Action* (March 2002) reported on the assessment of the Philippines health research system. The assessment identified the strengths and weaknesses of the current system, as well as outlining a number of opportunities. It came up with recommendations and conclusions to coalesce the fragmented efforts in the health research system. This requires the Philippines health research system to collectively direct the future goals and paths of the health research system. In 2003, important measures have been taken to work towards a more effective and efficient health research system.

The Philippine National Health Research System

There are two major policy-making bodies in the Philippine health research system: the Philippine Council for Health Research and Development (PCHRD) of the Department of Science and Technology (DOST) and the Health Policy Development and Planning Bureau (HPDPB) of the Department of Health (DOH). They play critical roles in the functioning of an effective and efficient health research system. Their agreed upon work scheme is that PCHRD deals with biomedical research and product development while HPDPB focuses on applied research geared towards improving health care and service delivery. This needs to be communicated to the constituency,

which PCHRD and HPDPB serve. Likewise, their objectives being complementary, the management and financing of health research must remedy the overlapping activities and persistent duplications in order to improve the efficiency in the use of the country's limited resources.

Recommendations of the assessment

One over-riding message emanated from the assessment: one agency should be responsible for running the health research system as one entity. The need to synchronise health research, policy and action in the Philippines led to the signing of a Memorandum of Understanding (17 March 2003). The expected outcome was the creation of a unified health research policy and action capable of directing all health research efforts in the country. The focus was on areas such as: resource generation, research management, capacity development, advocacy and research utilisation, monitoring and evaluation and research ethics. It was further recommended that the Governing Council of the PCHRD be strengthened to serve the interest of the Philippine National Health Research System. During the Fourth

Health Research for Action National Forum (August 6-7, 2003²), the results and recommendations of the assessment of the country's health research system were presented, including the PNHRS structure. To translate the provisions of the Memorandum of Understanding into action, draft implementing rules and regulations (IRR) were prepared. The latter specify the full content of the programmes, projects and activities; responsibilities and commitments of parties, to create a coordinated and effective Philippine National Health Research System.

The structure of the Philippine National Health Research System (PNHRS)

The principles of the PNHRS are based on those of the Essential National Health Research strategy - inclusiveness, participation, quality, equity, efficiency and effectiveness. With these in mind, it has three goals. First of all, it aims to come up with a coordinated and coherent research agenda which connects to, and converges with, the wider health, economic, political, educational and S&T systems of the country. Secondly, it is looking towards generating, enhancing and using knowledge to improve the population's



Dr Somsak Chunharas, Chair of the COHRED Working Group on national health research systems.

1 PCHRD deals with biomedical research and product development while HPDPB focuses on applied research geared towards improving health care and service delivery

2 See <http://www.healthresearch.ph/healthforum2003>



Dr Manuel Dayrit (Secretary of Health) receiving a token from Dr Aligui.

health status, with emphasis on equity. Finally, it is aspiring to improve the accountability of research (and researchers) to individual rights, local and national priorities, and global needs.

The more specific objectives include the development of a framework for the PNHRs, its components, governance, coordination and relationships. In addition, it also aims to develop a unified health research agenda based on the defined priorities of the health sector. A third objective is the mobilisation of resources, and maximisation of the participation, of PNHRs partners, constituencies and their networks by developing capacities for knowledge production, use and management; research management and financing. Finally, it plans to provide a platform for discussions for multi-sectoral groups and various stakeholders to participate in the development and strengthening of the PNHRs.

All stakeholders in health and health-related systems in the country are involved in the PNHRs. The PCHRD Governing Council³ is the policy-making body of the PNHRs. The latter was recognised through the signing of the Memorandum of Understanding between the Department of Science and Technology and the Department of Health. A core group met in July-August this year to brainstorm and help establish

the Philippine Health Research Forum (PHRF), a stakeholders' discussion platform with inter-organisational technical working groups, and one of the mechanisms of the PNHRs.

The key areas of work of the PNHRs

A network of resource people, study groups, technical working groups and organisations within the System will be the basis for undertaking the work of the PNHRs. Certain key areas of work have been identified as follows:

1. *Capacity Building* for knowledge production; use and management; research management and financing.
2. *Research Management* including unifying the national health research agenda; evaluating and monitoring research programs and projects.
3. *Research Utilisation for Health Gains*, ensuring accessibility of research results for use in policies, public health programs, and development of health products and services.
4. *Ethics*, ensuring that research adheres to ethical guidelines, and that ethical evaluation are institutionalised within research organisations.
5. *Resource Mobilisation* to meet the requirements for human, physical and other resources to sustain knowledge generation and utilisation.
6. *Monitoring and Evaluation (System)* to continually assess the growth and performance of the System in accordance to the goals it has set for itself; as well as to ensure that it (PNHRs) captures, and responds to, the changing needs of its constituencies.

