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COLLABORATION BETWEEN THE WHO REGIONAL AND GLOBAL ACMR's

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## INTRODUCTORY REMARKS\*

The research activities in WHO have increased much during recent years mainly due to the Special Research Programmes in Human Reproduction and Tropical Diseases - and to the activities of the Regional ACMRs and the global ACMR.

Over the past five years the WHO research programme has changed both in the character of the work and in budgetary terms.

During this time the 2-3 per cent, or about \$5 million of the regular budget which is being spent on what could be classified as research has remained unchanged. The great increase in research funds during the last years is due to contributions to the voluntary fund by about twenty Member States, mainly to the Special Programmes of Human Reproduction and Tropical Diseases. During 1977 these contributions amounted to over \$20 million, and in 1978 will exceed \$25 million.

During earlier years, WHO's research efforts were very modest and fragmented activities, related to the much larger field and service operations.

The establishment of the Special Programmes has radically changed the situation. These programmes represent an increasingly important part of the total global research effort in their respective fields and will play an equally important role in the promotion and coordination of the research efforts of Member States on a regional and global scale.

Another result of the greater involvement of WHO in research must be the strengthening of its capability to help in the transfer of new scientific knowledge and its practical use by Member States as well as institution strengthening and research training.

The goal-oriented special research programmes require scientific review mechanisms similar to those developed by large research

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councils. Rapid and rational administrative procedures must therefore be found to apply these mechanisms within the very complex organizations of WHO.

Now some comment about the methods to set priorities for expanded research efforts in other areas beside the Special Programmes.

The health problems that led to the establishing of TDR were so obvious and of such a global nature that their identification did not present any difficulty. The aim is now to ascertain, analyse and define other health problems in the Member States, where scientific research is needed and judged to have a reasonable chance of success.

In the American region there is a long history of the PAHO Advisory Committee on Medical Research but in the other regions the creation of the regional ACMRs just two years ago, has already proven to be an important new factor in this respect.

The Regional ACMRs have already had two to four meetings and in addition numerous meetings of planning subgroups. While research priorities listed so far include problems specific for the region, all regions have stressed the urgent need for health services research and have also included at least one of the diseases of TDR.

Some regional ACMRs are now involved in a more detailed study of the health research needs of individual countries.

The quick start and efficient work of the Regional ACMRs is to no small extent due to the personal interest and participation of the Regional Directors. The list of the Regional ACMR members which has been distributed shows how widely Member States as well as scientific areas, are represented, which makes them most suitable to carry out these tasks.

The Global ACMR also has to respond to these new challenges by reorganizing its methods of work, a question that will be one

of the most important topics of its forthcoming meeting in June.

In one or two years, WHO may have a very comprehensive knowledge of the needs and opportunities for research efforts aimed at finding solutions to health problems at the national, regional and global level.

It may indeed happen that at the time of the UN Conference on Science and Technology for Development (UNCSTD) will take place in 1979, WHO will have accomplished already in the health field what this Conference aims to initiate in science and technology in general.

The questions facing WHO will be how to mobilize the required resources - both human and economic - and how best to help coordinate the research efforts of the Member States.

The planning and execution of WHO's research effort must make use of the best available expertise anywhere - but simultaneously strong efforts must be made to build up the scientific capability in the developing countries.

Both processes are equally important and must be pursued in parallel - as is now done in TDR where at least twenty per cent of available funds are earmarked for the strengthening of the research capability of developing countries.

In my opinion, the ACMRs - both regional and global - will have an increasingly important function to stimulate and mobilize scientists, Research Councils, and Academies of Member States to increase their research activities in priority areas. They might also help to stimulate increased bilateral assistance into the health sector.

There is no doubt that the creation of the TDR programme has greatly stimulated the activity of other research agencies to increase their efforts in these areas. Likewise, the Regional ACMRs have helped to increase the understanding and interest in many countries for research activities.

There are, thus, good reasons to believe that the activities of the ACMRs will encourage Member States to give higher priority to research in the health sector.

I believe that the most important duty of all ACMR members is to work for this goal.