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RESEARCH IN THE SOCIAL SCIENCES AND HEALTH

Dr. Roberto Briceño-León
Dr. Mario Bronfman
Dr. Elssy Bonilla Castro



Research Coordination
`Division of Health and Human Development
Pan American Health Organization
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Research Trends In the Social Sciences and Health

The trends in health research on the part of the social sciences have been marked by two large cognitive traditions of the past few centuries: the scientific tradition--very well founded in biomedical research in health, and the humanistic tradition, that has been dominant in the social sciences. Research in the social sciences and health has existed in the midst of the conflict of these traditions and has tried to reconcile, when possible, the diverse rigorous demands and complexity possessed by both traditions.

These tensions have given rise to a set of research practices, marked significantly by diverse theories, methods, and techniques. In order to organize these practices, we propose a classification of works in the research sense, by means of executing the research and the forms to report the results.

Research in this area is in a very marked way an intentional action oriented to achieve a goal. Capturing this sense permits us, following the Weberian tradition, to include the action developed by the `investigator` in accordance with the goals he is pursuing and the importance that he gives to his own work. From this perspective we believe that research in the social sciences and health (SSH) in Latin America (LA) has had four dominant forms:

- A) As a means to comprehend a new reality or explaining, socially, a given epidemiological reality. Sociologists seek this explanation from a comprehensive perspective of the culture in anthropological studies or from the macrosocial or historical condition. In other cases, the discovery and inclusion of an approach different than the health-disease relation or curative forms, is what is sought after, as developed by ethnomedicine, for merely descriptive purposes of a new reality that can cause amazement, but not anger.

B) As a method to contribute to the effectiveness of health systems. In this case, the social origins of the health-disease relationship are not explored, but instead health systems are improved, either based on persuading people to accept treatments or preventive measures, in a social work style; or from a perspective of institution building, improving the procedures or structures of the health organizations.

C) The social sciences as a manner of criticizing society. These works intend to explain diseases in a social sense, but its true objective is not cognitive but political, since the premise does not involve including the reality but transforming it, since there is more anger than amazement in the research. This type of work, which harvested a great deal of success in the 1970s and 1980s, has three versions. In some cases, the works are oriented to demonstrate with research that diseases are the evidence of an unjust society, the studies when they are microsocial resort to macrosocial explanations, and the immediate causal explanations are replaced by the last causes. In other cases, a criticism under the influence of Foucault's theories, of medical power being expressed by a physician or institutions. Finally there are studies in which criticism is oriented to the dominant knowledge, it does not involve criticizing the society nor the institutions or people, but the set of ideas and symbols that sustains those practices, and do it intending to take apart or demystify this knowledge with the use of the semantics or the technical analysis of speeches.

The social sciences as a way of strengthening people. In this orientation what is dominant is the empowerment of people, not the search for knowledge nor the criticism of the power. The reception received for the studies on community participation or appropriate technologies, grassroots organizations and popular knowledge, has a constructive sense, creating alternatives and responses based on the idea that it is necessary to strengthen the people to be able to improve their health.

It is possible to state that usually none of these modalities is presented purely, since these are a list of ideal types that make it possible for us to order the diversity of developed practices.

In reference to the manner in which research is executed, we see that there have been important differences in interpreting the relationship between theory and field research, in the use of qualitative and quantitative methods, and with regard to data collection and analysis trends.

A fundamental difference in the types of research is due to the way in which theory is inserted into research. Many research activities carried out within the ministries tends to have an important field study component, a thorough data collection is done, but they are not interpreted in a theoretical perspective. The theory can exist but is not taken into account, either because of educational limitations or by practical work demands. In addition, there is a typical university activity in which research is conducted without empirical basis, which in some cases is theoretical, but in others they are simply hermeneutical or reflexive exercises, sometimes done with seriousness, but many others resulting in the production of materials closer to journalism than science.

