



ACMR SUB-COMMITTEE ON HEALTH SERVICES RESEARCH<sup>1</sup>

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WHO EFFORTS IN HEALTH SERVICES RESEARCH

Progress Report June 1978 to May 1979

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<sup>1</sup> This meeting of the ACMR Sub-committee on Health Services Research consists of an Interregional Consultation on the WHO Health Services Research Programme.

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## INTRODUCTION

The ACMR Sub-committee on Health Services Research, at its first meeting from 29 November to 1 December 1978, formulated the following definition:

"Health services research is the systematic study of the means by which basic medical and other relevant health knowledge is brought to bear on the promotion of health of individuals and communities under a given set of existing conditions."

The World Health Organization participates in health services research by collaborating with governments in a variety of activities aimed at the promotion, strengthening and conduct of this research in countries. WHO has, therefore, a responsibility to identify, analyse and make available information about these activities. To comply with this, and in accordance with the recommendations of the ACMR Sub-committee on Health Services Research, all regional offices and headquarters divisions and programmes have prepared information about activities in which WHO collaborates which are under way or at a mature stage of planning, and which in the opinion of those responsible have a bearing on health services research.

Thanks to this helpful and detailed response by regional offices and headquarters technical programmes, the work of compiling and analysing information is progressing well and some of the results are presented below in a preliminary and provisional form.

Altogether 226 individual activities were reported, 96 by regional offices and 130 by headquarters technical programmes. The actual number, however, is in excess of this because the health services research components of the Special Programme for Research and Training in Tropical Diseases have not yet been abstracted and compiled and are therefore not included in the present figures. On the other hand, the figures may be slightly inflated by the fact that in some instances a project undertaken in several countries on the basis of one protocol is reported as several separate activities.

## SCHEME FOR ANALYSING WHO EFFORTS

At global and regional levels various bodies have attempted to identify broad areas of health services research that are related and that call for collaboration between countries and WHO, so that priorities<sup>1</sup> could be established. For this purpose, the WHO programme of health services research can be divided into the following three main components or groups of activities:

Component A: Collaboration in health services research.<sup>2</sup>

Component B: Strengthening of national capabilities for health services research.

Component C: Development and management of the WHO health services research programme.

For each component the following areas of concern were listed:

Component A

1. Needs and demands as a basis for planning, programme formulation and management.
2. Approaches to planning and management.
3. Alternative strategies for primary health care delivery and supporting infrastructure.

<sup>1</sup> Priority is intended to be an area of concern (or problem) on which by explicit decision a fraction of the resources available or to become available should be concentrated.

<sup>2</sup> The sequence in which the three components are listed is significant in so far as the second is determined by the first and the third by the preceding two.

4. Economic aspects of health services.
5. Financing of health services.
6. Monitoring and evaluation, analysis of trends, definition of indicators.
7. Standardization of terminology, methods and procedures.
8. People's behaviour in relation to health and health services, community participation in health action.
9. Traditional practices.
10. Development of appropriate health technology.
11. Health manpower development and management and its integration with health services development.
12. Intersectoral action for health promotion.
13. Disease control.
14. Emergency services.

#### Component B

1. Orientation and training in health services research.
2. Institution strengthening.
3. Collection and dissemination of information.
4. Technical and financial support to and among countries in health services research.
5. Methodology of health services research.

#### Component C

1. ACMR Sub-committee on Health Services Research and/or advisory groups.
2. Technical working groups.
3. Coordination and review mechanisms.
4. Programme evaluation.
5. Mobilization and channelling of extrabudgetary resources.

Annex 3<sup>1</sup> is a master list of the activities so far reported in each area of concern by region, which indicates the number of countries (if any) in which the activities take place and the headquarters technical programme or regional office reporting them. In addition, summary activity sheets were either provided by the reporting programmes or prepared on the basis of the information made available. The list and the activity sheets and a few tables prepared from them allow the following remarks.

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<sup>1</sup> Regional office and headquarters programme staff should carefully review the attached lists and point out activities which have been counted twice or any other inaccuracies.

ANALYSIS OF THE INFORMATION

Component A: Collaboration in health services research

Area of concern 1. Needs and demands as a basis for planning, programme formulation and management.

As many as 15 activities are listed dealing with the assessment of demographic, socio-behavioural and epidemiological parameters related to various diseases and conditions, and coverage by and utilization of health services.

Area of concern 2. Approaches to planning and management.

The six projects listed deal with management of the health services in general or are related to specific programmes such as malaria control or environmental health. Information exchange in the planning of primary health care and the use of epidemiological models for planning are also included.

Area of concern 3. Alternative strategies for primary health care and supporting infrastructure.

This is one of the areas to which much attention is given. It includes 24 activities dealing with: (a) the development and functioning of various services including those related to mental health, family planning and the care of the aged; (b) the integration of services among themselves and with manpower development activities; (c) the relationship of the supporting service infrastructure and primary health care in both rural and urban/peri-urban populations and the construction of better physical facilities; (d) supporting laboratory and radiological services.

Area of concern 4. Economic aspects of health services.

Two projects are included dealing with cost containment in primary health care and the advantages and disadvantages of different health delivery approaches from an economic standpoint.

Area of concern 5. Financing of health services.

Patterns of expenditures and the financing of health services attract attention both at the global and regional levels where the AMRO and WPRO are active. Seven activities are listed.

Area of concern 6. Monitoring and evaluation, analysis of trends, definition of indicators.

The 16 activities listed testify to the interest in the evaluation of health services in general from a methodological point of view or when applied to specific services, as well as in certain related issues such as the definition of indicators, the assessment of undesirable effects and the study of trends.

Area of concern 7. Standardization of terminology, methods and procedures.

No activities are listed, but information on work in this area may be forthcoming from EURO, who proposed it initially.

Area of concern 8. People's behaviour in relation to health and health services, community participation in health action.

Fourteen activities are listed, mostly proposed at the global level, focused on primary care and dealing with the subject in a general way or in relation to specific services such as malaria, family planning, environmental health and alcohol-related problems.

Area of concern 9. Traditional practices.

Five activities are listed. They relate to beliefs and practices related to pregnancy and birth and the use of traditional healers in supplying oral rehydration mixtures and of traditional practices in general in primary health care and other aspects of the services.

Area of concern 10. Development of appropriate health technology.

As many as 20 activities are listed dealing with the subject in a general way or in relation to specific technology terms, services or conditions. Among other things, sexually transmitted diseases, oral rehydration and contraception are considered.

Area of concern 11. Health manpower development and management and its integration with health services development.

This area included the largest number of activities: 33 are listed. They relate mostly to the integration of health manpower and health services development, the use and training of people who are not physicians in family planning, the contribution of traditional birth attendants and women in general to primary health care and various types of educational techniques for the training of service manpower.

Area of concern 12. Intersectoral action for health promotion.

No activities are reported in this area in spite of its importance as a fundamental component in the implementation of the strategy of health for all by the year 2000.

Area of concern 13. Disease control.

This is one of the areas that includes a large number of activities: 26 are listed. They relate to service aspects for the control of various communicable and noncommunicable diseases, their management and integration into general health services.

Area of concern 14: Emergency services.

Three activities are included, of which two relate to emergencies due to earthquakes and one to organizing health services for emergency care.

Component B: Strengthening of national capabilities for health services research

Area of concern 1. Orientation and training in health services research.

Preoccupation for this important aspect of the programme is felt both at the regional and global levels. The special programmes also sponsor training activities where health services research aspects are considered. Thirteen activities are listed, of which 11 are promoted by various regional offices. They are meant for different target groups and have different durations.

Area of concern 2: Institution strengthening.

The six activities listed aim at the strengthening of national institutional facilities and their programmes of work.

Area of concern 3. Collection and dissemination of information.

The six activities listed here deal with a wide range of information on research in countries, including bibliographic series, collaboration of WHO in research, institutions and people, and training opportunities, etc.

Area of concern 4. Technical and financial support to and among countries in health services research.

Seven activities are listed relating to the development of cooperation among developing countries and the support to research activities.

Area of concern 5. Health services research methodology.

One activity is listed relating to a workshop in the American region on the methodology of health services research.

Component C: Development and management of the WHO health services research programme

Area of concern 1. ACMR Sub-committee on Health Services Research and/or advisory bodies.

Four activities are listed. They are the establishment and functioning of an advisory panel in health services research in the Western Pacific Region, and an advisory group to the Special Programme of Research in Human Reproduction, the functioning of the global ACMR Sub-committee on Health Services Research, and the Alexandria meeting on health services research, for which this document has been prepared.

Area of concern 2. Technical working groups.

The 10 activities listed involve establishing various technical groups at regional and global levels to deal with general or specific aspects of health services research.

Area of concern 3. Coordination and review mechanisms.

Six activities are listed dealing with mechanisms, some of which are internal to WHO, ensuring certain aspects of management of the programme and review of the activities proposed.

Area of concern 4. Programme evaluation.

One activity is listed.

Area of concern 5. Mobilization and channelling of extrabudgetary resources.

Only one activity is listed, reported by the Special Programme of Research in Human Reproduction.

In general, it could be said that at this stage activities at the global level are mainly concerned with collaboration in substantive health services research, while in the regions there is also considerable emphasis on creating a joint national and WHO infrastructure and capability that will make it possible to do and collaborate in health services research. This is also a responsibility of the global focal point for health services research in SHS/HQ and of the two Special Programmes of Research in Human Reproduction, and in Tropical Diseases.

In examining individual activities, it was noted that some of them (in fact a very small proportion of the total) could hardly be considered within the scope of health services research. It may not be difficult to identify some of these activities by their titles in Annex 3, and few could be singled out for discussion during the present meeting. Without wishing to prejudge the results of this discussion, it could be said that the overall guiding criterion for inclusion of a research proposal under the label of health services research should be that its objectives are expressed in terms of the health services innovation or, more generally, of the health action sought.

TABLE 1. HEALTH SERVICES RESEARCH  
NUMBER OF PROPOSED ACTIVITIES BY AREA OF CONCERN

Areas of concern	Activities by		
	RO	HQ	Total
<u>Component A: Collaboration in health services research</u>			
1. Needs and demands as a basis for planning, programme formulation and management	5	10	15
2. Approaches to planning and management	1	5	6
3. Alternative strategies for primary health care delivery and supporting infrastructure	10	14	24
4. Economic aspects of health services	2	-	2
5. Financing of health services	5	2	7
6. Monitoring and evaluation, analysis of trends, definition of indicators	9	7	16
7. Standardization of terminology, methods and procedures	-	-	-
8. People's behaviour in relation to health and health services, community participation in health action	2	12	14
9. Traditional practices	4	1	5
10. Development of appropriate health technology	4	16	20
11. Health manpower development and management and its integration with health services development	5	28	33
12. Intersectoral action for health promotion	-	-	-
13. Disease control	4	22	26
14. Emergency services	2	1	3
Sub-total	53	118	171
<u>Component B: Strengthening of national capabilities for health services research</u>			
1. Orientation and training in health services research	11	2	13
2. Institution strengthening	5	1	6
3. Collection and dissemination of information	5	1	6
4. Technical and financial support to and among countries in health services research	6	1	7
5. Health services research methodology	1	-	1
Sub-total	28	5	33
<u>Component C: Development and management of the WHO health services research programme</u>			
1. ACMR Sub-committee on Health Services Research and/or advisory groups	1	3	4
2. Technical working groups	9	1	10
3. Coordination and review mechanisms	4	2	6
4. Programme evaluation	1	-	1
5. Mobilization and channelling of extrabudgetary resources	-	1	1
Sub-total	15	7	22
GRAND TOTAL	96	130	226

The location (country(ies)) in which the activities reported are, or will be, conducted was stated in 114 cases or 59% of the total (Table 2). From a review of the activity sheets it was observed that at least 94 different countries are known to be, or are expected to be, involved in one or more of the activities reported, i.e. almost two-thirds of the 153 Member States of WHO. The other half, in which there is no activity, includes some of the neediest countries in the world. Nevertheless, a foundation upon which the health services research effort of WHO is to be built has already been established. Table 3 indicates the countries (by region) where projects are taking place or will take place. As many as 49 activities, i.e. 43% of those for which a location was stated, are being undertaken simultaneously or in succession in more than one country. Likewise, 33 activities managed by headquarters technical programmes for which the countries of implementation was stated, or 46% of these, take place in more than one region or are expected to.

Duration was specified in 125 activities or 55% of the total (Table 2). The duration varies greatly, but in a few cases it was so long as to raise the question of whether this is appropriate for research activities in general and in WHO, or whether some of these activities are indeed research at all.

Stage of development. Among the activities reported, 9 were completed, 108 were in progress, 103 proposed (these are 45% of the total), and for 6 the information about the stage of development was not available (Table 2).

Cost. The estimated or actual cost was specified in 151 (or 67%) of the activities (Table 2). It was not possible to calculate the overall proportion of costed activities for which funds were already available, although occasionally the information was given. The proportion of proposed activities, or activities, for which the cost was not specified, was higher for regional offices than for headquarters technical programmes. This is not surprising, considering that the involvement of regional offices in research is recent.

TABLE 2. HEALTH SERVICES RESEARCH  
PROPOSED ACTIVITIES CLASSIFIED BY AVAILABILITY OF INFORMATION IN COUNTRY OF  
LOCATION, DURATION AND COST, AND BY STAGE OF DEVELOPMENT

Analysis of activities by	Activities proposed or managed by				Total activities	
	Regional offices		HQ technical programmes		No.	%
	No.	%	No.	%		
<u>Country of location</u>						
- specified	42	57*	72	61*	114	59*
- not specified	32	43*	46	39*	78	41*
- not applicable	22	-	12	-	34	-
<u>Duration</u>						
- specified	36	37	89	68	125	55
- not specified	60	63	41	32	101	45
<u>Stage of development</u>						
- in progress	37	39	71	55	108	48
- proposed	53	55	50	38	103	45
- completed	0	0	9	7	9	4
- not known	6	6	0	0	6	3
<u>Cost</u>						
- specified	42	44	109	84	151	67
- not specified	54	56	21	16	75	33

\* Percentages calculated after exclusion of "not applicable" projects.



Quality. The fact that such a relatively large number of current or proposed activities have been reported does not necessarily imply that they fulfil basic requirements for success, namely, political support, relevance to priority health action and methodological soundness. To these we should add the additional criteria that there is a local need for the activity (i.e. the knowledge sought is not already available) and that it is ethically acceptable. In fact, with the exclusion of the activities reported under the Special Programme of Research, Development and Research Training in Human Reproduction, few of the other activities reported have gone through as rigorous a process of review prior to implementation as would be desirable. It therefore seems appropriate and urgent to think of establishing one or more mechanisms (in the form of panels of experts, advisory groups or task forces) for reviewing proposed activities and adopting procedures for formulating them that would increase the chances of such proposals leading to projects which have a high probability of being successful.

