HEALTH SYSTEMS RESEARCH & WORLD HEALTH ORGANIZATION: FACTS, EVENTS, ISSUES, PERSPECTIVES AND DOCUMENTS

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ABSTRACT

The article gives a synoptic and retrospective overview of important facts, issues and perspectives regarding three decades (1970-2000) of health systems research within the World Health Organization, with a major focus on the various governance structures WHO organized for this particular research area. The review, which captures a broad variety of experiences, strategies and frameworks, enlarges the information base for making choices in organizing and strengthening health systems research within and beyond WHO and formulates recommendations to this end.
“… The most impressive aspect of the evolution of thinking about Health Services Research within WHO and other international agencies has been the rapidity with which there has been consensus about its high priority… The need now is for action at country and local level, with a deliberate effort to keep meetings at Geneva and regional level to a minimum…”

Personal communication from Dr C. Taylor to Dr H. Mahler, previous DG/WHO, April 1980

BACKGROUND AND RATIONALE

In 1985 the Netherlands Ministry of Development Cooperation, the Royal Tropical Institute of Amsterdam and WHO pooled resources and initiated the Joint Project on Health Systems Research for the Southern African Region, which covered twenty years later most countries in the African region.

Published by the (American) Association for Health Services Research, the “1997 Directory : Training Programs in Health Services Research” profiles 205 U.S. and 45 international training programs in health services research.

The Federation for International Cooperation of Health Services and Systems Research Centers (FICOSSER) is an international network of research centres working on health services and systems, which is organizing international meetings and publishes an International Directory.

From 1989 to 1998 the Health Systems Research and Development Programme at WHO published an International Newsletter BRIDGE “linking the producers and users of health systems research and clinical epidemiology”.

The Technical Discussions at the 43rd World Health Assembly in 1990 had health systems research as one of its four major themes and participants recommended that WHO should integrate rather than compartmentalize health systems research : “…such an approach should include the appropriate components of WHO special programmes, national capacity building efforts in co-operation with UNICEF and UNDP, and an international health policy programme…”.

In 1992 the International Development Research Centre (IDRC) published in three languages a Health Systems Research Training Series, targeting policy makers, researchers, universities, managers and trainers.

In its 1993 World Development Report “Investing in Health”, the World Bank employed new methods to estimate the burden of disease and cost-effectiveness analyses for prioritising health interventions, which gave an important methodological boost to health systems research.

In reviewing “Research to inform policy” the Ad Hoc Committee on Health Research Relating to Future Intervention Options (1996) included as options to achieve the
work on this agenda “a network of leading institutions with strong international overlay…” and “...a Special Programme for Research and Training on Health Systems and Policy…”.

Since recently the London School of Hygiene and Tropical Medicine is offering a Masters Course in Health Systems Research.

This listing of events, publications, organizations and activities in the field of health systems research could easily be extended and even turned into an impressive anthology or encyclopedia. More important, however, is the observation that over the last two decades health systems research gained an impressive momentum and that multiple actors or forces are playing a role in this process. The pluralistic worldwide health research system, which the Commission on Health Research for Development envisaged in its 1990 report “Health research: essential link to equity in development” for health research in general, manifested itself clearly in the field of health systems research. UN agencies, governmental organizations, civic societies and private companies, universities and research centers, donors and foundations, all play a role in constructing and reflecting the pluralistic character of the health systems research reality. This automatically raises the question of governance, of organizing the field in an effective way, of defining specificity and complementarity between various players, including the World Health Organization.

The purpose of this document is to give a synoptic and retrospective overview of important facts, events, issues and perspectives as they are reflected in official WHO documents and some grey literature, regarding three decades (1970-2000) of health systems research within the World Health Organization. The major focus is on governance of health systems research, on ways and structures by which WHO, mostly at HQ level, has organized this particular research activity. The document, which captures a broad variety of experiences, strategies and frameworks of the recent past in four time periods, aims to enlarge the information base for making choices in (re)organizing health systems research by and/or within WHO.

