

where these programs have had less impact so far, the decrease was most likely part of the natural cyclic pattern of poliomyelitis.

Louse-borne typhus and louse-borne relapsing fever. These diseases have not been of any concern with respect to international travel for

many years. They are a problem in relatively confined areas in a very limited number of countries in Africa and South America.

Source: World Health Organization, *Weekly Epidemiological Record* 59(50):385-391, 1984.

HEALTH SERVICES RESEARCH IN THE AMERICAS

In 1983 the 22nd Meeting of PAHO's Advisory Committee on Medical Research recommended that available information on health services research (HSR) in the Americas be collected and presented in a concise but comprehensive document. In compliance with that recommendation, a regional study of the characteristics of national policies in health services research and of research studies in 15 countries of Latin America and the Caribbean¹ during the last 10 years was conducted.

This study, carried out during the period January-March 1984, was based on a working definition of HSR framed at the 18th Session of the Subcommittee of WHO on Health Services Research. That working definition termed HSR "the systematic study of the means by which basic medical and other useful knowledge is applied to the health of individuals and communities in a given set of existing conditions."

Information on national and institutional policies relating to HSR was collected and analyzed by investigators designated in each country, and in accordance with a common framework provided by PAHO. A survey on the characteristics of studies in HSR conducted in the participating countries was carried out by the designated investigators, following a protocol based on an ad-hoc system for classification of HSR. The survey data

were analyzed in a seminar-workshop with the participation of all the investigators in charge of the study in the countries and the team of consultants assigned by PAHO to collaborate in the design, administration, analysis, and publication of the study. And the information derived from all these activities was consolidated into a summary document entitled "Trends in Health Services Research: Study in some Latin American and Caribbean Countries 1974-1983."

Regarding consolidation of coherent health services research policies, this work showed that there is a great deal of variation from one country to the next, and also from one institution or government level to another within individual countries. In general, however, the number of health services research projects conducted within the countries studied rose fairly steadily from 1974 to 1983. That is, the 2,899 questionnaires completed for the study indicated that there were 188 HSR projects in 1974 as compared to more than double that number (443) in 1982. A major exception to this upward trend came in 1983, when the overall number of HSR projects declined to 392. It should also be noted that significant departures from the general trend appear when data for individual countries or specific areas of research are examined.

In 1982 the World Health Organization's Study Group on Health Research for the Reorientation of Health Systems proposed a classification for various types of health services research. This classification, which was adopted and modified for purposes of the

¹Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guyana, Jamaica, Mexico, Peru, Uruguay, and Venezuela.

1984 survey, employed nine major subject areas. The following table shows the nine areas and the proportion of the 2,899 HSR projects found to fall within each one:

Research area	Study projects	
	No.	%
Research on determinants of the population's health needs	906	31.3
Research on health services delivery	512	17.7
Research on health resources production and distribution	345	11.9
Research on program evaluation	292	10.1
Research on the relationship between health services and society	289	10.0
Research on health systems management	241	8.3
Research on the health system's organizational structure and components	199	6.9
Research on economic support	74	2.6
Research on community participation	41	1.4
Total	2,899	100.0

The survey data also showed that public institutions conducted most (89.5%) of the projects, being responsible for about 50% of the projects in Argentina; between 65 and 79% in Ecuador and Uruguay; between 80 and 90% in Barbados, Bolivia, Chile, Jamaica, Mexico, and Peru; and over 90% in Brazil, Colombia, Costa Rica, Cuba, Guyana, and Venezuela.

In view of this, it is not surprising that the national public sector provided most of the funding for most of the projects, while the share provided by the national private sector was relatively slight. Funds from private agencies abroad, foreign governments, and international organizations helped to fund a relatively small share of the projects—2.6%, 2.3%, and 8%, respectively. Moreover, in over half the cases where international organizations funded research projects, they also provided the initiative. This is a noteworthy circumstance in view of many researchers' conviction that they need external funds in order to be free to choose their own research subjects.

Regarding dissemination of research re-

sults, the survey found that most of these results were written up and presented in public documents, while lesser numbers provided material for theses or articles. Overall, a relatively large share appeared in documents, theses, or other vehicles with very limited circulation—a circumstance that makes these findings hard to locate and disseminate.

Overall, the most commonly cited impediment to health services research was the lack of clearly stated health services research policy—and hence the lack of a research structure with a clearly defined order of priorities and enough human and financial resources to perform adequate research. This problem is compounded in most countries by health systems with many participating institutions—a circumstance that makes any existing health services research policy very hard to apply. Other difficulties impeding health services research include the small number of firmly established health services research centers, various methodological problems (notably difficulty in framing conceptual and operational definitions), weak interinstitutional collaboration, a general shortage of funding, low remuneration for researchers, poor working conditions, and poor communication between researchers—including inadequate reporting and poor circulation of research findings.

It should be emphasized that the large number of disparate countries and projects involved in this study makes it impossible for the results obtained to apply necessarily to any given project. But it is also worth noting that the survey received a very positive response from the countries and investigators participating in it, and that it has evoked strong interest in further pursuit of health services research evaluation. Overall, the foremost point made by the survey and seminar-workshop participants was that mechanisms must be provided to ensure that the findings of health services research are used as guides for making changes that will render the delivery of health services more equitable, efficient, and effective.