PD-AAM-239

Report on

Trip Related to

Applied Health Services Research

for the SHDS Project in Central and West Africa

March-April, 1980

Submitted by

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and

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May 1980

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I. Introduction

The fourth objective of the SHDS Project, low cost health delivery, is currently focused on development of an applied research program for training and funding of research related to health delivery and primary health care. The purpose of this approach, as stated in the 1980 Implementation Plan, is "to encourage the development, application, and testing of strategies and techniques which will improve the capability to plan, implement and manage appropriate health delivery systems in West and Central Africa". The developments which led WHO/AFRO, SHDS staff, and AID to suggest the current focus on applied research are described in Appendix 1.

The joint assignment completed by Drs. Mousseau-Gershman and Brownlee during their African trip in March and April was for the purpose of planning the research course and developing necessary mechanisms for research funding which were to be part of the applied research program during 1980. During the trip they worked on these two objectives, completing the activities briefly summarized below.

Drs. Mousseau-Gershman, Nchinda and Ndiaye had been selected to serve as trainers for the proposed course on applied research. Dr. Brownlee of SHDS was asked to assist in the training and Mrs. Harvey had agreed to provide the administrative support needed. Thus Dr. Mousseau-Gershman and Dr. Brownlee met with both Drs. Nchinda and Ndiaye, Mrs. Harvey and WHO/AFRO staff in order to make the necessary plans. Work completed included development of 1) a letter to the governments concerning selection of participants; 2) course objectives; 3) course schedule; 4) other necessary course documents; and 5) a plan of action for further work to be completed prior to the course.

During the trip meetings and discussions were also held with SHDS and WHO/AFRO staff in order to develop appropriate documents and mechanisms for implementation of the program of research funding. Work completed included 1) finalization of the research guidelines; 2) identification of funding priorities for 1980; 3) drafting of funding criteria; and 4) identification of alternative mechanisms for selection of projects for funding.

Details concerning these activities and their results are given in the following report.

II. Scope of Work for the Assignment

The objectives of the assignment were as follows:

A. Meet with consultant/trainers and SHDS and AFRO staff to plan the course on preparation of research protocols. Agenda for these meetings would include development of the final version of course objectives, design of course schedule and identification of course materials, case studies, etc. needed. Work with those involved to develop a plan of action outlining what remains to be done before the course takes place and who is responsible for each activity.

B. Work with SHDS and AFRO staff to plan the WHO/SHDS Program of Applied Research on Health Service Delivery and Primary Health Care. This will involve developing appropriate program mechanisms for a) encouraging development of proposals; b) reviewing and selecting proposals for funding; c) supervising and supporting work in progress; and d) disseminating results and encouraging their utilization.

Activities will include completion of any final work needed, in collaboration with SHDS and AFRO staff, on finalization of the research guidelines, and the development of any letters or other documents necessary in order to implement the program.

III. Itinerary Followed

WHO/AFRO arranged the general schedule for the trip, which included meetings with Drs. Nchinda and Ndiaye and discussions with WHO/AFRO staff in Brazzaville. A detailed description of the itinerary followed is found in Appendix 2.

IV. Activities and Results

A report is given below on activities related to each of the assignment objectives.

A. Planning for the course on preparation of research protocols.

During the assignment a number of decisions and plans concerning the research course were made. These are summarized below:

Site for the course: As mentioned earlier, the Regional Director of WHO/AFRO had selected Ougadougou and Dakar as first and second choices for course site. A memorandum was sent by WHO/AFRO to the Government of Upper Volta asking whether it would be able to host the course. The WPC in Ouagadougou determined in late April that Upper Volta would be unable to host the course because of prior committments during the time period proposed. As a result, the WPC in Senegal was asked to make inquiries as to whether Senegal would be able to host the course. It is hoped that the decision concerning course site will be made soon.

Dates for course: WHO/AFRO had suggested that the course be 10 days in length with the trainers meeting for 4 days before the course for final preparation and 4 days after the course for completion of the course report. The final schedule, as agreed upon during the visit, is as follows:

July 23-26, 1980	Trainers meet at course site for final preparation of course.
July 28 - August 7, 1980	Course to be held for approximately 15 participants from French-speaking countries of Central and West Africa.
August 8, 9, 11 and 12, 1980	Trainers prepare final report on course, including training modules which can be used in similar courses.

Staffing and budgeting for course: As mentioned earlier, trainers for the course will include Dr. Ndiaye and Dr. Nchinda (AFRO/SHDS budget), Dr. Mousseau-Gershman (BU/SHDS budget), and Dr. Brownlee (SHDS staff). Mrs. Harvey, SHDS Assistant Director in charge of Objective IV, will be responsible for course administration. In the 1980 BU budget for Objective IV 50 days were allowed for design and implementation of the course and for final development of the applied research program. In addition, the WHO/AFRO budget included 56 days total for two temporary advisors (African) for design and implementation of the course. During discussions with WHO/AFRO in Brazzaville it was determined that these funds for consultants could best be used in the following manner:

Current Plan for Use of SHDS/BU Budget for Research Activities

Final development of the applied research program and course design:	21 days
Preparation of materials for course and final planning meetings:	11 days
Implementation of research course and drafting of course report:	18 days
Total	50 days

Current Plan for Use of SHDS/AFRO Budget for Research Activities

Design of research course:	2 days x 2
Preparation of materials for course and final planning meeting:	8 days x 2
Implementation of research course and drafting of course report:	18 days x 2
Total	56 days

Selection of course participants:

WHO/AFRO sent out a memorandum to the WPCs of the French-speaking countries of West and Central Africa on February 19, 1980 requesting that the coordinators contact their respective governments concerning selection of participants for the course. This memorandum appears as Appendix 1 of this report. As this initial request was not very specific concerning place, dates, and criteria for selection of participants, WHO/AFRO and SHDS agreed that a follow-up letter should be drafted and sent. The consultant/trainers and SHDS staff developed this letter, which appears as Appendix 4. It should be sent out under WHO/AFRO auspices in early May, 1980. Criteria for selection of participants, as stated in this second letter, are as follows:

-- The participant should work either, 1) in his country's health delivery system in a position which involves responsibilities in the area of primary health care; 2) in an institution for training health service personnel; or 3) in a research center.

