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Strengthening of Research on
Health Systems and Services (HSSR)
within PAHO’s Technical Cooperation

Division of Health Systems and Services Development (HSP)

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1. Cooperation of PAHO in Health Systems and Services (HSS).............. 1
2. HSSR Concept......................................................................................................................... 1
3. The HSSR Situation in Latin America and the Caribbean.................... 2
4. PAHO Plan 96 to promote and develop HSSR in the Region.............. 3
5. HSSR Agenda.............................................................................................................................. 4
6. Groups of interest and their link to PAHO................................................. 5
7. Sub-Committee of Research on Health Systems and Services (SCHSSR).................................................................................................................. 7
8. Conclusions.............................................................................................................................. 8
9. Recommendations to strengthen the HSSR within PAHO............... 8
References........................................................................................................................................ 10
1. **Cooperation of PAHO in Health Systems and Services (HSS)**

The health sector reform, currently taking place throughout the Region, is a process aimed at introducing changes in the sector to increase the equity of its benefits, the efficiency of its management and the effectiveness of its actions, to satisfactorily provide for the health needs of the population. PAHO has defined its cooperation with these reform processes in the areas of steering role of the sector, organization of systems and services and sectoral financing (1).

As of 1 April 1996, the Division of Health Systems and Services Development (HSP) was reorganized in its structure and functions. Through its four programs: Organization of Health Systems and Services, Human Resources Development, Essential Drugs, and Technology and Information Systems on Health Services, HSP designs, coordinates and implements the cooperation activities previously mentioned (2).

The 1996-1997 Biennium was a period of intense work in reorienting the lines of action of cooperation, forum development, and regional, subregional and national technical consultations; as well as of reengineering work modes of human resources in HSP (3).

Using research in supporting the decision-making process and the health system technological refinement and promotion with emphasis on Health Systems and Services Research (HSSR) to orient health policies toward greater equity, efficiency, quality and effectiveness of sector activities are part of the progress we expect to develop, in the process of strengthening the ministries of health steering capacity, as discussed last September during the Directing Council of the Organization (4).

During the present biennium 1998-1999, HSP will address among others priorities, strengthening HSSR as the Restructuration Directive dictates (2). It is timely to do it because the conceptual SSS cooperation framework is defined. The fundamental proposition is that the HSSR the Organization promotes be used to strengthen the SSS cooperation areas in the four programs of the Division and with it the Organization response to the countries in this area of action.

In this document, suggestions for strengthening the HSSR within the program work framework of the Organization are made.

2. **HSSR Concept**

Research is the generation of knowledge and/or technology development. This process is executed by the definition of a research question or a problem to solve, the proposal of hypothesis and/or objectives, the study design, the systematic collection, and the data analysis and interpretation, in order to prove the proposed hypotheses or find solutions to the defined problem.
HSSR is the one that generates knowledge and/or develops technology that can support the reorientation or reorganization of the SSS for the purpose of achieving the principles of equity, efficiency, and effectiveness in the shortest time possible (5). As a result, HSSR purpose is to help improve community health, and the HSSR object of study is the health system or any of its components or inter-relations.

As can be easily inferred, the HSSR spectrum can go from knowledge with internal and external validity, generally applicable anywhere, up to specific knowledge of a type of services within a geographical area in a given country. Most of the knowledge and technologies generated by this type of research are located toward the last mentioned extreme.

3. The HSSR Situation in Latin America and the Caribbean

The goal to assign 1% of the GDP for Science and Technology (S&T) activities has never been achieved in any country of the Region. While developed countries invest 2.7% of the GDP in S&T, Latin America invests between 0.24% and 0.75%, and within this, health is one of their lower priorities (6).

A review of 41,000 scientific articles published in 6 Latin American countries between 1973 and 1992, showed that 53.4% were on clinical research, 43.9% on biomedical and only 2.7% were on public health (6).