1. HEALTH SERVICES RESEARCH DISCOVERED (1967-1980)

Health practice/services research appears for the first time as an explicit activity within WHO’s overall Programme of Work in the Division of Research in Epidemiology and Communication Science (RECS). Established in 1967, the major mission of this (huge) programme was to extend the scope of WHO’s research activities. It sought to counter-balance the Organization’s emphasis on medical research by mobilizing non-medical disciplines particularly sociology, geography, operational research, computer sciences and communication sciences to participate in solving public health and medical problems.

With the restructuring of RECS in 1972, responsibility for the bulk of health services research was transferred to the Division of Strengthening Health Services (SHS). The new emphasis of the Organization on achieving health for all through primary health care explains why during the following years research on “the organization and management of health services” received more attention and recognition of its
importance. For instance the Alma-Ata Conference on Primary Health Care (1978) recommended that “...every national programme should set aside a percentage of its funds for continuing health services research; organize health services research and development units...”. Subsequently numerous WHA resolutions as well as recommendations and decisions of the Executive Board, the regional committees and the global and regional committees on medical research defined health services research as an explicit priority component of the Organization’s research effort.

The growing awareness of the potential role of health systems research in further articulating the Health for All /2000 strategy and in implementing primary health care, stimulated the Global Advisory Committee on Medical Research (ACMR) to establish in 1978 a **Subcommittee on Health Services Research**. Similar mechanisms were developed in most of the regional offices. Between 1978 and 1980 the Subcommittee had six sessions:

- The first session (Geneva, 1978) discussed the nature of HSR and defined it.
- The second session (Alexandria, 1979) defined the possible contributions of HSR to concepts and practices of primary health care.
- The third session (Washington DC, 1979) concentrated on approaches to mobilizing financial support for HSR.
- The fourth session (Geneva, 1979) developed a plan of work for the Subcommittee.
- The fifth session (Manila, 1980) concentrated on the development of national capabilities for HSR.
- The sixth session (Addis Ababa, 1980) discussed the role of HSR in relation to the proposed Health for All/2000 strategy.

At its sixth and last session, the Subcommittee made among others the following recommendations to the Director-General, which have particular relevance for the governance of health systems research within the Organization:

- “(1) The immediate strengthening of the WHO secretariat to enable it to manage adequately the health services research component of each programme…

- (2) The allocation of substantial budgetary and/or extrabudgetary funds to carry out health services research in designated priority areas…

- (3) The formation of a Scientific Steering Committee on Health Services Research as soon as possible to continue the work begun by the ACMR Subcommittee…

- (4) The establishment of the necessary close liaison:
  - between WHO and other United Nations and bilateral agencies to coordinate efforts…
  - within WHO by, among other things, ensuring regional representation…

- (7) The promotion of the establishment in each country of a national health services research coordinating body…which would involve experts from the ministry of health, other concerned ministries, research councils, universities, and non-governmental organizations…”.

As a result of the above developments, the Organization decided in 1980 to recognize health services research as an important priority, to give it greater visibility and to include it as a separately classified programme (3.3) in its Medium-Term Programme of Work, within the purview of the Division of Strengthening Health Services.

At the end of this first period the stage for health systems research was set: the need to organize it throughout the Organization as a horizontal programme, allocation of
additional human and fiscal resources, advisory bodies to guide the activities, incorporating external stakeholders, organizational arrangements at the various levels are the leading themes in the subsequent debate about the governance of health systems research within and by WHO and they will stay there for a considerable time.
2. HEALTH SYSTEMS RESEARCH BECOMING ORGANIZED (1980-1990)

Considering that for the Organization health systems research is and should be an important activity of all its technical programmes, the Programme on Health Systems Research received the following mandate:
- promotion, coordination and information exchange in the practice of HSR
- strengthening of national capabilities for HSR training and development
- support to substantive research in priority areas.

