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INFORMAL CONSULTATION ON HEALTH SERVICES RESEARCH  
REPORT AND RECOMMENDATIONS



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Agenda item 7.3

INFORMAL CONSULTATION ON HEALTH SERVICES RESEARCH  
REPORT AND RECOMMENDATIONS

A consultation on health services research took place in Geneva on 16, 17 and 18 June 1976. It was attended by members of the Advisory Committee on Medical Research, three WHO temporary advisers, and members of the secretariat. The revised list of participants is attached as Annex 1. The terms of reference of the Consultation were stated as follows.

1. Formulate a working definition of health services research and define its scope.
2. Suggest a WHO policy for research in health services development.
3. Define the priority areas on which research in health services development should concentrate.
4. Propose new or improved mechanisms by which appropriate action can be defined, promoted, coordinated, planned, implemented and evaluated, both in the Member States and WHO.
5. Consolidate the results of the discussions into a set of recommendations to the Director-General and the 18th Advisory Committee on Medical Research on the course of action to be taken in the area of health services research in the context of the overall WHO programme.

The Agenda of the Consultation is given as Annex 2. A background working paper entitled: "WHO Research Programme and Development of Health Services: The Challenge of Changing Priorities" (ACMR18/76.10) had been prepared for the consultation and distributed to the participants, together with other reference publications listed in Annex 3. A number of other documents were also consulted.

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The Informal Consultation on Health Services Research had as its mission the full and proper discussion of health services in the context of Resolutions passed by the World Health Assembly<sup>1</sup> and the Executive Board<sup>2</sup>, and the Sixth General Programme of Work<sup>3</sup> adopted by the 29th World Health Assembly, all of which stressed the need for a comprehensive long-term programme for the development and coordination of biomedical and health services research consonant with WHO's aims and attitudes, and particularly appropriate to the health research needs of developing countries.

The Informal Consultation was designed to include not only temporary advisers but also some members of the Advisory Committee on Medical Research as well as staff of appropriate Divisions at WHO headquarters engaged in health services research, and a representative of the regional offices.

In outlining his expectations for the consultative process, Dr K.W. Newell, (Director, Division of Strengthening of Health Services) stressed that if the Consultation agreed that a programme of health services research was required, it should provide concrete suggestions on priorities and a suggested sequence of steps to facilitate health services research, not only in WHO but also in Member Countries. He noted that no single Division or group in WHO had the mandate to be responsible for the whole area of health services research; yet health services research must be an integral built-in component of health services development everywhere.

Dr M. Kaplan (Director, Office of Research, Promotion and Development) reviewed the role of the ACMR as the peer review group for WHO since 1959, advising the Director-General within the priorities of the Organization. Noting that the ACMR was responding to the emphasis placed upon the strengthening of health services research by the World Health Assembly, he hoped that the Informal Consultation would define that research that might be envisioned under the category of health services research, and suggest how a programme might be implemented without advising on specific internal administrative mechanisms in WHO.

The group then appointed Dr K.N. Rao Chairman, Professor D.O. Anderson Rapporteur and adopted the Terms of Reference and Agenda.

Dr Rao, on assuming the Chair, noted that wide gaps exist on a global basis in the development of health services; he stressed the multisectorial nature of the needed solutions and commented on the necessity of applying to the needs of suffering people the knowledge that already exists. The time frame and social relevance should be the principal determinants of any recommendations for a programme of health services research.

## 2. THE NATURE OF HEALTH SERVICES RESEARCH

### (a) Definition of health services research

Health services research is broadly defined as the systematic investigation and evaluation of specific aspects relative to the development and functioning of health services in terms of their interrelationship with health related factors. Use of the term implies the study of comparison groups, for health services research is predominantly evaluative in terms of measures such as feasibility, need, coverage, availability, utilization, costs, outcomes, etc; it is thus the rational foundation for the formation of policy for planning and for implementation of new health related programmes, though measurement of some of the contingencies (especially those of matters of judgement such as acceptability and social equity) may involve the study of community decision-making itself.

