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## The Use of Research in Health Sector Reform in Latin America and The Caribbean

*A Report on the Regional Forum  
Salvador, Bahía, May 3-5, 2000*

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## INTRODUCTION

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The Division of Health Systems and Services Development of the Pan American Health Organization (PAHO) organized the forum *The Use of Research in Health Sector Reforms in LAC* in order to facilitate discussion between health sector reform managers, researchers, technical cooperation consultants and funding agencies on two closely related issues:

- The current status of research on health sector reforms, and priorities for the future research.
- Strategies for improving the use of research in the decision-making process in these reforms.

The forum was held as a part of the *Health Sector Reform Initiative in Latin America and the Caribbean*, a joint project between PAHO, USAID and the USAID funded projects, Family Planning Management Development (FPMD), Partnerships for Health Reform (PHR) and Data for Decision Making (DDM).

Although there is consensus with regard to the need for promoting the use of research in decision-making in health systems, best practices for actually achieving this goal are less clear. There are two dimensions of this challenge. On the one hand, research must be produced that is relevant to decision-making. On the other hand, results must be readily accessible to the people with influence in the policy-making process when they can be used.

The forum analyzed obstacles from the perspectives of the principal actors involved (those who do research, those who finance research and those who potentially utilize research). The meeting, sought to generate debate on key areas of the reforms that need to be investigated in the future in specific countries of the Region, as well as on short and medium term strategies that could be developed to increase the use of research in decision-making in the context of specific countries.

Four papers were prepared for discussion in the forum. They analyzed the status of research on health sector reforms from the information needs of three different perspectives: economics, the political process and management of health services. A fourth paper analyzed the environment in which research on health sector reforms is produced in Latin America and the Caribbean.



## 1. OPENING REMARKS

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*Mr. Wagner Porto, Cabinet Chief of the Health Secretary of the State of Bahia*, opened the meeting in the name of Dr. Cesar Borges, Governor of the State and Dr. José María Magalhães Neto, Secretary of Health of Bahia. He began by referring to the fact that all the countries in the world are searching for ways to maximize the impact of their health systems, not just developing countries. He went on to explain that the State of Bahia is in a moment of major transformations and that, in this context, it is with great interest and enthusiasm that he inaugurated this meeting of health reforms managers, international agencies and researchers.

*Dr. Jacobo Finkelman, PAHO Representative in Brazil*, thanked the Ministry of Health of Brazil and of Bahia for their hospitality, as well as USAID and PAHO's others partners in the LAC Initiative. He referred to the value of studying the Brazilian health sector reform, which has lessons that could be of use to many countries. He also expressed the view that this meeting was not intended to be simply a forum to interchange ideas, but that it should also be a first step towards negotiating new research agendas. In these new agendas, the information needs of decision-makers should be of central concern.

*Ms. Carol Dabbs, Chief of the Population, Health and Nutrition Team at the LAC Division of USAID* sent a message in which she conveyed her regret for not being able to attend the forum and emphasized that USAID is committed to pursuing the objectives expressed at the Miami Summit of 1994. Among these objectives, she stressed equitable access to basic packages of health services. She also wrote that USAID believes reforms can make a significant difference in achieving this goal and that research is an important venue through which to identify successful approaches to reforms. USAID's support for the LAC Health Sector Reform Initiative, which, through its various partnerships, is hosting this event, is one indication of the institutional commitment to improving reforms.

*Dr. Daniel López-Acuña, Director of the Division of Health System and Services Development of the Pan American Health Organization*, thanked the Brazilian health authorities, and in particular the Bahian State health officials, as well as the local office of PAHO, for the hospitality and excellent preparation for this meeting. He provided a brief history of the LAC Health Sector Initiative, which grew out of the 1994 Presidential Summit of the Americas. At this meeting, PAHO was asked to take on the responsibility of monitoring and evaluating health sector reforms. PAHO, USAID, and three other US-based partners—Data for Decision-Making (DDM), Family Planning Management Development (FPMD) and Partnerships for Health Reform (PHR)—began to coordinate efforts in this field two and a half years ago. Among the activities that have been initiated under this umbrella, are annual regional forums on different topics relevant to reforms in the Region. This year, the project's Steering Committee decided to focus the Regional Forum on the idea of constructing bridges, and in particular the notion of negotiated research agendas, that bring together research and the process of policy making. This forum, he said, is intended to stimulate discussions among researchers, health sector reform managers and international organizations and consultants on how best to advance in this direction. He also emphasized that the forum was organized in the spirit of what PAHO's Director, Dr. George Alleyne, refers to as "Panamericanism," a notion in which all countries of the Americas play a role in technical cooperation and the emphasis is on a network of sharing, rather than an effort to unilaterally transfer, technical skills. He closed by expressing his pleasure of having the Minister of Health of Nicaragua present, Dr. Martha McCoy, who in effect

embodies the bridging of research and policy making, as she herself has for most of her professional life spanned both worlds.

