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TWENTY THIRD MEETING OF THE  
ADVISORY COMMITTEE ON HEALTH RESEARCH

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REPORT OF THE 25TH SESSION OF THE GLOBAL ACMR

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ADVISORY COMMITTEE ON MEDICAL RESEARCH  
 REPORT TO THE DIRECTOR-GENERAL

on its twenty-fifth session  
 held at WHO headquarters, Geneva  
 10-13 October 1983

Dates for the twenty-sixth session: 8-12 October 1984

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SUMMARY OF RECOMMENDATIONS

Agenda item

7.1 ACMR Subcommittee on Health Services Research with Special Emphasis on Maternal and Child Health

ACMR recommended that the Subcommittee should continue to oversee further developments of the partnership model and present its report to the twenty-seventh session of ACMR (in 1985).

7.2 ACMR working group on contribution of modern scientific concepts and methods to human health

The working group should be converted to a full subcommittee of ACMR and should broaden its scope of activities. It should present a report to the twenty-sixth session of ACMR.

7.3 ACMR working group on diagnostic tests for use at the primary health care level

The group should continue to monitor relevant developments in this field, and ensure that WHO work is carried out along the lines discussed in the report.

8.1 Training in research methodology

The offices of research promotion and development at headquarters and in the regions should attempt to consolidate the experiences acquired so far with a view to developing training modules.

8.2 Research in gerontology

ACMR supported the proposal for an expanded research programme on dementia states of later life, using extrabudgetary funds.

8.3 Cancer

The programme of work presented by the Cancer unit was found mature for implementation.

8.4 Biobehavioural and mental health research

The programme should continue to utilize and develop the methodological, managerial and scientific bases provided by the current and proposed activities in the medium-term mental health programme. Immediate priorities include: (1) the further development of the research agenda for the programme; (2) the search for funds which will help to strengthen the infrastructure for the programme, particularly in developing countries.

8.5 Research on acute respiratory infections

ACMR considered that a realistic approach was to start with health services research; it also suggested that at a later stage, activities should be started on ARI in other age-groups, particularly in the elderly.

8.6 Guidelines for the use of animals in biomedical research

CIOMS should present a final report to the twenty-sixth session of ACMR.

Agenda item

9            Research in health manpower development

ACMR endorsed the strategy and plan of action presented by the Secretariat and recommended the establishment of a Subcommittee, which should report to the twenty-sixth session.

10           Occupational health

ACMR supported the establishment of a technical advisory group for research in the Office of Occupational Health.

11           Future ACMR initiatives/reviews/subcommittees

In addition to the two subcommittees already mentioned above, ACMR recommended the establishment of a subcommittee on strategy for health research to reach the goal of health for all by the year 2000 which would report to next year's session

It was also indicated that there would be a review of the activities of the maternal and child health programme at the twenty-sixth session of ACMR.

12.1        Proposed international guidelines for biomedical research involving human subject

ACMR recommended that a revised version of the guidelines be presented to its twenty-seventh session (in 1985).



Opening of the session and election of officers (Agenda items 1 and 2)

In the absence of the Chairman, Professor V. Ramalingaswami, due to illness, the Deputy Director-General opened the twenty-fifth session of the global Advisory Committee on Medical Research (ACMR). He was certain that the members would share his regret that Professor Ramalingaswami could not be present and would join in sending him their best wishes for a prompt and complete recovery.

On the occasion of this anniversary session Dr Lambo welcomed the members of ACMR, and particularly its new members, the chairmen of the six regional ACMRs, the representatives of the six WHO regional offices, the temporary advisers and the Executive Secretary of the Council for International Organizations of Medical Sciences.

In his address Dr Lambo said that the establishment of ACMR 25 years ago had been a major landmark in the development of WHO's research programme. It was thanks to the WHO research tradition that the scientific and technological information accredited by the academic community had been translated by WHO into such practical applications - on a worldwide scale - as the eradication of smallpox. Emphasizing the importance of health services research and the absolute need for community involvement in the quest for improved health conditions, Dr Lambo stated that "today the family living room and city streets are just as important as the laboratory and hospital in the field of research".

He reminded ACMR that WHO was committed to health research in a major way and praised the shift to decentralization.

Professor B. O. Osuntokun was then elected as first Vice-Chairman, Professor J. Kostrzewski as second Vice-Chairman, and Professor J. C. Laidlaw as Rapporteur.

Professor B. O. Osuntokun then assumed the chairmanship. In his introductory remarks he paid a stirring tribute to the remarkable development of WHO's research efforts under the guidance of ACMR, the Director-General and the Deputy Director-General.

Introductory statement by the Director-General (Agenda item 3)

The Director-General urged ACMR on its twenty-fifth anniversary not to be an aging club but to be a youthful committee burning with innovative energy, and advising WHO on how best to help countries discern what their health research needs really were and to organize themselves so as to pursue them.

Countries must develop their health research to meet the needs of their health strategy. One of the main pillars of this strategy was the use of appropriate technology. Such technology must be sound scientifically, adaptable to local needs, acceptable to those who apply it and to those for whom it was used, and it must be maintained at a cost which the country concerned could afford. The acceptability of technology to those for whom it was used had received all too little attention. It required a kind of social research which was all too rare. So too the economic aspects of health technology must receive as much study as the scientific endeavour itself.

Health research could not restrict itself to disease prevention and control nor to clinical and rehabilitative technology. It must encompass a broad range of research activities in political, economic, social, cultural, environmental, epidemiological and managerial fields. And WHO had a crucial role to play in launching, coordinating and supporting these endeavours.

In conclusion the Director-General made a strong plea for the development of a strategy for health research to support the strategy for health for all. Just as the Global strategy for health for all gave rise to national health strategies, and was then built up from them, so a global health research strategy would give rise to national health research strategies and be built up from them in a continuing, evolving process.

Adoption of agenda and programme of work (Agenda item 4)

The agenda (document ACMR25/83.1) and the programme of work (document ACMR25/83.2 Rev.1) were adopted. A number of members raised the question of discussing a strategy for health research before considering other more specific items on the agenda. The Chairman agreed to set time aside for such a discussion under agenda item 5 and on Thursday morning, 13 October.

Research promotion and development: Consideration of the discussions held at the seventy-first session of the Executive Board and Thirty-sixth World Health Assembly (Agenda item 5)

The Deputy Director-General presented the themes in the document on this subject (document ACMR25/83.5).

In the discussion the multiple obstacles in a developing country to the implementation of the fruits of research for the solution of the particular health problems of that country were again emphasized. The need in such countries to set objectives, produce a timetable and devise means of evaluating the impact of research ventures was stressed.

Activities of the regional advisory committees on medical research (Agenda item 6)

Reports by the six respective Chairmen (Agenda item 6.1)

African Advisory Committee on Medical Research

The report on the activities of the African ACMR was presented by its Chairman, Dr A. J. Cabral.

The African ACMR had held its sixth meeting in April 1983, in Abidjan, Ivory Coast. It had focused its discussions on two main items: (1) the internal evaluation of the African regional medium-term programme for research promotion and development (1978-1983), and (2) mechanisms for accelerating research promotion and development in the African Region, and had concluded that the majority of the recommendations of its fifth meeting held in April 1981 in Nairobi, Kenya, were in an appropriate stage of implementation.

Through the critical assessment of a number of activities and indicators (e.g., disbursement of funds, training activities, and number of countries participating and allocating funds) the African ACMR considered that acceleration was taking place in the regional programme for research promotion and development. Sub-regional mechanisms were already functioning for health services research and research in human reproduction. Attempts were also under way to strengthen the dissemination of research results on a sub-regional basis through the regional Standing Committee on TCDC. The African ACMR had also recommended that the Regional Office should publish and disseminate an inventory of existing health research institutions and update it regularly.

To remedy the lack of knowledge in the formulation of research protocols and the consequent limited capacity to absorb existing funds, training in research methodology and research management was urgently needed on a large scale. It was hoped this would lead to greater development of health services research. This matter would be discussed at the regional meeting of deans of medical schools in December 1983.

Two regional scientific working groups would soon be established on: (1) mental health and behavioural sciences, and (2) acute respiratory infections.

All the recommendations of the African ACMR were endorsed by the thirty-third session of the WHO Regional Committee for Africa.

It was felt that the time-span of two years between sessions of the African ACMR was appropriate for the time being, because it allowed time for implementation and evaluation. The willingness of the global ACMR to take the initiative for a fund-raising meeting was praised but other obstacles in the Region had to be overcome first, and these were the very ones which impeded the full utilization of the funds currently available.

In the discussion on the report of the African ACMR, the global ACMR again recalled the general consensus reached at its twenty-fourth session on the necessity of making special efforts to mobilize resources in order to generate the research capability for solving problems in different parts of the African Region. It confirmed that the global ACMR was prepared to make special efforts to help in that process. Although considerable progress has been made in the Region on the importance of research as an important component of the strategy for health for all, the global ACMR was unanimous on the need for sustaining the momentum; annual meetings of the African ACMR and intense activity of its members within Member States would be highly desirable.