The tensions among the quantitative and qualitative methods has been present in almost all social science and health research, to a great extent by the positivist and quantitative character of biomedical research, and by the essay writing trends of the social sciences. In addition, in biomedicine, experimental techniques were given special importance, while in the social sciences the use of observation was emphasized which more easily permitted the use of qualitative methods. Part of the explanation of the rejection of statistics originated with the precarious developments of knowledge on the object being studied, which led to an important exploratory stride before being able to verify the hypothesis and, at that moment, statistical techniques did not have the analytical power of data with which we count on today. This precariousness of knowledge favored the use of qualitative methods, but it is necessary to recognize that these were often a general utility used to conceal the rejection of quantification of the phenomena and the formalization of the research processes. This situation has been changing and since the previous state of divorce, an important attempt at combining techniques has been attempted, thereby making it difficult to distinguish who conducts surveys and life histories. Focus groups, of great utilization in sociology, North American anthropology, and Latin American marketing companies, only recently have been

incorporated in the practice of this area of research. And, except for some medical groups, few people insist on continuing to utilize KAP type questionnaires.

The means of reporting results has been changing, however the dominant mode that has been available is through books or the great quantity of gray literature that occurs in the Region. Journal publication has a short history, and for a long time the publication pattern was closer to that of essays rather than scientific articles. The book, as a means of communication, has been very utilized by the short tradition of scientific journals in the Region and it provides a more holistic vision of the studies undertaken by the social sciences. However, distribution limitations and lengthy publication processes, and the appearance of academic evaluation mechanisms have caused this to change to strengthen journal articles as the suitable mechanism for dissemination of results.

In regard to teams, there are two styles: the traditional form is that in which the social scientist is incorporated as assistant in a project designed and directed by a biomedical scientist, which dominates in the ministries of health and in the schools of medicine; a new modality is that of the project designed and directed by social scientists, which is new and important since it not only changes the place of power, but the way in which the object of study is constructed. In the interdisciplinary work, the equality, tradition, institutional governance, and lack of shared training, has been difficult, which would in the end enrich the practice of research.

Finally, it is an area in which new generations and an important female population are being incorporated. Even some years ago, social scientists did not rate it as very prestigious. However, today the situation has changed, and organizations and scientific events of importance in the Region appear--as will be seen further on. In almost all the countries of the Region, there are groups of people (thirty to forty years old), basically women, conducting research in the area that constitute an important demand for research projects and are of great potential usefulness for the processes of transformation of the health sector. However, the scientific community still needs time to mature and for this it is very important to strengthen the `human resources education`.

The social sciences and health: brief description of the existing regional networks

In the first part of this document, the principal research trends of the social sciences applied to the field of health were emphasized. This development was accompanied by institution building and the formation of groups in several of the different countries that form the Region. In many of the countries, there have been events that brought together and bring together scientists that work in this interdisciplinary space, and some of these activities have become a tradition and are massive meetings. Perhaps the most noteworthy case is that of Brazil in which the Congresses of Medical Anthropology concentrate on more than 1,000 participants; those of ABRASCO with a capacity of similar convocation, and others of numerous participation although more restricted. In Argentina, the Days of Attention to Primary Healthcare also brought together several hundred participants and in Venezuela the First Venezuelan Congress of Social Sciences already took place. In Mexico, a National Congress of Public Health is carried out annually, and in recent years, has come to number approximately 1,000 participants and the participation of social scientists devoted to health has been numerous and significant. In all these events, participation was not restricted to nationals of the host country, but included the active participation of academics from other countries.

However, of all the initiatives, it is advisable to emphasize those that have a regional scope since these reveal the degree of maturity reached by the development of the social sciences applied to health. At present, two networks coexist on the continent and have succeeded through a long period of time, having developed the principle of a tradition that is fundamental for the consolidation of a discipline. Their persistence is noteworthy because they have had to survive in an environment in which funding is limited, communications—including the popularization of the electronic means—were complicated and the political sways, especially with the presence of authoritarian regimes opposite to this style of reflection and approach of the problems, discouraged the scientific-social output. These two networks are the Latin American Association of Socialized Medicine (ALAMES) and the International Forum for the Social Sciences in Health (FORUM). Both propose to unite social scientists working in the field of health and to promote interdisciplinary work.