From the large proportion of proposed activities that are not costed one could infer, although somewhat superficially, the degree of development of the project or the overall accuracy and completeness of the information available. The partial lack of information on costs and, for some costed activities, on the proportion of funds already available or to be obtained imposes a severe limitation on making estimates of the extrabudgetary resources needed and on preparing a submission to funding agencies as recommended by the ACMR. The whole issue of the information-base for the management of the WHO effort in health services research should be given proper consideration.

Relevance and impact. Methodological soundness is no guarantee that the research is socially relevant, is focused on priorities, and has had a favourable impact on services, health and self-reliance in countries. The criteria and procedures for the evaluation of the WHO health services research effort must be specified or adapted from existing guidelines. Examples of research that has been able to influence policy and implementation should be made widely available to those concerned. Both constraining and facilitating factors should be identified and, finally, possible points of entry for research (such as country health programming, national health planning, programme formulation, etc.) should be explored.

#### SUMMARY AND QUESTIONS FOR CONSIDERATION

The second meeting of the global ACMR Sub-committee on Health Services Research is planned to take place on 26-29 June 1979 in Alexandria, Egypt. It will consist of an Inter-regional Consultation on Health Services Research implemented under the aegis of the ACMR Sub-committee. It is hoped that the deliberations of the Sub-committee will lead to results which would include:

1. A list of health services research priorities identified in relation to the target of health for all by the year 2000.
2. A classification of these priorities for the purpose of immediate and medium-term planning of health services research.
3. An estimate of resource requirements to form the basis of a submission to funding agencies to attract extrabudgetary resources.
4. A recommendation on the framework for the review and management of health services research in the context of WHO new research management strategies.

In preparation for the meeting, information on the current WHO effort in health services research was collected from regional offices and headquarters technical programmes. The response was excellent and an impressive amount of information was provided. This information, although bulky, is made available to all participants in its original form as recommended by the Headquarters Inter-divisional Core Group on Health Services Research. In addition, the information has been reviewed and summarized in several ways considered appropriate. The results of this review are given in this paper.

From a study of the information provided and from general knowledge of health services research activities in WHO, the following positive aspects and problems have been identified and questions for consideration tentatively formulated.

The positive aspects are:

1. The initial formulation of programmes in almost all regions; the most important events of the last 12 months.
2. The interest shown in health services research by almost all headquarters technical programmes, even by those who for the time being have no relevant activities, and the orientation of the special programmes of research towards health services research.
3. The emphasis on strengthening the national capabilities in health services research evident in the regional programmes.
4. The amount of information that has been put together and the fact that all information is now available to all regional offices and technical programmes.
5. The establishment of the global ACMR Sub-committee on Health Services Research and of regional mechanisms for programme development in addition to those already established by the special programmes.

The problems are:

1. Concrete overall priorities for the WHO effort in health services research have not yet been specified.
2. For historical and other reasons the choice of activities by some technical programmes still does not seem to respond to an existing and well thought out conceptual framework.
3. Too little service research that cuts across programme areas.
4. Insufficient communication, coordination and support among different WHO echelons.
5. Little attempt to be selective.
6. Too many activities included at too early a stage of formulation, some of which may never see the light of day.
7. Incomplete information about many activities.
8. Some activities are not research, and some that are research are not health services research.
9. Too little is known about what goes on in countries and when information is obtained it is not properly exploited.
10. In the regional offices, manpower resources for health services research are insufficient and not enough use is made of knowledgeable and experienced nationals.

Questions for consideration

1. Should the three proposed programme components be maintained? Reduced to the first two? Or otherwise changed?
2. Should the lists of areas of concern under each programme component be maintained or changed? Should some areas of concern be grouped? Should any be excluded?

3. Should the lists of areas of concern be altogether replaced by a list of concrete and specific priorities and how could these priorities be arrived at? Would the meeting suggest priorities?
4. How could selectivity in the choice of activities be improved?
5. How could the preparation of proposed activities be improved in WHO? Would brief orientation sessions for staff be useful?
6. How could greater collaboration in health services research among technical programmes be implemented?
7. Would the meeting identify multiregional priorities for which interregional collaboration would be useful, especially at an early stage of their development.
8. How could a trainers' training programme in health services research be formulated and tested?
9. Should country health programming or equivalent processes be tested as to their suitability to provide entry points for the definition of needed health services research?
10. Should an activity review mechanism be established (in line with what is being done in the special programmes) and guidelines for the preparation of health services research study proposals and research grant applications be finalized and made widely available?
11. What information support should the Organization provide to Member States that would facilitate the planning and implementation of health services research by them?
12. What information on the WHO effort in health services research is needed by the WHO governing, advisory and supporting bodies?
13. What information is needed for the management of the WHO effort in health services research?
14. How should the information in (11), (12) and (13) above be obtained, updated, stored and retrieved, and what resources would be needed? Is the information already provided sufficient or should an additional effort be made? Using what standardized instruments?
15. What criteria should be used for the short and long-term evaluation of the WHO effort on health services research?
16. How could the regional offices and headquarters shortage of manpower for developing health services research activities be overcome? Should a greater involvement of experienced nationals be considered to facilitate and advance the formulation, implementation and management, particularly of the regional programmes?

## SYNOPSIS OF PROGRESS IN THE REGIONS

General

In June 1978, at the time of the twentieth session of the ACMR, all six regional ACMRs had considered the matter of health services research and in four a specialist sub-group concerned with the promotion of a research programme had been constituted and had met at least once. In every case these groups have held further fruitful meetings and in the other two regions similar groups have met or will meet in 1979.

Progress has included:

- negotiations towards the identification of collaborating health services research centres in Colombia, Cuba, Egypt, Iran, Korea, Mexico and the United Kingdom;
- the identification and listing in several regions of focal groups or centres where health services research is being undertaken in individual countries, in some there is more than one method for coordinating research;
- the holding of seminars, workshops, courses, etc., on health services research;
- the identification of countries anxious to collaborate in the establishment of national focal groups;
- the preparation of directories or registers of relevant research for which proposals have been submitted, is under way or has been recently completed;
- the consideration and evaluation of research project proposals: concern has been expressed at the paucity and lack of quality of these, both of which have been attributed to the scarcity of trained personnel at country level;
- the preparation of lists of priorities and researchable problems.

Summarized information on each region is presented below. Regions are listed in the chronological order in which Task Forces on Health Services Research or similar bodies were formed in the respective regional offices.

Western Pacific RegionGeneral progress and activities

The Task Force, which first met in November/December 1976, convened a working group on health services research in Manila from 14 to 18 August 1978. This was attended by seven countries (Australia, Japan, Malaysia, Papua New Guinea, Philippines, New Zealand and the Republic of Korea) each of which sent two or three representatives; 14 others including temporary advisers, observers and members of the secretariat were also present. The group concerned itself with the regional programme, and also, in some detail with the strategies, tactics, methods and planning of health service research itself, as well as with the development of proposals. A project systems analysis of the health services in Malaysia, Philippines and the Republic of Korea produced "results (which) have led to changes in the general health services of the countries concerned. Thus, in the Western Pacific Region it has been shown that through systematic health services research it is possible to provide valid and feasible modifications to health services to improve efficiency and effectiveness".<sup>1</sup> Other activities include moves towards the recognition of the Korean Health Development Institute as a collaborating centre, and collaboration in the development of health services research programmes in Malaysia, Papua New Guinea, Philippines and the Republic of Korea.

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<sup>1</sup> WPR/ACMR/79.4, Annex 1.

Annex 1

There is evidence of concern about:

- the lack of research proposals;
- the seriousness of the constraint caused by lack of health services research workers;
- the need for national focal health services research groups;
- the need that health services research should follow the primary care concept within the health services;
- the need for existing information to be maximally used, and all health services research information to be disseminated.

The fourth meeting of the Task Force is to take place in Manila on 9 and 10 July 1979.

The Regional Health Services Research Programme

The Region has drafted a Health Services Research Programme which is directed towards;

- the formation of national focal groups for health services research, and collaborating with them in:
  - (i) the preparation of plans for development;
  - (ii) the designation of responsible national officers/agencies for health services research as a contact point for WHO;
  - (iii) the arranging of national workshops in the Republic of Korea (1979), Malaysia (1980) and Philippines (1980);
  - (iv) the preparation of a national health services research programme in the Republic of Korea (1980).
- the provision of fellowships for national research workers;
- the funding of health services research study proposals, provided reviewing procedures are satisfied, at the rate of four studies per year;
- the finalization of a plan of work for the Korean Health Development Institute as a collaborating centre and the exploration of the feasibility of designating another collaborating centre;
- the revision of the health services research register;
- with the agreement of the Regional ACMR, the formation of a regional advisory panel on health services research;
- the preparation of guidelines for the formulation of health services research studies.

South-East Asia Region

General progress and activities

The third meeting of the Study Group on Health Services Research was held in New Delhi in February 1978. Subsequently, special ad hoc groups have been convened to consider specific aspects of the programme. An intercountry orientation course on evaluative health services research similar to the one implemented in EMRO in January 1979 is being organized in SEARO for the end of 1979 with the collaboration of the Institute of National Planning, Cairo, and the University of Nottingham, United Kingdom.

It is pointed out that favourable change in any one or more of the following factors:

- the health services infrastructure;
- the management system for delivery of health care;
- the attitude and participation of people;

will improve the health services.

The Region is wholly comprised of developing countries with limited resources. Member countries are aware that conventional health services are incapable of fast expansion and the trend in National Development Plans must be towards organizing those health services which will meet the most pressing needs of the people. Researchable issues are seen to include the following:

- political commitment to health for all;
- treating health as a priority in development plans;
- establishing efficiency of health services and adequacy of coverage by them of the population;
- promoting community development;
- achieving equality in distribution of resources between rural and urban areas;
- achieving rationality in the balance of investment in curative/preventive care;
- improving the availability of health information;
- changing the nature and improving the performance of management;
- raising the motivation of health workers, especially in rural areas.

#### Regional Health Services Research Programme

WHO collaboration is to be directed towards the following:

- (1) Strengthening the national capacity and self-reliance in health services research.
- (2) The development and management of health services research programmes.
- (3) The conduct of health services research.

National capacity is to be developed by updating and disseminating the inventory of national and individual institutions, assessing by visits and survey the needs of collaborating centres, stimulation of and participation in regional and interregional meetings, and support of libraries and new national health services research staff. Guidelines for orientation of national policy makers and administrators are to be prepared and training programmes offered to national research workers at the rate of two countries per year, together with research training and visiting scientist grants. Case study material will be prepared and a regional workshop arranged. An information system will be developed through support of libraries at country level, the identification, abstraction and dissemination of recent work in health services research and the preparation and dissemination of newsletters. Collaboration will be by dissemination of guidelines for study proposals, the preparation of a roster of consultants, and the provision, on request, of technical expertise for the formulation and review of projects and for training. Research and development studies relating to alternative strategies of basic health services will, if grants are available, be supported. Other areas which will receive attention include identification of health needs, consideration of the attitudes of the community and improvement of coordination and management of intersectoral health-related action at village level. General development and management is set out in great detail in documents prepared by two regions. The programme will consider follow-up of the recommendations of the Alma-Ata Conference, and include study tours for MCH in Turkey and Malaysia.

Annex 1

Eastern Mediterranean Region

General progress and activities

A ministerial consultation in 1978 recommended that WHO should continue to collaborate with Member countries in the conduct of studies on health needs and manpower requirements and to promote and support research on health services, including studies of appropriate technology, and on manpower development. The findings of such studies should be disseminated.

Health services research is established in Iran, Israel and Egypt, and advances are being made in the Sudan, Yemen and Democratic Yemen, where a developmental approach to promotion of community health is gaining ground. A three weeks orientation course on evaluative health services research took place in January 1978. The Institute of National Planning, Cairo, and the Department of Community Health, Nottingham University, United Kingdom, are being designated as collaborating centres of EMRO.

Regional Health Services Research Programme

The regional strategy consists of:

- (1) Emphasis on development of a nucleus of skilled health services research workers based in ministries of health and existing research and/or educational institutes.
- (2) Development by these workers, during a training period, of health services research projects in their countries. This will serve the purposes of:
  - providing experience in preparation of proposals;
  - providing experience under supervision of the application of newly acquired technical skills;
  - giving decision makers the opportunity to appreciate the usefulness of such studies in solving routine problems.
- (3) Provision of research grants to strengthen existing national capabilities.
- (4) Other collaboration as suggested by the countries.

Further details of the proposed training and research content of the programme are as follows:

- (i) A second orientation course on evaluative health services research will consider the principles of research design, together with the aims, objectives and methods of evaluative research in the health services system. It will include practical work and field visits and would be directed towards Ministry of Health personnel.
- (ii) A collaborative study in Hamadan, Iran, would be to survey the health services and the major health needs of the defined population of a province with a view to defining a suitable health manpower force for that province, recruiting it and training personnel.
- (iii) A costing study of alternative methods for administering triple vaccine in Afghanistan, Syria, Pakistan and elsewhere, with special reference to avoiding the spread of serum hepatitis.
- (iv) A comparison of the effectiveness of various techniques for changing parental attitudes and so to enable children to be immunized in Afghanistan, Sudan and Yemen.
- (v) A study of the rationality of drug prescribing and consumption as these relate to physician and patient behaviour under circumstances of primary health care. It is planned for the Democratic Yemen, Sudan and Tunisia and expanded elsewhere in the Region.

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- (vi) A study of the issues involved in the provision of primary health care among nomads and other rural communities in the Western and Southern Sudan.
- (vii) A study of the adequacy of health services coverage in rural areas in Egypt, Kuwait and Yemen paying special attention to "the obsession in (the region) with the physician-oriented curative-rehabilitative approach to health care."<sup>1</sup>
- (viii) The collection of information about traditional medical practices particularly as these relate to childbirth and mental healing in such countries as Afghanistan, Iran, Pakistan, Sudan, Somalia, Tunisia and Yemen.
- (ix) The development of means for improving the recording and reporting of health information in primary health care starting in Bahrain, Egypt, Iran, Pakistan and Yemen.
- (x) An evaluation of the Beersheba, Israel, experiment in integrating health manpower training and health care delivery.
- (xi) An examination of the potential interrelationships between traditional medicine and primary health care. The underlying issues vary greatly between countries; a questionnaire is being prepared by a committee with representatives from 20 countries and a series of workshops will consider the results of the survey.
- (xii) A study of the feasibility of integrating workers trained for specialized campaigns such as malaria control within the general health services. This is proposed for Sind Province, Pakistan.

