communication means more than the mere transfer of information. The ideal process, which is socially superior to other forms of human action, is what Habermas termed "*communicative action*" [2]. While the analysis of communicative processes means leaving behind linear models, the goal to derive strategies to improve the use of research results in health policy decision-making may not be as distant as under the application of a more remote paradigm. After all, the research-to-policy transfer can even be interpreted as communication in its most basic sense, namely as a process of conveying information. Effective communication is what we would like to see as a result: an impact on policy formulation and implementation.

When policy research is perceived as threatening by policy-makers, when researchers do not get their messages across to policy-makers, and when basic research is not considered relevant by policy-makers, then communication is not effective. The underlying communicative processes need to be analyzed. Recommendations from the research-to-policy literature on the right format of easily digestible research findings or on engaging with advocacy coalitions only tackle the symptoms, not the root causes for the failure to communicate effectively between the two spheres.

The commodification of internationally streamlined research and the standardization of tools and output formats in the interest of supposed quality management do not necessarily contribute to developing an atmosphere conducive to effective communication between policymakers and researchers at a national level. An increasing amount of research commissioned by health authorities and international organizations may affect the self-image of the researcher and thereby jeopardize effective communication from the outset.

Almeida & Báscolo spark off a cascade of insights into the reasons of successes and failures of the use of research results in health policy decision-making. Ultimately, the degree to which research will be considered in health policy depends on researchers being able to effectively provide counter-evidence to the widespread proverbial belief that it is not the same to talk of bulls as to be in the bullring.

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In a study carried out in eight Latin-American and three European countries, the NEVALAT Project group showed that the decision-making process for different issues in the health system (reimbursement for new drugs, resource allocation, provision of public health interventions, inclusion of services in health insurance packages, adoption of new technologies) is based not on research, but primarily on political criteria, historical records, geographical areas, and specific groups of patients and diseases [1]. The authors emphasize the need for a clear understanding of the research-to-policy process. The paper by Almeida & Báscolo provides a critical update of the literature on this process, and the authors highlight the complexity and non-linearity of research use for decision-making and policy formulation processes in the health sector.

The authors have tackled numerous relevant issues that deserve academic and theoretical analysis, but I will limit my comments to just a few. As the paper states, there are several barriers preventing research results from influencing decision-making and policy formulation. One is the chasm between scientists and policy-makers, due both to "mutual intellectual disdain" (science is sometimes viewed as authoritarian and triumphalist [2]) and a lack of reciprocal knowledge and understanding. Policy-makers have rarely related to science: according to Carl Sagan, less than 1% of Members of the U.S. Congress have any scientific background [3]. Meanwhile, researchers are unfamiliar with the political world, where research is merely "another view" according to politicians, who must also take social, economic, and political factors into account during policy-making, an attitude that is not always understood or accepted by scientists. In addition, as the authors state, the timing of the two processes (research and decision-making) may not coincide, and research results are not immediately available on request by policy-makers. Scientists should also

be aware that results can take time to reach the paths for translating evidence into policy: regulatory mechanisms (occupational health, environmental quality), public health recommendations (immunization, smoking), the legal system (causation of injury), and health care delivery (guidelines, outcome assessment) [4].

One point missing from the paper relates to methods for measuring the success of using research results for policy-making. Information for policy or decision-making processes comes from many sources, including research results. In some cases the association between results and decisions can be straightforward (as in the case of the rational approach mentioned in the paper), but in other cases measuring the contribution of results can be cumbersome.

Another issue approached by the authors is the interaction between policy-makers and researchers. They emphasize "moments of opportunity" and draw on the literature to identify facilitating and constraining factors for such interaction. In a recent experience in five Latin American countries in a project funded by IDRC/PAHO, we identified some requisites that facilitate interaction between the two groups for development of the proposal and consolidation of research teams in order to influence the decision-making process before, during, and after the research.

In two projects, the decision-maker was in charge of implementing the health sector reform, and there was thus a clear interest and priority for the proposal at the highest level of government, and hence the need for results to support decisions. Another facilitating factor was prior and long-lasting relations between research centers and government agencies, but also prior personal relations. Both contributed to establishing research teams for developing proposals.

To be successful, participation should accompany the project from the beginning, when questions are raised and priorities are set and research questions must coincide with clear political interest by government [5]. In such cases, we found that interaction between researchers and policy-makers facilitated the program's objectives.

I wish to congratulate the authors for their effort in synthesizing a highly relevant issue for the health sector and promoting discussion on how research should be used not only for academic purposes but also for improving healthcare and ultimately the population's health conditions.

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This article serves as a useful review of the theoretical literature concerning how research results are used in the policy process. The review emphasizes that this is a complex issue with many theoretical frameworks - to some extent depending on the discipline orientation of the scholars involved. These disciplines include public policy analysis per se, health systems (services) research, "theory of influence" analysis, political science, diffusion of innovation, and so on. The review, quite importantly, draws particular attention to the more recent thinking about how the "two communities" (research and policy-making) interact. This is a particularly promising addition to the theoretical understanding of how knowledge is used (or not) in policy-making.

This brief commentary puts forward three ideas: there are other areas of scholarship and experience, not highlighted in this review, that might be useful additions; there is increased global awareness of the "know-do gap" challenge - this offers special opportunities to apply current theoretical understanding to "real life" practical situations; and more specificity is needed in defining the agenda for future research, particularly related to the Latin American context.

Some other sources of scholarship and experience

This challenge of how knowledge (research "evidence") can be translated into policy has captured the interest of groups around the world. Here are two organizations whose work and experience might represent useful contributions to those referenced in the paper: