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Health Systems and Services Research in Brazil, Argentina, Uruguay and Paraguay

Present situation and capacity-building needs Preliminary survey

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INTRODUCTION

Health Systems and Services Research (HSSR) is advocated as an important instrument in the political process of bringing change to health service systems. This trend began in the 70s and gained momentum in the 90s in an effort to surmount the high level of uncertainty involved in the process of implementing policies for health sector reform.

A number of initiatives have addressed this issue, most involving international funding agencies (WHO/PAHO, IDRC, and others), which increasingly have come to require that research protocols make this link explicit and seek to discuss specific strategies to make it feasible.

The term which perhaps best embodies this trend is Essential National Health Research (ENHR), conceived as a strategy and recommended in 1990 by the Commission on Health Research for Development. It refers to the contribution by health to development (and vice versa) and makes equity its central goal. By definition, it is argued that *the essence of the ENHR*

process is a dynamic collaboration between policy makers and service providers, researchers and members of the community (Tollman, 1992:299). In order to achieve the ENHR aim it will be necessary to embark on a broad process of consultation at the national level, to define both the key actors (stakeholders) and the terms of reference that would frame an agenda of research oriented towards national interests. One critical aspect of this strategy is to build and sustain research capability with these characteristics; a considerable volume of funds has been invested in this strategy¹. Meanwhile, little is known about where, how and by whom this bridge should be built (Troster *et alli*, 1999:103).

In this context, a body of studies has emerged of the trends in scientific production in the field, thus contributing to the debate on national health science and technology policies and the challenges and prospects facing HSSR, with

¹ The Council for Health Research Development (COHRED) is the international technical organization that most embodies this endeavour, as it is devoted to ENHR capacity-building.

particular emphasis on analyzing relations between the production of knowledge and its application in the day-to-day of health systems and services management, planning, organization and evaluation².

On this basis, the Executive Secretariat of the Network for Health Systems and services Research in the Southern Cone of Latin America (Network) formulated a project designed to foster a process that would promote and implement HSSR as an instrument for attaining the goal of health sector reform and equity in the sub-region³. For the purpose of analyzing the situation of HSSR in the Southern Cone of Latin America, capacity-building needs and the Network's role, activities were undertaken using a range of methodologies and with funding from International Development Research Centre (IDRC/Canada), the Pan American Health Organization (PAHO/Washington) and the Council for Health Research Development (COHRED/Geneva).

The overall aim of this document is to present in summary the main results and the integrated analysis of these activities. These were directed both to determining the situation of HSSR in the Network's member-countries (Brazil Argentina, Uruguay and Paraguay) – albeit in a preliminary fashion – and also to mapping the capacity-building needs and to sounding opinions that would reorient the Network's work in the future.

² There already exists a considerable number of publications on the subject of the applicability of research results in health sector policy making and in day-to-day health system activities. Of these let us mention: Almeida Filho (1998), Sánchez *et al* (1998), Carvalheiro, J. R. (1994), Davies, A. M. (1991), Flook, E.E. & Sanazaro, P.J. (1973), Frenk, J. (1992), Ginzberg, E. (1991), Choi, T. & Greenberg, J.N. (1992), Institute Of Medicine (1978), Brown (1991), Tollman, S.M. (1992), Trostle, J.; Bronfman, M. & Langer, A. (1999), Walt, G. & Gilson, L. (1994), Walt, G. (1996), Weiss, C. (1979), White, K. (1992), Paim (2000), Sanchez (2000), and Almeida (2000).

³ The objectives of the Network are briefly: to work as advocate for the development of health systems and services research; to link academic institutions and services; to provide information support for sectorial policy-making based on empirical evidence; to evaluate Latin American countries' health sector reform processes and to discuss new alternatives and models for health systems and services organization; to stimulate and promote the exchange of experiences between researchers and policy-makers within and outside the region.

A start was also made on discussing mechanisms for drawing up a concerted, priority agenda of research that, on the one hand, would inform reform processes in progress in the countries and, on the other, would foster exchange among the stakeholders in the HSSR field. These activities were:

1. A preliminary survey of HSSR and inter-institutional technical co-operation projects carried out in the previous 3 years (1996-1998) in the Network's four member-countries;
2. A preliminary survey of HSSR relating to health sector reform, in a selected group of research centres and institutions in the same four countries;
3. Two surveys with researchers funded by the Network and with the participants in its regional seminar (not solely researchers); and
4. Four national seminars in the Network's four member-countries, and a regional seminar.

The intent of the first survey was to map projects considered by these centres as HSSR research and technical cooperation⁴. It was hoped also to identify the main problems and priority subject-areas, and also existing conceptual and methodological limitations. It was also intended to identify capacity-building needs and strategies in the academic sphere, that might be suited to surmounting the limitations encountered.

As a complement to this initial survey, a second survey was carried out specifically to identify those projects designed to examine or evaluate health sector reforms in the four countries.

The polls used qualitative methodology to survey the opinions of the various stakeholders, both as regards the academia-service link and utilization of research results in the policy formulation and execution; and as regards the Network's activities in this field. The studies interviewed the researchers funded by the Network's Small Grants Program (1995-1998) and the participants in the regional seminar held in April 2000.

Finally, the national and regional seminars were designed to broaden debate on the HSSR field, to discuss its specifics, forge closer ties of cooperation among academics, services and policy

⁴ IT is very difficult to distinguish what should fall within the denomination HSSR given that there is no clear definition of HSSR. This survey is thus quite preliminary.

makers, besides proposing mechanisms for drawing up concerted agendas of research directed to informing the policy decision-making and implementation process.

The main results of these activities are presented below.

SOME RESULTS

I. Inquiries on HSSR at research centres⁵

In order to make the inquiries, a specific instrument was drawn up, and forwarded to 65 Network centres in Brazil, 18 in Argentina, 17 in Uruguay, and 10 in Paraguay. This instrument was designed to gather information about each centre's areas of research, projects currently under way, funding agency and research capacity-building needs.

It must be stressed that it was extremely difficult to obtain the desired information, either for lack of responses or because these were unsatisfactory. In Brazil, as the majority of the questionnaires were not returned, a preliminary screening was carried out to exclude from the list those centres that could not be characterized as HSSR centres. The remaining centres were then classified, by institutional ties, into two groups: academic centres and service institutions. It was decided to select 50% of each group and to reapply the questionnaire to the centres most "representative"⁶ of research in the area (16).

⁵ In order to carry out this preliminary survey, a research group was set up in 1998, at the Collective Health Institute, Bahia Federal University, which set itself to map out the present situation, with emphasis on evaluating HSS researcher capacity-building trends and needs in the Network's four member-countries (Brazil, Argentina, Uruguay and Paraguay). The group consisted of: Carmen Fontes Teixeira, Isabela Cardoso M. Pinto and Joselita Nunes Macedo, and was supported by Alicia Stolkiner and Paulina Radunski in Argentina, Marta Napol in Uruguay, and Tereza Leon and Roberto Dullak in Paraguay, who acted as facilitators for access to information requested from funding agencies, and research centres in their respective countries.

⁶ The representativeness of the centres selected was defined in terms of their tradition in the area and the volume of their scientific production in terms of previous studies carried out.

Responses were received from 17 in Argentina and 17 in Uruguay, accounting for almost 100% of the centres consulted, and only from the Ministry of Health in Paraguay.

The centres that answered the inquiry are listed in Table 1 and their distribution as governmental, non-governmental, university, services and international research centres is detailed by country (Chart 1).

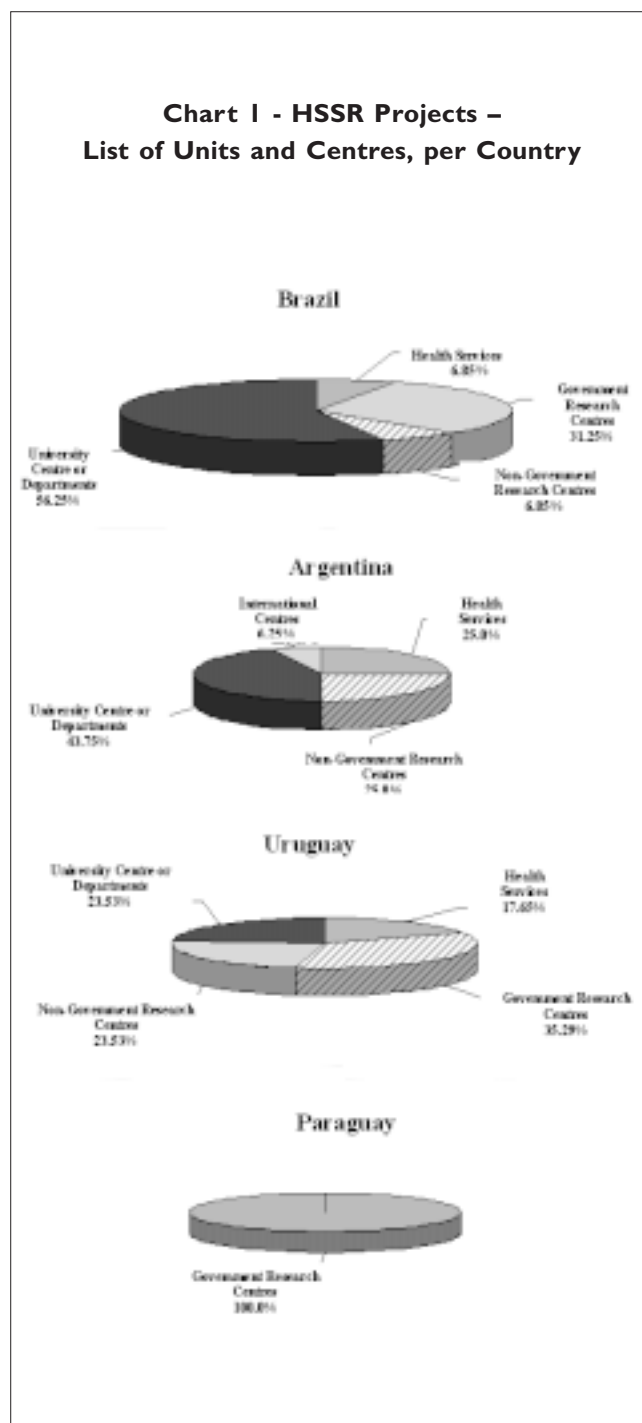
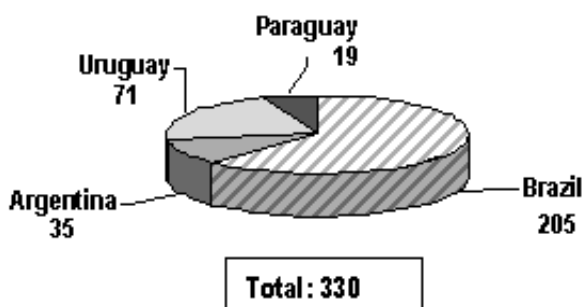