#### PAHO Advisory Committee on Medical Research

The report of the activities of the PAHO Advisory Committee, presented by the Chairman, Professor H. Groot, dealt with the Committee's twenty-second session, which had been held in Mexico City in July 1983. The Committee had discussed once more the importance of health services research and had expressed the desirability of organizing health services not as isolated activities but in a coordinated way which would lead to an improvement in overall patient care. The need to carry out research on the appropriateness of technology, for example drug technology, used in the different health services was stressed.

The Committee reported also on the need to develop proper managerial capacities for research activities and the need to continue the WHO collaborating centres programme. It was recommended that the policies and procedures for the establishment of these centres should be reviewed periodically and that the number of centres in Latin America and the Caribbean be increased. The programme should also include subjects such as molecular biology, genetics, immunology and social sciences.

It was also recommended that research on mental health be continued, particularly on its behavioural aspects, along with research on acute respiratory infections, with emphasis on epidemiology and the influence of nutrition.

Problems of migration and health were also considered. It was recommended that multidisciplinary research be carried out in this area with particular respect to malaria.

The work of the Pan American Centre for Human Ecology and Health was reviewed; it was agreed that its satisfactory work should be given high priority by PAHO and that its activities should be strengthened.

The Committee gave its full support to the PAHO research policy which was based on promotion, cooperation and coordination. The aim of this policy is to promote research on the factors which impede solution of national health problems.

Finally, the Committee recommended that PAHO should continue the study of the factors which impede research in Latin America and bring them to the attention of Member governments so that appropriate action can be taken.

#### South-East Asia Advisory Committee on Medical Research

The primary purpose of the annual session of the South-East Asia ACMR is to advise the Regional Director on policy matters concerning the Organization's South-East Asia research programme. When necessary, it recommends that subcommittees should be established to perform in-depth studies and to report on specific research activities. The scientific and technical aspects of the research promotion and development programme are dealt with by scientific working groups and peer review committees.

In addition to the sessions of the South-East Asia ACMR, a meeting is convened at least every other year of the directors of medical research councils or analogous bodies to ensure effective implementation and coordination of national, regional and global research programmes.

The third such meeting, held in 1982, discussed and accepted two documents on concepts of health service research and on research needs for health for all by the year 2000, prepared by a subcommittee of the South-East Asia ACMR. The regional health services research work plan was reviewed and recommended for implementation in the Member countries. In this connection, it was recommended that medical curricula be reoriented to include the concepts and approaches of health services research.

Basic research in relation to health for all should be promoted as an integral component of the total research programme directly relevant to solving priority health problems. With respect to research management, the need to utilize advanced health technology to attain better health of the people would require large-scale field studies to test the value of such technology.

It is planned to hold a joint session of the South-East Asia and Western Pacific ACMRs in 1984. This will be held immediately after completion of the meetings of directors of medical research councils of the two regions.

The ninth session of the South-East Asia ACMR, held in 1983, recommended inter alia, a comprehensive review of the regional research programme and medium-term programme plans. While much progress had been made, it appeared that with respect to the acceptance and application of concepts such as research needs for health for all by the year 2000, the countries were ahead of the Regional Office. Regarding the overall status of the research programme, funds seemed to be adequate. However, there was a need to strengthen the Member countries' ability to produce good research proposals and manage relevant research projects. A manual on the writing of a research proposal had been produced and had already shown its effectiveness. In this connection, it was mentioned that the third meeting of directors of medical research councils had recognized that the WHO management system used for tropical diseases research could be used as a model for the development of appropriate mechanisms at the national levels.

#### European Advisory Committee for Medical Research

Professor Fliedner took over from Professor Pauli the chairmanship of the European Advisory Committee for Medical Research in February 1983. In his comments about the work of the European ACMR in 1983 he outlined its functions over the past two years.

The activities of WHO are meant to improve not only the quantity but also the quality of health of human beings in such a way that the health services are sensitive to scientific discoveries. The Regional Office for Europe is developing a target document for the European work of WHO for the forthcoming years. This paper stresses that improvements in health and health services in Europe can be expected only if new knowledge is gained about the etiology and pathogenesis of those health impairments that prevent a person from living a productive life. The scientific community is called upon now to analyse the disorder which impair productive life in our civilization. The same scrutiny of scientific knowledge is required to conquer new diseases, such as environmental diseases, occupational diseases, consequences of accidents, etc. In addition, the respiratory diseases and cancer require new approaches. Other disciplines besides biomedical research, such as sociology, epidemiology and psychology, are important for this effort.

The role of the European ACMR has developed accordingly over the past two years. It has adopted four functions:

- (1) to review at regular intervals all programmes carried out in the European Region for scientific quality, innovative potential and significance for the improvement of health in Europe;
- (2) to help the Regional Director in establishing scientific and developmental priorities;
- (3) to advise the Regional Office with respect to further development of programmes, to assist in detecting gaps in knowledge and to elaborate a research action plan accordingly; and

(4) to act as a link and catalyser between administrations, ministries and government agencies on the one hand and the scientific community on the other.

In consequence of the above functions, the European ACMR reviewed a total of 24 WHO activities in Europe in 1982 and its members gained insight into the work of the Regional Office. In 1983, the review covered the following programmes: health planning and evaluation; nursing; chemical safety; health manpower development; and health services research. The results are reported in document ACMR25/83.6 of the global ACMR. They indicate that in some programmes no new research is necessary but it is important to apply the knowledge gained for the improvement of health services. Other programmes require much further research and developmental activity; an example is the risk assessment programme in the area of environmental health. For 1984 a continuation of the review is planned.

A sub-group of the European ACMR has been asked to consider conceptual models of a healthy society and the ideal health status of a person. If such models are developed then it will be easy to detect deficiencies in health and health care at the level of the individual and of population groups. A series of workshops are planned on "Scientific analysis of health and health care: paradigms, methodology and organization". In the first of these workshops in November 1983 in the Federal Republic of Germany, prominent scientists will discuss the development of health and health care models of relevance to the overall WHO goal of health for all by the year 2000. Another sub-group is considering means of transferring scientific knowledge into the day-to-day practice of health care systems. A conference will be held in Italy on "Management and structure of health policy research". A third activity sponsored by the European ACMR is the area "Technology assessment in the health services". It feels it is important not only to assess the "hardware" of medical technology but to evaluate all approaches used to maintain or renew the health of individuals and of population groups.

In the future, the European ACMR will devote some of its activities to the implications of new technologies for the improvement of health and health services, such as genetic engineering and ecological genetics.

The Regional Office is in the process of developing a working paper on targets in support of the regional strategy for health for all by the year 2000. The first review of this working paper indicated that it is important to analyse research needs for a full development of this programme. The European ACMR will, at its next session in February 1984, devote major discussion to the identification of these research needs in the various programme areas. Modern system analytical techniques should be useful for this task of identifying such research needs in Europe in such a way that they can be adopted by the scientific community.

Finally the European ACMR has accepted the challenge to act as a link between WHO and the scientific community. It supports Dr Lambo in his initiative to mobilize the scientific community. The conference in Geneva on the role of universities in health for all by the year 2000 held in April 1983 was an important step in the right direction.

#### Eastern Mediterranean Advisory Committee on Medical Research

The eighth meeting of the Eastern Mediterranean ACMR was held in Limassol, Cyprus, from 18 to 20 April 1983.

Continuing its practice of periodically reviewing the research component of various technical programmes, the Committee at this session reviewed the research programme on cancer. Efforts are being directed towards the close integration of cancer research and control activities within the framework of health services. Various topics which were given high priority for research included the methodology for the prevention and early detection of the common types of cancers at the primary health care level, and the determination of the most effective ways of preventing smoking and controlling other environmental carcinogens.

The report of an ad hoc working group on health literature services was also reviewed by the Committee. The group had been convened to suggest ways of improving these services in the Region. A recent survey of health sciences libraries had shown a scarcity of well-stocked

and adequately manned libraries, of well-trained librarians and of "networking" and resource-sharing among and within the countries. User education was notably absent. It was recommended that suitable opportunities be provided for training and improving the status of librarians and strengthening national focal point libraries. In view of the difficulties being faced by the research workers in the Region in having the results of their research published in journals abroad, it was suggested that suitable steps be taken to upgrade the quality of medical journals being published in the Region. The Committee also recommended that in view of the high cost of biomedical journals it might be worthwhile to assess the actual needs for health literature services on the part of various categories of health workers.