**Vinicio Pawlowsky**, of the Secretary of Policies in representation of the Minister of Health of Brazil, expressed his interest in this forum, which he considered particularly timely given the fact that the Brazilian Health reform is now 10 years old. A central characteristic of the reform has been the decentralization of the health system, which occurred as part of a wider re-democratization process. He said that there is now a need to evaluate the impact of this process, as well as what he called "impasses" in the process. One of the challenges, in this regard, has been to define the role of the three levels of government: Federal, State and Municipal. The issue of costs and of efficacy within the public health services sector requires new methodologies to evaluate the process of decentralization, particularly in terms of costs, efficacy and equity. He suggested that without this kind of research, reforms are in danger of repeating errors of the past. It is in this context, he said, that the Ministry of Health of Brazil is particularly interested in the topic of this forum.

## 2. PRESENTATION

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### THE NECESSITY AND CHALLENGE OF NEGOTIATING RESEARCH AGENDAS ON HEALTH SECTOR REFORMS BETWEEN RESEARCHERS AND USERS : DR. DANIEL LÓPEZ-ACUÑA

The basic premise of Dr. López-Acuña's presentation was that research is a vehicle for health system and services development. While the nature of reforms in the continent is undoubtedly fertile terrain for researchers, at the same time the reforms generate multiple questions that *demand* research in order to orient and successfully implement plans for change.

Based on the observations derived from the monitoring of health sector reforms being carried out in the context of the LAC Initiative, López-Acuña stressed the heterogeneity of reforms in the Region. At the same time, he said, many of the problems that require addressing in reforms are similar, including the following:

- Increased social exclusion and its impact on access to health services.
- Lack of alternative mechanisms for extending social protection in health.
- The potentially negative effect of desegregating health system functions in the context of already highly segmented health systems.
- Inefficiencies and inequities in health system financing.
- Low effectiveness of interventions and quality of health care.
- Inequalities in social security coverage.
- Lack of referencing in public and private networks of health services.
- Lack of comprehensive models of care oriented toward health prevention and promotion.
- Weakness in the development of human resources.

Research, in this context, should support the reorientation of health systems in search of greater equity, efficiency, quality, social participation and sustainable financing. **The challenge, he said, is understanding how to make research in health systems and services an instrument for this transformation, without diminishing either the singular role of research or its quality.**

In this regard, rather than dividing research topics into academic disciplines, he suggested that it may be more useful to focus on the interrelated functions of health systems, such as:

- Oversight of the system (stewardship)
- Financing
- Insurance (who, what and how)

- Delivery of health services

The *intermediate objectives* of these functions are to ensure universal access, cost effectiveness and quality of care. He referred to *terminal objectives* of these functions as health status, healthy environments and an increased capacity of individuals and communities to manage disabilities. Each of these functions, in turn, performs in relation to the basic desired attributes of the system: Solidarity, sensitivity, comprehensiveness, universality and equity. Problems that should guide the definition of negotiated research agendas also span macro, meso and micro level subjects. Each level is a necessary component of the process of change.

Dr. López-Acuña also referred to the importance of research as input into the process of technical cooperation at PAHO, and PAHO's potential role as a broker between the research and the policymaking processes.

In conclusion, he suggested the need for efforts in three areas as follows:

#### ***Reorient research priorities***

- Carryout research needs assessments of decision-makers in different forums.
- Facilitate concerted research agendas by establishing forums for interchange between researchers, policy makers, technical cooperation agencies and donors, promoting ties between researchers and policy-makers

#### ***Build research capacity in priority areas***

- Disseminate available tools and information bases for utilization as secondary sources, including *Health Systems Profiles*, *National Health Accounts*, *Essential Public Health Functions*.
- Support development, discussion and dissemination of research methodologies relevant to priority areas of research.
- Support networks of researchers in order to increase the possibility of organized collective negotiation of agendas, as well as to strengthen their ability to obtain funding and to disseminate results. Special emphasis should be placed on groups specific to the Region (Southern Cone Network and REISSCA de Centro America), although contact with international networks should be maintained as well (COHRED, FICOSUR, ICHSRI, Alliance, AHSA, International Association of Technology Assessment, International Society of Quality of Care, etc).
- Promote multi-centered evaluative and comparative research on key issues in health sector reforms.

#### ***Improve research to policy link***

- Promote aggregate analysis of thematically, methodologically, chronologically and/or geographically defined sets of studies, with the intent of distilling relevant policy recommendations and evaluating research gaps.

- Strengthen system of disseminating results of health systems research through the Clearinghouse on Health Sector Reform, BIREME and links to other programs and organizations that promote research.
- Promote sensitization of decision-makers to the potential usefulness of research.
- Promote training of researchers to communicate research results in a more systematic, concise, timely fashion (translation), and to exercise advocacy skills with stakeholders capable of influencing policy, such as mass media, professional associations and consumer rights groups.



