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INTERREGIONAL TRAINING OF TRAINERS

WORKSHOP IN HEALTH SYSTEMS RESEARCH

Bangkok, Thailand

26 May - 4 June 1993

Sponsored by:

**Ministry of Public Health, Thailand
Swedish Agency for Research Cooperation (SAREC)
World Health Organization
(Regional Office for South-East Asia
and Headquarters)**



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REPORT

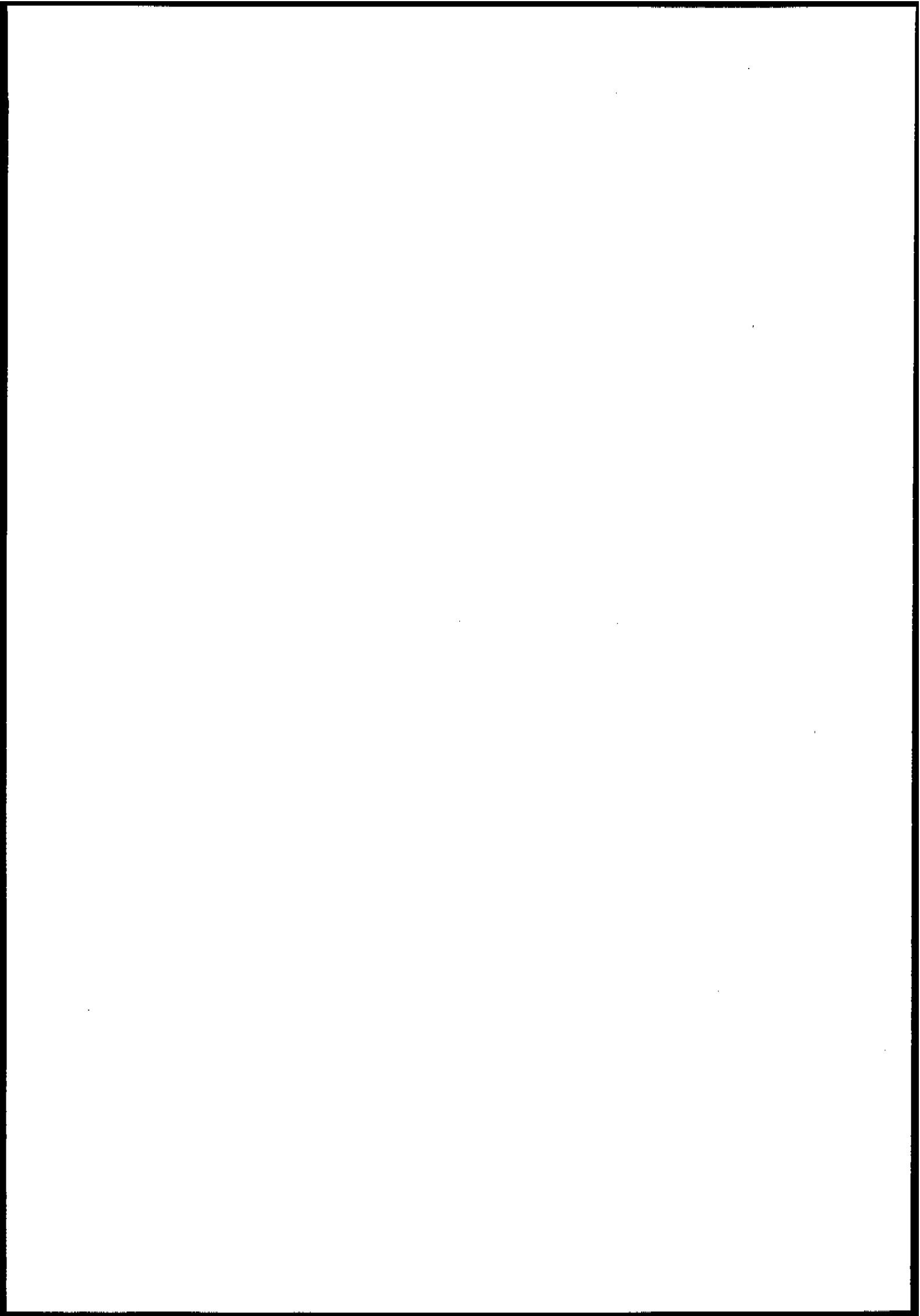
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*This report has been finalized
with the editorial support of
Fanny Salmon, Consultant to the
Health Systems Research Programme*

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INTRODUCTION

An Interregional Training of Trainers Workshop in Health Systems Research (HSR) was held in Bangkok, Thailand from 26 May to 4 June 1993 under the joint sponsorship of the Ministry of Public Health, Thailand, the Swedish Agency for Research Cooperation (SAREC) and the World Health Organization (Regional Office for South-East Asia and Headquarters).

In 1991, the IDRC published in conjunction with WHO an HSR Training Series addressing five different target groups, each of which has a specific contribution to make towards the development of HSR: health workers and middle-level managers, researchers in universities and research institutions, decision-makers at policy level, research managers and trainers. The specific target group of the Interregional Workshop was trainers and the term trainer is intended to include those whose primary responsibility includes organizing and conducting training courses in HSR. The Workshop was one of a series of activities to use health systems research for solving priority health problems and was intended to develop a core of trainers to provide input in training initiatives for HSR. The Workshop used the training materials of the HSR Training Series, jointly published by IDRC and WHO. The ten-day workshop was attended by 14 participants from the following countries: India, Indonesia, Mongolia, Myanmar, Sri Lanka, Thailand, Philippines, People's Republic of China, Iran and Kuwait. Participants included senior managers from research institutions, universities and ministries of health, and represented the major disciplines in the theory and practice of HSR (Annex 1).

The Workshop was opened by Dr Jumroon Meekanorn, Deputy Permanent Secretary, Ministry of Public Health, Thailand.

WORKSHOP OBJECTIVES

The objectives of the workshop were:

General

To enable participants to plan and conduct training in Health Systems Research (HSR).

Specific

At the end of the course the participants were supposed to be able to:

1. Recognize the training needs for Health Systems Research and identify appropriate training materials.
2. Facilitate small group discussions.
3. Plan short courses in Health Systems Research for future implementation.

4. Appreciate the importance of relevant knowledge and skills in research as well as in educational approaches in order to be effective trainers in Health Systems Research.

WORKSHOP CONTENT, PROCESS AND ORGANIZATION

This workshop was based on the training modules of the Health Systems Research Training Series, Volume 5: Training of Trainers (IDRC/WHO).

CONTENT

The workshop consisted of three components:

1. the HSR and Research Process component,
2. the Educational Process component, and
3. the Planning and Managing Training in HSR component.

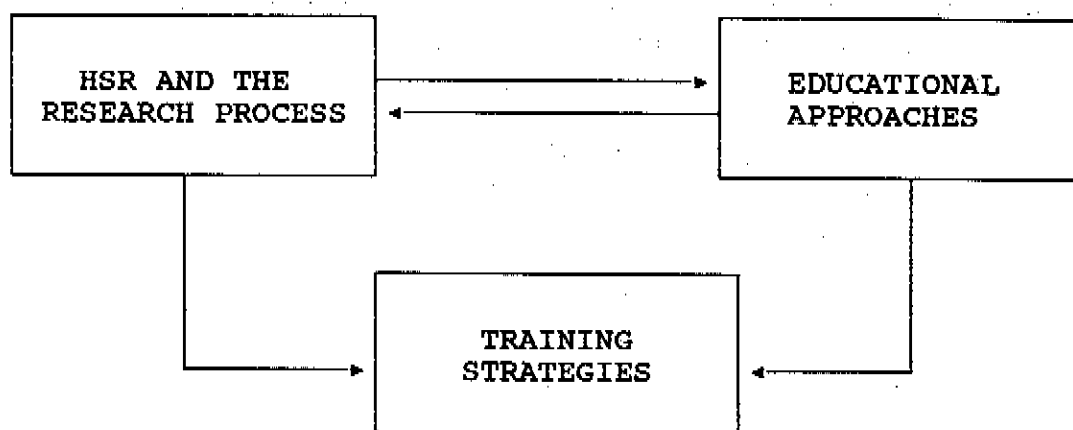
The three components are interdependent.

Throughout the workshop, participants were made acutely aware of the relationship between the three components. The practice of microteaching, facilitating small group discussions, and role playing provided good opportunities for the application of a wide range of research content and situations. In this respect, the modules from the three components were deliberately sequenced in such a way as to enable participants to apply theoretical concepts from education in the modules on research and also to apply concepts from the research process in the modules on education and to combine concepts from both in the module on planning and managing of training in HSR.

Annex 2 describes the type of modules, their content and the purpose for which the prescribed modules are used.

Figure 1 shows the relationship between the components. An interaction between the research process and educational approaches is brought to bear on planning and managing training in HSR.