European Region

General progress and activities

The five planning groups which had been established by the Regional ACMR at its first meeting in February 1977 to consider research in health services development in the Region have completed their work and a consolidated report has been prepared.<sup>2</sup> The priority areas considered by the groups were:

- (a) standardization of methods and measurements in biomedical and health services research;
- (b) prevention, prophylaxis and early detection;
- (c) evaluation of drugs and other therapeutic and diagnostic substances;
- (d) problems in health care delivery;
- (e) economic aspects of health care.

The Regional ACMR, at its second meeting in October 1977, discussed the involvement of the European Region in health services research. "In considering the need to narrow the gap between the developed and developing world, while concentrating on research into problems specific to the industrialized countries, it pointed out that experience and knowledge thus gained could in turn be of value to the developing countries in the future".<sup>2</sup> Most of the recommendations therefore have little immediate relevance to the developing countries, but those of the group which considered problems in health care delivery are of general interest (see below). The Regional ACMR met for the third, fourth and fifth times in April 1978, October 1978 and April 1979. At its fourth meeting it considered hypertension, "economic aspects" and a dialogue between Member States and regional offices to be priorities.

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<sup>1</sup> Document entitled Regional Programme Components, Health Services Research EMRO, March 1979, page 17.

<sup>2</sup> EUR/RC28/8.

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Recommendations of the Planning Group on Problems in Health Care Delivery, Administrative Action. The relationship between research and health care delivery is unsatisfactory and the following administrative improvements are recommended:

1. All national health authorities should have research establishments.
2. Health services research should be an identifiable item in national financial accounts.
3. There should be a review mechanism for public funding of health services research.
4. Health services research should be of a multidisciplinary nature.
5. Researchers should have direct experience of service problems.
6. Health services research must offer a good career structure.
7. Research should investigate policy implementation as well as its formulation.
8. International collaboration should be fostered.
9. Research design should be competently reviewed.

Content of research. Research should be directed towards:

1. Determinants and effects of consumer behaviour.
2. Determinants and effects of provider behaviour.
3. Effects on health services research of the organization of services.
4. Differences in patterns of health care, and the consequences of such differences.
5. Costs, efficiency and effectiveness of different patterns of health care.
6. Classification of resources.
7. Developing health status indicators for measuring need and outcome.
8. Other methods of evaluating outcome.
9. Distribution of planning functions.
10. Effectiveness of different planning methods.
11. Procedures for allocation of resources.
12. Evaluation of innovation in health care delivery.
13. Role of research in policy formulation.

The consolidated report of the five planning groups included further general points as follows:

1. In the past, the decision to fund a research proposal has tended to be more heavily influenced by its ingenuity than by its importance.
2. Common themes in all the discussions were the need for research into:
  - the development of health status indicators;
  - a deeper understanding of consumer attitudes as these relate to use of health care services;
  - the success of preventive programmes.
3. The next step may be the convening of ad hoc groups of scientists to develop proposals for research in priority areas. Hypertension has been identified as such an area.<sup>1</sup>
4. A specific second purpose of such groups would be to foster closer cooperation between research workers and public health administrators at national and international levels.

<sup>1</sup> ICP/RPD.001 (4).

American RegionGeneral progress and achievements

Working groups. At its seventeenth meeting in Lima in May 1978, the Regional ACMR recommended that one or more working groups should be organized to:

- examine the various definitions of health services research;
- clarify and enumerate methods of health services research;
- determine the impact and usefulness of social indicators in health services research.

It also made recommendations about according high priority to health services research; preparing concrete proposals for research and training; and the strengthening by WHO of relevant institutions. Two working groups have been formed, are dealing with these problems and will report to the eighteenth meeting of the Regional ACMR in June 1979.

Internal advisory groups. An internal advisory group has been established at AMRO headquarters composed of personnel from the Divisions of Health Services, Human Resources, Research Disease Control, and Supporting Services. It will serve as a permanent mechanism for promotion of health services research, for the analysis of research proposals, and for support of HSR activities at country level. It will constitute a link between the Regional ACMR and the secretariat, and will coordinate, implement and follow the Plan of Action.

Actions at the level of countries. Steps have been taken towards the following:

- identification of research groups concerned with HSR;
- establishment of contact with such groups;
- promotion of HSR concepts and methods;
- direct support for some studies and projects in progress.

Promotional meetings. Three such meetings have already been held for groups of neighbouring countries in Mexico, Bolivia and Costa Rica and a fourth is planned for Argentina and Brazil.

Regional Health Services Research Programme

Background. With the authority of the governing bodies of WHO and PAHO, and bearing in mind the conclusions and recommendations of the International Conference on Primary Health Care at Alma Ata, September 1978, it has been suggested to the ministers of health in the Region that they could:

- (1) Formulate a national health research policy;
- (2) Offer higher training to qualified persons interested in research;
- (3) Encourage collaboration between workers in health research centres and public health administrators.

Ignorance about appropriate technologies for primary health care and community participation, and deficiencies in administrative and management of health services in rural areas and urban slums are identified as special obstacles. The potential benefit to be derived from intercountry collaboration is stressed.

Subjects for research

1. Investigations should be directed towards:

- characteristics of population groups such as needs, extent of community participation and use of services;

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- relationships between the health sector and other sectors, between those within the health sector, and between the institutions of which it is comprised;
  - processes of planning, organizing and administering health services;
  - technological content and characteristics of health services at the operational level with special reference to maternal and child health, nutrition and infectious diseases.
2. From the academic standpoint health services research cannot stand alone and three disciplines will be involved as follows:
- social and political sciences including economics;
  - epidemiology;
  - operational research with special reference to organization and administration.
3. The regional office will
- where appropriate and feasible stimulate research at a national level;
  - "undertake directly research activities in problem areas that are common to all countries or to some groups of countries";<sup>1</sup> results will be broadly disseminated.
4. Criteria in the definition of priorities for proposed research are that it
- must be a function of health services and be directed towards specific and pertinent problems;
  - should be related to the creation, selection and adaptation of technology with a view to identifying technological procedures suitable for extending health services to the coverage of entire populations;
  - must apply the scientific method, and at the same time be directed towards the development of knowledge likely to be applied;
  - must be directed towards the most important problems which are nutrition, maternal and child care, infectious disease control and integration of health services,
  - should be incorporated as broadly as possible throughout health services.

Purposes, objectives, strategies and mechanisms of the Plan of Action are to be found in detail in the regional documents.

Promotional activities. In addition to the four promotional meetings described above, the following are proposed:

1. Identification of health services research as a discrete topic in the Index Medicus, the PAHO Regional Library of Medicine and the Health Sciences (BIREME).
2. At a country level the obtaining of acceptance for health service research approaches and stimulation of its use in the general conduct of health services.
3. Organization of regional and sub-regional activities in which national personnel will participate.
4. Preparation of registers of research workers and centres where research is being conducted.
5. Collaboration in the training of research workers at the standard of a Master's degree; this is proposed at the sub-regional and country level, possibly for example in Colombia, Costa Rica and in traditional schools of public health such as those in Brazil and Mexico.

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<sup>1</sup> Draft document provided by AMRO for internal use exclusively, 18 April 1979.

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6. Creation and strengthening of health services research centres with special reference to units already existing in Colombia, Cuba and Mexico.
7. Other training activities which will include:
  - short courses, especially to sensitize health service administrators towards health services research;
  - seminars in which research workers can exchange experiences of extension of services which have resulted from health services research;
  - provision by the Region of five academic fellowships per year to a total of 30 and 10 short fellowships per year to a total of 60.
8. Stimulation of the development of projects. National autonomy will be recognized, and collaboration will be offered as follows:
  - designation of potential content and priority of health services research. Special regard will be paid to:
    - the use of technology "which limits the extension of health services coverage and influences negatively primary care programmes";<sup>1</sup>
    - coordination of environmental health services with other health services in the context of primary care and their evaluation;
    - factors influencing productivity of personnel;
    - studies which are helpful in the definition and identification of indicators;
  - support of work in progress;
  - support of specific requests.

African RegionGeneral progress and activities

A sub-committee of the ACMR concerned with health services research is being formed and plans for a five-year programme have been developed.

Regional Health Services Research Programme

This is to make the following approaches:

- obtain information about policy makers;
- create a national system for management of research;
- encourage each country to introduce a national system for health services research;
- analyse health services;
- integrate planning and research;
- identify means for evaluating the impact of research.

It will do so by:

- providing stimulus from the Regional Office;
- developing an information system at regional level;
- creating an effective sub-committee of the ACMR concerned with health services research and responsible for defining fields of action and activities.

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<sup>1</sup> Draft document provided by AMRO for internal use exclusively, 18 April 1979.

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Content of the programme

Activities for research

1. Study the attitudes of communities to health services with special reference to need and demand.
2. Study circumstances under which certain communities reject the village health worker and seek means to remedy the problem.
3. Study the composition of the primary health care team and the tasks appropriate to it.
4. Compare the advantages and disadvantages of the generalist and specialist approaches to health care with special reference to economics.
5. Promote technological procedures most appropriate to the needs and resources of each country.
6. Study and develop architecture most appropriate for health buildings in Africa.
7. Develop mental health services appropriate to the African sociocultural setting.
8. Develop methods of evaluation of services which can be used by nonspecialized personnel.

Priorities for WHO collaboration

A sub-committee recommended that general priority areas for WHO collaboration should be:

- primary health care teams;
- funding of health services;
- expanded vaccination programme.

Activities and needs at national level

- (a) development of an administrative structure
  - granting of fellowships
  - staff exchange between centres in the Region
  - travelling fellowships for studying research in progress
  - other means of training in health services research
- (b) sensitizing policy makers and managers
- (c) identifying and strengthening national institutions
  - the preparation of a regional register by circulating a questionnaire to countries
- (d) technical and financial support
  - providing technical expertise to interested countries
  - granting of study fellowships
  - material and supplies for research centres
  - organization of meetings
- (e) information services
  - publishing regularly a bulletin
  - encouraging more frequent exchanges of documents between the Regional Office and national centres
  - development of relationships at an interregional level.

Provisional short-term timetable

1979 - formation of a study group on health services research

1980-1981 - It is proposed to work towards the following:

- make available consultant services to interested countries
- provision of study travel for regional research workers
- provision of material and supplies
- development and submission of research proposals

Medium-term programme

The medium-term programme sets out a plan for the Region for 1978-1983. It points out that in most countries in the Region the structure of health services is unsuitable in:

- that they were not designed to suit African needs;
- there is a disproportionate concentration of health units in urban areas;
- the use of technology is not appropriate for the sociocultural context of the populations using them;
- staff are trained outside Africa in a manner unsuitable to the tasks that face them at home;
- insufficient staff are available;
- there is a tendency to hinder the development of integrated services because of conservative adherence to specialist approaches which have developed over the past 75 years.

It is proposed that the programme will develop in three overlapping phases as follows:

- (1) 1978-1979 - the promotion of training courses for future research workers (see above);
- (2) 1980-1981 - convening a scientific working group to stimulate and increase the participation of the scientific community;
- (3) 1982-1983 - arranging meetings of officials from several research centres to stimulate ideas.

In this way it is hoped that over the five-year period national centres will be established, lists of research subjects for each country classified by sector and priority and work will have been started on 25% of priority projects.

## SYNOPSIS OF GLOBAL/INTERREGIONAL ACTIVITIES

This section includes information on activities that are proposed and managed by headquarters technical programmes.

The activities of the Special Programme for Research and Training in Tropical Diseases pertinent to health services research could not be included at this stage.

Although an effort has been made to avoid it, double counting of activities between regional offices and headquarters programmes may still have occurred.

The following headquarters programmes have contributed information on specific activities:

- Communicable Diseases
- Environmental Health
- Expanded Programme on Immunization
- Family Health
- Health Manpower Development
- Human Reproduction
- Health Statistics
- Malaria Action Programme
- Mental Health
- Noncommunicable Diseases
- Prophylactic, Diagnostic and Therapeutic Substances
- Strengthening of Health Services.

### COMMUNICABLE DISEASES

Information on activities in the following areas has been received:

- tuberculosis and respiratory infections
- bacterial and venereal infections
- diarrhoeal diseases control
- veterinary public health.

#### Tuberculosis and respiratory infections<sup>1</sup>

By 1964 a tuberculosis control technology had been developed that allowed tuberculosis programmes to be formulated for practically any situation. The actual implementation of such programmes, however, often met with considerable organizational, logistic, and further technical problems. Several of these problems appeared to be common to practically all

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<sup>1</sup> Text submitted by the headquarters Tuberculosis and Respiratory Infections unit.

programmes. These included, in addition to an initial reluctance to the integration of tuberculosis control into the general health service, difficulties in selecting the most efficient case-finding and treatment delivery systems for peripheral areas, in allocating the (often very limited) resources to the alternative programme components, and, generally, in reaching under programme conditions the excellent therapeutic results that had been shown to be possible in specific studies carried out under "research" conditions.

Routine evaluation of (national) tuberculosis control programmes often confirmed these problems; adequate solutions, however, were seldom found. For this reason operations research projects have been set up in several countries to study these matters in depth. WHO is cooperating with projects in Romania, Colombia, Japan, Indonesia, and Algeria (see below).

It should be mentioned also that WHO is collaborating in this respect also with the International Union Against Tuberculosis which is coordinating investigations into tuberculosis control programme delivery in Algeria, Portugal, and Romania.

To arrive at a realistic simplified management scheme for acute respiratory infections, investigations under field conditions will need to be conducted in various developing countries. These investigations not only should reveal the differences in the epidemiological patterns that no doubt exist, but also will make it possible to study the problem in the unselected patient material of peripheral clinics. Funds to support this basic operations research unfortunately are extremely limited. Nevertheless, the following projects have been initiated or proposed, of which summary activity sheets are available:

1. Integration of tuberculosis control with the general health service.
2. Implementation of tuberculosis control in rural areas in developing countries.
3. Delivery of tuberculosis control services.
4. Resource allocation in tuberculosis control.
5. Applicability of standardized tuberculosis chemotherapy.
6. Management of acute respiratory infections.

### Sexually transmitted diseases control<sup>1</sup>

#### General statement

In spite of the fact that effective techniques for the diagnosis and treatment of sexually transmitted diseases (STD) are available, the frequency of these diseases and their complications is on the increase in the majority of countries and particularly in developing countries.

