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HEALTH SYSTEMS RESEARCH ADVISORY GROUP

Second Meeting, Gaborone, Botswana, 19-25 June 1988

Report

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REPORT

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1. INTRODUCTION

The Second Meeting of the Advisory Group on Health Systems Research took place in Gaborone, Botswana, 19 to 25 June 1988. The aims of the meeting were to review developments since the first meeting of the Advisory Group in April 1986 and to make recommendations to the Director-General on the direction of the Health Systems Research Programme.

The meeting was attended by experts in medical and public health research, policy makers, and principal investigators of WHO-sponsored health systems research projects at country level. Participants included experts from Australia, Botswana, Chile, Indonesia, Kenya, Malaysia, Pakistan, the United Kingdom and the United States. Also present were observers from various health institutions in Botswana and from international donor agencies, including the International Development Research Centre, Canada, the Ministry for Technical Cooperation, Netherlands, the Ministry of Development Cooperation, Norway, the Carnegie Corporation, the International Health Policy Program and the Rockefeller Foundation, United States of America. For a full list of participants, see Annex 1.

The meeting was opened by the Hon. Mr Ponatshego Kedikilwe, Minister for Presidential Affairs. In his opening address, the Minister acknowledged the substantial progress made in Botswana in developing health systems research. In particular, he pointed to the establishment of the Health Research Unit and a number of important research projects that had been carried out to support the development of more relevant and effective health care in the country.

The terms of reference of the Advisory Group remained the same as for the first meeting and were to:

- advise the Director-General on priorities and directions in the development of health systems research and on innovative trends in this field;
- advise on specific programme needs in the collection of information, its analysis and dissemination, the identification of priority issues in the reorientation of national health systems, the utilization of research in decision-making and on strengthening national capabilities in health systems research;
- facilitate the review, monitoring and evaluation of country-specific research and development activities;
- promote understanding of and technical and political support for the health systems research programme at all levels; and to
- mobilize scientific, and whenever possible, financial resources in the fields of health services research.

2. HEALTH SYSTEMS RESEARCH AT GLOBAL AND REGIONAL LEVELS

The first meeting of the Health Systems Research Advisory Group was convened in April 1986 to advise on priorities in this field and to review country proposals. The report has been widely used in a series of regional and country workshops and members of the Advisory Group have acted as consultants for support to health systems research in countries.

Since this first meeting, there has been considerable progress in national and international interest in health systems research and its application to current problems of major concern. A brief review of programme activities at WHO headquarters and in the Regions is given below.

HEADQUARTERS ACTIVITIES

Headquarters programme activities may be summarized under the following headings: promotion, information and coordination; strengthening of national capabilities; research projects; and resource mobilization.

Promotion, Information and Coordination

The strategy on health systems research calls for broad-based collaboration rather than a vertical programme. Fostering such collaborative relationships within the WHO Secretariat and with governmental and non-governmental agencies is therefore of high priority.

The Responsible Officer for Health Systems Research has been charged with certain additional tasks related to Health Manpower Research. These include:

- acting as secretary to the ACHR¹ Subcommittee on Health Manpower Research, including the organization of a meeting of this subcommittee in 1988;
- acting as co-secretary to the Study Group on the "Role of research and information systems in decision-making for health manpower development";
- follow-up activities at global, regional and country levels of the Collaborative Initiative to Promote Utilization of Research for Decision-Making in Health Systems and Manpower Development.

Existing regional and interregional channels have been used to promote health systems research and in several instances, the linkages established have led to activities at country level.

To assist in the creation of an international network, a Health Systems Research Newsletter will be published in collaboration with the Association for Health Services Research, with support from the Rockefeller Foundation and the Dutch Government. A document entitled "Health systems research in action" was issued by WHO in 1988. It includes eight case studies - Botswana, Colombia, Egypt, Indonesia, Malaysia, the Netherlands, Norway and the USA. It describes how health systems research has been used in these countries and provides managers and other potential users with convincing evidence that health systems research is feasible and useful.

Collaboration with the International Network for Clinical Epidemiology (INCLIN) resulted in a joint plan of action which has been accepted in principle for funding by the Rockefeller Foundation. This plan aims to link medical and health systems research in developing countries, using a promotional, educational and operational approach.

The International Health Policy Programme (IHPP), a joint initiative of the Pew Memorial Trust, the Carnegie Corporation, the World Bank and WHO, supports health policy analysis projects in developing countries in Africa and Asia. In view of the similarities in objectives and approaches, discussions have been initiated recently to explore collaboration and possible joint activities with the IHPP.

Two joint activities have been planned with the Forum for International Cooperation of Health Services and Systems Research Centers:

- the organization of an International Conference of Directors of Research Centers (Portugal, October 1988); and
- the publication of an International Directory of Health Services and Systems Research Centres.

¹ ACHR Advisory Committee on Health Research.

In collaboration with the Editor of World Health Forum, a competition was held for the best article on health systems research. One hundred and twenty-three papers were received from 21 countries and the five best papers were selected for publication in the Forum.

Strengthening of National Capabilities

Building on regional and country experiences, and after consultation with the WHO Regional Offices, an interregional training programme has been developed, aiming:

- to review and adapt existing health systems research training and learning modules;
- to use these modules in a series of three interregional training workshops on health systems research; and from this
- to develop an orientation and training package including case studies, a bibliography, background reading, and a booklet on training materials.

National workshops on health systems research methodology with WHO technical and/or financial inputs have been held in most of the regions.

| | |
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| African Region: | Botswana, Lesotho, Malawi, Mauritius, Zimbabwe |
| Americas: | Argentina, Brazil, Colombia, Mexico |
| Eastern Med.: | Kuwait, Pakistan |
| Western Pacific: | Malaysia, Papua New Guinea |

The Health Services Research Course, originally developed by the WHO Regional Office for Africa and the Project for Strengthening Health Delivery Systems in Central and West Africa, has been adapted for use at district level.

Support has been given by WHO to individual country activities, with an emphasis on institutional development. Members of the Advisory Group and other consultants have been involved in situation analyses and have collaborated in the formulation of national plans of action in the following countries: Botswana, Burma, Kenya, Lesotho, Malawi, Malaysia, Mauritius, Mozambique, Pakistan, Papua New Guinea, Senegal, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe.

Action is being taken to designate WHO Collaborating Centres for Health Systems Research and Development in the Eastern Mediterranean, European and Western Pacific Regions.

Research Projects

Specific projects have been supported in the following countries: Botswana, Burma, Israel, Kenya, Lesotho, Papua New Guinea, Senegal, United Kingdom, Zimbabwe.