-- The participant should be in a position in which he will be able to carry out an applied research project in the area of primary health care.

-- The participant should prepare (in written form) and bring to the course a first draft of a research project or at least an idea for a research project which he wishes to undertake, which relates to a priority health problem within his own country. He should also bring information pertinent to the problem which will permit him to further develop the research proposal during the course, with the goal of undertaking the research on return to his country.

Follow-up letter to participants:

WHO/AFRO and SHDS decided that a follow-up should go to particpants selected by June 15 or June 30, at the latest. The letter should include: 1) a description of course objectives; 2) a copy of the research guidelines (in French); 3) a request that the participant bring to the course health statistics for his country and information relevant to the problem he wishes to research, as well as the first draft of a research project or description of a problem he hopes research; and 5) a short questionnaire on the participant's research background and interests.

Content of course:

During initial planning sessions the trainers agreed that approximately 10%-15% of the course would be devoted to theory and 85% to 90% to practical exercises and group work. The course objectives, as re-drafted by the trainers, appears as Appendix 5 of this report.

The course sessions will focus, in turn, on each of the essential steps necessary for the planning and writing of a good research proposal in the area of health services delivery and primary health care. After a presentation by the trainers concerning each stage of proposal development, the participants will work in groups to develop that particular component of the group's proposal and, with the trainer's help, work on the same component of their own proposals.

Course sessions will focus on the following topics:

-- Definition of health services research, types of research

-- Identification of potential sources for project funding

-- Discussion of problem selected for research, relevance of the research to the country's needs

-- Selection of research objectives (long, medium, and short term)

-- Development of research methodology (research methods, sampling, variables, data collection, analysis and interpretation of results)

-- Development of a plan of work, schedule for project monitoring

-- Planning the administration and evaluation of the project

-- Selection of project staff, use of local and international consultants, planning for any necessary staff training

-- Development of project budget

The draft of the daily course schedule prepared during the assignment appears as Appendix 6 of this report.

Review of course-related literature:

Prior to the trip Mrs. Harvey and Dr. Brownlee had compiled copies of documents they were able to identify that either described research training activities conducted in the past or presented material likely to be of use in the present course. The trainers reviewed this material during their meetings and made initial decisions concerning which materials would be made available to participants and/or trainers during the course, and which sections of documents in English were important enough to warrant translation.

The plan of work for course design and implementation:

During the meetings with various consultant/trainers and SHDS staff involved with the research course, tasks to be completed before and during the course were identified and responsibilities and timing for these tasks determined. Based on the agreements reached, a "Plan de travail" was developed and distributed to all concerned.

Preparation of course report:

Both SHDS and WHO/AFRO feel it would be useful if, as a result of the course, training materials could be made available to groups interested in giving similar courses. Thus the consultant/trainers and SHDS staff involved with the course plan to prepare a course report which will describe and assess the course given and, in addition, will present guidelines and instructional materials (includes session modules) that can be used by others planning similar training activities.

Follow-up activities related to the course:

As a result of the course, participants will have prepared at least first drafts of proposals for applied research they hope to undertake. It is expected that at least five participants may have developed proposals which would be appropriate for funding under the WHO/SHDS Program of Applied Research described in the next section. In some cases these participants may need further technical assistance from SHDS staff or consultants in order to prepare the final drafts of their proposals back in-country. Follow-up assistance during this final development stage, as well as during the implementation of the research, will be available under the Program.

B. Design of the WHO/SHDS Program of Applied Research on Health Service Delivery and Primary Health Care

During the visit to Brazzaville discussions were held with WHO/AFRO staff concerning final plans and guidelines for implementation of the joint program in applied research. Agreements reached will be summarized below.

Agreement on final draft of "WHO/SHDS Guidelines for Applied Research on Health Service Delivery and Primary Health Care" to be used for the WHO/SHDS Applied Research Program

As mentioned in the appendix concerning assignment background, SHDS had prepared a draft set of Guidelines for Applied Research and submitted them for

comment and review by WHO/AFRO in September, 1979. During meetings held at Brazzaville in September, WHO/AFRO staff had made some suggestions for changes in the guidelines, indicated that in general they seemed quite acceptable, and said they would distribute the guidelines to other colleagues for further review. During the visit to Brazzaville for this assignment, WHO/AFRO indicated that the Guidelines had been accepted, with the few changes proposed last year. SHDS and WHO/AFRO thus decided to use the Guidelines for the program as earlier revised. The final draft of the Guidelines appears as Appendix 7 of this report.

Priorities for funding under the WHO/SHDS applied research program during 1980

WHO/AFRO and SHDS jointly identified three priority areas for funding during 1980:

1. Funding of well designed research proposals developed by candidates that have attended the research course given July 28-August 7 of this year. It is expected that as a result of the course four or five participants may be identified who, with some follow-up support on return to their countries, will develop final proposals for applied research projects that would be appropriate for funding under the WHO/SHDS program.

2. Funding of research projects that have been developed as result of other SHDS programs and are likely to produce results that will either lead to the improvement of the SHDS programs and/or assist others within the region wishing to undertake similar activities. Possible research projects of this sort may include, for example, studies proposed by governments or nationals involved in SHDS programs, studies proposed by participants and/or staff involved in SHDS training activities, etc.

3. Funding of other research projects proposed by groups or individuals within the region that have not been developed as a result of SHDS programs but that meet the general criteria for funding and seem worthy of support.

Both WHO/AFRO and SHDS felt it was important, during the early stages of the research program, to identify and agree upon priorities for funding such as those above. Both the budget for research projects and resources for administration and support of this program are limited, so it is

important to focus on support of studies that can be easily assessed for their potential utility, monitored, and supported. The research course will allow SHDS and WHO/AFRO to become acquainted with candidates selected by their governments because of the desirability of their becoming involved in practical research projects on their return. Personal contact with these participants will allow SHDS staff and trainers to assess their potential, and the course will provide a basis for productive follow-up support for course graduates whose projects have been selected for funding. Focus on research projects developed as a result of the SHDS programs will allow the SHDS project and nationals involved in it to learn from demonstration and training activities in primary health care that should serve as models for future expanded service and training activities within the region. The SHDS programs have now sufficiently developed to make it an ideal time to launch selected research projects designed either to solve operational problems or assess the programs' value for other potential users.

