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Strengthening Engagement in Public Health Research

STEPS

**Report on National Workshop in *Hungary*
24 March 2010
Open Society Archive (OSA) Meeting Room
Budapest, Arany János Street 32.**

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STEPS Report on National Workshop in Hungary

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1. SHORT GENERAL DESCRIPTION OF WORKSHOP

Introduction

STEPS – “Strengthening Engagement in Public Health Research supported by the European Commission was launched in 2009. The project has been led by the *University College London* (UCL) and two consortium partners: *Association „Skalbes”* Riga and *European Public Health Association* (EUPHA). The project takes place in the 12 new EU member states and coordinated by one organization in each country. In Hungary the national leading partner of STEPS is Fact Foundation. The main goal of the programme is to define the involvement and role of CSOs in the system of public health research.

The title of the workshop

Strengthening Engagement of CSOs in public health research

The aim of the workshop

- To discuss the structure and operation of public health research system in Hungary focusing on the role of CSOs involvement.
- Meeting participants representing different types of CSOs to share their ideas on the public health research.
- Discussion of the national public health topic.
- Discussing and accepting recommendations.

The date and venue

24 March 2010

Open Society Archive (OSA) Meeting Room
Budapest, Arany János Street 32.

Number of participants

27 participants

The title of presentations and names of speakers

Dr. Zsuzsanna Füzesi: The Hungarian public health research system. Evaluation of the survey.

Dr. József Vitrai (*STEPS Expert Advisory Group member*): Health inequities

2. REPORT ON FOUR THEMES

2.1. Public health research system in Hungary.

Health promotion and disease prevention are not institutionally included either in medical or in social research, they lie in general at the periphery of Hungarian research activities. Nevertheless, some exceptions exist, such as the *Ányos Jedlik Programme*, which is financed by the National Research and Technological Development Agency and includes preventive programmes and public health research. Some research activities, in the epidemiological field, in environmental health etc., are carried out by different teams and published in national scientific reviews, as well as being presented at the annual conferences of the Hungarian Scientific Society of Public Health or on the workshops of the Hungarian Association of the Public Health Research and Training Organization – both NGOs. Research activities related to public health are based at the various university departments of public health, preventive medicine and social sciences.

Hungary has relatively detailed information on the lifestyles of the population and on health determinants, including inequality issues. Lifestyle issues such as nutrition, tobacco, mental health and coping, together with their process of change, have been the focus of research activities for many years. There is no research activity, however, on public health capacity or on NGO activities.

The public health culture of the existing research staff is often outdated. The skills needed for flexible, broad, multilateral cooperation and for negotiating with other stakeholders are generally lacking, as are an up-to date technical knowledge and proficiency in English. In the coming years, the New Hungary National Development Plan according to the existing documents will place strong emphasis on human resource development in this field. In the next two or three years we can expect a radical change in the public health culture of both governmental and nongovernmental practitioners in the field of public health.

The human capacity of universities, colleges and other educational institutions has a growing importance and influence. Postgraduate training in public health, environmental health, epidemiology and health promotion (separate courses) is provided by the four outstanding relevant universities (Budapest, Debrecen, Pécs, Szeged). The planned measures of human resource development and capacity building in this field may offer an important step forward in the forthcoming 3–5 years.

2.2. The role of CSOs in public health research

During **the discussion** the participants of the workshop made some general statements which contribute to a better understanding of the opportunities open to civil participation. The questions and the general statements are the following:

- a./ What is the main goal of civil participation in the public health research system?
 - Research in the field of public health is financed mainly from public funds therefore control over the efficient use of public funds is an important goal of civil participation.

b./ What role can the civil sector play in the public health research system?

The role of the civil sector (i.e. the individual NGOs) in the public health research system can be interpreted in several ways:

- The civil sector (or its individual organizations) can initiate research projects, which are important for public health
- The individual organizations of the civil sector can themselves conduct research considered important for public health
- The members of the civil sector (or its individual organizations or parts) are clients of public health research projects
- Some parts of the civil sector are important users of the findings of public health research.