On the initiative of the Health Systems Research Programme and in collaboration with the African Regional Office, Subregional Health Development Office III, several Member States in the subregion, and the Royal Tropical Institute in Amsterdam, a Joint Project on Health Systems Research for Southern Africa has been developed. This four-year project, funded by the Netherlands Directorate of Development Cooperation, provides orientation and training to health personnel, carries out projects on priority issues and increases the utilization of results in the decision-making processes at all levels.

Resource Mobilization

Technical cooperation has been provided by Belgium and the Netherlands in the form of four associate professional officers who have been made available to the Health Systems Research Programme.

Financial support has been obtained from the Netherlands Directorate of Development Cooperation, the Ministry of Health of the Netherlands, Danish Technical Cooperation (DANIDA), and the Rockefeller Foundation (to be confirmed). In addition, proposals for funding are currently under consideration by the International Development Research Centre, the Carnegie Corporation, the Norwegian Ministry of Development Cooperation, the Commission of the European Communities, and the Australian International Development Bureau.

REGIONAL ACTIVITIES

Region of the Americas

A meeting, under the auspices of the Health Services Development Program, Pan American Health Organization/World Health Organization (PAHO/WHO), was held in April 1987, in Washington, D.C., USA, to update the health systems research proposals of the Health Services Development Program and to discuss and propose guidelines to be followed for the promotion of health systems research and Information Network Systems by PAHO and by the institutions participating in this meeting.

It introduced for implementation an inter-institutional network to facilitate the exchange of experiences between educational institutions and services, the promotion of research, the dissemination of results, and their application for the improvement of health care. The network is expected to include national health and academic institutions and the social security and private care systems and its characteristics will become evident as the intercountry information exchange system is developed.

A number of activities have followed this first meeting:

- The first Health Systems Research Promotion Workshop was held in the Escuela de Salud Publica in Buenos Aires, Argentina, in November 1987. Thirteen preliminary proposals were prepared.
- The second Health Systems Research Promotion Workshop was held in the Instituto Nacional de Salud Publica de Mexico, in Cuernavaca, Mexico, in December 1987. Ten preliminary proposals were developed.
- The third and fourth Health Systems Research Promotion Workshops are expected to be carried out in Brazil and Colombia within the next few months. The Health Services Development Program is collaborating with these countries in the development and implementation of the workshops.
- As a follow-up activity of the meeting of April 1987, the Health Services Development Program is planning a working session at PAHO in September 1988, with the consultants who participated in the workshops, to evaluate PAHO/WHO efforts and to agree on a future plan of action.

Eastern Mediterranean Region

At the thirteenth meeting of the Eastern Mediterranean Advisory Committee on Health Research (EM/ACHR), held in Alexandria in March 1988, a review was made of the activities of the Regional Office in relation to health systems research. Most of the activities of the Regional Office in relation to Research Promotion and Development have been directed towards the intensification of efforts by WHO for the further promotion of health systems research.

An important activity in this respect is the publication of the Eastern Mediterranean Region Health Services Journal, which is now produced twice a year, in March and in September. Its aim is to facilitate dissemination of the results of studies in the areas of health systems research, behavioural research and health manpower development in the Region.

Four workshops on health systems research were conducted in Iraq, Pakistan, Qatar and Saudi Arabia in 1987. In all, there was a good mix of the various health professional categories - physicians, nurses, administrators, academic staff and other health personnel.

The Task Force on Health Research visited Jordan in 1987 and Saudi Arabia in 1988, and follow-up visits were made to Kuwait and Pakistan. In these visits, the Task Force recommended activities for the promotion of health systems research. WHO is in the process of designating a WHO Collaborating Centre on Health Systems Research in Pakistan.

Meetings of senior health services managers, research workers, academic staff and other interested parties to enhance coordination, to promote health systems research and to determine research priorities were held alongside the workshops and task force visits.

Short-term consultants visited Kuwait, Iran, Iraq, Pakistan and Democratic Yemen to assist the national authorities to draw up plans for health research, to prepare research proposals, and to follow-up the progress of the activities recommended. These consultations are mainly intended to help establish health research units within the Ministries of Health and to promote health systems research in collaboration with interested parties in the universities and other sectors.

A WHO consultant visited Iraq in 1987 to conduct a workshop on health systems research and assisted the national authorities in planning further steps that should be taken. The Regional Adviser on Research Promotion and Development visited the Islamic Republic of Iran in July 1987, during which visit he reviewed the plans prepared for the newly-established Division of Health Research in the Ministry of Health and Medical Education.

A collection of case studies is under preparation and these will be tested in health systems research workshops. It is hoped that the final revised draft will be ready in the middle of 1989. Work has started on health systems research training modules in Arabic.

European Region

In September 1987, the Regional Committee approved two documents on Health Research Policy and the Health Research Programme which will provide the main framework for health research within the Health for All Strategy of the Region. The publication of these documents will be launched officially in September 1988, in Finland.

Certain Member States and national organizations have expressed interest in promoting further activities related to the health situation of refugees and victims of violence, and financial support has been received from Denmark and the Netherlands. The book "Health Hazards of Organized Violence" was published in collaboration with the Ministry of Welfare, Health and Cultural Affairs of the Netherlands. In January 1987, the book "Migration and health: towards an understanding of the health care needs of ethnic minorities" was launched in the House of Lords, United Kingdom.

The results of the study on the health effects of long-term unemployment in selected countries, coordinated by the WHO Collaborating Centre for Research on Social Equity, Eastern Health Board, Dublin, Ireland, were discussed at a meeting held in Baden-bei-Wien, Austria, in May 1987. The book "Unemployment, Social Vulnerability and Health in Europe", written in collaboration with the Medis Institute in Munich (the WHO Collaborating Centre for Health Planning and Health Economics), was published by Springer-Verlag in 1987.

A meeting at which 25 country profiles on social inequities in health were presented, hosted by the Ministry of Health and organized by the School of Public Health, Portugal, was held at the Gulbenkian Foundation in Lisbon, in September 1987. The country profiles will be published in 1988.

Under the medium-term programme of cooperation with Yugoslavia, a national workshop on health systems research was held at Sarajevo in August/September 1987.

The development of learning material in health systems research was the subject of a two-week workshop (in French) held in June 1988 in collaboration with INSERM, Paris. Learning material on health systems research methodology (in English) will be published in 1988. This material was previously tried out at workshops in Alma-Ata and Moscow (organized by the WHO Collaborating Centre for Classification of Diseases, Semashko Institute, Moscow and the WHO Collaborating Centre for Primary Health Care in Alma-Ata) and in Barcelona. Learning material has also been developed in qualitative research methodology in public health in collaboration with the Nordic School of Public Health, Gothenburg, Sweden.

