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RESEARCH IN PRIMARY HEALTH CARE

This paper attempts to introduce the reader to the role and scope for research in primary health care in the Eastern Mediterranean Region. It is intended as a stimulus to further thought, discussion and action.

A list of criteria is formulated, which require close scrutiny; some conceptual considerations, which affect the way of selecting studies for primary health care research support are described, and three areas which require extensive research initiatives are broadly outlined.

Selected mechanisms for promoting research in the Region have been suggested.

The stage seems set for a concerted effort in primary health care research in the Eastern Mediterranean Region. Such research is fundamental to our achieving the goal of HFA/2000. The Committee is invited to discuss the paper and to advise.

TABLE OF CONTENTS

INTRODUCTION

Since the inception of the Regional Research Programme and in accordance with the advice of the Advisory Committee on Medical Research for the Eastern Mediterranean Region, (EMACMR), Health Services Research (HSR) has been accorded a high priority. Most recently, at its 1981 meeting convened in Islamabad, the Committee looked in some depth at some of the areas of health services and manpower development where research may play an important role.

For a variety of reasons the response in terms of increased research activities in countries has not been as good as was anticipated. However, attempts continue to promote the generation of actual research activities directed towards topics assigned priority by the EMACMR over the years.

The reasons for there being less research action than was hoped for may include the following :

- potential research workers do not clearly understand and are confused about what constitutes health services and manpower development;
- there are insufficient people confident in their ability to develop protocols and undertake such research,
- the main approach taken by WHO, i e. to wait for proposals to be submitted, is not appropriate in a relatively new field of research. There are possibly other reasons as well.

Because of the important contribution of HSR in contributing to the achievement of Health for All by the Year 2000 (HFA/2000), it is considered that another look must be taken at HSR research, this time casting it in its true light as an essential feature of primary health care (PHC).

In directing its attention to primary health care research, the committee will be focussing on the single most important concept fundamental to achieving the goal of HFA/2000, and at the same time building onto the discussions of 1981 and previous meetings on the subject.

What is primary health care ? Article VI of the Alma-Ata Declaration of 1978[1] defined the primary health care approach as:

> "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health systems, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process".

In article VII, paragraph three, the Declaration[2] also presented 8 primary health care elements which are the focal points to which any approach presented above should be addressed. These elements are the:

- education concerning prevailing health problems and the methods of preventing and controlling them;
- promotion of food supply and proper nutrition;
- an adequate supply of safe water and basic sanitation;
- maternal and child health care, including family planning;
- immunization against the major infectious diseases;
- prevention and control of locally endemic diseases;
- appropriate treatment of common diseases and injuries;
- the provision of essential drugs.

A major purpose of this paper is to establish a set of criteria based on the approaches and elements described above, which may be used to promote research and to enable WHO/EMRO to select research topics for funding. Before doing so it would seem in order to review briefly the state of primary health care in this Region and comment on how research may contribute in its evolution.

After presenting the criteria, it is intended to highlight some principle issues affecting the selection of research initiatives, followed by some suggestions of topics and approaches which may form the thrust for primary health care research in the Eastern Mediterranean Region in the coming years.

SITUATION ANALYSIS

What is the status of primary health care in the Eastern Mediterranean Region ?

No doubt in some programmes, in some countries, some progress has been made in stimulating primary health care A fairly wide variety of approaches are being taken, according to the dictates of local conditions and resources. Some initiatives were underway before Alma-Ata.

However, a clear objective picture of the state of primary health care in any one country in the Region is not presently obtainable, nor are we likely to have one for a while, until suitable measures and methods for such nation wide assessment have been developed and tried out

Primary health care in the Eastern Mediterranean Region has often begun by setting up national committees or "cells" in various Ministries of Health. There has been the construction and extension of basic health units in some rural areas, and different forms of community health care delivery services have been tried. In order to assess the appropriateness and acceptability of these approaches, some studies have been made at community, provincial and country level. For example, there has been the "Three Country Health Coverage Study"[3] and, "The Interregional Study on Country Decision-Making for the Achievement of the Objectives of Primary Health Care".[4]

Fifteen countries have PHC programmes of which three have WHO medical officers with designated responsibility for this area. Vertical health projects and programmes are well established in many countries in the Region, which allow the evaluation of various technologies potentially useful to primary health care

While there has been some reorientation of health personnel education and manpower development to foster primary health care approaches, it is surely true to say that in no country in the Region has this been broad or deep enough. Some countries have begun training primary health care personnel, under various names,

such as "community health workers". There have been some experimental medical curriculum activities such as at the University of Gezira, Sudan, and a number of short courses and seminars have been held for school teachers, local healers, traditional birth attendants and others outside of the traditional health services. But in general, there is a long way to go, with many barriers to be overcome, in the development and distribution of truly primary health care manpower in countries of the Region.

