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PROGRESS REPORT ON MULTICENTER PROJECTS



Research Coordination
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I. Multicenter Projects under the PAHO Research Grants Program

1. Multicenter Project: Attitudes and Cultural Norms toward Violence (Project ACTIVA) - Approved in 1996

Project ACTIVA ended its data collection phase in April 1997 and began compilation of the regional database and the corresponding clean-up and standardization of the data for comparative analysis. It was a laborious process, and a totally clean database was ready by January 1998.

The PAHO Research Grants Program is coordinating publication of the results, with the collaboration of the principal investigators and other invited authors. Annex I contains a scheme of the contents of the publications that are expected to be available in 1999.

2. Multicenter Study: Health, Well-being, and Aging (Project SABE) - Approved in 1997

Implementation of this project began in April 1997, and the activities and results of its first year are as follows:

- Meetings and workshops with investigators and experts to draft the framework protocol and the questionnaire. A definitive version of the questionnaire and the manuals is available, to be tested in four countries.
- The workshop was held on training trainers in methods for interviewing older adults. During this training process the study questionnaire was pre-tested.
- The program for data entry and data processing was developed.

The pilot study on the questionnaire will be conducted in July-August 1998, and the data collection is programmed for January-April 1999. Preliminary results are expected by July-August 1999. The table below indicates the financing for the project that has been allocated and committed by PAHO and other sources. Matching funds from the countries do not appear because the information was not available.

TABLE 1

MULTICENTER STUDY "HEALTH, WELL-BEING, AND AGING "
FINANCING ALLOCATED AND COMMITTED
1997 – 1998

Activity	HPP/HPL	HDP/HDR	Other Sources	Total
Development and review of the Framework Protocol	2,500	10,000	--	12,500
I Workshop for Analysis of the Proposed Protocol and Variables for the Questionnaire–Mexico, 9-11 June 1997	10,899	13,268	--	24,167
Preparation of the I Version of the questionnaire and manuals and review with experts	4,888	11,500	--	16,388
II Workshop for Review and Adjustment of the Questionnaire - Chile, 9-12 September 1997	--	9,027	--	9,027
Pilot Study, Barbados (University of the West Indies)	--	12,000	--	12,000
Pilot Study, Belo Horizonte (School of Medicine - UFNP)	--	15,000	--	15,000
Adaptations and translation of the questionnaires and manuals into Portuguese (University Aberta da Terceira Idade, Rio de Janeiro, Brazil)	--	5,000	--	5,000
Pilot Study, Costa Rica (FUNDEVI)	--	6,500	--	6,500
Pilot Study, Chile (CINUT)	--	18,000	--	18,000
Pilot Study Cuba (Center for Population Studies and Development)	--	10,000	--	10,000
Pilot Study, Mexico (Colegio de la Frontera Norte)	--	12,000	--	12,000
Pilot Study, Uruguay (National Institute of Statistics)	--	14,500	--	14,500
Technical assistance for the Pilot Study; processing and analysis of results (University of Wisconsin)	5,000	20,000	--	25,000
Meeting to train investigators in the application of the questionnaire; Meeting to analyze the results of the Pilot Study (University of Florida)	5,898	30,000	--	35,898
Procurement of equipment for the Pilot Study and shipment to each country	--	14,252	--	14,252
Coordination of the field work for the Studies	80,000	--	--	80,000
Technical cooperation for data processing and analysis of the results (NIA Grant to the University of Wisconsin)	--	--	50,000	50,000
Report preparation of results (University of Florida)	10,000	--	--	10,000
Scientific meetings and preparation of a regional database (under negotiation with the NIA)	--	--	45,000	45,000
Financing of data collection at the country level	--	--	--	--
TOTAL	119,185	201,047	95,000	415,232

3. *Multicenter Study Approved in 1998*

An internal project profile competition was held to select the multicenter study for 1998. Nine project profiles were received (see list in Annex II). The project that was approved is summarized below.