South East Asia Region

A meeting of the Task Force on Health Systems Research was held in the Regional Office in November 1987. The following recommendations were made for WHO collaboration with Member States:

- establishment or strengthening of national mechanisms, such as national task forces for health systems research, so as to improve promotion, coordination and prioritization of health systems research, and the timely utilization of results;
- provision of technical support to national coordinating bodies through the establishment of scientific working groups composed of personnel from research or academia - such as medical research councils, research cells of ministries and university departments;
- strengthening the capability of institutions in countries to undertake valid, relevant health systems research, with high priority given to countries in which this capability is relatively less well developed;
- providing opportunities for intellectual exchange and "networking" between health systems research centres of excellence, with meetings and scientific conferences involving focal institutions, health scientists and "non-medical" scientists working in this field - such as social scientists and economists of leading institutions;
- reviewing the existing policies and activities of the WHO Collaborating Centres for Health Systems Research;
- support to curriculum development so that curricula for health workers include the social science dimensions of health, and social science courses include health aspects of social science;
- updating guidelines to identify priority areas, and disseminating and refining methodologies and training materials;
- collaboration in multi-centre projects in priority areas;
- updating of Regional Office inventories on institutions and scientists who could be mobilized for health systems research at country and regional levels; and
- support to health systems research projects in countries, which will also help to attract extrabudgetary resources for Member States.

Western Pacific Region

In collaboration with the Institute of Public Health, Kuala Lumpur, the Regional Office held an intercountry workshop on health systems research and management, in December 1987. Twenty-five participants from eight countries - China, Republic of Korea, Malaysia, Papua New Guinea, Philippines, Singapore, Tonga and Viet Nam - attended. They prepared a description of how health systems research could support the managerial process and developed a generic scheme for institutionalizing health systems research into managerial decision-making for health organizations.

A national workshop on health systems research and management was held in Papua New Guinea in March 1988, on the lines of the earlier workshop held in Kuala Lumpur, and brought together health staff from headquarters and provinces and from the University and institutes. A great deal of interest in starting projects was generated as well as in coordinating activities in the country.

As a result of the Malaysia workshop, a network was formed to share information and staff to support various health systems research activities in the Region. One of the first network exchanges was a colleague from Seoul helping with the research projects in Papua New Guinea.

3. HEALTH SYSTEMS RESEARCH AT COUNTRY LEVEL

A brief account is given below of salient points from the country presentations and the ensuing discussions. Project activities were supported by the Director-General's Development Programme.

Burma

"Study on the management and performance of the various divisions and sections of the Department of Health"

The purpose of this study is to improve the efficiency and effectiveness of the health system at central level. The Advisory Group reviewed the proposal in 1986 and noted that the possible strategies for strengthening management had not been spelled out, the methodology of the study had not been well developed, and that it was not indicated whether the skills to carry out the study were available.

After further planning visits in August 1987 and May 1988, the study teams were selected, the study instruments were designed, and a plan of operation made to cover the period August 1988 - July 1989.

There have been considerable delays, both in preparation of the study as well as in the transmission of funds. One of the main causes for these delays is the fact that both the principal investigators (high level policy-makers) as well as the assistant researchers are already fully occupied by their normal duties.

The study is certainly relevant and it could have an important impact. However, commitment to it seems uncertain and its viability is questionable. New linkages have been made with the Medical Research Department, an external adviser of USAID provides support, and the Committee on Primary Health Care will be involved. It is hoped that the study will start in August 1988.

It seems that this proposal was approved at too early a stage. Criteria should be set for the approval of research projects: without a good statement of the problem, the appointment of principal investigator, a detailed methodology, a work plan and budget, a proposal should not be funded. Seed money could, in the case of a relevant and promising proposal, be provided to elaborate the proposal so that it becomes implementable.

The fact that a proposal provides an opportunity to get health systems research started in a certain country should not lead to approval, unless the study seems fully viable; otherwise it may do more harm than good.

"Township health utilization study"

This study which places emphasis on maternal and child health scored positively on some of the criteria set but there were some questions:

- are the problem and the research methodology clearly stated?

- is the research decision-linked?
- are the top echelons of the Ministry of Health well-informed about it?
- is there commitment to carry it out?
- can it therefore have an impact?

Botswana

"Village health committees: viable instruments for community mobilization for primary health care?"

This study resulted in a number of clear recommendations which are now being implemented. These include: obtaining more information before selecting committee members, better definition of criteria for their selection, continuing education and support of committees, and regular evaluation of their work and effectiveness.

"Family welfare educators: can they be more community oriented?"

This study came up with four options, all with advantages, disadvantages and implications in terms of cost well spelled out. The options were:

- to let the family welfare educators continue to work predominantly in the clinics;
- to make them do community work under supervision in addition to their clinic duties;
- to place them completely in the community; and
- to replace them in the clinics with a new cadre of health worker.

"Risk factors in home and hospital deliveries"

The risk factor study has not yet been completed. It is carried out by experienced researchers working with the district health teams, for whom it is an excellent 'learning by doing' experience.

The first and second studies attempted to answer questions that arose out of earlier surveys. In both cases, qualitative research techniques were used to complement the more quantitative techniques used in the surveys: focused group discussions, individual interviews and observation. These three studies can be judged positively for several reasons:

- they are answering questions posed by the policy makers;
- intelligent use is made of internal and external resources, both technical and financial;
- there is good leadership, commitment and scientific competence; and
- the methodology followed is comprehensive, adapted to the type of research questions, and allows for maximal participation of health staff concerned and health students.

Israel

"The association between physician characteristics and the process and outcome of ambulatory care"

The project aims to show the associations between physicians' characteristics and the process and outcome of ambulatory care. The proposal, however, contains methodological weaknesses, including some confusion between dependent and independent variables, and problems and deficiencies in sampling. This study is not expected to contribute much to institutional strengthening. A consultant should have commented on the research design before the study was started.

Kenya

"Design of a process evaluation of primary health care in three districts"

The research project concerns the evaluation and strengthening of primary health care, a topic which involves all levels of the health organization and health staff. It includes planning, organization, community participation, intersectoral collaboration and the use of data for planning.

During the consultant's first visit, the proposal was further developed and arrangements were made to safeguard the completion of the project, with quarterly meetings of an advisory committee which included Ministry of Health staff and re-affirmation of the commitment to start a health systems research unit. During the implementation phase a series of difficulties were overcome. These included: the delay of one year before WHO funds actually became available, which led to a loss of momentum; delays in receiving matching funds from the Kenya Government; the need to introduce formal interview schedules for the nurse interviewers, who were employed instead of more highly qualified staff (in the original proposal informal interviews and observations were to be made by a sociologist and a health economist); and problems of communication with the Ministry of Health and WHO.

Several positive points were noted in the development of health systems research which favoured the implementation of this research project. Awareness of the usefulness of health systems research dates from years back but has clearly increased over the past five years, in the University and the Kenya Medical Research Institute as well as in the Ministry of Health.

