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Faculdade de Ciências Médicas, Santa Casa de São Paulo, São Paulo, Brasil. rita.barata@fcmscsn.edu.br The article by Guimarães et al. is important because of the simple fact that it reports in a little more detail than usual on the process of drafting, approving, and implementing a national policy for science and technology in health and an agenda of priorities to go with it.

There are three points to be highlighted in these comments, in the sense of contributing to a highly relevant debate for the scientific community in the health field: the importance of having a National Policy for Science, Technology, and Innovation in Health approved and under implementation; the existence of a health priorities agenda; and the process itself of policy formulation, approval, and implementation described in the article.

The elaboration of a National Policy for Science, Technology, and Innovation in Health was a longstanding demand by the community. The issue is not merely our old bureaucratic habit of drafting documents that are fated for the bottom of a drawer. In the current case, setting a policy was seen as a tool to link the various stakeholders, give political visibility to the scientific and technological issue, orient the inter-institutional relations, and above all ensure the Ministry of Health's role as protagonist (along with that of the State Health Departments) in this field.

Many scientists and researchers may find this need rather odd, given that the research funding agencies and Ministry of Science and Technology are able to deal quite well with the support for the country's scientific and technological development. However, with the creation of the Unified National Health System (Sistema Único de Saúde - SUS), for health researchers, and especially for those in collective health, the strategic importance of the Ministry of Health and State Health Departments became increasingly obvious, in inducing research and scientific development focused on the Brazilian population's health problems and needs. The technological component, historically less developed and less stimulated in Brazil, was in special need of strong induction. The possibility of new funding for research and technological development in health was an element capable of justifying this relevant role as protagonist.

One of the key elements in the national policy would certainly have to be the drafting of an agenda of priorities. Although practically everyone agreed about the need itself, there was not much consensus about the best way to set an agenda without falling into the trap of listing a series of aspects that were of interest to the scientists convened for the task, or to make the mistake of listing diseases and health problems selected according to immediate criteria based on cost, magnitude, or severity.

Although the expanded priority-setting process resulted in an extremely broad range of topics, it had the merit of engaging social sectors that had never participated in discussions on this theme. While the operationalizaion was not easy, at least the effort resulted in a broad set of possibilities that provided the underpinnings for the work by the Ministry of Health's Department of Science and Technology (Departamento de Ciência e Tecnologia -DECIT), as reported in the current article.

The existence of this Health Research Priorities Agenda served to leverage the measures taken by DECIT, and in a short space of time contributed to a substantial increase in research investment and especially its allocation through clear and transparent mechanisms. The legitimacy provided by this highly democratic process in setting the agenda probably allowed the DECIT to streamline the resource allocation and to launch numerous bids and calls for projects, thus radically modifying the country's health research situation.

The collaboration by research funding agencies in this process was certainly another key element for the success of the undertaking and the fruition of the initiatives.

There are several other major obstacles to the process, but the number of projects funded in such short time is noteworthy. The limitations placed on the research field by the administrative rules proper to operating the health system need to be overcome in order to further expand and improve the results.

Finally, the creation of an agency to promote health research, a fundamental component in consolidating this effort, has still not proven possible. In the next four years we hope to be able to take this further step in the implementation of the National Policy for Science, Technology, and Innovation in Health.