Another study in Latin America on health research in general showed the same trend, most of the research was oriented to clinical and biomedical medicine. Less than 19% of 11,000 research projects studied in 5 countries were on public health, of which HSSR could have been a small subset (7).

A component of a recent study reviewed the articles about health sector reform in developing countries (Africa, Asia and Latin America) published between 1992 and 1997 and found that 405 studies had been conducted, 19% (76) of which were produced by Latin America (8).

WHO and PAHO have contributed to the HSSR development in the last two decades. In the region of the Latin America and the Caribbean, PAHO has promoted HSSR, supported training of researchers in this field, financed research projects, and developed proposals in different areas (9). Starting in 1995, WHO, through the International Initiative of the Health Sector Reform Information and Analysis System (ICHSSI), directly and without coordinating with PAHO, established ties with institutions of the Region to support research in the field of sector reform both globally and regionally.

Both PAHO and WHO have concentrated financing on HSSR in the larger countries of the Region where greater capacity for research exists (Argentina, Brazil,
Colombia, Chile and Mexico). A challenge for both organizations is HSSR support in the smaller countries that are somehow involved in the sector reform process \(^{(8)}\).

Two additional limiting factors of the HSSR impact are the short duration of the financed projects—as it restricts the monitoring as well as the dimension of the studies type—and the scarcity of high-quality HSSR publications on the part of researchers in the Region \(^{(8)}\).

Finally, NGOs are becoming the principal actors in the implementation of HSSR projects and it will be necessary to balance their role with regard to universities and research institutes in the Region.

4. **PAHO Plan 96 to promote and develop HSSR in the Region**

In order to help improve the situation previously described, HDR with participation of the HSSR (SCHSSR) Sub-Committee of the ACHR (see section 8 of this document) proposed a plan to PAHO Director in January 1996. The plan objective was to support the decision-making processes with regard to HSS priority problems, on benefit equity, management efficiency, and effectiveness in solving health needs of the population \(^{(9)}\). In this present document this plan will be denominated Plan 96.

This plan was visualized as a tool to mobilize national and international resources and as a means to program and evaluate Technical Cooperation, regarding research, dissemination of generated knowledge and their impact on the Region's HSS.

The products proposed in this plan were:

2. Strengthening of the capacity of the countries to carry out HSSR.
3. Increase of the availability and utilization of knowledge generated by the HSSR, on the part of the decision-makers, policymakers, managers of HSS, and users.

The plan proposed the following strategies:

- Promotion of plans of action formulation at the country level to promote and support HSSR.
- Promotion and development of HSSR competition projects at regional and national levels, with direct support among countries in study preparation.
- HSSR training for HSS staff and researchers in academic institutions related to public health research, and promotion of advanced training for established researchers.
- Direct technical assistance for development of specialized protocols.
Dissemination and utilization of HSSR findings, developed under the plan of action, among decision-makers, policy-makers, HSS managers, and the users of the services.

Organization and development of research and information networks to mobilize the scientific community, managers, and users.

The plan proposed that the Program for Research Coordination (HDP/HDR) jointly with HSP guide and coordinate the cooperation activities specified in the plan, and to monitor and evaluate it. To execute the plan, the appointment of a full-time person to manage it was proposed. However, this plan was not implemented.

HDP/HDR has implemented research competitions within PAHO’s current agenda (see section 5), and has participated in some of the networks that operate in and outside the Region the last two years. HSP, as previously described, on the last two years has been concentrated in redefining the context of Cooperation with Countries, and reorganizing the resources to this end.

Several groups interested in HSSR operate in and outside the Region (see section 6) and are currently implementing concrete HSSR actions in some countries of the Region. The plan does not incorporate these actions within the different proposed activities.

5. HSSR Agenda

To date, the HSS research agenda has been defined mainly by researchers.

A recent review of the HSSR situation concludes that the research agenda is not clear, inasmuch as the latter does not ensure any greater impact of HSSR products in the health sector reform (8).