The ALAMES was constituted formally during the III Latin American Congress of Socialized Medicine carried out in Ouro Preto, Brazil, in 1984. Its general purpose is to contribute to the development of knowledge in reference to the relations between the health and society and its principal objectives, among others, are the following:

- to group all those people who have been participating in activities, research, services, and education in the area of health and society;
- to strengthen theoretically and operationally socialized medicine in Latin America;
- to promote among all its associated activities links to the relationship between health and society;
- to promote and favor the publication, dissemination, and exchange of the information related to health and society in Latin America.

Its organization is directed by a General Coordination--currently located in Venezuela - and by Regional Coordinations: Caribbean, Central America, Mexico, Andean Area, Brazil, and Southern Cone. And, it also counts on an Institutional Advisory Committee. The membership is individual, the regional Coordinators are elected by the members of ALAMES of each Region, and both these and the General Coordination are renewed during the Latin American congresses. From its formal constitution, ALAMES has taken the responsibility to organize the Latin American Congresses of Socialized Medicine, having carried out the fourth in Medellín, Colombia, in 1988; the fifth in Caracas, Venezuela, in 1991; the sixth in Guadalajara, Mexico, in 1994 and the seventh in Buenos Aires, Argentina, in 1997. It currently is organizing the eighth, that will coincide with the World Congress of Socialized Medicine, to be carried out in 2000 in Havana, Cuba.

It is difficult to estimate the size of its membership although the congresses have had a growing participation. These congresses are organized in a traditional style with Symposium in which invited speakers and work groups formed around the presentations inform that they bring the participants. The same members of ALAMES describe that the development of the organization is unequal according to Region. ALAMES has a good relationship with other associations within and outside the Region and has received financing from IDRC (Canada), PAHO, and the Friedrich Ebert Foundation (Germany), among others.

The FORUM arose differently than ALAMES. It concerned an international initiative whose first informal activity took place in 1988 within the framework of the INCLEN meeting. The first time the term FORUM was utilized was in 1992 in the INCLEN meeting held in Bali. A Secretariat was elected and an Advisory Committee (Steering Committee) with representation of three regions of the developing world - Asia, Africa and Latin America - and some academics of North America. The special characteristic of this initiative is that it had the strong support of funding agencies such as the Carnegie, Ford, Rockefeller, and Pew Foundations, and IDRC. The next step was the FORUM's constitution in the various regions. The fundamental meeting in Latin America took place in Caracas in May 1994. An estimated 50 professionals were invited, whose activity was framed within the relationship between the social sciences and health. The mission of the FORUM was to build capacities in the social sciences and health

through initiatives coordinated among its members, combining and sharing resources whenever possible and promoting ties by means of other mechanisms.

At that meeting, two priorities for the FORUM's activity in the region were established:

- to construct a data base on social science academic activities applied to health in the Region and to facilitate its dissemination; and
- to promote studies that investigate the relationship between research and health policies.

Coincidentally, a high proportion of the people who constituted the FORUM in the Region had ties with the most important journal on the subject at the international level, *Social Science and Medicine*. In fact, the two regional editors of the journal were founding members of the regional FORUM. Since 1968, the journal has been organizing an atypical Congress whereby two works by theme are invited among certain selected subjects, participants elect the subjects of interest and discuss an agenda that they themselves prepare around those subjects, supported by the invited works. In Latin America, congresses began to be organized with that dynamic and the first one took place in 1991 in Santiago, Chile, and the second in 1993 in Córdoba, Argentina. From the third, held in Atibaia, Brazil, in 1995, the FORUM began to have a relevant role in its organization and, from the fourth carried out in Cocoyoc, Mexico, in 1997, it took charge of its organization. It is currently organizing the fifth that will take place on Margarita Island, Venezuela in 1999. By the form of these congresses and its dynamic, the number of participants should be restricted. In the last Congress carried out, more than 260 academics of the entire Region participated and it could be confirmed that the demand was very high.