<sup>1</sup> Resolutions WHA25.17, 1972; WHA26.43, 1973; WHA29.64 and WHA29.74, 1976

<sup>2</sup> Resolution EB57.27, 1976

<sup>3</sup> Document A29/6

It is multi-disciplinary in nature and draws upon a variety of methodologies from epidemiologic, economic, behavioural, management, and systems sciences.<sup>4</sup>

The objectives of health services research are partly substantive, relating to the improvement of the decision-making process and the optimization of the use of resources, and partly concerned with the refinement of instruments and methods within the logic of scientific investigation. Without health services research, health services could not be rationally guided in their development in the context of a country's overall policy of development: the type, location, nature and management of the health system requires the foundation of health services research. Assessment of outcomes, coverage and utilization indicates the measure of success of all health services planning efforts.<sup>5</sup>

(b) The quality of health services research

It is a concern to the Informal Consultation group that health services research still does not have universal respectability as a scientific endeavour despite the fact that the outcome of this research is concerned both with the search for cause and effect and with the application of technology, through organizational means, to improve health. Specifically, it can be agreed that: (1) the criteria for measuring the effectiveness of health services are not clear; (2) the tools of evaluation are still of unproven reliability and validity; (3) generalization of results from one country to another, and within a single country from one region to another, is not easy because of the political and social determinants of success; (4) there is a spectrum of activities from research to development which makes the delimiting of research a difficult and somewhat artificial matter and not a particularly useful distinction. Health services research therefore provides information to decision-makers about alternative courses of action without value judgements on "best", though it can generate information on effects and costs of different actions. But who decides which options will be addressed by the research?

There is a contrary position that stresses the scientific respectability of health services research. Health services research is derived from and uses the scientific methods well developed in, inter alia, epidemiology, sociology and economics. Thus it is a scholarly pursuit and should attract competent researchers. These methods emphasise the relevance of quasi-experimental and controlled trials to deduce causation, as well as traditional descriptive methods and cross-sectional studies used by researchers to gain insight into multi-causal situations such as those which pertain to levels of health. The simplified macro-model of world health problems given on page four of the background paper (ACMR18/76.10), can only be assessed through a multi-disciplinary approach and requires a multi-sectoral development of health services in relationship to the development of environmental and social services. Some of the classic principles of design for these types of studies were addressed in the 15th report of the WHO Expert Committee on Health Statistics;<sup>6</sup> new methods using modification of traditional sampling techniques and innovations in field operations will not only meet the data collection requirements of developing countries, but also provide the growing edge of new research technology in this field. One must not be pessimistic about the consequences of encouraging and assisting a scientific approach to the health services research in the developing countries.

The general failure to recognize the value of health services research is of particular significance in developing countries, where the favoured alternative may often be a normative or authoritarian approach to health services planning. This failure is partly a matter of history, cost, credibility of delivery, isolation of research workers, and limited resources for research; it is also political in that policy makers and planners do not

<sup>4</sup> Further expansion of this theme is presented in Public Health Papers No. 51, 1973 and in the Report of the Consultation on Health Practice Research, 2-10 December 1968, (OMC/69.1)

<sup>5</sup> See examples in Public Health Papers No. 55, 1974

<sup>6</sup> Technical Report Series No. 510

like their weaknesses exposed. But decisions made without consultation of a valid and reliable data base and unsupported by health services research that is based upon epidemiological and behavioural science foundations are likely to be wrong, lead to inappropriate utilization or an unwise investment in corrective health education efforts.

### (c) Health services research in WHO

At present health services research activities, as defined by the Informal Consultation, are planned and conducted as integral parts of the research efforts of technical divisions and units and most of these research activities are extensions of the programmes being carried out. This type of dispersed organization of research is not without strength both in its flexibility and in its responsiveness to requests from Member Countries. Nevertheless, inadequate attention appears to have been paid to the need to coordinate health services research activities through the Organization. This especially is the case in the planning, conduct and evaluation of the health services research required to provide the information necessary for the development of effective systems of health services.