As a follow-up of the discussion on research in primary health care that had taken place at the last session of the Eastern Mediterranean ACMR, a task force had been convened in October 1982, to review priority topics in this area and to develop detailed outlines of research protocols. The task force identified four main research concerns, i.e., primary health care coverage, community mobilization for primary health care, reorientation of health professionals towards primary health care and factors influencing the effectiveness and acceptability of manpower for primary health care at the community level. The outlines of the protocols on these subjects were sent to three countries in the Region and they agreed to develop them into detailed proposals and implement them during the coming year with WHO collaboration. In this connection, the Committee recommended that special efforts be made to orient and involve staff and students of medical faculties in activities oriented to primary health care.

A meeting of national officers responsible for medical research in nine countries in the Region was convened just prior to the Eastern Mediterranean ACMR session. The objectives of this meeting were to review and exchange information on mechanisms employed for the management of research in the participants' countries and to discuss possible areas for WHO collaboration with special reference to research in support of the national strategies for achieving the goal of health for all. From the description of the existing research management mechanisms in the Region, it appeared that the organization of research was in different stages of development in the countries. However, the need for and importance of research were widely appreciated and efforts were being made to improve the coordination of research. By and large, research was still an individual effort and few attempts had been made to develop and maintain multidisciplinary teams. Research aimed at solving community health problems and meeting the research needs of health managers had not been widely undertaken. Lack of research manpower was a major constraint in the development of health research capabilities.

As a follow-up of an earlier regional workshop, a national workshop on research management was held for scientists and health administrators in Egypt in January 1983. The Committee felt that apart from the intrinsic educational value of such a workshop, it provided a useful forum for interaction between Ministry of Health and university staff. It is proposed to hold such workshops in other countries of the Region.

The Committee at this session received a progress report on research activities in diarrhoeal diseases and also reviewed the regional research activities supported by the Special Programme for Research and Training in Tropical Diseases. In view of the rather limited activities supported by the latter in the Region, the Committee made several suggestions to enhance these activities:

An extensive and wide-ranging discussion took place on the need for research in behavioural sciences in the Region. It was felt that the application of behavioural techniques in order to modify attitudes and beliefs was required for the implementation of several health programmes, e.g., maternal and child health programmes and expanded programmes on immunization, and for the control of both communicable and non-communicable diseases.

The health implications of rapid socioeconomic change were also considered an important area of research in several countries of the Region. It was agreed that the emphasis should be placed on those aspects of research, the results of which could be applied in primary health care. It was also agreed that the emphasis should be on manpower training and the application of appropriate behavioural techniques.

Other priority research areas that were identified included: development of behavioural techniques for the enhancement of the primary health care approach with particular reference to community involvement and intersectoral cooperation; orientation of primary health workers to behavioural concepts and methodology; and behaviour damaging to health. It was recommended that available and potential resources for research and training in these areas in the Region should be identified, and that an active training programme including the development of appropriate learning materials should be initiated.

#### Western Pacific Advisory Committee on Medical Research

The report of the Advisory Committee was presented by Professor Sinnathuray. The main recommendations made by the Western Pacific ACMR at its eighth session in 1983 were as follows:

Promotion of health services research. The Advisory Committee noted the progress achieved by the health services research programme in promotional, training and developmental activities in the Region. It expressed concern about the paucity of health services research proposals received for WHO support but recognized the complexity of such research. It recommended that higher priority should be given in the future to information exchange and manpower development in this area.

Diarrhoeal diseases. The Advisory Committee urged the Regional Office to continue active support of diarrhoeal disease research, stressing in particular that such research should be closely linked with national diarrhoeal disease control programmes and should not be conducted in isolation from programme planning, implementation and evaluation.

Schistosomiasis. The Advisory Committee noted with satisfaction the steady progress made with respect to schistosomiasis research and training activities in different countries of the Region where the disease is endemic. It endorsed the use of mass chemotherapy using praziquantel as an intervention measure. It recommended that emphasis should now be placed on supporting health services research related to the application of available knowledge and skills for the control of schistosomiasis in the field.

Behavioural science and mental health. The Advisory Committee urged Member States to establish a behavioural research component in programmes supported by national health research councils or analogous bodies. It also urged Member States to strengthen the behavioural science component in the curricula of training programmes for a variety of health professionals and to increase the involvement of behavioural and social scientists in health research.

Acute respiratory infections. The Advisory Committee endorsed the conclusion of the Technical Advisory Group on Acute Respiratory Infections at its first meeting in Geneva in March 1983, that sufficient knowledge and technology were now available to develop phased national programmes on acute respiratory infections.

Hepatitis B. The Advisory Committee emphasized the need to accelerate the production and distribution of standardized reagents for hepatitis diagnosis in developing Member States. It requested the Regional Office to promote research aimed at preventing the hepatitis B virus carrier state, using immunization to interrupt mother-to-infant transmission.

Regional biomedical information system development. The Advisory Committee noted with satisfaction the progress achieved in developing the scope and activities of the regional biomedical information programme. It urged members to collaborate with national focal points for biomedical information system development and to facilitate the implementation of relevant activities.

#### Research priorities in the Western Pacific Region in the light of health for all

At its seventh session in 1982 the Western Pacific ACMR had reexamined the regional research priorities in the light of global and regional health-for-all strategies. In reorienting research priorities, greater consideration was given to research on health services, the behavioural aspects of health and technology in health. A list of priorities identified by the Advisory Committee has been used as a check list for promotion of research for both Member States and WHO.

In the discussion which succeeded the presentation of reports by the Chairmen of the regional ACMRs the following issues were raised:

- (1) frequency of African ACMR sessions: should it not meet more often than every two years? If the acceleration of research continued it was considered likely that the African ACMR's sessions would become annual;
- (2) the global ACMR's offer to help raise additional funds: the African ACMR was grateful; however, internal factors including the inability of investigators to prepare acceptable research protocols, had thus far prevented the spending in full of funds already available; when such obstacles had been overcome, additional funds might well be needed;
- (3) the unreasonably high expectations of research trainees of developing countries returning from research centres in developed countries and the frequent lack of posts allowing such trainees time to pursue research;
- (4) a proper balance between basic and applied research in developing countries: examples were given of how basic research, e.g., that using recombinant DNA techniques to produce multivalent vaccines, might relatively quickly provide measures of inestimable value for the treatment of major diseases at the primary care level;
- (5) joint meetings and ventures of regional ACMRs: it was recommended that they should be greatly increased;
- (6) it was also recommended that national medical research councils should be used as a means of increasing the cooperation between scientific communities and WHO;
- (7) a plea was made for stimulation of research on means of providing effective health education to children and adults.

Coordination between the global and regional ACMRs (Agenda item 6.2)

It was recalled that the Chairman of the global ACMR and representatives of the offices of research promotion and development at headquarters and in the regions had attended the majority of the sessions of the regional ACMRs and had thus been able to see common problems within their specific regional context. Examples ranged from problems of diseases such as diarrhoeal diseases to questions of research management such as career structures.

The global ACMR felt that it was important to ensure links between different ACMRs in order to improve the cohesion of the Organization's research activities. As a consequence of the decentralization of research, regional research activities had assumed increasing importance. Thus valuable experience had already been accumulated at regional and country levels and it would therefore be valuable to encourage interregional communication and joint activities. In this respect, the example of collaboration between the South-East Asia and Western Pacific Regions, particularly their linked meetings of directors of medical research councils, was noted with satisfaction.

Despite the above efforts a number of members felt that coordination between the global and regional ACMRs was less than adequate. It seems clear that this matter requires further study.

Activities of the ACMR subcommittees and working groups (Agenda item 7)

ACMR Subcommittee on Health Services Research with special emphasis on maternal and child health (Agenda item 7.1)

The Subcommittee presented its report.



It had been set up principally to explore the "partnership model", i.e., one involving a developed country and a developing country in cooperation with WHO, in order to develop health services research in support of primary health care.

The Subcommittee reported on the progress made in the partnership involving Ethiopia, Sweden and WHO.

Several issues were raised relating to health services research in developing countries where programmes were worked out in the light of the needs and wishes of the particular country, Ethiopia being a typical case. The problems included the shortage of trained research manpower, the placement of newly trained research workers, and the mechanisms for supporting research.

Exploratory discussions were being carried on with two other developing countries with a view to establishing a partnership in research with two industrialized countries.

The global ACMR welcomed the report and asked the Subcommittee to review further developments of the partnership model and report in 1985.

ACMR working group on contribution of modern scientific concepts and methods to human health (Agenda item 7.2)

The global ACMR considered the report of a working group set up following a recommendation of the twenty-fourth session of ACMR to consider the contribution of modern scientific concepts and methods to human health. The purpose of the working group of four scientists, chaired by Professor G. L. Ada was fourfold:

- (1) to review current knowledge from recent advances in biotechnology and consider how they increase understanding of biological mechanisms;
- (2) to review WHO's application of such technology in its current research programmes;
- (3) to determine some of the areas to benefit from the greater application of the techniques;
- (4) to devise mechanisms to help keep WHO and ACMR abreast of the most recent techniques, and determine how they might best be used to further WHO's work.