The FORUM in Latin America has a short history and part of this has been to try to find an adequate organizational model. In the last Congress, a Regional Secretariat, was elected made up of five members that have already met and planned a series of activities that:

- try to promote the participation of young professionals who work in health from a social science perspective
- emphasize the constitution of interdisciplinary groups
- favor the meeting of professionals of the different disciplines with special emphasis on the health professions.

This Secretariat will be renewed in each Congress and the Regional Secretary will represent the Region in the FORUM's Steering Committee at the overall level.

Some aspects should be emphasized in this very synthetic vision of these two networks:

- 1) the coexistence of both is desirable since very high demand has been demonstrated;
- 2) among them a difference of emphasis seems to be: ALAMES is more tied to a critical perspective and the FORUM has a more academic vision;
- 3) that difference does not impede a harmonious and productive coexistence: members of ALAMES participate in the activities of the FORUM and vice versa.

The development of these two networks should be supported since both aim at an integrating a vision of health problems and the majority of renowned academics in the Latin American Region participate in them.

The relationship between research and decision-making

A subject that concentrates the concern of a broad proportion of the people involved in the field of health is that of the utilization of research findings for decision-making. Although this problem affects all fields of health, upon investigation, it should be addressed from the social science perspective and with its methodology. In the field of health, examples of works that have studied this relationship do not abound despite the fact that it has been proposed repeatedly as a priority. Within the framework of the priorities that the FORUM set, in 1994 it started a study in Mexico devoted to contribute elements in that line. From the same we extract the fundamental conclusions since we consider that they transcend the local situation and constitute an example of the contribution from the social sciences that can be made in order to help respond to crucial questions in the field of health.

Elements that favor the utilization of research findings

- 1) When the same protagonists alternate in academic and political/administrative positions and, as a result, share a formation and similar interests. The linkage is favored when `investigators` (I) and Decision makers (TD) are members of the same team, from the same elite.
- 2) Nature of the problem: when it is required that research resolves around an urgent issue of importance, a "good will" of I and TD are observed toward collaboration. Thus, it is perceived that research is an element that helps overcome situations with political and economic impact.
- 3) The characteristics of the projects or their results: those projects clearly focused on specific aspects, with a short time frame, with concrete and applicable results, of low-cost and high benefit, responding to felt needs on behalf of the TD are better received, , and when research responds to a need felt for the TD.

- 4) The quality of research: measured through the renown of the I that generates the results, the journal or book in which these results are published, the criterion for the TD when also educated as an I. The "confidence" in the I favors the linkage and that confidence is based not only on the quality of scientific work, but also on the discretion or non-interference of the I in the process of TD.
- 5) Existence of official entities in the Health Sector devoted to research.
- 6) When the linkage between I and TD is promoted by national and international entities focused on supporting research in priority areas for the National Health System. In addition, when there is agreement or concordance of the research topic developed in the country with international priorities established by agencies such as the World Health Organization.
- 7) When there is balance among all the interests at stake: the utilization of research findings is much less probable if these point toward solutions that conflict with the operation and feasibility of the programs or with interests of other governmental sectors, or of the private industry. In a few words, the importance of research is established within the margins that impose what is social, political, and economic.
- 8) When a vehicle of communication exists that informs the TD and updates him with regard to the results of the I.

Obstacles to transfer research results to decision-making, policies, and programs:

- 1) Differences in language, interests (agendas), time frames, and personal styles.
- 2) Institutional zeal or intellectual property: the TDs do not believe necessary to know the results of research in order to guide the policies and programs, and the Is considers that the TDs will not recognize its work. This phenomenon can be characterized as "mutual intellectual scorn:" the Is doubt the capacity of the TDs in order to implement actions in accordance with the research findings. This phenomenon sometimes assumes the form of "prominence:" I and TD want to be recognized as the one which has contributed more to control or solve the problem.
- 3) Centralism: concentration of information and power for decision-making in an entity that, not necessarily pays attention to what the `investigators' propose.
- 4) Verticalism: Whether the "vertical" management of the information is kept, the research findings do not reach operating levels, where they could have greater impact and usefulness; for example, the epidemiological information is not available for decision-making at the local level.
- 5) Limited receptivity: the Is interact with staff members of the "intermediate" decision-making level, which present greater resistance to change than the higher levels which tend to be more open to innovation.