No special efforts have been made at the regional level in defining the need for research. Technical cooperation to monitor the research plans (when they exist) has been weak and lacks a clear direction to orient available financing (8).

PAHO research priorities were defined in 1995 (10) and the current HSS research agenda is distributed in the five priority areas: health in human development, health systems and services, health promotion and protection, health and environment, and disease prevention and control. Plan 96 proposed to follow this agenda.

Simultaneously, it is necessary to recall that the principal potential users of HSSR products have shown very little interest in defining their research needs to date.
6. **Groups of interest and their link to PAHO**

The International Cooperation Federation of the Health Systems and Services Research Centers (FICOSER) was established in 1988 to promote cooperation and exchange among these centers. It has held three world conferences, and the fourth will be held in the month of July in Mexico. Responsibility of its Secretariat is currently under Dr. Bui Dang Ha in Paris, France ([csdm.fic@wanadoo.fr](mailto:csdm.fic@wanadoo.fr)). HDP/HDR has established communication with the Federation and is organizing the presentation of the preliminary results of the research contest, “The Health Sector Reforms: Organizational and Financing Changes and their Effect in Health Services Systems Efficiency, Quality and Equity” held in 1996.”

The Council on Health Research for Development (COHRED) was established in 1993, to assist the countries in identifying health and research priorities, strengthening their research capacity and promoting multi-sectoral and multidisciplinary collaboration to ensure that health policies and decisions respond to the population needs. The responsible for its coordination is of Dr. Yvo Nuyens in Geneva ([cohred@cohred.ch](mailto:cohred@cohred.ch)). There has not been concrete collaboration with the Organization. Nevertheless, COHRED carries out HSSR related activities in the Region.

The Health Systems and Services Research Network in the Southern Cone was founded in 1994 to promote research and methodological training of HSS researchers, and to promote and facilitate exchange between researchers, policymakers, and professionals working in teaching, research, and health services. Currently, it includes 39 institutional members from Brazil, 16 from Argentina, 9 from Uruguay and 5 from Paraguay. Responsible for the executive secretariat is Dr. Celia Almeida in Brazil ([redsalud@procc.fiocruz.br](mailto:redsalud@procc.fiocruz.br)). The network, recently, made a call for case studies on policy analysis on health reform and equity. Dr. Almeida is in communication with HDP/HDR, in view that her research proposal “A reforma sanitária brasileira: Em busca da equidade” was selected for financial support in the 1996 PAHO contest on health sector reforms previously mentioned.

WHO, through the Health Sector Reform International Initiative on Information and Analysis Systems (ICHSSRI), carries out HSSR support activities on the sector reform through the Mexican Foundation for Health and Mexico’s National Public Health Institute. Dr. Gustavo Nigenda ([http/ www.insp.mx/ichsri](http/ www.insp.mx/ichsri)) is currently coordinating this initiative. The ICHSSRI intends to encompass and classify the sector reform proposals and implementations, identify the conditions under which these reforms either succeed or fail, and to develop methodologies to evaluate their impact. The Initiative research program is an extension of the WHO program on Health Research and Development for the Poor. Two rounds of research calls have been made globally and the end of 1997 launched the third round on the topic “Equity and Health.” In this last round HDP/HDR was incorporated as a member of the Executive Committee, and last April, the letters of intent sent by researchers in the Region were selected. It was agreed to hold a workshop, 13-17 July in Mexico, to prepare the final protocols. Until now, HSP has not
participated in the calling process. Recently HDP/HDR suggested HSP forming an inter-
program working team to join in the execution of these activities.