Some of the newer concepts and technology were described. They include the structure and function of genomes of infectious agents, the preparation of monoclonal antibodies, the preparation of antigens using recombinant DNA technology, the diagnosis of communicable diseases, the development of specific antiviral or antimicrobial compounds, the production of substances such as hormones and enzymes and the identification of disease-specific hereditary traits.

There was considerable awareness of these newer developments in WHO, and some of its programmes, such as the Special Programme for Research and Training in Tropical Diseases and the communicable diseases control programme had utilized them to great advantage; it seemed likely that there were other areas where they could be used more. For example, in a discussion on diseases of global public health importance some 18 agents for diagnosis, vaccination and/or chemotherapy were described in which improvement was needed. Similarly, the use of molecular biology in the diagnosis, management, treatment and prevention of common hereditary diseases should be explored.

The group made the following recommendations to ACMR:

- (1) that ACMR should aim to develop closer links between relevant divisions in WHO concerning the promotion and application of the recent techniques;

(2) that initially this might be achieved by establishing a cross-sectional secretarial group which would report to ACMR;

(3) that a subcommittee of ACMR should best receive such reports, monitor progress in new advances and their application and advise on the need for further expertise in WHO.

ACMR commended the working group on its work and on the scope of its report, and adopted the report. The urgent need for the transfer of information and the means of application of new technology to the developing countries was stressed. Centres of excellence should be identified in such countries as one means of fulfilling this need. It was recommended that WHO while maintaining the initiative in health applications, should continue collaboration with UNIDO, FAO and other United Nations bodies and specialized agencies in this area. ACMR further recommended that the working group should expand the scope of its work to relevant areas not covered in the initial report and include "hybrid" scientists to bridge the gap between science, medical application and health services. The working group should also consider the use of microprocessors and the contributions of biomedical engineering and computer sciences in its study of the application of modern scientific concepts.

In adopting the working group's report and recommendations ACMR requested that it broaden its scope as suggested.

ACMR working group on diagnostic tests for use at the primary health care level  
(Agenda item 7.3)

An informal meeting of six experts together with several staff members of WHO was held in Geneva from 14 to 16 June 1983. The purposes of the meeting were (1) to review existing and/or proposed technology suitable for the development of very simple immunodiagnostic tests, and (2) to discuss the simplification and improvement of other technology, with special regard to the use of monoclonal antibodies, which may significantly improve immunodiagnostic procedures.

Direct agglutination of microorganisms (bacteria, parasites) and indirect agglutination of particles coated with antigens are the only simple tests widely used for routine diagnosis at present. Several other simple tests, based on direct "visualization" of the antigen-antibody reactions, are still under investigation and have not yet been validated, with the exception of the indium slide test, which has shown promising results and should be further explored.

Technology using different markers (isotopes, fluorochromes, enzymes) represents the main diagnostic methods at present; however, it can only be applied in well-equipped laboratories. Possible simplification and/or other improvements were discussed. The enzyme tests (e.g., the enzyme-linked serum antibody test, or ELISA) are the only candidates for simple tests to be developed for the field level (naked-eye reading of the results in comparison with coloured standards). Rapidity, sensitivity, specificity and economy of these tests could be much improved but would require sophisticated equipment.

RNA/DNA probes have been successfully applied for diagnosis of several infectious diseases and could be developed into field-level tests, especially if isotopes could be replaced by other markers, e.g., enzymes.

Monoclonal antibodies have already proven their value in diagnostic procedures by increasing the specificity of tests. Apart from a high degree of specificity (by distributing the clones), they can be prepared in large quantities worldwide. When properly selected, monoclonal antibodies may allow development of extremely simple test kits for detection of antibodies as well as antigens.

The working group made the following recommendations:

- (1) WHO, which has well-established international connections and recognized organizational capabilities for evaluation of immunodiagnostic tests, should perform evaluations of the new and/or modified tests under real conditions and publish the results;
- (2) WHO should promote the production and standardization of routine immunodiagnostic tests and make available the special reagents required; the local production of simple reagents, initiated by WHO, should be continued and expanded; special attention should be given to quality control aspects and to the stability of the reagents even in extreme conditions of storage (temperature, humidity, etc.);
- (3) WHO should continue to stimulate the interest of commercial companies in developing and producing simple and economical immunodiagnostic kits that are useful at the primary health care level;
- (4) WHO should continue to provide the expertise of individuals involved in immunodiagnosis by supporting research through grants; when a new test is developed WHO should be able to call upon scientists on sabbatical leave from their host institutions;
- (5) WHO should provide a complete list of priorities for the development of immunodiagnostic tests, in order to ensure that investigators with an interest in this field are aware of the most important needs;
- (6) Further meetings should be held at suitable intervals in order to bring under review developments and needs in this very important area of disease control.

The Secretary of the working group briefly addressed the ACMR meeting during its session. The main needs raised during the discussion that followed were:

- (1) development of simple immunodiagnostic tests which could be performed in medical centres or even in small laboratories at district level;
- (2) accelerated transfer of the technology to country level in order to improve the diagnostic facilities;
- (3) availability of standardized reagents that are stable in extreme conditions of storage;
- (4) introduction of quality control tests and standardization;
- (5) reduction of the costs of the tests;
- (6) establishment of a network of collaborating centres; and
- (7) evaluation and validation of the proposed tests under real conditions.

The report of the working group was accepted and it was recommended that it should be published and widely distributed.

Progress reports of action taken on recommendations made by ACMR at its twenty-fourth session (Agenda item 8)

Training in research methodology (Agenda item 8.1)

Professor Pauli<sup>1</sup> had been asked to review activities in the several regions. The review (document ACMR25/83.10) covered formal training organized or sponsored by the regional offices,

<sup>1</sup> Director, Institute for Research in Education and Evaluation, Bern University Medical School, Switzerland (former Chairman of the European ACMR).

but not training within educational and research institutions. Thus the activities reported here were largely those directed towards general concepts, methodology and procedures essential for many different types of research. It was assumed that institutional training was usually oriented towards more specific aspects of research within a given institution or even a sub-unit of such an institution. On this assumption WHO initiated or sponsored activities in response to an important need of the research community. Engagement by the regional offices in this type of research might be seen as one important way of implementing the goal of the Organization, health for all in the year 2000, if the training successfully introduced those research instruments which are essential for its attainment.

The analysis revealed that most of the events reported were concentrated in the South-East Asia Region, the least in the Americas and the European Region. There was evidence of an intraregional structure, shared experiences and a certain continuity in common efforts especially in the African, South-East Asia, Eastern Mediterranean and Western Pacific Regions.

Two approaches could be distinguished: the first was based on solid and long-term experience, oriented towards established methods and disciplines and dealing primarily with biomedical rather than with behavioural, social, anthropological and environmental research, with great diversity of activities, some of them concerning minute areas of work. The educational approach was usually traditional and included lectures and standardized exercises.

A second approach was predominantly based on actual health needs, dealing with environmental, ecological and health service problems. In general, this approach included personal or individual training methods: small group work, case studies and project work.

Further development should involve both of these approaches in order to develop a highly flexible framework for training which could easily be adapted to differing needs in the several regions and countries and which could facilitate research development consonant with WHO's general goals.

Plans of action might include the identification of basic learning modules for training in research methodology. Such modules could be developed and implemented on an interregional level. The material could be used in a pilot course or workshop as the point of departure for research development.

In the discussion the following points were made:

(1) Research should not be the preserve of the elite. "Every human mind has a little creativity in it." Training in research methodology should be part of the curriculum of all health professionals.

(2) Short courses or workshops in research methodology, while of value particularly if they are used to train "trainers", can only convey generalities and may even provide a false sense of security. They must be complemented with longer (1-2 years) courses such as the international clinical epidemiology programme at Newcastle University (Australia), University of Pennsylvania (USA) and McMaster University (Canada). Every effort must be made to provide graduates of these courses with posts which will allow them adequate time to pursue research in their own countries. Grants must be available to allow such research to be performed.

Research in gerontology: reports of the scientific groups on the epidemiology of aging and on senile dementia (Agenda item 8.2)

At its twenty-third session ACMR had recommended that WHO convene scientific groups to report on the topics of senile dementia and the epidemiology of aging, and requested that the Chairmen of the groups report progress (document ACMR23/81.12 Report, page 23). Professor John Ebie and Professor Robert Kane, Chairmen of the two groups, highlighted the following issues and recommendations from the summary reports (documents ACMR25/83.11 (a) and (b)).

