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PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

Report to the Director

1979

**PAN AMERICAN HEALTH
ORGANIZATION**

**ADVISORY COMMITTEE
ON MEDICAL RESEARCH**

EIGHTEENTH MEETING

18-22 JUNE 1979

WASHINGTON, D.C.

REPORT TO THE DIRECTOR

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PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

WASHINGTON, D.C.

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EIGHTEENTH MEETING OF THE
PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

Report to the Director
1979

INTRODUCTION

Dr. George Alleyne, Vice-Chairman, opened the meeting and gave apologies from the Chairman, Dr. Joaquín Cravioto, who, unfortunately, was unable to be present.

Dr. Héctor R. Acuña, Director of PAHO, welcomed especially the new members of the Committee. He also thanked those former members who had served the Committee so well for several years but had now retired at the end of their term of office. He emphasized the multidisciplinary nature of the Committee which gave it the flexibility that was indispensable for an effective consulting body. He emphasized that the activities and recommendations of the Committee were important in rationalizing the programs of PAHO and the Member Countries. It was clear that the policy of technical cooperation made health science research assume a new perspective: research must play an important role in every health program. It was the policy of PAHO to incorporate this research element into most of its programs with the research involving both adequate diagnosis of the health situation and evaluation of any program to improve it.

Dr. Acuña commented on the importance of health services research, and on the prominence it had assumed in the previous meeting of the ACMR and in the agenda of the present one as well.

Because of the importance of health services research, he had appointed a group comprised of staff members from all the Divisions of the Organization to work with the ACMR in this area of investigation. He pointed out the urgency of developing a regional program in health services research which would contribute to the global program.

Dr. Acuña also commented on some of the other topics to be discussed in the meeting. These included diarrheal diseases and training of researchers. In relation to the latter, he described what the Organization had done in terms of courses, grants, financing and evaluating research projects and creating centers for the development of research which was relevant to the needs of the Region.

Dr. Acuña described further some of the steps taken to restructure the Organization to improve the operational and managerial functions of the Divisions.

He also mentioned the formation of Global and Regional Health Development Advisory Councils as instruments of the WHO policy for achievement of health for all by the year 2000.

Finally, he introduced to the ACMR, Dr. Paul Ehrlich, Jr., the new Deputy Director of PAHO.

1. Organization and Structure of the Meeting

Dr. Adolfo Pérez-Miravete briefly reviewed the organization and structure of the meeting.

This year the agenda contained topics which had been reviewed in previous meetings, i.e., Health Services Research (HSR), Diarrheal Diseases, Nutrition, and Disaster Emergency Activities. As agreed during the last meeting, the reports on diarrheal diseases and health services research were prepared by Working Groups established during the past year with the participation of ACMR members, PAHO staff, and outside consultants.

The agenda also included selected PAHO research activities such as a report on the Caribbean Epidemiology Centre's (CAREC) research program since its creation in 1975 and a report on hospital infections in Central America. The criteria and regulations covering the Organization's Ethics Review Committee would also be discussed.

The Committee would be asked to review the current status of training and development of research workers in the Region, and make recommendations for a comprehensive program in that area. Another important subject would

be the formulation of a well-defined policy for the identification, selection, and designation of PAHO/WHO Collaborating Centers. This activity, previously exercised exclusively by WHO Headquarters in Geneva, would be reviewed during the discussion of the document entitled "A Plan for the Management of Research at WHO", and during the Executive Session which would take place soon.

2. Discussion on the Proposal "Plan for the Management of Research in WHO"

Dr. José Roberto Ferreira initiated the discussion on the proposal for a "Plan for the Management of Research in WHO." He reviewed the document and highlighted those areas of specific interest and relevance for the ACMR. The proposal analyzed the role WHO had played and should play in the field of health research. The three main areas of interest were basic research, applied research, and research to solve the health problems as taken in a social context. There was a proposal that medical research should be redesignated as health research and the ACMR might be changed to an Advisory Committee on Health Research. The essence of the program was a reflection of the current WHO philosophy that as many processes as possible should be decentralized and more efforts placed at the regional and national levels. For this reason, the role of the Regional ACMR was an important one since it coordinated activities at the regional level and formulated regional research priorities in addition to developing regional research capacity and evaluating the results of such research. The input of the Regional ACMR into the global program was made primarily through the participation of the ACMR Chairman in the meetings of the Global ACMR.

Dr. Ferreira described the WHO scheme of Expert Committees and suggested that the Regional ACMR could extend its activities through these Expert Committees and Working Groups. The WHO proposal of establishing a research coordinator had been in effect in PAHO for several years.

He also alluded to the procedures for the selection of the PAHO/WHO Collaborating Centers and the extent to which these Centers could contribute to research and training in the Region. There was also a relatively new concept in the use of Contractual Agreements for Technical Services as a mechanism whereby an institution would perform activities

on behalf of WHO or participate in regional or global collaborative research programs. This mechanism would replace the award of research grants.