Some of the statements formulated by the workshop participants make further distinctions concerning the views on the opportunities for and strengthening of civil participation, like the ones below:

c./ Under Hungarian conditions it is hard to interpret the term ‘public health research system’, because no such system is known to exist. Some institutions, university research centres may have their own research strategies but these can, by no means, be considered to be of a national scale. Hereinafter we prefer to use the term ‘public health research’ to describe research in public health as well.

d./ In Hungary public health is a system governed by the health service system, which does not reflect the approach of the public health discipline and is far less complex. Due to this sectoral approach, the concept of public health does not include areas that belong to other sectors (special fields supervised by other ministries), like social inequalities, issues related to human rights, housing, consequences of mass communication activities on public health, etc.

e./ The various sectors (special fields supervised by the ministries) usually do not communicate with one another, the sharing of information or experiences is rare. Consequently, the experiences accumulated during the scientific co-operation between the civil sectors and the given sector (e.g. environmental protection, managing issues of social inequalities, etc.) and the established practice remain hardly, or little known to the public and civil actors in the field of public health and no attempts have been made to exchange experiences (or at least they are not known).

Considering the above restrictions and interpretations, the participants of the workshop discussed the opportunities for strengthening civil participation in the public health system as described below.

Strengthening civil participation in the public health system on the part of the ‘totality’ of public health research.

A./ The current framework for the ‘totality’ of public health system from the viewpoint of managing civil participation

In our days the term ‘public health system’ is used in a restricted sense. This restriction can be attributed to various reasons, such as:

- traditional (historic) causes,
- political considerations,
- lack of a complex approach, due to the sectoral approach characterizing public administration,
- lack of interaction between the competences of the various sectors (ministries)
- assertion of professional group interests aiming to monopolize competences
- restrictions on scarce resources to prevent them from being used on a wider scale, etc.

As a result of this restrictive interpretation, the totality of public health research fails to cover areas that are relevant for public health (aspects of social, political, human rights, environmental, interpersonal and mass communication, economic, consumer protection, media and advertisement ethics related issues), does not raise questions, and consequently is unable to give answers or recommend solutions.

Restrictive interpretation and the interests connected with it cause several problems beyond those related to content and efficiency. On the one hand, restrictive interpretation sets a limitation on the opportunities of the civil sector to participate, and, on the other hand, it has an adverse impact on the civil sector’s motivations or intentions to participate in the research activities.

Recommendations adopted by the participants of the workshop concerning the above problems

- There is a need for a paradigm change in the public health research/system.
One condition for such a paradigm change is a reconsideration of the strategic goals of public health on the basis of the knowledge accumulated in the field of public health and using its approach, followed by their clear formulation and publication.
- It is also necessary to develop a research strategy based on this renewed public health strategy, followed by its publication and consistent implementation.
- The competence monopolies based on the sectoral approach currently prevailing in the public health system should be eliminated because they can hamper not only the badly needed change in approach in public health, but also the involvement of the civil sector.

B./ Readiness to strengthen the civil participation

Recommendations adopted by the participants.

- It is necessary to create the conditions which can promote the involvement of the civil sector in the public health system. These include, among others:
 - the definition of the levels where the involvement of the civil sector can be realistic and efficient,

- public access to the relevant information (regarding both content and technical aspect) should be ensured,
- financial and organizational conditions for the involvement of the civil sector, etc.
- The involvement of the civil sector in the the public health system should go parallel with the development of capacities and abilities of civil organizations and the acquisition of the required competences on their part.

C./ Current conditions in the public health system for the management of civil participation.

At present the totality of the public health system has only limited conditions in place for the efficient involvement of the civil sector. The lack of proper conditions is particularly manifest in the following:

- lack of interest, or potential conflict of interest on the part of the organizations/individuals in the institutional background of research,
- in some cases lack of individual or organizational abilities on the part of the organizations in the institutional background (e.g. inability to make communication barrier-free, lack of openness, flexibility, sensibility and empathy to a smaller or greater extent, etc.),
- weakness or lack of intention to accept civil organizations as partners and involve them, or to give up competence monopolies, etc.
- lack of initiative, which is also connected with the lack of response on the part of the civil sector (lack of determination, interest and assertiveness),
- constant shortage of resources.

Another difficulty comes from the failure to define within the public health system the levels where conditions for the involvement of the civil sector are given or can be created and involvement could produce the expected results leading to sustainability. The organizations operating in the totality of the public health system have not accumulated sufficient experiences that could serve as a basis for improving the efficiency of civil sector involvement and maximizing the benefits of civil participation.

Recommendations adopted by the participants concerning the above problems

- In order to make the involvement of the civil sector more efficient several changes should be made in the public health system, with regard to the following:
 - the interest relations currently prevailing in the system,
 - the approach used by the system,
 - current practice of information sharing.
- It is necessary to find the organizational forms and resources that can ensure the participation of the civil sector.