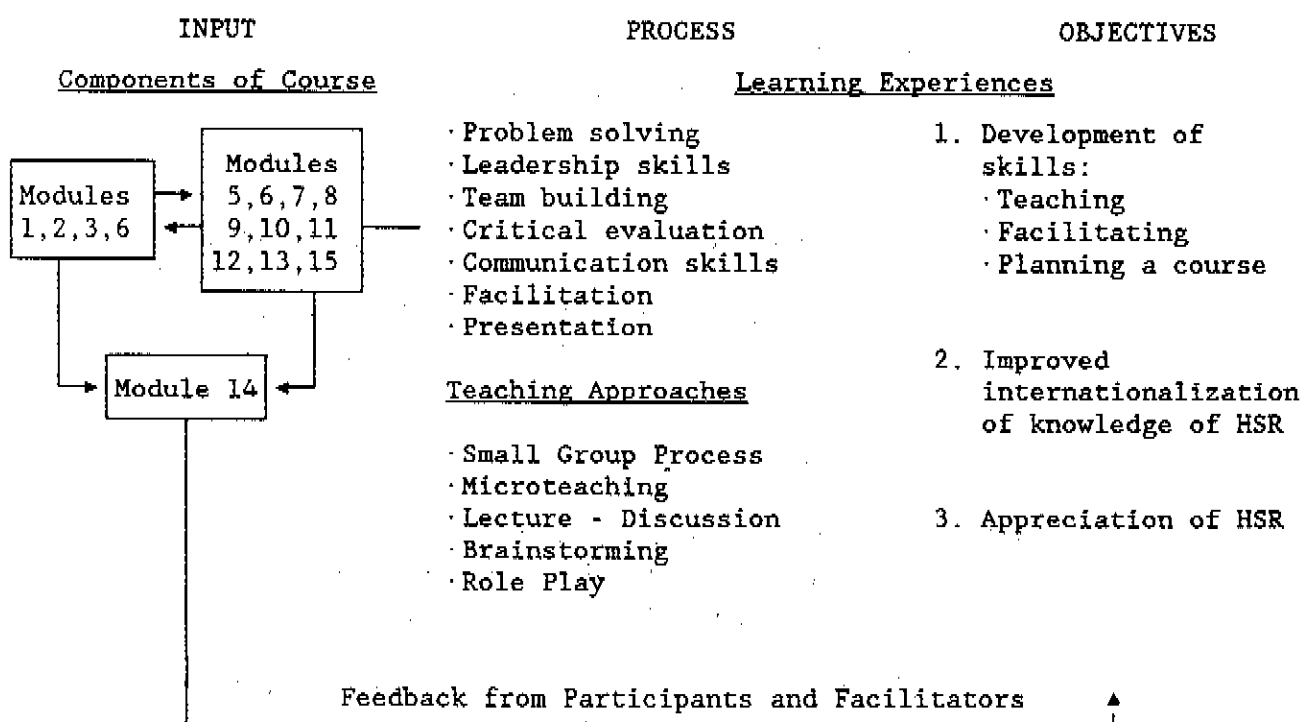
Figure 1
Relationship of components of the workshop



PROCESS

The major objective of this workshop was to develop the participants' ability to teach and facilitate HSR training activities as well as their skill in planning HSR training workshops. While developing these skills, the participants were expected to improve and internationalize their knowledge and appreciation of HSR. (See Figure 2).

Figure 2
How the workshop was conducted



To achieve the objectives participants were deliberately and very intensively exposed to such teaching methods as brainstorming, small group process microteaching, role playing and lecture discussions. These methods were intended to generate skills in thinking and problem solving, leadership team building, communication facilitation, presentation and critical evaluation.

The three components of the workshop constituted the theoretical input of the workshop, which were presented in 15 modules sequenced in the manner described in the workshop schedule.

The extent to which the workshop input and process met the objectives could only be measured through the participants' response to the structured questionnaire and the facilitators' subjective assessment of the workshop (see workshop evaluation), as well as through the proposals for training workshops as presented in Annex 3.

ORGANIZATION

A. Prior to the Workshop

1. Four facilitators were identified (see facilitators list).
2. Meetings of facilitators were held to develop workshop schedules, work assignments and logistics.
3. To facilitate the efficient and effective running of the course a number of simple rules were developed to serve as guidelines for the facilitators.
 - 3.1 For the purposes of continuity, coordination and integration of content the facilitators were encouraged to:
 - a) attend every module being presented;
 - b) read modules other than their assigned modules.
 - 3.2 The presenter of modules was responsible for:
 - a) briefing other facilitators regarding his/her module activities, e.g. exercises, group work, role playing etc.;
 - b) seeing that handouts were made and in adequate numbers and specific instructions given for their use;
 - c) the successful conduct of his/her assigned module and making suggestions for changes or improvements as the case arose.
 - 3.3 Facilitators should always anticipate untoward events such as electricity failure, unavailability of materials etc. and be prepared to modify/change teaching strategies.
 - 3.4 Where deemed necessary, meetings should be convened before or/and after presentations.

4. A list of the type of handouts and dates on which they were required was made and handed to the Secretariat.

B. During the Workshop

1. It was recognized that the success of the workshop depended to a large extent on the conscientious, sincere efforts of facilitators to plan and coordinate course activities, and to guide, teach and appraise each other before, during and after the implementation of each module. This was achieved quite spontaneously and the atmosphere thus created was one of flexibility, openness and acceptance of individual differences.
2. Facilitators' meetings were held on a daily basis to iron out immediate problems of logistics and administration as well as educational issues.
3. A certain flexibility was exercised in following the workshop schedule and, where necessary, adjustments were made to allow for special events occurring during the workshop.

C. After the Workshop

Workshop evaluation: this was obtained from two sources:

- a) from participants
- b) from facilitators

(See workshop evaluation summary.)

INTERREGIONAL TRAINING OF TRAINERS WORKSHOP
IN HEALTH SYSTEMS RESEARCH, BANGKOK
26 May - 4 June 1993

WORKSHOP SCHEDULE

WEDNESDAY, 26 MAY 1993

- 08.30 a.m. - Registration
- 09.00 a.m. - Inauguration
- 09.30 a.m. - **TEA - COFFEE**
- 10.00 a.m. - Module 1: Introduction of participants and Course
Overview
- 11.00 a.m. - Module 2: Health Systems Research: a Review
- 13.00 p.m. - **LUNCH**
- 14.00 p.m. - Module 2: Health Systems Research (cont'd): Discussion,
Group Work
- 15.00 p.m. - **TEA - COFFEE**
- 15.15 p.m. - Module 3: Critical Appraisal of Research Proposals

THURSDAY, 27 MAY 1993

- 08.30 a.m. - Module 4: Steps in the Research Process
- 09.00 a.m. - Module 4: Steps in the Research Process (cont'd): Group
Work
- 10.00 a.m. - **TEA - COFFEE**
- 10.30 a.m. - Module 4: Steps in the Research Process (cont'd): Group
Work (cont'd)
- 11.30 a.m. - Module 7: Learning Objectives
- 13.00 p.m. - **LUNCH**
- 14.00 p.m. - Module 8: Lesson Planning
- 15.00 p.m. - **TEA - COFFEE**
- 15.15 p.m. - Module 4: Presentation of Group Work and Summary

Assignment: Read Annex 3.1, Handouts 4.2 and 4.3, and Module 6 in Volume 5.

FRIDAY, 28 MAY 1993

- 08.30 a.m. - Module 5: The Group Process
- 09.30 a.m. - Module 6: Implementing Steps in the Research Process:
selection and analysis of problems
- 10.00 a.m. - **TEA - COFFEE**
- 10.15 a.m. - Module 6: Implementing Steps in the Research Process:
selection and analysis of problems (cont'd): Group Work
in selecting and analyzing problems
- 13.00 p.m. - **LUNCH**
- 14.00 p.m. - Module 9: Introduction to Principles of Learning and
Teaching Methods
- 15.00 p.m. - **TEA - COFFEE**
- 15.15 p.m. - Module 10: The Lecture Method

SATURDAY, 29 MAY 1993

- 08.30 a.m. - Module 6: Implementing Steps in the Research Process:
selection and analysis of problems (cont'd): Group
Work: construction of research objectives and
selecting variables
- 10.00 a.m. - **TEA - COFFEE**
- 10.15 a.m. - Module 6: Implementing Steps in the Research Process:
selection and analysis of problems (cont'd): Group Work
- 11.00 a.m. - Module 12A: Introduction to Microteaching
- 12.00 p.m. - Module 12B: Microteaching: "explaining"
Assignment: Preparation for Microteaching: "explaining"

MONDAY, 31 MAY 1993

- 08.00 a.m. - Module 12B: Microteaching (cont'd): microteaching
practice in "explaining"
- 10.00 a.m. - **TEA - COFFEE**

- 10.15 a.m. - Microteaching Practice (cont'd)
- 13.00 p.m. - LUNCH
- 14.00 p.m. - Module 6: Implementing Steps in the Research Process:
selection and analysis of problems (cont'd): Plenary -
lessons learnt
- 15.00 p.m. - TEA - COFFEE
- 15.15 p.m. - Module 12C: Microteaching: questioning and
reinforcement
Assignment: Preparation for Microteaching Practice in
Questioning and Reinforcement

TUESDAY, 1 JUNE 1993

- 08.30 a.m. - Module 12C: Microteaching (cont'd): questioning and
reinforcement
- 10.00 a.m. - TEA - COFFEE
- 10.15 a.m. - Microteaching Practice (cont'd)
- 13.00 p.m. - LUNCH
- 14.00 p.m. - Microteaching Practice (cont'd)
- 15.00 p.m. - TEA - COFFEE
- 15.15 p.m. - Module 13: Facilitating Small Groups
Assignment: Preparation for Facilitating Small Groups