The Policy and Health Systems Research network of Central America and the
Caribbean (REISSCA) was founded in 1996. REISSCA would develop national
research capabilities to allow researchers of countries of the Subregion attain the
maximum advantage from their experiences and development, and to contribute to
development of the health sector reform. Dr. Nihlda Villacrés (reiissc@ibw.com.ni) in
Nicaragua is coordinates the network. Currently the network has nodes in Costa Rica,
El Salvador, Guatemala, Honduras, Nicaragua, Panama, and the Dominican Republic.
The first Central American Congress on Research on Health Systems and Health
Sector Reform is being organized and the network has been linked with ICHSRI.

The Alliance for Health Policies and Systems Research (AHPSR) is about to be
established as a consequence of the WHO report on health research and development
investment. This initiative proposes:

• promoting national capabilities to carry out HSSR specially in those countries
  less capable to carry out HSSR;
• increasing the information provided to the political decision-makers in the sector;
• promoting knowledge generation to facilitate policies analysis and to improve
  understanding of the health system and policies formulation processes;
• strengthening international collaboration in research,
• exchanging information and sharing training among countries;
• identifying influences on health systems that operate globally; and promoting
  research for timely and appropriate policies.

The School of Public Health of the Ministry of Health of Brazil and the Mexican
Health Foundation participated in the initial advisory meeting in 1997. Dr. Anne Mills in
England (a.mills@lshtm.ac.uk) coordinates the interim Council. PAHO still is not
represented in the Alliance.

Another interest group still not organized is made of decision-makers and/or
managers of the sector reform currently being in progress in several countries of the
Region. Within the definition of PAHO’s HSS technical cooperation, this is the group
that mainly should utilize knowledge and technologies produced by the HSSR and until
now has not related itself to researchers in this field.

The PAHO/WHO Collaborating Centers with emphasis on HSSR are another
group to consider. A list of all the Centers was published in January 1998 and it shows
65 Centers related to HSP work, however, it is necessary to identify how many of these
Centers are really involved in HSSR activities. The SCHSSR (see following section) has
identified only four of those Centers in the United States and intends to identify this type
of organizations in all the United States and Canada in this year.
There are several agencies, institutions, and donor governments interested in supporting HSSR promotion and development. Among them is the International Development Research Center (IDRC), the Swedish Agency of International Cooperation for Development (AIDS), the Ministry of Foreign Affairs of Norway, the World Bank (WB), the Inter-American Bank for Development (IDB), the Danish Cooperation (DANIDA), the University of Montreal, and the United Nations Development Program (UNDP). Somehow these must be linked with PAHO activities.

Finally HSP four programs, and programs from other PAHO Divisions are both generators of initiatives as well as potentially very important users of HSSR products. As a result they should also be related to the HSSR promoted and developed by the Organization.

7. **Sub-Committee of Research on Health Systems and Services (SCHSSR)**

In April 1989, the Director of PAHO established the SCHSSR to advise him on the formulation of policies, priorities, and technical cooperation strategies for HSSR development.

The first SCHSSR meeting was held in May 1989 and its results were presented at the ACHR meeting in September that same year \(^{(12)}\). After this activity the SCHSSR fell into the inactivity because there are not reports on the same at the meetings of the ACHR but even 1997.

In 1995, the SCHSSR was re-formed and a meeting was held in September to conceptualize and organize a regional research program on “organizational and financial changes of the health sector reform” (mentioned previously). In this meeting the bases of what, in January 1996, would be proposed as Plan 96 (summarized in section 4 of this document) were discussed.

The structural and functional reorganization of PAHO’s HSP Division was a significant reason for delaying the work of this re-formed SCHSSR during 1996. In 1997, the HSP Director and the SCHSSR Chairman agreed to convene a meeting between the SCHSSR and HSP in 1998, to react to the substantive plans in the Division’s agenda, and to outline ways of utilizing the resources and capacities of health services research institutions in the Region to support the efforts to attain the health sector reform goals. \(^{(13)}\)

This document will serve as basis for this meeting and for the discussions to be held in the ACHR meeting next month.
8. Conclusions

a) The Organization has defined that HSS cooperation will be given in the areas of: steering role of sector, systems and services organization, and sectoral financing.