Dr. Ferreira pointed out that one of the most important aspects of the proposal was that referring to the mechanisms suggested for the promotion and development of national research resources. This would be done through specific training programs and through the strengthening of research institutions. The institutions to be used in training would be existing institutions since the WHO Plan did not envisage establishing specific centers for research or research training.

In the discussion which followed, it was pointed out that because the PAHO/ACMR had been in existence for such a long time, some of the concepts in the WHO proposal were more applicable to other Regional ACMRs. Not only was there a need for cooperation between the Global and the Regional ACMRs, but it was essential that there should be lateral activity and exchange of information between ACMRs. This was perhaps the only method by which duplication of efforts could really be avoided. The strategy for the implementation of the Plan for Research Management was introduced by Dr. Sune Bergström, Chairman of the Global ACMR.

3. CAREC's Research Activities and Their Input in the Caribbean Health Program

The Caribbean Epidemiology Centre (CAREC) had been established on January 1, 1975 by PAHO at the request of the English-speaking Caribbean territories to: (1) develop and consolidate surveillance of communicable diseases; (2) provide laboratory services in microbiology especially virology; (3) provide training in surveillance and laboratories; and (4) carry out research relevant to the territories. The Centre provided, therefore, service, training, and research. CAREC had built up a system for rapid evaluation and action on the disease situation in each of the 19 territories served.

CAREC, through use of epidemiology, had contributed significantly to health services research in the Region. Among the examples of the CAREC research programs, which had or could have an impact on health

services research were: (1) the use of seroepidemiology to assess polio-myelitis protective antibodies and the immunization coverage; (2) the use of malaria serology to assess control following a recent epidemic in the Island; (3) the study of the basic microbiology of gastroenteritis in children; (4) the use of baseline prevalence rates in helminthology; (5) the study of hypertension and diabetes in defined communities; (6) the development of new techniques in virology for use in field epidemiology of dengue and yellow fever; (7) studies on the epidemiology of traffic injuries.

With the help of grants from the WHO Special Program for Research and Training in Tropical Diseases (TDR), research priorities in leprosy had been drawn up for the Caribbean. It was concluded that such research would require a standardized diagnostic and surveillance system for leprosy. CAREC was expecting to assist in developing both aspects as part of PAHO's developing regional policy in leprosy.

For service and research to continue to develop optimally, there was need for continuing training and motivation of workers, not only in the territories but also among PAHO staff. CAREC, in association with national and regional research councils, was therefore helping national workers to develop and execute research protocols.

The Committee commented favorably on the work of the Centre and, particularly, on the use of epidemiology of injuries as a training experience. There was discussion on the sources of funding for the Centre and it was explained that the funds were related both to programs and projects. The Centre's activities demonstrated that much of the research done was relevant in terms of health service research which could and should be done in the countries of that region. It was also clear that the 19 governments, which were served by CAREC, were very satisfied with the range of services that the Centre was giving.

SESSION I

4. Follow-up on the PAHO/ACMR XVII Meeting's Recommendations on Nutrition

The Committee heard the activities in the field of nutrition which had been carried out, particularly by the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Institute (CFNI), as a result of the recommendations of the XVII Meeting of the ACMR. In Colombia, Costa Rica, Honduras, St. Kitts/Nevis, and Venezuela, work had been undertaken on new methods for the diagnosis and follow-up of food and nutrition problems as a part of national nutritional surveillance systems. Studies on the fortification of sugar with vitamin A and iron had continued in several countries of Central America. The interest in measuring results of some of the programs in nutrition and health had formed the focus for a conference on impact evaluation. The proceedings of that conference had been published, under PAHO auspices, as a book entitled "Evaluating the Impact of Nutrition and Health Programs." The Committee also heard a description of programs in other areas such as breastfeeding, infant nutrition, and family health. A considerable body of information on nutrition was being made available in Brazil, through BIREME, and it was planned to extend it, using INCAP.

In discussion on the presentation, the Committee commented favorably on the scope of the activities undertaken and also on the attention being paid to the areas of high priority, which essentially had not changed. It was clear that research in nutrition needed to be an integral part of action programs and contribute in a positive way to national development as a whole. It was stressed that every effort should be made to develop local national resources in the wide number of fields which impinge on nutrition. This might be a mechanism whereby some of the gap between knowledge and application could be filled. This gap was also the concern of WHO, which has designed a new program on "Action-oriented Research Development and Training Program in Nutrition", and has been endorsed by the Global ACMR. The Committee recommended the continuation and strengthening of the activities presented.

5. Hospital Infection Control

One of the objectives of the Ten-Year Health Plan for the Americas was to reduce hospital infections, but little had been done until 1978. More recently, reliable data had been collected and thus identified high infection rates in all areas including nosocomial diarrheas and surgical wound infections.

The primary objective of the current PAHO program was to improve quality of patient care through a planned Hospital Infection Control Program guided by a multidisciplinary committee which has, as a nucleus, a medical coordinator, a microbiologist, and a full-time nurse coordinator.