Elderly people of developing countries have begun to outnumber those in developed countries. The expected increase by the year 2000 in the population aged 65 and over in the developing world (100 million) will dwarf the corresponding increase in the developed world (38 million). Not only are elderly people increasing in numbers but they are living longer; half the female children born in the United States of America in 1980 can expect to live to age 81. The epidemiological studies of aging that are most relevant to the WHO health-for-all strategy are those of inequalities, among and within countries, in mortality and morbidity at higher ages. WHO would render a valuable epidemiological service by examining these differences. The epidemiological question that preoccupies policy-makers is the trend towards lower mortality at higher ages with its consequences in terms of provision of social and health care. A rise can be expected in the frequency of chronic diseases and in the demand for health services, and better measures are therefore required for projecting changes in morbidity in order to plan future service delivery.

New epidemiological measurements are necessary to assess the physical, mental and social well-being of the elderly, particularly measures of autonomy - an area in which WHO has made an important beginning with the International Classification of Impairments, Disabilities and Handicaps.

A prerequisite for planning appropriate health care is training in epidemiology for those involved in the care of the elderly. The Chairman of the Scientific Group on the Epidemiology of Aging was pleased to note that one government has set resources aside to support international training courses on geriatric epidemiology and that the International Epidemiological Association has selected a scientist to survey existing training programmes in the application of epidemiological methodology in the study of aging.

A philosophy of care prevails in leading medical centres throughout the world. The epidemiological transition demands a move towards services that provide continuing care in a familial and social context. The need for such a change in philosophy is best exemplified by the epidemic of dementia which has recently evolved in the developed countries and which is beginning to be manifest in the developing ones.

The prevalence of dementia above the age of 65 years is between 6% to 8% and reaches 15% to 20% above the age of 80 years. No health and welfare system in the world can realistically hope to shoulder more than a fraction of this problem by institutional care. "Lines of defence" comprising measures of social and familial support are needed to keep demented subjects in their home setting as long as possible. Evidence from a number of countries shows that four out of five people with severe dementia continue to be cared for by family and friends within the community. It is of vital importance to understand the nature of "lines of defence" and how they function. There are indications that social networks are being eroded by social mobility. Yet, if even a fifth of the elderly people with dementia being cared for by families were to be pressed upon health and welfare services, the services would be overwhelmed. Thus the epidemiological studies needed to determine the size of the problem of dementia and to identify its early stages should also seek to define more clearly the family and social support that must continue to play a role of importance in any modern public health approach.

In view of the neglect of this whole area by the health professional and research communities in developed and developing countries alike, ACMR supported the proposal for an expanded research programme on dementias of later life, using extrabudgetary funds as suggested in working paper ACMR25/83.11 (b). This programme would build upon the existing WHO programmes in mental health and health of the elderly and would have two main components. The first would be concerned with the whole range of current social and public health issues that can be tackled partly by strategies and skills that are in the process of development and partly by urgently needed short-term investigations on certain pressing clinical and epidemiological problems. The second component would be directed towards accelerating progress which has shed light upon the etiological basis of Alzheimer disease and related disorders. This work shows high promise for the development of treatment for senile dementia which may, at the least, equal in efficacy the achievements in the field of Parkinsonism. Further advances will have great significance for public health, for the understanding of the process of aging and for the management of impaired mental function in old age.

ACMR accepted the reports of the two scientific groups and endorsed their recommendations.

Cancer (Agenda item 8.3)

ACMR has over the past years been instrumental in structuring the WHO cancer control programme. The scientific validity of individual projects recommended for implementation by ACMR has been explored at meetings of international experts. Between 1981 and the end of 1983 seven such meetings will have been held on prevention strategies in cancer, lung cancer, liver cancer, cancer pain relief, formulation of national cancer policies and programmes in developing countries, essential drugs for cancer chemotherapy, and self-examination in breast cancer and oral cancer in developing countries.

The WHO cancer control programme has integrated research components from other technical units, making use of the experts and the unique infrastructure existing within the Organization for example, in the primary prevention of liver cancer and in the prevention and control of bladder cancer.

Primary prevention of liver cancer. A summary of the WHO meeting on this subject was presented, stressing the unique opportunity which now may exist to prevent primary liver cancer, one of the ten most common cancers in the world and one of the most common cancers in developing countries. About 80% of human hepatocellular carcinomas are considered to be the result of infection with hepatitis B virus. Hepatitis B is thus second only to tobacco among the known carcinogens. Infection at the time of birth and infection in early life are extremely important in creating a chronic carrier state. The timing and mechanism of transmission, is, therefore, of great importance in developing intervention strategies by immunization.

Integration of hepatitis B virus DNA in one of a discrete number of sites of the host genome has been reported in almost every tumour in which viral DNA sequences are present. The finding of integrated hepatitis B virus DNA in patients with chronic hepatitis and with hepatocellular carcinomas makes the elimination of integrated virus DNA in persistent carriers impossible. However, immunization against primary infection might prevent the establishment of the carrier state. Prospective studies in several countries have shown that it is possible to prevent the chronic carrier state by immunization. The currently available plasma-derived hepatitis B vaccines have been shown to be effective and safe. Their high cost however prevents a wider use. New hepatitis B vaccines are under development, including potent polypeptide micelle and similar sub-unit vaccines. Rapid progress is also being made with vaccines prepared by recombinant DNA techniques and, in the longer term, with chemical synthesized vaccines.

Feasibility studies carried out in several countries using the current vaccines have shown that immunization can prevent natural infection with hepatitis B virus in up to 95% of babies and can also prevent the development of the carrier state to the same extent. A number of field studies are being implemented using hepatitis B vaccines in populations where the prevalence of infection with hepatitis B, the carrier state and primary liver cancer are known to be high. Specific recommendations for comparative controlled field studies and for large-scale immunization studies were outlined. A task force will be constituted in the Western Pacific Region and will, among other things, implement the recommendations. Furthermore WHO is considering the creation of a global hepatitis programme.

ACMR endorsed the above approaches, finding that sufficient scientific knowledge is available at present to encourage preventive measures to be taken. Development of "preventive measures specific to cancers that are preventable in the countries concerned leading to significant reduction in the incidence of these cancers" is one of the four main targets of the WHO cancer control programme. Long-term studies taking into account the role of aflatoxin as well as hepatitis B virus infections were also suggested. Regional vaccine production was discussed.

Prevention of bladder cancer. Globally bladder cancer is one of the 12 most common malignancies, but is much more important in areas where Schistosoma haematobium is endemic. Two types of bladder cancer may be distinguished by clinical, pathological and epidemiological criteria. Squamous cell cancer of the bladder occurs in African and Eastern Mediterranean

countries, including Egypt, Kenya, Malawi and Mozambique, following very closely the geographical distribution of S. haematobium infection. Bladder cancer of this type is observed predominantly in males in agricultural occupations. In Malawi, Mozambique and Zambia, where S. haematobium infection is particularly highly prevalent among agricultural workers, the overall estimated incidence rates of squamous cell cancer of the bladder are about eight times as high as those found in the United States of America and the United Kingdom. Bladder cancer associated with schistosomiasis is probably the most frequent of all cancers in males in Egypt.

Transitional cell bladder cancer is frequently observed in western developed countries and is related to exposure to known carcinogens such as tobacco and/or carcinogens of industrial origin.

It has long been recognized that control of squamous cell bladder cancer would probably be achieved through control of schistosomiasis. The availability of efficient low-cost quantitative parasitological diagnostic techniques and safe effective oral antischistosomal drugs such as praziquantel and metrifonate indicate that this approach must be explored. Three measures for prevention of squamous cell cancer of the bladder may be proposed: (1) specific treatment of schistosomiasis in defined endemic populations; (2) treatment of concomitant urinary tract infections; (3) early detection of bladder cancer by cytological screening in defined endemic populations.

ACMR considered that the actual and projected large-scale use of new effective anti-schistosomal chemotherapy within integrated control programmes provides a unique opportunity to assess its impact on the incidence or repeated point-prevalence measurement of bladder cancer. It was agreed that in view of the available information on the association between bladder cancer and urinary schistosomiasis it is important to monitor the effect of treatment on bladder cancer rates in defined populations. The methodology is technically feasible, relatively inexpensive and has been tested in large-scale surveys which were acceptable to the populations of endemic areas.

ACMR welcomed the collaboration of the WHO Cancer unit and the WHO Schistosomiasis unit and supported the proposal for a technical meeting of experts to review the situation, define areas where research is needed and recommend where action can be taken based on existing knowledge.

ACMR endorsed the need for long-term support for a proposed five-year research programme following the phases of intervention described above in order to monitor a population in an endemic country with an estimated annual incidence of carcinoma of the bladder of 1/1000 among infected adults.