- 6) A "political culture" among staff members characterized by decision-making on the basis of experience and the pressures of the moment; difficulty in conceiving of research as a useful tool.
- 7) Changes in administration that impede the continuity in efforts.
- 8) The constraint of economic resources works as a barrier to change when there is not a serious analysis of the funding implications of research recommendations.
- 9) Defense of interests external to the problem that is being faced.
- 10) Difficulty of the `investigators` to convince or sell its questions about research and its results.
- 11) Lack of technical expertise on the part of the TD to understand scientific publications. The problem sometimes lies in that the Is present the results in a manner difficult for the TD to access.
- 12) Fear on the part of the TDs to data generated by the Is that represent a potential conflict with other groups.

Is it possible to derive recommendations on how to strengthen the linkage between research and decision-making in health based on these findings? With this question to the fore, the temptation immediately arises to rephrase as a recommendation those factors that are identified as facilitators of the linkage and to imagine concrete forms to surpass those others that appear as obstacles.

Perhaps this is possible in order to improve communication between the I and TD. On the other hand, how to increase the probabilities that the results of scientific work are utilized for the formulation and application of policies is a much more complex issue.

In the first category --- to improve communication --- some recommendations can be proposed, such as training for the I in order to transmit its findings in a comprehensible and stimulating fashion for the TD; to establish formal and stable forums for the I and TD; to raise awareness of the TDs on the usefulness of the results of the I as an input for the TD through concrete examples; to carry out periodic comparison exercises among the agendas of I and action in given subjects, among others. Some of these recommendations have already been implemented in the Region, although usually without the sufficient continuity nor a careful evaluation of its impact. Many others have still not been attempted. In order to advance on this path it will be necessary to delve further into the comprehension of the protagonists and the processes involved in the I and the TD and its interrelationship, to design pertinent interventions, and to evaluate them with scientific methodology in order to measure its impact.

Proposing recommendations in order to increase the utilization of research results on policy formulation and program preparation and application is a much more difficult task. In the first place, it is important to recall that the I is only one more input to consider by the decision makers among many other equally

legitimate elements. This fact establishes limits to the opinion of consensus on the possibility and obligation of politicians and programmers to take into account results of I for decision-making. In the second place, even the most attractive findings that result from high-quality research should be evaluated in terms of their effectiveness and cost before they can be regarded as a basis for a policy or program. This type of evaluation is still scarcely developed internationally and much less in our environment.

Finally, the possibility of increasing the utilization of results of I in the formulation of policies depends on "macro" changes, those which cannot be affected with specific recommendations, arisen from a partial perspective.

As a consequence, we consider that the results are valuable. The greater importance probably consists in that they make it possible to identify initial findings which are necessary to delve further into future research. In this regard, the need is obvious to explore and experiment with strategies to disseminate research, and on the decision-making processes and preparation of health policies. In addition, it is necessary to characterize the role of the protagonists in some way involved in the linkage between I and TD: the professionals (I and TD) and the consumers, the financiers (governmental and private, national and international), the private initiative, the lawmakers, and members of the executive branch, the church(es) and the media.

Recommendations to improve the response capacity of the social sciences in the area of health studies

This section of the presentation includes some recommendations of a general nature on how to improve the response capacity of the scientific community of the social sciences to old and new challenges that are derived from the health problems of the population of Latin America and the Caribbean. This response should be encouraged systematically, in view of the fact that despite the efforts made by the countries themselves, pertinent international agencies and even by multilateral banking, health is threatened increasingly by new risks. The capacity for comprehension of the attainable problem based on studies of the basic and clinical sciences seems to be lacking in light of the critical social situation of the Region.

