RESEARCH CAPACITIES ON SOCIAL DETERMINANTS OF HEALTH IN COLOMBIA

NATIONAL MAPPING REPORT
SDH-NET PROJECT

“BUILDING SUSTAINABLE RESEARCH CAPACITIES FOR HEALTH AND ITS SOCIAL DETERMINANTS”

UNIVERSIDAD NACIONAL DE COLOMBIA
RESEARCH GROUPS

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INTRODUCTION – SDH-NET PROJECT

This report presents the results of the mapping of research capacities in SDH existing in Colombia, realized between the months of January and August of 2012 by the research group of the ‘Universidad Nacional’. This report aims to serve as a basis to analyze the necessities of strengthening and of construction of new capacities within the frame of the ‘National and regional strategic plan’\(^1\) and to define actions to take with the other members of the consortium.

In general terms, the research capacities are assumed as the abilities or skills that the researchers, the institution and the research system altogether have to produce and to set round relevant knowledge, define problems, establish objectives and priorities, build sustainable organizations and institutions and identify solutions to socially important health problems. This means that with this definition a set of processes and results of a “Know How” situated within the frame of the research system are being included, which politic and economic dimensions condition the capacities as such.

The methodology used to the realization of the mapping consisted of the study of the national scientific production on the subject, published between 2005 and 2011 and the social and institutional conditions that the national research system allows. This study used primary and secondary sources with support on the systematic revision of specialized data bases and of COLCIENCIAS\(^2\) platform (ScienTi\(^3\), which included the information of the research groups – GrupLac and researchers - CvLac registered on this platform); questionnaires, interviews, focus groups and national consultation meetings with the stakeholders of the research system. From the research system the policies and rules existing on health research were studied and in other areas related with the social determinants of health, the functioning and evaluation existent about the stated system in the country.

This paper is divided in five parts, in the first one the scientific production in SDH is analyzed, in the second part the National System of Science and Technology (SNCT)\(^4\), is described and analyzed, and the research financing in the country is studied. In the third part the analysis of the capabilities and gaps of research existent in the country is presented, to terminate in the fourth and fifth parts with the conclusions, facing the elaboration of the plan of action of the SDH-Net project.

\(^1\) This project is financed with resources of the European Union 7\(^{th}\) framework programme for, trough the German agency for international cooperation, GIZ. It pretends to build and strengthen the capacities of investigation on social determinants of health on a National level on six countries between the years of 2011 to 2015. This report was made by the ‘Universidad Nacional de Colombia’.
Is increasingly recognized, at an international level that considerable sums of money are invested to promote scientific and technological activities on SDH, however, very little is known about the benefits and social implications of this investment. It represents a challenge to revise not just the results of the production, application and transference of knowledge but also the process of production itself, because frequently the results of the research processes are studied through publications and activities of the academic communities. One of the most used measures is the number of published articles, especially when a bibliometric index, which represents only the results of the whole procedure of production of knowledge, is taken as a referent. However, these indexes have limitations (Alvis & De la Hoz, 2006); likewise the systematic revision of literature, as a method to obtain an overview of the scientific production on a subject and moment determined, is also a limited measure of the research capacities.

The limitations of these measures impede to analyze the research process in its different stages, the relation between the results of research and the research system as such. At the same time, they hinder the task of identifying the possibilities or deficiencies specific of the research system in the field of health or of the SDH. Is because of that that the information obtained from the bibliometric analysis is contrasted and broadened with the result of the study of other sources. There were personal and group interviews made to different stakeholders of the research system of Colombia and national consultation meetings on the subject.

For the identification of the scientific production about SDH, it a systematic revision on the literature on specialized data bases such as Pubmed, Medline, Embase, Lilacs and Ovid, was done. Two different reviewers, in an independent way, evaluated the pertinence and quality of the papers. Were included in the key words the following: Social determinants in health, social determinants and inequities in health, specific determinants (Ethnicity, social classes, type of affiliation*, gender, incomes, etc...)

The search into the data bases was guided in the following words and yielded the results mentioned later on.

