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WORKPLAN FOR INSTITUTIONAL STRENGTHENING

by

Professor K. Jayasena*

This document provides a Workplan for Institutional Strengthening, has been prepared at the recommendation of the Eleventh Session of the SEA/ACMR. It identifies some of the constraints related to research in the countries of the SEA Region and indicates specific remedial measures that would lead to Institutional Strengthening with particular emphasis on strengthening the capacity of Health Services Research and Health Behaviour Research, with the ultimate aim of reaching the goal of HFA/2000, through the Primary Health Care Approach.

*Professor and Head, Department of Pharmacology, Medical School, Peradeniya, Sri Lanka

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WORKPLAN FOR INSTITUTIONAL STRENGTHENING

INTRODUCTION

The terms 'Institution' and 'Strengthen' have been explained as follows in the Oxford English Dictionary:

- Institution - An establishment, organization or association instituted for the promotion of some object
- The giving of form or order to a thing; orderly arrangement, regulation
 - The action of instituting or establishing; setting in foot or in operation
- Strengthen - To give physical strength to, make stronger or more robust, to increase the functional vigour
- To make stronger in influence, authority or security of position
 - To give moral support, courage, or confidence to (a person); to encourage, hearten, inspirit, fix in resolution.

These meanings indicate to some extent the scope of institutional strengthening. In the South-East Asia Region, an 'institution' could be the well funded, long established research institute as found in some member countries or be merely a handful of research workers dispersed in the health care delivery system in others.

It is no exaggeration to state that the subject of institutional strengthening has been discussed and reviewed in hundreds of papers and that much time has been devoted to the topic at various meetings and seminars. It is now appropriate to assess the true situation prevailing in the region and to devise specific measures for the strengthening of the research base among the member countries. For this purpose it is necessary to realize that the research capabilities among the member nations of the region vary a great deal. Whereas some countries have a well established structure to undertake both basic and applied research, only the rudiments of an organized structure are found in some of the smaller member nations.

The constraints to research in developing countries are now well known. The objective of this paper is to identify those constraints which can be removed or modified. Rather than discussing the subject in general terms, specific measures that would lead to institutional strengthening will be proposed. In this connection it is important to identify the role of the WHO Regional Office.

The WHO operates with a limited budgetary allocation for research. While it is clear that the Organization cannot support all the health research activities in a country, it has to be also accepted that some countries depend on the WHO for most if not all of their funding for Health Research. The promotive and catalytic role of the WHO Regional Office outweighs its financial contributions to research and research development. It is this latter role that would be harnessed in many of the proposals for institution strengthening in this paper. Further most of the proposals involve initiation of activity by WHO/SEARO - it is felt that this would have a more prompt and definite impact on institution strengthening (even though this approach perhaps carries the disadvantage of reducing the role of the member states, somewhat). However, in view of the urgency to institute a workplan for institutional strengthening, this approach is considered justifiable.

The objectives of a workplan for institutional strengthening need to be clearly defined. In this paper it is assumed that the major need at the moment is to strengthen the capacity for Health Service Research (HSR) and Health Behaviour Research (HBR) with the ultimate aim of reaching the goal of Health for All by the Year 2000 through the Primary Health Care Approach, even though the need of holistic approach of the Institute is understood and accepted.

The final outcome of a workplan for institutional strengthening should be the implementation of a socially relevant research programme through the development of the conditions for research support, including manpower training and the establishment of mechanisms for the utilization of the results generated by research.

The time frame for the proposed workplan is a period of five years.

1. FINANCIAL ALLOCATIONS FOR RESEARCH

Constraint: There is a lack of awareness among politicians, policy makers and administrators regarding the contribution that health research could make to national development. This, combined with the absence of clear-cut policies and plans both for the delivery of health care and for health research have probably been the chief reasons for the inadequate financial allocation for health research. (Allocation for research has been estimated to be between 0.1 - 0.3% of the Gross National Product in many developing countries).

It is pertinent to mention that up to now a large percentage of WHO funds available for Research Promotion and Development has been allocated for the funding of individual research projects. Whilst there is no doubt that this has led to the development of individual research workers, it has not contributed in a major manner to institution strengthening.

Workplan: (i) Research funding should be an agenda item at the 1986 Regional Committee Meeting and the Ministers Meeting.

The preamble to the discussion should be a presentation by the WHO secretariat citing examples of how some specific research projects have contributed to the improvement of the health care delivery system and/or to national development.

A commitment should be obtained, particularly from the Ministers that government contributions to research would be increased by at least 10-25% each year.

(Whilst this may be a modest sum in many of the countries, the mere commitment itself is likely to have a positive effect on research promotion and development).