Parameters concerning research project size and budget

SHDS and WHO/AFRO feel it would not be productive at this time to set any limits concerning project size. As proposals are reviewed for possible funding, however, one of the criteria for selection will be that the size of the project and its budget are manageable, considering the experience and capabilities of the investigators. In addition, the size and budget should be appropriate, considering the needs of the particular study proposed and the benefits likely to come from it.

It is hoped that the WHO/SHDS Applied Research Program will offer encouragement to younger and less experienced researchers and potential researchers who, as a result of the training and support given, will make contributions in the area of applied research that might not have been possible otherwise. For this reason, it would seem likely that many of the projects may be relatively small in size, possibly on the order of $15,000 to $50,000.

In addition, the program will encourage development of research projects that can be completed as quickly as possible so that results can be utilized relatively soon. Investigators will be encouraged to develop projects scheduled for completion within a year or less.

Mechanisms for review and selection of research projects for funding

WHO/AFRO and SHDS staff discussed in some detail possible mechanisms for review and selection of research projects for funding, during Brazzaville portion of the assignment. The following decisions were made:

1. The Research Guidelines discussed above outline, in detail, the major parameters for selection of research projects for funding under the program. SHDS and WHO/AFRO agreed that a list of criteria for project selection, based on a summary of the guideline parameters, would be drafted by SHDS staff and submitted for review by WHO/AFRO. The proposed criteria have been drafted and sent to WHO/AFRO for their concurrence. As soon as they have been approved by WHO/AFRO they will be forwarded

to AID/Washington for their examination. These guidelines and criteria, as mentioned earlier, reflect the current thinking of representative African health professionals from the region concerning the type of applied research projects that should be supported at this time.

2. WHO/AFRO staff suggested several alternative procedures by which proposals might be selected, following the criteria agreed upon. Dr. Franklin suggested that the alternatives be outlined in detail and that WHO/AFRO staff would then meet and come to agreement as to which alternative they felt would be best. They would then relay this information to SHDS. SHDS would then submit the proposed procedure for selection to USAID for its comments and approval. We are now awaiting the response of WHO/AFRO on this matter.

Mechanisms for providing supervision and technical assistance for research in progress

Once proposals have been selected, the investigators chosen will begin their studies. Two procedures for providing both supervision and technical assistance during the time in which the studies are being conducted are possible under the project. They are as follows:

1. Funds have been set aside under the SHDS/AFRO budget for "technical assistance for development and supervision of research projects". Five inter-African trips and 60 days fees for African temporary advisors have been allotted. Some of this budget can be used for supervision and technical assistance once the studies are in progress.

2. The proposals themselves, depending on their nature, may have provisions for some short term technical assistance on aspects of the studies where this would be appropriate and useful.

While in Brazzaville, a meeting was held between Dr. Tembo (AFRO), Drs. French and Brownlee (SHDS staff), and Mr. Yates (AID/Washington) on the research program. During this meeting the importance of supervision and assistance to researchers was discussed. Dr. Tembo felt that one very essential part of the research program would be the availability of supervision and technical assistance. He pointed out that a 10 day course in research development is only a beginning step in "strengthening research capability" within the region. As the purpose of the program is to strengthen the research skills of younger researchers and other health professionals who, with some additional training and supervision, could undertake some useful applied research activities, the need for this support is particularly important. It was pointed out that even graduate students who, in many cases, have had far more research training than most of the investigators are likely to have had are supervised by advisors throughout the length of their dissertation research.

It was suggested that in cases where the researchers have been through the research course, supervision and assistance, in some situations, may be best provided by one of the consultant/trainers from the course who has special expertise in the particular research area chosen. Use of the consultant trainer in this role would be ideal, as it would allow the project to provide those funded with coordinated, long-term technical support as they develop their skills.

Mechanisms for disseminating research results and encouraging their utilization

Mechanisms for disseminating results and encouraging their utilization could include, at the least, arrangements of two types. They would include 1) arrangements made "in-country" by the research project staff, their institution, and/or their government, and 2) arrangements made regionally, by the SHDS and/or the WHO/AFRO staff.

Research project staff will be encouraged to plan for utilization and dissemination of results early by being asked to include plans along these lines as part of their initial proposals. The importance of this planning and its possible influence on project design will be stressed in the research course. Ways in which institutions and government agencies likely to use results can be involved in this planning process also will be discussed.

SHDS and WHO/AFRO have not yet developed final plans concerning dissemination of results within the region. It is expected that a budget will be needed for this purpose in 1981. It seems best that detailed planning concerning this type of dissemination be postponed until the initial research projects are selected and implemented and there is a clearer idea concerning the types of results that will be forthcoming.

SHDS and WHO/AFRO will be in a good position to utilize the results of research projects that focus on issues and problems concerning the SHDS programs themselves. This useful tie-in between research and its utilization was one of the major reasons for selecting research focusing on SHDS activities as one of the priorities of the research program.

As the research program gets underway, SHDS and WHO/AFRO will begin to think seriously about additional mechanisms by which other institutions within the region might be encouraged to utilize results in an effort to improve health care delivery.

V. Recommendations

Most of the recommendations resulting from this assignment follow as a consequence of the program plans discussed in the section above. They are presented below:

A. A decision should be made by WHO/AFRO as soon as possible concerning the choice of the site for the up-coming applied research course. This is important as sufficient time must be left for other important "pre-course" activities such as mailing of a follow-up letter to the governments concerning selection of course participants, mailing of course materials to the participants themselves, making administrative arrangements for the course in the site chosen, etc.