A useful experience was a workshop held for the staff of the three districts in which the research was carried out. It provided an opportunity for training while at the same time getting the views of health staff on the primary health care programme, which was seen as another vertical programme.

Acceleration of the introduction of the primary health care programme in all 41 districts, as directed by the President, required results of the health systems research project to be available earlier, so that they could be used in the process of strengthening primary health care in the other districts and provinces. The results are expected to be available in October 1988 and will be disseminated through workshops. The decision to extend primary health care to all districts required a total reorientation of the health systems research programme.

Lesotho

"Use of alcohol among high school students"

This study aimed at quantifying the size of the problem, as well as identifying drinking patterns and factors related to the problem. The idea was born during a multidisciplinary workshop on alcohol use and abuse, convened because alcohol problems

are prominent among the adult population. It was felt that finding out why young people start drinking and the size of this problem might reveal the need to start preventive action and how to go about it.

The study was carried out between January-July 1987 by a local and an expatriate sociologist, supported by the Sociology Department, National University of Lesotho. A self-administered questionnaire was handed out to 1137 students in 11 high schools, and was followed by group discussions and 13 individual in-depth interviews. Only the results of the questionnaires were presented in the report. Eleven per cent of the pupils appeared to be drinking, though only three per cent regularly, with more boys than girls. The influence of their peers and the drinking behaviour of their parents appeared the main contributing factors.

As positive points about the project the Advisory Group noted: the active involvement of the University, which had taken up the study at the request of the Community Alcohol Rehabilitation Project; the clear way of presenting problems, methodology, results and recommendations; and the linkages made to neighbouring countries with similar problems. Questions remain about the application of the results, as both investigators have left the country.

"Baseline study of traditional birth attendants"

This study aims at investigating the characteristics, practices and techniques of traditional birth attendants as well as the effectiveness and impact of the training given to them. The study which was approved in 1986 has only just started. Methodologically the proposal is weak, whereas the budget seems exaggerated. These remarks led to the following observations:

- health systems research is not a simple matter even though it must be taught as simply as possible;
- good quality course material as well as experienced instructors are needed to make sure that the course participants go home with proposals that they can usefully implement; and
- criteria should be established according to which the Advisory Group may review proposals sent in for funding.

Mauritius

There is a clear commitment to health systems research, shown by statements of the Minister of Health and senior officers in the Ministry and also by the research carried out and used, in particular by vertical programmes. Activities include a well-developed system for vital statistics, health service statistics of good quality, a primary health care review in 1987, epidemiological studies (e.g., long-term follow-up of at risk population for psychiatric disorders), and population-based surveys (e.g., breastfeeding and infant mortality, and health notions of village people). Resource people for such research are available in the areas of demography, epidemiology, management, statistics, economics, and behavioural sciences. However, most of them are not closely linked to the Ministry of Health.

Over the past two years there have been several developments. A plan of action was accepted by the Cabinet, an Advisory Committee was appointed and members of a task force were identified. A workshop was successful in sensitizing top and middle managers of the Ministry of Health, in exposing resource people to health systems research and the Ministry of Health, and in the development of research proposals. Project resources were obtained from Australia.

The head of the Health Research Unit is yet to be appointed. Its location in the hierarchical structure of the Ministry of Health should allow it to coordinate research involving various departments, technical as well as administrative. External resources should be mobilized, while maintaining local control over the direction of the research. Further training in learning-by-doing exercises would be useful over the next five years. Research activities may be strengthened by the recent appointment of a WHO Associate Professional Officer.

Discussion focused on the status of the head of the health research unit in a Ministry where the highest status is held by senior clinical specialists. A fairly young public health doctor may have difficulty coordinating the research activities of vertical programmes. One approach might be to start with research on problems of special interest to the clinical specialists, such as on the quality of care.

Papua New Guinea

"Development of a resource allocation model for Papua New Guinea"

The object of this project is to develop a resource allocation model for policy makers in the Department of Health and the Department of Finance and Planning, for distributing financial resources between provinces as well as between various programmes within a province.

To that end, an analysis was made of existing processes by an external consultant who finished this baseline study in April 1988 and will return in August to help in developing the model.

The research topic is fundamental to health policy planning and management: it also has potential for training, for linking researchers and health authorities, and for the transfer of research results to other countries. Certain weak points were identified: lack of involvement of local researchers, limited commitment of health authorities, doubtful impact and uncertain viability of the project.

Yet, through this proposal and the involvement of the consultant, the Department of Health of Papua New Guinea has put health systems research on the agenda and developed a plan of action, indicating a number of priority areas for research in the fields of policy, management, utilization of resources, and special health problems.

Senegal

"L'étude pour l'adaptation de la formation" (Study for the adaptation of training)

"Le système d'évaluation des Centres de Santé" (The system of evaluation of health centres)

Only short presentations were given on these projects, highlighting a few similar issues. These included:

- problems of communication between researchers, between them and the Ministry of Health;
- the use of interviewers with only limited training, necessitating the use of formal interview schedules;
- available funds had hardly been used; and
- initiation of another major project absorbed the time of health staff and diverted attention from the research projects.

The ensuing discussion brought up a number of important points common to all such research activities:

- the institutional location of health systems research, some members felt, should be in the Ministry of Health, so as to obtain political support and ensure the necessary coordination within the Ministry;
- local training in methodology is important, as health systems research should be locally relevant and culturally appropriate;
- in addition to training, young researchers need the support of senior staff to get things done, as well as for technical expertise;
- cooperation with biomedical researchers is needed, but complete dependence on a biomedical research institute for support may not be satisfactory; and
- consultants can play a very useful role, provided they have good relationships with Ministry of Health staff and local researchers and are available for subsequent support, if required, so as to ensure continuity.

Tanzania

Tanzania, in 1986, requested a consultancy to advise on the establishment of a Health Research Unit. This unit, it appeared, would be best located in the Health Planning Unit and would coordinate biomedical as well as health systems research, even though the emphasis would be on the latter. Institutional capacity for health systems research comprises:

- Ministry of Health
 - National Institute for Medical Research - a group of research institutes having primarily a biomedical orientation
 - Tanzanian Food and Nutrition Centre
- University of Dar es Salaam
 - Department of Community Health - which has extensive experience in health systems research and behavioural science
 - Institute of Development Studies.

An inventory is currently being made of health systems research resources - including research carried out over the past 10 years by the Institute of Development Studies and of health research needs by the Department of Health. Good quality health systems research is carried out, in particular in the vertical programmes, but results are often not used and much research may not be on priority issues. What seems to be needed, therefore, is research coordination and the development of a research policy.