(ii) Long term support for research - i.e. projects involving over US\$ 100,000.- spread over three years or more should involve a contract with the government that personnel trained under the project - both research workers and technicians - will be absorbed into the permanent cadre. Further the project should be structured in such a manner that the host government will continue to support the project for a further period after support from the external agency ceases.

(This measure will serve as an impetus to young scientists to embark on a research career. It would also serve to increase the commitment of governments to health research).

(iii) The mode of disbursement of funds available under the WHO/SEARO Research Promotion and Development Budget should be changed with the emphasis more on institutional strengthening rather than on support of individual research projects. It is suggested that the major financial resources could be allocated for institutional strengthening and the rest for support of research projects.

(An allocation in these proportions is justifiable because large scale funding of research projects is being currently undertaken by the Special Programmes as in Tropical Diseases and Human Reproduction, as well as by programmes such as Control of Diarrhoeal Diseases, Cancer, Cardio-vascular Diseases etc.)

The above proposal takes into consideration the need for the WHO to support a policy that would emphasize the need for member countries to develop their capacity for Health Services and other type of applied research while at the same time undertaking a reasonable amount of basic research which is essential for narrowing the technological gap between the developing and developed countries.

(It is clear that the proposed strategy is not applicable to the larger countries of the region where considerable progress has been made in both basic and applied research.)

2. COMMUNICATION BETWEEN ADMINISTRATORS AND RESEARCH WORKERS

Constraint: There is inadequate communication between the administrators in the Ministries of Health and other related sectors and the research workers who are mainly located in the Universities. The administrators are reluctant to accept the fact that many of the problems faced by them are amenable to solution by research. The research workers too show no desire to initiate a dialogue with the administrators or to seek problems for research that would contribute to the improvement of the health care system.

Workplan: An Inter-sectoral Task Force for Health Services Research (and Health Behavioural Research) should be set up in each member state. The Task Force should consist of key officers from the Ministry of Health and other related Ministries with a few selected research workers from the disciplines of both medicine and the social services. The latter should be experienced not only in HSR but also in research management.

One of the early activities of the Task Force should be the identification of a small number of critical problems that need to be researched on. It would be preferable in the first instance to develop these as commissioned research projects.

The WHO Regional Office should act as the catalytic agent in the organization of the Task Forces. It would be especially appropriate if a WHO staff member or Consultant attends the inaugural as well as a few of the initial meetings. This would provide an impetus to the Task Force and could also be used as a monitoring device.

3. STRENGTHENING OF RESEARCH MANAGEMENT

Constraint: It is now generally accepted that Health Services Research is often a multisectoral and multidisciplinary activity with social relevance and that appropriate management is essential at all levels of research activity - i.e. from the level of the Health Research Policy Maker to the individual scientist working with a small research group. Upgrading the managerial skills at the various levels of research activity is an important element in the development of the research potential of a country. The lack of sufficient research workers trained in management is still a major constraint to institutional strengthening in many of the countries in the Region. Though the subject of Research Management was discussed by a WHO South-East Asia Working Group Meeting in 1982, and its recommendations endorsed by the Directors of Medical Research Councils and Analogous Bodies, the recommendations have not been translated into action by many of the countries in the Region. The paucity of trained research managers is particularly acute at the middle and lower levels. (At the upper rung the research managers, though with little or no formal training, have acquired managerial skills through a process of "learning by doing". They are often research workers, who upon reaching a certain stage of seniority, have been entrusted with administrative posts dealing mainly with research administration).

Workplan: WHO/SEARO should organize four Regional Workshops on Research Management for middle-level research workers during the next two years. It is preferable to conduct these Workshops in member countries where the research base is in the early phase of development as the impact is likely to be greater. This activity should be followed by a planned programme of Workshops on Research Management at the national level.

4. TRAINING AND CAREER DEVELOPMENT OF STAFF

Constraint: Inadequate salaries, lack of recognition, the absence of appropriate career structures and incentives, lack of trained ancillary staff coupled with the absence of a planned scheme of training are well known to be some of the contributory factors to the paucity of research workers in developing countries.

While many of the problems in this arena can be tackled only by the governments of the member countries, it is possible for the WHO to provide certain incentives.

Workplan: (i) The institution of two or three annual regional research awards. These awards would be made to the best written research projects (in the field of HSR and HBR) by young research workers in the Region. (i.e. workers below the age of 40 years). The projects should be capable of being completed in 12-15 months and the award of about US\$ 2,500 would cover the cost of the project. The recipients of the awards would be required to present a short report on completion of the project either to the Regional Committee or Ministers Meeting.

(It is felt that these awards, somewhat along the lines of the Jacques Parisot Awards, while serving as an incentive to young scientists would also increase awareness among policy makers and administrators of how small scale research projects could contribute to the improvement of the health services.)

(ii) A cash award of say US\$ 500 to be made for the best research project in the field of HSR or HBR completed in the WHO/SEARO each year by a young scientist.