Strengthening civil participation in the public health system on the part of the NGOs

D./ The ability of the civil sector to participate in the totality of the public health system

While the current actors of the public health system can be more or less identified, in the case of the civil sector it is not easy to tell beyond doubt which organizations can be considered as competent actors, i.e. which organizations can be the subject of involvement. (It is equally difficult to tell, which eligible organizations can be considered and NGOs, and which have lost this status.)

Recommendations adopted by the participants of the workshop concerning the above problems

- The relevant actors of the civil sector should recognize their own aptitude and the limitations of this aptitude as a pre-condition of their involvement in the public health system. The public health system should assist the NGOs in making these recognitions.
- The actors of the civil sector should define their attitude to the efforts for competence monopolization experienced in some areas and, at the same time, should not only recognize their own competences but assert them as well.

E./ The willingness of the civil sector to participate in the public health system

As far as NGOs are concerned, it is not possible to formulate general statements on their willingness to participate in the research activities, because no information is available in this context.

Without the existence of adequate practice we cannot accumulate sufficient experience on how efficiently and at what points the relevant civil actors are capable of joining in the public health system, and what can be the costs of such participation for the various actors.

Recommendations adopted by the participants of the workshop concerning the above problems

The actors of the civil sector are also required to

- reconsider the professional competences of the various groups within the civil sector;
- recognize the responsibilities that the civil sector has in this field;
- identify the points where the civil sector can join in, in a productive, efficient and sustainable way;
- elaborate a system of incentives (e.g. application system) that is suitable to motivate the eligible organizations of the civil sector to participate;
- remedy the present shortage of information on the NGOs' willingness to participate by conducting a survey of the NGOs and developing a data-base.

F./ The opportunities of the civil sector to participate in the public health system

On the civil side, the opportunities of the civil sector to participate in the public health system are influenced by the following factors:

- lack of information that could serve as a basis for a decision to participate and the elaboration of its different ways;
- restricted interpretation of civil competence both on the part of the civil sector and the public health sector;
- lack of invitation;
- lack of adequate information on content and technical aspects;
- shortage of financial and human resources characterising the majority of organizations in the civil sector.

Recommendations adopted by the participants of the workshop concerning the above problems

- Enabling NGOs in this field would also increase opportunities for participating.

- Making relevant information public, and increasing the knowledge of the civil sector engaged in activities in the field of public health (in the broadest sense of the term) could support the process of ‘enabling’.
- Development of financial and human resources in the public health system with special resources targeted for the civil sector.

2.3. The national public health topic: Health inequities

The presentation was held and the discussion was moderated by dr. József Vitrai, Director of Health Monitor Ltd.

The discussion began with a short introduction. The speaker first presented the notion of health inequality as it was to be used during the workshop and the participants accepted it. Using the differences observed in the life expectancy of men and women as an example, the participants interpreted the notions of health inequality and health inequity together.

Following this the speaker outlined the framework of the discussion. The participants discussed the issue of civil participation in public health research on health inequity in the form of an imaginary problem. The imaginary problem was the following: the health secretary offers the sum of 100m HUF for research in the field of health inequity and the participants were required to develop a proposal which would best promote the involvement of the civil sector.

The involvement of the NGOs in the definition of the research objectives in public health

The participants thought that traditional research projects in the field of public health would mainly cover areas that can be influenced with the traditional tools of the health sector and would therefore not be concerned with issues, like social capital, which has been proved to influence health inequities. Some participants suggested contacting NGOs before the definition of research priorities and consulting them on the main problems in the field of health inequity. The list of problems set up in this way would allow the identification of the priorities. Others claimed that setting up a list of problems, i.e. identifying the topics for research is primarily a professional task and therefore it would be more reasonable to involve civil professional organizations. However, the non-professional civil organizations should also be consulted before the definition of priorities.

Recommendations adopted by the participants of the workshop concerning the above problems

- When the research priorities are defined, civil professionals should be involved in order to extend the research topics to all factors that can significantly influence the direction of the research. Non-professional civil organizations should be involved in the definition of research priorities.

Involvement of the civil sector in the allocation of resources available for the public health system

The participants agreed that the involvement of the civil sector in the allocation of the resources, including the preparation of the application process, the awarding of the grants and the supervision of the research reports on the use of funds would guarantee an adequate control over the allocation of the resources according to the research priorities. They also agreed that the involvement of the NGOs is only reasonable if their competences and capacities are taken into account. In the administration of the applications, for example, there is no need for civil participation and their involvement would only increase their work load unnecessarily. It was also brought up that better information of the civil organizations as potential users would contribute to the more efficient utilization of the research findings.