The Tanzanian Commission for Science and Technology has recently been made responsible for developing a research policy for health but does not appear to work sufficiently closely with the Ministry of Health, its membership having a strong biomedical orientation. In spite of the general agreement to locate the Health Research Unit in the Health Planning Unit, which has direct access to the Permanent Secretary and the Chief Medical Officer, there are still a few problems.

For the Health Planning Unit to take on this new function it would need strengthening, which would only be possible with donor support. Apart from coordinating research at national level, the Health Research Unit would also have to support health systems research at regional and district levels and would itself be engaged in research. Its establishment may be facilitated by the recent arrival of a WHO Associate Professional Officer, but funds for a full-time national expert and an expatriate (temporary) are needed, as well as for operations and equipment.

Plans for the near future include a consultative meeting on health systems research for policy-makers, health managers (regional medical officers) and researchers to discuss further action for development and coordination. Early in 1989, the first training course will be held in the Centre for Educational Development in Health, Arusha. A strong Health Research Unit would fulfil a need, not only within the Ministry but also in the field.

United Kingdom

"Health status and social deprivation in South East Thames"

The project aims at developing a database for use in community health planning. It has three stages: first a health status survey on a sample of 10 000; after six months an interview of 1000 respondents on health service utilization (pilot study); to be followed by a full survey on all 10 000 respondents on health service utilization. There is a high probability that results will be used in the decision-making process in the Thames Region, in particular for resource allocation. However, the project has not served, and was not expected to serve, the aim of institutional strengthening.

Zimbabwe

"Evaluation of a pilot project on strengthening management at district level"

This proposal concerns the third (evaluation) stage of a pilot project on strengthening of management in two districts in Zimbabwe. In the first stage, management problems were identified and training modules were prepared. The idea was to evaluate the effect of the training provided on the performance of health staff in the two original projects, compared to the performance of health staff in two districts where no training had taken place. The training modules and the tools to evaluate the progress in management procedures would then be used in other districts of the country.

It appears that the evaluation stage, on which the Advisory Group made some technical comments but which was approved, was not actually carried out. Nevertheless, improvements in management carried through in the two districts have been expanded to other districts of the provinces concerned, and another nation-wide project (Family Health) concerned with strengthening management is making use of the findings of the pilot project well. The WHO Country Office as well as Subregional Health Development Office III are involved in developing an audit questionnaire to evaluate the effect of the changes in management. An investigation will be made as to why the original project was not carried out.

It was observed that the Advisory Group should sharpen its criteria for approving or disapproving research projects and that, prior to final approval, conditions (reporting, evaluation, and total support) should be agreed upon beforehand.

Joint WHO/RTI/Dutch Project on Health Systems Research for the Southern African Region

The Joint Project on Health Systems Research for the Southern African Region is based in the WHO Subregional Health Development Office, Harare, Zimbabwe, and has developed in phases, using a participatory approach from the start:

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| 1966 May | An intercountry conference was held in Harare with participants from Botswana, Malawi, Mauritius, Tanzania and Zimbabwe, during which the project proposal was formulated in its final form. |
| 1987 July | An intercountry workshop was held in Harare at which all countries of the subregion were invited to submit position papers and to send participants. Ten countries - Botswana, Lesotho, Malawi, Mauritius, Mozambique, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe - responded and each developed a plan of action. |

- 1987 July-December Visits were made to nine countries: to assist in the further elaboration of position papers which outline resources in relation to needs; to encourage the identification of focal points in Ministries of Health, which has actually occurred in most countries; and to follow up countries' plans of action.
- 1988 February An intercountry workshop developed a training course by adapting existing modules with a multidisciplinary team of 10 researchers from five countries. These researchers will be (or have already been) instructors in such training courses in their own countries.
- 1988 March A consultative meeting of policy makers, health managers and researchers was held in Zimbabwe, and others are planned for Swaziland, Tanzania and Zambia. In these meetings an introduction is given on what health systems research is, on Ministry of Health needs for it at national, intermediate and district levels, and on the resources available for research, particularly Universities and research institutes. Suggestions are developed on how best to promote and coordinate such research at various levels, in particular the Ministry of Health.
- 1988 April-May Training of trainers workshops in methodology were held for national and provincial staff in Malawi and Seychelles. The first two-week part of this training was for developing actual research proposals. The next five months were for data collection and preliminary analysis, followed by another two-week workshop on data analysis, report writing and formulation of recommendations. During the national workshops, two researchers from other countries were invited to participate and then become instructors in similar workshops in their own countries.

Networks are created by intercountry workshops, by inviting participants from other countries in the subregion to national workshops and by publication of a newsletter on health systems research.

An important need that has been recognized over the past 15 months, and for which the project lacks resources, is the strengthening of research units in countries. One universal need is for handbooks on research and journals, but more extensive needs for strengthening health research units exist in most countries.

Several comments were made on this project, firstly, that its obvious success is due primarily to the high level of interest at country level, as shown for instance by the participation at the intercountry workshop in July 1987 and also by the fact that most countries have identified a focal point in their Ministries of Health.

It is significant that a donor is interested in this project, despite the fact that donor support for health in general has been declining throughout Africa. This support is particularly noteworthy because, when the project started, it was not yet very clear exactly what shape the institutional support to the countries would take. Several participants stressed that similar programmes are very much needed in other subregions in Africa and perhaps also in other regions. Therefore, it would be useful to document clearly the development of the Joint Project activities. It was suggested that the training course developed might be distributed much more widely and that it would be useful in other regions as well. It was emphasized that, for successful training, these modules are not sufficient by themselves, and that at least one very experienced researcher needs to be present to prevent proposals from being developed which have such weaknesses that the results cannot usefully be implemented.

Networks for Health Systems Research in the Americas

Most of the countries of the Americas have National Research Councils for Science and Technology which provide funds for research in all sectors, including health, and universities and research institutes to carry out research. To strengthen health systems research, an extra effort has been made by establishing a Network for Health Systems Research and a Network for Health Systems Information in April 1987. These networks will concentrate on Argentina, Brazil, Colombia and Mexico to start with, as these countries contain the majority of the Latin American population.

The networks will provide the elements for a reorientation of health systems towards equity, efficiency and effectiveness, according to national realities. Health systems research is indispensable in setting priorities for action. To this end, the influence of historical, economic and social conditions on health problems will have to be studied, requiring a multidisciplinary and multisectoral approach. This research will have to take administrative, socioeconomic, technological and epidemiological aspects of the problems into consideration and this implies that it cannot be limited to the district level, even though its results will be mainly of benefit at that level and to the groups at risk identified within districts. Decision-making and the allocation of resources are important components of such research. In addition to the health and related public sectors, the private health sector and the community itself will have to be involved.

To promote health systems research in the Region of the Americas, the following activities have been planned:

- health systems research workshops at national, regional and district levels; and
- seminars for the training of health systems research "multiplier" advisers.

