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Health research in Latin America

Anastasia Moloney (Sept 26, p 1053)¹ identifies gaps and weaknesses in Latin America's health research, and indicates that integrated systems will help boost the amount and quality of health research produced in the region. We would like to highlight some recent developments, stimulated by the first Latin American Conference on Research and Innovation for Health² in Rio de Janeiro, Brazil, in April, 2008.

Since Rio, regional agreements³ and policies have been developed, and several countries have advanced the development of their research agendas and strengthened their capacities. For example: Paraguay is working towards a formal health research system; El Salvador has included a section on health research in its national health policy; Guatemala has established a coordinating office for health research within the Ministry of Health; and Uruguay has announced the launch of a sectoral fund for health research. Other countries are implementing strategies that strengthen coordination and communication, and are sharing and

learning from each other's experience.⁴ These topics, and advances since the conference in Rio, were reviewed in a meeting on Nov 15–16, 2009, in Havana, Cuba.

The Council on Health Research for Development (COHRED), and the Pan-American Health Organization (PAHO) are collaborating to support the strengthening of national health research systems in the region. The 49th Directing Council of PAHO approved on Sept 30, 2009, the PAHO Policy on Research for Health.5 The approval of this policy re-emphasises the need for a systems focus for research development in the region, and shows commitment by health authorities to providing adequate governance and stewardship. The political support provided by PAHO and its Directing Council (in which all Member States are represented) will further help advance research in the region. Furthermore, COHRED and PAHO are working with countries in the region to use management and benchmarking tools such as Health Research Web to provide access to information and to facilitate exchange on national systems for health research.

We declare that we have no conflicts of interest.

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Anastasia Moloney¹ reports on the overall difficulties faced by health research in Latin America.

During the late 1960s, the Chilean acknowledged government national need for research and development and created CONICYT—a funding agency that has allocated substantial efforts and funds to support competitive science in our country. However, most of the funding provided by CONICYT for health research is currently directed towards basic mechanisms of disease and led by an increasing number of academics with no medical training.2 Furthermore, new science and technology centres of excellence are essentially dedicated to basic biomedical research. This situation has negatively affected the relative contribution of physician scientists, particularly those focused on clinical and public health research, who are becoming an endangered species in our academic environment.

To amend these circumstances, the Ministry of Health and CONICYT launched in 2002 a new health research initiative: the National Fund for Health Research (FONIS), a programme with separate allocation of resources aimed at strengthening investigation in health knowledge and technology relevant for our country. This change in the research political agenda is defining new scientific priorities, supporting new training opportunities, and providing research funding focused on significant health problems that afflict our population.

We praise the vision of key governmental and academic players that have redefined the national health research map, which must increase the amount, quality, and local impact of health research in Chile and could be used as a model for other countries within our region.

We declare that we have no conflicts of interest.

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