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Special Feature

RESEARCH ON PROGRAMS FOR THE EXTENSION OF HEALTH SERVICE COVERAGE[1]

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Health services research is a basic tool for adapting health activities to new health policies. Thus the present strong emphasis on extending health coverage to all people in the Americas has created a powerful need for effective health services research.

Strategic Elements

It is both widely recognized and strongly emphasized that the major problem confronting health services in most countries of the Americas is posed by large population groups that are underserved or lack access to any care whatever.

The existence of these immense groups, by itself indicative of an enormous quantitative deficit, clearly demonstrates the urgent need to immediately and substantially increase availability of the services involved. This circumstance also calls for establishing firm bases of development for health systems—bases of development that will quickly endow the systems with the capacity they need to meet the rising demands of a steadily growing population.

The problem, however, is not merely quantitative. That is, the quantitative aspects of the general health care shortage are being aggravated by qualitative shortcomings—defects in the content, structure, and operation of the services at hand. These services, in terms of their content and composition, are concerned mainly with traditional forms and areas of health care that either ignore or barely acknowledge the relationships between health and other aspects of social and economic development—such as housing, agriculture, transportation, education, nutrition, etc. In addition, these services generally exhibit a marked inadequacy stemming from a tendency to indiscriminately adopt technologies developed in places with greater available resources and to incorporate such technologies directly, without adapting them to prevailing socioeconomic conditions.

Furthermore, structural and operational problems are created by the existence of multiple institutions with different objectives, by poor geographic distribution of health establishments, and by obsolete systems of organization and administration. Aggravated by financing difficulties, this cluster of problems inevitably leads to operational inefficiency, low productivity, unequal distribution of services, and inappro-

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priate use of the limited resources that are available. Overall, these problems have detracted further from most Hemisphere countries' already insufficient supply of services and have helped to create health care situations in need of wide-ranging and drastic change.

In response, the governments of the Americas began to take vigorous measures during the past decade to provide all their populations with greater access to health services. The general lines of their approach have recently been reaffirmed, and priority has been assigned to reaching population groups that are still unserved—especially in rural areas and urban shantytowns.

Several basic strategies supporting this drive for more equal distribution and provision of services are as follows:

- Acceptance and use of a development approach that harmoniously combines economic growth with social progress and welfare for the human and institutional groups involved.
- Incorporation of the primary health care approach into the health services. This move is based on (a) acceptance and adaptation of the traditional community health care system; (b) changing the emphasis of health sector work to stress basic population needs and community participation in both planning and decision-making activities; and (c) developing coordination mechanisms that will permit sound interrelationships between the institutional and traditional community health systems, that will provide access to all health care levels, and that will ensure development of intersectoral activities.
- Stimulation and development of various forms of community participation[3] compatible with prevailing political, economic, social, and cultural conditions.
- Redesign of existing national health systems. This involves strengthening the administrative process (especially planning and programming of services and investments), organizing services into a multitiered system of care levels (secondarily programming the location of establishments in accord with the distribution of population centers), and developing truly operative schemes of functional regionalization.
- Revision of human resource development plans and redefinition of traditional personnel roles in the institutional health system, so as to make sound use of human resources in terms of existing care needs, available resources, and the technologies to be used.

[3] "Community participation," as the term is used here, is understood to be a process by which people can transform their own interests, perceptions, and values in the light of personal and community needs, so as to consciously and constructively support health and welfare activities.

The Need for New Approaches

Truly implementing the principle of equity (a move supported by many policy statements on extension of services) and applying the above-mentioned strategic approaches implies making major changes in health services and systems—changes that are not merely operational and instrumental but also conceptual and philosophical, and whose true extent and magnitude are still unclear.

