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## Caribbean Epidemiology Centre Scientific Advisory Committee

The 1993 meeting of the Scientific Advisory Committee (SAC) of the Caribbean Epidemiology Centre (CAREC) took place from 17 to 19 March at the CAREC facilities in Port-of-Spain, Trinidad. The meeting began with a presentation on the health situation of the population in CAREC member countries. Progress attained at the Centre during 1992 with regard to strategic and operational planning was reviewed in detail. In addition, a summary of the 1992 meetings of national epidemiologists and national laboratory directors was presented, as well as a summary of a cholera case-control study carried out in Guyana. The Director and staff of CAREC were commended by SAC on the high quality of the Annual Report.

Working group sessions were held on a number of topics, including: Disease surveillance with emphasis on the complementary use of information systems, non-communicable disease and injury surveillance, sexually transmitted diseases update and priorities, social science development at CAREC, and mycobacterial infections.

SAC developed recommendations intended to provide guidance and support to the scientific program at CAREC. Many are of general interest and are summarized below:

-The offices of Chief Medical Officers (CMOs) should be supported in their efforts to improve CMO annual reports.

-While recognizing the potential value of information systems for the Caribbean, they should be goal-driven and should meet decision-making and policy needs. National and local capacity should be strengthened, so that the systems can be implemented and sustained. Further, countries should be involved at all stages, including initial design.

-CAREC should seek to integrate health information and surveillance systems, as epidemiologists have the primary responsibility for ensuring compatibility and integration. Efforts should be made by CAREC to strengthen and promote data use and analysis as an integral part of the development and implementation of these systems.

-CAREC should continue its efforts to improve the quality and usefulness of mortality data, such as by assisting member countries in sensitizing and educating physicians about cause-of-death certification, as well as in developing methodologies for analysis and utilization of their mortality data.

-While existing data sources for mortality and morbidity may be used to assess disease burden, risk factor surveys and data on coverage and utilization of services are also appropriate components of surveillance systems. CAREC should assist member countries to develop and/or improve hospital discharge data and disease registries, and to use their data, as well as to explore mechanisms for systematic collection of data on risk factors.

-CAREC should seek to strengthen epidemiology capacity in the universities in the Caribbean, other scientific institutions and governmental and nongovernmental organizations.

-A strategic plan should be developed for the CAREC contribution to vector control in the Caribbean.

-CAREC should more fully assess current trends and issues relating to tuberculosis as a public health problem in the Caribbean, and propose feasible control and prevention strategies.

-The Ministers Responsible for Health should be advised that the integration of control programs for HIV/AIDS and other STDs should be reflected in their statement of health priorities under the Caribbean Cooperation in Health strategy.

-A working group of CAREC staff and external experts should be appointed to further the process of strategic planning in behavioral research and communication.

-At its meeting of 22 and 23 March, the CAREC Council accepted the recommendations of SAC and forwarded them to the Director of PAHO. As in 1992, and in this capacity as the main governing

body of CAREC, created under the terms of the multilateral agreement for the operation of CAREC signed by all member countries, Council expressed its concern with the decline in quota contributions and consequent accumulation of

arrears in payment, which is having a substantial negative impact on the operations of the Centre.

(Source: Division of Communicable Disease Prevention and Control HPC, PAHO.)

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## Calendar of Meetings

### Second Chilean Epidemiology Congress

The Second Chilean Epidemiology Congress will be held from 26 to 29 October 1993 under the sponsorship of the Ministry of Health of Chile, the Pan American Health Organization, the Chilean Public Health Society, the Chilean Medical Association, the Pontificia Universidad Católica de Chile, and the Universities of Chile, Concepción, Frontera, Valdivia, and Valparaíso.

On 26 and 27 October national and international professors will offer refresher courses on the following subjects: EPIINFO; stratified and multivariate analysis; survival analysis; case control; use of epidemiology in planning and evaluation of health services; risk, population, causality, and environment—the four basic concepts of epidemiology; clinical epidemiology; epidemiological methods in environmental health; and epidemiology in workers' health.

The sessions on 28 and 29 October will be devoted to presentations and roundtables on current topics in epidemiology, with participation by prominent invited panelists. Research projects selected by the Scientific Committee of the Congress will also be presented during these days, either at programmed sessions or through exhibits of information.

Additional information may be obtained from: Secretariat, Second Chilean Epidemiology Congress, MacIver 515, Casilla Postal 50.960, Correo Central, Santiago, Chile. Telephone: 639-4001, extension 160. Attention: Claudia Morales or Sandra del Valle.

### Sixth Latin American Congress and Eighth World Congress on Social Medicine

The Sixth Latin American Congress and Eighth World Congress on Social Medicine will take place from 20 to 24 March 1994 at the University of Guadalajara in Guadalajara, Mexico. The theme for the Congress will be "Health at the End of the Millennium: Challenges and Alternatives for Change." This event is being organized by the Latin American Association of Social Medicine, the International Association of Health Policy, and the University of Guadalajara.

The issues that will be discussed include the theoretical-methodological perspectives of social medicine; neoliberal policies and their impact on health; health care policies and models; population, gender, age groups, and health; financing of health research; human resources education; history, health, and society; urban health; new epidemiological profiles; living conditions and health; health of ethnic groups and minorities; the process of work and health; citizen participation, management, and health; health financing; poverty and health; mental health; ethics and health; violence and health; alternative medicine; ecology and health; and culture and health.

Information may be obtained from: the Organizing Committee of the Sixth Latin American Congress and Eighth World Congress of Social Medicine, Jesús Galindo y Villa 2941, Jardines de la Paz, 44860 Guadalajara, Jalisco, Mexico. Electronic mail: alames@leon.dea.udg.mx. Fax: 52-3-617-55-06. Telephone: 52-3-617-78-46.