A WHO Study Group on Research for the Reorientation of National Health Systems (1982) determined the subjects and issues of importance for health services research and developed a classification of such subjects. This classification is in some way a list of global HSR priorities-avant-la-lettre and is therefore included in annex 1. Since it was not within its mandate, the Study Group did not touch upon any organizational or governance issue, but it did contribute indirectly to the shift in name from health services to health systems research.

Organizational and governance issues of the Programme were for the first time explicitly addressed in the review by the Programme Committee of the Executive Board (November 1984) of the status of health systems research in countries and WHO. This review was important for the following reasons:
- the review emphasized that, although the main responsibility for health systems research in WHO remains with the so-called “health systems” programmes, various other “science and technology” programmes could contribute important knowledge to the development of health systems and the review gives a broad sample of examples from such programmes;
- because of the diffuse responsibility for health systems research throughout the Organization, the review stressed the need to establish focal points (at each organizational level) “…to identify neglected areas or gaps, act as an information clearing house, and implement those activities that are common to or cut across the several or all technical programmes…”;
- the review endorsed the following three major, interrelated and interdependent, programme components: promotion and support, strengthening of national capabilities, and initiation of substantive research in priority areas.

With the review by its Programme Committee as input, the Executive Board at its seventy-fifth session (January 1985), followed afterwards by the thirty-eight World Health Assembly (May 1985), emphasized the need to strengthen health systems research within the Organization and recommended therefore additional funding for the health systems research programme. In response to this recommendation, the Director-General made an additional budgetary allocation of up to US$ 500,000 for the financial period 1986-1987 to support country specific research and development activities, which allowed the programme to mobilize successfully extrabudgetary resources from an increasing number of donor agencies.

To facilitate the review, monitoring and evaluation of country-specific research and development activities, supported by the DG Development Fund, but also to give
guidance to a fast growing programme on health systems research, the Organization decided to establish in 1986 a Health Systems Research Advisory Group, with the following major terms of reference:

- advise the Director-General on priorities and directions over the short-, medium- and long-term in health systems research;
- advise on specific programme needs in information collection, analysis and dissemination, identification of priority issues in the reorientation of national health systems affecting a number of countries;
- facilitate the review, monitoring and evaluation of country-specific research and development activities through on-site visits and consultation;
- promote understanding of and political and technical support for the HSR programme at all levels of the Organization;
- mobilize scientific resources in the field of HSR and identify and mobilize financial resources;
- make recommendations to the Director-General in relation to the above.

The Advisory Group counted between 8 and 15 members and included senior scientists from various disciplines, managers and decision-makers, and principal investigators of HSR projects at country level.

The Health Systems Research Advisory Group had four meetings: Geneva (1986), Gaborone/Botswana (1988), Geneva (1991/this meeting was an integrated meeting with the Consultative Committee on Primary Health Care Development) and Lilongwe/Malawi (1993). All four meetings have been fully reported and include recommendations regarding policy, structure and organization of health systems research at the various levels of the organization. Most emphasis was given to promotion and advocacy, capacity strengthening and organization, management and governance of health systems research at country level. Regarding the governance of health systems research at global and regional level, all four meetings made strong recommendations to strengthen and develop the HSR programme at HQ and regional levels by redistributing existing manpower and financial resources and by allocating additional resources, but did not come up with specific and operational scenarios to implement such recommendations.