Table I – Centres and Units Consulted on HSSR

BRAZIL	ARGENTINA	URUGUAY	PARAGUAY
<p>Curitiba Municipal Health Department</p> <p>Department of Employment and Earnings, Research Directorate, IBGE</p> <p>Collective Health Studies Unit /FIOCRUZ, Pernambuco</p> <p>Health Services and Systems Research Unit/Institute of Health, São Paulo</p> <p>Collective Health Institute /UFBA</p> <p>Contemporary Culture Studies Centre/CEDEC</p> <p>DERH/ESP/MoH</p> <p>Collective Health Department/UNB</p> <p>Collective Health and Nutrition Studies Unit /UFMG</p> <p>Collective Health Studies Unit /UFRJ</p> <p>National School of Public Health/FIOCRUZ</p> <p>Pernambuco Medical Sciences Faculty / UFPE</p> <p>Institute of Social Medicine /UERJ</p> <p>Collective Health Department/Faculty of Medicine /UERJ</p> <p>IUPERJ</p> <p>Department of Social Medicine/Faculty of Medicine/UFPE</p>	<p>Research Team II, Chair of Public Health, Psychology Faculty, Buenos Aires University (UBA)</p> <p>Interdisciplinary Centre for Public Policy Studies</p> <p>Faculty of Philosophy and Letters, Program in Anthropology and Health, UBA</p> <p>Women, Health and Development Program, PAHO</p> <p>Health and Social Studies Centre</p> <p>Rosario Medical Association, Juan Lazarte Health Institute</p> <p>Law and Health Studies Centre, Lomas de Zamora National University</p> <p>Social Science Faculty, UBA</p> <p>Centre for Studies of State and Society</p> <p>UNICEF</p> <p>Dr.Tobar Garcia Children's Psychiatric Hospital</p> <p>Buenos Aires City Government Health Department, Mental Health Centre</p> <p>Garrahan Hospital, Neonatal Service, ICU Service</p> <p>Social Sciences Faculty, Lomas de Zamora National University</p> <p>Buenos Aires State Institute of Hemotherapy</p> <p>Psychology Faculty, Chair of Psychology Research Methodology II, UBA</p> <p>Gino Germani Research Institute, Health and Population Section, UBA</p>	<p>Economics, Organization and Social Policy Study Group (GEOPS)</p> <p>Apex-Cerro Program, University of the Republic</p> <p>Planning Advisory Office, Ministry of Public Health</p> <p>Primary Health Care Advisory Office, Ministry of Public Health</p> <p>Health Division and Women's Commission – Municipality of Montevideo</p> <p>Research Staff, Department of Preventive and Social Medicine</p> <p>Masters Program in Health Services Administration, University of the Republic</p> <p>Directorate, Clinical Hospital, University of the Republic</p> <p>Sanatorium 3, Uruguay Medical Union Care Centre (CASMU)</p> <p>Uruguay information and Studies Centre (CIESU)</p> <p>Emergency Service, Sanatorium 1, CASMU</p> <p>Uruguay Medical Union Care Centre. Nursing Department</p> <p>Family Medicine National Unit, Ministry of Public Health</p> <p>Health Sector Institutional Strengthening, Ministry of Public Health</p> <p>Latinamerican Centre of Human Economy (CLAEH)</p> <p>Social Sciences Faculty of the University of the Uruguay Republic</p> <p>Research Centre of Medical Syndicate of Uruguay (CIESMU)</p>	<p>Ministry of Public Health and Social Welfare</p>

The survey of ongoing research projects at centres in the four countries studied indicates a total of 330 projects, with Brazil predominating in terms of the number of HSSR projects being carried out: in Argentina and in Uruguay, the centers connected to the Network provided information that revealed the existence of 35 and 71 projects, respectively, while in Brazil, where the survey covered only a selected group of centers, 205 ongoing projects were recorded. This fact may be explained by the size of the country and of the centres selected in Brazil, which were precisely those research centres and institutes with most solid standing in the area, with large research staffs and a high volume of scientific production (Chart 2).

Chart 2 - Number of HSSR projects per Country



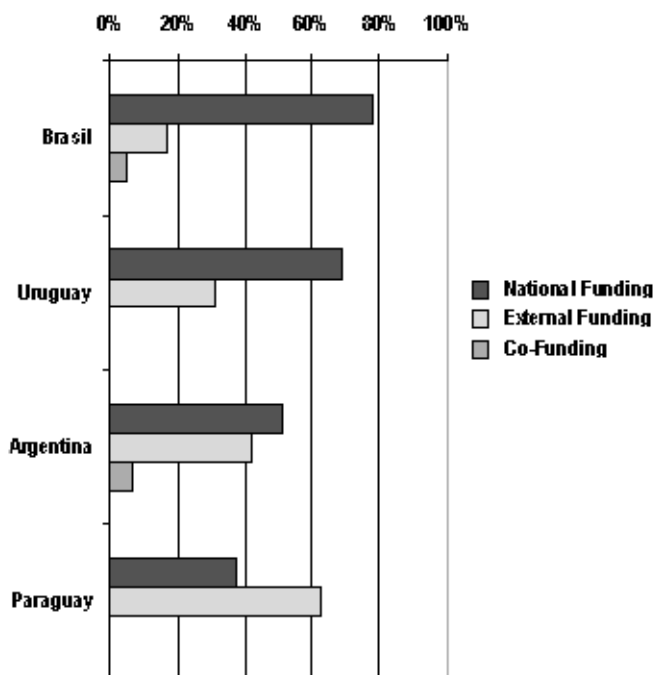
On the other hand, the survey of project funding agencies shows that in Brazil most projects are nationally funded, while the proportion decreases gradually in Uruguay, Argentina and Paraguay, respectively. The opposite is true of external funding, which increases to the extent that national funding diminishes (Chart 3).

A preliminary classification of the research projects was then made with a view, firstly, to distinguishing those that could be classified as HSSR⁷. We therefore attempted to identify which area of research each of the projects classified as HSSR belonged to, in order to be able to make

⁷ The distinction in this survey was based on the classic text by Sonis, A. (1978). Note that, working on the basis of the titles alone, the margin of error may be considerable. The request for information on aims and methodologies used would have been more precise as a descriptor of the project, but is very difficult to gather this information from questionnaires. It would take a more thorough survey.

some quantification and analysis of proportions which, despite the small size of the sample, might indicate some trend or other. Note that, at this point, we had to deal with the lack of precision with which the respondents recorded the “lines of research” of their respective projects, which is an important datum in itself, suggesting as it does how difficult it is to characterize defined areas.

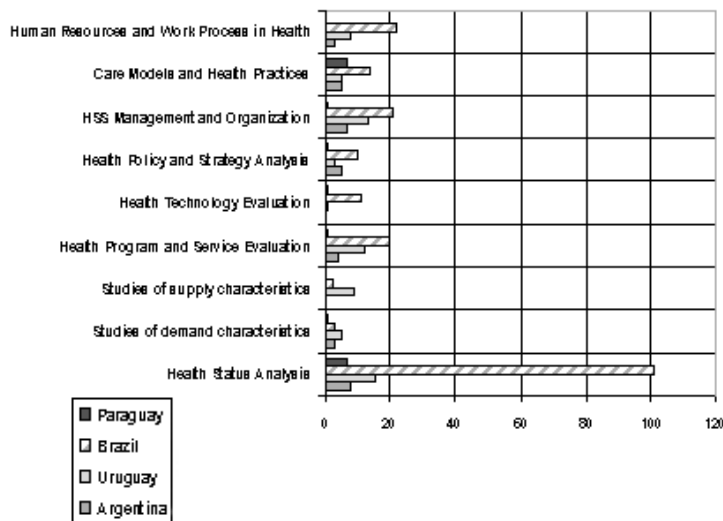
Chart 3 - Funding Agencies



Initially then, we endeavoured to establish the “subject areas”, based on the classification made in the study by Teixeira & Sá (1996). These were subsequently broken out into more specific areas across which the projects described as HSSR were distributed: health status analysis, health service (user) demand studies, health service supply studies, health program and service evaluation, health technology evaluation, analysis of health policies and strategies, health system and service management and organization, models of health care and health practices, and human resources and health work process.

Priority areas of research, identified from how the projects studied were distributed, reveal a certain convergence among the three countries as regards the order of importance of subject matters that researchers are dealing with. This distribution is shown in Chart 4.

Chart 4 - Distribution of Projects by Line of Research and Country



Bearing in mind the correlations among some of the areas defined, the total project distribution may be classified into four groups:

- The first comprises the group of studies classified as the *Health Status Analysis* area, which Charts with the greatest number of projects (124);
- The second group comprises studies in *Health systems and services management and organization* (41), *Human resources and the health work process* (33) and *Models of care and health practices* (24), which have in common the endeavor to grasp the object of study (health systems and services) by approaches at different levels, from the macro level (systems) to the micro level (health practices and work process);
- The third group comprised *Health program and service evaluation* (36), *Policy Evaluation* (18) and *Health technology evaluation* (12), which have in common a single methodological perspective; that is, one emphasizing evaluation;
- The fourth group, the rest, involved research dealing with characteristics of *Health service demand and supply* (11).

What is striking from the outset is the predominance of the *health status analysis area*, in all of the three countries. In a way, this was to be expected, since classifying the projects merely on the basis of their titles led to an aggregation of clinical or epidemiological studies. It may even be open to question to what point this type of study may be considered HSSR, in that their theoretical and methodological framework is given by the

clinic, epidemiology and the social sciences. They do not necessarily take health systems and services as their object, but rather as a source of data (as in the case of studies based on medical and hospital records or on epidemiological statistics maintained in services and systems). Considering them as part of HSSR would reflect the fact that they do enable one to identify, describe and possibly analyze determinants of the health status of specific population groups, and may thus contribute to decision making in the health systems and services domain and even to reorienting programs and practices directed to promoting health, preventing risks and providing differentiated care by services, thus even constituting one stage in the operationalization of health surveillance systems for specific population groups, such as mothers and infants, workers, etc.

The research area *Health systems and services management and organization* ranks second in number of projects identified and, as a general approach, is the area most closely identified with HSSR proper. In Argentina and Uruguay it ranks second, and in Brazil and Paraguay, it ranks third. The area *Human resources and health work process* constitutes a specific research area whose importance, as measured by the number of projects it includes, indicates that human resource problems are prominent but vary in the various countries' health systems. In Brazil, this line concentrates considerable number of projects; in Argentina and Uruguay it ranks fifth, and no project is reported in Paraguay.

As regards the area *Models of health care, health systems and health practices*, it is important to stress the small number of projects in progress, in all three countries. Given the importance of the international debate over this theme, one would expect a larger number of projects on this subject.