In Lilacs registered (determinants OR determinant) AND (health OR disease) AND (inequities OR inequity OR disparity OR disparities OR inequalities OR inequality) AND (Colombia). In PubMed, ((poverty OR low-income OR socioeconomic* OR social OR socioeconomic status OR "socioeconomic factors"[MeSH Terms]) OR (difference* OR disparity* OR inequity* OR inequality*) OR (ethnicity* OR minority* OR racial OR cultural* OR aboriginal OR religious* OR indigenous OR refugee OR rural) OR ("vulnerable populations"[MeSH Terms]) OR ("vulnerable"[All Fields] AND "populations"[All Fields]) OR ("vulnerable populations"[All Fields] OR "disadvantaged"[All Fields])) AND ("Disease"[Mesh] OR "Health"[Mesh] OR "mortality"[MeSH Terms] OR "mortalities"[All Fields]) AND ("Colombia"[MeSH Terms] OR "Colombia"[All Fields]) AND "humans"[MeSH Terms]. In Embase: (determinants OR determinant) AND (health'/exp OR 'health' OR 'disease'/exp OR 'disease' OR 'mortality'/exp OR 'mortality') AND
Finally, in Ovid, it was done with the following: ((determinants or determinant) and (health or disease) and (inequities or inequity or disparity or disparities or inequalities or inequality) and Colombia).mp. [Mp=title, abstract, full text, caption text].

In Pubmed, Medline there were 295 articles obtained; In Lilacs, 5 articles; Embase, 22 publications; and in Ovid, 28, for a total of 350, from which 9 were duplicated, so it resulted 341, from which 112 were published between the years 2005 and 2012. From all articles revised, just 60 had full text and six of them had abstracts too. An article had neither abstract nor full text. Therefore, from this base there were finally revised 67 articles. (See fig.1)

It’s important to notice that to avoid the slant in the form of election of the researches for this study, there were selected additionally to the SDH, words such as equity and inequity.

**Figure number 1. Flowchart: Process of systematic revision and results of the search.**

To identify the Colombian scientific production about SDH an observational descriptive study was made (Grimes DA, Schultz K, 2002) about the information related to the research groups contained in the ScienTi-Colombia platform of Colciencias (Colciencias, 2012) during the first semester of 2012. For this, the base of the groups contained on the item ‘Platform Scienti-Colombia’ in the website of Colciencias was explored, that was under the criterion ‘Systems of Information’. ‘Services’ was selected and on the down screen the criterion ‘Groups’ was selected. Once selected, groups per program, per area, per institution, etc. appeared on the monitor screen; field of knowledge was chosen (Nine areas in total) (See fig.2). In each area the sub-areas were chosen and groups were revised in both the GrupLac (groups) and the CvLac (researchers) records from the platform of Colciencias (Colciencias, 2012).

**Figure number 2. Diagram of search and classification per area and sub-area of the groups registered in Colciencias and those who address SDH (Highlighted on red letters and circles)**
In Colombia there was an important increase, between 2005 and 2011, on the number of publications about SDH. An increase that reached a little more than 50%, although the number of research groups and researchers didn’t grow in the same proportion. The highest quantity of publications was made in 2009, with use of the Spanish language and was spread in national magazines. Among the principal topics of research figure the equity on health, the health systems and services of health and nutrition. The most frequently used method on these investigations is the quantitative method (48%). Is important to remark that approximately 20% of the studies used a qualitative method and on a lesser proportion they used mixed methods. In general, the empiric-analytic type of study prevailed. The most frequently studied population was the women, the people living with HIV-AIDS and scholars.

65 research groups were identified from which the majority works for public universities, with PhD training on 49% and Masters training on 42%.