## 3. PANEL I

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### ACTUAL SITUATION OF RESEARCH ON REFORMS IN LATIN AMERICA AND THE CARIBBEAN PART I

#### 3.1 REVIEW OF THE LITERATURE: PATRICIA PITTMAN, OF THE DIVISION OF HEALTH SYSTEMS AND SERVICES DEVELOPMENT OF PAHO

Patricia Pittman introduced the next two panels by explaining that PAHO and IDRC of Canada commissioned three papers with the intent of providing a situational analysis of research on health sector reforms that would provide the basis for debates in this forum. She reported that the initiative arose in part as a result of PAHO's work in the area of monitoring and evaluating health sector reforms. Following the 1994 Summit of the Americas, PAHO developed a methodology for evaluating reforms, which to date, has led to twenty countries presenting reports. These reports are available for secondary analysis by policy-makers, consultants and researchers through the Internet. At the same time, she said, preliminary evaluations of the reports revealed that while there is abundant data on the *process* of health reforms, there is a dearth of empirical evidence on the *outcomes* of reforms. In this context, PAHO has been concerned with complementing monitoring activities with evaluative research focussing on specific components of the reforms.

Numerous studies on health reforms have in fact been supported since 1995 by, among other agencies, IDRC, PAHO, WHO, USAID, IDB and World Bank. A first step, then, was to review the relevance of current research on reforms in LAC, from the point of view of policy-makers and managers at different levels in the health system. This review was undertaken jointly with the International Development Research Centre (IDRC) of Canada. Its purpose was to contribute a diagnosis of the current situation of research on this topic, in order to stimulate a broader process of stimulating national discussions between researchers and decision-makers on future research needs.

In preparation for the review, Rodolfo Peña undertook a literature search. He selected thirty studies from 1995-1999 that evaluated different components of the health sector reforms in Latin America, introduced since 1990. Specifically excluded from the review were studies that did not collect primary or secondary data and were primarily narratives that described the reform processes.

Searches conducted employed the following keywords: Evaluation, health, reform (s), services, impact, outcome, Latin America, Caribbean, equity, decentralization, costs, utilization, accessibility.

Databases searched were:

- MEDLINE,
- INTERNET GRATEFUL MED (IGM),
- POPLINE,
- HEALTHSTAR,
- LILACS and

- CURRENT CONTENT.

In addition, numerous databases with gray literature were searched:

- Clearinghouse on the LAC Regional Health Sector Reform Initiative.  
<http://www.americas.health-sector-reform.org>
- Partnerships for Health Reform (PHR) <http://www.phrproject>
- International Development Research Centre (IDRC)  
<http://www.idrc.ca/lacro/foro/seminario/>

A previous literature search on health sector reform research from 1995-1997 was obtained through the International Clearinghouse of Health System Reform Initiatives (ICHSRI) <http://www.insp.mx/ichsri>.

Three experts from different academic disciplines were commissioned to review the studies: a political scientist, Tom Bossert, an economist, Cesar Oyarzo, and a health sector “manager,” Augusto Meloni.

The search produced 51 articles, six of which were considered evaluative. 83 unpublished research reports were identified, of which 26 were considered relevant to the review. In addition, three additional lists were developed 1) 28 evaluative research studies that are currently ongoing in LAC, 2) six articles on methodologies specific to evaluating health sector reforms and 3) seven articles that propose theoretical frameworks for research in this area.

As a result, 32 studies were distributed to the three reviewers, each of whom was also asked to include any additional studies they could identify in their respective areas of specialization, and to exclude any they considered to be outside the scope of their review. The reviewers were asked to map the content of the studies in accordance with the categories established in the PAHO Methodology for Monitoring and Evaluating Health Sector Reforms. Next they were asked to analyze the strengths and weaknesses of the research from the point of view of the information needs of policymakers/managers in their particular field. Lastly, they were requested to identify gaps in the research that merited prioritization in future research agendas.

The following three presentations summarize this review.

### **3.2 THE ECONOMIC PERSPECTIVE. CESAR OYARZO, SUB-DIRECTOR OF "SALUD Y FUTURO," CHILE.**

Cesar Oyarzo presented a content analysis of 28 studies that evaluate the impact of health sector reforms in countries of LAC. As requested by PAHO, he and the co-authors used the PAHO Methodology for Monitoring and Evaluating Health Sector Reforms as an external point of reference against which to identify areas most and least researched.

Among their conclusions were the following:

The most frequently researched topics were 1) the dynamics of the reform process, 2) issues concerned with changes in financing and expenditures and 3) decentralization.

