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PAHO/WHO TECHNICAL COOPERATION IN THE
FIELD OF HEALTH RESEARCH - CONSIDERATIONS
ABOUT ITS EVALUATION

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I. INTRODUCTION

WHO's Eighth General Program of Work covering the period 1990-1995¹ states that the national will to apply the best scientific and technical resources to the solution of the most pressing problems and the establishment of effective mechanisms of research and development in support of the national health development processes will be of crucial importance to the attainment of health for all.

In the developing countries there is an interest in research, although it is expressed in different ways, based on the recognition of its importance to improving the health situation. Efforts are underway to strengthen national research capabilities and mechanisms of coordination, with priority given to research that is related to primary care, technology transfer, social factors, and health services development. Attention is also being given to the so-called advanced technologies, generally meaning molecular biology, genetic engineering, and biotechnology, to cite a few.

PAHO/WHO believes that scientific information and its validation constitute an inseparable component of the cooperation activities carried out by their technical programs.² However, there are many factors which impede fulfillment of that directive. Some can be directly attributed to the countries, while others are the result of the obstacles imposed by an overly traditional view of international technical cooperation. In the first case, there are external factors that create overwhelming pressure. The context of the socioeconomic and political development in the Region, defined by the most severe external debt that has ever been experienced, as a rule corresponds to poor and disorganized health infrastructure, in which research, with rare exceptions, does not encompass the necessary hierarchy. To this may be added the absence of any national policy governing this area, as well as a lack of goals and objectives, which constitutes another clear obstacle to both national and international action. Insufficient manpower training in the field of research, limited methodological demands, the failure to prioritize or identify research in both national budgets and the budgets for technical cooperation programs in international agencies, only makes the situation more precarious. In general, the information about what is going on in the research field in the countries of the Region of the Americas, is poor, scattered, and inconclusive. In the countries where some type of research is being carried out on the health field, it is not closely linked to the ministries, although it is through the ministries that the ties of PAHO technical cooperation are principally established.

This distorted national scenario is further complicated by problems with the organization of international technical cooperation in the field of health research. In the annual programming of PAHC technical cooperation at both the national and regional levels, research-related activities are not easily identifiable, which makes follow-up and evaluation difficult. By research-related activities is meant any group of activities directly or indirectly related to the process of producing information, such as the following:

- Development of research proposals (execution and/or technical and financial support);
- Training of researchers;
- Strengthening of the institutional base;
- Scientific information;
- Development of methodologies;
- Analysis and assimilation of scientific and technical findings;
- Definition of research policies and priorities;
- Scientific and technical information systems;
- Organization and strengthening of the research coordination units in the countries;
- Strengthening of S & T program activities at the country level.

In order to carry out these activities the programs tend to utilize various instruments of cooperation, notably:

- Grants allocated for the conduct of research;
- Technical advisory services provided by regular staff or short-term consultants;
- Workshops, seminars, and courses on methodology and project management;
- Donations of small equipment, reagents, and inputs related to the research activities.

In a study carried out by PAHO in 1986³ on the research proposed by the Governing Bodies of PAHO during the period 1962-84, it was postulated that "from the beginning, the Pan American Health Organization (PAHO) has considered research development to be an indispensable part of the quest for solutions to the priority health problems facing the countries of the Region."

Many meetings have been held for the purpose of providing and promoting research oriented toward finding these hoped-for solutions. During the 23 years covered by the study, the Governing Bodies of the Organization adopted 2,341 resolutions, 148 of which (6.3%) formulated recommendations for studies and research on approximately 189 topics of interest. No study has yet been done to discover which of these recommendations were effectively implemented and, in that case, what their impact was.

The creation of the Advisory Committee on Health Research (ACHR) in 1962 (previously ACRM), marked the beginning of a new stage for research in PAHO. The Committee has proven to be a forum for discussion and for seeking instruments that will make it possible to define policies, and to promote, organize, and plan health research, both in PAHO and in the Member Countries.

In an attempt to continue with this line of work, this document is presented, with the following principal objectives:

- 1) To identify current limitations on the progress of PAHO/WHO technical cooperation in the field of health research.
- 2) To recommend solutions that will make it possible to overcome those limitations.
- 3) To identify mechanisms leading to improved coordination, follow-up, and evaluation of the cooperation activities in this field.