Finally, while the Sixth General Programme of Work includes the promotion and development of biomedical and health services research as one of the two new general programme objectives, the programme of work does not indicate a priority for this general programme objective, nor is the priority for the more specific research objectives contained within this particular general objective.

### 3. CRITERIA FOR IDENTIFYING A RESEARCH ACTIVITY AS HEALTH SERVICES RESEARCH

Health services research has indistinct boundaries; an examination and evaluation of WHO's involvement in health services research, of regional involvement, or of activities in individual Member Countries will be limited without a clear delineation of this field.

Basic to health services research, regardless of the auspices, is: (a) it is multi-disciplinary; (b) it is systematic and comparative; (c) it is based upon and linked to appropriate biomedical research; (d) it has as its goal the development or modification of health services at the community level. These criteria pertain whether, for example, the research is substantive, relates to information systems, pertains to evaluation or a planning objective, or is confined to a single field such as that of human reproduction or manpower planning.

### 4. A FORMULATION OF HEALTH SERVICES RESEARCH EFFORTS

Local country requirements for health care planning are for (a) baseline information; (b) research techniques, including survey research, at a level of sophistication appropriate to each country; (c) researchers trained on real-life operating system problems, who have gained insights into how to collect and test the importance of certain variables; (d) a methodology which emphasizes outputs rather than inputs, outcomes rather than the study of process and structure alone.

The evaluation of WHO's involvement in country health programming<sup>7</sup> will, when completed, show the limited size of the functional data base required for decision-making and the importance of a country's "readiness to plan" as a pre-condition of successful planning. To these insights must be added the importance of the process of reviewing acceptably valid and reliable data, the design of controlled interventions, and the development of evaluative techniques.

<sup>7</sup> Working Guidelines for Country Health Programming (WHO/CHP/DT 5 July 1974)

The relevance of the needs of Member Countries cannot be over-emphasized. Countries will, as a reflection of policy, develop different methods of organization of delivery of health services. This implies that WHO should have the capability of adapting the nature of its collaboration not only in planning and implementation of services within the policy constraints set by each country, but also in general and technical assistance related to the conduct of health services research.

Within WHO the formulation of the health services research effort into a programme is complicated by the existing structures which were not the subject of review in this Informal Consultation. Health services research, being inter-Divisional, requires a point of focus in the Organization: a broad programme requires inter-Divisional coordination and a decision-making mechanism to determine priorities, define the programme of research, and evaluate the results. Agreed-upon criteria are required for setting such priorities and for the allocation of resources within the Organization.

#### 5. IMPEDIMENTS TO HEALTH SERVICES RESEARCH IN COUNTRIES

It is noted in Section 5 of the background paper not only that the amount of health services research being carried out in Member Countries is small, but also that the research may be divorced from the realities of service needs, be unrelated to training opportunities and may not concentrate upon problems of high priority. There is a need for all Member Countries, as well as WHO, to consider and weigh both the cost of health services research and also the information which it generates against the cost of decisions based upon incorrect use of, or failure to use, information already available.

Health services research is often incorrectly used by countries, not only because information is lacking about relevant studies within a country as well as from other countries, but also because the limited accessible data at hand may distort the research, encourage duplication of research, and encourage the "do-able" to take precedence over the "needed". Health services research is frequently conducted, in all countries, close to the level of decision-making. Mechanisms must therefore be created which will encourage the free flow of information about successful and unsuccessful health services developments, and about the methodologies and conclusions of health services research in all countries.

Practitioners and planners in health services do not appreciate the powerful tool which health services research can be. Accordingly, these professionals must also be educated to recognize the importance and practical relevance of health services research.

#### 6. PRIORITIES FOR A PROGRAMME OF RESEARCH IN HEALTH SERVICES DEVELOPMENT

At the country level priorities for health services research will be defined by whether or not the country has already established policies for health services. For countries which do not have established policies there will be need for research input in order to assist in the formulation and examination of relevant policies; for those that have already established policies there will be need for technical assistance in their implementation. Section 4 of the background paper reviews a number of priorities which is by no means inclusive of the full range. A wide range of research needs was identified by participants in the Informal Consultation, including:

- manpower;
- alternative ways of delivering health services;
- use of natural resources;
- utilization related to behavioural determinants;
- population coverage;
- quality of life as a measure of the attainment of health;
- preventive approaches;
- financing and costs;
- effectiveness and evaluative research.

