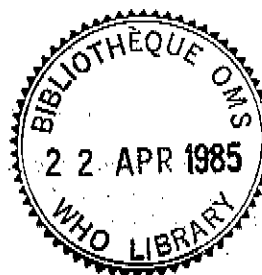




WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ



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COVERING THE PERIOD 1984-1989

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Programme 3.3

HEALTH SYSTEMS RESEARCH

Health systems research is the systematic study of the means by which relevant knowledge is brought to bear on the health of individuals and communities under a given set of conditions. It is therefore an important tool for the translation of policies into concrete health action and for the reorientation of national health systems towards the HFA/2000 goal. For this, it must be well integrated into the managerial process of health system development, focus on priority issues and provide results which are known to the decision-maker, timely and usable by him. The WHO programme of Health System Research Promotion and Development is structured into two components. The first deals with the promotion, coordination and information exchange in the practice of HSR for which the main responsibility lies with headquarters, the second with the strengthening of national capabilities for HSR training and development for which the main responsibility lies in the Regional Offices and Countries.

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## 1. INTRODUCTION AND POLICY BASIS

Although there have been great advances in health technology over the past decade, most countries have been unable to bring the new developments within the reach of the majority of their populations, particularly those who are in greatest need. This application gap has stimulated renewed interest in approaches that can facilitate the selection and utilization of health technology and the provision of health services appropriate to the prevailing needs and conditions and ultimately contribute to the solution of priority health problems. These approaches constitute the field of health systems research (HSR).

Health systems research is concerned with strengthening the means of health promotion and health care. It begins with real field problems and uses a variety of research disciplines to test the practical application of appropriate scientific knowledge for improving health care and health status.

It is not simply a new branch of epidemiology, although it often uses epidemiological methods. The two can be distinguished by defining epidemiology as the study of the frequency and distribution of health problems whereas health systems research is concerned with the study of problem solution in health promotion and care.

HSR supports the management of health development by: (a) providing the decision makers with evidence as to which health policies are likely to be the most effective, efficient, economic and relevant to their needs; and (b) providing managers with the technical knowledge needed to translate these policies into action.

While ideas and methods in health systems research may have general validity, their specific application tends to be culture-bound and their degree of transferability may be low. Thus health systems research is not the privilege of a few specialized groups as for other types of research, but must become an integral component of all health services in all countries.

A critical consideration underlies the shift in terminology from health services research to health systems research. Early efforts in health care research focused on problems encountered in the health services. As it became apparent that health depends to a large extent on variables outside the health services, it became necessary to study the health system as a whole. Causal variables responsible for health problems may be found in the lifestyle or the social and physical environment. Primary health care depends especially on a community-based approach, and solutions can often be best applied through other development sectors.

The mandate to develop HSR programmes in countries and in WHO stems from various resolutions formulated during the last few years by the World Health Assembly (particularly Resolutions WHA29.64, 1976; WHA32.15, 1979; WHA33.25; 1980), the Executive Board, Regional Committees and Global and Regional Advisory Committees on Medical Research.

## 2. SITUATION ANALYSIS

Member States have expressed increasing concern at the deficiencies in the application of modern health care technology, which lead to inefficient health systems and inequitable distribution of health resources. HSR is recognized as a means of avoiding such deficiencies and of providing for the correct organization and functioning of national health services, thus paving the way for Health for All by the Year 2000.

The decentralization of research in WHO has facilitated in developing countries the awareness of the need for research, especially HSR, and the necessity of developing their own research capabilities. The most recent progress report on WHO efforts in HSR by the ACOMR Sub-Committee on Health Services Research (Addis Ababa, 1980) noted that HSR programmes are well established in all Regions and progress is being made. However, the distribution of activities is very uneven and while there is concentration in some countries, there are many countries from which only a very limited number of HSR activities - with or without WHO support - are reported. Considering that the results of HSR tend to be culture-specific and may not be transferable from one country to another, each country should organize and carry out its own HSR.

In most countries, particularly in the developing countries, HSR is still at an early stage of development and has not been integrated with the managerial process for health development. This may be attributed to

- (a) inadequate appreciation of the nature and potentialities of HSR
- (b) lack of clear policies to integrate HSR with health programme development
- (c) lack of sufficient qualified staff
- (d) lack of intrasectoral and intersectoral coordination
- (e) weakness of the information system
- (f) inadequacy of resources

In spite of these inhibiting factors all regions have taken positive steps to broaden participation in useful research by means of training workshops, incorporating training and research methodology into the curriculum, in order to create a critical mass of health workers conversant with the concepts, methods and management of health systems research.