B. Effort should be made jointly by WHO/AFRO and SHDS to select good participants for the course, following closely the criteria outlined on page 4 of this report. Selection of participants who have a real interest in applied research, who have identified a priority problem for study, and who will be able and willing to work on their study on return, is critical to the success of the WHO/SHDS applied research program.

C. If it is politically possible, WHO/AFRO and SHDS should consider the merits of holding courses such as the one being planned for 3 to 5 participants from a small number of countries rather than 1 to 2 participants from a large number of countries. Past experience in regional type training has shown that training given is much more likely to have an impact in-country if a "critical mass" of participants from a particular country can be trained at the same time. Training several members of a country team at once make it much more likely that they will be able to implement what they have learned once they return home. If research course trainers, for example, were able to work with groups from a small number of countries that had been selected by their governments to work together on a particular applied research study, the participants are likely at the course's end to be much closer to implementation of their study, than if just one participant per country has benefited from training, and must return home to convince and train others.

D. As the first applied research course is being designed and implemented, substantial emphasis should be placed by trainers and SHDS staff on developing a "model" for courses of this type, presented so it can be used by other groups interested in providing similar training. Thus the trainers and SHDS involved should aim toward development of a practically-oriented report of the activity, including instructional materials, session plans, etc. for the course.

E. Decisions should be made by WHO/AFRO and then AID/Washington as soon as possible concerning mechanisms for selection of research projects for SHDS support. It is essential that selection mechanisms be kept as simple and unbureaucratic as possible, so that timely decisions can be made regarding funding. Once agreement is reached concerning criteria for funding, decisions concerning selection of projects should lie in Africa, via whatever mechanism is agreed upon.

F. As the research program gets underway, SHDS and WHO/AFRO will find that administration of the program, proper selection of projects, supervision of researchers, dissemination of results, etc, is a time consuming process, if done effectively. Additional staff for this component of the SHDS program. based in Abidjan, should be planned for 1981.

APPENDIX 1

Background Related to the Assignment

The SHDS Project focuses its program on four inter-related objectives which include strengthening of health systems in West and Central Africa through programs in the areas of 1) health planning and management; 2) health manpower training; 3) disease surveillance and immunization; and 4) low cost health delivery.

The program in the fourth area of "low cost health delivery" has been the slowest in getting underway. Originally activities in this part of the Project were to be focused, to a large extent, on "strengthening the capabilities of two African educational institutions to serve as regional centers which would assist the countries of West and Central Africa, through training, applied research, and evaluation activities in developing and improving systems of low cost (affordable) health delivery". The CUSS (University Health Sciences Center) in Yaounde, Cameroon, had been identified as the institution in which the first center would be developed. Unfortunately, at about the time the program was scheduled to get underway, the Director of CUSS who had been very active in promotion on the new regional centers was unexpectedly replaced. Due to this sudden change and a desire to study the proposal in more detail, the Project Coordinating Committee voted in November, 1978 to table consideration on this aspect of the program. In early 1979, following the PCC meeting's decision, both USAID and WHO/AFRO requested that SHDS concentrate it's efforts under Objective IV on applied research related to low cost health delivery, without attaching the program to specified centers. WHO/AFRO had identified applied research as an important aspect of it's mid-term, five year plan for activities in the area of primary health care. As WHO/AFRO's funding and manpower for development of this aspect of its program was limited, it asked that SHDS consider developing a collaborative program in applied research, which would provide research training and also funding for applied research activities within the region. As a first step in this process, WHO/AFRO requested that the SHDS-sponsored primary health care workshop scheduled for June of 1979 develop the first draft of "guidelines for applied research" that could be used both within WHO/SHDS program and in other WHO/AFRO programs.

SHDS agreed to concentrate on development of a collaborative program in applied research. In June of 1979 the participants at the workshop gave recommendations concerning acceptable guidelines for applied research. The SHDS staff then worked to prepare a comprehensive document, based both on these recommendations and others suggested by the WHO/AFRO Advisory Committee for Medical Research in Africa. This was presented to WHO/AFRO in September, 1979. In addition, WHO/AFRO and SHDS worked jointly to outline program activities for 1980. These activities were to include finalization of the research program, planning and implementation of a regional course for development of research protocols, and

selection and support of applied research activities within the region. In November, 1979 the Project Coordinating Committee approved the 1980 plan.

In early 1980 further planning was completed on the applied research program. SHDS and WHO/AFRO tentatively scheduled the research course for late July, 1980 and Upper Volta and Senegal were chosen by the Regional Director as two possible sites for the activity. WHO/AFRO selected Dr. Thomas Nchinda (Cameroon) and Dr. Papa Soulye Ndiaye (Senegal) as the two AFRO consultants to participate in the planning and implementation of the course. SHDS identified Dr. Yolande Mousseau-Gershman (Canada), and Dr. Ann Brownlee (SHDS Boston) as two additional trainers. Dr. Mousseau-Gershman and Dr. Brownlee were also given the assignment of working with SHDS Abidjan and WHO/AFRO staff to develop final plans for the research program as a whole. A trip was planned for completion of this assignment in March-April of 1980.

APPENDIX 2

TRIP ITINERARY

WHO/AFRO arranged for meetings between Drs. Brownlee and Mousseau-Gershman and Drs. Nchinda and Ndiaye. As the latter two consultants were apparently unable to travel due to scheduling constraints, it was suggested that they be visited in turn in Senegal and Cameroon. Thus the itinerary followed by Drs. Mousseau-Gershman and Brownlee was as follows:

March 30, 31, 1980	Dr. Mousseau-Gershman met with Dr. Ndiaye in Dakar, Senegal to work on preliminary planning for the July research course.
March 31 - April 5, 1980	Dr. Brownlee joined Dr. Mousseau-Gershman in Abidjan where the week was devoted to joint planning with the Abidjan staff concerning the research program and course. In addition, Dr. Brownlee worked on other SHDS activities.
April 6-9, 1980	Dr. Brownlee and Dr. Mousseua-Gershman worked in Brazzaville with the WHO/AFRO staff, Dr. French and Mrs. Harvey on final planning for the research program and course. Dr. Brownlee concentrated on planning for the research program, Dr. Mousseau-Gershman on the design of the research course.
April 10, 1980	Dr. Mousseau-Gershman and Dr. Brownlee, along with Mrs. Harvey, met with Dr. Nchinda in Yaounde, working further on plans for the research course. (Dr. Mousseau-Gershman departed after this work was completed.)
April 14-16, 1980	Dr. Brownlee met with the directors of the Lome and Lagos Training Centers on other Project business.
April 17-20, 1980	Dr. Brownlee worked with the SHDS staff in Abidjan on drafting of final documents concerning the research course and program.
April 22, 1980	Dr. Brownlee met with Dr. Ndiaye in Dakar to discuss final plans for the research course.
May 7-8, 1980	Drs. Brownlee and Mousseau-Gershman met in Boston for two days of additional work on the research course.