In view of the increasing health systems research activities within the various programme areas of WHO at global and regional levels and within the countries themselves and in order to allow the Health Systems Research Programme to assume its focal point role for coordination in a more effective way, the Organization established at HQ level an Interdivisional Core Group on Health Systems Research under the Chairmanship of an Assistant Director-General and with the Health Systems Research Programme as secretariat. The Group brought together representatives from various technical programmes including: Strengthening of Health Services, Human Resources for Health, Tropical Disease Research, Human Reproduction Research, Family Health, Managerial Process for National Health Development and Health Situation and Trend Assessment. Its major tasks were exchanging information about ongoing and planned HSR activities and evaluating experiences of country- or programme specific HSR projects. The Group met periodically but its functions were taken over and integrated in the Health Systems Advisory Group (see above).
Besides funding, advisory group and core group, two more organizational features have to be mentioned in the growing process of institutionalising HSR. First of all, the parallel—and significant—development of HSR at the level of the WHO Regional Offices. For instance, PAHO organized a series of Health Systems Research Promotion workshops, EMRO promoted through its Task Force on Health Research national developments in HSR, WPRO organized country and intercountry workshops on HSR. The other important feature was the implementation of the HSR programme in close partnership with other initiatives or activities. Examples of such partnerships included the UNICEF’s Operations Research Programme, the World Bank based International Health Policy Programme, the Network of Community Oriented Educational Institutions for Health, the International Clinical Epidemiology Network, the Commission on Health Research for Development. Participation in the governance structures of some of these partnerships contributed to a further spread and consolidation of HSR.

In view of this rapid and solid growth of health systems research and its increasing institutionalisation at global, regional and country levels, but also in response to recommendations by the Health Systems Research Advisory Group, the Director-General of WHO, Dr H. Mahler, considered the establishment of a Special Programme on Health Systems Research and Development, in analogy with the existing Special Programmes on Tropical Disease Research (TDR) and Human Reproduction Research (HRP). An international consultant (Carl Taylor) was recruited in 1988 to undertake a feasibility study for such an initiative. Hearings and discussions were organized within the Organization as well as within the donor community. The consultancy report made specific recommendations in support of such an initiative. Due to the change in leadership within the Organization, no follow-up was given to these recommendations.

3. FROM TECHNICAL DISCUSSIONS TO COHRED (1990-1993)

The growing recognition and acceptance by WHO and also by countries of health systems research as an essential tool in health development was further evidenced by the Technical Discussions during the Forty-Third World Health Assembly (May 1990). Under the overall theme of “The role of health research in the strategy for health for all by the year 2000”, the Discussions were organized around four major themes/issues:

- health systems research
- nutrition research
- research capability strengthening
- science, research and health care.

The discussions on health systems research identified three major challenges for the future development of health systems research and formulated a series of recommendations directly related to the governance issue:

- in order to enhance the present level of demand for health systems research, WHO “…should foster the collaborative relationship within the WHO
Secretariat and with governmental and non-governmental agencies and programmes…”;

- regarding capacity strengthening for health systems research, the discussions recommended “…that stronger links be developed between the HSR programme and other programmes and divisions with the training component in HSR and related areas…” and “…that a defined proportion of the country WHO budget be allocated to the support of HSR education and training…”;

- to institutionalise the efforts into a sustainable process, WHO should “…encourage and strengthen the several international programmes that deal with aspects of HSR and encourage them to coordinate their activities in support of country HSR programmes (such programmes include the HSR programme of WHO, the National Capacity Building Programmes of UNICEF and UNDP, and the HSR component of the WHO Special Programmes, among others)” and “…promote the establishment of a modest international HSR fund to provide seed money for countries launching HSR and to finance methods of development and other aspects of international collaboration…”.

The report of the Technical Discussions recommends that, for WHO to strengthen its efforts related to health systems research “…stronger links be developed between the HSR programme and other programmes and divisions …WHO set an example by incorporating HSR as a component of each of its action programmes…”.

The Technical Discussions recommended in conclusion to WHO that “…it strengthen its capability to support countries in their development of WHO and that WHO set an example by incorporating HSR as a component of each of its action programmes…”. Besides the report of the Technical Discussions, reference should be made to the Resolution by the 43rd World Health Assembly on the Role of Health Research, which includes a number of recommendations to Member States, bilateral and multilateral development agencies, nongovernmental organizations, foundations and appropriate regional organizations, the research community and the Director-General of WHO in relation to the major issues of the Technical Discussions.

