

# WORKING GROUP ON PAHO IN THE 21ST CENTURY

## WORKING DOCUMENT

MINISTRY OF HEALTH OF CHILE  
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### SCIENTIFIC RESEARCH FOR HEALTH IN THE COUNTRIES OF THE LATIN AMERICA AND CARIBBEAN REGION

#### **Introduction:**

By 1987, the World Health Organization had already established the Commission on Health Research and Development (COHRAD), an international commission whose purpose was to analyze the status of research in the health sciences in the developing countries and to issue recommendations for action. At the conclusion of its mission, the Commission found a “*gross mismatch between the burden of illness, which is overwhelmingly in the Third World, and investment in health research, which is overwhelmingly focused on the health problems of industrialized countries.*”

Thus, it was seen that many developing countries neglect the research needed to furnish policymakers with information to improve the effectiveness of actions in health. Accordingly, the Commission recommended in its conclusions that “*all countries should adopt Essential National Health Research (ENHR), an integrated strategy for organizing and managing health-related research.*”

As we know, the concept “*essential*”, in this case, has at least two broad meanings, a) Development of substantial, primary, relevant health research for decision-making in health to benefit the health of the national population; and b) Use of the full range of scientific disciplines that together contribute information to improve the health of the population, among them epidemiology, the clinical sciences, the social and behavioral sciences, biomedical research, health systems research, health economics, and public policy analysis. ENHR is not considered a particular type or methodology of research, but a process whereby a country can direct its research toward its most pressing health problems.

The innovative aspect of this strategy is its emphasis on addressing priority health problems in an integrated manner, using the full range of appropriate methodologies available in an effort to directly link health research with health action.

In 1993, the Council on Health Research for Development, COHRED, was created as a nongovernmental organization linked to the United Nations Development Program (UNDP) and the Trust for the Americas Foundation, whose objective of promoting the development of Essential National Health Research has achieved significant results in countries in Africa, Asia, Eastern Europe, the Caribbean, and some Latin American countries.

More recently, in 1998, the Global Forum for Health Research, with headquarters in Geneva, was created. Its objective is to work to reduce the so-called “10/90 gap” resulting from the finding that, of the US\$70 billion spent globally each year for health

research, only 10% of it is really devoted to trying to solve 90% of the health problems of the world population.

Thus, the concern about appropriately orienting health research is not a new global issue; on the contrary, it revives the old debate about the importance of scientific research and its relevance for national public health, an area in which the Latin American countries focused so much of their efforts.

The issue of the relevance of research conducted in the countries is not new either. In England, for example, this issue has been called *relevance-based research vs. convenience-based research*, and in Latin America it is commonly called *curiosity-based research vs. need-based research*. Both designations refer to the same issue and attempt to answer the same question: What is more urgent for a poor country: to conduct research that contributes to universal knowledge, or to intensify the research necessary for solving local problems?

This is a debate that is unlikely to be resolved, as there is probably no single response to this question. We believe that the best thing is to develop both lines of thinking, ideally seeking a balance between the two to bolster the technical ranks in different disciplines that can eventually make a real contribution to solving emblematic public health problems.

There is no doubt whatsoever that research in the health sciences is essential for the design of health intervention policies. This is clearly visible in the developed countries, which today can boast enviable health indicators after orienting their scientific research during the postwar period to solving the most urgent health problems through, for example, the creation of the National Institutes of Health in the United States, the Medical Research Council in the United Kingdom, the INSERM in France, and the IDRC in Canada.

As we know, scientific research in the Latin America and Caribbean region is inevitably ruled by the interests of local financing agencies, government policies, institutional interests, personal interests of researchers, individual skills, the interest of associations of researchers that make it possible to establish intersectoral cooperation agreements or gain access to international financial resources by proposing projects for funding.

We can conclude almost without fear of being mistaken that the majority of countries in LAC have no explicit policies to orient research in the health sciences as needed by the national situation. Nor is it too much to state that our countries have not yet developed effective mechanisms to directly link the results of experiments conducted by the local scientific community with the health authority in order to generate health policies based on timely, reliable scientific information.

Notwithstanding, in every country of the Region there has been some degree of development of the personnel, infrastructure, equipment, and necessary expertise to contribute through the basic and applied sciences to an improvement in the health of their respective populations.