Unfortunately despite different efforts to summon social scientists (for example, the WHO "task force" with regard to tropical diseases), this community has appeared quite reluctant and social research on health is marginal with regard to other social problems. This section is divided into three parts. In the first part, the challenges to be faced from the social sciences are pointed out briefly; in the second, some hypotheses are presented that try to explain why social scientists have little interest in the subject; and, in the third, recommendations are submitted as the object of this section.

Health research: A challenge for the social sciences

These challenges are related to aspects that have been pointed out by different authors and among which can be cited the following:¹

¹ Ver entre otros Frenk, J et. al. 1997 "The new world order and international health" **Education Debate** (314: 1404-7) y Freeman et. al, 1995 "Los sistemas de salud ante la globalización: Retos y oportunidades para América del Norte". México: Academia Nacional de Medicina (mimeo). Bonilla, Elssy 1997. "La investigación social en salud. Buscando nuevos caminos" Bogotá: assalud (mimeo).

- 1) Health in the context of the globalization of the Region faces problems, risks, and opportunities according to the dynamics and integration that the different countries achieve.
- 2) The epidemiological diagnosis of the 1990s in the countries of the Region has become very complex because it includes the old problems (common infections, maternal-child morbidity and mortality), the non-communicable diseases, and homicides, and the new diseases (AIDS) as well as the eruption of diseases supposedly controlled (tuberculosis).
- 3) The socioeconomic conditions have tightened, the governance of the states has entered in crises, and social reforms are introduced slowly, thereby negatively affecting the living and health conditions. In the 1980s, according to ECLAC, the poor population increased by 20%, that is, 60 million inhabitants.
- 4) The effects of the crisis resulted in a significant reduction of per capita income, real wages, and public spending in health and education. The slow and negative growth had an impact on the increase in poverty and unemployment.
- 5) Real possibilities of achieving equity, coverage, and quality of services require that comparative analyses of the scope of the reforms of the health systems are advanced in the 1990s, within the policy frameworks that were hoped to surpass.
- 6) The urgency to construct new indicators to determine the incidence of disease in the individual, home, and community. It is also necessary to fine tune and generalize the use of unconventional indicators such as number of years of healthy life lost, to be able to better weigh the effects of mortality and morbidity.

2. The predominant research interests of social scientists

Although in the first two parts of this presentation the contributions and activities of the social scientists in regard to health problems have been pointed out, when the totality of production of this community is analyzed, it can be observed that research interests have been oriented predominantly toward other social problems and that `investigators` have given priority to the comprehension of education problems rather than those of health. In order to establish a motivational strategy as object of this reflection, it is necessary to explore why this situation exists, the lack of systematic studies on the matter, and in the way of hypothesis the following factors can be considered:

- 1) Until quite recently, the production of the social science community of the Region has been more interested in the study of factors related to economic growth than with those pertinent to social development. This trend responds to the predominant conceptions of social development until the famous 'missing decade' from the 1980s, according to which economic growth resulted in almost automatic way in social development, being estimated moreover that this in turn promoted the individual development. From these perspectives, the population was visualized as production factor, as human capital, whose potential should be trained according to the requirements of centered growth models in the economic sphere. In this context analysis the variable social predominant era and continues to be **the education** as trainer of human capital. The reflections related to the human development as such, that give a greater weight to the variable health, only are introduced systematically in the years 1990 with the studies of the UNDP on the subject.
- 2) The social sciences have analyzed the state of well-being of the population from the perspective of the poverty, and unfortunately based on conceptions very narrow of the same.² These conceptions emphasize the problems of access and not of control; in the aspects related to the material living conditions, without considering the relations social that they give rise to the poverty. Neither they consider the impact of the poverty in the future generations of this

² Bonilla, Elssy 1996 "La Pobreza: un reto para la investigación en Ciencias Sociales". Colciencias Ciencia y Tecnología Vol. 14 No. 4 Octubre/Diciembre, 1996.

population. Health as *sine qua non* basis of the welfare has been very marginally considered by the social scientists who have taken the variable education, implicitly but generalized, as proxy of the health conditions. The conceptual and methodological flaws of the studies on the living conditions have given a marginal weight to the studies centered on health in the social sciences and even health as analytical variable neither has achieved the weight that has been attributed to the education.