Clearly the Technical Discussions enlarged the scope of the governance issue of health systems research for WHO: besides the construction of policy instruments to organize health systems research internally, like separate budget, advisory group, interdivisional core group, with a strong emphasis on horizontal development and integration within the Organization, the governance issue of health systems research receives now an additional external layer, emphasizing collaboration with partners outside the Organization and the creation of an international HSR fund. This new orientation is for instance illustrated by the resolution of the World Health Assembly, in response to the recommendations of the Technical Discussions, where it requests the Director-General of WHO “…to promote the harmonization of science and research policies in health between WHO, the United Nations system and other international agencies and organizations…”.

Parallel with the WHO/Technical Discussions, the Commission on Health Research for Development published in 1990 its report “Health Research: Essential Link to Equity in Development”. This report recommended “…the establishment of an international mechanism to monitor progress in health research and, when needed, to promote financial and technical support for research on health problems of the
developing world. The mechanism should be sufficiently independent to be objective in its recommendations, and therefore its mandate should not be to operate research programs but to promote action by others...”. As a result the Task Force on Health Research for Development was established on an experimental basis to carry forward the recommendations of the Commission. This Task Force created a subcommittee to look into “future mechanisms” and organized an international conference on “Health Research for Development” in Uganda (1992) to review progress made with the implementation of the ENHR strategy and to discuss future organizational arrangements to sustain the strategy. Both the subcommittee and the conference confirmed the need for a facilitating mechanism under a United Nations umbrella. Two possible options were identified: one was the establishment of a “unique experimental programme” within WHO and the second the creation of an NGO by WHO and two or more partners.

Consultations between the Task Force and the senior management of WHO (DDG) resulted in a proposal by WHO for the establishment of a unique experimental programme within WHO for the coordination of the ENHR strategy. This proposal was based on the following general principles of agreement:

- “WHO is willing to integrate the functions, activities and responsibilities from the Task Force on Health Research for Development from 1 January 1993 onwards.
- The integration will take place on an experimental basis for five years, after which an evaluation will be done.
- Since the major concern of the Task Force is to increase the capacities and practice of countries in using health research as a tool for more informed decision-making and in view of the operational experience and practice of the Programme on Health Systems Research in this matter, this Programme is the most suitable place to integrate functions and activities of the Task Force.
- In order to guarantee an optimal flexibility in responding to country needs, the initiative will be organized under the form of a (small) Special Programme, with the appropriate managerial mechanisms and structures.
- The Task Force will transfer suitable human and fiscal resources to the Special Programme in order to guarantee an immediate take-off and effective operation of the initiative.”

The above general principles of agreement were translated into a specific proposal “Coordination of the Essential National Health Research Strategy – COHRED – A Unique Experimental WHO Programme (02/07/1992)”, which identifies WHO as the Executing Agency of COHRED. In a letter of the DDG to the Task Force (09/07/92) it is specified that “...the WHO Health Systems Research and Development Programme with some modification of its terms of reference and mandate would act as anchoring entity for the proposed mechanism…” and it would be placed within the organizational structure of the office of the Director-General.

For a variety of reasons, including the “extended leave of the Deputy Director General”, this proposal including the “unique experimental WHO Programme” never became implemented. Indeed, the following year (March 1993), the Council on Health Research for Development (COHRED) was established as an independent international mechanism. WHO declined the invitation of the organizers to become a co-sponsor of this new initiative, thereby using the following arguments, formulated in a confidential WHO-consultancy report “Critique of a Strategy for Action in
- abdicating WHO’s constitutional responsibility to promote and coordinate health research at the international level;
- implicitly agreeing that WHO was not fulfilling this role…
- harming its own interests by promoting an agency that is seeking funds from the same sources…
- supporting a body where the main budget items are for secretariat and administrative costs…
- lending support to an initiative based on an incorrect appraisal of the situation…
- promoting an initiative that divorces research from services…
- giving credibility to a group of national or private bodies that have international pretensions without having a true international character…
- getting WHO manoeuvred into a position where decisions would be taken and presented as endorsed by WHO when WHO was only one voice…

During the same period several policy recommendations were made regarding the Health Systems Research Programme, particularly its governance and place within the WHO organizational structure. These include:

- **The Consultative Group on the Role of Health Systems Research in Primary Health Care Development** (November 1991), which recommended that “…WHO re-evaluate the present structural and financial situation of the HSR&D programme within the larger framework of WHO/HQ, with a view to providing for a more visible focal point for the HSR&D programme in HQ…”.