The concentration of projects in the areas *Systems management* and *Human resources* may be considered an "indicator" of researchers' concern to deal with problems related to the restructuring of health work processes.

Evaluation of policies, strategies, programs and technologies is the group that includes self-styled "evaluation" studies, which entitles one to suppose that they use evaluation methods, techniques and instruments, an approach that is arousing growing

interest among HSS researchers. What is striking in the first place is the significant number of projects in *Health program and service evaluation, Policy and strategy evaluation, Technology evaluation*, the major part of them in progress in Brazil. This is an interesting datum that deserves to be explored further. Meanwhile, Brazilian researchers' greater interest in studying and evaluating health policies and strategies may point to the emergence of a concern to analyze proposals and strategies for health sector reform in the present conjuncture. The titles of projects included in this area reveal the existence of more general *Health policy* studies, which emphasize the issue of system management, a strategy common to ongoing sector reform processes. There is also a concern in Brazil with the study of private insurance, although this interest is not exclusive to Brazil.

The small number of projects in progress relating to *Health service demand and supply* characteristics suggests that this type of study is not attracting researchers' interest. However we cannot confirm this suggestion from this preliminary survey. From an analysis of their titles, some of the projects classified as *Demand studies* may be considered as interfacing with clinical and epidemiological studies of health problems, in that they endeavour to characterize populations defined in terms of access to specific services. A large part of the projects mentioned involve studies of specific services or are broader projects dealing with study of general health service supply.

Finally, it should be mentioned that some projects deal with aspects of popular health practices, the health culture of specific social groups, etc. These subjects are probably dealt with from a sociological standpoint, revealing another interface of health systems and services research, not only with Epidemiology but also with the Social Sciences.

It is quite possible that the results of research conducted by the various centres are distributed using conventional channels for scientific information (that is, presented at congresses and published as articles and/or books). Little of the academic production generated and circulated in this way contains specific proposals, especially as to managerial and technical-operational aspects of health systems and services, thus requiring "translation" in order to be used in practice.

The same does not occur in the ambit of inter-institutional technical cooperation projects, which are concerned precisely to perform this "translation" of knowledge into methods, techniques and practices. Analysis of the information on technical cooperation projects in progress at centres researched indicates that these are far fewer in total than the number of research projects: only 73 projects were recorded, more than half of them in Brazil. In Paraguay 7, in Argentina 10 projects, while in Uruguay there were 19 projects (Chart 5). These Charts derive from the fact that most of the centers did not report pursuing this activity, and it is thus striking, indicating perhaps that this kind of circulation and utilization of scientific knowledge in health systems and services is still relatively incipient.

Chart 5 - Information on Technical Cooperation Projects per Country



By analyzing each project it was possible to identify the activities pursued, which could then be separated into three types: personnel capacity building, advisory and consultancy activities and "special studies". The totals given may thus exceed the number of projects reported by the centers, since a single project may involve up to three different types of activity (Chart 6).

It is also evidenced that the types of co-operation vary from country to country. The projects were thus classified into two major categories: cooperation with government organizations; cooperation with non-government organizations. It is important to note that the kind of cooperation seems to differ from country to country. In Brazil and Paraguay most of the projects have the government as their interlocutor or "client", while in Argentina and Uruguay the favoured partners are non-government organizations (Chart 7).

Chart 6 - Distribution of Types of Technical Cooperation Activity undertaken in the Projects, by Country

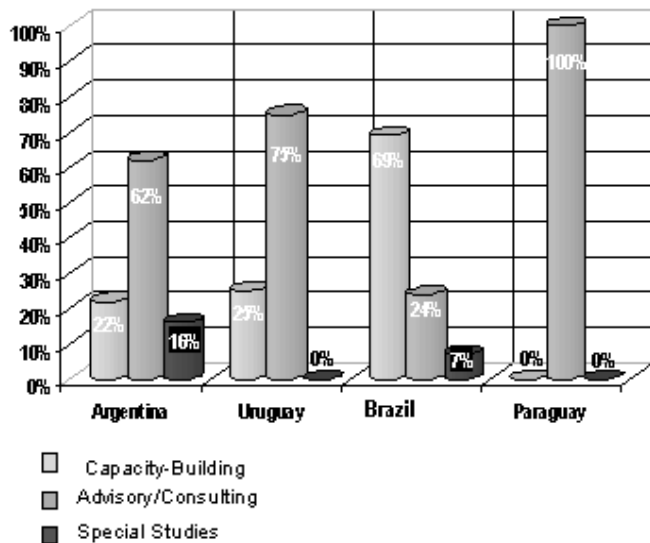
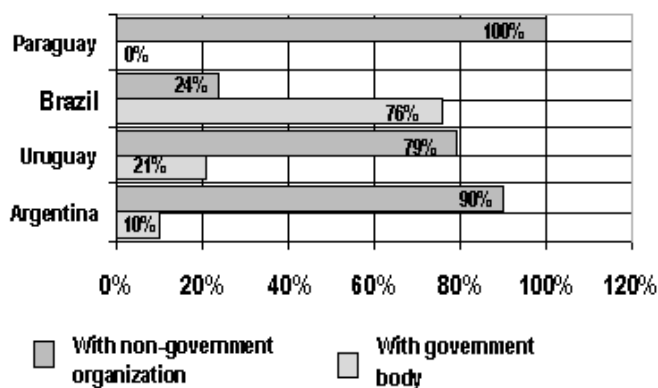


Chart 7 - Distribution of Technical Cooperation Projects by Category and Country



Analysis of these information pointed, firstly, to the predominance of advisory and consultancy activities, with marked difference between countries. In second place are the personnel capacity building activities. Of this percentage, most of them derives from personnel capacity building activities pursued in projects under way in Brazil, which permits one to infer that this activity is important in cooperation projects with government health organizations there. In Argentina, Uruguay and Paraguay, most of the activities carried out are of the advisory and consultancy types. Considering that in these countries the major clients are non-government

organizations, it follows that technical consultancy with these organizations is the main form of inter-institutional technical cooperation.

2. Inquiries on HSSR relating to Health Sector Reform⁸

A second specific instrument for this survey was drawn up and forwarded to selected Network centres⁹: 18 in Brazil, 11 in Argentina, 4 in Uruguay, and 2 in Paraguay. This instrument was designed to gather information on projects pursued in the HSSR field, but especially those relating to health sector reform during the period 1995-1999, in addition to the resulting publications (type of publication: in indexed journals, or *grey literature*¹⁰).

In this case too it was extremely difficult to obtain the desired information from researchers, and alternative strategies had to be used. The methodology used in carrying out the survey encountered difficulties of all kinds: firstly, the capability of the person contacted in each unit to call the group(s) of researchers to participate in the survey; and, secondly, the satisfactory and complete filling out of the questionnaire itself by each researcher. Alternative strategies used to obtain the information included consulting national scientific production reports, institutions' academic activities reports, searches of

⁸ This second survey was carried out by Celia Almeida, the Network's Executive Secretary and Carmen Romero, assistant researcher, with the collaboration of the Network's National Representations, respectively Delia Sanchez in Uruguay, Alicia Stolkiner and in Argentina (with the collaboration of Maria Paula Unamuno), and Roberto Dulack and Maria Elza Paredes in Paraguay.

⁹ The representativeness of the units selected was defined in terms of their tradition in the HSSR field, the volume of their scientific production in terms of previous studies.

¹⁰ In general, grey literature publications are non-conventional, fugitive, and sometimes ephemeral publications. They may include, but are not limited to the following types of materials: reports (pre-prints, preliminary progress and advanced reports, technical reports, statistical reports, memoranda, state-of-the art reports, market research reports etc.), theses, conference proceedings, technical specifications and standards, non-commercial translations, bibliographies, technical and commercial documentation, and official documents not published commercially (primarily government reports and documents) (Alberani, Pietrangeli & Mazza (1990).

institutional homepages, and bibliographical production reports. Nonetheless, accessing these data bases entailed limitations in that, on the one hand, they did not contain all the information sought in the questionnaire and, on the other, certain sources involved a selection bias, as they include research studies on the basis of

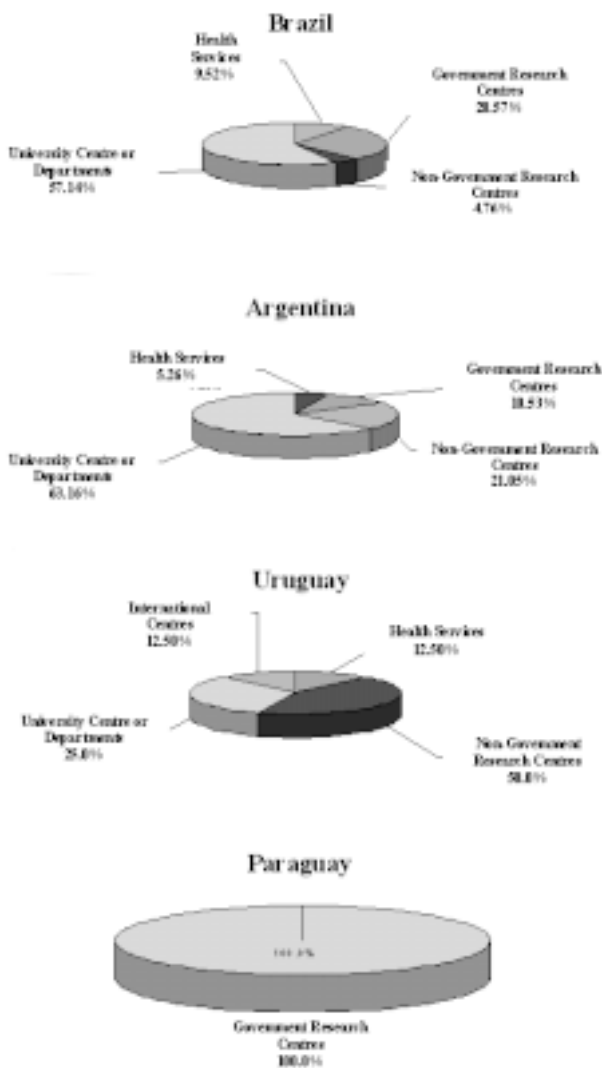
registration of some type of publication, while those not so announced are left out.

The centres that answered the inquiry are listed in Table 2, and their distribution as governmental, non-governmental, universities, services and international research centres is detailed by country (Chart 8).