PAHO was in the process of making an analysis of the situation and preparing recommendations which could eventually be evaluated. It was clear, however, that the first requirement was education on the philosophy behind a sound Hospital Infection Control Program. It had to be appreciated that at least the personnel who formed the nucleus of the program should have training in epidemiology and that technical laboratory services and appropriate educational materials had to be made available to the institutions. It was noted that one of the major deficiencies was the inability of local workers to formulate research proposals or even to collect data which could be analyzed in a meaningful way. The Committee was asked to encourage and facilitate intercountry interchange of data and protocols as a start to collaborative studies.

The Committee discussed this work and commented on the necessity for utilizing adequate methods of evaluation in all the countries of the Region. In this field it was especially necessary to obtain reliable data as a basis for comparative studies.

6. Introduction to the Discussion on the Regional Program on Research in Diarrheal Diseases

(A) Report of the Working Group

Dr. Jesús Kumate introduced the summary report of the Working Group on Infectious Diarrheas. The Group had endorsed all the recommendations of

previous meetings sponsored by WHO and PAHO on the subjects of oral rehydration, diarrheal diseases control, immunity and vaccine development, clinical management of acute diarrhea, and diarrhea caused by Escherichia coli, rotaviruses, and other viruses.

The Working Group had recommended that intestinal amoebiasis should be included among the etiological agents which should be studied in this context. This recommendation was based on the results of parasitological stool examinations, seroepidemiological surveys, and autopsies which revealed that this disease was an important public health problem in the majority of Latin American countries. The discovery of four zymotypes of E. histolytica and the apparent association of Type II with clinical pathology needed to be confirmed as well as the significance of the other three zymotypes.

The Working Group pointed out the urgent need to develop diagnostic technology less complicated and expensive than that presently available in the fields of E. coli, enterotoxins, rotavirus, salmonella pathogenic factors and plasmid resistance factors in enterobacteriaceae. Simple and reliable tests for detection of E. histolytica in feces and body fluids were desirable developments. Controlled studies in the efficacy of new therapeutic agents as inhibitors of adenylcyclase and prostaglandins on the evolution of severe diarrhea in children were recommended as profitable lines of clinical research.

(B) PAHO Diarrheal Disease Program

The Committee was told that diarrheal disease remained a leading cause of morbidity and mortality throughout the Region, but recent breakthroughs, however, especially in the areas of etiology (rotavirus) and treatment (oral rehydration), had rendered control programs highly feasible. Consequently, the Global Diarrheal Disease Control Program had been created and has been functioning in the American Region for a little over one year. In that time the initial research/motivational phase of the program had advanced sufficiently to the stage at which plans for the second operational phase were presently being formulated. It was announced that to

this effect, a Multidisciplinary Study Group on Gastroenteritis would meet at PAHO Headquarters on 21-22 June 1979 to draft specific policy recommendations for country-specific diarrheal disease control programs. Operational strategies would include the integration of oral rehydration therapy within existing primary health care delivery systems and the development of simple diarrheal disease morbidity/mortality reporting systems. As a result of program activities to date, training- and research-oriented groups had been identified at the institutional level in several Member Countries; strengthening and expanding the technical and research capabilities of these groups, through the provision of appropriate technical expertise, was a secondary but equally important goal of the regional program.

The Committee noted the importance of this area of work and congratulated Dr. Kumate and his Group on the work which had been done. There was interest not only in the technical and diagnostic aspects of the work but also in the practical problems of the use of oral rehydration and the possibility that this method of treatment could be used by mothers. Stress was laid on the use of the treatment programs as training experience for several levels of personnel. The financial aspects of the program were discussed. One view was that since this topic was of global interest, every effort must be made to have a formal proposal now which could be included in the WHO global program. The Committee discussed also the possibility of extrabudgetary funding of a regional nature for this program. However, it was also suggested that the principal source of funding should come from the countries themselves, since experience had shown that it was often difficult to initiate studies with funds which came exclusively from extrabudgetary sources.

The Committee placed a high priority on this area of research and recommended strongly that a formal budgeted proposal be prepared as rapidly as possible.

SESSION II: HEALTH SERVICES RESEARCH

At the XVII Meeting of the ACMR, it was recommended that PAHO should organize and convene one or more task forces which would:

- review the various definitions of health services research;
- establish the conceptual basis of this field;
- seek a clarification and an enumeration of the research methods;
- give detailed recommendations which would be reviewed initially by the Committee before submission;
- assess the scope of social indicators in evaluating the results of health services as well as their use and efficiency in health services research.

Two Working Groups were established. The first, headed by Dr. Gonzalez, presented its recommendations on definitions and areas of work in health services research.

Four aspects of the areas were stressed: (1) the basis of the activity; (2) definition and general concepts; (3) basic requirements for health services research; and (4) the content and scope of the work.