Population coverage by basic health services has often been considered as the entry point into examining and implementing national primary health care scheme At this time such an approach may be a little slow, because of the shortage of national resources, especially manpower Also, it is not the only way.

Health problems may be better solved and health needs better met if existing health systems which are already committed towards primary health care, develop and include community participation and community initiatives as an equal and integral part of their modus operandi. This implies that some priority must be given to promoting a kind of community development which uses existing resources instead of promoting "basic health services" which rely upon external resources.

It would seem that the attitudes and orientation of decision-makers, politicians, and those administrators who manage health services, as well as leading health professionals will have to change if such an approach is to succeed. There is, as well, need to do all possible to integrate the already established vertical health programmes, into primary health care. Little research has been directed so far to any of these.

ROLES AND FUNCTIONS OF PRIMARY HEALTH CARE RESEARCH

The first and most important function of scientific research is that it should respond to people's needs. Health service research must do the same. It has been argued, however, that in spite of its spectacular progress in the last 150 years, science has partly failed in its response to satisfy these basic needs, not due to its shortcomings alone, but due to the shortcomings of social and economic systems.

If HFA/2000 through primary health care is to be achieved, there must be overall consistency between the objectives of health care, the strategies and methods to achieve those objectives, and the priorities for research for health care.

Health care research is a form of applied science. Primary health care research should help generate relevant information to help solve problems which impede attainment of the objectives of primary health care. For example, lack of resources is a reason given by many countries as a barrier to obtaining the goal of HFA/2000. HSR could be directed to find better approaches to organizing and financing health care systems, that is to say, to developing ways of making full use of existing resources. Other impediments evolve from the non-availability of or non-accessibility to valid data and facts upon which health service organization and management decisions may be based The nature of these obstacles are such that they do not usually require developing sophisticated technological answers. Solutions lie in the implementation of already developed health care processes.

The other important role of research in primary health care is its catalytic and promotional function: research may bring an awareness to individuals, communities and even countries, of the benefits to be derived from new approaches to health care. Whether intentional or not, experimental research always leaves

some impact on the site of the research, such that the experimental community is permanently affected. Pilot trial or experimental programmes are ways of promoting new approaches. Research, be it toward the discovery of better methods, or to interest people in other approaches, are both valid motives.

PRIMARY HEALTH CARE RESEARCH CRITERIA

The following criteria are an extension of those developed at the Consultation on HSMD research in 1981, and are based on the Alma-Ata Declaration, especially those sections quoted above. They have been developed to serve two functions. In the first instance they may be used to establish priorities to select research for support and resolve competing claims for funding, where resources demanded exceeds what is available; and secondly they may help to establish or reorient research programmes in countries so that research may contribute more directly and accurately to national plans for HFA/2000 through primary health care.

The criteria are that research should:

- Seek to prevent disease and promote healthy living with special emphasis on education for health.
- Be directly related to implementing declared approaches to promoting at least one of the eight specific elements of primary health care.
- Aim at the development of primary health care systems which are consistent with and utilize existing community resources, and which adopt/adapt existing technologies including traditional systems.
- Aim at the development of systems of care which involve people and communities designing and developing their own services, incorporating principles of self-reliance (and self-satisfaction).

- Seek solutions to health problems which are economically feasible and which are consistent with the overall social and economic development of the community and/or country
- Use methodologies which are valid and appropriate for the purposes of the research, incorporating appropriate design and data analysis procedures.
- Be capable of being accomplished within a short time (up to 2 years) and at a cost within the funds available to the country.
- Make sure of the skills of an appropriately trained team of behavioural/ social scientists, educators, economists, lawyers and others where appropriate, in collaboration with personnel responsible for health care delivery.
- Have a training component so that potential primary health care research workers and investigators may be taught in practical ways the research skills appropriate for primary health care investigations.

PRIORITIZING AND SELECTING RESEARCH FOR FUNDING

The above comprehensive list is understandably a broad and varied catalogue. The difficult task is to select from this list the most important areas for country or regional emphasis because funds are finite. It may be possible and useful for countries to review and rate each criterion according their national priorities. Any proposed project which satisfies more than one criterion may be given a value score which is a composite of the rated value of each criterion it satisfies Projects which have been submitted for funding could well be chosen or rejected on the basis of a numerical rated value. Alternatively the committee may consider it appropriate that any research project should fulfil at least five of the nine criteria before it is eligible for support. These suggestions are tentative and intended to provoke thought

Research selection decisions are ultimately subjective value judgements based on wisdom, and on individual perceptions as to the importance assigned and to where most impact can be made. Some of the human issues which have some bearing on selecting topics for research will be discussed. Thereafter some suggestions will be made as to where some priority should be placed. The nature of primary health care research varies according to the way PHC is perceived. By some it is viewed as a technically feasible method, by others as a developmental approach. The adoption of a technological approach essentially reduces HSR in PHC to the need to develop technically feasible and economically affordable links between basic health services and the consumer.

