

**A CALL FOR A BROADER FRAMEWORK FOR HEALTH RESEARCH IN CHILE**

In recent years, significant efforts have been made to improve health research in Chile. The government of Chile has funded a considerable number of research projects; however, most of them have been focused on basic scientific research, such as molecular biology or basic genetics (1). Acknowledging a lack of applied health research in the country, in 2003 the National Fund for Health Research (Fondo Nacional de Investigación en Salud; FONIS) was created. The purpose of FONIS is to promote health research that can be applied to health care decision-making, especially around the priorities identified by the Ministry of Health at the beginning of each decade (2).

Despite the efforts of FONIS to promote health research that directly contributes to informing health policymakers, the current process does not guarantee that research is being focused on the health authorities' questions, or that the results obtained are being used to support public health decisions. Currently, elements being considered by health policymakers in Chile include disease prevalence and burden and existing evidence regarding the efficacy, effectiveness, and safety of specific interventions and technologies. While these are aspects necessary for any health policy assessment, further discussion is needed on how to incorporate other aspects—such as opportunity-cost of health interventions and distribution of benefits across population subgroups—into the evaluation process.

Subsequent consideration of cost-effectiveness and equity constraints, along with evaluation of health interventions, are urgently required. In addition, new methodological approaches are needed to approach uncertainty with a more adequate framework for decision-making. Thus, probabilistic sensitivity analyses and value of information analyses should be systematically incorporated to address questions regarding which strategies ought to be adopted by the health care system and whether further research is the best use of limited resources (3).

Furthermore, it should be noted that health research in Chile is usually the result of academic work undertaken in universities, mainly supported by public funding and international non-profit organizations (4, 5). Nonetheless, a broader framework should con-

sider not only the information generated by academic institutions, but also what has been produced by the public and private health care systems, and the evidence supplied by pharmaceutical and medical device manufacturers. Health interventions require a standard process for evaluating available information including epidemiologic and clinical research, as well as economic evaluations, budget impact, implementation, and assessments of ethical and equity constraints.

Chile is a growing, middle-income country facing important challenges as it strives to become a fully developed nation. One of its key health care challenges is to adopt a broader, and more explicit, health research framework for evaluating evidence, understanding its consequences, and applying it to health policy. The strategies for achieving Chile's health objectives for the next 10 years will be written in the coming months. This is a good opportunity for introducing important changes that will impact health policy for the next decade in this country.

**Manuel Espinoza**

Department of Public Health  
School of Medicine  
Pontificia Universidad Católica de Chile  
Santiago, Chile

**Báltica Cabieses**

School of Nursing  
Universidad del Desarrollo  
Santiago, Chile

**References**

1. Paraje G. Public financing of health research in Chile. *Rev Med Chil.* 2010;138(1):36–43.
2. Ministerio de Salud de Chile. Objetivos sanitarios para la década 2000–2010, Resumen Ejecutivo. 2002; *El Vigía*, 5(15):5–411. Available from: <http://epi.minsal.cl/epidemiologia>. Accessed on 15 January 2011.
3. Claxton K, Posnett J. An economic approach to clinical trial design and research priority-setting. *Health Econ.* 1996;5(6): 513–24.
4. Stockins B. Health research in Chile. *Rev Med Chil.* 2000; 128(12):1389–95.
5. Norero C, Rosselot E. Clinical research in Chile: How to improve its worrying evolution? *Rev Med Chil.* 2001;129(3): 317–23.