WEDNESDAY, 2 JUNE 1993

- 08.30 a.m. - Module 13: Facilitating Small Groups Practice - Session 1
followed by discussion
- 10.00 a.m. - TEA - COFFEE
- 10.15 a.m. - Module 13: Managing Change and Conflict
- 13.00 p.m. - LUNCH
- 14.00 p.m. - Module 13: Facilitating Small Groups Practice - Session 2
followed by discussion
- 15.00 p.m. - TEA - COFFEE
- 15.15 p.m. - Module 14A: Identifying Training Needs in HSR

THURSDAY, 3 JUNE 1993

- 08.00 a.m. - Module 14A: Exercise: Analysis of Training Needs
- 10.00 a.m. - **TEA - COFFEE**
- 10.15 a.m. - Module 14A: Exercise cont'd
- 11.30 a.m. - Module 14B: Training Strategies for HSR
- 12.30 p.m. - Module 14B: Exercise: Selection of Training Strategies
- 13.00 p.m. - **LUNCH**
- 14.00 p.m. - Module 14B: Exercise (cont'd)
- 15.00 p.m. - **TEA - COFFEE**
- 15.15 p.m. - Group of Individual Work: Preparation of Plan of Action

FRIDAY, 4 JUNE 1993

- 08.30 a.m. - Examples of experiences in developing **CORE GROUPS OF TRAINERS** and implementing HSR Development Strategies
- 10.00 a.m. - **TEA - COFFEE**
- 10.30 a.m. - Presentation of Personal Plans of Action
- 13.00 p.m. - **CLOSING**

WORKSHOP FACILITATORS

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WORKSHOP EVALUATION

PART I: CONTENT

	Excellent	Very Good	Good	Poor	Very Poor
1. What is your overall rating of the course?	4	8	1	-	-
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2. I have gained new knowledge and skills from this course	7	5	-	-	-
3. The modules on HSR and education process complement each other	8	5	-	-	-
4. There is an equitable balance between HSR and education process components	3	9	2	-	-
5. This course has helped me to appreciate the importance of planning and organizing a training course in HSR	9	4	-	-	-
6. This course has prepared me adequately in the skills of:					
a) planning a short HSR course	5	7	1	-	-
b) teaching	5	6	2	-	-
c) facilitating small groups	4	6	3	-	-

7. In your opinion, are there any topics that should have been included or excluded?

Included:

- ò Case reports of consensus building
- ò How to conduct training courses for novice researchers
- ò Critical appraisal of research proposals
- ò Entry points for HSR in management cycle
- ò Ways of aligning funding for HSR
- ò Criteria for selecting trainers/trainees

Excluded: (none)

PART II: PROCESS

	Appropriate	Too Long	Too Short
1. The length of the course	12	1	-
2. Time given for group work	13	-	-
3. Time given for individual work	11	-	2
4. Time given for presentations	12	-	1
5. Time allotted for coverage of HSR process	10	-	3
6. Time allotted for teaching skills component	9	2	2
7. Time allotted for development of plan of action	10	-	3
	Appropriate	Too Large	Too Small
8. The size of the group			
a) for the course	13	-	-
b) for group work	13	-	-
	Very Useful	Useful	Not Useful
9. The appraisal of teaching skills during microteaching	10	3	-

PART III: ORGANIZATION

Prior to the course

	Yes	No			
1. Did you receive the pre-course reading materials?	11	2			
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2. The pre-course information/reading materials were sufficient to prepare for the course	4	5	3	1	-
3. (For foreign participants) Arrangements for accommodation were satisfactory	4	9	-	-	-

During the course

4. Sufficient written materials were distributed during the course	6	5	2	-	-
5. Arrangements for daily transportation were satisfactory	2	4	5	1	-
6. Eating arrangements were satisfactory	4	3	5	-	1

Comments

- Commend WHO for arrangements with sudden change of venue
- Facilitators good, very experienced, skilful, accommodating, adjusted schedule to pace of participants
- Greatest impact of microteaching and role playing when presented in front of audience
- Microteaching sessions too long—boring when problems are repeated; better if groups smaller
- Select a couple of research proposals as case studies for greater understanding of HSR
- Increase opportunities for exchange of experiences between facilitators and participants
- Reading Volume 2 beforehand would have been beneficial—pre-course information
- Reading material received only 2 days before workshop
- Daily evaluations for mid-course corrections
- Provide bibliography for each module
- A small HSR module in management course for programme managers and small managers module in HSR course
- Accommodation satisfactory except having to move from one hotel to another

INTERREGIONAL TRAINING OF TRAINERS WORKSHOP
IN HEALTH SYSTEMS RESEARCH
Bangkok, 26 May-4 June 1993

LIST OF PARTICIPANTS

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WORKSHOP CONTENT

Why have this module?	Modules	Content of Modules
Why have training of trainers in HSR	Module 1: Orientation to the Workshop	<ul style="list-style-type: none"> • Experienced researchers are not experienced trainers • Training skills are needed to train part-time researchers in non-academic settings • A "trainer" must be a manager, a teacher and a researcher
To review the purpose, scope and uses of HSR	Module 2: Review: Health Systems Research	<ul style="list-style-type: none"> • Purpose of HSR • Similarities with other types of research • Special characteristics of HSR
What we expect in a research proposal	Module 3: Critical appraisal of research proposals	<ul style="list-style-type: none"> • Appraise a proposal using a given set of guidelines
How to design a short course to train participants to do research	Module 4: Introduction to planning a course on "Designing & Conducting HSR Projects"	<ul style="list-style-type: none"> • Outline of a course to: <ol style="list-style-type: none"> a) Prepare research proposals; b) Manage "field work" (data collection); and c) Analyze data, prepare & present reports. • Role of trainers • Principles of learning
Understanding group process as a basis for facilitating group discussions	Module 5: The group process	<ul style="list-style-type: none"> • The group process • Types of behaviour in a group
Introduction to the step-by-step approach adopted in the Course on "Designing & Conducting HSR Projects"	Module 6: Implementing selected steps in the research process	<ul style="list-style-type: none"> • Selection and analysis of research problems • Formulation of research objectives and selection of variables • Supervising a research project
Clarifying the expected outcome of a learning experience for both the teacher and the learner	Module 7: Learning Objectives	<ul style="list-style-type: none"> • Purpose of learning objectives • Construction of objectives

How to plan a learning experience to meet the expected learning objectives

Module 8: Lesson planning

- Purpose of a lesson plan
- Preparation of lesson plan

What principles of learning and educational approaches are available to facilitate the learning objectives

Module 9: Introduction to principles of learning and overview of teaching methods

- Principles of learning
- Types of teaching methods
- Uses of each methods

How to make a lecture an effective learning experience

Module 10: The lecture method

- Purpose and preparation of lectures
- Effective delivery

How to make and use audio-visual aids effectively

Module 11: Use of audio visual aids

- Types and purposes of audio-visual aids
- Preparation and use of transparencies

Learning teaching skills through practice and constructive feedback

Module 12: Micro-teaching

- Explaining
- Questioning and reinforcement
- Composite teaching skills
- Practice and appraisal

How to facilitate learning during small group discussions

Module 13: Facilitating small group discussions

- Facilitating small group discussions
- Practice and appraisal
- Managing change and conflict

For any country, how to determine:
• Who needs training in HSR

• What type(s) of training strategies are appropriate
• What should be the content of training
• What training materials are available
How to use the available material to plan a short course

Module 14: Training in Health Systems Research

- Process of developing HSR in a country
- Training needs and strategies
- Training materials that are available
- Planning a short course in HSR

How to gain experience in teaching through practice after the course is over

Module 15: Teaching practice

- Preparations that should be made
- Teaching a session while being evaluated
- A sample "Teaching Practice Appraisal Guide"

3.1 INDIA

The National Leprosy Eradication Programme (NLEP) in India is being implemented on a massive scale, with a huge infrastructure and considerable financial resources, as a vertical programme. Decisions are being taken at various levels, namely, policy-making, programme management and occasionally operational levels, from time to time while implementing the programme. There is the feeling that the available information is not always sufficient in terms of quality or quantity or both to help in making decisions. Even the data that is available is not sufficiently analyzed and interpreted. Several governmental and voluntary institutions in the country are carrying out research in leprosy to solve problems which are operational and basic in nature. Research findings are not always utilized at the programme management level.

It is felt that if officers working at various levels under the NLEP (National Provincial District) and those working in leprosy research institutes in the country were introduced to the concepts of HSR, thus enabling them to design and implement HSR projects, it would help to build up human resources in HSR, and to a certain extent, build a consensus for HSR in the country in the field of leprosy.

List of Activities:

	<u>Target Group</u>	<u>Educational Needs</u>	<u>Strategy</u>
1.	Researchers	Concepts of HSR	Two-day meeting
2.	District level programme management	Designing and conducting HSR projects	10 day workshop
3.	National level manager	Concept and use of HSR	Invite for inauguration session

PROPOSAL

Title: Workshop on Health Systems Research in Leprosy

Date & Duration: Two days in July 1993 and 10 working days in October 1993

Venue: Central Leprosy Teaching and Research Institute, Chengalpattu, Tun, India.