Chart number 1. Relation of the nature of the institutions that endorse the groups registered in Colciencias 2005-2009

<table>
<thead>
<tr>
<th>Nature</th>
<th>2005*</th>
<th>2009*</th>
<th>Difference*</th>
<th>2012 (SDH)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>2684</td>
<td>3655</td>
<td>971</td>
<td>34</td>
</tr>
<tr>
<td>Private</td>
<td>2195</td>
<td>3366</td>
<td>1171</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: *Adapted from OCyT. Science and technology indicators. Colombia/Mónica Salazar et al. Observatorio Colombiano de Ciencia y Tecnología. 2010; **Plataforma Scienti-Colombia Colciencias 2012.
Chart number 2. Distribution of the research groups and researchers on the health area on 2005 and from the SDH on 2012.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Public Health*</th>
<th>Biomedical Science *</th>
<th>Clinic Investigation*</th>
<th>SDH**</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Groups</td>
<td>38/153 (25%)</td>
<td>43/153 (28%)</td>
<td>42/153 (27.5%)</td>
<td>47/778 (6%)</td>
</tr>
<tr>
<td>No. Researchers</td>
<td>435</td>
<td>358</td>
<td>355</td>
<td>92</td>
</tr>
<tr>
<td>PhD trained researchers</td>
<td>92</td>
<td>82</td>
<td>50</td>
<td>47</td>
</tr>
<tr>
<td>Masters trained researchers</td>
<td>237</td>
<td>139</td>
<td>125</td>
<td>39</td>
</tr>
</tbody>
</table>


The article is the most common way of presentation of results and exchange of information, even if 10% of the researchers de the exchange through webs, principally national webs. Colombia has very few researchers, both in the Master and PhD training programs on areas related to the SDH (Epidemiology, Public health and collective medicine), as in the undergraduate education programs, from there that the human resources formation in the country is scarce and limited. The availability of financing on this kind of studies is also scarce and many times the student has to look to scholarship programs in other countries, which favors the escape of minds. Even if the offer of superior education on a graduate level on Public health and related areas has increased in recent years it is still too limited to cover the necessities of the country. (See fig. 3) Besides, it adds up to this situation the present crisis of the public education, both in undergraduate and postgraduate education in Colombia, which affects the quality and coverage of the superior educational system nationally.

It can be concluded that the strongest investigation paradigm in Colombia is the empiric-analytic. This means that the way to make science about the SDH in the country is standard. While with this paradigm the economical social and geographic inequalities are studied, is required to deepen the study of categories such as genre, race, Urban/rural residence and ethnic origins insofar as it also contributes to explain the large differences on the state of health and the exclusion of some health services.

Is important to stick out that the SDH are seen as a way to manage and avoid the inequities in health and the inequalities in health. Not just for the explanation about the inequalities and inequities on health but also for the possibility of generating new knowledge about effective intervention strategies and about the usage of data and information between the suppliers of services. At the same time, is essential to recognize the importance of linking the researchers with the politicians and with the persons in charge of the health services, of the education and of the resources management in health to increase and make use of the evidence on various areas and
to launch educative programs oriented to improve the ability to recognize and impact the social inequities in health.

It is recommended to develop strategies that facilitate the usage of other paradigms of investigation and of methods that favor the study of problems and topics related to the complex accumulated vulnerability on specific populations. Also is recommended to strengthen research capacities very allied to the social context and the priorities on public health.

Figure number 3. Regions, Departaments and municipalities of Colombia where research was conducted on SDH
2. THE RESEARCH IN HEALTH AND SDH ON THE RESEARCH SYSTEM OF COLOMBIA

The research capacities on SDH have been determined by the manner in which the Science and Technology (C&T) are assumed throughout the country, which is in turn determined by the political and socioeconomic dynamics. After a little more than half a century pawned on the institutionalization of a Science-Technological politic, Colombia counts with a National system of Science, technology and innovation (SNCTI), which configuration and development are the expression of a correlation of forces both in the distinct disciplines and in the field of the research.

Since the creation of Colciencias, on 1968, the changes on the economic, social and state organization development models have influenced over the development of different capacities of research on health. From there that the research capacities existent at present can be related to the moments of the configuration of the ‘National System of Science and Technology’ (SNCT), a first moment referred to the beginning and consolidation of the institutionalization of the SNCT, between 1968 and 1991, during which the institutions and research centers that conform the SNCT and take part of the public decisions for the development on health are created and set in motion. A second moment, between 1992 and 2000, during which groups of investigation with support or institutional endorsement are created and strengthened, as part of a national strategy of decentralization and regionalization of the C&T, and a third moment, that has been developing since 2001, characterized by the strengthening of the individual and group research capacities in bond to national and international webs and with a clear innovative purpose.