The method of organization of control activities and the delivery of health care and information by health services at different levels would seem to be one of the factors operating against the success of control activities.

Three main orientations have been given to health services research programmes aimed at a better approach to STD control:

- (1) Simplified control approach for countries or areas lacking in specialized personnel and bacteriological laboratory services.

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<sup>1</sup> Text submitted by the headquarters Bacterial and Venereal Infections unit.

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(2) Research on community participation with health services and simplified control strategies.

(3) Health education to improve STD control measures.

The following three projects are listed, of which summary activity sheets are available:

1. Simplified health technology for sexually transmitted diseases control.
2. Study of knowledge regarding sexually transmitted diseases and attitudes towards STD patients among the medical and paramedical staff where STD are encountered.
3. Feasibility of social approach to the control of sexually transmitted diseases.

Leprosy<sup>1</sup>

The following two activities are listed, of which summary activity sheets are available:

1. "OMSLEP" information and development programme.
2. Planned operational research on leprosy control in India.

Diarrhoeal diseases control<sup>1</sup>

General statement

The effectiveness of oral rehydration therapy in treatment and prevention of dehydration due to acute diarrhoeas has been shown in many hospital-based studies and also during epidemics due to cholera. Use of oral rehydration has been shown to reduce the need of intravenous fluid by about 60% or more thus offering significant economic advantages. Perhaps the greatest advantage, however, of oral rehydration is that this form of treatment can be brought out of the hospital or health centre to the home and that it can be delivered by sub-professional health personnel and given by mothers after brief training. The major objective of health service research in this area has been to define the feasibility, acceptability and effectiveness of oral rehydration therapy delivered in the periphery as an element of primary health care. Results of this research will be important for development of national diarrhoeal disease control programmes.

The following two activities are listed, of which summary activity sheets are available:

1. Feasibility, acceptability and effectiveness of oral rehydration therapy at the community level.
2. Acceptability and impact of home-produced salt-sugar oral rehydration solution in early treatment of diarrhoea.

Research on strengthening of zoonoses and foodborne diseases surveillance and control programmes<sup>2</sup>

More than 150 zoonoses and foodborne diseases due to products of animal origin are recognized and their surveillance, prevention, control and eradication are tasks of considerable magnitude in every country. Reservoirs of zoonoses among domestic animals are the greatest source of danger for man, since it is with them that he is in closest contact. Reservoirs in wild animals, however, are very difficult to control and continue to be important sources of infection to animals and man.

<sup>1</sup> Text submitted by the headquarters Bacterial and Venereal Infections unit.

<sup>2</sup> Text submitted by the headquarters Veterinary Public Health unit.

In recent years zoonoses and foodborne diseases of animal origin have become increasingly prevalent in many countries, partly because the greatly expanded international and national trade in live animals, animal products, and animal feedstuffs facilitates the spread of infections. In addition, intensified animal production favours the proliferation of infectious diseases; the growth of urbanization, and the increased numbers of domestic or half-wild animals living in close association with man in cities, exposes more people to zoonoses; changing patterns of land use (such as irrigation) and new systems of animal farming may lead to changes in the ecology that disseminate and increase animal reservoirs of zoonoses; and increased industrialization, the consequent pollution, and the greater use of pesticides and animal feed additives also increase the danger of chemical contamination of animal products consumed by man.

Problems of this magnitude and complexity must be seriously considered by national authorities in developing their health services programmes. In setting priorities, they should not restrict their attention to such important consequences of zoonoses and foodborne diseases as human mortality and morbidity, but should also evaluate the losses in animal protein and their effect on human malnutrition, the cost of surveillance and prevention programmes and so forth.

Exponential increase of these diseases is to be expected if the development of health services in this respect as well as of veterinary services as directed towards human health continues at its present pace. Only a considerable mobilization of the related public health and veterinary activities will counteract this negative trend.

Although the biomedical research in the above fields, so far coordinated by WHO, provided excellent results, there is now an urgent need to pay more attention to the research on planning, organizational, managerial, etc., aspects of the zoonoses and foodborne diseases control programmes nationally, as well as internationally, taking into account different socioeconomic and other conditions prevailing in specific areas.

The Sixth General Programme of Work covering a specific period (1978-1983) placed emphasis on WHO zoonoses and foodborne diseases control activities and recently, the Thirty-first World Health Assembly adopted the resolution WHA31.48 on "Prevention and control of zoonoses and foodborne diseases due to animal products" through which the Director-General of the World Health Organization has been requested to continue development of national, regional and global strategies and methods for surveillance, prevention and control of zoonoses and foodborne diseases, as well as promotion of the extension of the network of zoonoses centres in all regions.

To meet these complex requests, research is needed particularly in areas as described below.

#### Problem definition and rationale:

The variety of transmission and reservoir patterns exhibited by the zoonoses and foodborne diseases demands equally varied approaches to their surveillance and control. In this programme, priority will be given to the following zoonoses: rabies, hydatidosis, brucellosis, salmonellosis and other foodborne diseases and to various socioeconomic and other conditions prevailing in developing countries. A great deal of information is now available which will assist the planning, execution and evaluation of surveillance and control programmes, however, lack in our knowledge still exists which should be overcome by this research.

In this research, special studies will be devoted to human health risks associated with animals in urban areas, with the introduction of new animal production techniques, with extensive ecological changes in nature, such as construction of large man-made lakes, etc., and the relevant control programmes.

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Successful control of these diseases calls for close cooperation among several governmental agencies and several professions. Adequate complex and comprehensive organizational structure is indispensable because examples from most of the WHO Member States clearly show that services - and most particularly the medical, health and veterinary services - working in isolation are not at all able to cope with the steadily increasing threat of the zoonoses and foodborne diseases.

Objectives:

Decrease or minimalization of the incidence of zoonoses and foodborne diseases in man as well as minimalization of other socioeconomic consequences of these diseases, such as the losses in animal protein and their effect on human malnutrition, the cost of surveillance, etc., will be the main purposes of this research; the components being:

- studies of modern procedures for planning national and international programmes for surveillance and control of zoonoses and foodborne diseases due to animal products;
- studies on the development and organization of intersectoral cooperation in the surveillance and control of these diseases;
- study of the problems which adversely affect close cooperation between various agencies, services, professions, etc., and most particularly medical and veterinary services and methods of preventing them;
- studies on optimal surveillance and control of these diseases under different socio-economic, natural and other conditions;
- studies on optimalization of food hygiene programmes for various principal stages of national development and other conditions;
- studies on the actual and potential role of veterinary services in primary health care and rural development within the context of the comprehensive health programmes;
- studies on health services organization and management aimed at control of human health risks due to animals and products thereof in big urban agglomerations;
- studies on the socioeconomic consequences of zoonoses and foodborne diseases, on national and international levels;
- studies on the evaluation procedures for assessment of the effectiveness of the programmes;
- studies on the best approaches for education and training in veterinary public health on undergraduate and postgraduate levels as well as general public.

Description:

The studies will be performed by the collaborating centres and other experts. Pilot studies will be carried out preferably through the Pan American Zoonoses Centre, Buenos Aires, and the Mediterranean Zoonoses Control Centre, Athens. The duration of the research will be at least five years.

Estimated cost and foreseen sources of funds:

US\$ 100 000 per year, total US\$ 500 000 during a five-year period. The possible source(s) of funds: WHO regular budget, UNDP, participating and supporting governments, etc.

Responsible unit and person:

Veterinary Public Health unit/Division of Communicable Diseases, Dr Z. Matyáš, Chief and other staff for specific components.

No individual summary activity sheets have yet been provided.

## ENVIRONMENTAL HEALTH<sup>1</sup>

### Introductory note

As requested by the ACMR Sub-Committee on Health Services Research in its report No. ACMR/HSR.1/78.1, and on the basis of instructions issued by the Secretariat's HSR Core Group, the Division of Environmental Health submits herewith five proposals for consideration by the Sub-Committee on HSR at its forthcoming meeting in Alexandria, Egypt, from 25 to 29 June 1979. These proposals pertain to problems faced by health services in most countries of the world, whether developed or developing, in the planning and the implementation of environmental health programmes and control activities. They fit well under the definition and nature of health services research given by the ACMR Sub-Committee in the report above cited.

Although the proposals can be taken and studied individually, they refer to problems which, in practice, are linked from the stage of planning to the stage of implementation as the following listing of their subjects indicate:

- (1) Indicators
- (2) Physical and social planning
- (3) Community participation
- (4) Personnel
- (5) Coordinated management.

Research findings, and their analysis will be of great help to national health and environmental planners in solving the vexing problems which they meet almost daily in their effort to achieve the fundamental objectives of primary health care. One of these acknowledged objectives is basic sanitation.

The following activities were listed, of which summary activity sheets are available:

1. Indicators for environmental health programmes.
2. Environmental health in physical and social planning.
3. Community/government interface in environmental health programmes.
4. Environmental health personnel.

## IMMUNIZATION<sup>2</sup>

For the medium term until 1983 the global research objectives of the EPI are as follows:

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<sup>1</sup> Text submitted by the Division of Environmental Health.

<sup>2</sup> Text submitted by the Expanded Programme on Immunization.

Annex 2

- (a) Increase the efficiency and effectiveness of the epidemiological strategies recommended to reduce morbidity and mortality from the target diseases. This will require greater understanding of the epidemiology of the six target diseases.
- (b) Improve the safety, potency, stability, ease of administration and efficiency of production of all vaccines in which the Programme has an interest.
- (c) Improve and develop the equipment required for Programme implementation so as to increase its suitability for Programme purposes, to decrease its cost and, where applicable, to facilitate its manufacture within developing countries.

Although health services research as defined by the ACMR Sub-Committee will have a certain role in all of the above objectives, its application for (b) and (c) will be limited during the period as the former is dealing for the most part with basic research being coordinated by BLG and the latter with technological research being handled by the Cold Chain Support Section of the headquarters EPI.

As a refinement of objective (a) above, the following areas of research have been targeted in order to develop a better understanding of the epidemiology of the six EPI diseases:

- (i) Age distribution of pertussis morbidity and, in particular, mortality. If mortality occurs at a very young age, vaccination strategies will have to be designed to reach children in the first few months of life (1979-1980).
- (ii) Estimation of the incidence of diphtheria. Because of the presence of cutaneous diphtheria, the importance of faucial diphtheria is difficult to determine at the present time.
- (iii) Incidence of neonatal tetanus in different areas. Retrospective surveys can provide better information on the extent of this problem (1980-1981).
- (iv) Age-specific measles morbidity and mortality outside of sub-Saharan Africa. While the importance of measles in parts of Africa is recognized, its significance in other areas needs investigation.
- (v) Incidence of paralytic poliomyelitis. This remains poorly defined in many developing areas considering the incorporation of polio vaccine into their programmes.
- (vi) Cost-effectiveness of various immunization schedules recommended in centres which have continuous access to their target children, and of vaccination cycles of varying intervals recommended in areas where workers can only gain periodic access to susceptible children.
- (vii) Implications of concurrent medical problems (particularly malnutrition and malaria) on the effectiveness of various immunizations.
- (viii) For all six of the diseases, clarification of diagnostic criteria and diagnosis and reporting aids are needed in order to standardize and improve reporting systems (1979).

Priorities among the above targets will obviously vary depending on the specific country situations and these will be reflected in regional submissions. In the above target areas, the headquarters programme has no specific projects except for the last noted (Clarification of diagnostic criteria and development of diagnostic and reporting aids) for which a project is in the process of formulation funded by VFHP monies (US\$ 100 000). The technological research and development in connexion with the cold chain and equipment for vaccine administration is also being coordinated by the headquarters programme.

Summary activity sheets have not yet been received.

## FAMILY HEALTH<sup>1</sup>

The Alma-Ata Conference unanimously approved primary health care as the approach to providing "essential health care - universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost they can afford".

Health largely depends on peoples' environment, their life style, and their behaviour. To achieve "health for all" there must be heavy reliance on what people do for themselves that affect their health. Primary health care therefore emphasizes the crucial importance of the family in health promotion, and in prevention, early diagnosis and treatment of disease. New approaches to family health must be based on a clearer understanding of how social, cultural and environmental patterns directly affect the capability of families for achieving health.

Family health, although concerned with the health of the family as a whole, gives special attention to women and children because of their greater vulnerability.

The importance of pregnancy and of the early formative years of life for health status and social and emotional development has long been recognized. However, it can safely be stated, in the absence of precise statistics, that the majority of women and children in the world today have no access to organized health care. Of the 125 million children born each year, more than 12 million die before reaching their first birthday, almost 11 million of them in the developing world. In many parts of the world, 50% of the total mortality in all ages occurs in children under five years of age, though in developed areas this proportion is less than 5%. This difference strikingly shows the wastage of human life that could be prevented if essential health care was available to all.

In maternal and child health programmes, the specialized traditional "models" largely evolved in developed countries are being replaced by broader strategies based on local problems, attitudes and resources, and with mobilization and maximum involvement of communities, families and individuals. The special physiological and psychosocial needs inherent in reproduction and in the process of rapid growth and development of the child points to areas of priority common to all countries: continuous and appropriate care in pregnancy and child-birth, and in childhood; appropriate nutrition; knowledge of health as related to life style, family life and health care; prevention and management of infections, including immunizations; and family planning.

The primary health care approach thus poses the challenge of bringing together into one comprehensive care system all the essential components of existing specialized, or "vertical" programmes. The aim is to make this care system available to all and, at the same time, to increase the capacity of people to solve their own problems and to reduce their dependency on health service personnel. The implementation of this approach will obviously take many different forms in different parts of the world, but one common feature will certainly be an urgent need to develop, test and evaluate new methods and procedures of health care, in support of self-, family and community care. It is in this context that health services research emerges as an activity of particular importance.

### Health services research in family health

The special concern of family health programmes to ensure total coverage, continuity of care during pregnancy, delivery and childhood and education of the people in all aspects of health care has led to an early interest of those concerned with family health programmes to promote and be involved in health services research. The Division of Family Health has been collaborating with a number of countries in all regions in priority areas of research, both of a trans-national and of purely local character. The study on risk approach in maternal and

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<sup>1</sup> Text submitted by the Division of Family Health.