- The least frequently researched topics concerned the impact of health reform on the 1) right to health care, 2) quality assurance, 3) human resources development and 4) the separation of functions in health systems.
- Very few studies evaluated outcomes of reforms. Those that did focussed on social participation or equity.
- In regard to equity studies, the emphasis was on allocation of resources and health coverage; distributive topics were less developed.
- No evaluative studies examined the impact on quality of care or effectiveness more generally.
- In effect, the most common areas of research concentrated on the content of reforms, rather than the impact of these new policies, both in terms of their stated objectives and possible collateral effects of the transformations in such areas as quality of care.
- In regard to the decentralization studies, he noted that for the most part they did not examine the effects in terms of the definition of functions within the health system, but rather focussed on the geographic implications of the changes.
- Given that human resources management was one of the main barriers to reforms, he also pointed out that it is unusual that the subject has received so little attention in research. Issues such as forms of payment are of vital importance to reform processes and yet, to date, have received little attention.
- Stewardship was another issue that merits more attention than it has received to date in the literature.
- In regard to lessons derived from the research reviewed, Oyarzo did not analyze content, but instead tabulated the number of studies that he considered to include relevant policy recommendations (10 of the 28 studies reviewed).
- In terms of the level of decision-making targeted by the studies, most concerned the national level, with the exception of the decentralization and social participation research projects.

Oyarzo concluded that there is a need for more evaluative research, particularly in the areas of separation of functions, stewardship, human resources management and models of care. He also urged researchers to include measures of quality of care and effectiveness in the variables associated with policy evaluation.

### **3.3 THE POLITICAL PERSPECTIVE. DR. TOM BOSSERT, OF DATA FOR DECISION MAKING AND HARVARD SCHOOL OF PUBLIC HEALTH**

Tom Bossert reviewed the studies from the vantage point of the political process, exploring the lessons derived from current research that could increase the political feasibility of reforms. He divided his report into three analytical approaches: the political economy context, the policy process, and stakeholder analysis and politics of implementation.

In regard to the context of reforms, he found that five of the studies argued that globalization had weakened social opposition to reforms and thereby increased the feasibility of market oriented measures. While these same studies also tended to assume that economic crisis brought on the impetus for reforms, Bossert argued that evidence in this regard is not convincing.

He found that research has shed some light on the importance of the historic role of the state in a given country as one determinant of the feasibility of reforms. His own research on Bolivia and Chile suggests that as a result of the tradition of state reforms, Chile's reform was more successfully implemented than Bolivia's reform, which may have been hindered by the weak role of the State. He also drew on his own work to argue that political feasibility may be increased in the following situations :

- When governments back up their reform proposals with research evidence (Chile and Colombia).
- When "change teams" are created, that span different groups within the government and go beyond the health sector,
- When there is careful planning of who, when and how social participation in the definition of reforms is promoted. Indiscriminate participation, Bossert argued, may lead to strengthening of opposition to the reforms.
- When new actors, such as insurance groups, are strongly regulated early on in the reform process, before they gain the strength to block regulatory efforts.

Decentralization and social participation are the areas most fully explored in current research. In regard to the first, there is consensus that extreme decentralization is not politically feasible and that the most successful experiences have occurred a) when there is a balance of power between the local and the central level and b) when there are good relations among actors locally. There is some evidence that social participation, when it is successfully implemented, increases effectiveness of health services.

Bossert concluded by suggesting that future research should shed light on the following questions:

- Does the degree of democracy in a political system affect feasibility of reforms?
- Does the level of economic development of countries condition the success of reforms?
- Does the timing of reforms, i.e. at the start or at the end of an administration, affect feasibility?
- Are incremental reforms more effective than "big bang" reforms?
- Does separating the components of reform packages in the negotiations contribute to the process of implementation?
- What is the role of international donors in the definition of the content, timing and strategies of reform?

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### 3.4 THE HEALTH SERVICES MANAGER PERSPECTIVE. DR. AGUSTO MELONI, MINISTRY OF HEALTH, PERU

Dr. Meloni was unable to attend the Forum. As a result, Dr. Pedro Crocco of PAHO presented the following summary of his paper.

Dr. Meloni identified a number of topics as absent from the set of studies he reviewed. These included the impact of reforms on human resource development, managerial models, national clinical and community health guidelines, epidemiological surveillance, DRG and other hospital budgeting mechanisms and quality assurance.

He stressed that there is a lack of operational details in the research reviewed that inhibits reproducing the experience elsewhere. A clear example of this may be seen in studies of decentralization.

His recommendations were as follows:

- Greater attention to topics mentioned above
- Participation of operational decision-makers in health reforms in research processes.
- More attention to population perspective
- More analysis of operative experiences, (process links to outcomes) especially Best Practices.

He closed by emphasizing the importance of a shared framework that allows for accumulation of knowledge and of creating mechanisms for dissemination of research briefs to Ministries of Health, Universities, media, community groups, perhaps via electronic mail.