Recommendations adopted by the participants of the workshop concerning the above problems

- In order to enforce the research priorities, the civil sector should be involved in the preparation of the application process, the evaluation of the applications, and in the work of the bodies controlling the success of the research projects. In order to foster the better utilization of research findings, more attention should be paid to the proper information of the civil sector.

Involvement of the civil sector in the implementation of research projects in public health

During the discussion of the problem it was suggested that civil professionals and organizations that are currently left out of the research projects in public health should be involved in the study of health inequity. This would mean, for example, experts active in advertisement-marketing or legal protection. Besides the traditional research organizations such civil organizations could guarantee the adequate study of health-inequity.

Recommendations adopted by the participants of the workshop concerning the above problems

- Members of the civil sector who can contribute to the successful implementation of a research project in a given field should be involved in the public health research activities

2.4. European dimensions.

Hungarian participation in international research and networking is satisfactory. Hungarian researchers are involved in research financed by the European Commission under the Research Framework Programmes and the Public Health Action Programme. Hungary participates in other international research projects on quality of life, social status, poverty and deprivation. There is hope that owing to the availability of EU structural funds, public



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health research will gain greater financial support and decision-makers will use the results. It is planned to establish a countrywide health observatory system at regional level with the

participation of the medical universities and the public health services. The implementation of the New Hungary National Development Plan in the field of public health research will be a very important step forward.

Public health professionals are involved in some public health programmes on European level. These programmes are connected to institutions (university research places, national institutes) where highly educated researchers, suitable human and other resources are available, as well as, matching fund to the budget to the research. Some CSOs also have connections with certain EU programmes, however, it follows from the connections of the representative of the CSO who in some cases has a full time researcher job at a university or other institute.

On the basis of the questionnaire we listed some important programmes in which Hungarian public health researchers have been involved:

EURIPA (EUROpean Isolated working Practitioners' Association) - Elaboration of standards of urgent services

IAAMRH (International Association of Agricultural Medicine and Rural Health) - Social backgrounds of hypertension

ENVIE - European Commission 6th Framework Programme of Research

ESCAPE - European Union's Seventh Framework Programme

SEARCH - Regional Environmental Centre, Hungarian Office

Aphekom - EC- New PHP, DG-Sanco

IMCA -II EC- New PHP, DG-Sanco

Epibathe -EU STREP Project 022618

Healthy water - EU FP6

HORIZONTAL - European Commission DG RTD under the Framework 6 Programme

EuroHEAT - EC- New PHP, DG-Sanco

NewGeneris - EU FP6

TREAT-NMD - EU FP6

NMD-CHIP - EU FP7

ENHIS - EC- New PHP, DG-Sanco

PHEEDUNET - EU PHEA

ECNIS - EU FP6

EUROHEIS2 (A European Health and Environment Information System for Risk Assessment and Disease Mapping”) EC- New PHP, DG-Sanco

UNIPHE EC- New PHP, DG-Sanco

The Second Programme of Community Action in the Field of Health (2008-2013)

National Development Plan I. (2004-2006)

New Hungary National Development Plan (2007-2013)

3. RESUMEE OF GENERAL DISCUSSIONS

The term ‘public health system’ is used in a restricted sense in Hungary. This restriction can be attributed to various reasons, such as: traditional (historic) causes, political considerations, lack of a complex approach, due to the sectoral approach characterizing public administration, lack of interaction between the competences of the various sectors (ministries), assertion of professional group interests aiming to monopolize competences, restrictions on scarce resources to prevent them from being used on a wider scale, etc.

As a result of this restrictive interpretation, the totality of public health research fails to cover areas that are relevant for public health (aspects of social, political, human rights, environmental, interpersonal and mass communication, economic, consumer protection, media and advertisement ethics related issues), does not raise questions, and consequently is unable to give answers or recommend solutions.

At present the public health system has only limited conditions in place for the efficient involvement of the civil sector. The lack of proper conditions is particularly manifest in the following: lack of interest, or potential conflict of interest on the part of the organizations/individuals in the institutional background of research, in some cases lack of individual or organizational abilities on the part of the organizations in the institutional background (e.g. inability to make communication barrier-free, lack of openness, flexibility, sensibility and empathy to a smaller or greater extent, etc.), weakness or lack of intention to accept civil organizations as partners and involve them, or to give up competence monopolies, etc., lack of initiative, which is also connected with the lack of response on the part of the civil sector (lack of determination, interest and assertiveness), and constant shortage of resources. Another difficulty comes from the failure to define within the totality of the public health system the levels where conditions for the involvement of the civil sector are given or can be created and involvement could produce the expected results leading to sustainability. The organizations operating in the totality of the public health system have not accumulated sufficient experiences that could serve as a basis for improving the efficiency of civil sector involvement and maximizing the benefits of civil participation.