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child care aims at developing strategies for full coverage through carefully designed levels of care and based on reallocation of existing resources (including traditional systems and the people themselves). The reproductive health of adolescents is being studied in order to design health care systems which will cater to their special needs. Collaborative studies on breastfeeding, in addition to basic studies on physiological aspects, aim at clarifying the operational implications (in the widest sense of the word) of the fact that breastmilk is the best infant food. Malnutrition being one of the major health problems, studies have been undertaken to determine how families and villages can produce and use home-made weaning foods based on locally available products, and how primary health workers and community workers can best contribute to nutritional improvement at village level. The development of a growth chart for infants and children is part of the effort of systematizing the use of bio-data for health surveillance and care. Studies in the behavioural field have been geared to specific national problems: how can a community best participate in a primary health care programme in a specific local setting? how efficiently can volunteers provide family health education in a particular sociocultural setting? With the great emphasis on training of first-level health workers, studies have started on how teacher training can best be carried out and on a sufficiently large scale, to ensure that first-level workers will be trained in accordance with the primary health care approach. In collaboration with other divisions in WHO, the Division of Family Health is also participating actively in the Special Programme of Research, Development and Research Training in Human Reproduction, the Expanded Programme on Immunization, the Programme of Diarrhoeal Diseases and others.

The challenge of the objective "health for all by the year 2000", the fact that technology is available to solve most of the priority health problems of mothers and children in the world, and the inadequacy of many health care systems in terms of coverage, technology, cost, acceptability and continuity of care, calls for an enlarged programme of health services research in family health. Governments, global and regional WHO Advisory Committees on Medical Research (ACMR), as well as the governing bodies of the World Health Organization have all voiced the need for priority to be given to action- and problem-oriented health services research. All the regional ACMRs have singled out family health as a priority area for health services research.

A spectrum of health services research needs to be developed ranging from small-scale practical projects to more sophisticated controlled trials based on careful experimental design. Health services research in family health deals mostly with the interface between people and the organized health care system, and particular care is needed to involve people (both individuals and the community at large) in the research activities. This will ensure that the research provides answers to questions of real concern to people, and that the proposed solutions are relevant and appropriate.

The following activities were listed, of which summary activity sheets are available:

1. Risk approach for maternal and child health care and family planning.
2. Reproductive health in adolescence: studies on biomedical and psychosocial aspects and development of service and educational approaches.
3. Hypertensive disorders of pregnancy: extent and nature of the problems and technologies for prevention and management.
4. Birth weight distribution and low birth weight: extent and nature of the problem and intervention measures for prevention.
5. Development of appropriate technologies for perinatal care.
6. Development of education-related methodologies for training programmes for MCH care.

7. Action-oriented research, development and training programme in nutrition.
8. The control of vitamin A deficiency and of nutritional anaemia in mothers and young children.
9. Research in health education.
10. Family health records.

#### HMD RESEARCH AS A COMPONENT OF HEALTH SERVICES RESEARCH<sup>1</sup>

In speaking of health services and health manpower development research, it is important to emphasize that both will address the full spectrum of health care problems: promotive, preventive, curative and rehabilitative. More specifically, health manpower development research includes consideration of the three HMD subsystems (planning, production, management) in relation to all personnel who may contribute to the health care system (health professionals, nonprofessional health workers, health system administrators, community groups and individual consumers of health services who themselves are important contributors to health maintenance and disease prevention).

In its most fundamental meaning, research is no more than systematic inquiry designed to produce new insight into problems that may be global, regional, national, institutional, individual, cellular, or molecular in nature. Thus HMD research is in this sense no different from biomedical research except in the targets at which it is aimed. However, the nature of the problems to be solved in the study of health manpower questions often demands the use of research methods which are different from those familiar to biomedical research workers. These methods can be and are nevertheless as "scientific" as those used in, for instance, experimental laboratory study.

Health manpower development research (and for that matter health services research generally) is, or should be, rooted in problems found in the field and articulated, at least initially, by those who experience them. Hence the identification of research objectives is, or should emerge as, an outcome of activities or programmes for which alternative solutions are required in the system under study.

Not only is the identification of the problems for which research is required essentially a local responsibility, but the research itself by being action-oriented should involve all affected by the research in its planning and implementation.

Because of the way research problems are identified, the action orientation of the research itself, and in view of the complex interrelationships that are such a consistent feature of HMD research problems, it is also true that the rigidly controlled, statistically oriented hypothesis testing which commonly characterizes biomedical research may be far less prominent in research which addresses questions of health manpower development. While the experimental mode should not be excluded from HMD research, the solution of the most pressing problems which investigators in this field must address requires adoption of inquiry methods which are equally rigorous but not experimental. Thus descriptive studies, analytic studies, field studies, case studies may all contribute important and useful knowledge on which to improve understanding. It is not a commitment to particular methods, but a commitment to the search for new insights through systematic study, an application of logic and attention to the rules of evidence that should guide research workers in this field.

There is a second distinguishing feature of HMD research that should not be overlooked. While research in physical or biological sciences may provide definitive answers to the questions being studied, this will rarely be true in HMD research. Instead, the systematic

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<sup>1</sup> Text submitted by the Division of Health Manpower Development.

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accumulation of information is more likely to elucidate the nature of options, the advantages and disadvantages of different approaches, permitting decision-makers (whether national, institutional, or individual) to make decisions as informed judgements.

The following activities are listed, of which summary activity sheets are available:

1. Factors conditioning the success of health services and manpower development (HSMD).
2. Management competences for primary health care.
3. Development of methodologies for long-term projections of health trends and resource requirements.
4. Multinational study of women as providers of health care.
5. Study of traditional beliefs and practices related to pregnancy, birth and pregnancy avoidance.
6. Study of traditional birth attendants' present and future role in family planning.
7. Country case studies of traditional birth attendants.
8. Training of traditional birth attendants for primary health care tasks, aiming at a reduction of infant mortality.
9. Performance assessment of students and health workers.
10. The selection of trainers for primary health care.
11. Communication transfer.
12. Health learning materials programme.
13. Application of the flow chart approach in health care.

FAMILY PLANNING<sup>1</sup>

Family planning is a relatively new area of care for most countries. It addresses itself potentially to all couples of reproductive age, that is to approximately one-third of the total population. The subject is a sensitive one in many countries, and closely related to local cultural, social, legal and political issues. Major technological advances have taken place in family planning during the past decade and new technologies are continuously being introduced. For all of these reasons, the provision of family planning care has given rise to many problems, particularly where the health service structure is poorly developed. A number of these require research, either to find generally applicable solutions, or to determine how to overcome local problems.

Health service research in family planning constitutes a major component of the Special Programme of Research, Development and Research Training in Human Reproduction. These activities were endorsed by the World Health Assembly in May 1978 which also urged the Director-General "to further intensify health service research in human reproduction in the Special Programme so as to facilitate the complete integration of services for fertility regulation in the primary health care systems of the countries concerned". Similar recommendations by the Advisory Committee on Medical Research and the Advisory Group to the Special Programme have reiterated the need for service research.

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<sup>1</sup> Text submitted by the Special Programme of Research, Development and Research Training in Human Reproduction.

The Programme's activities fall broadly into the following major areas of service research:

- (1) baseline studies on needs for services;
- (2) use of different categories of personnel for the provision of health and family planning care;
- (3) integration of family planning with other health services;
- (4) outlets for the provision of services;
- (5) community participation in the planning of services;
- (6) field testing of methods of fertility regulation new to a programme;
- (7) contraceptive choice and continuation of use;
- (8) collaborating centres for research and research training.

Thirty-two projects are listed. Completed studies (i.e. already published) have not been included.

List of summaries<sup>1</sup>

1. Baseline studies on needs for services

- Patterns of family formation and health
- Hospital and community-based studies on induced abortion
- Baseline study on reproductive behaviour in Korea

2. Use of different categories of health personnel

- Provision of family planning care by nonphysicians in Cubuk District, Turkey
- Use of nonphysicians for providing IUD services
- Provision by nonphysicians of family planning care in urban and rural clinics
- Provision by nonphysicians of family planning care in rural Philippines
- Provision of family planning care by nonphysicians in urban Philippines
- Provision by nonphysicians of family planning care in rural areas of Egypt
- Family fertility education learning package: common protocol for a multicentre pre-test and evaluation of educational materials for teaching "natural family planning"
- Training of nonphysicians (medical students) to perform vasectomy
- Provincial vasectomy model
- Use of services for termination of pregnancy

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<sup>1</sup> Summary activity sheets are available.

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- The provision of postpartum sterilization service by operating room nurses
  - Tubectomy training programme for operating room nurses
  - Training and deployment of supervisors of family welfare visitors
  - Manuals on training of nonphysicians for family planning care
3. Integration of family planning with other health services
- Field research and management studies on an integrated health and family planning service
4. Outlets for the provision of services
- Evaluation of family planning services delivered at home
5. Community participation in the planning of services
- Community participation in family planning activities
6. Field testing of methods of fertility regulation new to a programme
- Phase IV field trial of Norigest in Pakistan
  - Use of sedation in routine vasectomy
7. Contraceptive choice and continuation of use
- Multicentred study of user preferences for fertility regulating methods and personnel following a balanced presentation
  - Contraceptive choice and use in Bangkok Metropolis municipal health clinics
  - Pilot study of discontinuation of use of oral contraceptives, intrauterine devices and an injectable contraceptive in family planning clinics in Bangkok
8. Collaborating Centre for Research and Research Training in Service Aspects of Family Planning
- WHO Collaborating Centre for Research and Research Training in Service Aspects of Family Planning, Turkey
9. Research training
- Research training grants and courses in service research on family planning
10. Support to research
- Support of projects on service research in family planning
  - Meeting of agencies interested in the Special Programme of Research, Development and Research Training in Human Reproduction
11. Programme management
- Advisory Group to the Special Programme of Research, Development and Research Training in Human Reproduction

- Review Group of the Special Programme of Research, Development and Research Training in Human Reproduction
- Task Force on Service Research in Family Planning

#### HEALTH STATISTICS ACTIVITIES RELATED TO HEALTH SERVICES RESEARCH<sup>1</sup>

Although the Health Statistics Division is not responsible for any specific health service research projects or programmes as such, or any separate components of projects or programmes, it is responsible for a number of supporting activities, notably in the areas of health statistical methodology and the development of health statistical services.

It is therefore not possible to define any of these activities in the format of the ACTIVITY SHEET OUTLINE provided. At the same time, it may be useful to indicate examples of the kinds of contributions made to the support and promotion of activities falling within the scope of health services research programme development.

Again, it should be noted that all the supporting and collaborative activities of the Health Statistics Division are available not only for headquarters programmes and projects, but also for regional offices, and, through the latter, for the countries themselves.

Activities are described as follows:

- (1) Applied research into the organizational problems of national health statistics services with a view to their effective and efficient reorganization. Structural analysis of health statistics services and health services; organization of seminars and workshops.
- (2) Contents analysis of health statistics systems and activities, including the identification of users' needs, the establishment of priorities of needs, research work for health indicators, analysis and evaluation of health problems and activities, assistance to countries in health services research and reallocation of resources, health manpower research, health economic research (financing, costing and expenditure problems), research work relating to health records and reporting systems and technical aids, organization of workshops.
- (3) Research on education and training in health statistics and health records. Development of training curricula, guidelines and manuals for health statistics personnel and users of health statistics. Organization of consultations and seminars, workshops.
- (4) Stimulation of countries and collaboration in the development of health services research, as an essential and integral component of national health (statistics) information system. Transfer of knowledge.
- (5) Application of a resource allocation model to obtain optimal strategies for tuberculosis therapy (Indonesia):

A staff member visited Indonesia in July-August 1978, worked out the structure of the model and recommended some field studies for obtaining reliable information on resource requirements and costs and for validating the solutions. The Indonesian Authorities agreed to this in principle and their formal administrative arrangements are awaited.

- (6) Application of a resource allocation model to leprosy control (India):

A staff member visited India in January-February 1979 and worked out with the epidemiologist and statistician of the Indian Council of Medical Research, the alternative approaches, structure of the model and information requirements. This will be technical cooperation under a research agreement. The Government clearance for the research agreement is awaited.

<sup>1</sup> Text submitted by the Division of Health Statistics.

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(7) Operational research project in tuberculosis control (Romania):

A staff member will be visiting Romania in March-April 1979 to help in evaluation of the project.

(8) A consultant was recruited in 1978 to help formulate plans for practical systems approach towards securing optimal results in the area of MCH. This project will be further developed during 1979.

(9) Bacterial disease control:

Epidemiological simulation models have been developed in collaboration with BVI to help epidemiologists, health administrators, and health programme managers in the selection of optimum strategies for the control of communicable diseases like typhoid, cholera, cerebrospinal meningitis, tetanus, whooping-cough, diphtheria, etc.

Impacts of alternative interventions such as vaccination, treatment, sanitation, etc., and their combinations, have been simulated with different schemes of application to specific epidemiological situations.

Further work is needed to elaborate flexible and well-documented systems derived from the above-mentioned models, which were built on a rather ad hoc basis. To be useful in a variety of situations the models should be adaptable to different computer systems, especially mini- and micro-computers.

(10) Parasitic disease control:

Activities of health services responsible for the control of parasitic diseases could also benefit from increased methodological support. Further work on the use of modelling approaches is envisaged in connexion with the new strategy of malaria control. Assistance is also given to the research project on the epidemiology and methodology of schistosomiasis control in man-made lakes, in helping with the development and refinement of a more suitable control strategy (schemes for treatment of positive cases and application of molluscicide and weed clearance in water contact sites).

(11) Statistical consultation with the acceptability Task Force of HRP:

The aim of this task force is to determine the acceptability in different populations of various effective contraceptive methods in order that health services responsible for family planning can deliver appropriate family planning methods.

(12) Community studies in hypertension:

One aim of this study organized by CVD unit is to demonstrate the feasibility of community control programmes in hypertension working within the usual health delivery systems of various countries.

MALARIA<sup>1</sup>

The general purpose of applied field research in malaria is to achieve a better control of the disease. To attain this general objective two main lines of research were proposed: one comprises a series of intermediate objectives leading to a better understanding of the various epidemiological factors involved in malaria transmission and of their interaction, and devising cost-effective methods of control; the other line is to develop planning, training and managerial methods. The latter also includes studies on the human behaviour and attitudes related to malaria and the involvement of the community in malaria control. This second line or approach could be defined as health services research.

<sup>1</sup> Text submitted by the Malaria Action Programme.

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The existing projects are either purely health services oriented or they include a major component of health services research. There are three projects:<sup>1</sup>

1. "Systems Analysis, Management Science Approach to the design and implementation of antimalaria programmes".
2. "Research on community participation in the application of antimalaria measures including indoor DDT spraying and antilarval measures".
3. "Nigeria/WHO Field Research Project to develop strategies for malaria control in Africa".