To date, two training workshops of two weeks each have been held, one in Mexico and one in Argentina, at the end of 1987, during which 23 research protocols were developed - in the fields of maternal, child and adolescent health, for example, and on the accessibility and decentralization of health care. In the course of 1988 two more workshops will be held, in Brazil and Colombia. A one-week meeting for evaluation of these activities has been planned for September 1988.

4. GENERAL LESSONS FROM COUNTRY EXPERIENCES

A number of important lessons and general conclusions were drawn from the review of country projects and experiences:

- stricter criteria should be set and applied for the approval of proposals for health systems research;
- without a clear statement of the problem, the appointment of a principal investigator, a detailed methodology and work plan, and an adequate budget, projects should not be approved;
- in the case of an interesting and promising proposal, seed money should be provided to allow it to be developed more fully;
- research proposals should be reviewed by a consultant before finalization; and
- approval for funding should only be given after formal assurances have been received concerning monitoring, reporting, evaluation, continuity and government commitment to the application of research results.

5. DIRECTIONS FOR FUTURE DEVELOPMENT

Discussions arising out of the review of WHO Headquarters, Regional Office and country activities on health systems research concentrated on three main aspects:

- strengthening of national capabilities;
- promotion, information, coordination and utilization; and
- resource mobilization.

Strengthening of National Capabilities

The development of health systems research requires better coordination, policy and research planning, research management and the creation of networks at global, regional, national and district levels. Implementation requires, at all levels, the development of methodology, support for priority research and the creation of research capability. The rapid development of health systems research in the last few years, partly achieved through intensive activity in each of these areas, needs to be maintained. However, experience has revealed certain priorities to which WHO should now pay special attention, namely:

- focal points in Ministries of Health,
- consultancies,
- training,
- institution strengthening, and
- health systems research at district level.

Focal points in Ministries of Health

Improvement of national capabilities is the key requirement without which further progress at either district or subregional level will be extremely difficult or impossible. WHO should help in establishing health research units and other focal points for health systems research.

The Advisory Group envisages that the functions of these focal points would, to some extent, vary depending on the degree to which health systems research has developed in a country. The following would be the range of functions that could be included:

- to assist in the formulation or adaptation of a research policy, in line with the national health policy as well as the policy for science and technology;
- to help in identifying priority areas for research that are relevant to the health needs of the country;
- to promote, coordinate and carry out health research in conformity with that policy;
- to assist in identifying appropriate research institutions within the country;
- to facilitate and coordinate interaction between interested multilateral and bilateral organizations and nongovernmental organizations and the government, to inform such organizations about priority health research needs, and to identify the necessary additional expertise and funds needed;
- to develop a network within the country to promote health systems research, the exchange of information and the utilization of research findings;

- to act as a clearing house by collecting and disseminating information on planned, ongoing and completed health systems research projects;
- to assist in the development and implementation of training programmes in health systems research for health workers, health-related staff at all levels and research workers; and
- to develop mechanisms for securing technical and financial support for health systems research projects carried out at provincial and district level.

The staffing of each focal point needs to be multidisciplinary in composition and be headed by a senior level person with a substantial background in health systems research, who has direct access to top-level executives, and with full-time responsibility for health systems research.

Consultancies

Experience over the years 1986-88 has revealed the range of situations and issues faced by consultants in the initial stages of their contact with a country. They need to appraise: readiness to undertake research of different kinds, levels of technical competence and training; the strength of linkages with decision-making bodies and other organizations; the institutional location of the research team; and the support available, as well as many logistical problems. Since similar situations are encountered in many places, the question arises whether experience can be systematized to provide guidelines and criteria for consultants.

Work already commissioned by WHO and reviewed by the Advisory Group suggested that a conceptual framework and a matrix of influential factors could be established to guide consultants. One axis might involve the assessment of environmental or contextual variables (available levels of research capability; strength of linkages to health sector decision-makers; and degree of commitment to the application of research results). A second axis would involve the options available for types of research or research utilization (original research, adaptation of ongoing research, marketing the results of completed research, etc.) and the phase of research at the point of consultant entry (exploratory, implementation or follow-up phases). Placement of a research situation in this matrix would indicate where the consultation process should begin and what decisions should be reached.

The Advisory Group thought it would be useful if the WHO Secretariat could prepare a set of guidelines dealing in some detail with the roles of health systems research consultants, based on general principles and past experience. Given the individuality of each situation it was important to retain flexibility: guidelines were required to help consultants, not rules to restrict them.

Such guidelines should also deal with the responsibilities of consultants - the nature of the relationship or commitment to the researcher, the decision-maker, WHO or donors. Where does legitimate consultation end and become unjustifiable intervention? Under what circumstances can criteria be downgraded or standards for a project lowered in order to achieve higher programmatic aims? These and many other questions involving the preparation, behaviour and responsibility of consultants arise frequently and are at present dealt with on an ad hoc basis.

Training

A major constraint experienced by WHO and countries over the past years has been the lack of trained manpower to implement health systems research initiatives. Action to correct this has been taken through consultant activities, inter-centre visits by research workers, service providers and decision-makers, attendance at international and regional meetings, and country and regional training workshops. Such activities will continue but major efforts are now needed to create sufficient trained personnel to support the expanding load of health systems research.

Countries differ considerably in the number of trained workers and in their levels of skill and experience. The need for training does not apply solely to research workers. Understanding of health systems research, its methods and uses is also needed by decision-makers, service providers and managers, so that they may identify and formulate research questions relevant to their work and be able to interpret and use research findings. Three types of training are urgently required.

Basic training is needed for research workers, managers and decision-makers dealing at a practical level with all stages of health systems research - problem identification, research design and conduct, and implementation of findings. Such training has already been started in the Southern African subregion by the Joint WHO/RTI/Dutch Project on Health Systems Research and has produced a series of training modules created by workshop participants. The result is not a textbook but a comprehensive manual on approaches to health systems research requiring translation into practical action in each new situation. This set of modules already provides a basis for training at country and subregional levels and should be prepared for publication so that they can be made more widely available.

Training in health systems research is needed for those already having qualifications and/or expertise in a relevant discipline of the social, organizational, or bio-statistical sciences. While in the long run specialist qualifications in health systems research may become more important, the present requirement is for a cadre of experienced research workers drawn from many disciplines and able to bring their skills to bear on health systems problems. Courses of varying length and depth, from a month to a year, are needed to cater for the variety of existing needs and experiences.

Specialist training is already available for health systems research workers in industrialized countries. A small but growing number of health systems research workers from developing countries will also need such training opportunities, as research leadership and management grow and as health systems research develops new objectives and techniques.

Institution strengthening

The institutional development of health systems research should take place in one or more research institutions that have experts in the various disciplines concerned, such as epidemiology, public health, medical sociology and health economics.