The involvement of the civil sector in the public health system should go parallel with the development of capacities and abilities of civil organizations and the acquisition of the required competences on their part.

4. CONCLUSIONS, RECOMMENDATIONS

Recommendations of the Hungarian STEPS Expert Advisory Group

1. It is vital that Hungary has a clear national public health policy and agenda, with transparent priorities, based on considerations of tackling social determinants of health inequalities, and determined in consultation with all stakeholders including NGO-s working in this field. The agenda should reflect national, regional and local needs and should focus on priorities likely to optimize equity in health and public health effectiveness. Community and NGO involvement in the process is essential, particularly in problem identification, priority setting, resource allocation and implementation of results. There is thus a need to strengthen the ‘demand’ for public health research in Hungary by making the processes more explicit and fostering the involvement of all parties concerned, including communities and NGO-s.
2. The Hungarian National Public Health Research Plan should recognize the importance of producing better equity in health and reducing health inequalities, and should develop the human, institutional and financial resources to be able to do so. Research proposals should be evaluated from this perspective. Projects supported by the government and/or by the EU Structural Funds should be consistent with the National Public Health Plan.
3. Targeted financing should be mobilized and allocated along the lines of still missing clear Hungarian national public health research priorities, with particular attention to considerations of equity. Public health resource flows should be under coherent government coordination and control in partnership with the relevant NGO-s.
4. To ensure that Hungarian public health research resources are used efficiently and in line with agreed clear priorities, there is a need for continuous monitoring and evaluation. All Hungarian bodies funding public health research should develop explicit policies and procedures for reviewing proposals, and for monitoring and evaluating the outputs and impact of those that are funded. NGO-s should be actively involved in this process also in order to try to capture the contribution of research to reducing inequalities.
5. Hungarian public health research needs to be organized as a multidisciplinary and intersectoral activity while avoiding fragmentation and dominating vertical character. NGO-s at district and local level are often ideally placed to carry out local research and should be encouraged and empowered to do so.
6. There are no “quick fixes “in building an efficient and responsive public health research system. Short term project funding may be wasted if the underlying infrastructure is weak. Investing in public health research is a long-term engagement and must include strengthening the capacity of institutions so that they can make the most effective use of resources. This is particularly relevant in the case of NGO-s involved in public health research.



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7. Public health research in Hungary should be based on clear ethical principles. The public health community needs to develop appropriate guidelines and capable review mechanisms able to appraise and contribute to oversight of all research projects with a proactive NGO involvement.
8. There are important benefits to be gained from building collaborative networks and alliances and by improving communication among the various stakeholders in the Hungarian public health research system. Research institutions and NGO-s can support and reinforce each other's efforts through the exchange of resources and personnel and by working together towards mutually agreed goals.
9. A long-term, systems approach to the development of public health research capacity is needed in Hungary including the depth and range of research capacities over a broad scale of areas, with special regard on NGO needs, such as
 - Research priority setting in public health
 - Multidisciplinary research including skills of management in this field
 - Capacity for use of public health research
 - Policy and systems analysis
 - Communication of research results
 - Development of partnerships
 - Innovative uses of information and communication technologies

5. ATTACHMENTS

5.1. Agenda of the workshop.

9.45-10.00: **Reception, registration.**

10.00-10.10: **Greetings, introduction of the schedule. Setting up and accepting the rules**

10.10-10.30: **Presentation on the results and findings of the survey by Zsuzsanna**

Füzesi. Discussion.