Such links should be able to facilitate responses to simple health needs of society through the application of health technology that can in large part be delegated to low level health or community workers, trained for a short period and who work under the supervision of health professionals involved in developing basic health services. Such PHC workers are considered to be effective health providers, who bridge the safety and credibility gap more easily, while serving the community at a low cost. The basic health service becomes the first referral point to which the PHC workers refer those cases he/she cannot handle.

According to this technological model one may think of the following research topics being selected as priorities, and as matching the list of criteria:

- Developing standards and procedures for the selection of PHC workers.
- Analyzing the skills and attitudes of PHC workers.
- Developing systems of management of PHC such as supervision systems, referral systems and drug supply systems.

- Appraising the cost effectiveness of various types of PHC workers.
- Developing low cost health learning materials and mass media health education

The adoption of the developmental model view of HSR in PHC infers promoting primary health care as an integral part of a community development process which seeks to motivate communities to have a more active role, by recognizing and tapping potential community health resources and organizing them to effectively meet their community's health needs.

Research topics of priority from this view point include:

- Studies of community involvement and/or participation in recognizing, organizing and channelling community health resources to meet primary health care needs.
- Developing methods and situations to promote inter-sectoral coordination both within and outside the community to help meet primary health care needs.
- Establishing priorities of community health needs and wants, through community participation methods.

Another issue which impinges on the selection of research topics in PHC is the distinction between descriptive and prescriptive research.

As the name implies, descriptive research attempts to provide health and disease data, outlines community structure and function, lists community needs and demands, calculates levels of air and water pollution and the like, using the tools of epidemiology and the social sciences. Both deductive and inductive approaches

are used with the intent of generating information by which health workers and health administrators may plan their work and programmes.

Prescriptive research, on the other hand, refers to the testing of trial experimental programmes which are potential solutions to problems, and which hopefully may be capable of being generalized to wider horizons. The intent is not to generate hypotheses, and not to gather basic data upon which to plan, but to actually experiment with, implement and evaluate newer systems of care. The procedure ordinarily requires monitoring of and modifications to programmes as they develop. Ideally descriptive studies generate the hypotheses and ground work upon which services are designed and prescriptive studies then follow to try them out.

The distinction between these two types of research is made with the intent to highlight the fact that descriptive research does not serve the same purpose as prescriptive research, and that to describe, although fundamentally important and perhaps easier, should not dominate research priorities

What is important for research in primary health care is to get things done, get things implemented, and to try things out.

A research approach is only valid if it addresses the barriers which need to be overcome. The impediments to PHC are, on the one hand, classifying and communicating the concept, and, on the other, modifying and implementing already developed technology, the product of the biomedical and physical sciences, for applications in PHC.

Because of the nature of these problems, research methodologies need to be flexible. Solutions are unlikely to be found by single critical experiments but rather through the gradual emergence of principles arising from multiple experimentation in the field.

Forms of research will be both qualitative (ethnographic) and quantitative, based on experimental traditions. Many research projects will contain both approaches in a complementary relationship But projects are also likely to be small, and, because they are innovative, they should not be judged methodologically with the same rigor as classical experiments.

As Campbell noted[5]: "money may be better spent providing fertile ground for seeds of good ideas to germinate, than by descending on the field with evaluators with their precise yardsticks at the ready to measure the height of plants".

SOME PRIORITY AREAS FOR PRIMARY HEALTH CARE RESEARCH

Three topics are considered as deserving priority in Primary Health Care Research in this Region.

1. The first area concerns the organization of health care, where studies are needed to learn what human and material resources now exist in communities which may be potentially tapped to play a role in primary health care

A logical extension of this enquiry is how to mobilize these resources once defined In reference to preceding comments, this proposal would be in the first part a descriptive study, followed in a natural way by a prescriptive study. It may be approached either technologically or developmentally, but a number of communities differing in several ways, including type, structure, location, size and influence, should be selected or solicited for study. The idea is to look for general principles in such community development initiative in health which may be applied to other places. An additional virtue of this type of interactive research, if it is carefully approached, is the "leaving behind", as it were, of some basic health structure, or at least some awareness of the common-sense of having basic

health services in the community, and a desire to improve community well-being. The investigation satisfied many of the criteria for primary health care research.

2. A second area, perhaps more technological than developmental in orientation, concerns the health manpower component of PHC. Much of the thrust in health manpower development in the Eastern Mediterranean Region has been in basic, undergraduate and selected post-graduate education of a formal, institution based variety.

