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RESEARCH PRIORITIES  
HEALTH SYSTEMS DEVELOPMENT PROGRAM

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## PROGRAM FOR HEALTH SYSTEMS DEVELOPMENT

The subject of the program is a continuous technical-political process rooted in national situations to whose particular values of time and opportunity technical contributions should be adapted, whether they are conceptual or methodological. The justification for these contributions consists, essentially, in their contributing to the effective operation of the process of development with a view to achieving the national goals.

The components of the Health Systems Development Program are:

- 1) Planning
- 2) Management
- 3) Information
- 4) Formulation and evaluation of projects.
- 5) The economics of health and legislation.

More difficult than defining the components is establishing the limits of the program, which has relationships with practically all the other programs, since the process of development of the national health system is simultaneously an integrating synthesis of many sets of activities and resources with specific objectives and a channel that guides their development. From the foregoing one may infer the desirability of delimiting the area of research that will be considered specific to the development of health systems. The WHO Advisory Committee on Medical Research recognized in 1976 the importance of research on "the organization and management of health services." In the Conference of Alma ata on Primary Health Care, the need was pointed out to carry out research that would contribute to the reorientation of the national health systems. A WHO study group in September-October 1982 proposed for this type of research the title "health systems research," recognizing its necessarily applied nature, its multidisciplinary character, its use of comparative methods, and its end use as a basis for the formulation of policies and sectoral planning. This group established nine substantive topics as the most important for research on health systems, namely:

- 1) Relations between health systems and society as a whole.
- 2) Establishment of the health needs of a given population.
- 3) Study of the production and distribution of health resources.
- 4) Study of the organizational structure of the health system.

- 5) Study of the delivery of health services.
- 6) Study of the management of health systems.
- 7) Analysis of the financial support of health systems.
- 8) Determination of the results of health programs.
- 9) Community participation.

Points 1, 4, 6, and 7 are probably central to the allocation of responsibilities among the programs of the Organization, although this does not imply that the remainder may be considered peripheral.

Almost all of them represent important areas for the formulation of national health policies, a process whose importance has been stated by the Ministers of Health of the Region in all their special meetings, affirming in the III meeting that "there are still weaknesses in the definition and interpretation of policies and strategies." The analysis of policies has little tradition as an area of research in the Region and the magnitude of the political implications tends to be more a reason to rule out a topic of research than to select it. Of the nine aforementioned points, the establishment of the health needs of a given population is the one which is best adapted to the methodologies used by the health sciences and which -at least in a superficial consideration- appears to be tied to the sectoral decision-making process through a relationship of precedence. In reality, health needs are the expression of a situation in which one of the determinants is the operation of the health services. In any case, research on needs through the arsenal of epidemiological techniques, sometimes including "social" variables, is the most frequent type of research on systems in the countries of the Region. On the other hand, the infrequent types are those which focus on relationships among health systems and society, administration (in its broadest sense), and financing of the system, and even more those which attempt to evaluate the results of the health programs. Perhaps some of the reasons in support of that phenomenon are: (1) that the results of this type of research may contrast with official statements on the effectiveness or the impact of the actions taken; (2) the need for approaches from multiple disciplines, contrasting with the "predominance" of the medical profession in health matters, which explains the high proportion of current research consisting of applications of the conceptual and methodological instruments of epidemiology; (3) the difficulty of bringing together multidisciplinary teams which can acquire experience through the conduct of a series of studies. The placement of these teams in the ministerial area has the advantage of facilitating the utilization of the official information system and the disadvantage, at times, of reducing the freedom of the group of investigators to select the topics on which they propose to work. Their placement in the university ensures them the freedom enjoyed by academics but frequently

strengthens the intention of methodological rigor, thus transforming methodological availability into a more important criterion for the selection of the research topic than its intrinsic relevance. Perhaps the limited quantity of descriptive and analytical studies is related to the higher esteem that academic investigators grant to evaluative studies.