Colombia has built a structure clearly defined by the development of the SCNT and inside it; a National program of science and technology (CT), addressed specifically to health is defined. Hereupon this structure is presented.

Figure number 4. Map of the SNCT and the CTI national health program in Colombia
It’s noteworthy that the national politics of CT on health has predominance on its research view related to the competitiveness and efficiency on the usage of resources. This entails to the development of projects and research actions that pretend to be essentially competitive within the frame of the society of the present knowledge. However, an important responsibility is assigned to the health program which is to promote the research on SDH and the sanitary equity, with less than a third of the total funds approved to the research on health in a national level. This contradiction doesn’t just impede essential advances oriented to attack the inequity in health, but also limits the possibilities of investigating on this field, because the groups on investigation face scarce resources to develop their projects and besides, they count with little political supports, which leads to a concrete result: marginal research on SDH and therefore lesser impact on equity in health.

Despite that the assignation of resources is not concentrated on SDH or related topics, nor in health equity as mentioned before, should it be noted that the Capital District brings forward, on the last years, an important process. There a District health plan of CT is being built oriented to the study of the equity and SDH’s and it is expected that it affects the tendency of health research.

2.1. RESEARCH SYSTEM OPERATION

The CTI system develops two strategies to establish intersectoral bonds and make health research: The first is the composition of the National Council and the programs of the CTI, and the second, the definition of a politic of resources allocation for the exploitation of mineral resources and
energy which must be, in essence, of intersectorial and regional character. However the specific field of SDH is not in the agenda of the National Government or the National Development plan and just appears in the research politics on the district plan of the CTI.

When revising the relations between the research system and the educative sector it is observed that the financing sources for graduate education on SDH (From the epidemiology or allied areas) are, basically, the person’s own resources. From the total of credit scholarships assigned to the country on all the fields of knowledge between the years of 2006 and 2010, for graduate education just 214 from the 2000 scholarships were given on medical and health sciences (Observatorio Colombiano de ciencia y tecnología. 2011, p60.). Additionally, the young researchers program of Colciencias financed, between 2008 and 2010, a total of 2056 young researchers from which 252 were part of the health program, in other words, just a 12% from the total. The tendency on the financing of Masters and PhD trainings in Colombia is with resources coming from the pockets of the families. A great effort is needed to make the credit scholarships and the young researchers programs on this field of health to achieve a significant coverage.

On the other hand, the present innovation system is disjointed from the educative system and on disagreement with the interests, capacities and talents of the researchers. On this context, an aspect that arouses much interest is the property over the advances in knowledge and the accumulation of capital through the assessment of knowledge as merchandise. From there that the financing of research projects pretend to provide evidence and profitability mostly on basic research and its application on the production. This creates and broadens the gaps of inequity in research between the developed and the developing countries, due to the conditions and protection measures of the national production of knowledge on health in contrast with the global competition laws.

For the field of public health and of the SDH that don’t go to the same rhythm or in the same logic of economical grow, the innovation system in Colombia is not an incentive, on the contrary, even if the alliances University/Company/Public Sector can propitiate the productive development of science, they also leave a void, without clear or defined strategies in problems and topics that like the SDH appear as non-lucrative, non-profitable, nor attractive.

The research on social determinants of health, not being in line with the interests of the private investment, can be relegated to its minimal expression. Besides, the pressure of short-term profitability and of the market in general, can ease off the research quality criteria of Colciencias with implications on the research capacities, which favors the enterprising eagerness of the innovation but not the research capacities on SDH that the country requires. The conflict of the innovation system is delegated to the fund assignation to research on each program, without contributing to the clarity or stimulus for the capacities of research in specific fields.