In addition to these key areas there is a seventh over-riding component – **advocacy**. It was decided that this



Dr Gemiliano Aligui presenting the key-note address on the PNHRs.

should not be a separate component. Instead, it should be incorporated into the six components to emphasise the importance of building up awareness of research as a key contributor to bridging health inequities and to the national agenda in general.

Conclusion

Beyond improving the coordination of health research, the establishment of a “national health research system” is expected to encourage the private sector to increase funding as well as cooperation for better Filipino health and welfare. The private sector’s current contribution towards research and development is very limited. This is an area which needs to flourish as the government is having difficulty in increasing its funding. New financial contributors are therefore necessary to implement the PNHRs’s objectives. Finally, if the PNHRs can be shown to be the “binding spirit” for effective and efficient governance, the international community will see that Philippine health research is worth the investment.

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3 It was established through Executive Order 784 (1982), and reaffirmed by Executive Order 128 (1988).

NOTICES

Conferences

Bridging the gap: research and values to policy and practice

*Melbourne, Australia,
November 16-19, 2003*

The ethics and philosophy of health financing

*Melbourne, Australia,
November 15-17, 2003*

In November 2003, the Royal Australasian College of Physicians and the Health Services Research Association of Australia and New Zealand will hold their conferences concurrently for the first time.

This collaboration provides clinicians, health services researchers, health policy-makers, and health professionals with diverse interests in health services provision, with the opportunity to exchange views and experiences with peers and colleagues, both regionally and internationally.

For more information please contact:

The Meeting Planners

91-97 Islington Street
Collingwood VIC 3066
Australia

Tel: + 61 3 94170888

Fax: + 61 3 94170899

Email: thirdhealth@meetingplanners.com.au

Website: <http://www.healthservicesconference.com.au/>

Towards equity in education, training and health care delivery

*Newcastle, Australia,
October 11-13, 2003*

The Network: Towards Unity for Health (The Network: TUFH)

The conference will address the challenges that confront health care provision and health professional education in a situation of inequity. The primary goal of the conference is to explore ways in which innovative approaches by academic health institutions, through their educational, service and research missions in collaboration with community partners, can address priority health problems in their target communities.

For more information please contact:

The Network

Email: secretariat@network.unimaas.nl

Website: <http://www.network.unimaas.nl/australia/index.htm>

Health Research at the Forefront of Health Sector Reforms in Thailand

During the 1990s, a series of studies were carried out to assess the Thai health policy. These studies indicated that the existing health system was not in a position to cope with the emerging health crises. The main challenges identified were: a rapid increase in health expenditures, imbalanced economic development resulting in social inequalities and important reliance on imported health technology. To respond to this emerging crisis, the Thai government began a process to radically reform the health system (this was approved by the cabinet in 2000).

The Health Systems Research Institute (HSRI) was entrusted with the task of establishing the Health System Reform Office, which would act as secretariat to the National Health System Reform Committee. The latter would be under the chairmanship of the Prime Minister. This set-up ensured an evidence-based health sector reform process. The aim was to develop a National Health Act within three years as a gateway towards the envisioned health sector reform.

Obstacles in the health research system

In addition to the ongoing health sector reform process, there are other issues related to the health research system which require consideration. These include:

Insufficient and inefficient use of health research investment

In 1996, the government expenditure for research was 0.13% of the GDP, of which only 3.4% was allocated to health research. Out of these limited resources, only a small fraction of them

have been used to address priority health problems. Moreover, researchers and research institutes rely on external funders who do not necessarily have agendas which match the national priorities. In addition to creating an unhealthy dependency on external funding, it has also meant that research does not respond in an optimal way to the demands of the Thai health system.

Inadequate research capacity

Career opportunities are better defined for those working in the health services than in health research. This has had repercussions on how health research is conducted. It has resulted in health personnel undertaking most of the research, by devoting a small fraction of their time to research issues which interest them or can lead to promotion (there is little interest in continuity). Such a system does not facilitate sustainable and continuous efforts to conduct research that addresses key health problems. In addition, it does not really pave the way for durable interdisciplinary collaboration.

Lack of culture for evidence-based decision-making

Knowledge from developed countries has traditionally been imported into the different levels of the health system, such as policy-making, health services and manpower development. To improve the relevance of research to health needs, it is essential to collaborate with the potential users. This collaboration needs to be developed at all stages of the research process, from research planning to the drawing of conclusions.

Weak research management

In 1999, the National Research Council sponsored an evaluation of the health research system. It illustrated that the majority of research institutions have not sufficiently developed their own infrastructure and manpower to efficiently manage the entire research process.