The end result of the combination of these and other circumstances is the existence in the countries of a deficit in the number of studies carried out and a very limited quantity of relevant research, which is aggravated by the even more limited frequency with which these studies are published and disseminated. The number of periodic publications that agree to serve as a forum for this type of study is low, their appearance is frequently erratic, and their dissemination restricted. Current investigators are not able to form a "scientific community" capable of enriching, through debate among equals, the clarification of alternative presentations of problems and possible solutions, and then offering that material to those who, at the political and political-technical levels, must formulate policies and strategies.

If these are reasons that explain, even partially, the quantitative and qualitative deficits of research on health systems in the countries of Latin America and the Caribbean, then in the particular case of the Systems Development Program (and of the organizational units with analogous functions in previous structures), they are combined with others peculiar to the organizational system. The research carried out, even considering the definition of research in a broad sense, is not extensive. The type of activity generated by existing demands, the standards that orient the allocation of resources in each Program, the rate of activity, and the geographical and thematic variety of the subject of the same, do not favor the development of research. However, these same characteristics frequently generate a perception of the potential value of the generation of knowledge and of an attitude of promotion or incorporation of research into the programs of work, as well as into the advisory services that are given. Examples of research promoted and supported by the unit would include that done on levels of care in several countries, that which focused on the process of extension of coverage, the studies on tests of approaches to intersectoral linkage, and on sectoral financing, etc. Through the mechanism of grants, support has been given to research or national studies on topics which the national authorities and the Organization deemed relevant and priority topics, resulting in support for the development of the national research capacity. An example of this would be the modular study being done by the School of Public Health of San Pablo, which includes a descriptive-analytical study of the community's perception of mortality, another on the underlying causes in the category of death by violent acts, an analytical study on the reasons for the contact of the population with the health services, etc.

In some cases, the methodological development required for technical cooperation is carried out in the program as a research activity. An example of this, in the field of information systems, would be the approach through which instruments are designed for the development of effective systems for surveillance and evaluation of the supply of drugs, for their classification and registration, and for the concentration of knowledge about the prices bid on the national and transnational markets. Tests of the instruments designed are being done in the countries of Central America and of the Andean subregion.

On the hypothesis that the process of monitoring and evaluation being developed by the countries of the Region basically applies quantitative methods, and that this reduces control of areas in which quantification is inadequate or impossible, instruments are being developed to incorporate methods for the analysis of qualitative variables. A test of this enriched approach to monitoring and evaluation will be carried out on the Program of Child Survival in Central America, beginning in Honduras and Nicaragua.

The inadequacies of the records of budgetary systems, prepared in order to fulfill legal requirements but not always to control execution and enhance decision-making, have given rise to a formalized activity for redesign as another methodological study. An analogous task has begun to be prepared regarding the information (not only quantitative but also qualitative) required for the planning and programming of the health systems.

Finally, it should be pointed out that, from the program perspective, an urgent need is perceived for vigorous development of research on health systems in the countries of the Region. The research and studies required are both descriptive-analytical and evaluative, and they should focus on the topics relevant for the formulation of policies and strategies and for decision-making in general. These studies and research should produce results, even if they are preliminary, within a short time, which are appropriate to the urgency or political timeliness.

With a view to shortening the time between the conduct of a study and its presentation, publication, and dissemination, the Program has initiated, to the very modest extent within its capabilities, the distribution of preliminary documents and advance copies of studies and research. The Program is also promoting the development of activities and structured programs on the formulation of hypotheses whose validation or refutation will be obtained during their execution, as a modality for "studying by doing" that reconciles need with urgency. That is the modality that is incorporated into the formulation -not yet complete- of the subregional project to strengthen the health services in Central America. However, the Organization should strengthen the promotion and support for research activities in health systems in the countries of the Region, facilitating the establishment of groups of investigators from

multiple disciplines and providing them with the necessary resources. The placement of these groups -in the system of services, in schools of public health, in universities, or in nongovernmental institutions- is a national decision which should bear in mind the maximization of the freedom of thematic selection and of a critical attitude. Identification of existing groups, promotion of their linkage, and the publication or dissemination of their studies and research are both national and regional needs and, thus, involve the Organization. The richest source of useful knowledge for the development of health systems in the countries of the Region is in the countries themselves, as is the possibility of taking advantage of it. Research is the indispensable instrument for extracting it and making it accessible and applicable and thus, is a priority for the countries and for their Organization.

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