Research is concerned with questions that cannot be answered by the normal intelligence systems that yield routine flows of information<sup>8</sup>; but the data base and design of the intelligence system is essential as a means of improving a country's capacity for research, scientific planning and evaluation. The Informal Consultation therefore identifies this as of the highest priority.

Priorities for research therefore originate not merely from within regions but more specifically from individual Member Countries. The priorities for the programme of research at WHO should therefore be both methodological and catalytic and include the following roles.

#### 1. Standards and methodology role

Of high priority is the development, refinement and demonstration of the applicability of health services research techniques. Examples of the refinement and standardization of methods reviewed in the Informal Consultation included the WHO/DD International Collaborative Study of Dental Manpower Systems in Relation to Oral Health Status<sup>9</sup> and the WHO/International Collaborative Study of Medical Care Utilization<sup>10</sup>. In the latter study WHO has developed a practice-oriented application of the findings considered to be of relevance to developing countries.<sup>11</sup>

#### 2. Technical assistance role

Of equal priority is the provision, where requested, of technical assistance in epidemiological, behavioural, economic and planning sciences to help countries improve their capacity for health services research.

#### 3. Documentation role

The documentation of health services innovations, methods of training and dissemination of research information directed at all levels is a function best performed by WHO in its coordinating role, and which is demonstrated by the recent publication of the joint UNICEF/WHO Study of Alternative Approaches to Meeting Basic Health Needs in Developing Countries<sup>12</sup> as well as by the leaflet on the Register of Health Services Development Projects<sup>13</sup> which disseminates information on alternative solutions to certain health problems. It is noted that dissemination of information is a two-way process and that researchers and planners have a moral obligation to provide this information.

#### 4. Catalytic role

Further, WHO has a role to ensure that health services development is appropriately catalyzed by responding to specific requests for assistance from Member Countries to establish policy or to implement programmes derived from policy. In this "hands on" role, WHO will respond to the Resolutions of recent World Health Assemblies for the greater involvement in country-wide activities.<sup>14</sup>

<sup>8</sup> Technical Report Series No. 559

<sup>9</sup> DNH/DD/74.1

<sup>10</sup> Kohn, R. and White, K.L. Health Care: An International Study. Oxford University Press, London, 1976

<sup>11</sup> White, K.L. et al. Health Services: Concepts and Information for National Planning and Management. WHO, Geneva, 1976 (in preparation for publication)

<sup>12</sup> Djukanovic, V. and Mach, E.P. Alternative Approaches to Meeting Basic Health Needs in Developing Countries. WHO, Geneva, 1975.

<sup>13</sup> Division of Strengthening of Health Services

<sup>14</sup> Resolution WHA29.48, 1976

Within these general priorities and in fulfilment of these roles, WHO must also set priorities for the content of health services research. This is the issue of "priorities within priorities". There was unanimous agreement of the Informal Consultative group that research development and technical assistance relating to primary health care and rural development is a mandate of the 29th World Health Assembly.<sup>15</sup> Specifically, this means that methods and procedures should be developed which are relevant at the level of the community in developing countries, and that the overriding priority objective for the WHO programme of health services research ought to be the improvement of the health of under-served populations, whether by documentation, technical assistance, direct involvement, or development of new methodologies.

WHO is currently decentralizing its activities. The Informal Consultative group noted with approval the development of ACMRs at the regional level as exemplified by the activities in SEARO. It is apparent that regional activity can be used to (1) strengthen national research capabilities; (2) promote and coordinate all research with social and economic problems which are relevant to an entire region; (3) facilitate the rapid application of emerging scientific knowledge and the development of new scientific knowledge based upon actual country experiences. While the collection of information on health services research from all agencies at the regional level is difficult, it is to be commended and encouraged. The Regional Offices can become the focal point where WHO's coordinating activities become relevant to national health planning and country health programming.