- **The Programme Committee of the Executive Board** (August 1992) recommending that “…the organizational location of the Programme should be reassessed…”.

- **The Global Advisory Committee on Health Research** (September 1992) recommending that “…it is urgent for the Organization to have a stronger programme in HSR with commensurate fiscal and human resources allowing for a more pro-active focal point role….”.

In spite of the momentum created by the Technical Discussions, the boost by the strong (country) health systems research focus of the Task Force and its Essential National Health Research strategy, the various policy recommendations by a number of high level bodies within the Organization, and notwithstanding the solid anchoring of health systems research at regional and particularly at country level, the organization and governance of the health systems research programme within WHO did not change very much during this period. Lack of continuity in the management of the programme, changing (senior) leadership in the Organization and territorial obstructions to centrifugal developments within the programme definitely played a role, but to fully explain this lack of organizational response would require a more detailed analysis.
During the last decade, the Health Systems Research and Development Programme became more and more integrated within the Division for Strengthening of Health Services (SHS). This was one of the first recommendations made by the consultancy report “Health Systems Research and Development: Strategies for the Future”, developed by an external team of consultants (Brownlee, A., Taylor, C., Mwaluko, G. & Svensson, P.G.) on behalf of SHS (September 1994): “The WHO Health Systems Research and Development Programme should be given a more prominent position within the Strengthening of Health Services Division...”. The report proposed an agenda for action and recommended the following supportive structures for HSR at the various levels of the Organization:

- organization of a high profile inter-agency advisory group for HSR through the formation of a Sub-Committee for HSR under the Administrative Committee on Coordination of the UN agencies;
- revitalization of an intra-agency HSR Task Force with representation from various programmes in order to improve collaboration and coordination of HSR within the Organization;
- designation of active focal points for HSR within the regional offices;
- identification and strengthening of a number of WHO Collaborating Centres for HSR within the various WHO regions;
- decentralization of HSR organizational leadership within the various regions and countries.

Neither these recommendations nor the increasing demand from countries for support convinced the Organization to strengthen (the governance of) its health systems research programme. On the contrary: the programme lost its status of officially and separately classified programme within WHO’s Global Medium Term Programme, turned into a function within the re-organized Division of Strengthening of Health Services (ARA) and disappeared from 1998 onwards completely as an identifiable function, activity and/or programme within the overall Programme of Work, including the most recent one (2002-2005).

In parallel with the above developments, the World Bank published its World Development Report (WDR ’93): Investing in Health, which opened a window of opportunity to take renewed action and apply increased energy to strengthen and support health policy reform and equity-oriented health development. Building on this report the WHO/World Bank/IDRC sponsored Conference on “Future Partnership for the Acceleration of Health Development” (Ottawa, October 1993) analysed a number of interrelated problems, including the question: how can we strengthen the relevance, coordination and contribution of health research for health reform in developing countries?

As a follow-up, and on the request of a number of investors in health research, the Ad Hoc Committee on Health Research Relating to Future Intervention Options was formed in January 1994 under the auspices of the World Health Organization “to review health needs and related priorities for research and development in the low-income and middle income countries...to assist decision-making...on the allocation of funds to, and within, health R&D...”. Among the 17 recommendations of the final
The Norwegian Ministry of Foreign Affairs and Sida/SAREC of Sweden facilitated the further development of this proposal, a Project Group was appointed to produce background documents and an International Consultation took place in Lejondal/Sweden (April 1997), bringing together the major constituencies involved in Health Policy and Health Systems Research, reflecting different institutional environments and variations in professional experience, interests and views. At the Consultation the establishment of an Alliance for Health Policy and Systems Research was decided and the two sponsoring agencies were requested to proceed with processes to establish and provide support for an Interim Board with the following responsibilities:

- exploring feasibility of funding at the required level from multiple sources
- determining legal status, and provisional rules and regulations for operation.