Collaborating centres at regional level are needed as a resource for countries in the development of national capability. As shown by the Joint WHO/RTI/Dutch project in the Southern African subregion, they can make an important contribution to training. Furthermore, they provide the means of accumulating practical experience on health systems research in developing countries and of making this knowledge available to all. They may also play a vital role in bridging the gap between research policy and its practical implementation by national research institutions. WHO can usefully assist in the establishment of such collaborating centres at regional level.

Health systems research at district level

At district level, strengthening of management has included the development of skills in problem analysis, consideration of alternative strategies, the selection and implementation of the appropriate strategy, continuing evaluation and the subsequent adaptation of strategies where necessary. This process requires the development of attitudes often referred to as the "enquiring mind" as well as the ability to use information from research and from routine information systems for decision-making in management at district level. Training in health systems research can contribute towards developing such skills and attitudes. However, the content of such training should be geared towards the specific competencies that are required.

The Advisory Group recognizes that for designing and conducting simple health systems research studies aimed at problems at the local level, it is the provincial staff level and selected district staff who can realistically be expected to undertake this function. This will require continual support in the form of advice, visits and specially-designed courses, for which an organized health systems research process at national level is essential.

Promotion, Information, Coordination and Utilization

The ACHR Subcommittee on Health Manpower Research considers that health manpower development involves three components: planning, production and management. Health manpower research should include three aspects: utilization, support and carrying out of research.

On the first of these, there is often ineffective communication between researchers and users of research findings pertaining to health manpower and the Subcommittee has therefore recommended that:

- a better balance be sought between the effort to do research and efforts to encourage its use;
- effective collaboration be made a feature of health manpower and health systems research at the different governmental levels;
- networks at country and international levels be created, with collaboration between WHO Headquarters and Regional Office and country levels, to encourage initiation and development of problem-focused research; and that
- collaboration be improved between medical schools, other health educational institutions and ministries of health in deciding research priorities.

The Advisory Group emphasizes the importance of health systems research (including health manpower research) in relation to Universities. The linkages that will result should help in bringing Universities more fully into the general effort for Health for All. This may mean a change in emphasis but one that is considered essential to the long-term success of health systems research.

Regional health systems research coordinators should work to stimulate communication with and between countries in their Regions. Donor agencies are equally important in this respect as they are at the country or project level. At the global level, the same relationships are important but there are special aspects of these activities which may be best performed on an interregional basis.

There was a discussion about the possibility of including Regional Office personnel in subsequent meetings of the Advisory Group, setting aside time for them to report on the state of health systems research in their respective regions. The decision to include donor agencies in the present meeting at Gaborone was a step in this direction. At the next meeting, it would be desirable to include representatives of the policy leadership of the Regional Offices.

Members of the Advisory Group in effect represent their respective Regional Offices and, in the future it may be desirable for them to be briefed more fully on regional health systems research activities and policies prior to the meeting.

It was suggested that a member of the Global Advisory Committee on Health Research be invited to attend meetings of the Advisory Group on Health Systems Research.

Resolution WHA41.34 (Paragraph 6) urges Member States to intensify their activities in research and development on primary health care, including health services, and emphasizes research on strengthening integrated health approaches and district health

systems. This might be misunderstood as an exclusive, or predominant, emphasis on research at district level. The Advisory Group felt that the resolution should be seen as a strong mandate for the WHO Secretariat to pursue the task of promoting health systems research with respect to primary health care goals. In this, a special effort should be made to ensure its relevance to district level health systems development, though not exclusively so.

Another resolution, on "The Role of Epidemiology in Attaining Health for All" (WHA/41.27), recognizes the importance of epidemiological data, research and information dissemination in the formulation of health policy. Special attention is given to the role of epidemiology in health systems research, information support, technology assessment, and the management and evaluation of health services, as well as in the monitoring of the impact and effectiveness of Health for All strategies. It recommends that a group of experts be convened by the Director-General to define the nature and scope of epidemiology in support of these strategies.

The Advisory Group took specific note of these two resolutions in its deliberations and took them into account in its recommendations.

Resource Mobilization

Over time, a number of donor agencies have shown their interest and been active in areas related to the objectives of WHO in the strengthening of national health systems research capacity of Member States.

Some donor agencies participated in the meeting of the Advisory Group, and other expressed interest in continuing a dialogue and the fostering of common aims. Representatives of the Netherlands Ministry of Technical Cooperation, the Norwegian Ministry of Development Cooperation, the Carnegie Corporation, the International Development Research Centre, the International Health Policy Program, and the Rockefeller Foundation were present at the meeting. A communication from the Commission of the European Communities indicated a desire to increase its efforts in support of health systems research developments, within its programme on medicine, health and nutrition in tropical and subtropical areas, in collaboration with the WHO Programme. These initial discussions should be followed up by the WHO Secretariat to realise the explored potential for cooperation and reinforcement of common efforts.

In general terms, the donor agencies expressed their concerns with the development of human skills, institutional strengthening and support of field activities in the area of health systems research. Their support is manifested in a variety of ways: the provision of training fellowships; assistance in the establishment and maintenance of training facilities and opportunities; the provision of expert advice and manpower; and the funding of special projects. While some agencies have a policy of operating on a country-by-country basis, others have also embarked on collaborative efforts with other agencies such as WHO. All expressed the need for exchange of information, coordination of efforts and provision of mutual help in the achievement of common objectives in the health field in general and in health systems research in particular.

Some agency representatives saw opportunities for research activities that would reinforce projects and activities that they are now supporting in a number of developing countries. Mention was made, among others, of: the INCLIN (International Clinical Epidemiology Network) Program supported by the Rockefeller Foundation in the establishment of clinical epidemiology in developing countries; family health projects supported by the Ministry of Technical Cooperation, Netherlands; maternal and child health projects supported by the Carnegie Corporation; health systems research activities supported by the Ministry of Development Cooperation, Norway; and training in health research management supported by the International Development Research Centre, Canada.

During discussions, participants from developing countries mentioned the difficulties caused by cumbersome administrative procedures involved in the application for and approval of support from donor agencies. The short-term nature of some of the support granted was also mentioned as an obstacle to sustained performance. Further, reviews of programmes by donor agencies in the early stages of projects require an effort that could be more profitably channelled into the formative stages of the projects being supported and thus increase their chances of success.

The procedure followed by the Norwegian Ministry of Development Cooperation was given as an example of a helpful approach. This consists of the development of working relationships that rely on trust and on acceptance of responsibility by the receiving country for the administration of the support provided. Another notable example of successful health systems research support in developing countries is the Joint WHO/RTI/Dutch project in the Southern African Region.