The International Agency for Research on Cancer introduced a paper on the activities of the Agency in 1982-1983, noting that these are primarily directed to research on the causes of cancer with the aim of generating and disseminating information useful for the prevention of human cancer. The coupling of field and bench activities, both intra- and extramural, had allowed the Agency to develop programmes that represent an integrated approach to the identification of causative factors and of individuals and populations groups at differing risks of developing cancer. The Agency emphasized that in recent years considerable stress had been given to assessing the effect of intervention and the evaluation of early detection and mass screening programmes for cancer control and secondary prevention. Among major programmes were those on descriptive epidemiology, occupation cancer, nutrition and cancer, intervention in primary liver cancer, endogenous formation of carcinogens, evaluation of carcinogenic risk due to chemicals, and mechanisms of carcinogenesis. Education and training was carried out through short-term courses, mainly in epidemiology, in the WHO regions and by a research training fellowship programme. Further specific areas of action for cancer control that were discussed included the following:

- A knowledge of risk factors was considered essential. ACMR recognized the need for data from cancer registries and stressed that the legislation regarding confidentiality of the records should not be incompatible with their collection or utilization for important epidemiological and occupational or environmental research. ACMR suggested that this question should

be discussed at the World Health Assembly focusing the attention of the Member States on this critical problem.

- It was also judged essential to be able to offer efficient therapies for the cases of cancer found by earlier diagnosis. In the developed countries, present cancer therapy policies are geared to high-technology treatment. In the stage in which cancer is diagnosed in most developed countries and with the treatment available, more than one-third are cured. In most developing countries lack of resources and manpower (trained surgeons, radiotherapists, medical oncologists and other allied specialists) makes it unrealistic to apply such approaches as a routine. It is thus necessary to encourage research on therapeutic procedures that are appropriate for situations in which the health care infrastructure is minimal. Surgery remains a major therapeutic measure in developing countries but radiotherapy also offers cure to many forms of cancers prevalent in developing countries. Radiotherapy is a relatively inexpensive type of treatment. Research for equipment which is highly reliable and for which the cost of maintenance is low should be encouraged. The search for efficient baseline therapies for cancer that could be applied globally was recommended.

- The need for quality control of diagnostic techniques (especially in pathology and cytology) and all types of therapy (especially radiotherapy) in both developed and developing countries was stressed. Quality control in surgery was considered to be more difficult to achieve.

- Lack of adequate manpower was identified as one of the main constraints on implementing existing knowledge. ACMR supported the concept of regional training centres for cancer control in developing countries as well as the twinning of these centres with larger centres in developed countries to facilitate the transfer of appropriate technology. The need for continued good epidemiological studies was stressed.

- Accomplishing the primary prevention of cancer by controlling the exposure of people to agents causing cancer or by modifying human behaviour associated with cancer requires programmes that promote both individual decisions (e.g., to stop smoking) and public decisions (e.g., to legislate for environmental protection). The importance of legislation as an approach to controlling cancer and other health problems, especially legislation aimed at the control of tobacco, was reaffirmed by ACMR. It quoted the example of the indirect encouragement which is given to smokers by measures such as the sale of tax-free tobacco in airports and planes.

- ACMR also pointed out that public health education is an important element to consider as an integrated measure supporting other cancer control activities. To be effective, health education should be given early in life, in elementary school, and must be planned in close concert with each component of the cancer control programme to achieve specific programme objectives.

ACMR welcomed the well-structured programme with its clearly defined goals in cancer control and expressed satisfaction with the progress of the programme, which it now found to be ready for implementation. ACMR considered the principle of holding meetings to formulate a scientific basis before initiating individual projects to be sound, and welcomed the dissemination of valid information. It recognized that the collaboration between WHO headquarters and the regions as well as with the International Agency for Research on Cancer was productive.

#### Biobehavioural and mental health research (Agenda item 8.4)

In his introductory comments Dr N. Sartorius, Director of the Division of Mental Health, recalled that at its twenty-first session ACMR, impressed by the magnitude of mental health problems and the relevance of the contribution of biobehavioural sciences to the promotion of health and improvement of health care, had created a subcommittee on mental health and biobehavioural sciences. A year later ACMR had endorsed a recommendation for the establishment of the expanded long-term programme on biobehavioural sciences and mental health and had stressed the need for immediate action. A scientific planning group established to help in



the development of this programme had recommended that specific plans be produced for research on behavioural and mental health aspects of primary health care, on adaptation to rapid sociotechnical change and on alcohol problems and their prevention in adolescence. Increasing the awareness of decision-makers and of the scientific community about the nature of the problem and of research opportunities, and the establishment of a network of collaboration centres, were two further priority areas.

It was stressed that the regional ACMRs had made major contributions to the development of this programme, as the reports of their chairmen clearly demonstrated. Close collaboration with regions in the development and conduct of the programme was, in fact, a leading feature of the programme, as was the principle of building on previous and existing activities and on the strength and interest of countries.

The activities since October 1982 were then summarized. These included the first meeting of the task force on biobehavioural and mental health research in primary health care; the finalization of plans for the holding of two further workshops, on adaptation to sociotechnical change and on alcohol problems; a full examination of ongoing WHO research likely to be relevant to the new programme; the preparation of a monograph on biobehavioural sciences and mental health, a review by medical research councils of activities relevant to the programme in some 30 countries which had replied to letters sent to 104 countries; and an appraisal of work in collaborating centres and in other agencies. The results of the review showed clearly that there was much potential in developing countries, and that current research seems to follow the priorities of the countries' health programmes.

ACMR was informed that the emphasis of the programme in 1983-1984 would be on the finalization of the research agenda, on the development of material to exemplify and demonstrate the usefulness of biobehavioural and mental health research, and on the search for funds.

Professor C. León was then invited by the Chairman to present the report of the meeting of the workshop dealing with research possibilities in the area of primary health care with particular emphasis on maternal and child health.<sup>1</sup>

The attention of ACMR was drawn to the wealth of the task force's ideas for research, and the need to adhere to strict criteria for the selection of research proposals which the task force had adopted was recognized. They concerned information on which action could be based (for example, on accident and injury in adolescents) with determinants of success of health care (e.g., the role of informal groups in the promotion of health); and the development of services, particularly at primary health care level. Professor León, also a member of the scientific planning group of the programme, confirmed that the provision of resources for the growth of the programme was urgent since clear indications existed that there was a sufficient basis in terms of experts and candidates for training institutions, on which to build research efforts in developing countries.

In the discussion which followed several important points were raised. It was stressed that chronic diseases deserved particular attention because of the increased life expectancy of people affected by such diseases and the aging of the population in general. Better knowledge and more information about effective techniques for the management of impairments which underlie chronic disabilities would be valuable; they should be produced soon.

The impact of rapid sociotechnical change is particularly strongly felt in developing countries. The vast cultural differences between them require culturally adjusted methods to buffer stress and facilitate adaptation of the people to such change. In view of this it is of the utmost importance for developing countries that research in this area should be proposed under the programme.

Some of the issues which the programme is addressing are of great significance not only for health care but also for overall socioeconomic development. For example, appropriate

<sup>1</sup> A report of the workshop on this subject was distributed to the members of ACMR (document MNH/83.29).

family care programmes could make their contribution to the prevention of family breakdown which in turn could have numerous consequences for health. Another example is adolescent pregnancy, which is often a consequence of adolescent promiscuity. Both of these issues deserve major attention. The latter is likely to be a more difficult problem to tackle because behaviour depends on a variety of factors. The programme will therefore deal with behaviour related to health as well as with disease prevention.

The issues are of considerable importance not only to ministries of health but also to agencies responsible for other social services. Funding for the programme, therefore, should be sought not only in the health budget but also in the budgets of other sectors concerned, e.g., social welfare, education, etc.

The fact that the proposed programme pays major attention to prevention and to the young population was among its particularly attractive features. It corresponded to major pre-occupations of developing countries and to the new strategy of health that Member States have adopted.

The need for clarification of the differences between mental health and psychiatry was recognized. In many countries the terms were used interchangeably although there was a difference between biobehavioural sciences and mental health research and research in psychiatry. Psychiatry as well as other medical disciplines has a well-defined and important task to perform; it is to provide appropriate techniques and ways to manage the important problems of the many millions of mentally-ill people in the world. The area of biobehavioural sciences and mental health research is more vast and deals with problems that surpass the limits of psychiatry and even of the behavioural sciences alone. As ACMR has stated in the past, it is a "transprogrammatic" concern and it is to be hoped that with the advocacy of ACMR and of WHO it will be possible to stimulate research and action in this area and thus through concrete examples, to introduce the new concepts into national programmes.

ACMR expressed satisfaction with the progress achieved and recommended to the Director-General that he should continue and further develop the expanded programme of research and training in biobehavioural sciences and mental health along the lines proposed in document ACMR25/83.13. Immediate priorities include: (1) the further development of the research agenda for the programme through meetings of task forces, through intensive collaboration with relevant international agencies, medical and social science research councils, governments and the scientific community, and with centres collaborating with the Organization, and (2) the search for funds to help to strengthen the infrastructure for the programme, particularly in developing countries, and to facilitate the coordination of collaborative research.