10.30-12.00: **Engaging civil society organizations in public health research – from the side of PH experts stakeholders Moderated by László Tistyán.**

12.00-12.30: **Lunch break**

12.30-14.00: **Engaging civil society organizations in public health research – from the side of CSO stakeholders. Moderated by László Tistyán.**

14.00-14.15: **Break**

14.15-15.30: **National topic: Health inequalities. Moderated by József Vitrai.**

15.30-16.00: **Closing the workshop. Feedback. Evaluation.**

5.2. List of participants (name, organisation).

1	Antal Emese	National Association of Dieticians
2	Balla Orsolya	Avantgarde Group Ltd (communication agency)
3	Barabás Andrea	Foundation for Healthy Settlements
4	Barabás Katalin	University of Szeged, Institute of Behavioural Sciences
5	Borbás Krisztina	Polgár Foundation for Equal Chance
6	Busa Csilla	Fact Foundation
7	Csepányi Gabriella	Nutcracker Foundation
8	Füzesi Zsuzsanna	Fact Foundation
9	Hanusz Klára	HealthPorta Association
10	Jó Marianna	Marcia Presky Women Health Prevention Program
11	Juhász Józsefné	National Public Health and Medical Officer Service
12	Kapronczay Stefánia	Civil Liberty Union
13	Kovács Ildikó	Association for Healthy Hungary
14	Lajtavári László	'Wayout' Mental Health Association
15	Megyesi Rita	'Busy-Busy' Association
16	Mikéné Bodor Mária	National Association of Cancer Patient
17	Móra Veronika	Hungarian Environmental Partnership Foundation
18	Péntek Eszter	University of Pécs
19	Péterfi Ferenc	National Association for Community Development
20	Polacsek Györgyi	Hungarian Red Cross
21	Scheer Barbara	Nutcracker Foundation
22	Simek Ágnes	Hungarian Village Health Scientific Association
23	Szöke Katalin	National Public Health and Medical Officer Service
24	Tistyán László	Fact Foundation
25	Tomposné Sárkány Mária	Association of Health Visitors
26	Vasas Luca	Nutcracker Foundation
27	Vitrai József	Health Monitor Ltd.



5.3. List of Steering Committee.

The management of the workshop

Organising Committee

Dr. Katalin Barabás, PhD, Associate Professor, University of Szeged, Institute of Behavioural Sciences; Director of Fact Foundation

Dr. Zsuzsanna Füzesi, PhD, habil., Associate Professor, University of Pécs, Institute of Behavioural Sciences; Director of Fact Foundation

Rita Megyesi, Head of Tesz-Vesz Association, Üllés

STEPS Expert Advisory Group

Dr. Zsuzsanna Füzesi, MD, PhD, habil., sociologist, Associate Professor, University of Pécs, Institute of Behavioural Sciences; Director of Fact Foundation

Dr. Péter Makara, PhD, economist, Associate Professor, University of Debrecen, School of Public Health

Katalin Szőke, Public Health expert, Head of Projectmanagement Department, Office of the Chief Medical Officer Hungary

Dr. László Tistyán, sociologist, Director of Fact Institute

Dr. József Vitrai, Public Health expert, Director of HealthMonitor Ltd.

Invitations by the and the organizing committee were sent out to CSO representatives, PH experts representing the official PH sector and also university faculties, as well as journalists and a representative of a communication agency.

The STEPS Expert Advisory Group compiled a questionnaire two months before the workshop.

The organising committee sent it out to public health experts and in the second phase to CSOs. The questionnaire is in the Appendix.

On the conclusions of the questionnaire a recommendation draft was elaborated by the expert committee. It served as a basis of the discussion. (see the handout in separate pdf document - in Hungarian)

The national topic was also chosen on the answers of the questionnaires.

The national topic is "The inequalities in health".

5.4. Summary of the evaluation.

Evaluation of the workshop by participants focusing on preparation and event

13 of the participants filled in the evaluation form. Filling in the form was voluntary and without a name. 10 open and closed questions were on the sheet. The evaluation of the closed questions (except for one) was made on a 5 grade scale.

Based on the workshop the respondents rated 4,75 the importance of CSO's involvement into public health research and presumed that the workshop – despite of the diversity of participants and different knowledge and experience – contributed to solve the problems in

an appropriate way (3,73 on a 5 grade scale). During the workshop the participants often mentioned the difficulties of discussing this topic the first time.

The participants of the workshop were satisfied with each of the measured dimension (see the table below).

To what extent were you satisfied with ...

Factor	Average
the organization of the workshop?	4,85
the venue and services at the workshop?	4,69
the atmosphere and tone of the workshop?	4,54
the work of the experts leading the workshop?	4,46
the active participation and cooperation of the participants?	4,38
the handouts served the basis of the discussion?	4,31

Nine respondents think that involvement of CSOs in public health research can be done according the international practice.

On the whole, the workshop – held on 24 March 2010 in the framework of the STEPS programme – was evaluated 4 on the 5 grade scale.