Number & Type of Participants: Eight researchers and 16 district level managers under the NLEP.

Objectives:

1. To expose researchers in leprosy to the concepts of HSR so as to enable them to initiate, conduct and guide HSR projects.
2. To train district level managers in the NELP to enable them to design and conduct an HSR project in leprosy.

Draft outline of the workshop:

- A. Two-day meeting for researchers:
Participants will be supplied with relevant literature in HSR (background).
 - Day 1 - Introduction to HSR
Identification and prioritization of problems
 - Day 2 - Analysis and statement of the problem
Review of available literature
Formulation of research objectives
- B. Ten-day workshop on Research and district level managers (10 working days)
 - Day 1 - Registration, opening ceremony, introduction to and orientation of the course and introduction to Health Systems Research
 - Day 2 - Analysis and statement of the problem
 - Day 3 - Literature review and formulation of research objectives
 - Day 4 - Introduction to HSR methodology
Variables and study types
 - Day 5 - Overview of data collection techniques
 - Day 6 - Construction of questions
 - Day 7 - Focus group discussion, sampling
 - Day 8 - Plan for data processing and analysis
 - Day 9 - Management of research project (data collection, work plan, project administration and budget)
 - Day 10 - Presentation and appraisal of project proposal course, evaluation and validity.

Resource Persons:

1. Dr K. Jayasena, WHO/SEARO
2. Dr Indra Padmanathan, World Bank, Washington, USA
3.
4.

Budget: (Indian Rupees)

Travelling allowance	182,000.00
Per diem	76,900.00
Secretarial assistance	8,000.00
Stationery, etc.	15,000.00
Transport, refreshments	13,600.00
Total	295,000.00

Note: Expenditure on resource persons and WHO secretariat is not included in the above.

Implementation Plan:

A meeting was held by the workshop organizer with the National Leprosy Control Programme Manager, Chief Medical Officer (Leprosy), and WHO (sponsor of the workshop) in Delhi on 12 February 1993, when there were discussions on the proposed schedule of activities, the selection of researcher participants, the identification of resource persons, and secretarial and financial assistance from WHO, which were tentatively finalized. A proposal in the prescribed format has been submitted to WHO for approval.

A communication will be sent well in advance to the workshop participants with relevant background literature and workshop objectives. After their two-day meeting the researcher participants will interact with District Level Managers in the respective areas. Two managers per researcher will help to identify problems in leprosy control work before the workshop commences.

The researchers will work as facilitator-participants during the workshop. The projects will be developed with inputs from the resource persons, and they are then expected to be implemented by district level programme managers with guidance and help from the researchers. The workshop organizer attended a training of trainers workshop on HSR which was arranged by SEARO in Bangkok from 26 May to 4 June 1993, to facilitate conducting the proposed workshop.

3.2 INDONESIA

The National Household Health Survey (NH2S) was begun in 1972 to complement existing statistical services in order to provide information needed by the policy decision-maker at the Ministry of Health (MOH). The National Institute of Health Research and Development (NIHRD) is responsible for conducting such surveys. Four surveys were carried out in 1972, 1980, 1986 and 1992. Unlike the previous surveys, the last survey in 1992 was integrated into the National Social-Economic Survey (NSES) of the Central Bureau of Statistics (CBS), in order to improve efficiency and expand the scope and coverage of the survey. With NH2S integrated into NSES, the information used by the programme planner at various levels of administration is more flexible. In-depth analyses of the 1992 NH2S/NSES are now being planned. Strategy planning of the analyses is shown in Figure 1.

Although the concept of HSR was introduced many years ago (1962), we are still facing some constraints, for example:

- Awareness of the benefits that can be derived from the practice of HSR.
- Quality of research related to relevancy, methodology, and reliability.
- Strengthening of manpower and institutional capacities.
- Coordination between programme officers, decision-makers and researchers.
- Dissemination and documentation of research findings.
- Availability of adequate financial support.

The reinforcing of HSR at the NIHRD aims to build up a consensus, capacities and sustainabilities of HSR among researchers and programmers, as well as those which can be integrated into on-going activities, i.e. in-depth analyses of 1992 NH2S/NSES. Three steps towards reinforcing HSR which can be integrated into the implementation of in-depth analyses are (see Figure 1):

1. A meeting to select and set priorities for analyses proposal. Expert researchers (from NIHRD and Universities) and programme managers will be involved in establishing priorities for the funding of the programme-oriented proposals.
2. A workshop on the development of the plan of analyses of the accepted proposals. The principal investigators of the research team will be guided by expert researchers and potential users (managers) in directing the analyses.
3. A seminar on the dissemination of the results of the analyses. The research team, expert researchers, policy-makers and managers will be involved in this seminar.

OBJECTIVES:

- General: To reinforce consensus and capacity building, and the sustainability of HSR in the NIHRD, Ministry of Health.
- Specific:
1. To create a consensus for prioritizing research projects among expert researchers (NIHRD/University), policy-makers and managers.
 2. To develop the capacity to construct an appropriate research design (HSR) among researchers.
 3. To develop a mechanism to improve the utilization of research findings.

PLANS OF ACTION:

Project No. 1: Consultative meeting on prioritizing research (analyses) proposals.

Date: 26 - 31 July 1993

Venue: Nutrition Research and Development Centre, Bogor.

Participants: Expert Researchers - 15 persons (including resource persons).
Policy-makers - 5 persons
Managers - 10 persons

- Objectives:
1. To set priority criteria for selecting proposals, including relevancy, methodology and feasibility.
 2. To rank research (analyses) proposals.
 3. To select research proposal for funding.
 4. To give feedback on refused and accepted proposals.

Budget:

Transportation	p.m.
Per diem	p.m.
Operational	p.m.

Implementation:

1. Group discussion to reach a consensus on priority criteria for proposal selection (client oriented).
2. Group discussion on the weaknesses and strengths of each proposal (feedback to the researcher).
3. Group discussion (Delphy Technique) on ranking research proposals.

Project No. 2: Workshop on Development Plan of Analyses

Date: 20 - 30 September 1993

Venue: Nutrition Research and Development Centre, Bogor.

Participants: 20 Researchers (proposals accepted)

Objectives:

1. To revise the research proposal oriented to programme needs.
2. To develop research analyses plan oriented to programme needs.

Budget:

Transportation	p.m.
Per diem	p.m.
Operational	p.m.

Resource persons: Expert researchers - 5 persons
 Programme managers - 5 persons

Implementation:

1. Overview of HSR with specific emphasis on data analyses, presented by expert researchers.
2. Presentation of analyses proposal by researchers to expert researchers/programme managers.
3. Consultation for experts/managers on the elaboration/development of proposal (plan of analyses).

Project No. 3: Seminar on Dissemination of 1992 NH2S/NSES Analysis Findings

Date: 13 - 15 January 1994

Venue: Ministry of Health, Jakarta.

Participants:

Policy-makers	10 persons
Managers	20 persons
Researchers	10 persons
Donor agencies	5 persons

Objectives:

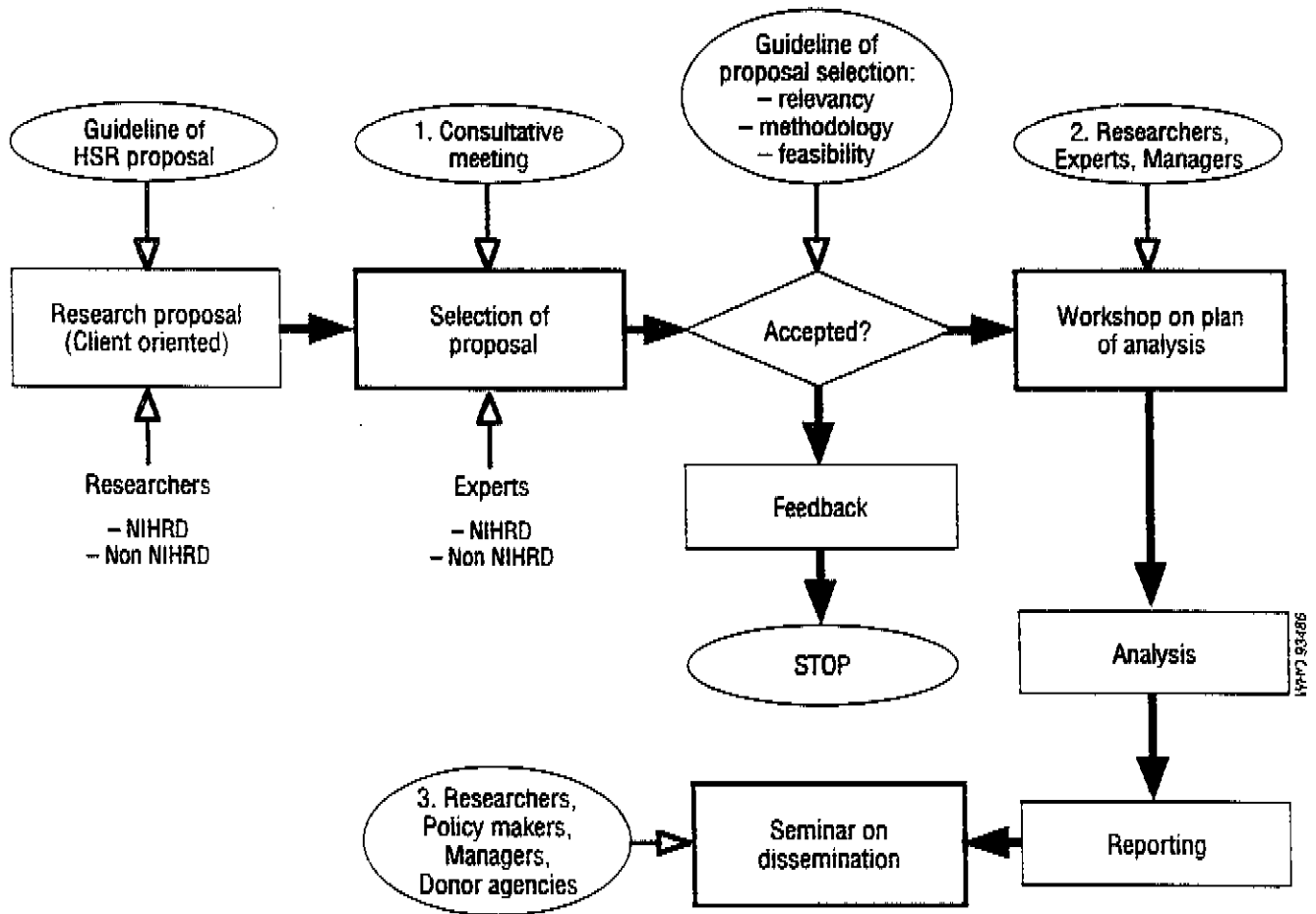
1. To disseminate selected research/analysis findings to the relevant policy-makers and managers.
2. To make commitments on the utilization of research/analysis findings.

