NHRS Mapping: Kazakhstan, Kyrgyzstan, Uzbekistan

NHRS Mapping was undertaken in Kazakhstan, Kyrgyzstan and Uzbekistan and the results can be summarised as follows:

1. **Political commitment to health research:** research is considered fundamental to health care in the region. All the countries have a history of research (established and developed during the Soviet era), structures in place to manage their research, and made some financial commitments to research.
2. **Health research priorities:** Kazakhstan, Kyrgyzstan and Uzbekistan have health research agendas. However, it is not clear from the information collected which process is followed to set the agenda, who is involved in this process, and how frequent the agendas are revised.
3. **Health research policy framework:** none of the countries currently has a comprehensive health research policy framework. The country teams highlighted this gap during a regional consultation (Kazakhstan, 2006). Consultation participants consider a policy framework essential as it can help outline the organisational structure and financing mechanisms for health research, and can support creation of the necessary conditions for quality research, innovation and creativity.
4. **National research management:** the countries in the region have very similar health research systems. Central government agencies play a key role in setting the regulations for the health research system, and in providing funding for research. In addition to the central government agency on research and the Ministry of Health sub-unit on health research, the national attestation commissions and the leading medical education institutions of each country are key players in the health research systems in Central Asia. How the different mechanisms exactly relate to each other and coordinate the various activities is not entirely clear.

The countries in the region have the basic requirements of a national health research system in place. It appears that there is general interest in research and that basic governance structures exist. At the same time, each country needs to develop a clear health research policy framework. This will clarify the coordination of research, and the process for agenda setting. It is also a priority for strengthening health research systems in the countries of the region, and key to creating an environment that is conducive to research generation and utilisation. Further information on human and financial resources needs to be collected to inform strategic plans for human resources for health research, and develop health research financing mechanisms. However, further data gathering need not precede system development work. A better research policy framework and well-defined research agendas in these countries will support discussion with internal and external partners around human and financial resource investment and alignment towards priority research needs Great potential exists for regional cooperation, networking and exchange. Given the similarities in the health research systems of the region, any initiatives developed could, with minor adaptation, be easily applicable to all other countries. Despite considerable disparities in economic development, the Central Asian countries are very similar in terms of the development of their national health research systems. A consultation was held with key stakeholders from the three countries and Tajikistan. Participants expressed

their appreciation for the networking and exchange opportunity provided through this regional meeting, and indicated that regular regional forums on health research would greatly benefit research on health in the region. Nonetheless, country ownership of the process of health research system development should not be neglected. Any external efforts should be designed with the local context and practices in mind. Closely involving the key national actors in system development will ensure the success and sustainability of health research system development initiatives in the region.