In the African Region nine institutions were selected, as the first components, in a regional chain of national health systems research centres and national subregional and regional courses in the methodology of HSR have been organized at the WHO training centres at Lagos and Lomé. In the Region of the Americas, the Organization has initiated a health services research programme with emphasis on the development of national HSR policies, training and the development of cooperation at the national, intercountry and regional levels for HSR projects.

In recognition of the fact that unemployment and poverty, at least in socially vulnerable groups, are important risk factors for health, equity in health has been accepted as a research priority of increasing importance in the European Region.

In the Eastern Mediterranean Region the emphasis is on research in primary health care that will facilitate the implementation of national and regional strategies for Health for All.

In the Western Pacific Region health care organization and management, health care financing, legislation and policy-making, intersectoral and sectoral coordination, manpower utilization and training (including educational technology), design of health care delivery, community participation, and logistic support systems have been identified as priority research areas for the Seventh General Programme of Work.

In all Regions WHO's activities in countries have endeavoured to support national capabilities and programmes. However, to make it possible for HSR to be carried out by peripheral health workers, further extension of training and manpower development in HSR has to be emphasized. In view of the multidisciplinary nature of health systems research, national capabilities in the fields of economics, social sciences, computer sciences in many countries have to be further developed. Besides trained personnel, the infrastructure for such research requires financial support, which in many cases remains relatively weak. Not only are funds for this purpose limited but they are also the first to be withdrawn in case of financial difficulties, and they are often used for activities which are really not research. Because of this, health systems research does not easily attract young professionals, who may be well motivated but are also interested in prestige work, career development, and job security.

It must also be observed that the results of HSR may be considered to threaten established practices, vested interests and the general status quo in the health services. For these reasons managers may avoid it and politicians find it unattractive. To obviate this difficulty relatively independent institutions, such as universities, should be encouraged to become involved, making HSR a part of their activities. The effectiveness of these institutions would be enhanced by the formation of collaborative networks of institutes at intercountry, regional or even global levels.

### 3. OBJECTIVE

To promote and support (i) the concepts and practice of HSR, (ii) the capability of countries to undertake it, and (iii) the application of its results.

### 4. TARGET

By 1989 most countries will have increased their research capabilities to the extent that they will have undertaken HSR and will be using the results thereof to improve their health systems.

### 5. APPROACHES

Health systems research is critical in all health systems development and in the application of health technology to local conditions. For this reason the main responsibility for substantive health systems research in WHO remains with those programmes that deal with the development of health systems in a comprehensive manner. Additionally, various other technical programmes will contribute important knowledge to the development of health systems obtained through research implemented in relation to and within the context of their specific functions.

Because of this diffuse responsibility throughout the Organization, to have a coherent health systems research programme requires an articulated effort at each organizational level, as well as between levels, and the establishment of focal points to identify neglected areas or gaps, act as an information clearing-house, and implement those activities that are common to or cut across several or all technical programmes. It is the role of the programme of health systems research to serve as such a focal point for coordination to assume direct responsibility for substantive research activities which do not fall under any programme, to provide support to Regions on their request, and to collect and disseminate overall information.

The Health Systems Research Programme will fulfil its responsibilities using the following approaches:

- (a) Promoting and coordinating appropriate HSR and applying the results of that research to improve the policies, planning, organization and functioning of health systems;
- (b) Disseminating necessary information on HSR and its results through interaction with national experts and collaborating institutions, by means of meetings and other appropriate mechanisms;
- (c) Selecting and promoting research to find the most efficient and cost effective methods of (i) developing and organizing health systems; (ii) organizing and integrating various components of the health system (especially at PHC level). This will include selecting and applying appropriate technologies; identifying the roles of various health workers and the conditions influencing their performance; improving training and methods of health education; improving health management processes and structures; finding ways to involve the community in planning and implementing health activities; studying intersectoral planning and management and the interaction between the health system and socioeconomic, cultural and political factors; assessing the quality, coverage and utilization of health services; and any other topics related to the development of effective PHC systems;
- (d) Developing and assessing methods by which the related disciplines of epidemiology, statistics, social and behavioural sciences and economics may best contribute to HSR;

- (e) Strengthening networks of workers and institutions involved in HSR; promoting training to increase health research capabilities and involving agencies in the financial support of such research.

#### 6. ACTIVITIES

Activities are grouped in two main areas: promotion, coordination and information exchange in the practice of HSR, and strengthening of national capabilities for HSR training and development.