Table II – Centres and Units Consulted on HSSR and Health Sector Reform

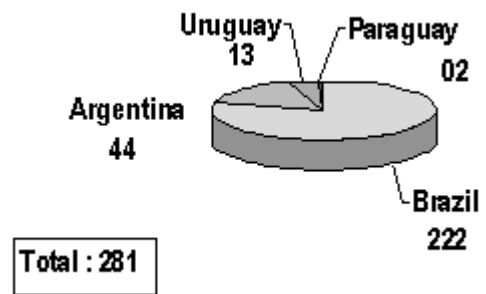
BRAZIL	ARGENTINA	URUGUAY	PARAGUAY
University of Brasilia	Health Research and Advisory Centre.	Economics, Organization and Social Policy Study Group (GEOPS)	Ministry of Public Health and Social Welfare / International Bank for Reconstruction and Development (IBRD).
Faculty of Medicine. University of Campinas.	F.C.E.Q.Y.N. School of Nursing. UNM and Ministry of Public Health, Misiones Province.	Uruguay Information and Study Centre (CIESU)	
Public Policy Study Unit. Campinas.	La Cigarrá Children's Day Hospital Team. Mental Health Centre No.1. Buenos Aires City Government.	Economics Research Centre (CINVE)	
Health Unit. Campinas Catholic University.	Misiones National University. Incentives Programs. Higher Education Secretariat.	Latin American Human Economics Centre (CLAEH)	
Collective Health Studies Unit. Ceará Federal University	Faculty of Psychology. Rosario National University.	University of the Republic, Faculty of Social Sciences.	
Ceará School of Public Health.	Gino Germani Institute. Faculty of Social Sciences. Buenos Aires University.	University of the Republic, Faculty of Medicine/Chair of Preventive Medicine	
Department of Collective Health. Londrina State University.	Policy Research and Analysis Institute (I.I.A.P.), Faculty of Political Science and International Relations, Córdoba Catholic University (U.C.C).	University of the Republic/ Masters in Health Service Administration	
School of Public Health. Mato Grosso do Sul.	Science and Technology Secretariat, ISALUD Foundation University Institute.	FISS Project, World Bank	
Collective Health and Nutrition Studies Unit /Faculty of Medicine/ UFMG	Research Department, Business and Social Sciences University.		
João Pinheiro Foundation. Minas Gerais.	Faculty of Psychology, Research Institute. University of Buenos Aires.		
Curitiba Municipal Health Secretariat.	Incentives Program, Higher Education Secretariat. Misiones National University.		
Collective Health Studies Unit. Recife.	Buenos Aires High Risk Juniors Total Care Program (PROAMBA).		
National School of Public Health ENSP/FIOCRUZ. Rio de Janeiro	Centre for the Study of State and Society (CEDES). Health, Economy and Society Area.		
Institute of Social Medicine. Rio de Janeiro State University (UERJ)	Faculty of Exact, Chemical and Natural Sciences. School of Nursing.		
Collective Health Unit / Rio de Janeiro Federal University.	Centre for the Study of State and Society, Buenos Aires		
Rio Grande do Sul School of Public Health.	Chair of Psychology Research Methodology II. University of Buenos Aires.		
Institute of Collective Health. Bahia Federal University.	Research Department, University of Business and Social Sciences.		
São Paulo Institute of Health. Health Services and Systems Research Unit.	Research Institute, Faculty of Psychology. Chair of Preventive Psychology.		
Department of Preventive Medicine, University of São Paulo.	Latin American Economic Research (FIEL).		
São Paulo Santa Casa da Misericórdia / Department of Preventive and Social Medicina / Barra Funda Health Centre School.			
Centre for the Study of Contemporary Culture, São Paulo.			

Chart 8 - HSSR Projects and Health Sector Reform - List of Units and Centres, per Country



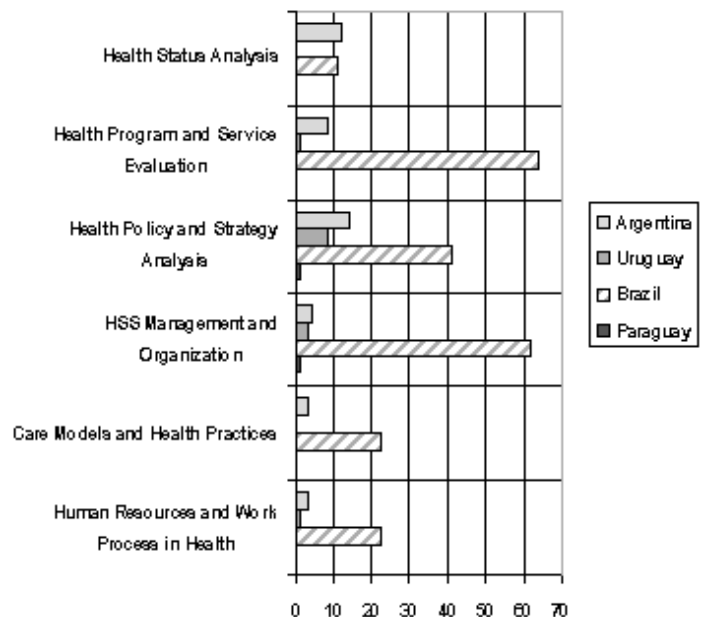
The survey of ongoing research projects at centres in the four countries studied indicates a total of 281 projects, and as in the first survey, indicates also that Brazil predominates in terms of the number of HSSR projects being carried out. This fact too may be explained by the size of the centres selected in Brazil, which were precisely those research centres and institutes with most solid standing in the area, with large research staffs and a high volume of scientific production (Chart 9).

Chart 9 - Number of HSSR Projects and Health Sector Reform, by Country



A preliminary classification was then made of the projects identified, by the same lines of research used in the previous surveys: health status analysis, health program and service evaluation, health policy and strategy analysis, HSS management and organization, models of care and health practices, and human resources and work process in health (Chart 10).

Chart 10 - Distribution of Projects by Line of Research and Country



Present in greatest number were studies in *Health program and service evaluation, HSS management and organization, and Health policy and strategy analysis*. In far smaller number were studies in *Human resources and work process, Health status analysis* and *Models of care*.

The great concentration of projects in the line of research *Health system and service management and organization* can be explained in part because this included reform-related research on subjects such as decentralization, democracy, citizenship and theoretical discussions to do with health systems and services organization, which perhaps deserved classifying differently. Also, the considerable number of projects in the line of research *Health policy and strategy analysis* comprises studies of funding, regulation, social organizations and community participation, information systems, and even epistemological and theoretical discussions relating to the reform process from a macro perspective. Here, once again, the study ran up against the limitations in the classification used to identify the different lines of research.

As in the first survey, there was a significant number of projects in the lines of research *Health program and service evaluation* and *Health systems and services management and organization* in Brazil. Meanwhile, in Argentina and Uruguay, *Health policy and strategy analysis* was the most important line of research. In Paraguay, only 2 reform-related projects were identified, which precluded any conjecture as to the distribution of projects by line of research.

Scientific production by the projects was then quantified (Chart 11), according to publication in indexed or other (*grey*) publications (Chart 12).

The distribution of the number and type of publications by project and by country, both indexed and *grey*, revealed the following: in Argentina and Uruguay, a high percentage of the projects (40.9% and 38.5% respectively) on HSSR and Reform were not published; in Brazil this applies to around 20% of the projects. Meanwhile, the greater part of the publications in the countries correspond to the *grey* literature type: 100% in Uruguay and Paraguay, 84.1% in Argentina and 66.4% in Brazil (Chart 12).

Chart II - HSSR Projects and Health Sector Reform Publications (1995-1999)

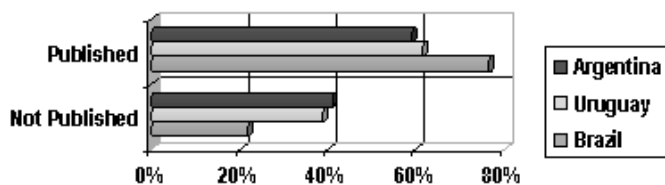
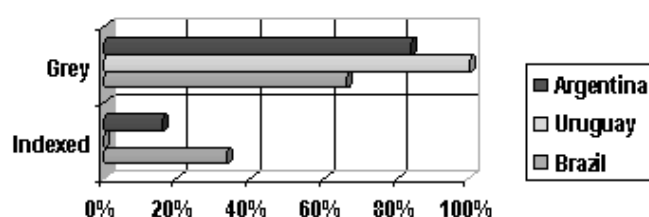


Chart 12 - HSSR Projects and Health Sector Reform by type of Publications per Country (1995-1999)



3. Surveys of HSSR and “research to policy”

Two questionnaires – quite similar but with some small differences – were prepared for the purpose of discovering the opinions, and gathering qualitative information on the experiences, of the various stakeholders, either in performing HSSR, or in using research results in policy formulation and implementation. The questions were also designed to evaluate the action of the Network and discuss possible reorientation and future activities.

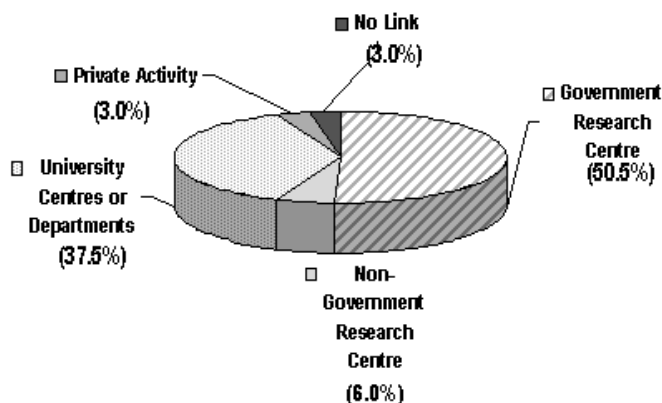
The **first inquiry** interviewed researchers funded by the Network in its Small Grants Program (1995-1998)¹¹; and the **second inquiry** interviewed professionals active in the health systems and services area, or the like, either as researchers, policy makers or health service

¹¹ In the case of Paraguay, the respondents were students of the Health Systems and Services Research Methodology Course held in 1995 in Asunción, Paraguay. As part of their training, these professionals received a small grant to formulate and carry out a small-scale research project. An evaluation of this course, with the respective executive summaries of the projects, was published in *Investigación en Sistemas y Servicios de Salud - Cuadernos para Discusión N.0*, pp.15-54.

workers, who participated in the Network's Regional Seminar held in Rio de Janeiro, April 2000. The "samples" were therefore directed.

The questionnaires of the **first inquiry** received responses from 29 researchers – 6 from Brazil, 5 from Argentina, 5 from Uruguay and 13 from Paraguay – most of them attached to government and university research centres (Chart 13).

Chart 13 - Distribution of interviewees, principal link of researchers - First Inquiry



In the **second inquiry** (researchers and non-researchers), 26 professionals responded, 19 (73.08%) of them researchers, both inside and outside the academic realm, and 7 (26.92%) non-researchers, engaged in activities in Ministries of Health, international institutions or even academia, but not pursuing research projects (Chart 14). The great majority of all the respondents are from Latin America (Chart 15) and with basic training in the health field (Chart 16).