Budget: Transportation p.m.
 Per diem p.m.
 Operational p.m.

- Implementation:
1. Panel discussions on disseminating research findings.
 2. Group discussions on programme commitments to the follow-up of recommendations.

CHART

Figure 1
Flow of in-depth analyses of 1992 NH2S/NSES



3.3 IRAN

In Iran, Preventive Health Services are delivered through the PHC "NETWORK" at provincial level. This "NETWORK" is composed of a provincial health centre which has the authority to monitor and supervise activities at the lower levels (i.e. district health centres, urban and rural health centres, and health "houses" in rural areas).

In addition, the Director of the Provincial Health Centre must prepare his plan of action on a yearly evaluation basis in order to receive the budget required to implement health promotion programmes from the Ministry of Health.

Because mid-level managers are largely unaware of the value and importance of the information resulting from HSR, and lack research skills, they almost always encounter problems when evaluating on-going programmes and planning new activities.

Training activities which should be undertaken are as follows:

<u>Target Group</u>	<u>Educational Needs</u>	<u>Strategies</u>
*Directors of Provincial Health Centres	*HSR methodology *Uses of HSR in managerial process and rational decision-making *New concepts in managerial process	*Workshops *Workshops focusing on real situations *Refresher courses

Objectives:

The general objective of the programme is:

"To create a critical mass of mid-level managers (Directors of Provincial Health Centres) who use HSR as a routine practice in decision-making".

Specific objectives of this programme are:

1. To increase the number of mid-level managers who are able to prepare and conduct small-scale HSR.
2. To increase the number of mid-level managers who are able to use the results of HSR in planning and implementing health programmes.

Methodology:

Course specifications:

Date:

15 January - 1 February 1994

- Location: Tehran Provincial Health Centre
- No. and type of participants: 25 Directors of Provincial Health Centres from the whole country
- Learning objectives: At the end of the workshop participants must be able to:
- * prepare a HSR proposal
 - * conduct a HSR project
- Draft outline: HSR Training Series (Annex 1)
- Resource persons:
- | | | |
|----|-----------|---|
| a) | External: | Expert STCs |
| b) | Internal: | Academics from faculties of public health |

Budget:

a) HSR Methodology

Description	Amount	Source
a) Local costs:		
* Personnel overtime	US\$ 5,000	Provincial Health Centre Ministry of Health Ministry of Health
* AV Aids	US\$ 10,000	
* Consumables (pen, paper, ...)	US\$ 5,000	
Total	US\$ 20,000	
b) External:		
* printed materials	US\$ 5,000	WHO/EMRO WHO/EMRO
* per diem	US\$ 37,500	
Total	US\$ 42,500	
Grand Total	US\$ 62,500	

Implementation phase:

a) HSR Methodology

Month	J	J	A	S	O	N	D	J94	F	M	A	M
Action												
Approval	xx "M"											
Selecting, notifying the participants and organizations			xx "B"									
Requesting printed materials from WHO/EMRO			x "D"									
Identify and arrange location				xxx "A"								
Hotel reservation					x "A"							
Preparation and distribution pre- training materials						"M" "B"						
2nd notification to participants and organizations							x "B"					

3.4 KUWAIT

In Kuwait the decentralization of HSR units has been accepted as policy and it has been agreed that three units will be set up in different regions. However, because of a shortage of human resources, the implementation of programmes in these regions is likely to be adversely affected. Therefore health personnel training is required at three levels: manager, researcher and health care provider.

HSR is organized within the Ministry of Health as a subdivision within the Department of Planning and Follow-up; the subdivision has many professional researchers, whose main responsibility is to provide technical support in implementing research projects, and this technical support includes the preparation of research proposals, data analysis and the publication and distribution of research reports. The subdivision also provides training for personnel responsible for implementing specific projects, usually on request.

Problems identified by regional health directors, hospital directors and managers of other departments within the Ministry of Health are referred to the HSR subdivision for the development of research proposals. Implementation of the research projects is also facilitated by the HSR subdivision.

At present, the subdivision has completed two projects in two regions and is starting a new project in a third region.

ACTIVITIES

1. Review of HSR activities:

Resource

Consultant

Target Group

Health Research Unit

Education Needs

Trainer of training HSR to become aware of HSR activities

Strategy

Meeting with consultant

2. Complete Research Project No. 3 (output):

Resource

Content of support for supervisor by HSR

Target Group

Researchers Team

Education Needs

Implementing Research

Strategy

Continued support for supervisor by HSR

3. Set up HSR unit in other region:

Resource

Self and Director of other region

Target Group

Regional manager

Educational Needs

HSR management process and uses of HSR in management

Strategy

Training manager workshop

4. Set up new projects for HSR Researcher:

Resource

Researchers

Target Group

Regional Manager and Head of Research Unit

Educational Needs

HSR Project and Process

Strategy

Training research workshop

5. Set up new projects in other units in the Ministry of Health:

Resource

Self and Director in other unit

Target Group

Appropriate staff from other units

Educational Needs

HSR project

Strategy

Training manager workshop

PROPOSAL NO: 1

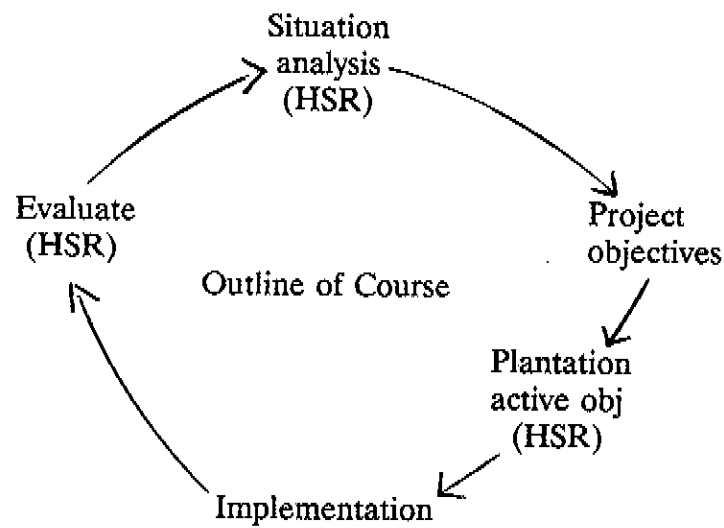
Training Manager

The regional manager and the department director are to increase awareness of the usefulness of HSR in analyzing educational needs, draw up a plan of action, and implement and evaluate the strategy for the training programme in the use of HSR in management.

Title: Training programme in the use of HSR in management

Date: (Tentative)
Number, type of participants - 8, Managers

Objective: Use HSR



Resource Persons: Consultant

Budget: US\$ 2000

Implementation Plan: - Permission

- Agenda
- Stationery
- Reading material
- Consultation
- Select participants
- Venue
- Working group (Secretary)

COURSE OUTLINE:

First day, week one October 1993

1. Orientation and introduction to HSR:
 - 1.1 Situation analysis
 - 1.2 Use of HSR in Situation Analysis

Second day, week one October 1993

2. Programme objectives:
 - 2.1 Plan of Action
 - 2.2 Use of HSR in selecting programme strategies
3. Implementation:
 - 3.1 Evaluation
 - 3.2 Use of HSR in Evaluation

3.5 MONGOLIA

The Ministry of Health is a focal point for Health Systems Research (HSR).

