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XXVIII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH

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STATUS OF THE PAHO/WHO RESEARCH GRANTS

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I. INTRODUCTION

The active participation of the Pan American Health Organization in the generation of new knowledge occurs in at least three types of processes, which are different in terms of their direction or emphasis, and consequently their lead time, financing, and potential use. The three types are:

- Those which fall into the macropriorities of the institution, reflect the will of the Governing Bodies, and are stimulated or supported catalytically with special funds included in the regular budget of the Secretariat;

- Those which follow the priorities of the technical programs and regional centers or country Representative offices, which essentially seek to close gaps in the state of the art in specific fields of knowledge, or fill needs that are also specific to the national programs and are supported by regular PAHO funds or national funds complemented by external funding; and

- Those which are promoted and supported within the framework of programs or activities covered completely or almost completely by extrabudgetary funds, and in which, although the aforementioned factors may play a relatively important role, the funding institution has a greater impact on determining the direction of the research.

Although they are compatible, these three trends in the generation of research projects cannot necessarily overlap given the different nuances in their intent to favor certain targets or lines of study in a given time and place. Added to the projects resulting from these trends are those which are born spontaneously from national professionals or institutions, whether or not they are in the field of research, which could eventually come to share the essential characteristics of the first set.

As an expression of the principles stated in 1982, the PAHO Secretariat has progressively imposed a new research policy aimed at developing the first set of investigations described above, and promoting appropriate coordination or compatibility among the three sets. PAHO's Internal Advisory Committee on Research (IACR)--supported by the Organization's Office of Research Coordination--is the advisory entity with most direct responsibility for implementation of this policy, and the Research Grants Program (RGP) is its main instrument. Below is a brief analysis of the main strengths and weaknesses of this program during its over six years of application, with special emphasis on the biennium, 1989-1991. Some suggestions are also sketched out that may help breathe new life into its future progress toward attainment of its objectives.

II. BACKGROUND

As was said earlier, the current Research Grants Program (PAHO/WHO) is one result of an extensive process of review of the Organization's principles and modes of operation. Starting in 1983, management of knowledge began to be considered one of the prime components of the PAHO mission, which rescaled research within the institutional approaches to technical cooperation.

The direction of this process was strengthened at the Pan American Sanitary Conferences held in 1986 and 1990 with approval of the documents "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990," and "Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994," respectively. It was also influenced by constant shifts in the social, economic, and political context of the Region, with their own generalities and peculiarities within and across populations.

Regulated in terms of priorities and functions in February 1985, the new Program--whose main decision-making level is above that of programs--adopted as its focal point analysis of the health situation in the countries, recognizing the importance of this in defining priorities both at a national level and for international cooperation.

Eleven subject areas were defined around that focal point. Six are linked to health infrastructure: health profiles; the process of technological development; health policies; the labor market; use and accessibility of the health services; and sectoral financing; and five are linked to health programs: environmental health; the health of children, adolescents, and women; chronic diseases in adults; workers' health; and health of the elderly. The procedure implemented (Modality I), was more directly related to the cooperation activities of the PAHO Technical Units in charge of the selected subject areas.

During the first half of 1988, IACR revised the standards for operation, criteria for approval of protocols, description of priority areas, and other matters related to execution of the program. Based on that analysis, the office of the Director introduced a series of adjustments in August 1988. Notable among them was inclusion in Modality I of the topics "Women, Health, and Development" and "Priority Technological Developments," and the creation of a more all-encompassing modality for promotion of projects of interest to the Organization as a whole (Modality II). Two large subject areas were initially identified within this modality: socioeconomic development and health, and scientific activity and health. Progress made in the latter area will be presented during the XXVIII Meeting of the Advisory Committee on Health Research (ACHR).