APPENDIX 3

AFRO MEMORANDUM

Dr G. Ramanohisoa
Fonctionnaire régional
pour le Directeur régional

Ceux mentionnés ci-dessous — 19 février 1980

ICP/SPM/013

COURS DE FORMATION EN METHODOLOGIE DE LA RECHERCHE APPLIQUEE EN MATIERE SANITAIRE

29 FEVR. 1980

Pour le mois de juillet 1980, le Bureau régional en collaboration avec le projet de renforcement des systèmes de prestation sanitaires en Afrique Centrale et Occidentale (ICP/SPM/013 basé à Abidjan), se propose d'organiser un cours sur le sujet susmentionné.

L'objectif général du cours est de renforcer les potentialités individuelles ou institutionnelles de la Région pour effectuer de la recherche appliquée pouvant améliorer le fonctionnement des systèmes de prestation des services de santé à prix peu élevé.

Le cours durera 10 jours. Les dates et les lieux exacts vous seront communiqués incessamment.

Le participant doit être un administrateur de santé publique, médecin ou non, travaillant dans un organisme de conception ou de réalisation de projet de recherche appliquée aux services de santé, ayant déjà une expérience dans ce domaine. De préférence, il doit préparer et amener un projet de recherche susceptible de réalisation.

Nous vous demandons de contacter les autorités de votre pays de responsabilité pour la désignation de ** candidat(s) dont les frais de voyage et de séjour seront pris en charge. En cas de réponse négative, veuillez nous informer par câble.

Distribution :

WPCs : Abidjan (** 2)
Bamako (** 1)
Cotonou (** 1)
Dakar (** 2)
Libreville (** 1)
Lomé (** 1)
N'Djamena (** 1)
Nouakchott (** 1)
Ouagadougou (** 2)
Yaoundé (** 1)

NWCs : Niamey (** 1)
Conakry (** 1)

Copie pour information à :

Mme N. Harvey, ICP/SPM/013 Abidjan

ACM/AFRO

APPENDIX 4

COURS DE FORMATION EN METHODOLOGIE DE LA RECHERCHE APPLIQUEE EN MATIERE SANITAIRE

Du 28 juillet au 7 août 1980, à Ouagadougou, le Bureau régional en collaboration avec le Projet de Renforcement des Systèmes de prestation sanitaires en Afrique centrale et occidentale (ICP/SPM/013 basé à Abidjan) se propose d'organiser un cours sur le sujet susmentionné.

Un des objectifs de ce cours est de former les participants à la préparation de projets de recherche appliquée en matière sanitaire pouvant être financés localement ou par des organismes internationaux.

Il serait souhaitable que votre (vos) participant(s) travaille déjà:

1°) Soit dans un service central ou régional de santé, avec responsabilité dans le domaine de soins de santé primaires

2°) Soit dans une institution de formation du personnel sanitaire;

3°) Soit dans un centre de recherches.

Le(s) participant(s) devra être dans une position ou il aura la possibilité de mettre en oeuvre un projet de recherche appliquée dans le domaine de soins de santé primaire.

Il est recommandé que le participant prépare et apporte sous une forme écrite, une ébauche de projet de recherche, ou au moins une idée de projet de recherche relatifs à un problème de santé prioritaire dans son pays.

Enfin, il serait souhaitable que le participant se munisse des renseignements pertinents qui lui permettront de travailler à l'élaboration de son projet de recherche en vue de sa réalisation, de retour au pays.

Nous vous prions de bien vouloir:

1°) désigner 1 ou 2 candidats dont les frais de voyage et de séjour seront pris en charge.
2°) Un suppléant éventuel.

Si à la date du 15 juin 1980 les noms du (des) délégués d'un pays ne nous sont pas parvenus, leur(s) bourse(s) seront offertes aux pays qui désireraient envoyer un plus grand nombre de participants.

En cas de réponse négative, veuillez nous informer par cable avant le 15 juin 1980.

APPENDIX 5

COURSE OBJECTIVES

WHO/SHDS Course on Applied Research on Health Service Delivery and Primary Health Care

At the end of the course the participant should be able to:

--Give examples of major types of applied research currently used to address problems of health service delivery and primary care.

--List major donor agencies with interest in funding various types of applied research within his own country and demonstrate how a proposal may be adjusted to meet specifications of the organization to which it is addressed.

--Select an appropriate research project, considering priority health care problems, investigator skills and interests, available resources and the potential applicability of research results.

--Prepare a description of background on the problem selected for study indicating briefly what the problem is, why and how it was chosen for study, its relevance to national and regional priorities, and what relevant findings are available from past research.

--Prepare appropriate research objectives for the project.

--Develop an appropriate research design for the project.

--Develop a project work plan adapted to local conditions, including a schedule for the research, monitoring, administrative and evaluative activities involved.

--Prepare job descriptions with time requirements for project personnel and identify potential staff and consultants.

--Identify and describe the institutional and administrative support needed for the project.

--Prepare a realistic and appropriate budget for the project.

--Outline a post course strategy for completing the proposal and obtaining project funding.