Health Services Research had been formally accepted in 1976 when the WHO Health Assembly separated HSR from Biomedical Research and the WHO/ACMR had pointed out the need to formulate criteria for a comprehensive HSR program and for the establishment of adequate operational procedures with Member Countries. In the American Regions the need for HSR was repeatedly expressed particularly in connection with the extension of primary health care services.

SESSION II (A) Reports of the Working Groups

7. Definitions and Conceptual Bases

The following characteristics stood out in any consideration of the definition of HSR: (a) HSR implied the study of the community and its health care systems; (b) it was multidisciplinary; (c) it was of a practical nature and sought the improvement of the efficacy and effectiveness of services. The Committee was invited to adopt the definition proposed by the Research Subcommittee of the WHO/ACMR (November 1978); i.e. "Health Services Research is the systematic study of the means by which basic

medical and other relevant knowledge is brought to bear on the health of individuals and communities under a given set of existing conditions."

Some basic requirements for Health Services Research were described. HSR implied action and constituted an information tool in the decision-making process; it must be a component of service programs and activities. HSR must have the direct participation of health services administrators and members of the community and it must be relevant, focusing on important problems in order to maximize results. This naturally implied the need to identify priorities.

In view of the present health services structure in the Region and the mandate of PAHO/WHO Governing Bodies to expand its coverage, HSR should focus on the following priority activities:

- It should improve the knowledge on the basic health needs, and on the availability, acceptability, and utilization of health services of the communities, particularly of those in isolation.

- It should also improve knowledge of the organizational structure, particularly in regard to inter- and intra-sectorial communications, procedures for planning and administration of services, the political, social and economic considerations in the formulation and implementation of health policies and the availability, training, and utilization of personnel.

Improvement of the technological aspects of services was essential. The existing technologies had to be adapted and improved to meet the specific needs and characteristics of the delivery of health services. Mechanisms had to be found for the application, supervision, and evaluation of the technologies after they had been adapted.

The Committee thanked Dr. Gonzalez for the work of the Working Group. In the discussion which followed, there was general agreement on the approach and some amplification of the description and definition of Health Services Research. There was general agreement that HSR must be directed towards finding solutions for the health services; it must, therefore, be interdisciplinary and drawn from other disciplines. HSR ought to form part of the normal functioning of the health services and as such, should be

carried out by the persons who administered the health services. Nevertheless there was still room for inputs by groups working outside the health services proper. It was suggested that the Working Group might select some case studies done in the Latin American-Caribbean regions and use them to demonstrate the mechanisms through which HSR had been effected.

8. Methodological Considerations - U. S. National Center for Health Services Research

The description of the way in which the National Center for Health Services Research operated made it clear that the systematic development, performance, and contribution of health services research required the perfection of methods and steps to enhance the utility, feasibility, transferability, and evaluability of such research. All the activities of the National Center were focused along those lines.

It was not clear to what extent the fields of action and results of research done by the National Center could be of use to the development of HSR in the countries of Latin America and the Caribbean. The agencies of government, the local public health departments and other investigators outside the Center all contributed to setting the priority areas for research in the Center. The results of investigation were widely disseminated throughout the country and it was not impossible for them to be made available to interested researchers throughout the Region.

SESSION II (B)

9. Selection and Use of Social Indicators in Evaluating the Results of Health Services Research

In the progress report of the second Group, social variable and social health indicator analyses were defined to include social and psychological factors which may affect health status and the use of health services. In recent years, considerable work involving the development of specific indices and research procedures had been undertaken. Some of these works, now routinely assembled and classified by the U.S. Clearinghouse on Health Indexes, had dealt with the social/psychological sides of

clinical treatment, developed indices of social groups which had high health risks, assessed the social functional capabilities of particular groups of patients, undertaken area analyses of the distribution of services or considered the role of health system variables affecting the utilization of health services. Such measures had usually been considered as enabling or associated outcome variables but on occasion could be used as independent variables.

The report called for the establishment of a Working Group which would meet regularly to consider the present state of the field as it applied to 2-3 designated priority problems in primary health care. This Group, having an interdisciplinary membership, should be asked to assemble and to evaluate existing work critically, to examine demonstration research models relating to the 2-3 specified issues in primary health care, and to develop proposals concerning the further development of this field. The results of this effort should be submitted to future meetings of the PAHO/ACMR. A timetable of 2-3 years was suggested for the completion of this work with interim reports to be tabled at annual ACMR meetings.

The Committee agreed that further work was necessary in this area, and suggested that research might also be done on the effect of health on the social indicators.

Health Services Research in Colombia

Health Services Research was presented as an activity which comprised the following aspects: demand, supply, process, results or products, and impact or effect of health activities.

"Demand" implied the demographic characteristics, health conditions, and the need and demand by the users of health services. "Supply" implied the study of the organizational structure (facilities, human and economic resources, etc.), while "Process" implied the study of implementing health programs taking into consideration the viewpoints of the supplier and the recipient of health services.

The "Results" or "Products" identified the impact of health services on expenditures, private practice, surgery, births, radiological and laboratory studies, etc.