Funding mechanisms each have their particular characteristics and repercussions. In the development of national capability, funding mechanisms should clearly favour national research priorities and this would involve health ministries as research agents, as the commissioners of research projects, programmes and field research. Scope should nevertheless be given to the independent contribution of Universities and academic research workers and institutes, through spontaneously generated research. A balance between these different approaches is needed. An examination of the major funding mechanisms at national and international levels is needed so as to identify their special characteristics and how they affect the mix and quality of health systems research. This could allow guidelines to be prepared which could help research organizations at national level to obtain external support.

6. RECOMMENDATIONS OF THE ADVISORY GROUP

Focal points in Ministries of Health

To strengthen national capability for health systems research the World Health Organization should:

encourage Member States to establish or strengthen a focal point for health systems research within their Ministries of Health.

To facilitate the implementation of this recommendation, taking into account the differences in the stages of health systems research development in individual countries, the World Health Organization should:

further document and prepare guidelines about the functions this focal point, as well as its location in the Ministry of health and its manpower requirements.

Consultancies

The Advisory Group recommends that the World Health Organization should:

- (1) facilitate the provision of consultancies for Member States;
- (2) maintain and expand the network of consultants with an appropriate orientation; and
- (3) prepare a manual of specific guidelines for such consultancies, based on the experiences analysed and discussed at the meeting.

Training

To ensure that training is clearly focused and makes the optimum contribution to the overall development of health systems research, the Advisory Group recommends that the World Health Organization should:

- (1) prepare for publication a series of basic training training modules for use at peripheral levels similar to those developed by the Joint WHO/RTI/Dutch Project on Health Systems Research in the Southern African Region;
- (2) encourage the creation of training courses at sub-regional and country levels for potential health systems research workers who already have qualifications and/or expertise in a relevant discipline;

- (3) identify appropriate training centres that can provide specialist training for health systems research workers from developing countries and make such information available to Member States and to donor agencies that provide fellowships;
- (4) inform appropriate academic departments and institutes within Universities about the potential contribution their disciplines and programmes can make to the development of health systems research; and
- (5) review the policy of awarding travelling fellowships in health systems research, so as to allow such fellowships to be utilized to provide training in centres where practical experience can be acquired by carrying out studies under supervision.

Institution Strengthening

The ability of Member States to expand their national systems research capacity will require national institutional strengthening, complemented by external support. Accordingly the Advisory Group recommends that the World Health Organization should:

- (1) support at national level the development of one or more research institutions which can liaise with the focal point and coordinate and provide leadership for health systems research activities carried out at other institutions, and at regional, provincial and district levels;
- (2) establish collaborating centres to develop research capability, advance knowledge in this field, accumulate experience from the regions and make this knowledge and experience available; and
- (3) review and revise the terms of reference of collaborating centres for health systems research, in the light of the changing needs of Member States.

Health Systems Research at District Level

Realizing that the World Health Organization's initiatives at strengthening district management have generated many activities that are closely related to the development of health systems research, the Advisory Group recommends that the WHO Secretariat should:

explore means of elaborating and further clarifying the scope of health systems research at district level and its relationship with management development, within the context of an organized health systems research process at national level.

Promotion, Information, Coordination and Utilization

To make better use of the resources available at national, regional and global levels, the Advisory Group recommends that the World Health Organization should:

- (1) strengthen networks at national, regional and global levels;
- (2) review existing initiatives, such as the Task Force in the Eastern Mediterranean Region, and explore the potential for using similar approaches in other Regions;
- (3) publish a newsletter on health systems research;
- (4) produce, maintain and evaluate a directory of health systems research and training centres;
- (5) promote mechanisms for coordination and collaboration in health systems research between various ministries within countries;
- (6) promote mechanisms for strengthening coordination and collaboration of health systems research at regional and global levels; and
- (7) encourage the use of research findings by the adoption of the concept of decision-linked research at national and other levels.

To facilitate the formulation of national research policies and the generation of good quality research proposals, to strengthen the mechanisms for their review and the allocation of national funds, and to assist in the monitoring and evaluation of research projects and programmes, the Advisory Group recommends that the World Health Organization should:

coordinate the production of a manual that, building on past experiences, provides guidance to Member States on the management of research so that national research efforts support the attainment of Health for All goals.

Resource Mobilization for Health Systems Research

In view of World Health Assembly resolution WHA41.34 on Primary Health Care, emphasizing the need to intensify research and development, and of the expanding activities of the Health Systems Research Programme, including health manpower research, the Advisory Group recommends that:

- (1) at country level, the role of the WHO Representative be strengthened in the promotion and support of health systems research activities;

- (2) at the regional level, appropriate action be taken in order to strengthen the Regional Offices in the promotion, implementation and utilization of health systems research;
- (3) at global level, additional human and financial resources be made available to the Programme, so as to provide seed funds for country projects and to support countries through appropriate consultancy services; and that
- (4) the feasibility of establishing a Special Programme on Health Systems Research and Development be explored, as a matter of urgency, in consultation with external agencies.

To realize the potential for the mobilization of additional resources from donor agencies for the strengthening of health systems research capacity in developing countries, the Advisory Group recommends that, at global and regional levels, the World Health Organization should:

- (1) maintain a dialogue and exchange information with donor agencies, to ensure that the latter are fully informed on opportunities for the inclusion of health systems research activities in their funding priorities;
- (2) initiate and continue discussions with external agencies with a view to mobilizing extrabudgetary resources;
- (3) support Member States in seeking additional funds for health systems research activities, through the provision of help in the identification of appropriate areas for support and in the preparation of proposals seeking support from donor agencies; and
- (4) explore fully opportunities of entering into partnership and building supportive networks with donor agencies for the development of health systems research capacity in Member States.

7. PLAN OF ACTION OF THE ADVISORY GROUP

After reviewing its terms of reference and taking into account the discussions and recommendations of its second meeting, the Advisory Group decided to propose the following plan of action for the coming year:

1. Review country proposals, using the guidelines and criteria agreed at the first meeting, but also taking into account their potential to develop, establish and strengthen an effective health systems research process at country level.
2. Technical visits to advise on and monitor progress of country projects as well as health systems research processes at country level.
3. Collaborate in the development of guidelines for consultants.
4. Revise the terms of reference of WHO Collaborating Centres for Health Systems Research.
5. Propose additional institutions for designation as WHO Collaborating Centres for Health Systems Research.
6. Advise on and contribute to the Health Systems Research Newsletter.
7. Facilitate contacts with donor agencies to mobilize extrabudgetary resources.
8. Advise the Health Systems Research Programme.
9. Facilitate and strengthen collaboration with related activities of other WHO programmes and those of other agencies.
10. Identify priority areas for health systems research.
11. Reconvene after a year to evaluate and monitor the progress made in programme implementation and to advise on specific programme needs.

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