APPENDIX 6

Course Schedule (Programme du Cours)

1ere Semaine

Lundi 28/7/80
- Ouverture officielle
- Pretest
- Définition de la recherche
- Types de recherche
- Projets de recherches OMS et d'autres organismes
- Information sur organismes donateurs

Mardi 29/7/80
- Identification des priorités
- Sélection d'un projet
- Travail de groupe

Mercredi 30/7/80
- Enoncé du problème
- Travail de groupe

Jeudi 31/7/80
- Objectifs
  - globaux et spécifiques
  - long terme, intermediare, et courte terme
- Travail de groupe

Vendredi et Samedi 1 & 2/8/80
- Methodologie
  - instruments
  - échantillonage
  - variables
  - compilation des donnés
  - analyse et interprétation des résultats
- Travail de groupe

2ème Semaine

Lundi 4/8/80
- Discussion des résultats du travail de groupe
- Chéminement critique
  - activités de recherche
  - monitoring
  - administration
  - évaluation
- Travail de groupe

Mardi 5/8/80
- Staffing et administration du projet
  - Qui? Où? Comment?
  - Combien de temps?
  - Pourquoi?
- Formation préparatoire
- Travail de groupe

Mercredi 6/8/80
- Budget:
  - personnel
  - équipment
  - transport
  - etc.
- Principales difficultès imprévues
- Travail de groupe

Jeudi 7/8/80
- Présentation des projets
- Plan d'action pour les prochains 6 mois
- Post test et évaluation
- Clôture

APPENDIX 7

WHO/SHDS GUIDELINES FOR APPLIED RESEARCH ON HEALTH SERVICE DELIVERY AND PRIMARY HEALTH CARE

The Project for Strengthening Health Delivery Systems
in Central and West Africa
and
The World Health Organization
Regional Office for Africa
1980

Table of Contents

WHO/SHDS GUIDELINES FOR APPLIED RESEARCH ON HEALTH SERVICE DELIVERY AND PRIMARY HEALTH CARE* **

1. Purpose of the guidelines

To encourage the development, application, and testing of strategies and techniques which will improve the capacity to plan, implement, and manage appropriate health delivery systems in West and Central Africa.

2. Objectives of the WHO/SHDS program for applied research on health service delivery and primary health care

2.1. To train and assist appropriate personnel in the region in 1) design of protocols and proposals for applied research on health service and primary health care; 2) research methodology; and 3) development of funding support for applied research.

2.2. To encourage the development and submission for funding of proposals for applied research on health care likely simultaneously to be of benefit in improving the health of the population and the applied research capabilities within the region.

2.3. To select proposals for WHO/SHDS sponsorship and participate in their support through offering WHO/SHDS program funding and/or assisting in locating other funding sources.

2.4. To offer needed technical assistance to these applied research projects.

2.5. To obtain support for publication, dissemination, and application of useful findings of applied health services research undertaken in Africa.

3. The program's research priorities

3.1. Emphasis on national and regional health priorities and needs

Priority will be given to research proposals that:

--Focus on development of solutions to health problems that have relatively high priority in the country(ies) in which the research will be undertaken;

--Focus on solving problems that are critical to the successful implementation of primary health care programs;

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*The first draft of these guidelines was prepared, at the request of WHO/AFRO, by a group of African health professionals and SHDS staff at the last WHO/AFRO-SHDS sponsored workshop on primary health care held at CUSS/UHSC (University Health Sciences Center) in Yaounde, Cameroon, June 12-16, 1979. This final draft was prepared by the SHDS staff, taking account of the workshop recommendations and other relevant documents from WHO/AFRO and elsewhere.

**Applied research on health services delivery and primary health care can be defined as the systematic study whereby basic knowledge and methodologies from one or more disciplines are brought to bear on the heath needs of individuals and communities within a given set of existing conditions. (This definition closely follows that made by the WHO/AFRO Medical Advisory Committee on Medical Research in Africa during its third session, November 1978, page 7 of the report.)

--Focus on development, application, and evaluation of techniques and strategies that will significantly improve the health of local populations in the region and especially that of groups that are underserved, high risk, or otherwise vulnerable; and

--Address health issues and problems of importance to the effective delivery of health services throughout all or a substantial portion of the region.

3.2. Emphasis on areas identified by the Alma-Ata Conference as essential to primary health care:

Research proposals should focus on one or more of the following areas which have been identified by the International Conference on Primary Health Care at Alma-Ata in 1978* as essential to primary health care:

--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;

--immunizations against the major infectious diseases;

--prevention and control of locally endemic diseases;

--appropriate treatment of common diseases and injuries; and

--provision of essential drugs.

3.3. Additional areas for emphasis

3.3.1. Health manpower training

Priority will be given to research proposals, among others, that seek solutions to important problems of health manpower training, especially as this training relates to primary health care workers and their supervisors.

3.3.2. Health planning and management

Priority will be given to research proposals, among others, that seek solutions to current problems of health planning and management that hinder the delivery of adequate care to local populations.

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*Page 4, Item 3, of the "Declaration of Alma-Ata" in Alma-Ata, 1978, Primary Health Care, WHO Geneva, 1978.

3.3.3. The cost of health care

Priority will be given to research proposals, among others, that address important problems concerning the cost of health care and the cost effectiveness and efficiency of various health program strategies.

3.3.4. Appropriate health technology

Priority will be given to research proposals, among others, which involve the development and/or application of appropriate, acceptable, low-cost, and effective technologies (either new or traditional) that, when possible, make broad use of local resources. Appropriate technologies for primary health care may include, among others, methods for promoting community participation, for involving and integrating traditional healers and birth attendants in the health system, for making use of traditional medical and pharmaceutical knowledge, for creating village pharmacies, etc.

3.4. Aspects of health service delivery to be explored

Research proposals focusing on programs of health service delivery might examine one or more of the following aspects of existing or alternative programs:

--The inputs into health delivery programs (e.g., personnel, staff training, equipment and supplies, budget, etc.)

--The process of health care delivery (e.g., administration and delivery of care, the cost and quality of the care provided, methods of program monitoring, etc.)

--The outputs of health delivery programs, (e.g., services rendered, persons served, etc.)