Furthermore the Consultation stated that “…there are strong arguments for locating the institution in Geneva, with an administrative relationship to either UNDP or WHO…”.

An Interim Board was established, which commended a study by an external consultancy team “examining options for the structure, organisation and affiliations of the Alliance”. It is worthwhile to quote some of the recommendations of the final report, particularly in relation to governance and affiliation issues:

- Recommendation 4(a) : A simple network structure and organisation will not, at the start, adequately serve the Alliance’s goals and objectives/tasks.
- Recommendation 4(b) : The optimal Alliance structure will feature an executive-type “centre”, consisting of a board, board executive, and secretariat, but with a strong networking…
- Recommendation 7 : The Alliance should not be established as an independent international organisation. In all likelihood it should be established as an
independent legal entity…but in an administratively close and supportive relationship with an appropriate international organisation.

- Recommendation 8 : The possibility of full integration into another organisation, even if remote, deserves further discussion. Critical advantages would be ease of establishment, lower costs and (possibly) high motivation; primary disadvantage is decreased independence, and difficulty in finding a suitable institution.
- Recommendation 9(a) : Of the various options to house the Alliance, those associated with the UN appear most compelling, in particular some form of relationship with either WHO or with UNDP.
- Recommendation 9(b) : Other viable alternatives exist (non-UN agencies, NGO’s or university/research institutes) if the UN options are rejected. These may prove of lower cost and more sustainable. A WHO Special Programme could well become an attractive option some time in the future.
- Recommendation 9 (c) : Independent of institutional base, links between the Alliance and COHRED should be explicitly considered.

The Interim Board discussed these recommendations and made at its Meeting in Bangkok (1998) the following decision :
“ There was extensive discussion on the option of a WHO co-sponsored programme. It was agreed that while there might be a strong case for this in the medium to long term, it could not be set up quickly. Given the proposal on functional coordination with COHRED and the new developments in WHO, it was agreed that the most desirable option was affiliation with WHO through a link to the Global Forum. The most appropriate nature of that link would need to be explored in the light of the need to maintain the Alliance as organizationally distinct and autonomous, and with its own Board and secretariat”.

Based in WHO’s Cluster on Evidence and Information for Policy and under the legal umbrella of the Global Forum for Health Research, the Alliance was officially launched in 2000 with the following major objectives :

- Stimulate the generation and synthesis of knowledge, encompassing evidence, tools and methods
- Facilitate the development of capacity for the generation, dissemination and use of knowledge among researchers, policy makers and other stakeholders
- Promote the dissemination and use of knowledge to improve the performance of health systems.

After four years of operation, the Alliance is due for an external evaluation in 2004, which also will look into the institutional arrangements of the Alliance with WHO and the Global Forum. The outcomes of this evaluation, including possible directions for future work, affiliation and governance, will become available during 2004.

While the process of discussing, planning, establishing and operating of the Alliance was ongoing, the leadership in WHO changed (1998 & 2003) and the organizational structure of WHO became adapted to its new directions and goals. A new Evidence and Information for Policy cluster (EIP) was established “…to build the evidence base to help improve the process for health systems policy decisions….”. The following HSR-related comments can be made about its four major Areas of Work :
• Evidence for Health Policy: since this area is dealing with the development of tools, capacity and information to assess needs, choose the appropriate interventions and make any necessary changes to the health system, research and more in particular health systems and policy research, is one of the major strategies and approaches in this area, but this function is not recognized, identified, addressed and organized as such.