Chart 14 - Distribution of interviewees, researchers and non-researchers - Second Inquiry

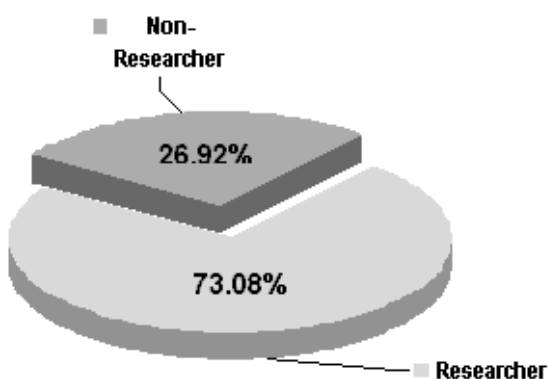


Chart 15 - Distribution of interviewees by country - Second Inquiry

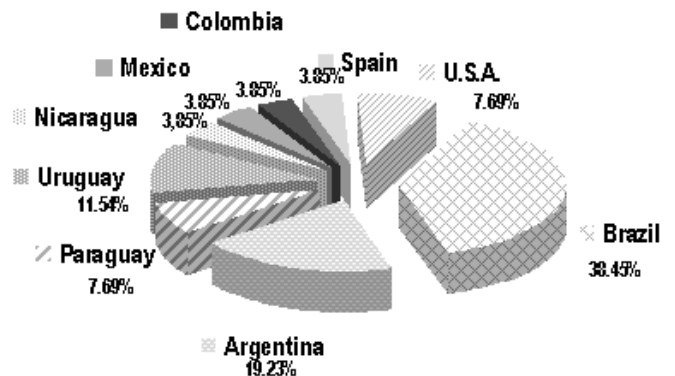
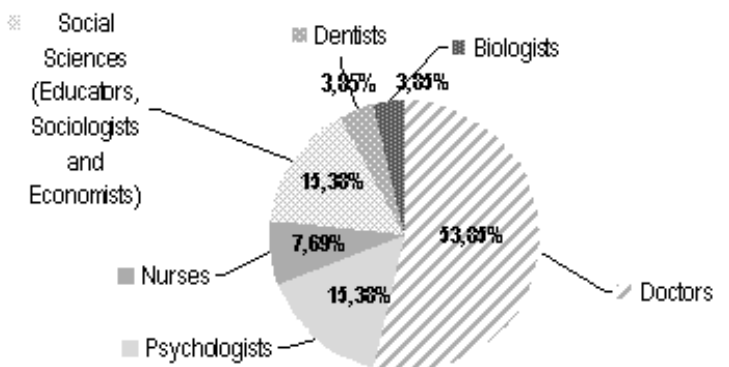


Chart 16 - Distribution of interviewees by profession - Second Inquiry



Some of the main elements drawn from the responses are presented below.

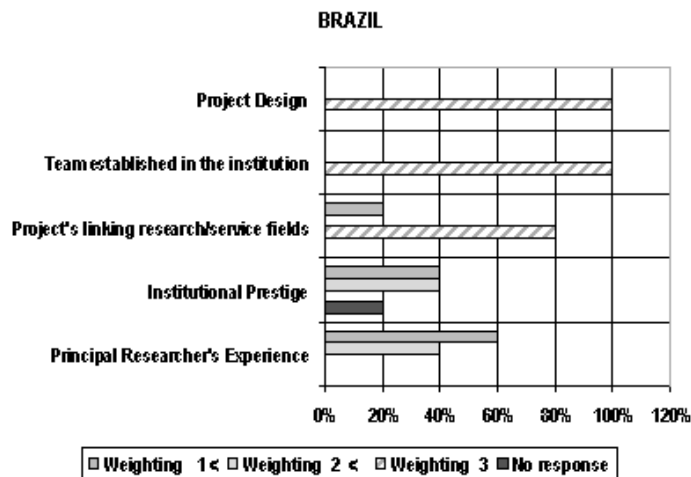
The HSSR field

Only the **second inquiry** asked about the HSSR field. Most responses considered HSSR as a field in formation, with theoretical and methodological problems not yet totally solved, connected with the concrete practice of both policy formulation and implementation, and health services. They also agreed that it is multidisciplinary and interdisciplinary. A strikingly broad range of objects was grouped in this field of research, thus forming fluid, ill-defined frontiers, in addition to which it is considered fundamentally an operational, strategic development field.

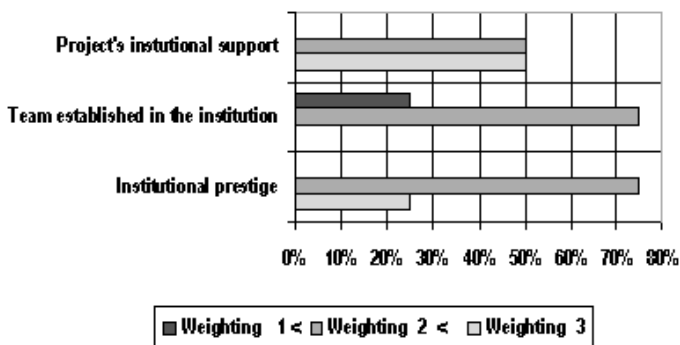
Criteria for evaluating HSSR

In the **first inquiry**, of researchers funded by the Network, the value given to criteria to be considered in evaluating HSSR varied from country to country (Chart 17)¹².

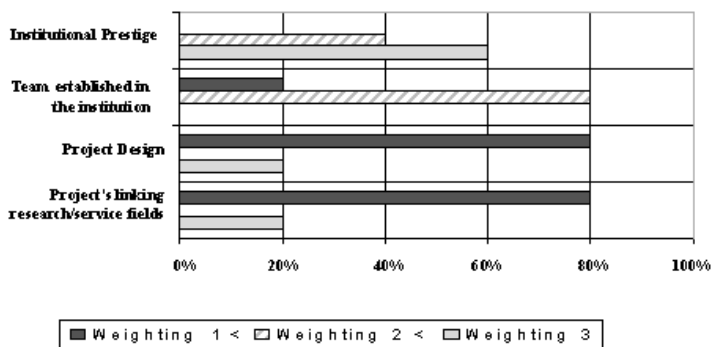
Chart 17 - Most important criteria to be used in selecting projects - First Inquiry



URUGUAY



ARGENTINA



Of the countries with the greatest number of senior researchers, there was consensus in Brazil that the criteria should include an established team, project design (100% each) and interlinking between the research and service fields (80%); the institution's prestige was of intermediate importance (60%) and opinions converge in assigning the lowest points to the researcher's experience (50%). In Argentina, the highest points appear with the values 1 and 2; weighting 3 is attributed particularly to the institution's prestige (60%); weighting 2 converges on the item relating to the existence of an established team (80%); and less weight is attributed to project design and the link between the research and service fields. In Uruguay, the intermediate weighting 2 appears most frequently, attributing importance to an established team (75%) and to the institution's prestige (75%); institutional support for the project was most attributed weighting 3 (50%); and project design did not receive high points. In the case of Paraguay, there was little consensus on any item.

In the **second inquiry** (researchers and non-researchers), valuation selected other criteria as the most important: academic excellence (the researcher's experience and project quality) were valued as fundamental, in addition to determining the link between the research and service fields and the solidity of the research team. The researcher's titles, were valued in second place, following professional experience. The prestige and support of the institutions (be it public or private) are also considered important criteria, but secondary to those already listed (Chart 18).

Kinds of cooperation between academia and services

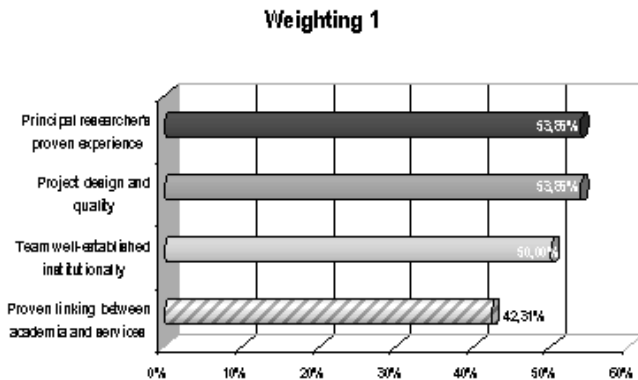
In the **first inquiry** (among researchers funded by the Network), the question related to the institutions involved in the research process, in addition to the researcher's home institution, whether they hosted the project, or because it was necessary to resort to them for support in data, documents, or human and material resources. The results obtained mentioned 49 institutions, most of them university centres or departments (Chart 19).

It was also asked whether, after conclusion of the research, any kind of cooperation was maintained between the researcher and the

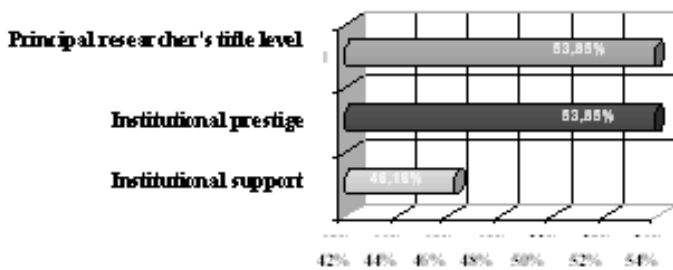
¹² The responses from Paraguay were too erratic to be taken into consideration.

institutions involved in the study. Of the responses, 37% indicated some exchange and 63% no subsequent relationship (Chart 20). Of the total indicating some kind of cooperation, 40% mentioned circulating results and recruiting of professionals as advisors or consultants (Chart 21).

