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Research and health for all

Before 1990, all Member States should have formulated research strategies to stimulate investigations which improve the application and expansion of knowledge needed to support their health for all developments.

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The Working Group was organized by the Netherlands Ministry of Welfare, Health and Cultural Affairs in collaboration with the WHO Regional Office for Europe. It was attended by 20 participants from 7 European countries, all of whom have been active in formulating and developing national health research policies.

The aim of the meeting was to enable the participants - who came from different social, political, organizational and cultural backgrounds - to exchange their experience of the processes and methodologies used to formulate and execute research policies and programmes. The discussion produced concrete examples of both the pitfalls to be avoided and the facilitating factors for research for health for all (RHFA) development in a wide variety of settings. This report is expected to be useful, therefore, for countries which are thinking of formulating national, regional or local RHFA policies and programmes.

Discussion

The Working Group recognized the importance of the rapidly evolving situation in Europe. Many policies and strategies need to be reappraised in the light of both the dramatic social and political changes taking place in eastern European countries and the moves towards unification across Europe in connection with 1992. These changes often increased opportunities and new mechanisms for collaboration in the research field. The meeting was an opportunity to reflect on the past and also to begin to consider the challenges of the future.

Representatives of the policy or research communities, and in some cases both, presented case studies, emphasizing similarities and contrasts. The discussions were organized under four main headings; health research policies and programmes; strategies and mechanisms for implementing research policies; multilateral research and cooperation; and challenges and constraints.

The country case studies revealed the wide range of responses to the production and implementation of research policies. There is clearly a widespread commitment to the importance of public health and health services research, clinical research and fundamental biomedical research as a basis for developing policy and shaping the future delivery of health services. However, views differed as to whether explicit research policies were required - and if so to what extent they should be linked explicitly to RHFA policies - or whether they should be contained within the ambit of health research policy in general.

While written research policies and programmes may be important in promoting new ideas, the experience of many countries shows that they are not enough by themselves. Adequate funding and research posts are needed if research is to be directed to new areas, and there are certain prerequisites (particularly personnel and human resources development, including research training, appropriate organizational support and communications, and funding mechanisms) if research policies are to be successful. Problems can also arise when research is not seen as a priority on the political agenda, or when political commitment to the implementation of research findings is lacking.

It is extremely important for countries to make full use of the expertise and experience of their research organizations, universities and other agencies. The difficulties involved in achieving the necessary coordination and collaboration between all the parties involved represent a challenge needing further action in the future.

The formulation and successful implementation of research policies ideally requires periods of continuity and stability. This makes the present a particularly challenging time, emphasizing the need to keep research policies flexible enough to respond to change, and also to provide opportunities for the reappraisal of priorities as circumstances change. This is perhaps especially difficult in health services research, where results are more specific to a local area and heavily dependent on organizational and structural factors. It is also extremely important to recognize the need to evaluate research and research priorities, and to build evaluation into the implementation strategy for any research policy.

Recommendations

The changes occurring throughout Europe imply stimulating new opportunities for collaboration between countries. Increasing use should be made of funding from the European Community (EC) for concerted research on particular topics. Extra support is also available to enable national teams to take part in concerted action, and non-EC members can also apply to join in. This makes it increasingly important to achieve maximum harmonization between the aims of EC and WHO policies and programmes: at present the Regional Office's HFA targets cut across several different EC programmes. For this purpose, the following specific recommendations are made to WHO:

- in reconsidering the 38 targets and the HFA strategy, the Regional Office for Europe should take into account the desirability of achieving close harmonization between its framework and that used by the EC;
- WHO should try to enter into a debate with the EC on research policies, at the same time taking the opportunity to make sure that the latter fully reflect the changing situation in Europe.

As to topics for international collaborative research, the Working Group directed attention to the need to develop health services research and to examine the dynamics of public health programmes in different countries. Research is also required into the implications of the changes due in 1992 for health services in the countries concerned.

While the EC will thus provide interesting opportunities for the future in terms of support to research, the Group also stressed the importance of using and including other groupings of European countries as fora for debating researching priorities and facilitating collaboration, for example the Nordic Council, the COST³ countries, and so on. A specific recommendation to WHO is to recognize this possibility and to develop its relationships with these groupings.

The Group also recommended that WHO should continue to identify, facilitate and directly support the training of researchers. It was felt that

³ European Scientific and Technological Cooperation, Commission of the European Communities.

WHO has a special role to play in continuing to build up training both for health services research and research into health education, health promotion and healthy public policy, as there are few training opportunities in these areas. A related recommendation was that WHO should continue to reorient medical education so that it reflected the importance of health promotion and of health services research.

Finally, the Working Group recommended that more attention and effort be directed in future towards disseminating and using or implementing research findings, particularly those not fully reported in the literature. Many different national and international bodies, including research organizations and institutions and funding bodies, should play their part in this, and WHO should develop its programme in this area.