The programme should continue to utilize and develop further the methodological, managerial and scientific basis provided by the current and proposed activities of the medium-term programme in mental health.

The use of existing resources for activities of this programme, which concentrates on problems of priority public health importance, will be further assisted through publications, seminars, and other work undertaken to increase the awareness of decision-makers and of the scientific community about the need and potential for research in this area.

#### Review of ongoing and planned research on acute respiratory infections (Agenda item 8.5)

The twenty-fourth session of the global Advisory Committee on Medical Research recommended that the WHO Secretariat, together with the regional ACMRs, should obtain information on the current situation concerning acute respiratory infections (ARI) in the different regions, and document what action was being taken and what further action was planned. Accordingly, document ACMR25/83.14 was presented to the twenty-fifth session of ACMR.

The WHO Technical Advisory Group on Acute Respiratory Infections met for the first time in Geneva from 7 to 11 March 1983. This constituted an important step in the implementation of the ARI programme, which is essentially intended to protect children in view of the high child mortality in the developing countries and the high morbidity everywhere. Their main

conclusion was that enough knowledge and technology was already available for developing countries to initiate an ARI control programme as an integral component of primary health care with the immediate aim of reducing mortality in children. However, the Group stressed that the programme development should take place by phases and that therefore health systems research is essential. Clinical, etiological and epidemiological studies were also called for.

Thus the first priority of the WHO programme on ARI is health systems research to test a standard plan of case management and health education within the comprehensive health care system and its effectiveness in reducing child mortality. The main problems to be investigated include the definition of the plan for case management to be applied at the PHC level, the methods of health education required to improve the ability of family members to recognize mild and severe forms of ARI and to provide care for the sick child, the managerial elements of the delivery of diagnosis and treatment services and the surveillance of mortality in children.

Countries from the six regions are already involved in health systems research on ARI in children. WHO-sponsored projects are being implemented in Belem (Brazil), Chandigarh (India), Hazara (Pakistan) and Afgoi (Somalia) and are in the planning stage in Maragua (Kenya), Colon (Panama), Bohol Island (the Philippines) and Padduka (Sri Lanka). Proposals have been made for similar research in Morocco and Upper Volta.

The next priority in the research programme is the execution of clinical and etiological studies to provide a detailed clinical description of acute respiratory infections in children requiring health services (especially children who are referred to hospitals); to determine which are the most prevalent etiological agents and their sensitivity to commonly used antimicrobials; and to carry out trials on the relative merits of the supportive measures and of alternative antimicrobials given as empirical therapy for first-line or second-line treatment. Within this framework, studies are under way in Rio de Janeiro, Nairobi, Goroka (Papua New Guinea) and Brousse (Upper Volta). A few more studies are being planned in other countries.

Epidemiological studies, although valuable, have a lower priority because of their high cost. Longitudinal surveys are sponsored by WHO in Dong Guan Brigade, Beijing, Goroka (Papua New Guinea) and Manila, but there are no plans to start new studies. These studies are aimed at measuring the incidence of ARI of the upper and lower respiratory tract in children according to personal and environmental characteristics, and at identifying the risk factors and determinants of disease. In Papua New Guinea the study also includes the observation of the protective value of pneumococcal vaccine in infants and young children.

ACMR agreed with the aims of the WHO Secretariat research programme on ARI as a whole and with its priority ranking. It considered it to be a realistic approach to start with health systems research, which is itself multidisciplinary, in order to find the most appropriate control technology available and to identify the sociological and managerial requirements for its application in the developing countries.

Concern was expressed about the insufficient understanding of the interactions between nutrition, immunity and respiratory infections in children, and it was pointed out that the application of modern immunological techniques to the study of their relationship should be encouraged. Although the programme currently focuses mainly on children, at a later stage it should include other age-groups, particularly the elderly. ACMR stressed the importance of coordination of research programmes on acute and chronic lung diseases, since they are not completely separate entities. It was also pointed out that children with frequent acute infections are more likely to develop chronic airways disease in later life. Thus the means of control may be related.

#### Guidelines for the use of animals in biomedical research (Agenda item 8.6)

At its preceding session ACMR had considered a proposed CIOMS project for the elaboration of international guiding principles for the use of laboratory animals in biomedical research, had recommended that WHO give full support to the project, and had expressed the wish that it be kept informed of its progress.

ACMR noted that since then the project had made considerable progress, and that a set of draft principles had been prepared with the advice of a working group under the chairmanship of Professor M. Abdussalam. The draft principles (document ACMR25/83.15), which were presented to ACMR for its advice and comments, comprised four sections: basic principles; special provisions (acquisition, transport, housing, environmental conditions, nutrition, and veterinary care); monitoring of the care and use of animals for experimentation; and alternatives to experiments on intact vertebrates.

ACMR further noted that the draft principles were to be considered at a CIOMS round table conference to be held in December 1983, and that a special committee of CIOMS to be convened early in 1984 would produce a final version of the principles in the light of the comments of ACMR and of participants at the conference. The text of the principles as endorsed by the special committee would be presented to ACMR at its next session. ACMR expressed its satisfaction at the progress already made, and requested that CIOMS present the final report at the twenty-sixth session of ACMR in 1984.

Research in health manpower development (Agenda item 9)

Health manpower research has been identified by Member States of WHO as an area of priority, and the topic was put on the agenda of ACMR.

The essential purpose of health manpower development is to support the development of health services. Indeed, their relation is so close and their components so interdependent that it is appropriate to speak of integrated health services and manpower development. It follows that health manpower research must be seen as an integral part of health systems research.

Such research has to do with all three components of health manpower development - planning, production and management - each with its own traditions and methods. The three are often under different administrative authorities, and may not be related in coherent and effective ways. The research must contend with these separations and help to identify ways to bridge them.

Health manpower research requires careful allocation within the health sector effectively relating it to health services and manpower decision-makers, research, education and training institutions, the community and its health services. It has the multiple task of gaining the interest and support of the decision-makers; orienting the research, education and training institutions to developing health services in order to meet community needs; and shaping research in response to the needs and interests of decision-makers.

Health manpower research addresses a broad range of problems, from manpower policy to considerations of the role of manpower in primary health care. It will call on a variety of disciplines - biomedical, public health and social sciences - preferably using an interdisciplinary approach. It will use different scientific methods, depending on the problems to be solved. Finally, it must organize and use these disciplines and methods so as to provide decision-makers with scientifically sound analyses of problems and practical policy options in a timely manner.

The many impediments to health manpower research include lack of health manpower policy, lack of understanding of and demand for such research, lack of research workers and institutions, lack of resources, and a dearth of means of communication among interested people.

Despite the immense problems, there can be no turning away from the need to proceed with such research. Without sensible and efficient use of health manpower, health services cannot proceed towards universal primary health care coverage. Health manpower research linked to health systems research and aimed at practical problems of health services development is absolutely necessary to this effort.

The strategy for promoting and supporting health manpower research has the central aim of building the capacity for such research and for research data utilization, at the national level, particularly in developing countries. This is a long-term task, necessarily related to the efforts of others whose interests and programmes have similar aims.

The action plan includes the following steps:

- (1) Presentation to the global ACMR, seeking:
  - (a) endorsement of the strategy and action plan as a general concept;
  - (b) recommendation to the WHO regional offices and regional ACMRs that health manpower research should be given attention in their deliberations and that they promote national action on such research (see 9 below);
  - (c) establishment of an ACMR subcommittee on health manpower research to oversee implementation of the strategy and action plan.
- (2) Meetings with regional ACMRs, as appropriate, to discuss health manpower research as relevant to each region;
- (3) Exploring with the regional ACMRs and WHO regional offices their interest in developing and pursuing regional strategies and action plans to promote national capacity building in health manpower research;
- (4) Seeking to further collaboration with other programmes of WHO in national research capacity building where the objectives, organizational relationships and resources of health manpower development could work synergistically with theirs;
- (5) Work with the ACMR subcommittee on health manpower research, using its scientific experience, international contacts and familiarity with regional problems and resources to continuously improve the content and implementation of the strategy and action plan for such research;
- (6) Seeking to develop an international coalition of interests and resources in health manpower research, including:
  - (a) a network of institutions that will join in collaborative approaches to training, research and various aspects of capacity building;
  - (b) other organizations and agencies interested in the contribution of ideas and resources and in liaison work related to the programme and/or similar efforts for research capacity building at the national level.
- (7) Seeking to establish national and international funding sources for research training and project support in health manpower research for use in relation to national capacity building;
- (8) Strengthening the capability of WHO's health manpower development programme to support regional and national efforts in research capacity building, including:
  - (a) promoting international interest and cooperation;
  - (b) seeking cooperative relationships with other programmes and agencies;
  - (c) exploring new research areas and methods;
  - (d) promoting and supporting the training of research workers and users;
  - (e) holding workshops, for example on research planning and management.