MULTICENTER STUDY TO EVALUATE THE FEASIBILITY AND SENSITIVITY OF A SYNDROME-BASED SURVEILLANCE SYSTEM FOR EARLY DETECTION OF EMERGING AND RE-EMERGING INFECTIOUS DISEASES IN LATIN AMERICA

SUMMARY

The purpose of this multicenter study will be to introduce and assess a sentinel surveillance system based on the syndromic approach in order to forecast epidemiological changes in the appearance of infectious diseases. The main objective of the study is to validate a system that is easy, rapid, sensitive, and accessible to permit early detection of the emergence and re-emergence of infectious diseases for immediate application of control measures. The system will be put in place and assessed over a one-year period in selected pilot health units in Honduras, Ecuador, El Salvador, and Bolivia. Participating health workers will be trained to recognize "uncommon infectious syndromes," following a predetermined diagnostic algorithm. "Trigger-notification" will be based on syndromes instead of laboratory-confirmed cases. Duplicate samples collected from patients with suspected diagnoses will be sent to local and national reference laboratories in order to identify the infectious agent causing the syndrome. By comparing syndrome reports with laboratory-confirmed cases the sensitivity, false positive rates, and predictive value of the proposed diagnostic algorithm will be calculated. Local laboratory performance will be assessed by comparing the results with those of a national reference laboratory. The syndromic diagnosis rates and the confirmed case incidence rates will be calculated and used as epidemiological surveillance indicators of disease emergence. An estimate of the cost-effectiveness of setting up syndromic diagnosis followed by case investigation versus the ordinary system will be calculated. The process indicators will be measured as cases confirmed/cases referred, positive samples/samples examined, confirmed cases treated/suspected cases, and seasonal variations in operations. The research is expected to serve as the basis for health policy decisions on the development and/or strengthening of the health services infrastructure during outbreaks of infectious disease in the Region.

II. RESEARCH COMPETITIONS

1. Research Competition: Investment in Health and Economic Growth

In 1997 a decision was made to hold a research competition to select the best project on "Investment in Health and Economic Growth." In the initial phase, an invitation was issued to present project profiles. Seventeen proposals were received, whose distribution is indicated in Table 2 (see Annex III-A for the list of projects).

Eight groups of investigators were preselected, and a total of seven proposals were received. (Annex III-B). These were evaluated by an ad hoc committee comprised of specialists in the field, which selected three proposals and recommended one for approval.

TABLE 2
RESEARCH COMPETITION ON
INVESTMENT IN HEALTH AND ECONOMIC GROWTH
PROPOSALS RECEIVED, PRESELECTED, AND APPROVED
BY COUNTRY

Country	Proposals Received	Proposals Preselected	Proposals Approved
Argentina	2	1	-
Brazil	1	1	-
Colombia	2	-	-
Costa Rica	1	-	-
Chile	3	2	-
El Salvador	1	-	-
Mexico	3	1	1
Peru	2	2	-
Rep. Dominican	1	-	-
Trinidad & Tobago	1	-	-
Total	17	7	1

2. *Research Competition: "Health, Growth, and Distribution in Latin America and the Caribbean: A Study of Regional and Local Determinants and Behavior"*

CIDE-FUNDESARROLLO-FUNSAUD

SUMMARY

The objective of the research is to study empirically the relationship between health and economic growth in Latin America. The theoretical framework consists of theories of growth that take into account long-term economic transitions generated by and related to the health sector. The purpose is to shed light on long-term decisions in health policy that are an integral part of the implementation of programs for social and economic development and sustained and sustainable growth in the Region. Some of the transitions resulting from economic growth are rapid and profound changes in health needs, increased health expenditure, and changes in the public and private nature of health goods, the optimal role of the public sector, and nature of decisions made on the use of limited resources. Health also has an impact on the productivity of work and of human capital; it is related to inequalities in income distribution and in the allocation of human capital and possibly to investment decisions concerning human capital and savings, as a result of greater longevity.