The "Impact" or "Effect" of actions measured the variables in the disease and death risks, the cost-benefit aspects, the satisfaction of the health services team and of the community, as well as an estimated evaluation of the quality of services.

This was seen by the Committee as essentially a systems analysis approach to Health Services Research and was clear by an important method of dissecting the various processes which went into providing health cover.

10. Suggestions for a Research Program on Health Services Research by PAHO's Staff Working Group

The Committee was told of the suggestions made by the PAHO Staff Working Group for a research program in Health Services Research. The Group had first determined the necessity for studies in this area. This had been done by an analysis of many activities in the Region and by determining the extent to which these activities satisfied the perceived needs. The Group had proposed a specific 5-year plan of action for the development of HSR between 1978 and 1983. The plan involved action at the level of the countries and was also directed towards the formulation of a Regional Program for HSR. Considerable attention had been paid to subjects and areas which were proper foci for HSR; many such subjects and areas were essential if the coverage of health services was to be extended. The various items in the plan of action were also designed to contribute to the development of the national capacity for research.

The activities which the Group was proposing were essentially of a promotional or developmental nature and in addition sought to stimulate efforts which would determine local priorities and support specific projects. The Group had specified groups of topics which were suitable areas of study. Some projects were in preparation while some had been already funded and were actually in operation.

In the discussion on this paper, it was pointed out that HSR had to be part of an ongoing health services program and should not be isolated from the day-to-day activities of the health administrators. The Committee

considered recommending that other scientists make contributions to the PAHO Central Group. It was agreed that the Group should be congratulated on the work which had already been done and every effort should be made to ensure that the whole regional program on HSR should be adequately funded.

SESSION 11 (C)

Discussion on a Regional Program on Health Services Research

Dr. Alleyne introduced the discussion on a Regional Program on Health Services Research. He discussed the conceptual framework of the program, its policy bases, and the components which could be established. The conceptual framework, which was proposed, was essentially that which the Working Group had described and the policy bases were founded in the various appropriate resolutions of WHO and PAHO bodies. Although as a matter of policy the program should be action-oriented and applied, it was felt that the research should still encompass studies which would provide better tools for use in the various fields comprising health services research. A proposal was made as to the possible components of the program. It was proposed that the ACMR would extend its activities throughout the year by means of Subcommittees or Working Groups on HSR. These Working Groups would serve to advise the Central Group on certain aspects of its activities. The PAHO Centers would constitute a valuable institutional asset, since many of their programs either had or could have an HSR component. It was felt that the research component of the program should as far as possible be operative at the national level. The activities of the PAHO Central Group which had been described as being of promotional supportive and developmental nature would be amplified and made more specific by interaction with the ACMR Working Group. The funding of the regional program was currently from within the regular budget, but with expanded activity, regional extrabudgetary funds might have to be sought. It was also proposed that the regional program should be considered as contributing to the global program in health service research.

There was discussion on various aspects of the presentations which had been made but most attention was paid to the format of a total program for health services research in the Region. While it was agreed that the PAHO Centers could and should include aspects of HSR in their programs, it was felt that they should be cautious about undertaking activities which might deviate them from their original purposes. As long as the local scientists were involved, there should be no difficulty in extending WHO-support to the PAHO Centers of the Region. Care must also be taken to ensure that activities at the PAHO Centers were complementary to and not a substitute for national effort. The Centers in their HSR activities would usually be catalytic in function but would sometimes play a role in training. This applied especially to Centers in which there was a strong base of epidemiology.

Special attention was paid to the mechanism through which grants for HSR would be given as well as to the size of these grants. It was agreed that a procedure should be adopted which ensured peer review of grants. This was consonant with the proposals made by WHO about the management of research. While it was agreed that small grants could fill a useful training and stimulating function, it was felt that attention should be paid to making more substantial grants in areas of highest priority.

It was considered advisable that the agenda for next year include a report on PAHO's training activities and recommendations for a comprehensive research training program.

If Dr. Joaquín Cravioto is able to coordinate a Working Group on this subject, the recommendations should be prepared in collaboration with that Group.

From the discussion it was also clear that the very diversity of the various health systems made it difficult to devise any single plan for HSR. Health services, as a system, was a subset of a greater system and the characteristic of the greater system would influence the type of services provided and the type of research which was necessary.

There was general agreement that the area of HSR was not a province of the universities exclusively as had been the case of biomedical research in this part. The Ministries of Health had now become important in this new area of research and one critical problem was that many health administrators did not have the basic background to enable them to appreciate the practice of many of the disciplines of HSR. Any program must reinforce the activities leading to an improvement in the technical expertise of the officials of the Ministries of Health and the program should encompass middle- and lower-level individuals in these Ministries. In countries which had no tradition of HSR, it was going to be even more difficult to stimulate activity in this area. Even in those countries in which there was HSR, there was a difficulty in that attention tended to be focused on the provider of the services; less attention was paid to the users and therefore there was often little consideration given to the importance of solutions based on intervention in areas which were not usually considered as being within the health sector.

