

with different but also valid criteria, will require a specific and not always easy learning process for committee members and administrative officials, and changes in operational rules may prove necessary. Also, the monitoring and impact evaluation of the approved projects and the translation of knowledge into new health policies have been a challenge in all contexts where this type of research policy has been proposed, and it takes time, policy sustainability, and shared responsibilities among researchers, policymakers, advocates, and citizens in order to produce real changes.

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Having made a very small contribution to the pre-conference texts referred to by Guimarães et al., nevertheless I am inevitably part of the process very appropriately described in their paper. I am proud to state that I will never be able to sneer at the process or claim that I was not consulted.

The organization and implementation of the 2<sup>nd</sup> National Conference on Science, Technology and Innovation in Health was truly an impressive undertaking, and there is little left to comment on, apart from words of praise for those in charge.

What should be under continuous and permanent discussion is the policy, or policies, emerging from the process. As can easily be inferred from the paper by Guimarães et al., the development of a national policy (or agenda) for health research in Brazil did not begin re-

cently, nor can it be given a "date of birth". The Brazilian establishment for research in health-related topics dates back more than a century.

Although many generations of scientists gave come and gone, there really was no national consensus on the agenda to be followed, so that priorities followed individual, institutional, or pressure group interests. Thus the effort by Guimarães et al. has been needed for a long time. However, this necessity should not be seen as a beginning, as their paper sometimes implies, but as a milestone in a long historical process.

Creating a national research agenda by consensus, at least by majority approval, is no small matter, but it may prove to be a fruitless effort if not carried out with and within a receptive scientific environment.

This is what differentiates the present moment from others in the past. Guimarães et al. point out quite appropriately that scientific research in Brazil has grown exponentially, in quantity and quality, in recent years and in different areas, with health and agriculture as excellent examples.

A misguided idea would be to identify a single factor behind this growth. A multitude of factors, many emerging from conflicting interests, were responsible. More than a generation benefited (and still benefits) from government financing of graduate and post-graduate studies abroad as well as financing for research and infrastructure in Brazil. The policies governing these grants have been criticized on several occasions, often for good reason. Even Brazil's sadly remembered military governments help shape the scientific and public health communities of the present.

All this makes the early 21<sup>st</sup> century a prime moment for setting a national research agenda. The agenda finds both a solid and growing scientific establishment and an expanding national health system in dire need of science-based guidelines. In addition, the economic stability achieved by Brazil makes way for the necessary long-term funding of the research outlined in the agenda.

Another important issue stated appropriately by Guimarães et al. is the definition of a clear role for the Ministry of Health in conducting the process of formulating a national research policy and guaranteeing its financing. This should not be seen as mere inter-institutional bickering or as an attempt to step into the shoes of the Ministry of Science and Technology, the country's main overarching research funding agency, or the Brazilian National Research Council (Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq).

Health is on the topmost list of priorities of any modern society and is seen as a determinant, and not only as a result, of economic and social development. It is also one of the top priorities of international economic agencies like the World Bank. In many industrialized nations, health research is managed by dedicated institutions, like the National Institutes of Health in the United States or the Conseil National de la Recherche en Santé in France.

Health should not compete with other scientific disciplines for a piece of the research funding pie. A modern health system, particularly a universal one like that of Brazil, a country fighting to cross the bridge from a low-income to a high-income economy, thrives on research, as science-based guidelines are crucial to achieve the goals of truly universal access to the benefits of a health system, as well as eradicating poverty-associated disease.

Reaching a consensus on a research agenda is an important milestone, but this will only become a turning point if the Ministry of Health does its homework.

Research in many areas of health is not an easy matter. Publication and grants is what makes the academic world tick. For that matter, basic laboratory-based research is much more effective, as it yields a more abundant and glorified amount of papers, and usually in less time. Thus, the current *modus operandi* of most funding agencies and universities, nationally and worldwide, is biased towards this aspect of research, perpetuating the process.

A crucial role for the Ministry of Health is thus to make other less glamorous areas, like clinical and operational research, equally attractive to researchers, who must be assured of continuous support, not only for a short project, but to be able dedicate their careers to much needed areas of research. The Ministry of Health must instill confidence in the research community, attracting the most brilliant and promising of the young researchers.

The road map has been drawn, to a great extent by the effort of Guimarães et al. and a large contingent of anonymous supporters. Now is the time to pave and signal the roads, clearly indicating where they should lead, and assuring that the journey, albeit long and arduous, will be safe, productive, and – why not? – pleasurable.

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We wish to discuss two points raised in the author's paper: (a) Brazilian scientists have extensive experience, expertise in medical and biomedical research, and certainly research results that may be applicable to the Unified National Health System (Sistema Único de Saúde – SUS). Is the Ministry of Health using this academic knowledge, developed by scientists in public universities and institutes and sponsored by the Brazilian National Research Council (Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq) and other research support agencies to improve SUS medical care? (b) Since 2003 the Ministry of Health has been playing a central role in structuring national efforts in health research, and is it possible to evaluate the impact of its efforts only two years later? What has changed since then?

Traditionally, Brazilian academic research results have not been used in national government policies. To illustrate this point, it is worthwhile to remember the case of the Integrated Program for Endemic Diseases (Programa Integrado de Doenças Endêmicas – PIDE) created and supported by the CNPq and linked to the Ministry of Science and Technology in the 1970s. Most of the research reports submitted by scientists to National Research Council failed to reach or were not analyzed and discussed by the Ministry of Health. Nevertheless, PIDE must be considered a successful program, by significantly increasing the number of scientists and research projects in endemic parasitic diseases such as Chagas disease, leishmaniasis, schistosomiasis, and malaria.

Another historical example can be cited: in 1949 José Pellegrino and Emmanuel Dias sent a telegram to the Minister of Health, Mário Pinotti, stating very effusively that it was possible to control Chagas disease by spraying houses with pesticide. No sooner than 30 years later, the Ministry of Health launched a national Chagas disease control program, which proved to be a complete success after 10 years of continuous work.

When the National Program for Schistosomiasis Control (Programa Especial de Controle da Esquistossomose – PECE) of the Ministry of Health began in 1975, most of the scientists working in the field, even though recognized nationally and internationally as experts, were not called on for advice, and when these scientists made suggestions and recommendations, they were not taken into consideration.

Nevertheless, the experience acquired by Brazil in the last three decades shows that the diagnosis and treatment of schistosomiasis can