II. DIMENSIONS OF THE OBJECT OF TECHNICAL COOPERATION IN HEALTH RESEARCH IN PAHO. Concept of technical cooperation.

As stated in the document "Basic Principles for Action of the Pan American Health Organization, 1987-1990(9)": "The principal goal of PAHO/WHO's technical cooperation is to promote, coordinate, and support individual and collective efforts by Member Governments to apply the strategies of health for all."¹ The conceptualization of research as "support, both for the activities of the six priority components required in order to transform health systems, as well as for confronting the priority health problems of the most vulnerable human groups..." "Research, as is pointed out in the managerial strategy, should identify and fill gaps in technical and administrative information to maximize the efficiency and effectiveness of health sector activities and make it possible to solve the most pressing health problems affecting the countries."

PAHO should play a leadership role as a promoter of health research in the countries. This presumes having technical cooperation² in the following areas, as appropriate to each country:

- Design or structuring of national policies;
- Development of strategies and plans, on a timely basis;

- Facilitation of meetings to exchange information about the administration of scientific and technical information, promoting the cycle of production, collection, critical analysis, and application of information.
- Strengthening or promotion of S & T coordination units (wherever they are lacking), scientific councils, or analogous bodies.

III. ORGANIZATION OF THE PROGRAM FOR TECHNICAL COOPERATION IN RESEARCH.

For WHO¹⁰ the principles that orient research strategy inevitably differ among Regions and also among the countries that make up those Regions, depending on a number of variables, such as: the nature of the predominant health problems; the level of health attained; economic, cultural, and political resources; and traditions. However, the assistance to be provided should be common to all, focusing on S & T activities that translate into rapid advances for the health sector. The promotion of research that will make it possible to attain an acceptable level of Health for All in the least possible time, without neglecting the quality of that research, calls for an adequate strategy that encompasses health research as a whole, involving each program area, and each technical program of the Organization.

- How and by means of what instruments does PAHO approach this strategy?

PAHO is structurally organized as eleven programs under two technical areas 11: Health System Infrastructure (HSI), and Health Programs Development (HPD).

There is no administrative unit corresponding to a "Research Program." Each technical program assumes responsibility for promoting research in its own area of competence, given that the research promotion is considered to be an integral component of the technical cooperation activities that each program carries out.

The Unit for Research Coordination (DRC) has the responsibility of monitoring the implementation of PAHO's research policy and coordinating the research-related activities carried out by the different technical programs and Regional Centers. In practice¹², each technical program develops its own objectives, strategies, and priorities, and, in most cases, the research component is not very explicit, or, where it is specified, the activities are not quantifiable. An analysis of the budgets clearly shows that, with few exceptions, the technical programs include research-related activities as part of the budget as a whole, and do not differentiate them in any way.⁸ The research component of some technical programs is summarized in the activities related to the research grants program, or to the projects administered by the Unit for Research Coordination (DRC).

Another important institutional element is the PAHO Internal Advisory Committee on Research (IACR), for which DRC acts as Secretariat. That body provides advisory services to the Director of PAHO in matters related to

research. The functions of the committee include those of advising the Director on the establishment of research priorities, making recommendations on the use of research subsidies, reviewing the research protocols for projects, coordinating these activities among the programs, and identifying institutions in the Region that might contribute to PAHO's research activities in the countries. At the present time the functions of the IACR are almost exclusively limited to reviewing the methodology of the protocols that are submitted to PAHO's Research Grant Program. The IACR is composed of individual PAHO staff members, selected based on their technical level and experience in the research field.

The Advisory Committee on Health Research (ACHR), created in 1962, is an ad hoc Committee of the Director of PAHO, and as such its functions do not include operational or administrative matters. Given its superstructural nature and the objectives for which it was created, it serves as an external instrument that contributes to research activities in particular, as well as to PAHO's overall scientific and technical activities. Its ties to the other structures that play a role in this area are not very close, for the most part being limited to a meeting which, for economic reasons, since 1987 has been held every two years. To be able to better carry out its functions, in contrast with what is actually happening, the ACHR must become closer to the organizational structures of PAHO. The Unit for Research Coordination (DRC), the IACR, and the program areas should consider this instrument to be a true organ for consultation, and should bring it or its members into service, in accordance with the needs that arise during the Organization's activities.

The ACHR recommended to the Director in 1984⁴ that subcommittees be created to give attention to special programs. The first subcommittee was set up in 1987 to help with the development of the biotechnology program in the Region, and the second, for Health Systems and Services Research, was established in 1989. These subcommittees include at least one member of the ACHR, who acts as president, and they keep the Director, and the ACHR respectively, systematically informed about the activities of the special programs.