--The impact of this care on the population (e.g., effects on health status, demographic, socio-economic and political effects, etc.)

3.5. An integrated approach to health care

When appropriate, the proposal should reflect an integrated approach to the problems of health and health care.

Consideration of the health situation in the context of wider issues of socio-economic development and the country(ies)' development plans and problems is encouraged.

In some cases research may focus on development oriented-programs other than those traditionally considered "programs of health service delivery", which, nonetheless, may have a significant impact on health.

Collaboration with experts from disciplines, research organizations, and/or government ministries that should articulate with the health sector, such as those concerned with development, planning economics, housing, education, nutrition, agriculture, communication, social welfare, etc., is encouraged in cases where this collaboration will provide the study with a broader and more realistic consideration of the problem explored.

3.6. The value of comparative research

Projects which aim to replicate studies already done in other areas or countries will be considered when the proposed study is likely to produce comparative data and results of practical benefit in solving health-related problems.

Projects which explore the same aspect of health or health care within several countries or areas of the West and Central African region within a comparative format are encouraged. (This, however, does not preclude selection of protocols focusing on only one area or country.)

3.7. Choice of research topic

The choice of research topic is the prerogative of the individuals and/or organizations proposing the research. The list of priorities given above is presented to give applicants some idea of the types of topics that have been identified by African experts as important health and health care problem areas toward whose solution applied research could make a useful contribution. This list by no means covers all possible topics, but simply gives some of the general guidelines concerning acceptable research topics that will be used when considering proposals for possible funding under the WHO/SHDS Program of Applied Research.

4. Acceptable research standards and methodology

4.1. Knowledge and advancement of the field of study

The proposal should demonstrate a thorough familiarity with the current state of knowledge and research in the field to be explored and should indicate how the proposed study would advance understanding on the topic selected for research. Projects which take account of and build upon or explore complementary aspects of other research on the same problem are encouraged.

4.2. Maintenance of scientific standards of research

The project should use research design(s) and methodologies of acceptable scientific quality. For example:

--The research hypothesis(es), if there are any, should be clearly and acceptably stated.

--Methods for testing the hypothesis(es) should be of acceptable scientific quality.

--When using the experimental method, inclusion of control group(s) should be considered when practical.

--Research variables should be clearly identified, and adequate methods for controlling appropriate variables devised.

--Samples, if used, should be selected so as to avoid systematic bias.

--Issues concerning the reliability and validity of measurements should be adequately addressed.

--Statistical methods, when employed, should be appropriate.

--Pilot testing of the research methodology and design, when appropriate, should be included as part of the project.

--Methods for analyzing research data gathered should be adequately and clearly planned before the research begins.

4.3. Use of acceptable research methodology

Acceptable methods of research of any type and from any recognized discipline appropriate to the solution of the applied health sciences research problem may be used.

Not all research projects, for example, would necessarily utilize the experimental scientific approach (isolating a problem testing a hypothesis with rigorous controls, and obtaining clear cut results). Health services research should be practical and applied and may use other methods such as observations made in health institutions and the field, critical analyses of existing health practices, studies of interesting cases, etc. The results will not always be expected to yield definite answers but should make available important data that will facilitate decision-making by health authorities.

4.4. Compliance with ethical standards of research

The proposal should comply with acceptable ethical standards for research. These would include adherence, when applicable, to acceptable ethical standards on such important issues as:

--the rights of human subjects involved in medical research;

--the rights of persons studied to privacy, confidentiality, and respect for cultural and religious beliefs (including the question of special problems involved in guarding these rights when dealing with illiterate or semi-literate populations);

--consideration of the social and environmental costs and benefits of the research and of the necessity of assessing the impact of the research in social, environmental and other areas; and

--the right of the population studied to feedback concerning the results, whenever appropriate.

5. Organization, administration and staffing of the research project

5.1. In-country approval of the proposal

Approval for the proposed project should be obtained from whatever national, university or other research review body is appropriate within the country(ies) in which the research will be undertaken. (In some countries this might be a national health or medical research council which is part of a more general national research review body.) The appropriate review body should, among other things, ascertain or verify that the project will contribute towards solving a problem whose solution is of high priority because of its probable positive impact on the health of the country's population.

The proposal should comply with whatever grant conditions normally apply in the country(ies) in which the project will be located.

5.2. Participants in the research

5.2.1. Use of local personnel

The principle investigator(s) on the project should be from the country or region in which the proposed research will take place. The project should utilize local or regional personnel in other project positions whenever possible. The proposal should indicate the nature and extent of local and regional research capability available for the project and how local and regional expertise will be utilized.

5.2.2. Appropriate types of personnel

The types of personnel used within the project are not restricted to health researchers, but can include research, service, and planning workers from a variety of disciplines and levels, as well as students enrolled in academic or training institutions, depending on the needs of the project. When appropriate, efforts should be made to collaborate with research, planning and/or service personnel in other areas that should articulate with that of health, such as rural development, planning, economics, education, agriculture, etc.

5.2.3. Involvement of health service personnel

Health service personnel of various levels working within the health program or area studied should be involved, as appropriate, by those responsible for the planning and implementation of the research projects. As necessary, arrangements should be made for integration of research activities into the normal pattern of work.

Efforts should be made to foster, through project design, close collaboration between research and service personnel. Health service personnel, involved during the planning

stages, may be able to identify important problems of health or health care toward which research might be addressed. In addition, they may be able to give valuable advice concerning implementation of the research in health care and community settings. Health personnel who understand the research objectives and are involved in appropriate roles in the study's execution are much more likely to have an investment in utilizing its results.

5.2.4. Involvement of community members

In some cases it may be possible to involve persons in the community studied in either the formulation of the research problem, planning of the research, its implementation, or evaluation. To the extent that community involvement and participation of any of these types is feasible, appropriate, and beneficial, it is encouraged.

5.2.5. Affiliation of participants with local or regional institutions

The group applying for the grant should be affiliated with a local or regional institution or organization. There are no specific restrictions on the types of institutions that may be involved. The institution may be, for example, an educational organization, a governmental, private, or community agency or group whose work relates to the planning or delivery of health care or applied health-related research, etc.