b) Starting in 1998, HSP will devote efforts and resources in strengthening the HSSR articulated with Cooperation programs.

c) Public health research in the Region is minimal in comparison with other areas of health research, and HSSR in particular is still much smaller.

d) Mainly researchers have defined the HSSR research agenda, which is not clear, specially, with regard to the contributions HSSR can give to the sector reform processes.

e) No special efforts have been made at the Region level to define HSS research needs.

f) HSSR financing in the Region has been concentrated in the countries with greater research capacity.

g) The expected outcomes and proposed strategies in Plan 96, prepared by the Organization, continue to be appropriate.

h) This plan does not incorporate HSSR activities that several interest groups are carrying out in the Region.

i) The proposal to name a person to manage the plan continues to be valid and if the Organization really wishes to strengthen HSSR promotion and development, implementation of this proposal is urgent. The lack of this resource has been a great limiting factor in achieving greater strengthening.

j) There are, at least, 10 HSSR related interest groups, however, linkage among them and with the Organization is weak and lacks orientation to all the needs of the countries and the Organization.

k) WHO initiated HSSR support activities in the Region independently and without coordinating with PAHO. Recently HDP/HDR has established coordination with WHO in this regard.

l) HDP/HDR has established ties with several of these interest groups currently operating in the Region. Likewise, HSP has begun establishing links independently.

m) Since its foundation the SCHSSR has been barely active. Starting in 1995, its re-activation has been observed and recently bases of collaboration with HSP were established. However, no formal linkage between SCHSSR and the different interest groups is observed.

n) Coordination between HSP and HDP/HDR has been weak.

9. Recommendations to strengthen the HSSR within PAHO

a) To continue and reinforce the support the Organization has been providing for HSSR promotion and development in the last twenty years. Sufficient
background and ideas have been summarized in this document, all that is left now is to take action.

b) Now that its re-engineering process is finished, it is recommended that HSP assume the leadership and coordination with HDP/HDR, as proposed in Plan 96.

c) To appoint in the shortest possible term the person to manage Plan 99 (see recommendation g).

d) To define the HSS regional research agenda that the Organization will promote and develop. This agenda should be directed mainly by the needs of the countries implementing the sector reform, in close relation to the three areas of Technical Cooperation already defined and the needs of the four HSP programs and other PAHO interested Divisions. Countries Representatives (decision-makers and/or policy-makers, reforms managers), managers of the Organization Programs of Cooperation, representatives of HSSR interest groups and donors should participate in defining this agenda. The agenda has to be finished by November 1998 at the latest if Plan 99 is to be implemented (see recommendation g).

e) To evaluate the role of the SCHSSR versus Task Groups in carrying out specific activities related to reinforcing the HSSR. Within this context, to evaluate the functions and formation of the SCHSSR, placing special emphasis on representing the different Interest Groups with which the Organization is interested in establishing links. Another possibility could be an External Advisory Group to HSP that among its functions would includes between one of reviewing and suggesting actions to strengthen the HSSR.

f) If it is decided to continue with the SCHSSR mechanism, to request from it an annual work plan, provide support for its implementation and request submission of a progress report to the ACHR.

g) To update the strategies and activities proposed in Plan 96, guided by the new research agenda to be prepared (see recommendation d), as well as the incorporation of HSSR actions being carried out by the different interest groups. To emphasize activities related to communication between decision-makers, policy-makers, HSS managers, users and researchers (this would become Plan 99).

h) To strengthen and expand HSP linkage, in coordination with HDP/HDR, with the different HSSR interest groups.

i) To review PAHO-WHO relations with regard to HSSR, in order to avoid WHO independent actions in the Region.

j) To implement Plan 99.

k) To monitor, adjust, and evaluate implementation of Plan 99 and present a report at the ACHR meetings.

l) To strengthen HSSR financial support by the RGP in those countries with smaller capacity for research.
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