Though it was not explicitly stated, the rationale for review of projects essentially incorporates the following elements. After first determining in general terms whether the grant is requested for research or for another purpose (institutional development, for example), review of a given proposal is geared along two lines. On the one hand, there is analysis of its relevance--to the priorities--and significance--judged through posing of the problem, justification for the research, its hypothesis, and its objectives. On the other hand, there is analysis of its methodology--design, development, and internal consistency of its theoretical framework, objectives, methods, and plan of analysis--and feasibility--given the suitability of the researchers, the institution, or the structure of the budget. The proposal is also checked to see if it is upheld by the applicable literature.

In early 1991 the progress and problems in the Grants Program were again examined, with special emphasis on the funding request or origin of the projects, the criteria for their approval, and the implications of recent mandates by the Governing Bodies. It is essentially the results of that analysis which are submitted for consideration by the Advisory Committee on Health Research (ACHR) at this time.

III. SITUATION AND TRENDS

Certain trends observed in previous years persisted or were compounded in 1990-1991. Among these were:

1. The low rate of approval for proposals. Among the projects under Modality I of the RGP examined by the IACR (56.1% of all proposals received), the approval rate dropped from 70.6% in 1985 to 56.8% in 1986-1987, 33.9% in 1988-1989, and 31.3% so far in the current biennium. These figures are lower in terms of the total number of projects received given that 43.9% of them are eliminated previously by the Technical Programs or Office of Research Coordination (essentially because they do not constitute research or are not in the priority areas), or are canceled by the investigators themselves.

2. The concentration within a few countries of projects approved. Between 1985 and 1991, 731 research proposals were received from 30 countries. The majority (63.6%) from Argentina, Brazil, Mexico, and Cuba, in descending order. At the other extreme of distribution were Antigua and Barbuda, Belize, Dominica, Guyana, the Dutch Antilles, and Suriname with only one proposal during the period. In other words, Brazil, Argentina, Mexico and Cuba, in that order, received 61.3% of the total funds granted during that period.

While the number of spontaneous projects has increased, the concentration of projects in countries with greater demand has also

gone up. Those four countries together received 51.7% of the approvals in 1985, 51.9% in 1986-1987, 75.0% in 1988-1989, and 74.3% in 1990-1991.

3. Concentration in certain priority areas. Between 1985 and 1991, 59.2% of the requests for support under Modality I fell within four subject areas: organization of health systems and services; human growth, development, and reproduction; health and disease in the adult population; and health and work. These four areas together accounted for 58.5% of the projects received in 1988-1989, while in 1990-1991 the first three alone caught the interest of 62.1% of the total number of projects. The areas with less demand during the six-year period were women, health, and development; the economy and funding of the health sector; and aging and health.

It is noteworthy that demand in the area of organization of health systems and services and that of human growth, development, and reproduction--which were the highest--increased during the period, but their approval rate did not reflect this trend. While in the first area that rate dropped sharply (from 15% in 1988-1989 to 8.7% in 1990-1991), in the second it was maintained (37.5% in 1988-1989 and 36.4% in 1990-1991). It also bears mention that demand increased in the area of political process and health, and it declined regarding health and work, and regarding environmental sanitation services. Not a single project was approved during the period on women, health, and development, nor was one approved on aging and health in the last four years.

With regard to Modality II, in 1988-1989 only five projects were promoted and supported in the area of scientific activity and health.

4. The predominantly spontaneous character of the projects. The overwhelming majority of the projects emerged at the initiative of the researchers themselves. Since their objectives are so different, the contribution that completed projects can make has little possibility of helping build a broad and more integrated view of a given problem or issue. The need to promote development plans and subsequent multicenter studies, and other activities in this direction, began to strike a responsive chord in the RGP during the last biennium.

5. One of the positive trends is that the number of requests continues to grow: it was 85 in 1985; 166 in 1986-1987; 264 in 1988-1989, and 216 from 1990 to mid-1991.