5.2.6. Use of outside personnel

In cases in which certain necessary technical expertise is not available within the country or the region, the project designers may wish to utilize expertise from outside the region. In cases such as this the project design, when practical, should include mechanisms for training local personnel in the skills initially provided by outside consultants.

5.2.7. Collaboration with outside institutions

In certain cases where particular types of technical expertise are not available locally, the organization(s) proposing the study may wish to collaborate with institutions from either within or outside the region in implementation of the study. If so, the local or regional organization(s) involved should have the major decision-making power on the project.

5.3. Length, scope, and budget of the project

5.3.1. Length of the project

The length of the project may vary, depending on the particular problem or issue addressed and the methods proposed to investigate it. Because research funds are limited and potential projects to be funded numerous, the projects pro-

posed should be as short and practical as possible, considering research requirements.

If the research is successfully completed and there are strong indications both that the results thus far have been of major practical benefit and that further study will yield additional positive results of sufficient value, an application may be made for funding of further "phases" of the project.

5.3.2. Scope and complexity of the project

The project should be of a scope and complexity that is reasonable, considering the past research experience and current research capabilities of the investigators, and the needs of the particular study.

5.3.3. Size of the project budget

The project budget should be reasonable considering 1) realistic funding needs of the research study proposed; 2) the capacity of the research group to use the funds effectively; and 3) the benefits the project is likely to bring in terms of improved health and/or health care, in comparison with the project's cost.

5.4. In-country coordination of the project

Research projects selected should be coordinated by whatever research body is most appropriate within a particular country. In some countries national health or medical research councils (at times part of a larger national research body) supervise and coordinate health-related research. In countries where these councils or similar bodies do not exist, authorities might be encouraged to explore the possibility of developing them. As much as possible, a balance should be maintained between the need for guiding research in accordance with nation policy directives and the need to preserve a climate that fosters beneficial creativity and innovation.

Whenever possible, authorities responsible for supervision of health research should coordinate with similar authorities in other areas or disciplines that should articulate with that of health.

5.5. Monitoring and evaluation of the project

The proposal should indicate what techniques and mechanisms will be utilized either internal to the project itself and/or an institutional or national level for monitoring and evaluating the project for quality of work, maintenance of the work schedule, adequacy of administrative and fiscal procedures, etc. Development of adequate monitoring and evaluation mechanisms for the project are essential. Periodic and final reports should be made.

5.6. Strengthening of local and regional institutions and their research capabilities

Whenever possible, proposals should include arrangements which serve

to strengthen institutions and their research capabilities within the country(ies) and/or region in which the project will be located. These arrangements could involve such things, among others, as 1) hiring of needed staff who may remain with the institution after the project ends; 2) planning for staff experience on the research project which will be of benefit to them in future work; 3) planning for on-the-job or more formal training of project staff in research techniques and other appropriate areas which will be of value to them and their institutions; 4) encouraging, through the research design, development of institutional mechanisms for project administration, monitoring, and/or evaluation that will be applicable in other program areas; and 5) encouraging, through the research design, establishment of collaborative relationships between institutions and individuals of long-term value.

6. Plans for dissemination and utilization of research results

6.1. Dissemination of results

Tentative plans for dissemination of research results should be outlined within the proposal. Major emphasis should be placed, in these plans, on distribution of results to potential users, both national and local, within the West and Central African region. Findings may be published in journals or other publications with principle circulation outside this region but, if so, should first be presented in publications with wide distribution within the region. (Note: Use of the publication and dissemination resources of WHO and other international organizations is encouraged.)

6.2. Utilization of findings

The proposal should include a statement concerning practical application of the results anticipated. It should describe any arrangements which have been or will be made within the country and/or region which will assure or make more likely utilization of the research results for improvement of health or health care.

7. Suggested format for research proposals

7.1. Title

7.2. Introduction

Brief summary of project, including at least 1) problem or need identified; 2) project goal, objectives, research design, and methodology; 3) investigators and institutions participating in project and their roles; and 4) rationale for proposed approach to problem.

7.3. Statement of problem or assessment of need

Brief description of 1) circumstances that have prompted proposal of the research 2) relation of the proposed research to other past or current studies (both by the investigators and others), and why the research

is needed; and 3) relevance of the study to national and regional health and health research priorities.

7.4. Goal and objectives

Description of 1) overall goal of the project; and 2) specific objectives, both short and long term.

7.5. Research design and methodology

Description of the overall research design and methodology, including 1) research hypothesis(es); 2) methodology for gathering data including, if applicable, sampling plans, variables, instruments and plans for determining their reliability and validity, compliance with ethical standards, and why methods chosen are most appropriate; 3) methods of data analysis; 4) anticipated results; 5) plans for dissemination of findings; and 6) project timetable or schedule, with target dates for completion of various stages of the project specified.

7.6 Project personnel and administration

A brief description of personnel that will be involved in the project, including staff involved in research, secretarial support, administration and evaluation. The discussion should include information on the positions planned, percentage of time on project, institution in which the positions will be located, brief job descriptions, identification of individuals who would fill the positions and their past experience. Brief discussions should also be included of plans for administration, monitoring, and evaluation of the project and of what institutions will be involved in the project and the roles they will play.

7.7 Significance

Significance of project, including 1) expected practical applications of results, plans for utilization of findings for improvement of health and/or health care, both nationally and within the region as a whole, etc.; 2) potential value of results for training purposes; and 3) extent to which the project is likely to strengthen the research capabilities of African researchers and institutions.

7.8 Budget and other support

Description of 1) budget for entire period of project with details of first year costs; 2) budget justification; and 3) other sources of support for project, either applied for or already assured.

7.9 Appendices

Appendices with more detailed data on various aspects of project than that given in the body of proposal, such as 1) list of personnel on project, their roles, percentage of time on project, summary of background and experience, curriculum vitae, etc.; 2) description of organizations involved in the research, roles they will play, their experience in related areas, facilities and equipment available; 3) bibliography of publications related to proposed research; and 4) other relevant material.