If Health for All is to be attained by the year 2000, significant energies are needed to promote and develop new systems of continuing education of health personnel in all sections of the service. How can this be done at country level ? Realistic continuing education system designed to serve a definite purpose, with various degrees of formality, and probably directly related to career development of personnel, need to be developed and tested.

In the initial stage the research is likely to be of a descriptive variety, to assess what is the present status of continuing education in any country and/or a particular primary health care personnel group, and what resources are available (some exploratory work has been commissioned in this respect in Sudan for this year, 1982). Research of a prescriptive nature is then required to implement trial educational programmes with the view of evaluating their impact for the purpose of establishing them more widely where they are effective. The investigation therefore may proceed as a research programme which leads naturally from descriptive to prescriptive approaches. It is important that such research does not become submerged in questions of educational technology but rather that it pursues continuing education on a human ecological level, considerate of cultural values and forces, as well as being realistic about organizational and management factors. Again the correspondence of this area of research with the criteria for primary health care research

presented earlier is apparent.

3. A third area, considered vital in tackling our PHC ambitions, concerns ways and means of promoting intersectoral approaches to, and collaboration in, PHC at both country and community level.

Two countries in the Region which are showing good progress in the establishment and strengthening of PHC services at community level are Sudan and Yemen Arab Republic It is interesting to observe that both these countries have developed community health services by building them into an already existing or concurrently developing local development structure Studies to examine such successful and also unsuccessful PHC programme implementation at community level as related to intersectoral collaboration are required. These studies should be followed by experimental programmes with health, education, agriculture, industry, environmental and social agencies and sectors cooperating and working together in the community to develop an integrated health care system in ways suggested by the descriptive fact finding part of the inquiry. Questions to be posed include.

- How are local intersectoral initiatives begun ?
- How are they spread ?
- What forms of organizations may they take at community level ?
- What financial and management systems are desired ?
- What is needed to breed cooperation among sectors ?

At national level potential patterns of intersectoral collaboration need to be examined and recommendations made to governments. Issues of finance, planning, coordination, communication and leadership are some elements of the study.

In summary the aetiology of health problems are diverse. Solutions to these problems, prevention of diseases and promotion of health and well-being are in large part beyond the capacity of our existing established medical interests and approaches. The barriers to intersectoral collaboration require serious examination. Constructive collaborative approaches alternative to what presently takes place are required. The challenge is at both community and at central government level.

MECHANISM FOR THE PROMOTION OF PRIMARY HEALTH CARE RESEARCH IN EMR

The introductory section of this paper argued the desire for WHO to promote primary health care research more vigorously in the Region, and outlined some of the difficulties which are seen to be obstructing progress. The following are some approaches which may be used. The Committee is requested to advise on the suitability of these approaches and to suggest others.

Some considerations fundamental in promoting research include how to stimulate interest and provide opportunity and incentives to attempt research - to not be too judgemental and paternalistic but help countries to feel that the research is theirs and in their own interests.

The major practical problem of the general inability of many potential investigators to formulate research protocols needs to be overcome. With these barriers in mind then, the following approaches to promote research are suggested .

1. For EMRO to develop descriptive outlines of topics requiring research, i.e. expanded versions of the preceding section of this paper. There would be only sufficient detail in these outlines to inform governments and research institutes of the size and scope of the desired research. Such descriptive outlines may be sent to governments, particularly those who in the past have either directly or less

directly indicated interest in these priority areas of enquiry. According to the needs of the country concerned in regard to its ability and resources to undertake research consultant assistance may be provided to the country or institution to help develop in detail a research protocol before submitting it to WHO for review for funding purposes. This in itself will be an educational exercise for the nationals involved. The briefing for such consultants would need to be thorough so that rejections of proposals were more the exception than the rule, for saying "no" will promote little but ill-will.

2. The setting-up of an EMR task-force in primary health care research who would visit countries, with WHO staff members, motivating, inviting and helping them in primary health care research activities. The approach involves individual consultations and workshops The task force could include members of the EMACMR who as individuals could also be actively vigilant for places where research may be pursued. As with the previous approach care must be taken not to be paternalistic.

3 To provide funds direct to countries to use for research on primary health care topics of their own choosing, such that they take full responsibility for the research programme calling for methodological assistance where they think they need it. This would require the establishment of a suitable national group responsible for overseeing the projects. The monies involved should be small and regarded as "seed" money. WHO could provide additional supplemental grants. This approach has the advantage of originating from the country, thus endorsing the principle of self-reliance and self-determination.

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There are no doubt other approaches and/or modifications to all of the above suggestions. In conclusion it is certain however, that the approaches decided must be fully communicated to many quarters, including WHO field and Regional Office staff, as well as countries and their most likely institutions and people: for clearly our failure to move ahead as fast as we should like to is, in part at least, because so few know what we are trying to do.

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