Chart 18 - Most important criteria to be considered in evaluating HSSR - Second Inquiry



Weighting 2



Different weightings

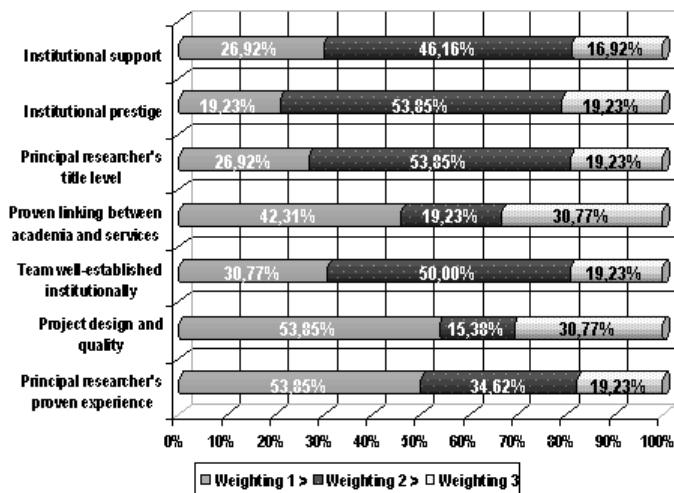


Chart 19 - Institutions involved in running the project - First Inquiry

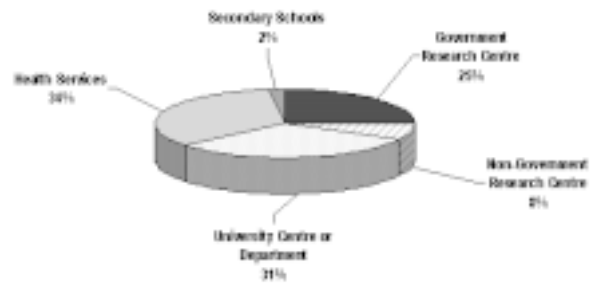


Chart 20 - Cooperation between researchers and institutions researched - First Inquiry

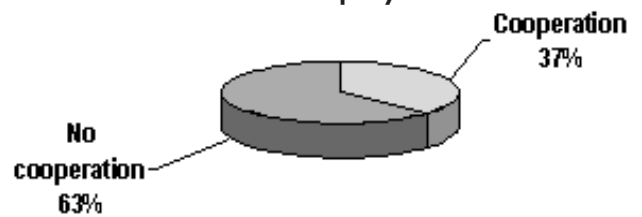
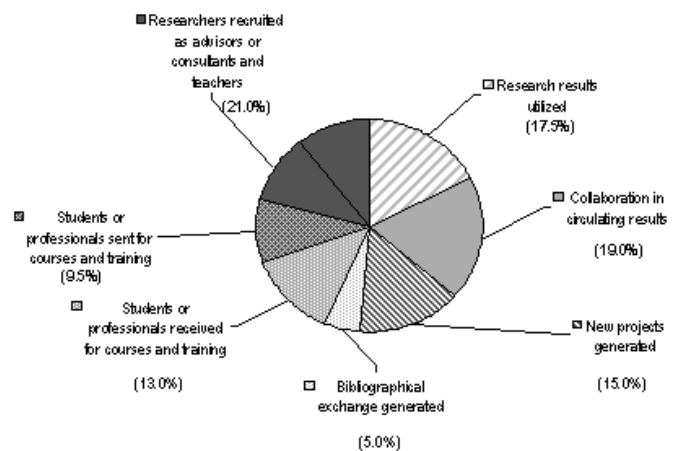


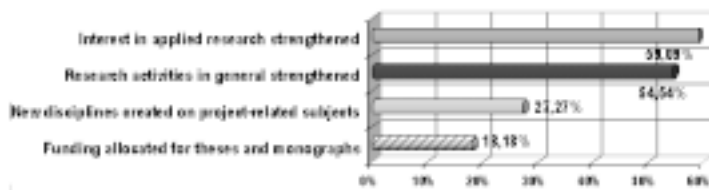
Chart 21 - Inter-institutional cooperation after project termination - First Inquiry



Collaboration, when it did occur, was more personal than institutional. The professionals themselves who received such invitations described them as episodic and discontinuous, which in many cases frustrated initial expectations of opening up an effective channel for cooperation between services and academia.

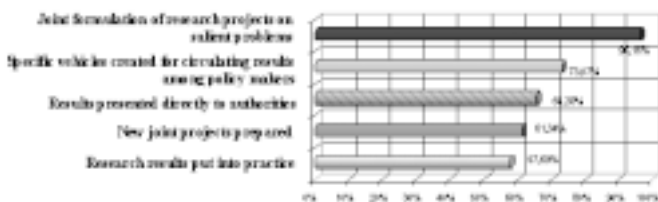
In the **second inquiry** (researchers and non-researchers), when asked about HSSR's contribution to institutional development, the majority responded that the HSSR area was strengthened, as was research in general (Chart 22).

Chart 22 – Contribution by HSSR research to institutional development - Second Inquiry



It was also asked what is the best form of cooperation between academia and services or policy making. The great majority of the responses indicated that the best kind of cooperation is joint formulation of research projects on important problems, with the participation of policy makers and researchers (96.15%); secondly, setting up vehicles tailored to circulating results among policy decision-makers and implementers (73.07%); thirdly, presenting results directly to service authorities and to those who hold decision-making power, and collaborating in diffusion (65.38%); fourthly, preparing new joint projects (61.34%); and, fifthly, putting research results into practice (57.69%) (Chart 23). Sixth place would be occupied by advisory assistance, specialist assessments, specific training, and student and professorial exchanges with services.

Chart 23 – Forms of cooperation between services and academia - Second Inquiry



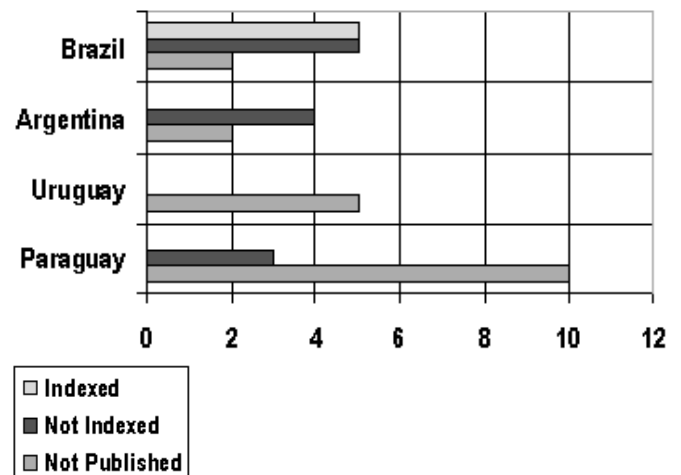
As an additional consideration, the responses emphasized the need to forge concrete links among academia, services and decision-makers in order to develop an agenda of previously defined and agreed priorities with the participation of the stakeholders. In addition, it was emphasized that the efforts of academia and services are

cumulative and not exclusionary. Also mentioned was the importance of decision-makers contracting the services of researchers to carry out research projects directed to solving priority problems; that is, it was stressed how important it is that specific funding be provided for this kind of research.

Circulation of results

In the **first inquiry** (among the researchers), of the total of projects funded by the Network, only 35% of the authors managed to circulate their results by traditional academic means. By country, in Brazil, 65% of the studies were published in some form, in Argentina, 60% and in Paraguay, 23%. No Uruguayan study appears to have been published in this survey among the researchers themselves (Chart 24).

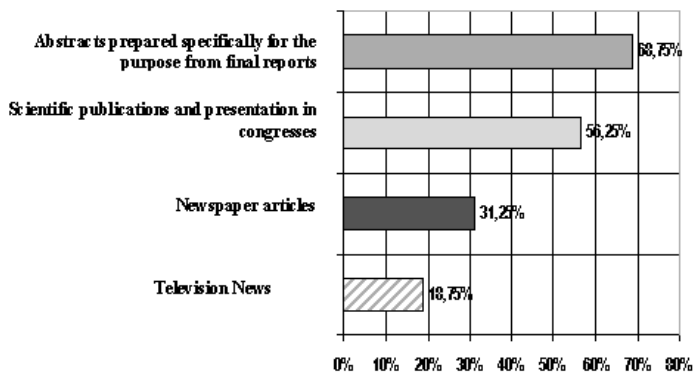
Chart 24 - Publication of studies - First Inquiry



In the **second inquiry**, when only policy makers or service professionals were asked what is the best way to learn of research results of importance to their decisions, most responded that this is in the form of summaries prepared especially for this purpose from final research reports; surprisingly, in second place, came scientific publications and presentations in congresses. Marketing and the mass communications media were considered the least effective means, with newspaper news items ranking third and television news last. It was emphasized that the summaries must be didactic,

clear, easy to read and, as far as possible, with the data and summaries organized into graphs, charts and Charts (Chart 25).

Chart 25 - Most effective forms of circulating research results, according to policy makers - Second Inquiry



It should be mentioned that the response from the decision-makers confirmed the importance of developing specific vehicles tailored to circulating results among policy makers, as well as the scant importance attributed to the media in general in circulating research results. At most, circulation in the media would serve as an alert, drawing attention to the problem. Meanwhile, contrary to common sense and some assertions encountered in the literature, the decision-makers valued scientific publications and presentations in congresses.

Utilization of research results

Another aspect of the study had to do with the researchers' self-evaluation regarding application of research recommendations or results, either directly in the services under study, or in relation to other locations or programs that might come to benefit from the work.

This was an open question and the authors took it in its broad sense, to include all and any action taken as a result of the research work. In addition to recommendations applied, or changes to routines or procedures, they also included, for example, talks and presentations, mentions in bibliographies, announcements of the study in technical publications, and the like.

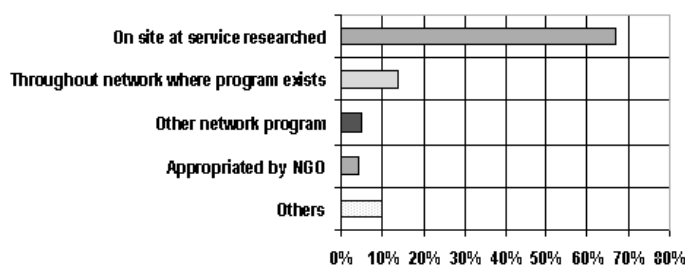
Despite the positive responses given to these questions, a great deal of frustration could be

noted in the researchers' observations and declarations on this matter, with most revealing that little occurred in the way of application of results.

Our intention was not to consider only the notion of complete success, but rather to offer the interviewees the opportunity to express or indicate any kind of success they may have seen.

In the **first inquiry** (with the researchers funded by the Network), the majority mentioned that results were applied in the service itself and, a smaller proportion, in similar programs in the health system (Chart 26).

Chart 26 - Where results were applied, as reported by the researchers themselves - First Inquiry



As regards the time taken for results to be applied, 34% of the researchers did not respond and, of those that did, 30% said it was from 6-12 months from project termination.

In the **second inquiry**, when researchers were asked where the results of their studies were applied, 27% did not respond (Chart 27). Of those that did, the majority (72.22%) said these were applied in the service itself where the study was conducted, and for a similarly high percentage (61.11%) this occurred throughout the service network where similar programs exist. Meanwhile, 38.88% responded with both options; that is, their results were applied in the service and in the service network. Another 38.88% did not specify where, but marked "other" (Chart 28).

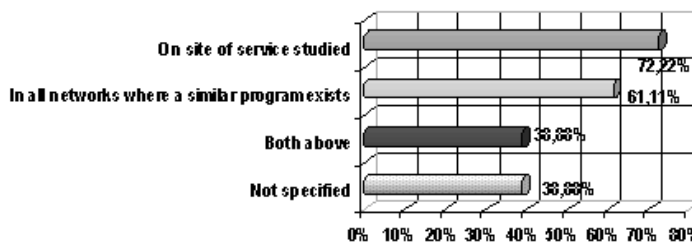
Most affirmed that results were utilized even before the research was concluded. The rest put application at between 6 and 24 months after completion, with a minor concentration at between 12 and 18 months.