There was general argument that a Regional Program would have several components and the major institutional component would be the internal group which had been established by the Director.

SESSION III: EXECUTIVE SESSION

Review of Recommendations of the ACMR XVII Meeting

The Committee reviewed the recommendations made at the XVII Meeting.

(1) Coordination of activities between PAHO/ACMR and WHO/ACMR

The recommendations had been carried out in that the Chairmen of the PAHO/ACMR and WHO/ACMR exchanged visits. The reports of all the ACMRs were not yet being circulated.

(2) The role of the ACMR in the TDR Special Program

The recommendation that the TDR provide funds for strengthening the regional office had not been effected. PAHO was distributing the information

about HSR throughout the Region and had organized visits by teams of consultants to various centers in the Region. The members of the ACMR were asked to assist in disseminating the literature on the activities of the TDR.

Attention had been paid to amebiasis as recommended.

(3) Health services research

The recommended Committees had been set up. There had been no further specific activities in the area of health services research in the field of maternal nutrition and child health.

Centers which promoted training in the collection and recording of basic data as the health services of the Region had not, in fact, been identified, but it had been shown that Centers such as CAREC were playing an important role in this field.

(4) Management of emergency situations

This formed the basis of a specific report to the Committee.

Participation in the Global Program

There was unanimity that the work of the Regional ACMR should be closely linked with that of the Global ACMR. Partly because the PAHO/ACMR was the oldest, it had useful experiences to contribute not only to the Global ACMR but to other Regional ACMRs. There had been difficulties because some regional problems of high priority had not been so considered by other bodies such as TDR. This had been remedied. It was imperative that there be the closest contact between the Local and the Global ACMR. This contact had been partially effected through the presence of the Global ACMR at the Regional ACMR meetings and vice versa.

The evolving role of the ACMR was stressed. The Global ACMR had a catalytic and a promotional role whereas everyone looked to the Regional ACMRs for specific policies and recommendations. It was also pointed out that the Regional ACMRs should be aware of all the important entry points into the research programs which were collated centrally. As an example,

it was mentioned that primary health care was the cornerstone of WHO policy and the fundamental importance of HSR to primary health care was yet another reason for paying special attention to HSR in all the research programs promoted by the ACMR. Extrabudgetary funding had increased and inter-ACMR contact would contribute to better utilization of those funds. It was possible that some of the regional programs might require extra-budgetary funds which could possibly be raised on a regional basis. Unfortunately, although there was global interest in HSR there had been little or no funding for it, perhaps because the appropriate proposals had not been put together in a concrete way.

Research Ethics Review Committee

The current practice was described. In the PAHO Centers there were Review Committees and in many countries there were also national Review Committees. The Central PAHO Committee was composed of divisional heads and functioned primarily in a consultative role. After discussion, it was clear that there were two functions which a PAHO Review Committee would serve. One would be to monitor the working of the Review Committees in the various PAHO Centers and perhaps to identify those countries and institutions with Review Committees which functioned according to specific guidelines acceptable to the PAHO Committee. The second function would be to act as the primary reviewer of applications and projects which came from individuals and institutions which did not have Review Committees. There was agreement as to the necessity to have these two functions and a mechanism was to be sought to do this.

Designation of Subcommittees

It was agreed that the Working Groups were necessary as a means of extending the activity of the ACMR between meetings. It was not envisaged that any Working Groups or Subcommittees would be permanent. It was agreed that the Committee should establish two Working Groups on Health Services Research; one on Research Ethics, and one on Diarrheal Diseases.

Global and Regional Development Advisory Councils

The Committee did not have before it the details of the composition and functioning of these councils, but the general opinion was that it was highly desirable that persons working in fields which impinge on health should participate on health planning. It was agreed that such broadly-based instruments could be important in achieving the goal set by WHO of health for all by the year 2000.

Collaborating Centers

The role and distribution of the WHO Collaborating Centers was discussed. It was clear that they unevenly distributed geographically and as far as their scientific basis was concerned. The Centers were necessary for training as well as being important institutions for service and research of local relevance.

It was agreed that Committee members would make an effort to suggest institutions as WHO Collaborating Centers.

SESSION IV: TRAINING OF HEALTH INVESTIGATORS

The importance of the training of investigators was stressed once more by Dr. Pérez-Miravete in his opening statement on the subject. Without adequately trained scientists it was impossible to conduct any research. Traditionally PAHO had developed a substantial program for training of investigators.

Several studies had identified the factors which hampered research and training of investigators in Latin America. They included lack of organization of research, lack of recognition of the importance of research on the part of governments, inadequate structure of universities, scarce funds, lack of a tradition of research, and political unrest.

Although the aforementioned conditions still prevailed in a number of countries, significant advances had been made in others.

As examples of the general situation, comments on the experiences of three countries--Cuba, Brazil, and Colombia--were made.