The rationale for these changes is as follows: Comprehensive care of the entire population needs to become a reality, not simply a fashionable theory that is academically stimulating and politically appealing. Otherwise, health will remain the privilege of selected groups and the unattainable aspiration of the rest. However, a population will only be "covered" by health services if its members are individually and collectively receiving early, effective, and efficient care to guarantee basic conditions of well-being. Thus the fundamental purpose of health care cannot be solely to cure disease or reduce the vulnerability of individuals and communities; rather, that purpose must be to help them achieve more satisfactory and productive lives. Achievement of this goal, however, requires not only resolute action by the health services; it also requires reorientation of those services, establishment of effective interrelations between them and other development sectors; and coordination with those sectors directed at reaching

their common goal. The importance of this general matter has been stressed insistently; nevertheless, true understanding and application of effective methods has only rarely been achieved.

As the foregoing implies, full health service coverage means full access, so that every member of the population can demand and receive proper care at a level dictated by need. Access, in turn, implies that services will be available, including equitable geographic distribution, without any organizational, cultural, or financial barriers to timely use. These attributes cannot arise by mere chance or from social pressures; rather, they must be carefully planned and programmed so that resources are used according to a strict order of priorities.

In other words, programs for extending health care coverage are an unprecedented political and administrative challenge for the health sector. These programs require new and broader kinds of decision-making, which in turn creates a need for revising and refining the elements that underlie the current decision-making process, especially the planning function.

In some countries the administration and planning of health services, particularly service development efforts, are still at a stage where decisions are based fundamentally on the experience of health sector institution officials. Although this provides a basis for some change and innovation, it provides very little systematic information for making major decisions, or for anticipating the implications of the decisions made.

In other countries, perhaps the majority, where substantial progress in preparing health plans has been made, a false aura of sophistication has surrounded this process; and in a good many cases the process has been limited to only a few health sector institutions.

This is unfortunate, because implementing a policy of universal coverage that provides the entire population with equal access to services calls for fundamental decisions about resource allocation. That, in turn, implies a need to develop both genuine sectoral planning and planning process that will do more than just apply technical or procedural methods to traditional health service elements. What is needed is a better-informed planning process—a process that considers population health needs and offers alternatives for dealing with them in the light of policies and developments in other sectors, thereby making room in the decision-making process for harmonious consideration of the political, economic, social, and cultural values of the communities concerned.

Within this framework, then, planning is called upon to play an important role as an instrument for defining policies and shaping health systems, so as to guide the operational reorientations needed to achieve universal coverage. This kind of approach, however, requires better and more extensive knowledge about the population groups for which the services are designed, about the many factors that affect community use and acceptance of those services, and about the organization and operation of the services themselves.

Thus the many questions confronting programs for the extension of coverage can only be answered by systematic and multiple research efforts. Such efforts can lead to new ways of thinking about and solving health problems; to expansion of the conceptual basis for planning; to upgrading of available data; and to improvement of the instruments and procedures used for health service planning and evaluation.

Research Approaches and Topics

Especially when health coverage extension programs are being developed, the

health sector needs to obtain the benefits of three major types of research—these three types being epidemiologic research, social research, and health service operations research. The first, epidemiologic method, should be directed at defining health problems, determining communities' real health care needs, adapting epidemiologic methods to study the distribution and character of health services, defining the levels of the health system on the basis of known needs, and proposing practical ways to combine technologies appropriate for those levels. The second, social research, should be particularly concerned with public policy-making that affects health services, with the socioeconomic aspects of health, and with factors that influence the use and social acceptance of health services. And the third type, operational research on health services, should be aimed (primarily) at the basic organization and administration of those services; specifically, it should seek to improve our knowledge of the various factors affecting the operation of health services—including forms of organization and the overriding influence of financial considerations.

It is difficult to separate these three major types of research, partly because instead of being mutually exclusive they are in fact complementary. For that reason, regardless of whether the immediate object is to interpret and analyze existing situations, design solutions, produce guidelines for strategy and program formulation, or develop evaluation methods applicable to general decision-making, in most cases the approaches, methods, and techniques of all three types of research are or should be combined.