6. Completion level of the projects. At present, the total percentage of projects completed is slightly less among those begun in 1986-1987 (63.5%) than those begun in 1988-1989 (68.3%). If one examines the timeliness with which final reports are submitted, the level of completion is also seen to increase. Considering that the

duration of the projects is more or less the same, one year after the biennium 28% of the reports were received on projects begun in 1986-1987, while at this point for the latest complete biennium, 1988-1989,--that is late 1990--38% had already been received.

With regard to subject areas, the available information indicates that completion was high among biotechnology projects, political process in health, and the economy and financing of the sector. In contrast, the area with the lowest number of completed projects was that of health and disease in the adult population, closely followed by human growth, development and reproduction, and the organization of health systems and services.

In terms of administrative aspects, the median time between receipt of the proposals and their review by IACR continues to be around three months (two of which consist of awaiting a reply from the Technical Programs). It takes another three months after the project is approved for the first payment to be made. That means that for an approved project, the median time between receipt of a proposal at the DRC and authorization of the first payment, is still six months.

IV. REFLECTIONS ON THE PROGRAM

The predominance of spontaneous projects makes it difficult to have proposals with a greater impact that respond to significant issues. To the contrary, the current situation contributes to fragmentation and the proliferation of studies with limited interest. Some problems of delay in the Technical Programs during the initial review of the proposals, or the lack of follow-up once they are approved, could be related to the spontaneous nature of the projects. Since the Technical Programs were not involved in their conception, their commitment to them is weak.

If the performance of projects begun in 1986 is compared to that of those begun in 1987, it is noted that 56% of the former came to have a final report, while only 25% of the latter did. In spite of that difference, performance is far from satisfactory in either case. during those years virtually the same criteria for approval were applied, but many of the projects from 1986 were induced by PAHO, while in 1987 the great majority were spontaneous.

The alternative of multicenter projects, which seek to analyze problems with a regional scope under the conceptual and methodological guidelines of Development Plans, falls most closely in line with the purposes of the Grants Program. When this program began in 1985, the preparation of Development Plans to be submitted to and approved by IACR, and the formation of interprogram groups, were mandatory prerequisites for the review of projects. But this hindered the practical application of the Program so much that only one project got funded in 1986.

When this requirement was lifted and preparation of the Development Plans was left up to the Technical Programs, we went to the other extreme with the almost exclusive predominance of spontaneous projects.

A. Political Aspects

Formally, the direction or emphasis that the Grants Program wishes to give research, through the projects it promotes or supports, is translated into two levels. One, more in the category of the ends, is the priority subject areas of its two modes of operation; the other, more in the category of means, is the criteria applied in review of the projects.

1. Priority Subject Areas

The Committee believes that the priority subjects of Modality I and their rather broad descriptions, are suitable for stimulating isolated projects. For series of projects, there must be a much more precise definition--in the corresponding Development Plans--of the conceptual and methodological topics and approaches for the projects that will hopefully be induced.

With regard to Modality II of the RGP, that is, the one including subjects not linked to the specific interest of a given Technical Program but to the entire Organization, it is now limited to projects on the status of research in five countries of the Region. No work has been done on the other large priority area of this Modality.

It seems that the priority subject areas of both Modalities should be revised in light of experience and the strategic orientations (basically: health in development, reorganization of the sector, and health promotion) and program priorities for PAHO/WHO during the quadrennium 1991-1994. A fresh look at the gaps in knowledge that are critical for national action should complement the above.

2. Review Criteria

Like in any research, a number of judgments or evaluation factors are in play from the time of promotion to the dissemination and use of the results of the different research proposals that the Organization receives. A look back at the review phase, in which IACR plays a decisive role, allows for some reflection on the basis for evaluation that currently seems to accompany application of the review criteria outlined above.

Significance or methodology is perhaps the main value alternative faced in the process of reviewing research projects. Simply stated, it would seem a priori that the what of the research is more important than the how. If the first aspect is assessed,

however, only based on the apparent consistency of its statement and description--in quite general terms--with very broad subject areas, all or almost all of the proposals may turn out to be considered "priority." Consequently, it would seem that methodology is only major aspect to be considered by IACR. Better understanding of this area of difficulty could be facilitated by remembering other lesser relations in the decision-making process.