Chart 27 – Where results were applied, as reported by the researchers them selves. Percentage reponse and non-response - Second Inquiry



Noteworthy is that when the researchers were asked to estimate the percentage utilization of their research results, 34.61% did not respond, which may mean they did not know about such utilization or were not concerned with the subject.

Chart 28 - Where results were applied, as reported by the researchers them selves who responded - Second Inquiry



Factors that interfere with utilization of results

The responses in the **second inquiry**, as to factors that favour or prejudice utilization of research results, may be grouped as in the table below, with no ranking. (Table III)

Table III - Factors that favour or prejudice utilization of research results

FAVOURABLE	PREJUDICIAL
<ol style="list-style-type: none"> 1. Research aims attuned to real, priority service problems. 2. Articulation, negotiation and cooperation agreements between policy makers and researchers to conduct strategic research. 3. Participation by all stakeholders in formulating research questions, running the project and analyzing results. 4. Ethical and political commitment among researchers and local decision-makers to change and improve health services. 5. Political strength and funding capacity among decision-makers to require and give commitment to conducting research. 6. Researchers' relations with circles of power in the institution where the research is conducted. 7. Well-prepared, quality projects, technically and methodologically rigorous. 8. Consolidated, technically reliable researchers or institutional groups. 9. Validated research hypotheses and reliable results. 10. Form in which results are presented. 	<ol style="list-style-type: none"> 1. Permanent institutional instability. 2. Complexity in political, economic and health system reform contexts. 3. Pressure of day-to-day service activities which limits time available for reflection and research. 4. Politically adverse impact of some research results. 5. Lack of interrelationship and ethical and political commitment among decision-makers and researchers to changing and improving service systems. 6. Lack of political strength to foster and encourage research activity, define agendas and funding decisions. 7. Lack of participation by decision-makers in approving research projects. 8. Lack of articulation among the various institutions acting, respectively, in the science and technology and health service fields. 9. Lack of linkage between sector reform agendas, research agendas and available funding. 10. Dependence on external funding, generally connected to international organizations with their own research and investment agendas. 11. Lack of mutual trust and respect between researchers and policy makers or service professionals. 12. Stakeholders' ideologically tainted views, either of research and researchers, or of policy makers and their demands.

What should a Network be? And what is an HSSR Network?

This questions were formulated in the **second inquiry** only.

For the interviewees, a Network may be seen from several different perspectives, but generally speaking, their conceptions raised the notions of interlinking, exchange, strategic and democratic mechanism (or space) for discussing and deciding on important matters, objects and interests in common, to generate greater capacity for intervention and political strength. Meanwhile, this interlinking should be voluntary, horizontal and flexible. Divergences emerged as regards to what degree this interlinking should be institutionalized, with the variation ranging from a formal, although non-hierarchical, coordination approach, through to something more fluid, voluntary and indefinite. Clearly explicit, however, was a concern with network rigidity or loss of participants' freedom, with preserving respective autonomies and with decentralizing activities. This image is clearly outlined by one interviewee's response: a *Network cannot be conceived as a mesh that limits and prevents movement; on the contrary, its survival depends on the capacity to interlink while maintaining the greatest possible flexibility.*

In general terms, the suggestions for functions to be performed by an HSSR Network coincide to a large extent with the Network's own aims; many of the activities suggested are being pursued by the Network, with varying emphases, either because of the availability of funding, or the priorities approved by its Board. Of particular note, however, were suggestions relating to decentralized activities, specific strategic projects, the importance of improving electronic distribution and, particularly, the political role of the network. The notion of interrelating the fields of research, capacity-building and information distribution was reinforced.

One of the interviewees argued that performing research was not one of the HSSR Network's fundamental missions, although it was understandable that this be one of its central activities in the early stages of its development. In this interviewee's opinion, it would be more advisable to prioritize identification of funding sources; arrange meetings among funders,

managers and researchers; support project negotiation and execution; and circulate the results of these studies.

Generally speaking, most of the interviewees suggest that an important mission of the HSSR Network is to develop different ways and mechanisms for utilizing the information and knowledge produced, especially directed to HSS managers and policy makers. In addition, the Network should facilitate and foster exercises in drawing up agendas and prioritizing subject areas, internally within the Network itself, as well as overseeing external negotiations to have these decisions put into practice.

4. National Workshops and Regional Workshop

A round of national workshops was organized in 1999, one in each Network member country (Brazil, Argentina, Uruguay and Paraguay), and one Regional Workshop.

National Workshops

The National Workshops were organized by the National Representatives, and were designed mainly to discuss the Network, its objectives and activities with a view to improving capacity-building in the field of health systems and services research in the Southern Cone of Latin America and the Caribbean. Held between May and October 1999, the seminars brought researchers together, in their respective countries, from institutions committed to the Network and its aims, as well as managers and policy makers. The working methodology consisted of thematic panels and working groups. A summary of the main conclusions of these meetings is presented below.

Among the debates that ensued, intense discussion of the question "What is a Network?" highlighted the nature of the vertical and horizontal linkages among the different institutions and partners. A consensus was also reached that while, on the one hand, there is permanent pressure to develop innovative capacity, on the other, demand is enormous, which leads to a need to build a priority agenda by common accord among the stakeholders in the sector.

It was stressed that most important at the moment is to perceive that many things have changed in the last years and that now, more than ever, we must reaffirm the need to broaden associations, strengthen relations with various agencies and forge closer links internally and externally, seeking new ways of integrating and pursuing the work in HSSR, hand in hand with the quest for new funding and strategies for working in this field.

It was proposed to draw up an action plan that would include researcher capacity building (supported by, and mobilizing, existing resources in the region), communication of HSSR results, creation of incentives to encourage quality in research proposals, specifically for those with less capacity, and elaboration of new mechanisms to facilitate better links between research and policy.

Generally speaking, the work of the Network was viewed favourably and the meetings stressed the need to negotiate continuance of certain programs, such as the small grants, methodological HSSR training, communication and publication of research results, besides the creation of mechanisms to construct concerted agendas and priorities.

Regional Workshop

The Regional Seminar, promoted and organized by the Network's Executive Secretariat (Rio de Janeiro) and the PAHO's Health Services Development Division (Washington), was held for the central purposes of:

- Fostering debate on delimiting the HSSR field in the context of health sector reforms, taking account of the specifics of each reform process.

- Discussing the Network's role and any problems in its activities (at the national and international levels) with a view to defining development strategies to achieve its aims, mechanisms to strengthen HSSR in the region, and improve utilization of research outcomes in health systems and services.

- Discussing the Network's relations with other international organizations active in the HSSR field and with funding agencies.

- Discussing the proposal to draw up a concerted agenda in the HSSR field, to take account of the health reform processes in the

region, existing lines of research (ongoing or halted), available funding, and actual and potential needs in the light of the demands and challenges raised by present changes.

The working methodology consisted of thematic panels and working groups. The meeting was attended by about 50 participants, including a range of stakeholders from both the HSSR and service fields, as well as policy makers at both the national level in Network member countries (Argentina, Brazil, Paraguay y Uruguay) and other countries in the region, and at the international level, from organizations and agencies active in the HSSR field. The main conclusions are presented below.

With regard to the need **to delimit the HSSR** field better, define its subject matter more precisely and further its theoretical and methodological development, there was no consensus among the researchers, policy makers and other stakeholders consulted. However, it must be repeated that these issues have not been subjected to systematic analysis, which makes it difficult to consolidate the field. On the other hand, as HSSR is bound up with practice, it has been subject to a series of conditioning factors stemming from clashes in both the political and scientific spheres.

This being the case, it is agreed that emerging public consensus on the importance of HSSR sets the basic framework within which research priorities are set. Systematic, large-scale information gathering and analysis begins (and is funded), when that consensus is reached. In addition, the resulting research efforts are primarily instrumental in the sense that the studies are directed to solving specific problems which in turn tend to be subject to particular timeframes (Anderson, 1966; Greenberg & Choi, 1992:3-4, *apud* Almeida, 2000). Building this public consensus on the specific nature of HSSR thus continues to be an important activity of the Network's.

These two key words – systematic and instrumental – raise at least two orders of interrelated problem that are separable only for analytical purposes: one is theoretical and methodological and the other is eminently political. That is, defining HSSR and better

delimiting its frontiers and subject matter relate back to a discussion rooted in epistemology. Meanwhile, the utilization of research results in implementing change-oriented policies and programs introduces not only technical (methodological and instrumental) elements, but political factors that are not to be settled solely by the *excellence and relevance of the studies*, nor by the *will of the actors involved*, but rather are conditioned by concrete reality where discourse and rhetoric become practice (Almeida, 2000). Moreover, HSSR's developing an instrumental nature in a context where policy institutionalization is deficient – as is generally the case in the countries of the Southern Cone of Latin America – adds complicating factors.

The political dynamics and the context in which health systems and services have developed created conditions for the HSSR field to expand and gain visibility, while the theoretical and methodological building has been erratic and received less attention. While it is agreed that HSSR is by nature operational, applied research, both are nurtured by the accumulation of knowledge that academic scientific production makes possible. These links, it bears repeating, must be strengthened. The idea of HSSR as a field of practice makes it difficult to differentiate the object of study from the practices, thus the idea of a field (Bourdieu, 1975, 1994) is useful as it works with relational categories, and the limits of the field are given by its results (Belmartino, 2000). What comes to be important then is less the consensus as to the limits of the field and more the set of relationships established by the HSSR researchers themselves in their working practice, which must be potentiated by the Network.

As regards the **Network's performance**, there is consensus that after almost six years of intensive work, during which the Network showed itself to be an important organization in the health systems and services research field. Its initial programmes and aims have been fulfilled. Confirming its potential for aggregation, the Network gained credibility and has become an interlocutor for the region at forums on health policy and service research. All Network activities and programmes are widely welcomed among individual and institutional members.

One of the main accomplishments of the Network's activities has been to establish a democratic, participatory forum where diverse actors discuss the agreement to formulate a common agenda for research and for developing health policies. National and regional seminars are forums for exchange, and unquestionably are moments for intense reflection and exchange of ideas. The difficulty, however, lies in defining and implementing strategies to ensure that this effervescence persists and generates movement in each country to multiply and leverage the changes intended in the Network's objectives.

A detached view of the Network's activities and results reveals that much remains to be done. Some of its aims have not been completely achieved, in particular: the extent of increased communication among its members (horizontal integration), in a given country or among countries; and more effective bridging between research and policy making.

As originally conceived, the Network was designed as a *relation among equals*, in spite of the various asymmetries known to exist among the member countries, in terms of capacity building, available resources, and problems and needs in the HSSR field. In theoretical terms, this diversity alone would not be an impediment to developing the Network, but the problem resides in defining the essentials on which collective action is to hinge when this action is to be inter-linked, horizontally and vertically, on two rather complex levels: the level of the different national realities and the international level. In addition, this relationship is intended *not to be authoritarian*; that is, it should be *shared, democratic and participatory*, which goes to explain the proposed structure, as described above.