Such a combined approach is required because the problems to be resolved are complex and involve many interrelated factors. In addition, and for these same reasons, the approach employed should be multidisciplinary. This logical need for a combined, multidisciplinary approach in dealing with such problems has given rise to what is known as health services or health "practice" research.

Thus defined, health services research, which is normative in nature, is called upon to provide information, generate knowledge needed to correct and remove constraints on the health service organization, and analyze factors that affect preparation of health care plans and programs. Its sphere of action encompasses the planning, organization, financing, administration, operation, and evaluation of health service delivery, as well as the use, quality, efficiency, and effectiveness of those services.

Naturally, the general subject of such research will be provided by the national health system as a whole, and, more specifically, by the different components of that system. Within the context of programs extending health service coverage, however, it would appear that such research should give precedence to the following specific subjects: (1) the various population groups to be served, especially so as to learn more about their needs, how to encourage community participation in providing services, how to promote acceptance of the services, and how the community actually uses the services; (2) the institutional make-up of the health sector—including intersectoral activities, intrasectoral relations, and interinstitutional coordination; (3) organization and administration of national health systems; and (4) the operational content and characteristics of health service delivery.

Specific Research Areas

Recently, replies to a request for information sent to a number of countries in the Region indicated that the following health services research activities merit priority within the context of coverage extension programs:

Activities Relating to Communities and Their Participation in Health Care Work:

1) developing simple methods for identifying and determining indicators of the basic health needs of rural and poor urban communities;

2) determining the extent to which self-help care can be developed at the peripheral health services level;

3) delineating forms and features of the administrative subsystem peculiar to the rural community—to help in preparing plans or models supporting that subsystem or coordinating it with the institutional health system;

4) investigating how to maintain the enthusiasm and interest of voluntary community workers participating in health care activities;

5) assessing community attitudes toward formal and informal health services;

6) assessing active participation by peri-urban communities in health care programs and the relation of such communities to the formal health system;

7) investigating barriers that hamper use of the traditional system;

8) analyzing traditional health care practices and their potential contribution to programs for expansion of coverage; and

9) assessing the effectiveness of traditional health care practices and the role of traditional community agents in providing services to meet a variety of community needs.

Activities Relating to Health Systems Development:

1) analyzing factors that favor or hinder coordination of health plans with overall development plans;

2) investigating economic aspects of health and health care and the relationship of those aspects to development;

3) examining health service costs and financing;

4) working on definition, organization, and administration of health service systems, particularly with respect to (a) the functions and principal limitations of intersectoral coordination; (b) intrasectoral coordination; and (c) appropriate types of organization for health systems using the strategies of primary care and community participation to extend health service coverage;

5) acquiring knowledge about health policies and their compatibility with programs for extending health coverage; and

6) investigating development of information systems to promote extension of coverage based on the strategies of primary care and community participation.

Activities Relating to Provision of Services:

1) developing effective methods for promoting health in rural and poor urban communities;

2) developing simple methods for programming local health activities;

3) defining the content of programs for providing basic health services to rural and poor urban communities;

4) identifying simple strategies for ensuring total health coverage to limited segments of the population and then assessing the possibilities of extending such coverage to larger groups;

5) formulating and testing alternative strategies by which different health care programs can achieve universal coverage;

6) designing models of administrative subsystems capable of appropriately supporting development of the primary health care infrastructure;

7) developing simple methods that can be used by personnel responsible for service programming to determine the technological content of care levels;

8) assessing the components and critical elements of the referral system, and pro-

viding operational evaluation of service regionalization;

9) describing the use of service in integrated primary care programs and factors affecting their use;

10) determining mixes of tasks in various programs that will make it possible to use health auxiliaries, bearing in mind that such auxiliaries must perform efficiently in the many different programs concerned with providing services to a specified area;

11) determining the number of inhabitants a voluntary or auxiliary worker can effectively deal with and the factors influencing that number's size;

12) identifying elements to be considered in reassigning health personnel functions to achieve extension of coverage;

13) designing effective methods for updating the knowledge and skills of health workers in peripheral services;

14) assessing the extent to which community participation increases the efficiency and effectiveness with which the institutional system's resources are used.