At the level of significance are the apparent polar relations: public vs. private, local vs. national, peripheral vs. central, or induced vs. spontaneous, appear to be implicit in the analysis. Since by definition the Research Grants Program is a mechanism to support the Organization's technical cooperation program, it is hoped that the projects will primarily come from the public sector -- or that irrespective of their origin -- will help implement public policies.

Priority is given to studies that support the restructuring of health services, particularly descentralization processes and strengthening of local health systems. Likewise, projects induced by the Organization in keeping with its current policies, are valued more highly than those whose motivation is merely the knowledge or interest of the researcher(s).

At the level of methodology not one approach is favored "a priori" (explanatory vs. descriptive study; qualitative vs. quantitative method; positivist vs. heuristic vs. critical tradition, etc), but whichever is chosen must be appropriate for the type of problem being researched and adequately developed. Given that the program is aimed at strengthening joint national and international activity for the benefit of collective health, less value is placed on basic studies or ones whose significance is limited to individual health. Except for those areas of knowledge in which there are no basic descriptions, or updated descriptions are required for action, it is deemed desirable to improve explanations on the determination of health or its practices. The complexity of the modern world and the risks that it imposes on the health of the population and the environment, as well as the challenges it adds for full implementation, with equity, of health promotion and protection, poses new problems and questions that require an increasingly broader spectrum than the conventional approaches and traditions for examining the situation.

It must be said that from this perspective the Committee greatly enhanced the consistency of its recommendations during the last biennium, which was associated with a reduction in the approval rate for proposals. On a parallel, an increasing effort has been made to take into greater consideration the significance of the research proposals, which so far has been the exclusive purview of the Technical Programs. Consequently, the increased number of recommendations for conditional approval--in light of observations made during project review by IACR--as well as

recommendations made when proposals are rejected with a request that they be redone, has also increased the need for technical support for the adjustment or theoretical or methodological development of the projects. Pursuant to this, the role of the regional technical programs and the Country Representative offices must be more active in this sense.

Generally speaking, review of the proposals by other entities within the Organization, particularly the PAHO/WHO Representatives in the country and the Technical Programs, continues to be quite delicate. It is possible that the spontaneous nature of the proposals, and therefore, the lack of a direct commitment by the entity to them, could be the cause for the delays and the tentativeness of their opinions. Although it is recognized that the country offices and regional programs do not have the staff to issue opinions on the methodological aspects of proposals in all cases, it is valid to expect that their relevance and importance for the country (or for progress in knowledge of the subject) be better evaluated. Greater use of external reviewers should be under permanent consideration at all reviewing entities.

In the case of IACR, it is recognized that its recommendations and the criteria for review on which they are based must be clearer. The systematization and explanation of these criteria should include both what is meant by significance of the application in terms of the program's priorities, and the theoretical-methodological aspects.

Once again, the need is confirmed to keep separate the processes of promotion and review of the proposals, so that no matter how they are generated, they will be subject to the same review criteria.

B. Scientific and Technical Aspects

Among positive aspects related to health infrastructure, in terms of significance, the following research areas should be highlighted: labor force, technological development process and health profiles, also the emerging contribution of the areas of political process, economy, and financing of the health sector and implementation of local health systems. As it regards health programs, most studies address areas of maternal and child health, chronic diseases of the adult and workers' health, and there appears to be an emerging interest in the areas of adolescents, the environment, and biotechnology.

Negative aspects needing to be reported are the lack of proposals about problems of the aged and women. By and large there is also a reduced presence of explanatory, intervention and evaluation studies. In terms of methodology, the positive signs are the ever increasing use of the case-control design, continuing improvement in the use of quantitative data analysis methods, and

the emerging use of qualitative methods. The latter is owed to the multidisciplinary nature of the research teams. The lack of coherence between the theoretical framework and objectives, objectives and methodology, and the apparent confusion between methodology and plan of action are among the most common causes for project rejection. Very frequently, research questions are not derived from a review of the "state of the art" in the field of study, nor is existing knowledge about country, region, local or institutional levels taken into account.