Historically, no tradition of horizontal cooperation among institutions in different countries, nor among countries, can be said to exist. In fact, when it does occur, it results more from individual initiatives and particular reasons than as a rational response to external incentives or common projects. Also, although North-South cooperation is far more frequent, it rarely occurs as a relationship *among equals*. In itself, this situation justifies the Network proposal, but at the same time works against it.

It is therefore no surprise that the Network has taken shape as an *initiative by individual people*. While on the one hand this has the advantage of autonomy, of a structure built on the basis of a “voluntary” association with a professional, technical and political project, it does have the disadvantage of being too dependent on *who these individual people are*, on how available they are to carry the project forward and on their remaining in the institutions that support the project. In addition, institutional adhesion is jeopardized, because it does not result only from personal or individual connections.

The situation with regard to funding agencies has changed in recent years, both in terms of the funding available and the priorities, and funding is more and more tied to specific lines of work, which has brought considerable changes into negotiations between partners. On the other hand, the proliferation of other networks and organizations acting in the HSSR field in our region, albeit with complementary aims, has accentuated competition for these funds instead of fostering interlinking and joint work among them. In summary, two problems emerge from this new situation: certain sources of funding are exhausted and there is a risk of overlapping (and wastage) in HSSR funding, instead of the expected complementation and leverage of results. This set of problems raises the issue of financial self-sustainability, which is an important limitation for the Network.

CLOSING REMARKS AND RECOMMENDATIONS

The combined results of the various inquiries and surveys of scientific production in the health systems and services research field, capacity-building needs, utilization of research results, and the evaluation of our activities, taken together, point up some important issues that deserve thought and constitute an agenda of work:

1. There is a need for clearer theoretical and conceptual delimitation of the HSSR field, given the heterogeneity of conceptions as to limits on the scope of its inherent transdisciplinarity, and links to practice.

2. Among researchers and policy makers, there is a need to foster new skills and ways of thinking required by the innovations that have been imposed by the health sector reform processes. These new skills have to do both with improved professional capacity-building to enable researchers to meet the challenges of new problems and issues to be investigated, and with the capacity of policy makers to require and support research, and to use research results.

3. It is necessary to find ways to forge closer links between HSSR and the process of health policy and strategy formulation and health sector reform implementation by the various countries within the sub-region. This may be by improving communication between the two realm of research and policy making; establishing bridges for co-operation at various stages of both the policy decision-making and knowledge production processes; ensuring an effective dynamic between the two processes; identifying “entry points” in both processes that should be worked out; extracting and channelling crucial messages that could be emphasized and fashioned into recommendations.

4. As the processes are heterogeneous and priorities vary from country to country, common subject areas must be delimited and different working groups set up, by subject area, to establish concerted agendas with the participation of different actors and stakeholders, to redefine and set priorities. On the other hand, it is of equal, if not greater, importance to engage the various stakeholders in dialogue, not only toward formulating research questions or disseminating research results, but also in identifying mechanisms to increase the receptivity of the potential users and beneficiaries of research results.

5. Interrelations must be intensified with society as a whole, and not just with the State (policy makers and managers), so as to broaden the discussion arena and to build greater political – and not just technical – competence in the overall debate on HSSR, its development and utilization.

In summary, following Brown (1991), we assert that one important support that research can give

to the decision-making process lies less in offering definitive answers to problematic questions in debate, and more in upgrading the quality of the terms of debate (Weiss, 1977; Majone, 1989, *apud* Brown, 1991). This being the case, *the ability to change the nature of public debate on an "issue" is an important form of power*, counterposing ideas, proposals and interests exerts an crucial force in shifting the balance of power among groups in conflict (Brown, 1991:39).

Networks can play a leading role in this process, and should be strengthened by expanding its membership and increasing the number of working partners, and bearing in mind the possibility of diversifying sources of funding and the actors and stakeholders that participate in them. Building a Network is a never-ending task and goes on hand-in-hand with the implementation of activities, evaluation and fresh starts.

On the other hand it is important to bear in mind that institutions are more firmly anchored at the national level, and no feasible action program can be independent of the national and supra-national dynamics. These two levels have to be co-ordinated strategically by:

1. Dialoguing and converging with agencies, sources of demand and international organizations, discussing shared agendas of work.
2. Developing mechanisms for concerted action and for interconnected actions between networks and other organizations acting in the HSSR field, by associating with ongoing processes, seeking complementarity and generating cooperation agendas.
3. Mapping of strategic, selective, long-term available funding directed to locally defined priorities.
4. Organizing a data bank with a permanent record of studies in the HSSR field, events, debates and discussion, as well as of national and international meetings and seminars bearing on the subject.

BIBLIOGRAPHY

- ALBERANI, V.; PIETRANGELI, P.D.C. & MAZZA, A M.R.(1990), The use of grey literature in health sciences: a preliminary survey. *Bulletin of the medical Library Association* 78(4):358-363.
- ALMEIDA FILHO, N. (1998), *Tendências contemporâneas e desafios para la investigación en Salud Pública*, (paper prepared for the PAHO). ISC-UFBa, (mimeo).
- ALMEIDA, C.M. (2000), *Delimitação do campo da investigação em sistemas e serviços de saúde: desenvolvimento histórico e tendências (Texto Base para Discussão)*. Paper presented at the Regional Seminar "Health Systems and Services Research in Latin America and Health Sector Reform – An agenda of priorities for the region", Network for Health Systems and Services Research in the Southern Cone / PAHO Health Services Development Division, Rio de Janeiro, 18-19 April, 2000 (mimeo).
- BELMARTINO, S. (2000), *Delimitación del campo de investigación en sistemas y servicios de salud*. Paper presented at the Regional Seminar "Health Systems and Services Research in Latin America and Health Sector Reform – An agenda of priorities for the region", Network for Health Systems and Services Research in the Southern Cone / PAHO Health Services Development Division, Rio de Janeiro, 18-19 April, 2000 (mimeo).
- BOURDIEU, P. (1975), The specificity of the scientific field and the conditions of the progress of reason. *Social Science Information*, 14(6), p. 304-317.
- BROWN, L. (1991), Knowledge and Power: Health Services Research as a Political Resource. In: Eli Ginzberg (Ed.) *Health Services Research: key to health policy*, Cambridge:Massachusetts:Harvard University Press (pp.20-45).
- CARVALHEIRO, J. R. (1994), "Investigação em Serviços de Saúde: qual é o seu problema?". *Revista Saúde e Sociedade* 3(2):64-111.
- CHEN,S. & RAVALLION, M. (1993), *Is poverty increasing in the developing world?*. Washington DC: World Bank.
- CHOI, T. & GREENBERG, J.N. (1992), Health Services Research: A Cross-Disciplinary Retrospective In: Thomas Choi & Jay N. Greenberg (Eds.), *Social Science Approaches to Health Services Research*, Ann Arbor, Michigan:Health Administration Press (pp. 183-207).

- DAVIES, A. M. (1991), "The Evolving Science of Health Systems Research". In: WHO/SHS, *From Research to decision making: case studies on the use of health systems research*. Introduction (pp. 1-7).
- FLOOK, E.E. & SANAZARO, P.J. (1973), Health services research: Origins and milestones. In: E.E. Flook & P.J. Sanazaro (Eds.) *Health services research and R & D in perspective*. Ann Arbor, MI:Health Administration Press.
- FRENK, J. (1992), Balancing Relevance and Excellence: Organizational responses to link research with decision making. *Social Science and Medicine* 35(11):1397-1404.
- FRENK, J.; ORDÓÑEZ, C.; PAGANINI, J.M. & STARFIELD, B. (1992), Introducción. In: Kerr L. White (Principal Editor), *Investigaciones sobre Servicios de Salud: una antología*. Publicación Científica No. 534, Washington:PAHO.
- GINZBERG, E (1991), Health Services Research and Health Policy. In: Eli Ginzberg (Ed.) *Health Services Research: key to health policy*, Cambridge, Massachusetts:Harvard University Press (pp.1-19).
- GREENBERG, J.N. & CHOI, T. (1992), The Role of the Social Sciences in the Health Services Research: An Overview. In: Thomas Choi & Jay N. Greenberg (Eds.), *Social Science Approaches to Health Services Research*, Ann Arbor, Michigan:Health Administration Press (pp.2-20).
- INSTITUTE OF MEDICINE (1978), Working Paper of the Committee on Health Services Research. January, Washington DC:The Institute (pp.1-2).
- PAIM, J. (2000), Notas Sobre InvestigaçãO Em Sistemas E ServiçOs De SaúDe. Paper presented at the Regional Seminar "Health Systems and Services Research in Latin America and Health Sector Reform – An agenda of priorities for the region", Network for Health Systems and Services Research in the Southern Cone / PAHO Health Services Development Division, Rio de Janeiro, 18-19 April, 2000 (mimeo).
- SANCHEZ, D. (2000), La Investigación en Sistemas y Servicios de Salud en el Contexto de las Reformas del Sector. Paper presented at the Regional Seminar "Health Systems and Services Research in Latin America and Health Sector Reform – An agenda of priorities for the region", Network for Health Systems and Services Research in the Southern Cone / PAHO Health Services Development Division, Rio de Janeiro, 18-19 April, 2000 (mimeo).
- SÁNCHEZ, D. M.; BAZZANI, R. and GÓMEZ, S. (coords.) (1998), *Prioridades en la investigación de la salud colectiva en América Latina*. Grupo de Estudios en Economía, Organización y Políticas Sociales – GEOPS, Montevideo:Ediciones Trilce, (pp.19 –39).
- TEIXEIRA, C. F. and SÁ, M. C. (1996), Planejamento & Gestão em Saúde: situação atual e perspectivas para a pesquisa, o ensino e a cooperação técnica na área. *Ciência & Saúde Coletiva*, ABRASCO, Vol.(1):80-103.
- TOLLMAN, S.M. (1992), Towards an essential national health research strategy for South Africa. *SAMJ*, 82(November):299-300.
- TROSTLE, J.; BRONFMAN, M. & LANGER, A. (1999), How do researchers influence decision-makers? Case studies of Mexican policies. *Health Policy and Planning* 4(2):103-114.
- WALT,G. & GILSON, L. (1994), "Reforming the health sector in developing countries: the central role of policy analysis". *Health Policy and Planning*, 9(4):353-370.
- WALT,G. (1996), "Policy Analysis: an approach". In: Katja Janovsky (ed.), *Health Policy and Systems Development*, Geneva:WHO (pp.25-41).
- WEISS, C. (1979), The many meanings of research utilization. *Public Administration Review*. 39:429-31.
- WHITE, K. (1992), *Investigaciones sobre Servicios de Salud: una Antología*. OPS, Publicación Científica No. 534, Washington, DC.



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