In the case of Chile, recognizing that the existence of a certain level of excellence attained by the country's research in science and technology, expressed in publications and the number of citations of these publications in indexed journals, or measured by

the numerous research projects awarded in national and international competitions, has made it possible for government policies to promote more and better scientific research in priority areas for the country, the health authority has also opted to take better advantage of this development and put it to the service of the health sector reform process.

In fact, in recent years the Ministry of Health has developed the strategy of orienting the health science research that the country needs and is working with scientific societies and the state agencies that finance scientific research to develop research of interest to the health sector.

In order to achieve this objective, it has developed the following instruments:

1. The National Health Research Council (CONIS), chaired by the Minister of Health and comprised of representatives from all the traditional medical schools in the country distinguished for their scientific merits, representatives of CONICYT (the country's principal research financing agency), and Ministry of Health authorities. The specific mission of this Council is to construct the national agenda of health research topics to promote applied research financed by the Chilean government.
2. The National Fund for Health Research and Development (FONIS), created through an agreement between the Ministry of Health and the National Commission for Research in Science and Technology, CONICYT. This Fund finances scientific research in health whose results contribute directly to public health decisions and the formulation of national health policy. This Fund's first public call for proposals elicited more than 700 research proposals from the country's scientific and medical community, which are currently being evaluated to determine which will be funded. This event, which is just one example of a more general strategy, shows that there is a wealth of scientific potential, institutional capacity, and human resources whose talents and skills, if properly nurtured, can be put at the service of public health to the benefit of the most disadvantaged sectors of our society or deal with emerging health situations that call for integrated,, timely solutions.

We believe that if this experience is successful in one country, it is perfectly replicable in others to solve local problems or the problems of the Latin America and Caribbean region with support from the Pan American Health Organization through the Working Group on PAHO in the 21st Century.

### **Proposal for the WORKING GROUP ON PAHO IN THE 21ST CENTURY**

As Dr. A. Pellegrini points out in his book, *Ciencia en pro de la Salud* [Science for Health] (PAHO Scientific Publication No. 578), one of the most serious problems in organizing scientific activity in Latin America and the Caribbean is the gap between the knowledge production process and the use and dissemination of that knowledge. The weakness in the chain of transmission between the two processes is what leads to the limited social legitimacy of research and the relative isolation of researchers from the rest of society. Dr. Pellegrini also notes that most of the time, science and technology policies in the Region are based fundamentally on the supply of financing for researchers and projects, with no connection to the dissemination process or impact on the use of the results.

Here, we believe it necessary to thank PAHO for its efforts to disseminate the information produced by the countries in the Region, using new communication technologies to narrow the gap between the producers of knowledge and public health policymakers. Especially important have been achievement of the Latin American and Caribbean Center on Health Sciences Information (BIREME) in São Paulo, Brazil through the following databases: Latin American Literature in the Health Sciences (LILACS), which indexes some 600 periodical titles from the health sciences in the Region; SciELO (Scientific Electronic Library Online), where 11 Brazilian and three Chilean journals are already available; and the CV-LAC Program, which contains the résumés of Latin American and Caribbean researchers.

All of these efforts are remarkable. However, in our opinion, a harmonized, integrated strategy is needed to improve operations research, offer incentives for educating human resources for health research, and, most importantly, promote the development of agendas of priority issues to facilitate the definition of national health research policies.

The following future actions are proposed:

1. Generate the necessary mechanisms to promote the development of applied scientific research in the Latin American and Caribbean countries to meet local needs (Essential National Health Research), taking advantage of the existing work force.
2. Develop information sources on opportunities for financing health research, (revitalize the OFIS program)
3. Create mechanisms in the countries to finance studies on the national situation in health science research to determine the status of scientific production in health in each country and LAC as a whole.
4. Create mechanisms in the countries to promote health science research that contributes to an improvement in public health--for example, fellowships or a national award from PAHO/WHO for relevant research in every country or for the LAC region.
5. Generate mechanisms in the countries to encourage human resources education for health science research in the area of applied health sciences. These programs should extend to all members of the health team who contribute as professionals or technicians to applied health research.
6. Promote the establishment of local funds that will permit the necessary operations research for health in LAC.

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