CUBA: It was shown that the training of health research workers in Cuba was a program of the "Sistema Nacional de Salud (SNS)," which was responsible for the development of scientific-technical resources. It set the total educational process of the investigator from primary education through the acquisition of a scientific (professional) degree.

The presentation pointed out the usefulness of adopting a national sectorial policy on health research, which delineated the SNS's responsibility in ensuring the occupation of trained personnel in activities that were directed towards solving those health problems identified in the National Health Research Plan. Mention was also made of the role of international organizations such as PAHO/WHO in developing human resources that met the national needs and aim for "national self-sufficiency."

Finally, the 1978 health research plan of the Ministry of Health of Cuba was shown to be an objective expression of the start being made in the development of a "critical mass" of health researchers.

BRAZIL: The following aspects were emphasized in the comments on the training of investigators in Brazil. There was need for an aggressive policy to increase the number of candidates who should enter research and training institutions.

It was also essential that guidelines should be established to ensure that the investigators look primarily for solutions of the local health problems.

Multidisciplinary research projects should be encouraged and every effort must be made to see that the training process stimulates the creative ability of the young investigators.

There must be reduction of the conscious or unconscious demand for highly sophisticated technological research models, appropriate only for developed countries, and control measures must be set up to eliminate the direct or indirect loss of the benefits of the results obtained through research activities in the respective countries.

COLOMBIA: In Colombia, the training of health investigators was in general the result of individual effort and a strong personal vocation,

The majority of investigators had been trained by following the work of experienced scientists. Some of them had completed this tutorial training by taking individual courses abroad while others had undertaken complete graduate programs abroad. This training abroad had been possible in the past through fellowships offered by the Instituto Colombiano de Estudios en el Exterior (ICETEC), PAHO, The Rockefeller Foundation, National Institutes of Health (NIH), and through special projects such as the one for the training of teachers of the University of Tulane.

In Colombia, the graduate and postgraduate training offered by universities, was in general focused on professional practice; for example, medical practice as applied exclusively to physicians. The training of investigators had been affected by those factors that hindered research in the universities which were the chief sources of training of all scientists. Although these difficulties had been identified years ago and a good many of them were common to most Latin American universities, they had not been resolved. In order to remedy this situation, it was essential to foster the training of the investigators in Latin America. Training programs should be planned parallel to programs for the proper utilization and retention of the trained scientists.

General Discussion

It was felt that countries in Latin America should identify those areas in which research was particularly needed and in which scientists were scarce. This would ensure the proper use of resources. Fields such as parasitology, entomology, epidemiology, and in general, infectious diseases, deserved special attention. Countries should also give priority to the study of their peculiar problems.

Training of investigators in health services deserved special attention because of the nature and complexity of this activity, which required the participation of medical doctors, public health officers, epidemiologists, statisticians, and social scientists. A substantial proportion of the training should be conducted within the Service.

The importance of the university as the natural seedbed for scientists was stressed. However, it was desirable that universities think of developing new procedures for the training of investigators in health, based on the success of the recently used procedures for the advanced teaching of other sciences. The aforementioned innovations comprised: in-service training together with classroom and laboratory activities, a flexible curriculum, and combined use of facilities offered by different universities.

The teaching component of special programs such as TDR and the proposed program on diarrheas was very important and should be used. PAHO should continue its policy of helping prospective users of the programs in the preparation of their requests.

Fellowship continued to be a very important component of the training program. Every effort should be made to strengthen this activity at PAHO and to simplify its administration in this area. Thought should be given to having PAHO receive and consider requests from institutions within a country in addition to receiving requests from the Ministries of Health. Funds should be obtained in order to facilitate the work of the scientists upon the completion of their training.

Relations between scientific institutions should be encouraged since they provided opportunities for the development of training programs, in addition to the classical benefits such as exchange of information and the strengthening of scientific bonds.

The allotting of more funds to BIREME was recommended. These funds would be used particularly for the establishing of national networks of medical libraries and communications in general within individual countries in the Region.

Recommendations to the Director

The following represents a synthesis of the discussions on the various topics and the resulting recommendations to be made to the Director of PAHO. Recommendations which had arisen as a result of discussion during the plenary sessions are also given here for the sake of completeness.

(1) Plan for the Management of Research in WHO

There was discussion on areas in which this Plan affected PAHO and the Regional ACMR. There was general agreement on the philosophy behind the Plan and it was noted that many of the recommendations had already been put into practice in PAHO.

Recommendation: The Committee recommended that the current methods of promoting interaction between the PAHO/ACMR and the WHO/ACMR be continued. Ways must be sought for improving relationships and interaction between Regional ACMRs. This might include participating members of one ACMR in the Working Group set up by another ACMR, thus leading to interregional cooperation in research.

(2) CAREC's Research Activities

The Committee commented favorably on the work of the Center. It was clear that many of the activities in the field of training, data collection, and epidemiology had important implications for the practice of health service research on the area served by CAREC.