There are other projects on this topic, but they are not under the direct responsibility of MAP. Those known to me are:

1. "A comprehensive approach to the prevention and control of water-associated diseases in the irrigation scheme, Gezira Province, Sudan". This is coordinated by VPC/EPO.
2. "An analysis of socio-economic aspects of the feasibility of malaria control programmes". This is coordinated by TDR/SER.

## MENTAL HEALTH<sup>2</sup>

### 1. Introduction

Many Member States express strong dissatisfaction with existing patterns of mental health services. Such services are often separate and built upon centralized, custodial mental hospitals, which have been described by an expert committee report as "poorly staffed, overcrowded . . . expensive to run". For these reasons, in the Sixth General Programme of Work, the "testing, application and adaptation of effective low cost strategies . . . for the prevention and treatment of specific mental disorders" is included as an approach under objective 10.5 "To promote mental health". This policy has been further developed in the medium-term programme for mental health (document A31/17), in which health service research is included as a key component under development of comprehensive health services. In the programme statement it is noted that resources required are often not available in a single country and "cooperative projects are therefore often necessary as a means of stimulating research, sharing expertise, and ensuring that results will be widely applicable and rapidly disseminated".

### 2. Objectives

It is not appropriate to define separate "research" objectives for health service development since research should contribute directly to the overall programme objectives. In the case of the medium-term programme for mental health, these are:

- (i) to prevent, or reduce psychiatric, neurological and psychosocial problems, including those related to alcohol and drug dependence;
- (ii) to increase effectiveness of general health services through appropriate utilization of mental health skills and knowledge;
- (iii) to develop strategies for intervention based on an increased awareness of mental health aspects of social action and change.

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<sup>1</sup> Summary activity sheets are available.

<sup>2</sup> Text submitted by the Division of Mental Health.

## Annex 2

Under these broad objectives a number of activities have been formulated in the MTP/MNH which serve to develop and evaluate alternative, low cost methods of mental health care as an integral part of general health services in developing countries; to define indices for the evaluation of mental health services (including the relationship of costs and effectiveness) in the countries of Europe; and to test new approaches to the management of specific disorders such as drug dependence, alcohol-related problems and epilepsy within health services and with appropriate links to other sectors.

### 3. Approaches

All health services research carried out within the mental health programme is designed to strengthen the process of national health planning and is therefore linked to the coordinating groups established at national, regional and global level. The results of the research activities are regularly provided to these groups in the form of reports and presentations made by the investigators. The results therefore have an immediate effect on the planning process. Another important linkage within the programme is between health service research and training activities. Several research teams have developed training programmes based on the field experience developed during research. Examples of research strategies used in the MNH programme are given below.

In the developing countries, a collaborative network of teams has agreed on a general research strategy and design. These teams are now working in seven countries (Brazil, Colombia, Egypt, India, Philippines, Senegal, Sudan) and meet each year in one of the participating centres. A common research methodology has been developed and tested. Mental health care has been introduced into defined areas as an integral part of primary health care. The interventions are directed towards a limited range of priority conditions and consist of four elements: (i) training of health staff, (ii) provision of a limited range of drugs, (iii) community participation, and (iv) supportive supervision and referral system. This collaborative study was started in 1975 and will be completed in 1980 (project 01/01/01).

In the European Region, where mental health services are relatively complex and differentiated, two key problems in health service research are the identification of evaluative indices and the comparability of data from different countries. The Regional Office for Europe has therefore identified a number of pilot study areas initially in nine countries of the Region. Investigators from these areas meet regularly and have agreed on a basic set of demographic and service-related data to be used in evaluation of services as well as the method for a cross-sectional patient survey and a cohort study to assess the movement of patients through different services (project 01/01/03 EURO).

In the case of alcohol-related problems, the health services will play only one part in a coordinated, multisectoral response. A WHO collaborative study to assess the range and extent of such problems and to design an appropriate community response is currently in progress in Mexico, Scotland and Zambia. Drug dependence is another example of a health problem in which the service provided must be closely tuned to sociocultural factors (project 01/03/01). In Thailand, WHO is investigating the effectiveness of a new approach to controlling opium dependence among villagers in opium growing areas. Since opium is frequently used as a symptomatic treatment of common ailments and the villagers lack any other form of health care, a study is being carried out to assess whether the introduction of primary health care into the villages is effective as a means of reducing the use of opium (project 01/04/01 THAILAND).

Another example of research on the response of health services to a defined condition is a study on depressive patients contacting general health services. In a survey of general practice in five countries, about 5% of all patients contacting the services were found to have depressive disorders and it was shown that general practitioners varied considerably in their ability to recognize depressive disorders (project 04/05/02).

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A well-designed information system provides the basis for useful health services research. Several activities in the programme therefore deal with the mental health component of national health information systems. In one study in which six countries are participating, data are being gathered from existing health services (both general and mental) to assess the nature and extent of mental health needs (project 05/02/01).

The following activities are listed, of which summary activity sheets are available:

1. Strategies for extending mental health care in developing countries.
2. Development of community mental health services in the European Region.
3. Control and management of neurological disorders.
4. Community response to alcohol-related problems.
5. Prevention and treatment of drug dependence in Thailand.
6. Public health implications of depressive disorders.
7. Monitoring of mental health needs.

NONCOMMUNICABLE DISEASES

Information on the following activities has been received:

- cancer
- cardiovascular diseases
- occupational health
- oral health
- radiation medicine
- diabetes mellitus.

Cancer<sup>1</sup>

The sixty-first session of the Executive Board, in resolution EB61.R29, has stated that the main functions of WHO, with respect to cancer, should be, as expressed in the Sixth General Programme of Work, to promote cancer prevention and control, including coordinated cancer research. It was decided that the functions of the International Agency for Research on Cancer (IARC), with its programme of research in environmental carcinogenesis and epidemiology, and the programme at WHO headquarters, should retain their separate identities, and that the activities of WHO headquarters should be strengthened so as to constitute an adequate and coherent plan of action for promoting cancer prevention and control, including coordination of cancer research. To assist in the global coordination of the total programme it was recommended that a Director-General's Coordinating Committee should be established on a permanent basis to deal with high level programme policy issues, covering the whole range of problems directly or indirectly connected with cancer prevention, control and research.

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<sup>1</sup> Text submitted by the Cancer unit.

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The Director-General's Coordinating Committee on Cancer was subsequently established and its first meeting took place in Lyons, 8 June 1978. The terms of reference of the Coordinating Committee, as introduced by Dr Mahler, are to be the "development of a general strategy for a global WHO response to the cancer problem". The impact on health services at the individual and the public health level were considered, and it was noted that the Executive Board considered the elaboration of a single global programme for cancer control and research impractical. The Coordinating Committee felt that it might be possible to define a common strategy for developing countries which would take into consideration the existing medical infrastructure and which could be related to social, as well as medical, demands. The approach should be pragmatic and attempt to integrate the problems of cancer into overall health planning. Further, the Coordinating Committee proposed that a meeting be convened by WHO to study the strategies of the cancer problem, which could possibly be based on a "simulation exercise" dealing with practical issues. The objectives of the meeting would be to see if a common protocol could be developed, which would permit the health authorities to pose the right questions within the local context, select priorities, and define the appropriate action. Such studies should be carried out in at least two developing and one developed country, to formulate a national cancer policy, as part of the country health programme, which would identify priority areas requiring national and international action.

The health services research aspect of the cancer programme will, then, be primarily oriented to the effort of assistance to developing countries, to develop a national cancer control policy and programme. The development of cancer health services and their integration into the general health services will constitute the research component to be carried out by the regional and global cancer programmes, together with the International Agency for Research on Cancer. The Director-General's Coordinating Committee, in accordance with the directive of the Executive Board, will oversee the coordination of the programme.

The cancer health services research aspects to be carried out by the WHO headquarters programme will include all aspects of cancer control, i.e. prevention, detection, diagnosis, treatment, follow-up, education and evaluation. This will include such projects as the standardization of hospital and population based cancer registration, evaluation of results of treatment, and standardization of histopathological nomenclature, allowing comparability between data bases. The IARC will concern itself with epidemiological research, i.e. geographical distribution of cancer morbidity and mortality, environmental factors and determinants which may be responsible for causing certain cancers, chemical and occupational carcinogenesis and the training and education of research workers and epidemiologists.

A first set of tentative guidelines for national cancer control activities and research have been formulated by the headquarters programme and the IARC, in collaboration with the International Union Against Cancer, a nongovernmental organization in official relations with WHO and very active in the field of cancer. Some of the topics for health services research will include the following:

1. Studies of conditions associated with a high risk of cancer.
2. New screening techniques and methods of detection and diagnosis.
3. Studies of the end results of treatment.
4. Assessment and comparison of new and existing methods of treatment.
5. Statistical studies on the correlation between early diagnosis and survival rate.
6. Study of the reasons for delay in the diagnosis and treatment of cancer, and other important indices of the quality of cancer health services.

The following activity is listed, of which a summary activity sheet is available:

- Formulation of national cancer policies.

Cardiovascular diseases<sup>1</sup>

With reference to the above-mentioned subject, the reoriented cardiovascular disease programme of WHO is closely linked with health services research. The objective of the programme is to develop methods which should enable the public health authorities in individual countries to introduce efficient preventive and control programmes of cardiovascular diseases relevant to the specific population at the community level, and integrated with the existing system of health care.

Originally, between 1970-1972, the control projects started dealing with individual cardiovascular diseases, namely control of arterial hypertension, prevention of rheumatic fever and control of rheumatic heart disease, prevention and control of ischaemic heart disease, prevention of stroke and, lately, with prevention and control of cardiomyopathies. Since 1975 intensive efforts have been made to develop comprehensive cardiovascular community control programmes. Under this project it is understood that all preventive and control measures should be integrated with the existing health services, and deal with all the relevant cardiovascular diseases among the populations simultaneously. Thus, the prevention and control of cardiovascular diseases becomes a part of the daily practice of the health services.

It is understood that this is a new approach in the field of prevention and control of noncommunicable diseases, and therefore pilot areas have been established in interested countries in order to study the different approaches under the different systems of organization of health services before any recommendations are made to introduce the identified measures on a national scale. In that sense, all the projects dealing with the control of any of the cardiovascular diseases, or of all cardiovascular diseases simultaneously (comprehensive cardiovascular community control programmes), can be identified as health services research.

It is essential in all countries, developed or developing, that the whole health service systems, from the first line to the top university hospitals, be involved and also that the whole community participates if such programmes are to be effective. The best experiences achieved to date are collected from North Karelia, Finland, where, in the period 1972-1977, it was possible through direct political action of the Government and involvement of the health services, as well as the community, to develop a programme in the population of 200 000 which led to a decrease in the incidence of myocardial infarction among the population of 21%, a decrease of stroke by 31%. The decrease in the mortality on cardiovascular diseases is much greater than the decrease in the total mortality. North Karelia, which was in the first place for mortality on cardiovascular diseases among all Finnish provinces, and thus had the highest mortality rates on cardiovascular diseases in the world, is now in the fifth place among the Finnish provinces.

This success was achieved through systematic education of the health personnel, education of the community, and involvement of trade unions, political parties, women's clubs, and other voluntary lay organizations. This approach, involving the whole community as well as the medical profession, also had an effect on the levels of different risk factors, such as smoking habits, percentage of the population having elevated blood pressure, dietary habits, and levels of blood cholesterol.

Considering these experiences, the CVD unit is now starting to develop a project on so-called primordial prevention, which is specifically directed to the problems of prevention and control of cardiovascular diseases in developing countries. It is known that, in many of these countries, the cardiovascular diseases are already emerging as a public health problem, while the communicable diseases are getting under control. It is also known already, from some studies being carried out by WHO, for instance in Ghana, that the level of so-called risk factors among the populations of some of the developing countries is much lower than, for

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<sup>1</sup> Text submitted by the Cardiovascular Diseases unit.

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instance, in Europe or the United States of America. It is therefore presumed that if it would be possible to prevent the development of risk factors among the populations (for instance, levelling off the smoking habits to the present level - in Ghana, e.g., only 20% of men are light smokers (less than 10 cigarettes a day) and only 1% of women smoke - the average level of blood cholesterol among the Ghanaian population is 178 mg%) the cardiovascular health of many of the people could be preserved in the future, even when the social and economic conditions of the population develop favourably.

This approach would, of course, require political action, and again involvement of the health personnel at all levels, as well as the total population.

As a matter of fact, all the recommended preventive measures are not specific for cardiovascular diseases prevention only, but would also have an impact on other chronic diseases. In that way, these efforts in the field of CVD have a much wider impact on the preservation of health of the populations as such. It is, of course, understood that all these efforts also being integrated and carried out with the existing health services help to strengthen their role.

These examples are considered to be quite convincing and their link, for instance, to the health services research carried out in the context of primary health care, is only logical.

Occupational health<sup>1</sup>

The following activities are listed, of which summary activity sheets are available:

1. Conditions of health of workers in small-scale industries.
2. Occupational hygiene: evaluation of chemical agents.

Oral health<sup>2</sup>

The cost of the delivery of oral care services are rising in all countries. At present no country provides satisfactory oral care to all sections of the population and in some countries even adequate emergency care is not usually available.

In developing countries, where until recent oral diseases prevalence was low or very low, dental personnel are very few. In many countries the dental personnel/population ratio is worse than 1/100 000. Recent surveys have provided evidence of large increases in dental caries prevalence and these increases are already causing a rise in demand for emergency care which cannot be provided.

In developed countries the still-increasing costs of oral care have led to serious reconsideration of the financing of oral health care, and even to a partial breakdown in national public health oral care services where these exist. It is clear that, even where population coverage is very high, these costly curative services have not contributed to prevention of the diseases.

Against this background the Oral Health unit has developed the following programme of health services research:

1. The in-depth assessment and evaluation of a large series (11 countries are participating) of functioning national oral care delivery services in relation to oral health status of the population. The aim is to identify those components of the care systems which

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<sup>1</sup> Text submitted by the Occupational Health unit.

<sup>2</sup> Text submitted by the Oral Health unit.

function well and may be of benefit to other systems. The long-term aim is to develop models of more rational and effective systems of care, particularly for countries which are in the process of developing public health care services.

2. The testing and evaluation in an "every day life" situation of existing and new methods of delivery of oral disease prevention, especially for dental caries. This is the priority research area of the Oral Health Programme as results will benefit all countries with all levels of disease and manpower development, but has particular value to countries where oral diseases are rising so rapidly, resources are scarce and oral diseases are not at present an uncontrollable problem.
1. International collaborative study of dental manpower systems in relation to oral health status

The central aim of the study is to identify and define features of oral care delivery systems which function well in the national systems and which may be of benefit to other nations' delivery systems, and to facilitate the effective appraisal of existing services, thus providing valid baselines for continued evaluation.