- 3) The human development until quite recently had not been neither central subject of analysis of the social sciences. The unidimensional vision of the people inherent in the concept of human capital puts emphasis on the capacities acquired at school or at the workplace (by an individual that is presumed healthy), without entering to consider the factors related to the good health.

3. Strategies to promote research of the Social Sciences on Health.

- 1) **To strengthen the management of the ACHR** in this field, through the creation of a special group that acts during a fixed period (not more than 2 years) in order to design and implement a strategy that makes it possible to interest, motivate and to promote the scientific community of the social sciences in order to carry out health research. At meetings XXXI and XXXII of the ACHR of 1996 and 1997 some aspects related to this problem were discussed (for example in the presentation of Dr. Alberto Pellegrini on the trends and challenges of health research in A. L. (1996) and the work on the same subject presented by Dr. Roberto Belmar (1997), but is very difficult to arrive at concrete recommendations // at a meeting of three days that in addition a very constricted agenda has. The strategies can include, among others, the following components:
 - A reconceptualization of the conception of the health that reshapes the social components.
 - The preparation of a database with the `investigators` of social sciences most recognized of the region for the purpose of creating a network of information on the opportunities and possibilities of research in the field of health.

- The establishment of funds seed in order to finance the preparation of research projects among the members of the network.
- Dissemination of the findings of research on recognized academic journals.
- Realization of seminars, workshops, and conferences to disseminate and facilitate the critical analysis of research findings from the perspective of the academic rigorousness and considering the implications of policy of the studies.

To strengthen the scientific community of the social sciences that opts for health research, facilitating its participation with articles on the problem of the health in the international and national events of its professional associations also sponsor that, in these associations are organized committees of research on the subject of the health, which in turn will be used to position the subject of these communities.

2) **To promote the interdisciplinary studies led by `investigators` of the social sciences.** This for the purpose of facilitating a true leadership of these `investigators` and to center research on the social problem. Thus it will be possible to raise the status from the `investigator` and to rethink and to point out the significant weight of what is social in the studies of the health and to surpass the instrumental role that is frequently assigned to the social `investigators` who become more its assistants who in co-partners in all the stages of the process of knowledge.

3) To promote the creation of interinstitutional funds, especially with multilateral banking that has monetary means and it is increasingly aware of the role of the health in the development. These resources thus obtained should be oriented basically toward:

- The promotion of research through convocations of research on the indicated subjects on the first part of this work. This ensures relevance and makes it possible to select the better projects, which in the long run will result in accreditation and scientific, political and social recognition for the researchers involved in social research on health.

- The education of young `investigators` interested in the subject, also convened beginning in competitions of research. The better young `investigators` should be supported so that they can advance advanced studies in different social disciplines, provided that their central area of interest is the health.
 - To establish agreements with universities and recognized research centers so that they support the operation of the networks of `investigators` and strengthen the areas pertinent to health research.
- 4) The social `investigators` at the decision-making levels finally, but not thus less important to give greater participation to the social scientists with the entities of decision-making of WHO and of PAHO. The clinical biomedical vision that predominates in proposing it to see explicitly the participation of the social sciences in these areas, because in the conception same of the problem the social aspects are not considered with the weight that require.

FOOTNOTES/ENDNOTES

1. To see among others Frenk, J et. al. 1997--The new world order and international health Education Debate (314: 1404-7) and Freeman et. to the, 1995 The health systems in light of the globalization: Challenges and opportunities for North America. Mexico: National Academy of Medicine (mimeo). Bonilla, Elssy 1997. Social research on health. Looking for new roads Bogotá: assalud (mimeo).

2. Bonilla, Elssy 1996 La Pobreza: a challenge for research on Social Sciences. Colciencias Ciencia and Technology Vol. 14 No. 4 October/December, 1996.