At the management level policy-makers and programme managers need information for decision-making. However, senior managers will not be able to carry out the HSR that is needed to provide them with the information required for decision-making. At the middle and operational levels, health personnel have little knowledge of HSR, and they have not been trained in the methodologies needed for conducting HSR. The community itself has therefore not been involved in identifying health problems that affect them or the need for any research to solve their health problems.

Hence, in Mongolia, HSR is in its beginnings. Therefore attempts should be made to:

- Sensitize top level policy-makers and managers as to how HSR could be utilized to provide them with information for decision-making.
- Train a core group of trainers in HSR.
- Train existing researchers as well as young health personnel in HSR. This would include training in the identification and prioritization of health problems, in HSR methodologies, in the development of HSR projects, and in methods that will promote the utilization of HSR: results etc.

ACTIVITIES (for the next two years)

	<u>Target Group</u>	<u>Educational Need</u>	<u>Strategy</u>
1.	Policy-makers and health programme managers	Consensus building to support HSR	Consultative Meeting
2.	Middle level managers		
3.	Researchers	Create awareness of HSR Training in HSR methodologies	Workshop

PROPOSAL NO. 1

<u>Title:</u>	National Consultative Meeting on HSR (for policy-makers, senior health managers, and senior researchers)
<u>Dates and duration:</u>	September/October 1993 - two days
<u>Venue:</u>	Postgraduate Institute for Health Workers, Ulan Bator

Number and type of participants - 15-20

- Deputy Minister
- Directors of Departments
- Senior Managers
- Senior Researchers
- WHO Staff Member

Objectives:

1. To provide an overview of the scope and potential uses of HSR in order to sensitize participants to the value of HSR within health services.
2. To identify methods by which HSR can support the decision-making process in the health sector.
3. To identify priority research needs in Mongolia.
4. To prepare a national plan of action for HSR.

Draft outline of Consultative Meeting:

The Consultative Meeting will be utilized to achieve the above objectives. At the meeting the following activities will be undertaken:

- an overview of the scope and uses of HSR will be provided;
- examples will be given of how HSR has been used in other countries to support the development of health policies and to solve health problems;
- the participants will be requested to identify the most important research problems that would assist in the development of health policies and programmes;
- a session will be spent identifying the different methods by which HSR can be promoted in the country
- the development of a plan of action to conduct HSR at the different levels of the health system

Resource persons:

One staff member from WHO (SEARO)
Chief, HSR, WHO/HQ

Budget: Approximately US\$ 4000

Implementation Plan:

June 1993: Discussions with the Vice Minister, officials of the Ministry of Health and the WHO Representative on the need to convene a Consultative Meeting.

- July 1993: Send letters to WHO Representative in Mongolia, WHO/HW and WHO/SEARO, requesting support for Consultative Meeting.
- July 1993: Development of a detailed programme for a two-day meeting, including decision regarding the dates of the meeting.
Provide participants with the dates and details of the meeting and send HSR reading materials to them.
- July-September: Make all the necessary arrangements for the meeting.
- September/October: - Convene the meeting.
- Prepare report of the meeting.
 - Distribute copies of the report to the participants, WHO and other senior and middle-level managers, and the heads of research/teaching institutes.
- Follow-up actions: Commence and implement the Plan of Action developed at the meeting.

3.6 MYANMAR

HSR units were established in the Department of Health, the Institute of Medical Research and also in the Department of Planning and Statistics. All HSR units form separate departments under the Ministry of Health and collaboration between the Ministry and the units is good where HSR activities and especially capacity building are concerned.

Where understanding of the HSR concept and acceptance of HSR at the policy-making level of management are concerned, there is still a need for consensus building even though there is some support from the policy maker. The reason is that almost all of the senior managers have retired, and many new senior managers are now in all three of the above-mentioned departments.

At programme and operational levels, capacity building is strong; however, more consolidation is needed at both levels of management, and in particular among policy level management.

OBJECTIVES

The main objectives will be consolidation at all levels of management and the reinforcement of consensus building at policy level.

ACTIVITIES

1. Consensus building for senior managers
 2. Alignment of funding for research
 3. Establishment of mechanism for interaction between researcher and manager, and to promote the utilization of HSR results/recommendations
 4. Establishment of a HSR core group or scientific working group committee to coordinate between the three focal points from different departments in the country
 5. Establishment of international network for HSR
 6. Training workshop on HSR methodology for clinicians to develop several HSR proposals
 7. Training workshop on HSR methodology for mid-level managers to develop several HSR proposals
1. Consensus building for senior managers

<u>Target group</u>	<u>Educational needs</u>	<u>Strategy</u>
Directors from all departments under Ministry of Health	When to ask for HSR How to use results	Consultative meeting

2. Establishment of mechanism for interaction between researcher and manager

<u>Target group</u>	<u>Educational needs</u>	<u>Strategy</u>
1. Programme manager	- Roles of Researcher	1. Annual one day meeting
2. Researchers	- Roles of Manager - Involvement in HSR	2. Case-study workshops on HSR 3. ?
3.	Establishment of mechanism for interaction between researcher and manager, and to promote the utilization of HSR results/recommendations	

<u>Target group</u>	<u>Educational needs</u>	<u>Strategy</u>
All focal points (HSR unit in different departments)	- Concept of consolidation building - Priority health needs - International network	1. Revitalization of Steering Committee at ministerial level to give guidelines to the HSR core committee or scientific committee 2. The latter to act as a nucleus to promote HSR 3. Define terms of reference for each unit in the committee
4.	Establishment of a HSR core committee or scientific committee to coordinate between the three focal points from different departments in the country.	

<u>Target group</u>	<u>Educational Needs</u>	<u>Strategy</u>
<ul style="list-style-type: none"> - HSR Core Committee - Health Programmes - Training university - Research university - Myanmar Medical Association - ? Other Ministry 	<ul style="list-style-type: none"> Concept of HSR Use of HSR 	<ul style="list-style-type: none"> - Coordination - Collaboration

5. Establishment of an international network for HSR

<u>Target group</u>	<u>Educational needs</u>	<u>Strategy</u>
<ul style="list-style-type: none"> - National HSR networks in countries of South East Asia 		<ul style="list-style-type: none"> - Exchange of information, newsletters and expertise between countries - Interregional workshop on HSR on a regular basis - Joint research projects or training activities

6. Training workshop on HSR methodology for clinicians to develop several HSR research proposals

<u>Target group</u>	<u>Educational needs</u>	<u>Strategy</u>
<ul style="list-style-type: none"> - Clinicians who are interested in HSR - Junior researchers - New postgraduates 	<ul style="list-style-type: none"> HSR methodology 	<ul style="list-style-type: none"> Learning by doing

3.7 CHINA

The recent economic development in both urban and rural areas in China has increased the demand for health care services. While revising its health policies, the government was determined to improve both the analytical skills and the information base of decision-makers, and to strengthen health systems research, which is supposed to provide the government with important information for policy reform.

The Network for Training and Research in Health Economics and Financing in China was established in June 1991, with support from the World Bank, WHO, IHPP etc. The first objective is to provide training in HSR. The second objective is to conduct policy research in order to assist the government in developing future health policies. The Ministry of Public Health (MOPH) is the prime mover with a Steering Committee chaired by the Minister. Six training centres for health management at medical universities and the Health Economic Institute are the core members at the present time.

At the same time, the need to improve HSR, and to establish a more effective health system to enable the majority of the population to obtain appropriate health care, was acutely felt. Policy-makers and health managers need further consensus building, as well as participation from and multidisciplinary work between HSR researchers; capacity building is also needed to consolidate the skills of both HSR researchers and health managers.

Various activities and several proposed training courses will take place in China in 1994 as follows:

ACTIVITIES

	<u>Target group</u>	<u>Educational Needs</u>	<u>Strategy</u>
1.	Health managers	Consensus and capacity building	Three-year training course (Proposal 1)
2.	Policy-makers	Consensus building	Annual national-level consultative meeting (Proposal 2)
3.	Trainers	Consensus and capacity building	Training of trainers courses (Proposal 3)

PROPOSAL NO. 1

<u>Title:</u>	Executives training courses (EXT)
<u>Dates:</u>	6 July - 17 July 1993. And in August and October over a three-year period

Duration: Two weeks

Venue: West China Medical University, Hearbin MU., Tongji MU.

Participants: Senior and middle health managers, who are attending a more broadly focused workshop on health systems research. Each course has 40 participants, and the total number will be 120 executives from a provincial level throughout China.

OBJECTIVES:

1. Orientate participants to recognize the importance of HSR as a management tool to increase managerial effectiveness within the health sector.
2. Provide some knowledge of and methods to conduct HSR.
3. Identify additional participants (12-15) who are interested in doing HSR in their provinces.