IV. EVALUATION COMPONENTS AND INDICATORS. Information Systems on Scientific and Technical Activity in PAHO.

As discussed above, currently research in PAHO has characteristics that conspire to hinder its own progress.

The factors that make it difficult to carry out systematic evaluation and follow-up can be summarized as follows:

- The activities of technical cooperation in research are not usually part of an explicit institutional policy, and they lack defined objectives.
- The technical programs do not have specific plans of work for activities of technical cooperation in research.

- The information system of the programs, and of the Organization as a whole, does not fulfill the need for information, follow-up, and systematic evaluation of cooperation activities in particular, and of S & T in general.

It has become necessary to organize an information system with the minimum data that allow for systematic follow-up and evaluation of progress in the activities of technical cooperation in research. Although DRC has already begun establishing quantitative indicators within the information system that it is designing, there is also a need to incorporate indicators of quality which will make it possible to carry out more precise analyses of the correspondence between the objectives proposed by the technical programs, the results that are obtained, and the impact that these have on health.

Clearly, the mere creation of an information system with these characteristics is not sufficient. It will also be necessary to encourage more commitment from the structures responsible for the programming, financing, and execution of activities in this area.

V. PROPOSAL FOR A PLAN OF ACTION FOR THE COORDINATION OF SCIENTIFIC ACTIVITY IN HEALTH IN PAHO.

Based on the assessment of the current situation of S & T activity, particularly research activity in PAHO, and the current concept of technical cooperation at the level of Headquarters and of the countries; and taking into account the analysis of the components and having had the opportunity to review the related documents, the following general strategy is proposed, whose objective is to overcome the problems detected and create sufficiently flexible and rational mechanisms which make it possible to integrate the technical cooperation program into the field of scientific activity within the Organization.

The plan of action to be developed calls for a series of interdependent stages: a first stage of restructuring, a second one of evaluation, and a third one of intervention, though not necessarily in that order.

First Stage: Restructuring

- 1) Redefinition of the policy for technical cooperation in research.

The Organization as a whole needs to redefine its policy governing technical cooperation in the field of scientific and technical activity. This implies making an in-depth analysis of the problems experienced with its integration up to the present day, ranking interests at the regional level and in turn providing the related orientation to the country offices. It is necessary to seek a logical and consequent equilibrium among its structures, according to the Basic Principles for Action.⁹

- 2) Analysis of the planning and programming process.

A priority in restructuring is to make all components of scientific activity explicit in the technical programs, at both the level of Headquarters and the country level. This means that the budget for each component should be defined in the programming instrument, as is done for other items. Making the activity explicit and expressing it economically in the annual process of programming and planning for the technical programs should provide evidence of its validity in the context of the actual technical program as a whole, while maintaining the necessary flexibility and objectivity. Increased articulation should also be sought in the programming of regional resources at the level of the technical programs and the country programs.

3) Information Systems.

Implementation of the information system on cooperation activities in S & T is a requirement. The data base will guarantee continuity in the process of data collection, analysis, monitoring, and systematic follow-up, which will allow for concrete evaluation.

4) Strengthening of Internal Coordination.

The interrelationships among the internal structures of PAHO should be consolidated, particularly the relationships between DRC and the technical programs. The IACR should broaden its activities to include the problems of policy, definitions, and strategies in relation to scientific activity; and it should consider the possibility of expanding such efforts, when so justified, by using internal and external advisers.

Second Stage: Evaluation

Once the information systems and interrelationships among DRC-technical programs-IACR are in place with precise objectives and specific programming and planning, it will be possible to initiate the complex process of evaluation; this, in a first phase, can begin as soon as the primary information system is established. DRC will be the focal point for the activities of the system, including its exploitation, analysis, and dissemination to the related units. During a second phase, qualitative elements of information will be incorporated into the system which will allow the IACR and the ACHR to conduct more comprehensive evaluation of scientific activity, systematizing information for the Director and for the program areas.

Third Stage: Intervention

A higher-level phase of the process will be intervention. During this phase a commitment will be received from all of the component elements of the S & T system in PAHO: DRC, technical programs, country programs, IACR, and ACHR.

Given the corresponding analyses and the enormous value of a systematic evaluation, based on the results of the joint analysis, interventions can be proposed for S & T bases in the processes of policy definition, planning and programming, and technical cooperation through the country level.

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