### 3.5 THE ENVIRONMENT OF RESEARCH IN HEALTH SYSTEMS AND POLICIES. DR. MIGUEL ANGEL GONZALEZ BLOCK, PROGRAM MANAGER OF THE ALLIANCE FOR RESEARCH IN HEALTH SYSTEMS AND POLICIES

Miguel Angel Gonzalez Block presented a framework that he is developing for use in the Alliance's goal of strengthening a country's ability to produce and utilize research on health policy and systems. He began by defining *capacity building* as a set of strategies to develop and to relate institutions that produce and use research. His analysis centered on the relationship between *research inputs* and *decision outputs*. He argued that potential utilization should ideally shape the research design. He characterized research inputs as epistemological and methodological approaches, which take two forms: empirical findings or models of reality. Decision outputs, on the other hand, were conceptualized in terms of the extent of choice, the political character of decisions, and the explicitness and specificity of a given decision.

Based on this framework, Gonzalez Block suggested the need to identify strategies and indicators to strengthen the institutional environment and ensure the sustainability of research in developing countries.



## 4. PANEL II

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### THE FUTURE AGENDA OF RESEARCH IN REFORM: THE VISION OF RESEARCHERS AND USERS OF RESEARCH

*Dr. Eduardo Levcovitz, of the Ministry of Health in Brazil*, referred to the need to find operative mechanisms for integrating health service networks and research. The new vision should focus on the production of knowledge and would depend on a critical mass of institutions with the capacity to do research. A major challenge for the research agenda would be to create a functioning integrated system that produces and uses research within the context of decentralization in health sector reform.

*Dr. Francisco Yepes, from the Institute of Social Security in Colombia*, spoke about the need to re-organize ideas about the production and use of research. He suggested grouping research into four areas. 1) Goals of reforms, i.e., equity, efficiency, effectiveness and quality. 2) Processes of reforms, including roles of actors, financing, monitoring and control, social participation and inter-institutional relations, 3) Undesirable effects such as resistance to change, lack of professional satisfaction and opposition to reforms, 4) Intended beneficiaries of research, using documentation, to help identify potential users.

*Dr. Francisco Vallejo, from Partnerships for Health Reform Office in Honduras*, presented the perspective of international consultants using results from a survey distributed to 49 consultants that had done research in the last 3 years. The major challenges for research in the future that he identified were: access to information, dissemination of information, exchange of information, evaluation and financing. Strategies proposed to meet these challenges included: generating primary data through surveys; extrapolating data collected most recently; carrying out activities to change cultural attitudes towards the use of information; maintaining personal contact with researchers and specialists; and working in multidisciplinary groups.

*Dr. Stanley Lalta, from the Ministry of Health of Jamaica*, put forth an agenda of research issues on health sector reform. They were divided into six categories. a) **Equity**—illness management and coping mechanisms of the poor, allocation of financial resources and exemption systems. b) **Social participation**—community participation, stakeholders and intersectoral collaboration. c) **Service delivery**—hospital performance, contracting in public hospitals, autonomous authorities, overseas care, Public-NGO collaboration, emergency medical services and public health services. d) **Financing**—national health accounts, redistribution/compensation funds. e) Risk-pooling. f) **Health information**—data on private sector and NGOs. g) **Quality**—accreditation systems and patient rights.



## 5. PANEL III

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### STRATEGIES FOR MAXIMIZING THE USE OF RESEARCH IN LATIN AMERICA AND THE CARIBBEAN

*Dr. Mario Bronfman* from the National Institute of Public Health of Mexico, presented the analytical matrix used in his research on the use of research in three health sector programs in Mexico. The matrix included the identification of Actors, Contents, Contexts and Processes, allowing for both a micro and macro perspective on the phenomenon. Among the major findings of his study were the following:

- In relation to **contexts**, stable political situations, the degree of centralism in decision-making process, the degree of continuity in policies, the availability of economic resources, similar social backgrounds of researchers and decision makers, and the degree of urgency the health problem being researched is perceived to have, all affect the probability of utilization of research.
- In regard to the **content of research**, the study found that the quality of the work, the type of study (social studies are less respected), the applicability of findings, the degree of technical language used, and the political timing of research all affected utilization.
- With regard to the **actors**, the study found that the existence of an institution that defines research agendas and recommendations increases the credibility of research. It also found that the degree of legitimacy of the institution promoting research was important, with WHO funded studies ranking highest.
- With regard to the **process**, the existence of informal communication channels between research and decision-makers was seen to be an advantage. Low public dissemination of research and highly politically debated issues also operated in detriment of use.

In closing, Bronfman recommended more comparative studies of this type, as well as the design and evaluation of interventions that seek to increase use.