These obstacles have seriously limited advancements in the Thai health research system. The draft National Health Act¹ addresses these issues and proposes ways to revise the health research system. Meanwhile, the HSRI has developed a proposal to amend the Health System Research Act. It aims to create a new infrastructure to look at the broader health research agendas. This will ensure that the new health research system provides evidence-based knowledge for the health system.

The need for a new health research system in the health system reforms

The health research system has the potential to play an important role in supporting the reforms that have been proposed for the health system. However, to ensure the health research system's effectiveness in supporting and strengthening the health system, certain of its key components need to be addressed. They include: enabling the health research system to respond to the health system's demands (improving evidence-based decision-making); improving its coordination, governance and management; and ensuring its continuous evaluation.

Having recognised the importance of addressing these components, the draft National Health Act proposed to establish a new mechanism as well as a series of measures to attain a new health research system that can better tackle some of these issues.

Accounting for civil society's needs

The health research system has the difficult task of stimulating research in a variety of disciplines, while responding to national demands. Thus, the government sectors should also respond to the demands of civil society in order to develop effective public policies. An independent mechanism, namely the National Health Research Committee, has been proposed (in the draft legislation) to ensure optimal collaboration. The health research system should receive, as an absolute minimum, 3% of the government's health expenditures. However, to maintain sound scientific principles and objectives, the collaborating mechanism needs a certain level of independence from the higher administrative levels.

Governance of health research

The governance of health research is responsive to four evolving issues: rapid technological change to avoid increasing inequity (i.e. the rich have access to better care, while the poor have less access or the same); increasing the evidence-base of the health system by promoting a research culture; resource mobilisation for health research in times of decentralisation and public sector reform; underlying values such as equity and ethics. To address these issues, it is necessary to have a multidisciplinary national health research committee.

Improving knowledge management

By improving knowledge management in health research systems, there will be a more efficient and effective utilisation of knowledge. This will be achieved through the involvement of all stakeholders, network management (improve the use of scarce resources through sharing), and

monitoring and evaluating the implementation of research.

Continuous evaluation

It is necessary to undertake a continuous evaluation of the health research system to monitor its evolution. A number of key indicators have been developed to facilitate the transition of the health research system in the coming decade.

Conclusion

Through its process for improving the health system, the Thai government has realised the importance of having a functional health research system. The latter is at the centre of creating a health system which is evidence-based, addressing the needs of the most disadvantaged groups, setting relevant priorities and so on. Although there is still a lot of work to be done, the acknowledgement of the importance of health research has been a big step in the right direction for the national health reform movement.

This article is based on a paper written by Dr. Wilput Poolcharoen.

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¹ It will be submitted to the cabinet and parliament for final approval in the coming months.

NOTICES

Conferences

**Third International Conference
of the International Society for
Equity in Health**
**June 10-12, 2004, Durban,
South Africa**

**“Pathways to equity in health: using
research for policy and advocacy”**

The Third International Conference of the International Society for Equity in Health will be hosted by the Health Systems Trust (a South-African based NGO); the Southern African Regional Network on Equity in Health (EQUINET); and the Global Equity Gauge Alliance (GEGA), an international consortium of initiatives to support health equity. The meeting will bring together researchers, policy-makers, practitioners and other concerned with equity in health and the development of an international agenda for governments, universities and organisations all over the world.

Key dates:

Deadline for submission of abstracts:
December 1, 2003

Deadline for submission of financial support
applications: December 1, 2003

Deadline for early registration: April 1, 2004

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Snapshots of a Training Workshop on National Health Research Systems development

The Kazakhstan School of Public Health (KSPH) and COHRED organised a training workshop in Almaty (Kazakhstan, 16 -18 June 2003). Twenty-four health scientists and policy makers from four Central Asian Republics (Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan) and Azerbaijan attended the workshop. In addition, numerous international organizations, actively involved in activities to strengthen the health sectors in the region, were invited.



Participants at the training workshop in Almaty

One of the main aims of the workshop was to enhance the understanding of the Essential National Health Research (ENHR) strategy. It also emphasised the role of health research in health development (including health sector reform). During the workshop, the needs and opportunities necessary for strengthening health research systems in these countries were identified.

The workshop resulted in the development of plans of action for each country, focusing on issues such as improving collaboration amongst institutions, (re)defining a health research agenda and improving the utilisation of research in decision-making. The country teams took it upon themselves to implement the plans of action and seek innovative partnerships to achieve them.



Prof Maksut Kulzhanov - Dean of KSPH and COHRED Board Member.

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This issue of **Research into Action** was compiled by: Lucinda Franklin, Sylvia de Haan and Lisa Myers

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