• Organization of Health Services Delivery: being the previous niche for the health systems research programme, this area of work covers issues like health service provision and quality of care, technology assessment and human resources for health, no explicit health systems research activities are covered.

• Health Information Management and Dissemination: this area of work has no direct relevance for health systems research.

• Research for Policy and Promotion: aiming to give research a higher priority and visibility, this area of work covers technical work and activities to strengthen health research capacity and health research systems and to monitor and evaluate the latest scientific advances with implications for health. Again, no explicit health systems research activities are covered.

The above observations lead to the conclusion that over the last six years (1998-2003) WHO has not been recognized, identified or organized health systems research as one of its major tasks or responsibilities. Without assessing its impact, the physical and organizational location of the Alliance for Health Policy and Systems Research within the WHO structure represents the only visible presence of health systems research for the time being: all the rest looks more like a virtual presence and reality.
CONCLUDING REMARKS

The above synoptic review of thirty years health systems research at WHO, with a particular focus on organizational and governance aspects, can be concluded with the following final remarks:

1. The observation made in 1980 (see cover page) about the rapidity with which there has been consensus within WHO about the high priority of health systems research can be amended thirty years later by changing rapidity by **consistency in consensus about its high priority**.

2. This consistent consensus about the priority for health systems research has **not been reflected in appropriate investments** (by WHO) in human, fiscal and technical resources nor in effective organizational or governance efforts in support of health systems research.

3. In spite of the pluralistic character of health systems research with a broad range of interested parties, WHO did **not sufficiently** (if at all) **incorporate** this **external environment** in addressing the governance of health systems research initiatives, which remained mostly restricted to internal corporate initiatives (task forces, advisory groups, regular budget, etc.). Initiatives to give health systems research a broader governance basis, like the Special Programme formula, the International HSR Fund and a UN based Advisory Group were recommended on a recurrent basis, but never implemented.

4. The neglect by WHO of incorporating the external environment in its governance of health systems research (co)explains the development of **parallel initiatives and governance structures**. The Council on Health Research for Development illustrates this for the early nineties, the Alliance for Health Policy and Systems Research for the late nineties and of course there is also the “possible announcement in Mexico of a new initiative to support health systems research” later on this year.

5. Although participating in them, **the role of WHO** in these parallel governance structures is **not always very clearly defined** (observing, information exchange, coordination, integration). This might lead to lack of synergy, competition, and even conflict in the pluralistic arena of health systems research and affect its credibility and market value.

6. Initiatives to organize health systems research within the Organization remained on the overall **restricted to “health systems” programmes**, not taking advantage of the HSR potentials in “science and technology” programmes.
7. Due to its location in a division (SHS/ARA) responsible for the execution of various other programme activities, the Health Systems Research Programme was not given the same level of status, authority and resources as other research programmes, like tropical diseases, human reproduction, research promotion and development. This affected in a negative way the negotiation power of the programme within the Organization as well as its credibility outside.

8. Organizational and governance arrangements for the health systems research programme suffered from a lack in continuity, which was partially related to the changes in leadership in the Organization and their organizational implications. It moved from a separately classified programme towards one (of many) activities of a Division and finally a virtual function throughout the Organization; from additional resources during one biennium to just regular budget the next; first the ACHR, then the HSR Advisory Group, to be followed by the Consultative Group on Primary Health Care Development, the Alliance Board, and … what tomorrow?

9. Whatever organizational and governance arrangements have been made and will be made in the future, one should not forget the message from 1980 on the cover page “… The need now is for action at country and regional level, with a deliberate effort to keep meetings at Geneva and regional level to a minimum…”.
SELECTED DOCUMENTS

A. Relevant for the Governance of HSR within WHO

1. Advisory Committee on Medical/Health Research, Subcommittee on Health Services Research


2. Programme Committee of the Executive Board

   - Health systems research: Background Paper, Seventy-fifth session of the Programme Committee of the Executive Board, November 1984 (EB75/PC/WP/4)

3. World Health Assembly – Technical Discussions

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