Activities Relating to Supervision and Evaluation

1) developing methods for evaluating ongoing projects that are using the primary care strategy;

2) devising ways to evaluate the effectiveness of coverage extension programs employing community participation, primary care, and an intersectoral approach;

3) designing administrative tools for implementing and evaluating the strategies of primary care and community participation;

4) devising methods for integrating services development with personnel training, and for evaluating and supervising the integration process;

5) developing appropriate methods for use in supervision, control, and other services supporting extension of coverage;

6) developing new approaches for supervising health workers on the periphery of the institutional system, so that service evaluation and adjustment do not depend exclusively on a supervisor's periodic visits;

7) preparing practical evaluation methods that can be used readily by auxiliaries and mid-level technical personnel.

Guidelines for Health Services Research in the Americas

The foregoing suggestions are understood to be a first approximation made at the operational level. Thus, although not all are ideally formulated and some tend to repeat or overlap, they do collectively indicate a felt need for health services research and do demonstrate how urgently systematic studies on health services are needed—in order to develop forms of organization and operation that will permit or facilitate achievement of universal health coverage.

Within this context, it needs to be understood that health services research in the Region is a function of the health services themselves—one that should be directed at solving specific problems relating to health systems development and to planning, programming, implementing, and evaluating the respective services involved—especially those services concerned with protecting rural and poor urban populations.

It should also be noted that health services research is connected intimately with the creation, selection, and adaptation of technology. Hence research of this type in the Americas should be regarded as an indispensible basis, support, and complement for efforts to select and develop technologies appropriate for achieving extension of services and universal coverage. Health services research should therefore seek to develop knowledge that can be applied in circumstances similar to those prevailing where the research is carried out. Naturally, the

research designs and methods used should be scientifically sound and replicable.

As already pointed out, the health systems of most Hemisphere countries are sadly short of information, appropriate forms of organization and operation, and efficient techniques and procedures. All these weaknesses, which restrict development and improvement of services, could be substantially reduced by means of scientifically rigorous analysis—and by dissemination and exchange of the information resulting from such analysis. This implies that health services research really has two main goals. These are, on the one hand, to critically analyze the existing situation and the design of solutions for priority problems; and, on the other, to stimulate the creativity and innovation needed to improve provision of services and to increase their potential impact on health conditions of the entire population.

Accordingly, such research must be incorporated into as many service development programs as possible, and steps must be taken to ensure participation by health administrators in such activities. The gap between research and decision-making must be narrowed, and channels of communication between research workers and health service administrators must be established and improved. In this same vein, administrators must be given the training they require and must be provided with the necessary motivation—not only to participate in the research but also to foster such research and make appropriate use of its results.

Within the context of the foregoing, the Pan American Health Organization, in fulfilling its promotional and coordinating functions, should encourage health services research in the countries and should recommend general guidelines and strategies for performing this research. It is true that in specific situations the job of defining priority research areas is the responsibility of the particular country concerned. However, it is also the responsibility of the Organization to directly undertake research on problems that are common to all countries or to groups of countries in the Region, and to disseminate the results in order to improve the health of all citizens of the Americas.

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CHILD-TO-CHILD*

The Institute of Child Health, London, held a three-week international conference attended by some 20 educators and public health specialists (mostly from developing countries), which built a prototype framework for a local Child-to-Child program and suggested activities that a child could reasonably be expected to undertake in order to teach his younger brother or sister. Today, Child-to-Child is a widely understood concept based on the assumption that older children can effectively promote health and help improve the quality of life by sharing with their younger playmates and siblings information on healthful ways of living and development in general. It has been adopted by at least 20 countries as an element in their International Year of the Child programs. An essential criterion in choosing activities under the program is that they be fun for the children and in no way permit them to be exploited.

Background information is available from: Child-to-Child, 30 Guilford Street, London WC1N 1EH, England.

*Condensed from *World Health*, February-March 1979.