#### 7. STEPS TO BE IMPLEMENTED BY WHO

It is clear, both from the definition of health services research, the priorities for health services research and the multiple levels of coordination required, that WHO has a mandate to aggressively pursue a programme of health services research. But it is clear that its own programme of research ought to be subjected to a continuing process of review and evaluation and be itself programmed carefully with Member Countries. While the elements of the research programme arise from the needs of the Member Countries, WHO has a broader mandate to draw these disparate and uncoordinated threads into a programme. Programme development must begin by ascertaining what is currently being done in WHO and relate these activities to the World Health Organization research priorities, including the Sixth General Programme of Work. A taxonomy is required to provide structure for this review. One modality is the level of generalization, viz.:

1. Solution-oriented research that arises out of a need for technical input on the potential benefits and risks of innovation.
2. Problems of universal concern and of generalized value where the scientific knowledge can be used by all countries; studies of utilization of health services, or the "brain drain", would fall into this category.
3. Health services research that ties together groups of countries; an example would be the allocation of resources in developing countries.
4. Research oriented to needs in a particular country.

Another modality, that of content and methodology used, is also required: viz. that suggested by the list of priority areas given in the background paper (ACMR18/76.10), pages 5-8.

Such taxonomies are required for the meaningful grouping of the research activities of WHO, not merely for evaluation of their coverage but, significantly, for the dissemination of techniques and results. In addition to such taxonomies, the evaluation of the programme should also include the relevance, technical quality and applicability of the research components of that programme.

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<sup>15</sup> Resolution WHA29.74, 1976



On the basis of the evaluation of current research activities in WHO it will be feasible for WHO to develop a new or modified programme of health services research activities that responds to gaps identified by the evaluation and will use its limited resources more efficiently; a programme of research activity which is derived from the evaluation of present activities should have a process of on-going periodic review and evaluation built-in from the start. In the scientific community this customarily involves the external peer review process. In the opinion of the Informal Consultative group, WHO has a mandate from the World Health Assembly to devise a long-range package of health services research in addition to biomedical research for which it has a well deserved reputation for excellence. Such a package requires on-going review and regular reporting of WHO's stewardship on behalf of its Member Countries.

## 8. RECOMMENDATIONS

The Member Countries of WHO have expressed, through Resolutions of the World Health Assembly, their wish to give health services research a high priority and their expectation that WHO will play an important role in the promotion and conduct of this type of research. It is assumed that the action taken by WHO would also have a significant catalytic effect on research efforts at the national level.

Therefore, the recommendations are directed at both WHO and Member Countries even though it is understood that WHO's efforts will be worthwhile only if real action is taken by Member Countries themselves.

### A. Action to be taken by Member Countries

Health services research is essential for the guidance of health services development at the national level. In order, therefore, to incorporate research and evaluation into health services development, to facilitate the training of health services researchers, to promote better understanding and cooperation between researchers and managers, and generally to improve the national capacity for conducting health services research, Member Countries are requested to undertake the following steps:

- (i) establish a national health policy that health services research will be an integral part of health services development and be given explicit priority;
- (ii) establish, or if necessary strengthen, a health research body involving both government and research institutions to develop a programme of health services research, facilitate the communication of information and coordinate access to the service units in the context of the country's policy for health services development and with the full confidence of its government;
- (iii) require the incorporation of a research component as well as an evaluation component into all health services development projects;
- (iv) embark upon, or support and reinforce, information systems and data bases which constitute the foundation for health services research, that will inform and guide planning and decision-making for health services;
- (v) appoint joint problem-oriented multi-disciplinary task forces of researchers and managers to promote the better research orientation of health services development, information systems and measures of outcomes;
- (vi) support the training and, if necessary the re-training, of core groups of competent multi-disciplinary research workers not only by direct financial assistance but also by:
  - (a) providing opportunities for training on real and practical problems in health services planning, development and management within the system;
  - (b) developing career structures in full-time employment as health services researchers and evaluators for graduates in relevant disciplines;

(vii) develop or strengthen a programme of continuing education in the applicability of research for managers and planners of health services systems;<sup>16</sup>

(viii) require curricula in health profession schools to be oriented to the study and evaluation of national health service systems in the context of community needs and desires;

(ix) promote participation in collaborative inter-regional and regional research between Member Countries, including the support of regional and inter-regional training centres;

(x) take full advantage of research training grants provided by WHO and other agencies to support the development of the country's health services research capability.