It is a big challenge to work on the innovation on the research on SDH and in that way get resources to contribute to the necessities of the country. Despite that the system has resources to the capacitacion program on health; the capacitacion on SDH is not a priority. There are calls and proposals of research that include the approaches of SDH from Colciencias, but that is not crystallized in a specific area or field of investigation. Occasionally agreements have been made between public institutions of formation and research on science and technology and Observatories of national character about specific studies on topics such as equality or impairment, but those do not stop being isolated efforts. Between the global and national politics,
the investment on CT, which reproduces the tendency to generate and reproduce knowledge producer and consumer countries, because of which, the investment on research about SDH is eminently marginal.

2.2. FINANCING OF THE RESEARCH ON SHD IN COLOMBIA

Despite the absence of updated and systematically organized information about the total investment and the specific financing of projects about SDH, both in the national research system and in some of the institutions linked to it, several calculations were made, from the database provided by Colciencias, where it can be found information about the projects on health financed between 2005 and 2010\(^2\), from the existing information on the ‘Observatorio Nacional de CT’ and the information published in some websites.

In total, on the period of 2005-2010, 485 projects were financed by a total amount of $247,711,0124 million (COP), where Colciencias financed $124,784,1811 million and the rest was financed by counterparts. The next graph shows the percentage description of the financing on those years.

**Figure number 5. Percentage description of the investment on health research. 2005-2010**

![Percentage description of the investment on health research. 2005-2010](image)

As it can be observed, every year, in a relative way, the financing has increased to the point that in 2010 the amount of financing reached almost to the 23% of the resources invested during the whole period. Analyzing the area of financed research, it’s evidenced that the amounts of the financing were larger for the research on basic areas, followed by the clinic and, in third place, for the research on Public Health. Regarding to the area of Public Health it’s evidenced that less than a half of the projects financed has relation with SDH.

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\(^2\) La información que manejamos la obtuvimos de manera indirecta, mediante el suministro de una compañera estudiante de la Universidad Nacional quien está realizando un trabajo afín con el nuestro. Se accedió a esa información, después de haber charlado con funcionarios de Colciencias y haberles informado nuestro interés de analizar la financiación de los proyectos de investigación en el área de la salud. Ellos nos informaron que las bases de datos estaban disponibles en las oficinas de planeación de Colciencias. Dado que en días previos la información llegó a la UN, consideramos innecesario volver a hacer la solicitud de dicha información, y tomamos las bases que fueron suministradas para el otro proyecto.
The following graph presents the percentage description of the resources invested by Colciencias during the period 2005-2010, according to the area of investigation and the distribution on the investment in the area of public health.

It is noteworthy that, in the effort to analyze the behavior of the research on SDH, this category was opened, which is not contemplated on the databases of Colciencias. From the titles of the projects (And from the preliminary analysis made to the scientific production presented on the first part of this report), it was established that some of them could well be analyzing social determinants of health or bigger and wider processes of determination. Of course, this is a first approximation that only suggests a tendency, but from there it can’t be extracted a precise information of what happens with the research on SDH, due to the difficulties commented above. In general is very scarce the proportion from the GDP destined to CT on health, and from it, just approximately 8% from the total of resources goes to the research on SDH.

3. THE CAPACITIES AND GAPS IN RESEARCH ON SDH IN COLOMBIA

There were identified capacities and gaps of research on SDH, according to the levels formulated by McIntayre (Individual, group, institutional, national). The information consigned resulted from the contrast of the documental information analyzed by the authors, with the results from the 13 individual questionnaires (Filled out by researchers and research institutions, mainly public universities) and from the three national consultation meetings made with the participation from 30 stakeholders of the research system (Researchers, teachers, students, managers, officials,
activists and members on ONGs from the different institutions and sectors that compose the SNCTI, (See annex).

The participants of the meetings and some sectors of the SNCT in general coincide in the following general elements about the capacities of investigation on SDH in the country.

1. The topic of the SDH has acquired a bid importance recently.
2. There is many and diverse difficulties to find information about capacities of investigation in the country and the region.
3. The valuable investigative labor of the research groups and the researchers in the field of SDH is highlighted, despite its invisibility in the national records and in the regional discussion.
4. Results of great importance and interest to share the accumulated experience on the topic by the groups and the institutions.
5. The differences between the approaches and methodologies about SDH employed on the researches are not easily recognizable. Even though several groups and research projects on SDH are oriented to develop theoretic-methodological innovations, its results on this filed, generally are not placed in the productive field or in the market of innovation, which is encouraged inside the SNCT at present. This might also cause a loss of visibility.