Recommendation: The Committee recommended that whenever possible there should be health service research components in the programs of the PAHO Centers. It was also recommended that there should be regular reviews of those aspects of the work of the PAHO Centers which were relevant to the discussions of the Committee.

(3) Nutrition

There was discussion on the importance of this field and agreement that nutrition research needed to be an integral part of intersectorial programs in health and other development programs.

Recommendation: The Committee recommended that the activities in this field should be strengthened by PAHO, and the resources made available by WHO through its "action-oriented research, development and training program in nutrition" should be fully utilized.

(4) Diarrheal Diseases

The report of the Working Group was discussed in detail. The major aspects of the work related to the basic studies as amebiasis, E. coli, and rotavirus. The report on the activities of the PAHO Diarrheal Disease Program was also discussed. This dealt mainly with applied programs in the area of treatment of diarrheal disease mainly through oral dehydration.

Recommendation: The Committee recommended that work in this area be given a high priority. A budgeted proposal should be prepared, which would contribute to the WHO program in diarrheal disease control. The central PAHO activity in this area should be strengthened. A working group of scientists, especially knowledgeable in diarrheal diseases, should be set up to deal with the entire program in the Region. This should be done as urgently as possible.

(5) Health Services Research

The reports of the Working Groups were discussed and there was general acceptance and adoption of the outlines of the definitions, conceptual bases, and the research methods required. There was an introduction to the topic of social indicators in this field.

Recommendation: The Committee recommended the formation of two Working Groups:

Working Group A

This Group would advise and assist the PAHO Staff Group in matters related to the management of the HSR program, including the establishment of an organizational structure; refining and defining the regional activities previously described under the headings of promotion, strengthening research, and dissemination of relevant information; identification and promotion of research projects suitable for the support of the HSR program; and development of a peer review system for proposals submitted for funding.

Working Group B

This Group would continue to assess the scope of social indicators in evaluating the results of health services, as well as their use and efficiency in health services research; and concentrate on a limited number of problems rather than attempt to cover the whole field.

The reports of these Groups would be available to the Committee at the XIX Meeting of the ACMR.

(6) Participation in Global Program

The relationship of the PAHO/ACMR to the Global ACMR was discussed. The catalytic role of the Global ACMR was stressed and there was agreement that the PAHO/ACMR would play a vital role in elaborating policies in specific areas. The functioning of specific local projects was discussed.

Recommendation: The Committee recommended that the PAHO/ACMR should continue, in every way possible, to facilitate the coordinating role of the WHO/ACMR. Thought should be given to the possibility of securing regional extrabudgetary funds for projects which might not fall specifically within the areas of interest of the WHO/ACMR.

(7) Ethics Review

The need for a formal mechanism for ethics review was discussed and accepted.

Recommendation: The Committee recommended that a Subcommittee should be established as a matter of urgency to advise PAHO on the establishment of a Central Committee which would:

- monitor the function of the Review Committee of PAHO Centers,
- review proposals from institutions and individuals or countries in which there was no formal Ethics Review Committee,
- advise Member Countries, if necessary, on the form Review Committees should take to accommodate standard international requirements and at the same time take cognizance of local custom.

(8) BIREME

Recommendation: The Committee recommended that funds should be allotted for the establishment of national networks of medical libraries and improving communication in this field between and within individual countries in the Region.

SESSION V

11. Report of the Unit's Activities on Emergency Preparedness and Disaster Relief Coordination

A progress report on the activities of the Disaster Unit was presented.

Considerable progress had been achieved in several areas, including the formulation of a policy and plans of action in case of disasters. Guidelines and manuals were being prepared, both in English and Spanish.

Among the noteworthy developments was the trend to include "Emergency Preparedness" in most seminars, courses and workshops, organized by PAHO's technical divisions. In addition, a large quantity of material had been made available and was in the process of being abstracted and indexed in the computer to be distributed widely throughout the Region.

Operational research was being actively promoted and every effort was being made to involve the scientific community in research projects in this field.

The Committee discussed the presentation and pointed out that problems that attended man-made disasters were often very similar to those accompanying natural disasters. In response to a query about the use of vaccination after natural disasters, it was pointed out that such action was probably useless. A newsletter in English and Spanish was being widely distributed throughout the Region. It was also made clear that there was close collaboration in PAHO between the Health Services Research Section and the Emergency Unit. The Committee commended the Emergency Unit for its program of work.

Dates and Place for the PAHO/ACMR XIX Meeting

These were discussed and it was agreed that the meeting would be in Costa Rica in 1980. The possibility of having the meeting in Cuba or a Caribbean territory was also discussed and the pertinent points would be taken into account when the meeting was next held outside the United States.

The dates of the meeting would be fixed as soon as possible and account would have to be taken of the meeting of the Global ACMR and also of the PAHO Directing Council since the PAHO/ACMR would be expected to make an input at these two meetings.

The PAHO Secretariat was thanked for the manner in which the meeting had been organized and the meeting then ended.