It is intended that the results of the intercountry analyses for the complete set of participating countries be used to define optimum oral health care delivery systems suitable for developing public health programmes.

The original five countries (Australia, New Zealand, Japan, the Federal Republic of Germany and Norway) have been joined by seven additional countries (Canada, the United States of America, Sweden, Denmark, Poland, the German Democratic Republic and Eire). Data collection is still in planning in the German Democratic Republic and Eire, but is scheduled for completion during 1979-1980. All countries have used the same methodology and all examiners have been calibrated by WHO central staff. A preliminary report dealing with results for the first five countries has been prepared. A protocol for the final comprehensive analysis of the results of the 12 countries has been prepared and funding is being sought from USPHS and from participating countries to a total of US\$ 561 000.

Data is available for the following areas: socioeconomic, sociological and oral data from a sample of adults, adolescents and children; data on financing, organization of delivery systems and attitudes and activities of personnel providing care, and on administrators.

2. Comparative field testing of different methods of delivery of oral disease prevention

As part of the oral disease preventive programme, this series of field trials of different preventive measures provides, at the same time, preventive care to large groups of children at risk and the opportunity to evaluate the comparative effectiveness of different methods of caries prevention in a variety of disease levels and social organizations.

Most preventive measures have been intensively tested and proven in clinical trials, but there is not evidence as to their efficacy within the framework of a national or regional public health programme.

The objective is to test and evaluate the effects of various oral disease preventive measures when delivered as part of a normal "every day life" public health programme.

Programmes are at present being sponsored in Thailand and in French Polynesia in collaboration with the respective Departments of Health.

Annex 2

Radiation medicine<sup>1</sup>

The following two activities are listed, of which summary activity sheets are available:

1. Comprehensive planning of a radio-diagnostic network at a national level.
2. Situation analysis of the population coverage with radiotherapy services and ways of improvement.

Diabetes mellitus<sup>2</sup>

General statement

Becoming an increasing problem of public health importance in both developed and developing countries, diabetes mellitus, in the framework of its management in the community, requires the organization of an adequate infrastructure of health services at the national level to cope with the problems. It must be mentioned that despite tremendously expanded research over the last two decades, which has resulted in impressive advances in knowledge with regard to diabetes mellitus, our ability to prevent or control the disease is unsatisfactory. It has been shown that nearly half the diabetes cases remain undetected in the developed countries (United States of America) and only 10% of patients with this disease are being detected in the developing countries (Senegal). The death rate in diabetics caused by ketotic, or hypoglycaemic, coma in a number of African communities is still high. On the other hand, implementing even the knowledge we have at present, diabetes mellitus might be used as one of the model diseases to develop a community-oriented chronic degenerative disease control programme, since in this particular case the disease control depends very much on how the patient himself, family, medical personnel and the community understand the problem. As a matter of fact, the routine long-term management of diabetes mellitus (and this is true of other chronic diseases!) rarely requires continual specialist experience, provided that expert guidance is available when it is needed. This suggests that the most efficient way of using specialist skills is on a consultative basis, combined with a greater effort to disseminate understanding of the problem to all health workers involved in the care process. For this to come about would call for corresponding developments in primary health care, so that workers at this level would be better fitted to carry out control measures and to undertake routine long-term management. It would also call for the redeployment of certain other services, since full exploitation of primary health care would be possible only if many diagnostic and therapeutic procedures were generally available at this level.

The following activity is listed, of which a summary activity sheet is available:

- Health care for diabetics as an integral part of the chronic noncommunicable disease control programme in the community.

PROPHYLACTIC, DIAGNOSTIC AND THERAPEUTIC SUBSTANCES

Information on activities in the following areas is given below:

- biologicals
- health laboratory technology.

<sup>1</sup> Activity sheets submitted by the Radiation Medicine unit.

<sup>2</sup> Text submitted by Other Chronic Noncommunicable Diseases unit.

Biologicals<sup>1</sup>

The biologicals programme is playing a part in health services research programme development by transferring technology to the developing countries for the quality control of vaccines and sera.

This has been achieved by the formulation of detailed requirements for the production and quality control of diphtheria, tetanus and pertussis vaccines. A manual has been produced on the design, equipping and staffing of facilities for the production and quality control of bacterial vaccines.

A main research activity is in the improvement of the stability of vaccines, DPT, poliomyelitis and measles, in order that they are more appropriate for use in the developing countries with high ambient temperatures and limited refrigeration facilities.

Training courses are being held in the titration of living virus vaccines in order that countries may check the quality of vaccines being used as well as monitoring continuously the keeping properties. In addition to this group training, individuals are being trained for six months in an approved laboratory in the quality control of all vaccines and sera.

Of particular importance to research programmes are the biological standards and requirements for the control of vaccines. These are being kept up to date at the annual meetings of the Expert Committee on Biological Standardization.

In addition guidelines have been written for the establishment of reference materials which are particularly appropriate for the establishment of national standards and requirements have been written for the testing of activity of antibiotics in test discs.

Requirements have been formulated also for the collection, processing and quality control of human blood and blood products and will be of assistance to those countries who wish to establish blood collection and a national transfusion service.

Countries are being visited by BLG staff and advice given on the production and quality control of vaccines.

The following activities are listed and summary activity sheets are available:

1. Publication of manuals (to produce and quality control vaccines).
2. Publication of manuals (to inform on what is involved in building, staffing and equipment in quality control and production of vaccines).
3. Training of individuals.
4. Group training courses.
5. Improvement in stability of vaccines.
6. Updating of standards and reference material.
7. Requirements for biological substances.

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<sup>1</sup> Text submitted by the Biologicals unit.

Annex 2

Health laboratory technology<sup>1</sup>

The following activities are listed and summary activity sheets are available:

1. Field operational study on laboratory services at peripheral level.
2. Study on appropriate technology in the field of laboratory equipment.

HEALTH SERVICES DEVELOPMENT<sup>2</sup>

The programme of Health Services Development (HSD) has a threefold responsibility in the WHO effort in health services research. On the one side, it promotes and collaborates in substantive research in primary health care, the supporting physical and financial infrastructure and the development of appropriate technologies for health; on the other hand, being the focal point for health services research in the Organization, it has the specific tasks of collaborating with regional offices and countries in the strengthening of national capabilities for health services research and of organizing, coordinating and ultimately evaluating the WHO overall effort in health services research. The last function is implemented in consultation with other headquarters technical programmes and with the regional offices.

The following activities are proposed under the programme and grouped into four main areas, as indicated below. Summary activity sheets for each activity are available.

- Health services planning and management:

1. Case studies of health care facilities in developing areas.
2. The design and functions of local health care subsystems and their components in support of primary health care.
3. Development of health services for emergency care.
4. Issues and approaches to health services and management.
5. Measurement of coverage, effectiveness and efficiency of different patterns of health care.
6. Use of epidemiological techniques at the periphery of health care in developing countries.
7. Study of health and health delivery in peri-urban and urban populations of the developing world with emphasis on the primary health level of care.
8. Financing of health services

- Primary health care:

9. Study of resources allocation and cost aspects of primary health care.
10. Development of indicators for monitoring community development in primary health care.
11. Programming support for water and sanitation in primary health care.

<sup>1</sup> Text submitted by the Health Laboratory Technology unit.

<sup>2</sup> Text submitted by the Division of Strengthening of Health Services.

12. Primary health care and malaria control.
  13. A new approach to school health.
  14. Brong-Ahafo rural integrated development programme in Ghana.
  15. Identification and strengthening of community mechanisms for community participation in primary health care.
  16. Interregional study on community health workers.
  17. Primary health care information exchange.
- Appropriate technology for health:
18. Provision of low-cost spectacles in developing countries.
  19. Testing of domestic pressure cookers for sterilization purposes at front-line level of services.
  20. Development of nonverbal material on contraception.
  21. Field testing of poly-vinyl-chloride well screens.
  22. Testing of portable refrigeration equipment.
  23. Testing of reusable plastic syringes.
- Health services research:
24. Interregional orientation workshop on training in health services research methodology and management.
  25. Preparation of a World Health issue on health services research.
  26. Meetings of the global ACMR Sub-Committee on Health Services Research.
  27. Interregional consultation on health services research programme planning.
  28. Development of a network of national health development centres: consultation among centre staff.

## ACTIVITIES IN HEALTH SERVICES RESEARCH MANAGED AT WHO REGIONAL OR GLOBAL LEVELS

Activities by programme components and areas of concern	Region	Number of countries involved						
	Division	Total	AFR	AMR	EMR	EUR	SEA	WPR
<b>COMPONENT A: COLLABORATION IN HEALTH SERVICES RESEARCH</b>		*						
<b>Area of concern 1: Needs and demands as a basis for planning, programme formulation and management</b>								
- Study on community behaviour in relation to health services	AFR	...	...					
- Registers and health statistics for primary health care	AMR	...		...				
- Research on differential mortality and the socioeconomic factors causing it	AMR	3		3				
- Use of the epidemiologic method for the design of levels of care	AMN	1		1				
- Demographic denominators and epidemiology in Rige district, Papua New Guinea	WPR	1						1
- Use of epidemiological techniques at the periphery of health care in developing countries	SHS	7	2	1	1	-	2	1
- Birth weight distribution and low birth weight: extent and nature of the problem and intervention measures for prevention	FHE	13	-	3	6	2	2	-
- Risk approach for maternal and child health care and family planning (including methods for the integration and levels of family health care)	FHE	11	-	2	1	4	3	1
- Hospital and community based studies on induced abortion	HRP	4	1	1	-	1	-	1
- Baseline study on reproductive behaviour in Korea	HRP	1						1
- Patterns of family formation and health	HRP	9	-	1	5	1	1	1
- Monitoring of mental health needs	MNH	7	1	2	1	1	1	1
- Public health implications of depressive disorders	MNH	5	-	1	1	1	1	1
- Situation analysis of the population coverage with radiotherapy services and ways of improvement	NCD	...						
- Development of methodology for long-term projection of health trends and resource requirements	HMD	...						
<b>Area of concern 2: Approaches to planning and management</b>								
- Use of epidemiologic models in the planning, pursuit and evaluation of health services	AMR	2		2				
- Issues and approaches to health services management	SHS	9	3	2	1	1	1	1
- Primary health care information exchange	SHS	...						
- A system analysis/management science approach to the design and implementation of anti-malaria programmes	MAP	...						
- Coordination of environmental health programmes	EHE	...						
- Environmental health in physical and social planning	EHE	...						
<b>Area of concern 3: Alternative strategies for primary health care delivery and supporting infrastructure</b>								
- Structures of health facilities	AFR	...	...					
- Organization, production, supply and distribution of drugs in the African Region	AFR	...	...					
- Organization of mental health in its African context	AFR	...	...					
- Analysis of the impact of the introduction of a national formulary in the cost of drugs and standards of prescription	AMR	1		1				
- Operational research to integrate at the community level the prevention of rheumatic fever, rheumatic diseases and the control of hypertension	AMR	...		...				
- Operational studies on waiting time in the care of TB patients	AMR	1		1				
- Research on the integral care of the child and his family in young populations of the metropolitan services of Lima	AMR	1		1				
- Drug utilization research studies with special reference to primary health care	EMR	7			7			
- Experimental study for village health services through village health workers	WPR	1						1
- Utilization of health resources for the forthcoming aged society	WPR	1						1
- Case studies of health care facilities in developing areas	SHS	9	3	2	1	1	1	1
- Design and functions of local health care subsystems and their components in support of primary care	SHS	...						
- Programme support for water and sanitation in primary health care	SHS/EHE	...						
- Primary health care and malaria control	SHS/MAP	...						
- Study of health and health delivery in periurban/urban populations of the developing world with emphasis on the primary level of care	SHS	...						
- Use of services for termination of pregnancy, India	HRP	1						1
- Provincial vasectomy model, Thailand	HRP	1						1

... Information on countries involved not available.

.. Activities do not imply country's involvement.

Activities by programme components and areas of concern	Region	Number of countries involved						
	Division	Total	AFR	AMR	EMR	EUR	SEA	WPR
<u>Area of concern 3 (contd)</u>								
- Field research and management studies on an integrated health and family planning service, Sri Lanka	HRP	1					1	
- Development of community oriented mental health services in the European Region	MNH	...						
- Prevention and treatment of drug dependence in Thailand	MNH	1					1	
- Strategies for extending mental health care in developing countries	MNH	7	1	2	2	-	1	1
- Field operational study on laboratory services at peripheral level	PDT	4				2		2
- Comprehensive planning of a radio diagnostic network at the national level	NCD	...						
- Factors conditioning the success of HSMD (Health Service and Manpower Development) concept	HMD	...						
<u>Area of concern 4: Economic aspects of health services</u>								
- Study of advantages and disadvantages of different health delivery approaches	AFR	...	...					
- Cost containment in primary health care prescribing	WPR	2						2
<u>Area of concern 5: Financing of health services</u>								
- Financial analysis of health services, Ecuador	AMR	1		1				
- Comparative studies of costs in the use of oral rehydration techniques versus intravenous ones at the hospital level	AMR	1		1				
- Development of a health insurance scheme in a rural area of the Republic of Korea using a primary health care approach	WPR	1						1
- Analysis of expenditure patterns for provincial health services in four selected provinces of Papua New Guinea	WPR	1						1
- Patterns of financing of health services at the local level in the Philippines' rural setting	WPR	1						1
- Economics and financing of health services	SHS	16	4		2		5	5
- Study of resources allocation and cost aspects of primary health care	SHS	6			1			5
<u>Area of concern 6: Monitoring and evaluation, analysis of trends, definition of indicators</u>								
- Simplified evaluation methods	AFR	...	...					
- Study of the effect of various models of care in the utilization of services in rural areas	AMR	1		1				
- Research on health indicators	AMR	...		...				
- Analysis and evaluation of processes of extension of service coverage	AMR	2		2				
- Study of accessibility models for the services (geographic, social, cultural, economic and financial)	AMR	1		1				
- Research on health information: research towards an effective recording and reporting system in primary health care	EMR	6			6			
- Research on comparative evaluation of techniques for achieving coverage of immunization in infancy	EMR	3			3			
- Challenges to effective health coverage: a comprehensive evaluative study	EMR	3			3			
- Evaluation of health services rendered by a government tertiary medical centre	WPR	1						1
- Measurement of coverage, effectiveness and efficiency of different patterns of health care	SHS	8	2	1	1	1	1	2
- Development of indicators for monitoring community involvement in primary health care	SHS	2	1				1	
- Family health records	FHE	...						
- Use of sedation in routine vasectomy, Thailand	HRP	1					1	
- Evaluation of family planning services delivered at home, Turkey	HRP	1				1		
- Field trial of Narigest	HRP	1			1			
- Indicators for environmental health programmes	EHE	...						
<u>Area of concern 7: Standardization of terminology, methods and procedures</u>								
- Nil								
<u>Area of concern 8: People's behaviour in relation to health and health services, community participation in health action</u>								
- National studies for the identification of the most significant factors influencing community participation in activities of health services coverage	AMR	1		1				
- Community participation in primary health care programme	EMR	1			1			
- New approach to school health	SHS/FHE	...						
- BRONG-AHAFO rural integrated development programme (BARIDEP), Ghana	SHS	1	1					
- Identification and strengthening of community mechanisms for community participation in primary health care	SHS	...						