Between the principal capacities of research on SDH developed in Colombia at an individual and group level, the group capacities are essentially highlighted. To a large degree the research capacities depend on the way the group is configured, its trajectory, maturity, antiquity and insertion or institutional support. The capacities at an individual level are different and related with the type of institution to which the researcher belongs. In its majority they contribute decidedly to the development of the group work and of the institutions. However, the research group is seen as the fundamental bond with other institutions, other groups and/or communication channels to make research on networks. In the same sense, it’s remarkable in the group a work dynamic in networks that facilitate the development of shared-collaborative projects which offer is every time more of inter or multidisciplinary character.

The individual capacities developed are referred to the resources management and the mobility inside the research system for the development of collaboration projects in the field. At a group level the academic capacities on resources management were identified in the creation of networks and the leadership inside the group. In the national and international plane, we have identified the development of a specific approach of Latin America that implies another way of seeing the solutions for the problems at a national and international level and includes links with the social organizations to make demonstrations, strategies and innovate in the formulation of research programs.

Between the deficiencies and voids found, the difficulty of applying the knowledge about SDH and from the different approaches to solve specific problems and the operation alternatives is highlighted. The deficient divulgation of the results, little debate about the
approaches, the scarce public discussion about the central problem on the approach of SDH, lack of research politics and the absence of research careers on health and SDH.

4. CHALLENGES AND OPPORTUNITIES IN COLOMBIA

The STI program on health of the investigation system in Colombia can represent a chance of development on SDH research if we can articulate goals and strategies with the district level of Bogota and with other cities with similar experiences (Medellin and Bucaramanga). Within this frame favorable experiences can be shared with the countries of the consortium.

Colombia, together with countries of the region, with researchers and experiences coming especially from Brazil, Mexico and Ecuador, can facilitate the development of specific proposals of formation and exchange for the strengthening and development of research capacities based on the approaches located in Latin America under the perspective of the collective health and the social medicine.

Challenges

Thereafter the first challenge in Colombia will be introduce different work on SDH and equity at different levels of undergraduate and postgraduate training, which may include courses, conferences, research, development and innovation practices in SDH.

The second challenge can be channeled resources of the STI system in health and other sectors for researching and innovation in SDH. This aspect can be related to policy advocacy in national and regional investment in STI.

Opportunities

Taking advantage of the accumulated results of some research groups and graduate programs, located in Bogotá (Program Interfaculty of PhD in Public Health and research groups that worked on it, and the Centre for Equity in Health and Quality of Life Group - CID social protection and the District Secretariat of health, and groups of Universidad Javeriana), and in Cali (Universidad Javeriana), Medellin (National School of Public Health) and Bucaramanga. With these we can develop a networking of national level to strengthen research capacities in SDH.

Development of collaborative projects on social determination and collective health with participation of NGOs and social organizations involved in the implementation of this proposal.
5. CONCLUSIONS AND RECOMMENDATIONS FOR SDH RESEARCH CAPACITY DEVELOPMENT AND IMPLICATIONS FOR THE PROJECT

It can be concluded that the investigation made by research groups and researchers on SDH in Colombia needs to be strengthened not just by the number of groups and its level of productivity, but also for their capacity to generate a scientific community, promote financing strategies of researches related to the topic; as well as mobilizing the knowledge accordingly with the geographic location of the researchers with high training to facilitate the production and equitable appropriation of knowledge on important areas such as the public health and the SDH; because of that, when defining strategies to strengthen the capacities of SDH is peremptory to take into account the diverse contexts, the research priorities on SDH and the necessities of the research groups in particular.

While there is a research politic on health ST, the investment on SDH is marginal. The inequalities are increasing and the strong measures to solve them are not enough. The effort in Colombia depends on the research groups and some institutions. It is required a national and international politics, to support the research on SDH with different approaches and oriented to change the inequity on health and its expression on research. Interdisciplinary networks and resources are needed to carry out a solid and serious research, to share approaches, methods and wide diffusion of the results.