Draft outline of workshop:

- | | | |
|----------|---|---|
| Module 1 | - | Situation analysis - health systems reform policy. Health service delivery influenced by market economy and social marketing. |
| Module 2 | - | Planning, implementing and evaluating. |
| Module 3 | - | Human resource development. |
| Module 4 | - | Health financing and health pricing. |
| Module 5 | - | Health information related to HSR. |
| Module 6 | - | Methodology of economic evaluation. |
| Module 7 | - | Case study: analysis of some HSR at programme level, shortening the ALOS; comprehensive evaluation of benefits in hospitals. |

Resource persons:

Two senior-level officials from MOPH to serve as meeting moderators. Ten experienced, senior researchers to organize a core-group team. One or two outside experts, possibly from WHO Beijing Office, Harvard School of Public Health, or experts from neighbouring countries, could be invited to assist as facilitators.

Budget:

Y 70,000 (domestic budget)

Implementation plan:

1. Identify target audience: the Deputy Director of the Bureau of Public Health and the Chief of Planning and Health Financing Division. Enrolment arrangements by May 1993.

2. Prepare teaching materials and case study. Core-group teachers meeting is organized two months before the workshop to finalize the workshop outline and agenda and to discuss teaching methods by June 1993.
3. Send some people abroad to attend summer workshop related to health policy and health systems research (East-West Centre, HSR seminar - Harvard School) in 1993.
4. Conduct first workshop in July 1993, then revise programme objectives, framework of the three-year plan, basic curriculum and development of teaching materials reorientated to HSR.
5. Each workshop carries out an evaluation. Every day after class, the core-group teachers get together to do self-evaluation and peer evaluation, and to watch a video tape.
6. Field evaluation follow-up with the additional participants who are doing HSR in their provinces either at programme or operational level; hopefully a grant will be obtained from WPRO to support HSR.

PROPOSAL NO. 2

Title: Senior policy seminar (SPS) - reform of the health sector in the context of China's movement towards a market economy.

Date: 29 - 31 July 1993

Duration: Three days

Venue: Beijing

Participants: It is a national-level consultative meeting. Participants include senior policy-makers (MOPH, MOF, BOP, National Planning Committee, State Council, etc.), health managers, experienced researchers (economics, health economics, health managers, HSR), core-group teachers, foreign experts from international agencies (WHO, UNICEF, World Bank and IHPP etc.).

No. of Participants: 25 - 30

OBJECTIVES

1. Increase knowledge and consensus building as to where the health sector should be positioned in the context of reforms towards a market economy in China today.
2. Identify ways in which HSR can support health policy development and assist in problem-solving.

3. Recognize the importance of multidisciplinary work and participation between researchers and managers in HSR.

Draft outline of workshop:

- Module 1 - Overview of world health development - health systems and their problems.
Module 2 - Government and market rules in health - experiences world-wide and in China.
Module 3 - Consensus building on reforming health systems and HSR.

Resource persons:

Minister of Health to serve as meeting moderator. Ten experienced research economists, health economists and senior managers and ten foreign experts and representatives from international agencies will be invited to assist as resources persons.

Budget:

Y 200,000 (domestic budget)
US\$ 25,000

Implementation of Plan:

1. Prepare documents and background papers for the participants and meeting agenda.
2. Prepare terms of reference for each resource person to clarify the objectives of the consultative meeting.
3. Working sessions in which participants identify potential HSR projects, and conduct them, so as to provide relevant, well-timed information for further decision-making.

PROPOSAL NO. 3

Title: Introduction course: capacity building for HSR researchers
Date: May 1994
Duration: Two weeks
Venue: Shanghai Medical University
Participants: Senior researchers, trainers and researchers from universities or research institutes who have previously been involved in HSR.
No. of participants: 30 - 40

Objectives:

This is the first, introduction to HSR, workshop for researchers in China, with emphasis on both consensus and capacity building, and is intended to:

1. strengthen the consensus building of HSR and reorientate research in experienced researchers;
2. review HSR training needs systematically and develop an action plan for the next three years;
3. teach the basic concepts of HSR and the skills required for HSR, including research, teaching and management skills.

Draft outline of workshop:

Module 1	-	Introduction to health systems research
Module 2	-	Identification of the problem for research
Module 3	-	Introduction to health systems research methodology
Module 4	-	Health systems research challenge for universities
Module 5	-	Consensus building and capacity building
Module 6	-	Consolidation of HSR

Resource persons:

Two resource persons or facilitators could be invited to conduct this introductory workshop. Each participant should bring some research proposals or papers with him as a case study.

Budget:

Y 70,000 (domestic budget)
US\$ 15,000 (technical assistance)

Implementation plan:

1. Send proposal and workshop outline to MOPH and WHO Beijing Office to obtain approval and support by the end of 1993.
2. Identify the target group and clarify the present situation and identify HSR needs, constraints and weaknesses.
3. Prepare teaching materials on Health Systems Research Training Series, Volume 2, Part 1 and 2, and Volumes 3 and 5.
4. Invite resource persons and facilitators.
5. Enrolment of participants and announcement by February 1994.

3.8 PHILIPPINES

The University of the Philippines - College of Public health (UP-CPH) was established on a national basis to assist the Department of Health in the training of its public health workers. At the present time, the main areas of concern are: teaching/training of health professionals, research, and extension services.

Research experience in the College of Public Health is strong. Both local and international agencies have commissioned faculty members to undertake research studies. Although no faculty exists called HSR studies, much of the CPH faculty covers action research, evaluative research and the like.

However, the UP-CPH is faced with some identified constraints:

1. The need for senior university officials to come up with a policy statement in support of HSR.
2. The need for the CPH to come up with a research and development master plan.
3. The need for greater interaction between the CPH and the various client groups:
 - 3.1 Department of Health
 - 3.2 Other government agencies with health programmes.
 - 3.3 Non-governmental organizations (NGOs) in health.
4. The need to strengthen existing CPH training programmes in the area of HSR (e.g. undergraduate and postgraduate degree programmes, short courses).
5. The need for a focal point to coordinate, monitor and evaluate, inform the public about, and seek funding for, HSR projects/activities.

ACTIVITIES

	<u>Target Group</u>	<u>Educational Needs</u>	<u>Strategy</u>
1.	Policy-maker		
1.1	Senior university officials	Information on HSR and its relevance to policy-making	Meeting on utilization of HSR projects
1.2	Meeting of Health Managers	Information on HSR	Meeting with top manager on the utilization of HSR for decision-making and management of national health programmes
1.3	NGO manager	Information on HSR	Meeting on how HSR can be used for management of community-based

2.	College of Public Health Faculty Members	Conceptualization of a national research plan Integration of HSR in undergraduate, graduate programme Curriculum planning for new training workshop on HSR Management of HSR activities (for the HSR focal point in the CPH)	health programmes Workshop Workshop Planning workshop Planning workshop
3.	Researcher		
3.1	Provincial Health Officer	HSR process/management	Training workshop
3.2	NGO	HSR process - research - management and implementation of research activities	Training workshop

PROPOSAL NO. 1

Title: Training programme for NGO physicians: designing and conducting HSR projects.

Date and duration: November 1993 - 11 days

Venue: Manila (UP - College of Public Health)

Number and type of participants:

25 NGO physicians who will be undertaking research projects in their community-based health programmes

Breakdown of participants:

- 9 from Luzon
- 8 from Viragon
- 8 from Mindanas

Objectives:

At the end of the training workshop the participants should be able to:

- (a) formulate a prototype master plan for community-based health programmes in the Philippines, and
- (b) design a plan for an HSR project to be implemented in the programme area.

Draft outline of training workshop:

Day 1	Introduction Research and community health issues Identification of research issues in the community Health programme Prioritization of research topics
Day 2	Workshop on planning of research master plan for community-based health programme
Day 3	Introduction to HSR HSR and community health Analysis and treatment of the problem
Day 4	Literature review Foundation of research objective Introduction to HSR methodology Variable Study Type I
Day 5	Study Type II
Day 6	Overview of data collection techniques
Day 7	Sampling Plan for data processing and analysis
Day 8, 9	Management of research project (data collection, work plan, project administration)
Day 10, 11	Presentation and appraisal of research project N.B. Prior to the training workshop, self-study modules will be sent to participants. They will be required to conduct problem identification in their respective areas.

Resource persons:

Four faculty members who have attended WHO workshops on HSR; two epidemiologists.

Budget:		
Accommodation and meals		11,880
Travel		3,880
Supplies		600
Communications		400
Contingencies 15%		1,989
Total	US\$	15,249

IMPLEMENTATION PLAN	June				July				Aug				Sept				Oct				Nov			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
I. Preparation																								
A. Finalize plan	x																							
B. Finalize funding			x																					
C. Training Course: staff																								
1. Identification					x																			
2. Finalize meeting					x				x				x				x	x						
D. Training Course: participants																								
1. Selection					x																			
2. Letter of invitation						x																		
3. Finalize acceptance										x														
E. Training (preparation and mailing)																								
1. Pre-course assignments																								
a. instructions for problem identification																								
b. introduction to HSR																								
2. Course materials																		x						
F. Preparation of the venue reservation					x																			
II. Training Course paper																							x	x
III. Post Training Course																								
A. Evaluation																								
B. Follow-up to research																								

3.9 SRI LANKA

The National Programme for HSR in Sri Lanka was established in 1987 and was funded by the International Development and Research Centre. The Training of Trainers Workshop on HSR held in 1991 recommended the establishment of Regional Committees for HSR involving university personnel (medical and non-medical) and health personnel at provincial and district levels.