Using examples from ongoing studies in eight countries from different regions of the world including Latin America, Asia, Africa and Europe, *Dr. Angsgar Gerhardus* of the University of Heidelberg, put forward the hypothesis that the context of health policy is too complicated to allow linear associations between problems that prohibit the use of research and their solutions. For instance, there are no simple solutions to solve issues such as lack of communication, inadequate presentation of data, and failure to take into consideration the interest of different actors. Emphasis needs to be placed on formulating indicators to measure the usage of research.

Using the “demand and supply” analogy, *Dr. Gerry Rosenthal* from Management Sciences for Health, gave examples of how both sides can be stimulated. To stimulate demand, greater interaction should be fostered among technical staff and the research community, and candid interchange of successes and failures need to be held among policymakers. To stimulate supply, there needs to be improved access to and dissemination of information on research priorities and potential applications, as well as the incorporation of institutional concerns into the research agenda.

*Celia Almeida* of the *Network for Health Systems and Services Research in the Southern Cone of Latin America*, suggested that establishing a formal network for researchers and institutionalizing the process of interaction with decision-makers might be an effective strategy for maximizing the use of research. Networks can advocate and build capacity for research; link academic institutions with policymakers, managers and professionals; provide data to support evidence-based decision-making; and help to raise funds for researchers from external funding agencies. An example of such a network is the Southern Cone network with members from Brazil, Argentina, Uruguay and Paraguay. The network has succeeded in gaining national and international visibility, establishing credibility as a counterpart in negotiations concerning research agendas both at a national and sub-regional level.

## 6. PANEL IV

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### THE VISION OF DIFFERENT INTERNATIONAL AGENCIES

*Dr. Hernán Montenegro, of the World Bank*, characterized the role of this institution in regard to health systems research as one of generating and disseminating of knowledge on the health sector. He described its mechanisms for financing projects as well as for carrying out research and sectoral evaluations at the global, regional and country levels. In the area of health sector reform, Montenegro said that there is interest in promoting more research that includes institutional and stakeholder analysis including political mapping. Additionally, he said, more research is required to measure the impact and results of projects. He recognized that, in part because methods are complicated and relatively costly, there has not been sufficient emphasis on the monitoring and evaluation of reforms. He closed by stating that the World Bank welcomes collaboration with other international organizations to respond to these challenges globally, regionally and nationally.

*Dr. Roberto Bazzani, of the International Development Research Centre (IDRC), of Canada* explained the mandate and modus operandi of IDRC in the area of health systems and services research. He referred to IDRC's interest in supporting research on the so-called "old problems", such as poverty, inequity and sustainability of social programs, as well as new areas of interest, such as issues of governance, political economy and public management. He explained that this year has been a year of 1) evaluation of past programs and planning for future investments, 2) dissemination of the work undertaken by IDRC in the past, 3) development of new partnerships, such as the work jointly commissioned with PAHO for this meeting, and lastly, 4) promotion of stronger ties between academic institutions and policy making bodies. In the area of health policy and systems research, the objective is to strengthen local capacity to improve the health of the most vulnerable populations in the Region.

*Dr. Daniel López-Acuña of the Pan American Health Organization (PAHO)*, pointed out that as an inter-governmental and technical cooperation agency, PAHO is in an ideal position to perform the mediating function of forging links between technical cooperation and research on the one hand and policymakers and health system managers on the other. PAHO has a program dedicated to supporting research more widely that provides subsidies to researchers through a system of competitions. As a complementary line of work, within the Division of Health Systems and Services, and in dialogue with the research program, PAHO is currently promoting greater integration between research and technical cooperation, so that the technical cooperation in and of itself can be a vehicle for transmitting knowledge generated through research.

*Dr. Guadalupe Diaz de Razegi, of the German Technical Cooperation (GTZ)*, described the role of her organization as an active player in the development and implementation of projects in health sector reform in different countries. She said GTZ sees a need to "demystify" research, as well as a need to share knowledge and to search for strategies to enhance the use of research. A major challenge for GTZ is to foster more open spaces for establishing dialogue between stakeholders within the research community and decision-making agencies, so that the research process can produce better outcomes. She also stressed that more tools need to be developed to help decision-makers approach academics and successfully include the issues of concern in research agendas.