TARGET: By 1989 most countries will have increased their research capabilities to the extent that they will have undertaken HSR and will be using the results thereof to improve their health system

Activities	1984-1985	1986-1987	1988-1989	Linkages
<u>Promotion, coordination and information exchange in the practice of HSR:</u>				
1.1 Collection, synthesis and dissemination of information that may help countries to solve their priority problems in health systems research related to HFA strategies	HQ, AFR, AMR, WPR, SEAR Countries			All technical programmes
1.2 Identification, collection, publication and dissemination of innovative case studies to illustrate the potential role of HSR and drawing lessons for the introduction of innovations and changes in health care	HQ, all regions, Countries			All technical programmes
1.3 Selection of subjects, conceptual development and promotion of HSR in neglected but priority health systems development areas like community involvement, intersectoral action, social equity, lifestyles, social control of health technologies, economic aspects of health and health care	HQ, all regions, Countries			All technical programmes
1.4 Analysis of experiences and dissemination of information on the methodological potential of disciplines which could enhance the results of HSR, such as economics, social sciences, computer sciences	HQ, SEAR, EUR, AMR, Countries			RPD, HMD, HSC
1.5 Maintenance and periodic updating of information on HSR programmes, institutions, training programmes and funding agencies	HQ, all regions, Countries			All technical programmes
1.6 Development of guidelines to support countries in the development of their national HSR policies	HQ, all regions, Countries			All technical programmes
1.7 Support to the mobilization of appropriate resources for HSR at country and international level, including provision and prompt allocation of seed money for priority research	HQ, AFR, SEAR, WPR, Countries			All technical programmes HKM
<u>Strengthening of national capabilities for HSR training and development</u>				
2.1 Support national efforts (a) to define health systems research needs in support of the implementation of national HFA policies and strategies (b) develop national HSR programmes (c) to implement these programmes through learning by doing	Countries, all regions, HQ			MPN, RPD, HMD
2.2 Support for interregional, regional and inter-country training programmes for teams of HSR trainers, who will in turn participate in training programmes in their own countries	Countries, all regions, HQ			Various technical programmes
2.3 Development of training materials, case studies and other instruments to facilitate HSR training and practice at country level	Countries, AFR, AMR, SEAR, WPR, HQ			Various technical programmes
2.4 Promotion and strengthening of intracountry and intercountry institutional networks to support HSR training, exchange of information and experiences, and to link HSR to other HFA activities	Countries, AFR, SEAR, WPR, HQ			Various technical programmes

## 7. PROGRAMME MANAGEMENT AND RESOURCES

In 1978 the global ACMR established a subcommittee on HSR which provided impetus and direction to the practice of HSR in WHO and in the countries, and which reviewed the applications of this research to health systems development. The subcommittee has now been replaced by study groups focusing on particular aspects of HSR, like health manpower, maternal and child health. Technical matters are dealt with by ad hoc working groups.

WHO "focal points" and coordinating mechanisms have been set up in headquarters and in the Regions. National contact points are also being established with the help of the WHO Programme Coordinators. The programme also relies on the collaboration of several NGOs as well as national collaborating centres and networks.

Substantial extrabudgetary resources are needed to support research in countries. One way to mobilize such funds is by establishing long-term (3-5 year) partnerships, under WHO auspices, between developing country governments and funding agencies from industrialized countries.

## 8. MONITORING, EVALUATION AND INDICATORS

The programme will be evaluated by the policy organs of the organization, including the Global Advisory Committee on Medical Research and the HSR Subcommittees of the Regional Advisory Committees on Medical Research.

Progress will be monitored through indicators such as the number of countries with HSR policies and plans as part of national strategies for HFA\*, the number of countries with national mechanisms for the coordination of HSR as part of overall Health Research Coordination\*, provision of adequate resources for HSR, the existence of national institutions with the necessary expertise in HSR, the number of countries strengthening their national capabilities for HSR training, the number of countries who reoriented their health systems based on the results of HSR, etc.

However the most important achievements of an HSR project are not always anticipated at the outset and success in one respect (e.g. methods) may correspond to failure in another (e.g. implementation). For evaluation to be possible countries and regions will engage in the development of base-line data relevant to the indicators adopted.

## 9. LINKAGES

In WHO, HSR activities must be primarily based on collaboration among those programmes whose involvement in and contributions to the development of comprehensive health systems is more immediate, namely the other components of Programme 3, Health Systems Development, Programme 4, Organization of Health Systems Based on Primary Health Care, and Programme 5, Health Manpower. Additionally, linkages will be necessary with programmes in the area of Health Science and Technology dealing with specific components of the health system or other relevant aspects of research. Perceived linkages are indicated in the tables.

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\* See Resolution WHA 33.25 (1980)