Recommendations

This report recommends the development of three fields of action whose activities must be articulated in the aims and goals of the Consortium between countries and within each country so that we can advance in the production of useful knowledge, in research systems and implementation of policies and programs to encourage the use of SDH in training, research and innovation also.

1. Social appropriation of knowledge, which includes knowledge transfer
2. Development of SDH Research Infrastructure and Resources
3. Policy advocacy on science, technology and innovation in the local and regional level
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Presidencia de la República, 2011, decreto 4107

República de Colombia, Ley 643 de 2001. Por la cual se fija el régimen propio del monopolio rentístico de juegos de suerte y azar.


TRANSLATOR NOTES

*1: ‘Plan estratégico nacional’ in the original text.
*2: Organization responsible of research on science and technology in the country.
*3: Colciencias research database
*4: ‘Sistema Nacional de Ciencia y Tecnología (SNCT)’ in the original text.
*5: ‘Ciencia y Tecnología (C&T)’ in the original text.
*6: ‘Sistema Nacional de Ciencia, Tecnología e Innovación (SNCTI)’ in the original text.
*7: Science and technology. ‘Ciencia y tecnología (CT)’ in the original text.
ANNEX

QUESTIONNAIRE


Introduction

This project seeks to strengthen and build capacity for research in social determinants of health (SDH) using various networking methodologies. Firstly, part of a diagnosis of existing capacities, needs and areas for developing proposal, strategies and tools to promote group-level capabilities, institutional, national and international. It aims to encourage the link between SDH research, policy and social action by creating mechanisms and tools that facilitate the development of cooperative projects and exchange. This project will be implemented in three interrelated phases, between 2011 and 2015: In Phase 1 will develop the conceptual framework, the capacity assessment and action plan. In Phase 2 will implement that plan and phase 3 will be the evaluation and dissemination of results.

This questionnaire take into accunt of the diagnostic to identify research capacities and gaps on SDH in Colombia. Please fully diligence and note observations at the end if it is necessary.

QUESTIONNAIRE FOR STAKEHOLDERS OF THE NATIONAL RESEARCH SYSTEM OF COLOMBIA, 2005-2011

1. IDENTIFICATION DATA

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Name___________________________________________Institution_______________  
Charge_________________. Date _________________Name of research group

Institutional endorsement YES ____NO____

Recognition by Colciencias YES____NO_____ Category clasification

2. RESEARCH GROUP FEATURES

A. INDIVIDUAL DIMENSION

Group name ________________________________________________

Number of researchers in the group Total______ Female ______ Male ______

Number of years working as a group.

Area training research group leader.

Area (s) of knowledge of the group

Disciplines of members of the group

Educational level of the group leader __________

Skills developed to research on SDH

Main strategies used in the group to call new members and keep them

Strategies developed by the group for knowledge management

Major publications in SDH

Approaches - approaches and / or research methods used in research on SDH

B. INSTITUTIONAL DIMENSION

Training policies to develop human resource in SDH research

Policy and research SDH priorities

Funding for national research system in health and in SDH
Managing resources to promote SDH research

Support for SDH publications

Incentives for SDH research

Types of links for researching

Relations with other groups and institutions

C. NATIONAL AND INTERNATIONAL DIMENSION

Participation in national and international networks.

Development of SDH research projects supported in networks

Capacities making policies or assessment at national and international level. Experiences

3. RESEARCH CAPACITIES

Capacities as researchers, as a group, institution and country to develop research in SDH?

4. LIMITATIONS IN THE DEVELOPMENT OF SDH RESEARCH

Limitations, obstacles and barriers that have been submitted for the development of SDH research

BOTTLENECKS in SDH research

Bottlenecks that must be overcome

5. ALTERNATIVES TO STRENGTHEN SDH RESEARCH

Alternative actions to strengthen research, dissemination and appropriation of knowledge

6. ACTION PLAN RESEARCH GROUP OR INSTITUCION

Capacities to build or strengthen as a group, institution and country for the development of SDH research

7. COMMENTS AND ADDITIONAL INFORMATION