## 7. RESULTS OF WORKING GROUPS

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Participants worked in small groups to analyze two issues: 1) barriers in the utilization of research and strategies to increase use and 2) gaps and priorities in health sector reform research. *Dr. Karen Sealey, of PAHO*, moderated discussions on work group results and contributed to the following synthesis of the results of the discussions:

### 7.1 ANALYSIS OF BARRIERS IN THE UTILIZATION OF RESEARCH

#### *Key barriers identified:*

- Mystification of research as an area so specialized only researchers can read research.
- Researchers lack of knowledge of policy-making process and lack of understanding of uncertainties of policy-making environment.
- Little attention to political/legal feasibility of recommendations emanating from research.
- Lack of ownership of research agenda by key stakeholders--non-participation in agenda setting or in planning of research.
- Inappropriateness of data for use by stakeholders.
- Poor communication of results to stakeholders.
- Inappropriate institutional framework linking researchers and stakeholders.
- Researchers view of their role is too narrow.
- Timeframe incompatibility - user insensitivity to prerequisites for research versus need for rapid assessments in decision-making.
- Low capacity (knowledge, hardware, software and interconnectivity) of stakeholders to conduct and interpret results of research
- Inability to select change team
- Characteristics of field research and the context of policymaking.

**COMPARING IMPORTANCE OF BARRIERS VS. EASE OF CHANGE**

	<b>Barriers of high importance</b>	<b>Barriers of low importance</b>
<b>Easily changed</b>	<ul style="list-style-type: none"> <li>▪ Lack of participation in design</li> <li>▪ Tenuous ownership</li> <li>▪ Poor communication</li> <li>▪ Imprecise definition of tasks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Few indicators of good research (monitoring)</li> <li>▪ Political indifference of health staff</li> <li>▪ Inability to select change team/advocate</li> </ul>
<b>Difficult to change</b>	<ul style="list-style-type: none"> <li>▪ Different time-frames of researchers/policymakers</li> <li>▪ Low capacity to conduct and use research</li> <li>▪ Little attention to political/legal feasibility</li> </ul>	

**Recommendations for overcoming barriers:**

- Analyze the policy-making and decision making environment (general and specific) as part of the research planning process.
- Seek wide community participation in joint setting of research policy agenda - with all stakeholders including relevant NGOs and community organizations representing vulnerable groups such as the indigenous population and women among other sectors.
- Improve presentation of research results (important to retain impartiality , clarity and precision)
- Develop institutional relationships that link different stakeholders. Importance of Networks as institutional counterpart in negotiation of agendas.
- Inclusion of users on research funding boards.
- Include comprehensive communication strategy and include costs in budget. Strategy should consider all stakeholders including the public and other researchers and be creative in identification of alternative forms of communication.
- Databases of ongoing and finished research available to decision-makers.
- Continued development of research capacity.

**7.2 GAPS AND PRIORITIES IN HEALTH SECTOR REFORM RESEARCH**

**Prerequisites identified**

- Increase baseline information for monitoring indicators.

- Evaluate use of available data.

*Formulation/process/implementation of health sector reform policies*

- Evaluation of policy-making, political and decision making processes at the national and sectoral levels and their interconnectedness, evaluate processes around specific issues.
- Improve understanding of interaction of different processes within the broader political agenda: What has been the impact of reform of the state or any other sector on health sector reform? Impact of HSR on local or national development?
- Investigate the HR issues including evaluation of new categories, determination of competencies for new roles, evaluation of training programs and use of incentives.
- Communication and social marketing strategies--how have stakeholders been informed; what are conditions for successful approaches how have governments sold reform to the population?
- Identify instruments utilized in reform process across countries.

*Evaluation of effect/outcome of process*

There was consensus that in most places it is too early to see impact at the health status level, but that it was critical to identify early expected outcomes and evaluate these.

- Has HSR contributed to health reform? Have reforms included environmental health sector and public health needs such as surveillance?
- What has been the effectiveness of sector reform models and service delivery models for the achievement of equity, efficiency and quality? Are there optimum contents of either? Equity was the common objective of interest among groups.
- Who have been the beneficiaries?
- Has integration of services been achieved? Has separation of functions been effective?
- What has happened to health promotion as a strategy for national health development?

*Influence of external factors*

- What has been the contribution of the financing agencies in direction setting of agenda?
- How has PAHO influenced the timing process or content of reforms?

### 7.3 RECOMMENDATIONS FOR INCREASING USE OF RESEARCH

In general the meeting urged that researchers and policy makers not be viewed as 2 different types of “beings,” but that there be the recognition that many persons have worn both hats and some at the same time. The idea of a continuum of roles seemed appropriate. Changes in attitude on the part of all partners would be critical.

Secondly the overall objective in the recommendations was to “build bridges at all steps of the process.”

Recommendations included:

- Improve training to strengthen political sensitivity of researchers and at the same time improve the leadership capacity of MOH (e.g. negotiation skills).
- Analyze the policy-making and decision making environment (general and specific) as part of the research planning process.
- Seek wide community participation in joint setting of research policy agenda with all stakeholders including relevant NGOs and community organizations representing vulnerable groups such as the indigenous population, women and other sectors.
- Improve characteristics of research results. Important to retain impartiality by increased understanding by users; structure analysis to be useful to users.
- Include comprehensive communication strategy and include costs in budget. Strategy should consider all stakeholders including the public and other researchers. Be creative in identification of alternative forms of communication.
- Develop institutional framework at the individual agency level, but more importantly, among institutions and authorities.
- Networks are important if properly administered and funded.
- Inclusion of users on Boards of research agencies can be very effective.
- Build databases of research optimizing scientific councils and other such entities where available.
- Build alliances with NGOs and community groups.
- Increase capacity for health systems and services research through degree and in-service programs. Also ensure credibility of research institutions.