B. Action to be taken on the part of WHO

WHO should orient its activities appropriately to respond to Resolution WHA29.64 concerning the development of the health service component of a long-term programme for the development of coordination of biomedical and health services research. This should be done by:

- (i) identifying and initiating a series of steps leading to the formulation and implementation of a comprehensive programme of research for the Organization in direct response to Resolution WHA29.64; this programme ought to include:
  - (a) identification and review of on-going research in WHO (including regional activities) and elsewhere, aimed at health services development based on criteria to be defined;
  - (b) assessment of those research efforts as to their relevance to WHO's research priorities, as well as their technical qualities and applicability;
  - (c) formulation of the criteria for and a mechanism (including timing) to implement a programme of research in health services development at all levels of the Organization, that takes into consideration the needs of countries and coordinates similar efforts with other agencies;
  - (d) continuous evaluation and adaptation of the WHO research programme to emerging or changing needs;
  - (e) incorporation of a research and evaluation component into all health services developmental activities;
  - (f) appointment of joint problem-oriented multi-disciplinary task forces of researchers and planners coordinated by WHO to complement those proposed for Member Countries and to elaborate mechanisms for implementing the programme of research;
  - (g) procurement and allocation of the resources required to carry out the programme of research;
  - (h) prior scientific review of projects within WHO's programme of health services research according to acceptable international standards.

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<sup>16</sup> For example, see Public Health Papers No. 55

(ii) strengthen the available mechanisms of collaboration and support to Member Countries by the following:

- (a) convene a committee to review the current status of health services research and future development in relation to the priorities of Member Countries and the Organization;
- (b) provide appropriate resources for research and for research training grants in health services research and development;
- (c) continue to identify and revise regularly the information about centres where quality research is being done and which can provide the professional expertise upon which the Organization can draw to develop its programme, or make available on a consulting basis as requested by Member Countries;
- (d) intensify its efforts to assist Member Countries in developing data bases and information systems;
- (e) increase the scope of the existing Register of Health Services Development Projects to include information on health services research protocols, new methodologies, primary health care innovations, etc. in a two-way communication system involving cooperation with researchers in Member Countries;
- (f) implement action leading to more uniformity and international agreement in the use of terms, definitions, classification of resources and manpower, and taxonomies relevant to health services research;
- (g) identify in the form of position papers, to be developed jointly with regional offices and made available to Member Countries, those areas where research of a multi-disciplinary nature is needed (a list of illustrative examples is in Annex 4);
- (h) encourage countries to adopt research policies so as to avoid the problems such as the ones described in Section 5 of this Report;
- (i) promote and support inter-country or inter-regional research programmes and consultation on matters of common interest in the health services research field;
- (j) promote and support inter-country and inter-regional research training activities based on real planning situations and operating health services programmes.

Temporary Advisers

Professor D.O. Anderson (Rapporteur)  
 Director  
 Division of Health Services Research  
 and Development  
 Office of the Coordinator  
 Health Sciences Centre  
 University of British Columbia  
Vancouver V6T 1W5  
 Canada

Dr K.N. Rao (Chairman)  
 Executive Director  
 Indian Academy of Medical Sciences  
New Delhi 16  
 India

Professor I. Shigematsu  
 Director  
 Department of Epidemiology  
 Institute of Public Health  
 4-6-1 Shirokanedai  
 Minato-ku  
Tokyo 108  
 Japan