Sri Lanka, with a population of 17 million, has eight administrative provinces, one of which, the Southern Province, has a population of 2.1 million and is divided into three districts - Galle, Mataia and Habantota. The University of Ruhuna is located in the Southern Province.

The Regional Committee for HSR Southern Province was established in 1993 in the Department of Community Medicine, Faculty of Medicine, Galle.

The aim of this committee is to introduce and develop an interest in HSR, and to develop HSR skills among academic staff members of the university, decision-makers and operational staff at provincial and district levels.

IDENTIFIED STRENGTHS AND WEAKNESSES IN HSR IN THE SOUTHERN PROVINCE

The decision-makers of the Provincial Health Ministry and the Faculty of Medicine, University of Ruhuna, have accepted the concept of HSR. Although senior academic staff members of the University of Ruhuna are engaged in research, their contribution to HSR is limited. The majority of researchers are not aware of the concept and the scope of HSR for improving health care delivery. Junior academic staff are not aware of HSR.

HSR is not identified as a component of the undergraduate curriculum. However, undergraduate medical students are required to undertake small-scale research projects as a part of their community medicine training. Some of these projects could be identified with HSR.

The capacity to undertake HSR is minimal at the operational level of health care delivery. Medical officers of health, hospital medical officers and their operational level staff members need training in HSR.

Phase II of the IDRC/HSR project will support the development of HSR activities in our province.

OBJECTIVES

1. To reorient the senior academics in the university to use their skills to carry out HSR.

2. To train operational level health personnel in the Southern Province (medical officers of health) and junior academics in HSR methodology so that they can carry out HSR.
3. To introduce HSR into the undergraduate curriculum with priority given to HSR when selecting research problems.

TENTATIVE PLAN OF ACTION

Meeting of the Regional Committee on HSR in June 1993 to discuss the plans, i.e.

1. Consultative meeting on HSR for senior academics
2. Training programme for medical officers of health and junior academics (beginner researchers)

As the Dean of the Faculty of Medicine and the Provincial Director of Health Services are members of the Committee, their consent will be obtained.

The Provincial Director of Health Services and the Head of Community Medicine will be entrusted to coordinate the training programme and the consultative meeting.

PROPOSAL NO. 1

<u>Title:</u>	Orientation of Senior Academics in the Faculty of Medicine in HSR
<u>Date:</u>	1 September 1993
<u>Duration:</u>	One day
<u>Venue:</u>	Department of Community Medicine, Faculty of Medicine, Galle
<u>Number of Participants:</u>	20 - 25 Senior Academics of the Faculty of Medicine, Galle
<u>Objective:</u>	To reorient senior academics to HSR
<u>Agenda:</u>	Introduction to HSR Welcome address - Vice Chancellor University of Ruhuna Subject/Discussion * Utilization of Research * Decision-making * Entry points in HSR

Closing address - Dean, Faculty of Medicine,
Galle

Note: * The resource persons will be selected
according to the objectives.

Budget:

Sri Lanka Rupees

<u>Personnel</u>	<u>Rupees</u>	<u>No.</u>	<u>Total</u>
Participants	350	25	8,750
Resource persons	2,000	3	6,000
Support staff/clerks	150	2	300
Orderly	75	2	150
Stationery			1,500
Tea	50	30	1,500
Subtotal			18,200
Incidentals			960
Total			19,160

US\$ 1 = Rs 47

PROPOSAL 2

Title: Training programme in HSR for Medical Officers of Health in the Southern Province and Junior Academics of the Faculty of Medicine.

Date & Duration: 10 days, September/October 1993

Number and type of participants: 10 medical officers of health
5 junior academics

Venue: Department of Community Medicine
Faculty of Medicine, Galle, Sri Lanka

Objective: To strengthen the capacity in HSR among medical health officers in the Southern Province and junior academics of the Faculty of Medicine.

Specific Objectives: At the end of the course the medical officers of health and the junior academics should be able to

- * discuss HSR
- * contribute to HSR and select priority problems within the local context
- * prepare and complete an HSR proposal

This training programme will be conducted in three stages:

Introduction to Volume 2

Stage 1:	Modules 1-5	Two days
Stage 2:	Modules 6-10	Three days
Stage 3:	Modules 11-19	Five days

Resource persons:

Dr Dula de Silva, Provincial Director of Health
Dr Pushpa Fonseka, Head, Community Medicine
Dr P.H.U. de Joysa, Medical Officer, MCH
Dr Pothinayake, Regional Epidemiologist

Budget: Sri Lanka Rupees

<u>Personnel</u>	<u>No.</u>	<u>Day</u>	<u>Total</u>
Participants (Rs 300)	15	10	45,000

Resource persons (Rs 1000)	4	4	40,000
Support staff			
- clerk (Rs 100)	2	10	2,000
- orderly (Rs 75)	2	10	1,500
Supplies			
Stationery			10,000
Tea (Rs 100)	15	10	15,000
Subtotal			113,500
5% incidentals			5,675
Total			119,175

US\$1 = Rs 47

3.10 THAILAND

In Thailand, health systems research (HSR) is at the very early stages of development. The 1992 Health Systems Research Institute Act set in motion the national HSR organization known as the Health Systems Research Institute (HSRI). By May 1993, the HSRI had initiated HSR activities in the four provinces identified as having potential for HSR development.

Khon-kaen is one of those provinces. Several research projects had already begun in the province even before the HSRI's approach. The Provincial Health Office (PHO) is the principal organization that supervises the delivery of health services. Khon-kaen University (KKU) is the local academic institution that occasionally supports projects implemented by the PHO.

The PHO top management has taken an active part in a number of research projects. However, PHO staff and district level health personnel are seldom exposed to research activities. KKU researchers rarely collaborate closely with management in the development of research projects even though they are considered to be experienced.

OBJECTIVES

The project proposed here is to encourage HSR movements in Khon-kaen province and specifically includes two major elements, as follows:

1. building up consensus among middle-level health managers of the PHO and KKU researchers as to the need for HSR development; and,
2. strengthening the capacities of PHO novice researchers so that they can conduct an HSR project satisfactorily.

LIST OF ACTIVITIES

Target Group	Educational Needs	Strategy
Middle-level managers	Application of HSR concept to identify priority health problems and to use HSR studies	Involvement in HSR development; workshop to identify priority problems
Novice researchers	Research methodology and skills in conducting simple studies	Training workshop; HSR projects
University researchers	Management problems and operational situation	Involvement in HSR development; roles of trainers and HSR participants
Medical students	Attitude towards the use of HSR and research methodology	HSR workshop

Note: The integration of HSR into medical curriculum is a long-term plan.

PROPOSAL NO. 1

- Title: Using the HSR concept for identifying priority health problems in Khon-kaen
- Date: November 1993
- Venue: Kaen-Inn Hotel
- No. of Participants: Eight PHO division heads, 19 community hospital (CH) directors, and 20 district health (DH) chief officers
- Objective: To use the HSR concept for identifying priority health problems

Outline of the meeting:

- problem-solving
- experiences in using HSR for solving operational problems
- priority setting
- PHO plan to support HSR activities

Resource persons: Five KKU researchers, HSRI programme coordinator

Budget: Logistical expenses - PHO
Honorarium - HSRI

Objectives: After this workshop priority health problems will be explicitly identified by the participants. Further research will be encouraged and those managers who are motivated to conduct an HSR study are invited to send his/her team to partake in the subsequent workshop.

Implementation plan:

1. Official appointment of the HSR working group by the Provincial Medical Chief Officer (PMCO)
2. Draw up the provincial plan for HSR development and obtain the approval of PMCO for it.
3. Design and preparation of the workshop and identification of the participants
4. Workshop
5. Approval of the priority research areas by the PMCO

PROPOSAL NO. 2

- Title: Strengthening HSR capacities in novice researchers
- Date: First workshop: November 1993
Second workshop: December 1993
HSR study projects: January to June 1994
- Venue: PHO conference room (for workshops)
- Participants: First workshop: 40 novice researchers from the PHO, CH and DH offices.
Second workshop: 15 novice researchers whose pre-proposals have been approved as HSR study projects.
HSR projects: 15 novice researchers (three to five teams).
- Objectives:
1. To provide advice and guidelines to participants for formulating a plan (pre-proposal) to carry out HSR projects.
 2. To strengthen the research skills of novice researchers whose pre-proposals have been approved.
 3. To conduct the selected HSR projects.
- Outline of the workshops: -
- First workshop
PHO plan to support HSR activities
- Formulation of the research problem
- Second workshop
- Appropriate research methods for the selected projects
 - Implementation plan
- Resource persons: KKU researchers, HSRI researchers
- Budget: HSRI, PHO, KKU

Implementation Plan:

1. Draw up a list of names of nominated participants and those who are considered potential researchers
2. Design workshops and prepare learning materials
3. First workshop
4. Review and selection of the pre-proposals
5. Inform participants of second workshop
6. Second workshop
7. Completion of the proposal
8. Acquire financial and material supports
9. Conduct selected HSR projects
10. Presentation of results
11. Implementation of the recommendations



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with support from
SWEDISH AGENCY FOR RESEARCH COOPERATION (SAREC)

26 May - 4 June 1993

BANGKOK, THAILAND

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