## 8. ONGOING DEBATES

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In addition to the areas of consensus that emerged from the meeting, there were, of course, also important issues that provoked diverging viewpoints. These issues were as follows:

While some participants spoke in terms of dichotomies (supply versus demand, researchers versus policy-makers) others insisted that such divisions simplify an analysis of the process of utilizing research and lead to dangerous proposals for action.

Those advocating the latter position pointed out firstly the importance of the macro context of policy-making in determining whether research is used. Factors such as the relative importance of the legislative branch, the degree of centralization in the political organization of the country, and the role of civil society as part of the process of policy making, were identified as complex conditions that to a large degree mediate the research to policy link. Thus, they argued, strategies such as the “training” of researchers and/or “policy-makers” to be more aware of the needs of the “other”, are implicitly limited in their impact.

It was also emphasized in this regard that there is a need to move beyond situating ourselves as either a researcher or a policy maker, viewing “the other” as a different type of “being”. In fact, numerous researchers are, have been or will be at some point, decision-makers in health systems. Thus, there is a need to jointly assume responsibility for improving the use of research in policy making, keeping in mind not only scientific logic, but also social and political logic. This does not imply that one expects or even would like the decision-making process to be restricted to evidence based inputs. It does, however, imply a concerted effort to increase the rationality and the transparency of decisions in health sector reforms, as part of an effort to strengthen democracy more generally.

Closely linked to this issue was the proposal to focus more on “the demand side”, as opposed to pursuing the “blaming” the research community. For example, it was suggested that it would be interesting to hold policy-makers accountable for the use of “evidence” in their decisions. Criteria for such measurements have been proposed by Ham and Hunter in a recently published article in the British Medical Journal.

In response to this proposal, however, others expressed the view that ranking whether or not policy-makers use information is not a productive strategy, since there is a need for change at the level of *interaction* between different groups.

Another debate emerged around the question of whether research agendas should be determined by health systems’ performance evaluations. It was argued that research priorities might be appropriately determined by examining performance, since in this way it can be determined whether it is necessary to reform and which reforms are required. In addition, performance outcome measures can be compared across borders, while the reforms themselves are less easily compared.

Others expressed the view that the problems in health systems performance are well known and that it is the strategies being applied to supposedly solve these problems that require research.

The last debate referred to whether one should analyze the environment in which decisions are made, or whether one should attempt to trace the decision-making process itself. Some believed that

it is too difficult to track the thought process of decision-making, in particular because it could lead researchers into a confidential terrain that may be difficult to access. What may be more interesting, it was suggested, is to examine mechanisms that facilitate or inhibit the greater use of evidence in decision-making. Here too, other participants felt that, on the contrary, it is precisely the decision-making process that requires research.

## 9. CONCLUSIONS

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The Bahia Forum provided the opportunity for a core group of health sector reform managers, staff from international agencies and health systems researchers to exchange viewpoints on two closely related issues: the current situation of research on health sector reforms and strategies to increase the use of research in decision making.

The review systematized the latest unpublished research on reforms and made it available to participants. It also allowed the group to quickly assess the strengths and weaknesses of this literature. While numerous gaps were identified and serious methodological weaknesses in some of the research were pointed out, the group also recognized that evaluative research on health sector reforms is a highly complex field and that it is relatively new. The object of analysis in health sector reform research requires a trans-disciplinary approach for which researchers are little prepared. Problems with regard to the availability of data also plague efforts to increase the quality of this work. In addition, the field lacks a systematic flow of funding, as does all policy evaluation research. This, of course, contrasts with the visibility of the issue and the corresponding urgency in producing such research. Recognizing both the high demand for research and the methodological and financial difficulties, the meeting served to strengthen the commitment of all those present to promote more and better research in the future.

The issue of low utilization of research results provoked heated debate, with researchers defending the need for autonomy, and policy-makers and international agencies tending to insist on the need for negotiated research agendas. Despite the inevitable polarization, however, the working groups were able to produce a significant list of recommendations on how to ameliorate the problem. Foremost in the shared analysis was the recognition that the issue is not one of individual responsibility, but rather is closely linked to macro conditions in each country that define the political economy of decision making and research production. As such, in order to increase the points of contact between these two processes, there was consensus that mechanisms need to be established to facilitate interaction between the different actors. International agencies, it was agreed, could play an important role in promoting the piloting and eventually the institutionalization of such mechanisms.