ACMR Members

Sir Douglas A.K. Black  
 Department of Health and Social Security  
 Alexander Fleming House  
 Elephant and Castle  
London SE1 6BY  
 United Kingdom of Great Britain and  
 Northern Ireland

Dr W. K. Chagula  
 Minister for Water Development, Energy  
 and Minerals  
 P.O. Box 9153  
Dar es Salaam  
 United Republic of Tanzania

Professor Lin Chiao-Chih  
 Head of the Department of Gynaecology  
 and Obstetrics  
 Capital Hospital  
 Chinese Academy of Medical Sciences  
 c/o Ministry of Public Health  
Peking  
 China

ACMR Members

Professor M.M. Mahfouz  
 Chairman of Radiation Technology  
 Research Council  
 Egyptian Academy of Sciences, and  
 Professor of Radiation Oncology and Nuclear  
 Medicine  
 University of Cairo  
Cairo  
 Egypt

Professor V. Ramalingaswami  
 Director  
 All-India Institute of Medical Sciences  
New Delhi  
 India

Professor K. Winter  
 Director  
 Institute of Hygiene and Social Medicine  
DDR-Berlin  
 German Democratic Republic

WHO Regional Office Staff

Dr B.A. Jayaweera, Medical Officer  
 Regional Office for South East Asia

WHO Headquarters' Staff

Dr M. Kaplan, Director RPD  
 Dr A.O. Lucas, Director TDR  
 Dr K.W. Newell, Director SHS

Dr M. Béhar, FHE/NUT  
 Dr R.M. Bernard, FHE/HRP  
 Mr R. Davies, CWS/EHE  
 Mme E. Israel, SHS  
 Dr B. Kleczkowski, SHS/RGR  
 Dr L. Mehra, FHE/MCH  
 Dr A. Moarefi, FHE/HED  
 Dr I. Möller, NCD/DNH  
 Dr A. Rossi-Espagnet, SHS/HSI (Secretary)  
 Dr I. Tabibzadeh, SHS  
 Dr R. Wilson RPD

AGENDA

1. Opening of the Consultation, welcome and statement on the Consultation's objectives and expected output, by Dr K.W. Newell, Director, Division of Strengthening of Health Services.
2. Election of Chairman and Rapporteur.
3. Adoption of Terms of Reference and Agenda
4. Statements by other participants
5. Definition and scope of health services research
6. Needs for health services research
7. Priorities in health services research
8. Implementation mechanisms and constraints in Member States
9. The role of WHO:
  - definition of the steps and mechanisms leading to the formulation and implementation of a WHO policy and programme of research for health service development;
  - definition of research areas for global and regional consideration
10. Support to health services research
11. Preparation of the report
12. Adoption of the report and closure of the Consultation.

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12. Provisional Summary Record of the Eighteenth Meeting of Committee A. Twenty-Ninth World Health Assembly. (A29/A/SR/18, 19 May 1976).
13. Development and Coordination of Biomedical Research. Resolution adopted by the Twenty-Ninth World Health Assembly. (WHA29.64, 20 May 1976).

HEALTH SERVICES RESEARCH: SUGGESTIONS FOR POSITION PAPERS

1. Analysis of consumers' behaviour as related to different methods of financing health care.
2. Analysis of the private health sector.
3. Study of the uses of statistics.
4. Essential drug packages.
5. Evaluation of coverage and consumer satisfaction: methodology.
6. Evaluation of health impacts: methodology.
7. Classification and functional analysis of health facilities.
8. Integration of health service programmes: advantages and disadvantages.
9. Study of the interfaces between primary health care and government operated basic health services.
10. Study of cost effectiveness: methodology and interpretation.
11. Utilization of research and development results: review of selected country situations.
12. Future needs of the health services and research and development.
13. The contribution of epidemiology to health service development.
14. What is community participation?
15. The economics of preventive versus curative services.
16. Management of peripheral health units.
17. Management of primary health care programmes at village and other levels.
18. Minimum staffing patterns.
19. Ethical problems in the delivery of health care.
20. Criteria for data sets and information systems.
21. Linkages between health and other social services.
22. Communication systems supporting primary health care.