(iii) Preparation and publication of a series of booklets on research methodologies, research management, sources or research funding, preparation of research project proposals etc.

To maintain uniformity of style, this task could be entrusted to a small group of scientists who could serve as a Task Force for Research Publications.

(To avoid delays and to ensure a Regional bias, it is suggested that WHO/SEARO undertake this project - i.e. without awaiting possible action by other Regional Offices or Headquarters.)

5. INFRASTRUCTURE DEVELOPMENT

Constraint: It is well known that the facilities for maintenance and repair of research equipment is generally unsatisfactory in developing countries. Two major factors that contribute to this problem are the lack of trained technicians and the difficulty of obtaining spare parts.

Workplan: (1) WHO/SEARO should undertake the training of three to four technicians in instrument repair and maintenance work. This scheme could be restricted to those countries that express a need for such training. It is worthwhile discussing the feasibility of establishing a small unit for maintenance and repair of research equipment in a Faculty of Engineering with the national authorities.

(2) When equipment is provided for WHO supported projects, funds should be provided to order an adequate supply of the commonly needed spare parts to ensure the utilization of such equipment for at least five years.

6. THE MEDICAL STUDENT AS A POTENTIAL RESEARCH WORKER

Constraint: It is still not sufficiently realized that the medical student of today would provide the research worker of tomorrow. Many medical schools do not provide training in basic research methodology or incorporate student research projects in the medical curriculum. Exposure of students to research methodology and results of HSR will have a beneficial effect (even if only a small percentage takes up a career in research) by making them adopt a more critical attitude in their medical practice.

Workplan: (1) Two regional workshops be organized for Deans of Medical Schools on the theme "Incorporation of (Student) Research Projects in the Medical Curriculum".

(2) A scheme of WHO/SEARO awards could be instituted at the national level for the best student research projects completed each year. The number of award could vary from about 3 - 10, depending on the size of the member state and the quantum of each award could vary from US\$ 100 - 250.-. Even though the value of the prize money is low, an award by the WHO would be considered to be prestigious. Thus for an annual outlay of about US\$ 5,000.-, a major impetus could be provided for student research.

MONITORING AND EVALUATION OF RESEARCH PROJECT AND UTILIZATION OF RESULTS

Constraint: The need to monitor and evaluate research activities as part of the managerial process is well recognized by funding agencies, including WHO. Monitoring and evaluation of the overall research programme as well as of individual projects provides feed back information on the basis of which decisions can be made on the future direction and activities of the programme or project. However in most member states there is no organized mechanism for monitoring and evaluation of research programmes. This same deficiency extends to the sphere of utilization of results of research programmes. Indeed, the hesitancy of policy makers and administrators to support research programmes more actively is due partly to the absence of overt evidence of research results being utilized for improvement of the health care delivery system. (Until recently research workers were more concerned with publication rather than utilization of research results.)

Workplan: (i) The Inter-Sectoral task Force for Health Services Research (and Health Behaviour Research) suggested earlier should also be entrusted with the task of monitoring and evaluation of research projects and the utilization of results.

In the initial phases - (i.e. until the national monitoring and evaluation mechanisms are fully developed) - the Regional Office could assist the process by a system of site-visits by an external evaluation team. (Members of the WHO/SEA Advisory Committee on Medical Research (ACMR) both past and present, could well constitute the evaluation teams for the different member states. This has the added advantage of involving SEA/ACMR members more directly in the research efforts of the region.)

Information on completed and on-going research projects should be presented to the Regional Committee and Meeting of Ministers. This should be more in the form of "case histories" of the utilization of research results rather than in the form of statistics. (The collection of this information could again be entrusted to ACMR members who could liaise with the Directors of Medical Research Councils and Analogous Bodies and the WPC&R for this purpose.)

SUMMARY OF WORK PLAN

1986	1987	1988	1989	1990
Research to be reported and deliberated at Regional Committee				
Establish Inter-Sectoral Task Force for HSR and HBR in each Member State				
Implement changes in mechanics for long-term support for research: introduce contracts with governments				
Appointment of Task Force for Research Publications				
Preparation and publication of Handbook on Research Methodologies, Research Management, Sources of Research Funding, Preparation of Research Project Proposals etc.				
Conduct four Regional Workshops on Research Management for middle-level research workers				
Conduct Regional Workshop for Deans of Medical Schools on "Incorporation of (Student) Research Projects in Medical Curriculum"				
Scheme for training of Technicians in Instrument Repair and Maintenance and glass blowing				
Change mode of disbursement of RPD budget with emphasis on Institution Strengthening				
Institution and implementation of Annual Award Scheme for young scientists, National Award Scheme for student research				
Establishment of External Evaluation Team				
Site visits and collection of data by Evaluation Team				