The central question of the project is the following: When health indicators are included in studies of growth in which human capital also figures, how important is health in Latin America? This is especially relevant in the context of Latin American structural transformation and the changes in needs and in the organization of health.

It is true that economic analysis of the interactions between health and growth is still in the development stage, especially in Latin America, although recent empirical literature confirms the existence of a positive correlation between health indicators and economic growth. However, this area of research has a solid foundation in studies on human educational capital, which has produced ample theoretical and empirical literature.

An important aspect of this analysis is the construction of high-quality databases on health together with socioeconomic data at the aggregate level. Under this heading the research project in question will carry out the following tasks:

- Construct a database of economic, demographic, and health indicators for the countries of Latin America and the Caribbean.
- Construct databases on mortality by cause (including more than 100 causes), with a breakdown by age, sex, and state (or department), for Brazil, Colombia, and Mexico. Mexico will also have a NOTIFIES indicator, by state.
- Complete the above-mentioned databases with economic indicators by state for Brazil, Colombia, and Mexico.

We will analyze the empirical relationship between health and economic growth at two geographical levels. The first analysis will consist of a comparison of the experiences of the Latin American countries as a whole; the second will be at the state (or departmental) level in Brazil, Colombia, or Mexico.

For these cases we will conduct cross-sectional studies of the type utilized by Barro, complemented with the techniques of Levine and Renelt [1992]; cross-sectional studies of the type utilized by Mankiw, Romer, and Weil [1992] for the augmented Solow model; and panel studies with fixed effects (of the type utilized by Islam, 1995), supported by Monte Carlo studies to control bias and determine reliability. We will also study the dynamics of the distribution of income and human capital assets, using the Markov model (Quah, 1990, 1993, 1996, etc.), and we will estimate the impact of public health policies on the Gini coefficient.

Furthermore, in order to assess the impact of health on inequality in the various income factors (wages, capital, education, health), we will utilize the random coefficients method (see Bidani and Ravallion, 1997), combined with a factor inequality analysis developed by Shorrocks, A.F.(1982). We will also rely on the method developed by Cowell and Jenkins (1995).

Based on these studies we can assess:

- the importance of the health situation to economic growth;
- the impact of human health capital on the rate of return and the rate of depreciation of human capital in general--that is, the impact of health through the profitability of investments in human capital;
- the impact of health expenditure (public and private) on the stock of health capital;

- the relationship between health and income distribution. In this relationship intervene both health expenditure (which can have a redistributive impact on income) and the distribution of human capital stock in health (an important component of the distribution of assets among the population), which in turn determines income distribution;
- the differential impact on economic growth and on the distribution of the different epidemiological types of demand in health; and
- the importance of using high-quality health indicators for this type of research.

To summarize, given the problem of designing optimal public policies in health and the fact that many countries of the Region are currently in the throes of a profound process of health sector reform, this project seeks to determine the impact of health, both public and private, on economic growth, the dynamics of income distribution, and the profitability of investment in other forms of human capital.

3. Research Competition: Comparative Analysis of Experiences in Health Sector Reform: Promoting Better Health through Research on Aspects Related to Equity

The PAHO Research Grants Program has entered into an agreement with WHO and the International Clearinghouse for Health System Reform Initiatives (ICHSRI) to launch a joint research competition to assess the impact of sectoral reform process on equity in access to and coverage by the health services, with special emphasis on the impact on the most unprotected social sectors.

The competition is a global initiative, and PAHO will participate in all phases of the process, lending support to increasing the supply of resources and technical assistance for the projects of the Region of the Americas.

Thirty letters of intent were received, 19 of which satisfied competition requirements. Ten candidates from the Region were selected, who were invited to submit a full proposal and attend a workshop in July 1998. Final selection of the proposals will take place in October 1998, and the projects are expected to begin in 1999. The list of projects for the Region of the Americas is located in Annex IV.