Annex 3

Activities by programme components and areas of concern	Region	Number of countries involved						
	Division	Total	AFR	AMR	EMR	EUR	SEA	WPR
<u>Area of concern 8 (contd)</u>								
- Research on health education	FHE	...						
- Reproductive health in adolescence: studies on biomedical and psychological aspects and development of service and educational approaches	FHE	8	1	-	-	3		4
- Pilot study of discontinuation of use of oral contraceptives, intrauterine devices and an injectable contraceptive in family planning clinics in Bangkok (Project 78002)	HRP	1					1	
- Contraceptive choice and use in Bangkok metropolis municipal health clinics	HRP	1					1	
- Multicentred study of user preferences for fertility regulating methods and personnel following a balanced presentation	HRP	4				1	1	2
- Community participation in family planning activities, Kenya	HRP	1	1					
- Community response to alcohol-related problems	MNH/SHS	3	1	1		1		
- Research on community participation in application of anti-malaria measures including indoor DDT spraying and anti-larval measures	MAP	1						1
- Community/governmental interface in environmental health programmes	FHE	...						
<u>Area of concern 9: Traditional drugs and practices</u>								
- Analysis of factors associated with traditional medicine and its relation to institutional system of care	AMR	...		...				
- The place of traditional medicine in the promotion of primary health care	EMR	7			7			
- Annotated bibliography/resource book on folk medicine in the Philippines	WPR	1						1
- Evaluation of the use of traditional healers as primary suppliers of oral rehydration mixtures	WPR	1						1
- Studies on traditional birth attendants: study of traditional beliefs and practices related to pregnancy, birth and pregnancy avoidance	HMD	...						
<u>Area of concern 10: Development of appropriate health technology</u>								
- Promotion of appropriate technology for health in relation to needs and resources of countries	AFR	...	...					
- Research on technologies	AMR	1		1				
- Identification and analysis of technologic problems in the delivery of services at the first and second level of care	AMR	2		2				
- Evaluation of appropriate technologies in the delivery of health services	AMR	2		2				
- Provision of low cost spectacles for developing countries	SHS/HMD	...						
- Testing of domestic pressure cookers for sterilization purposes at front-line level of services	SHS	...						
- Testing of re-usable plastic syringes	SHS/EPI	1				1		
- Testing of portable refrigeration equipment	SHS/EPI	...						
- Field testing of PVC well screen	SHS	2	1	1				
- Development of appropriate technologies for perinatal care	FHE	2		2				
- Publication of manuals on transfer of technology to the developing countries for production of vaccines	PDT	..						
- Publications of manuals to inform developing countries what is involved in building, staffing and equipment in quality control and production of vaccines	PDT	..						
- Improvement in stability of vaccines	PDT	...						
- Updating of standards and reference materials	PDT	...						
- Requirements for biological substances	PDT	...						
- Study on appropriate technology in the field of laboratory equipment	PDT	...						
- Simplified health technology for sexually transmitted disease control	CDS	1	1					
- Feasibility, acceptability and effectiveness of oral rehydration therapy at the community level	CDS	7	3		2	1		1
- Acceptability and impact of home-prepared salt-sugar oral rehydration solution in early treatment of diarrhoea	CDS	...						
- Development of non-verbal material on contraception	HMD/SHS	2		2				
<u>Area of concern 11: Health manpower development and management and its integration with health services development</u>								
- Village health workers	AFR	...	...					
- Structure of the health team	AFR	...	...					
- Development of a coordinated health services and manpower development programme in Hamadan (Iran)	EMR	1			1			
- Research on the integration of health workers of specialized campaign within general health services, Thatha District, Sind, Pakistan	EMR	1			1			

Activities by programme components and areas of concern	Region	Number of countries involved						
	Division	Total	AFR	AMR	EMR	EUR	SEA	WPR
<u>Area of concern 11 (contd)</u>								
- Evaluation of the Beer Sheva experiment in integrating health manpower training and health care delivery	EMR	1			1			
- Interregional study on community health workers	SHS	...						
- Development of education-related methodologies for training programmes for MCH care	FHE	7		2	1	1	2	1
- Provision by non-physicians of family planning care in rural areas of Egypt	HRP	1			1			
- Training of non-physicians (medical students) to perform vasectomy (Thailand)	HRP	1					1	
- Provision of postpartum sterilization service by operating room nurses, Thailand	HRP	1					1	
- Tubectomy training programme for operating room nurses, Thailand	HRP	1					1	
- Training and deployment of supervisors of family welfare visitors, Pakistan	HRP	1			1			
- Provision of family planning care by non-physicians in urban Philippines	HRP	1						1
- Provision by non-physicians of family planning care in urban and rural clinics, Korea	HRP	1						1
- Provision by non-physicians of family planning care in rural Philippines	HRP	1						1
- Use of non-physicians for providing IUD services, Turkey	HRP	1				1		
- Provision of family planning care by non-physicians in Cubuk District, Turkey	HRP	1				1		
- Family fertility education learning package: common protocol for a multicentre pre-test and evaluation of educational materials for teaching "natural family planning"	HRP	6	1	2		1		2
- Manuals on training of non-physicians for family planning care	HRP	..						
- Training of individuals in the developing world on the control of all vaccines	PDT	...						
- Group training courses on the techniques involved in titrating live virus vaccines	PDT	...						
- Environmental health personnel	EHE	...						
- Application of the flow chart approach in health care	HMD	...						
- Health learning materials programme (HLMF)	HMD	5	1		1	1	1	1
- Communication transfer	HMD	1			1			
- Selection of trainees for primary health care	HMD	...						
- Performance assessment of students and health workers	HMD	4		1		1	2	
- Training of traditional birth attendants for primary health care tasks aimed at a reduction of infant mortality	HMD	...						
- Studies on traditional birth attendants: present and future role in family planning	HMD	...						
- Multinational study on women as providers of health care	HMD	...						
- Management competencies for primary health care	HMD	...						
- Country case studies of traditional birth attendants (continuation for 1978-1979)	HMD	8	2	2	1		2	1
<u>Area of concern 12: Intersectoral action for health promotion</u>								
- Nil								
<u>Area of concern 13: Disease control</u>								
- Determination of the optimal age to begin smallpox vaccination in the Americas	AMR	...		...				
- Development of simplified sampling techniques for the epidemiologic evaluation of immunization programmes	AMR	...		...				
- Comparative costing of methods of administering triple vaccine	EMR	3			3			
- Hypertension research related to health care	EUR	...				...		
- Control of vitamin A deficiency and of nutritional anaemia in mothers and young children	FHE	6		1	1		3	1
- Hypertensive disorders of pregnancy: extent and nature of the problem and technologies for prevention and management	FHE	15		4	1	4	4	2
- Action-oriented research, development and training programme in nutrition	FHE	...						
- Control and management of neurological disorders	MNH	...						
- Planned operational research on leprosy control in India	CDS/HST	1					1	
- "OMSLEP" information development programme	CDS	11	6	2	1		2	
- Feasibility of social approach to the control of sexually transmitted diseases	CDS	...						
- Studies of knowledge regarding STD and attitudes towards STD patients among the medical and paramedical staff where STD cases are encountered	CDS	1					1	
- Management of acute respiratory infections	CDS	3	2	1				
- Applicability of standardized tuberculosis chemotherapy	CDS	1				1		

Annex 3

Activities by programme components and areas of concern	Region		Number of countries involved					
	Division	Total	APR	AMR	EMR	EUR	SEA	WPR
<u>Area of concern 13 (contd)</u>								
- Resource allocation in tuberculosis control	CDS/HST	1					1	
- Delivery of tuberculosis control services	CDS	1						1
- Integration of tuberculosis control into the general health service	CDS/HST	1				1		
- Implementation of tuberculosis control in rural areas in developing countries	CDS	1		1				
- Feasibility study of urinary schistosomiasis control	PDP	1	1					
- Nigeria/WHO (PDR) field research project to develop strategies for control of malaria in Africa	MAP	1	1					
- Research on strengthening of zoonoses and food-borne diseases surveillance and control programmes	CDS	2		1		1		
- Formulation of national cancer policies	NCD	...						
- Health care for diabetes as an integral part of the chronic non-communicable disease control programme in the community	NCD	...						
- Comparative field testing of different methods of delivery of oral disease prevention	NCD	2					1	1
- International collaborative study of dental manpower systems in relation to oral health status	NCD	12		2		7		3
- Conditions of health workers in small-scale industries	NCD	...						
- Occupational hygiene: evaluation of chemical agents	NCD	4		1		3		
<u>Area of concern 14: Emergency services</u>								
- Epidemiologic study of classification and management of victims in massive accidents - Arequipa earthquake 1979	AMR	1		1				
- Study of the health problems in the aftermath of Managua earthquake	AMR	1		1				
- Development of health services for emergency care	SHS	1				1		
<u>COMPONENT B: STRENGTHENING OF NATIONAL CAPABILITIES</u>								
<u>Area of concern 1: Orientation and training in health services research</u>								
- Training of research workers	AFR	...	...					
- Introduction of health services research to subregional and national meetings for the definition of research policies	AMR	6		6				
- Meetings of health service administrators	AMR	..		...				
- Training and formation of researchers, support in the organization of three courses at masters degree level	AMR	...		...				
- Stimulation and support of short training courses in health services research	AMR	...		...				
- Organization of seminars in health services research	AMR	..		..				
- Award of fellowships	AMR	...		...				
- Support of country activities according to AMPES	AMR	3		3				
- Orientation course on evaluative health services research	EMR	...		...	...			
- Orientation and training in health services research	SEA	...		...			...	...
- Training of national staff in health services research	WPR	...		...				...
- Interregional orientation workshop on training in health services research methodology and management	SHS	..		..				
- Research training grants and courses in service research on family health	HRP	..		..				
<u>Area of concern 2: Institution strengthening</u>								
- Working group on identification of centres and other health services research resources	AMR	..		..				
- Introduction of health services research in national studies on research resources	AMR	1		1				
- Development of national units for health services research	AMR	...		...				
- Strengthening of national institutions and development of national and regional networks	SEA	...		...			...	
- Designation of the Korean Health Development Institute as a WHO collaborating centre	WPR	1						1
- WHO collaborating centre for research training in service aspects of family planning in Turkey	HRP	1				1		
<u>Area of concern 3: Collection and dissemination of information</u>								
- Dissemination of information on health services research, Index Medicus and other publications	AMR	1		1				
- Collection and dissemination of information	AMR	..		..				
- Information system for research	EUR	..		..		..		
- Information support	SEA	..		..			..	
- Development and updating of a register of health services research activities in the Region	WPR	..		..				..
- Issue of World Health devoted to health services research	SHS	..		..				
- Advisory group to Special Programme of Research and Research Training in Human Reproduction	HRP	..		..				

Activities by programme components and areas of concern	Region		Number of countries involved					
	Division	Total	AFR	AMR	EMR	EUR	SEA	WPR
<b>Area of concern 4:</b> Technical and financial support to and among countries in health services research								
- Working group on technical cooperation among countries developing health services research	AMR	**		**				
- Support of projects	AMR	***		***				
- The place of traditional medicine in the promotion of primary health care	EMR	***			***			
- Collaboration in specific health services research projects	SEA	***					***	
- Technical support to research in countries	SEA	***					***	
- Support to individual health services research study proposals	WPR	***						***
- Support of projects on service research in family planning	HRP	***						***
<b>Area of concern 5:</b> Health services research methodology								
- Working group on health services research methodology	AMR	**		**				
- Task force on service research in family planning	HRP	**		**				
<b>COMPONENT C: DEVELOPMENT AND MANAGEMENT OF THE WHO HEALTH SERVICES RESEARCH PROGRAMME</b>								
<b>Area of concern 1:</b> ACMR Sub-committee on Health Services Research and/or advisory groups								
- Establishment of an advisory panel of experts	WPR	**						**
- Meetings of the ACMR Sub-committee on Health Services Research	SHS	**						**
- Inter-regional Health Services Research Programme Planning Meeting, Alexandria, 25-29 June 1979	SHS	**						**
<b>Area of concern 2:</b> Technical working groups								
- Meetings of staff of research institutions	AFR	**	**					
- Establishment and meetings of scientific working group	AFR	**	**					
- Preliminary establishment of contents and priority line of work - meeting of two working groups	AMR	**		**				
- Meetings of working group on definition of health services research and conceptual framework	AMR	**		**				
- Working group on social indicators	AMR	**		**				
- Planning group on economic aspects of health care	EUR	**				**		
- Planning group on problems in health care delivery	EUR	**				**		
- Planning group on standardization of methods, measurements and terminology in biomedical and health services research	EUR	**				**		
- Establishment of task force on health services research	WPR	**						**
<b>Area of concern 3:</b> Coordination and review mechanisms								
- Meetings of the internal advisory group - general coordination of activities and implementation of plan of action	AMR	**		**				
- Promotion and coordination of health services research in the Region	SEA	***					***	
- Establishment of national advisory committees on health services research	WPR	***						***
- Development of guidelines for formulation of health services research study proposals	WPR	**						**
- Development of network of national health development centres (NHDC)	SHS	***						***
- Review group of Special Programme of Research and Research Training in Human Reproduction	HRP	**						**
<b>Area of concern 4:</b> Programme evaluation								
- Working group on identification of priority problems	AMR	**		**				
<b>Area of concern 5:</b> Mobilization and channelling of extrabudgetary resources								
- Meeting of agencies interested in the Special Programme of Research and Research Training in Human Reproduction	HRP	**						**