(9) Promoting and supporting the formulation and implementation of national policies, strategies and action programmes aimed at developing national research capability, including planning, carrying out and using the results of research in health manpower as an integral part of health systems research.

The discussion in the global ACMR was extensive and favourable: it confirmed that health manpower research was of tremendous importance, particularly in the immediate future, in facilitating progress in the developing countries toward health for all.

Among important ideas put forward was that health manpower research, like health systems research, is a new concept, and care must be taken to explain it in terms that will convince health administrators and other decision-makers of its usefulness. Case studies could be very helpful in this regard, particularly those that show practical application of findings to policy decisions resulting in savings in cost, increased effectiveness, etc. The strategy for health for all contains very demanding concepts - total coverage of populations, community acceptance, relevance to situations, etc. - and health manpower research should be oriented toward these requirements. Evaluation skills are crucial to progress in health manpower development, particularly evaluation of educational products and of health services. While many people are sensitive to and may take offense at evaluation, it is an essential path to logical decisions about change. National mechanisms for bringing parties together on health manpower research issues are important, particularly in reducing the isolation of educators from health services administrators and in seeking policy questions of mutual interest requiring research.

The South-East Asia Region has already moved ahead in health manpower research. A working group was formed in 1982, countries in the Region were visited, their interests in the research were explored, and a series of projects are under way. Countries find it important to focus very specifically on local situations, since local variations are great. Further, it is considered necessary for the research to go beyond problems of educational efficiency and concern itself with the roles of graduates.

The strategy and plan of action were unanimously endorsed by the global ACMR, which encouraged the subcommittee to move ahead in their implementation.

#### Occupational health (Agenda item 10)

The last time ACMR discussed occupational health had been in 1975. Dr M. El Batawi (Chief, OCH) and Professor M. Key, temporary adviser, gave the following account of developments:

Health for all includes health for working people. The Alma-Ata Declaration stated that health should be delivered to people where they live and work, and the goal of health for all is to provide humans with a "socially and economically productive life". The field of occupational health is very broad, and research on it is focused on two major areas: (1) health care systems for workers in various occupations that must involve employers, governments, and health and labour administrations; and (2) occupational health technology, including research on industrial toxicology, early diagnosis of occupational diseases, control of physical hazards in the work environment, ergonomics, psychosocial factors and the biological work environment.

WHO research has for several years covered a wide variety of fields including the development of primary health care models to facilitate protection of underserved workers, as well as workers at high risk. It also has assisted Member States in the evaluation of occupational health problems, needs and resources, and carried out field studies of specific occupational health groups such as agricultural workers, migrant workers, seafarers and workers in small-scale industries. It has helped in the development of appropriate health technology and simplified techniques for the detection and estimation of health hazards in workplaces, and has carried out studies on occupational exposure to vegetable dusts and on combined chemical and other effects.

WHO's Seventh General Programme of Work (1984-1989) has two main thrusts: (1) workers' health service research, including health protection of underserved working populations and health education of workers to facilitate their participation in health care delivery systems; and (2) occupational health technology, including the exploration of new technology for applied control and the adaptation of existing technology to the needs of developing countries.

It is obvious that a programme of this breadth and magnitude must be multidisciplinary and should involve the utilization of expertise available within WHO and in other organizations.

It is believed that the WHO programme of research on workers' health has to adhere to two main criteria: (1) the global need for preventive care for workers, at the present time; and (2) the needs expected to result from industrialization in developing countries and from advanced automation in highly industrialized countries.

All occupational diseases, being caused by man-made factors in the work environment, are preventable. There are also the work-related chronic diseases of multiple causation for which occupational health services can provide primary control.

Two main types of research were recommended for WHO's future work in occupational health:

(A) Research in countries, where WHO should provide full support through assistance and guidance, including: (1) evaluation of workers' health problems in countries undergoing industrialization in order to help in identifying priorities and planning the programme of work; (2) extension of primary health care research to deal with the specific problems of the underserved sectors; (3) development of appropriate technology for use by primary health care workers; (4) studies of the specific health hazards prevailing in developing countries, such as exposure to vegetable dusts and the combined effects of malnutrition and exposure to chemicals in the tropics; (5) studies of vulnerable groups, women, children and the elderly; (6) research on psychosocial factors at work, epidemiological studies of work-related diseases, and ergonomics.

(B) Research areas in which WHO plays a role of coordination and/or follow-up without active support, including: (1) research in technology for control and on toxicity of industrial chemicals; (2) studies of hazards affecting reproductive functions; (3) studies in neurotoxicity and immunological occupational reactions with single or multiple causes. Such research takes place in various WHO collaborating centres on occupational health, now some 33 in number throughout the world.

ACMR accepted the report and endorsed its recommendations. Suggestions on a number of subjects were made, including: (a) training of occupational health personnel in epidemiology; (b) enhancement of coordination between the workers' health programme in WHO and other units and disciplines, and with international organizations dealing with related matters; (c) review of organizational patterns of occupational health services at the national level; (d) clarification of the role of primary health care in workers' health, particularly in the underserved sectors, and the introduction of primary health care principles in already established industrial and agricultural health services; and (e) the study of work as a positive factor in the promotion of physical and mental health.

Finally ACMR supported the recommendation made in the report that it should establish a technical advisory group on research in occupational health comprised of distinguished scientists in this field. The technical advisory group should be multidisciplinary, would be involved in programme planning and evaluation at regular intervals, would assist the Organization in establishing long-term research plans, would assess the scientific merit of requests for research support, and would recommend priorities and funding levels. This managerial mechanism would be periodically reviewed by ACMR.

Future ACMR initiatives/reviews/subcommittees (Agenda item II)

The Chairman announced that at its meeting in 1984 ACMR would receive follow-up reports from the subcommittees on health manpower research and on enhancement of transfer of technology to developing countries with special reference to health care.

There would also be a review of maternal and child health activities at the 1984 meeting.

Finally, in response to concern expressed by the Director-General, the Chairman proposed the establishment of a subcommittee on strategy for health research for health for all by the year 2000. He also proposed that Professor T. McKeown chair the subcommittee. Both proposals were unanimously approved. In the ensuing wide-ranging discussion, among comments and suggestions on the scope of work for the subcommittee, a preliminary remark was that the global ACMR should spend less time on technical matters; significant contributions could not be made by members in brief interventions, especially when specific topics had been already considered in depth by experts. Such discussions on technical matters would necessarily be held at the expense of broader issues, including strategies.

A second point concerned the relationship between research strategies and programme strategies. Basically, it was felt, there was a need for a position paper which would formulate an explicit statement in respect of research strategy and of major strategic issues; a strategy devised for policies was not the ideal one in relation to research, and indeed the research strategy should be the basis of policy rather than strategy for policy the basis of research. A concrete example was taken to illustrate the task; it was suggested that a more rational approach to the classification of diseases would concentrate on their origins and the means and feasibility of control rather than on the traditional physiological or pathological basis.

A third area, which assumed particular significance in relation to strategies, was the influence of poverty, poor nutrition and related factors on health. It was argued that success in primary health care was not sufficient but that appropriate socioeconomic conditions had to be realized for the achievement of health for all by the year 2000.

ACMR also referred to the importance of scientific and technological infrastructure, the need to strengthen the research potential of developing countries, and the role of science policy in charting the course of health development.

There seemed to be a consensus in ACMR on the need for a document like the one already available in the South-East Asia Region, outlining the research needs for health for all by the year 2000, for use by policy makers and planners, i.e., at the decision-making level. It was agreed that the new subcommittee would report at the next meeting of ACMR. The dates for the meeting were fixed as 8-12 October 1984.

Other business (Agenda item 12)

Proposed international guidelines for biomedical research involving human subjects  
(Agenda item 12.1)

Dr Z. Bankowski presented the report (document ACMR25/Inf.Doc./83.3). The proposed guidelines presented to the twenty-third session of ACMR had been widely distributed. They had already been helpful to many countries, particularly those in the developing world, in the establishment of human experimentation review committees. Many valuable suggestions had been received; more were awaited.

ACMR accepted the report and recommended a review in two years.

The role of universities in the strategies for health for all (Agenda item 12.2)

Professor O. Akingkugbe of the University of Ibadan presented a report based on document DGO/83.7. In the extensive discussion which followed the great value of involving many university departments in health for all was recognized. A number of major difficulties in achieving this involvement were mentioned, in particular the gulf between schools of medicine and ministries of health.



Closure of session (Agenda item 13)

On behalf of ACMR, Professor Ada proposed a vote of thanks to the two Vice-Chairmen, Professor Osuntokun and Professor Kostrzewski, for their very able conduct of the meeting. He also proposed that a telegram be sent to Professor V. Ramalingaswami wishing him well and looking forward to seeing him at the 1984 session of ACMR. These proposals were warmly received.

Professor Osuntokun then declared the session closed.

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