C. Administrative Aspects

To date, the creation of mechanisms to encourage and support execution of projects with RGP funds have not yielded the expected results, but the experience accumulated indicates that these mechanisms may improve in the future. Thus, meetings of investigators to generate protocols or terms of reference for future protocols, evolved from a model that was completely open to the criteria of the Technical Programs (which generally did not manage to generate or improve projects), until it became a model which established requirements for selection of participants based on submission of draft projects, and a dynamic of meetings with intensive individual or group labor, supported by external advisors to improve the draft projects.

The agreements established in late 1989 with the National Councils of Science and Technology selected, ran into such great difficulties at the time of implementation, that so far not a single project promoted by them has been funded. However, it is a new experience with new players (from the point of view of joint work with PAHO), which warrants more time before it is evaluated.

With respect to demand aspects, there is increasing participation by prestigious researchers and institutions within the health sector and not traditional to the health sector. However, there appears to be a trend which favors research instead of teaching and service institutions.

V. RECOMMENDATIONS

A. Inducing Projects

Without taking up the negative criteria, and recognizing the interest in maintaining a balance between isolated projects and those in a series, the need is posed to stimulate and support the Technical Programs to prepare multicenter project proposals.

B. Promotion Mechanisms

Under the guidance of IACR, and based on experience, the Office of Research Coordination should establish guidelines for the

organization of meetings and agreements to promote projects, compliance with which would be a requirement for transfer of RGP funds to the interested parties.

C. Publicity

It is deemed necessary that there be more publicity about the existence, progress, and difficulties the RGP has, so that its objectives may be met and its base of support among the players and entities involved in the performance of its work can be expanded.

To that end, it is anticipated that there should be several types of publications:

(a) Pamphlets for extensive publicity on the existence of the Program;

(b) Forms, instructions, and regulations for researchers interested in preparing protocols;

(c) Research under way which would come out perhaps every six months and be broadly disseminated (TPs, PWRs, national institutions, etc.) with the list of active and completed projects, as well as their respective objectives;

(d) Status of RGP, an annual publication for the PWRs and TPs with tables and charts on the status of the Program (projects approved, reports received, etc.);

(e) Publication of final reports. A summary article could be published by one of the PAHO periodicals. The PWRs and Technical Programs could publish those reports that, in their view, are of interest (IACR recognizes the merit of the Uruguay and Argentina PWRs having published the results of RGP investigations carried out in those countries in 1988-1989); and

(f) Non-periodical publication of the final reports on the multicenter projects.

D. Priority Issues

The Technical Programs must be encouraged to update the research component of the their technical cooperation programs. They should be invited to present that component to IACR, explaining its consistency with the institutional research policies, and indicating the space that the Development Plan and the projects funded by RGP occupy within that component.

IACR believes that Modality II should be expanded through the preparation of Development Plans related to the strategic orientations and Program priorities approved for the next

quadrennium. Preparation of these development plans would be the responsibility of IACR and its secretariat (DRC), with the participation of the Technical Programs most closely related to a given topic. Given the breadth of the topics which are to be the object of research, and their regional scope, new program standards should be established regarding this modality, which would allow for larger projects, exchange mechanisms between them, training activities so that methods and techniques can be widely learned, etc.

E. Review of Proposals

In order to improve review and follow-up of projects by the different entities, the PWRs and TP coordinators must be impressed with the need to create a central file of projects, and assign a focal point in charge of technical and administrative follow-up on the projects in the country or corresponding subject area. For a better understanding of how the entities at the Secretariat related to RGP operate, it is proposed that at each IACR meeting, one PAHO staff member, the focal point of the country, be invited to attend, particularly regarding the countries that submit the most proposals.

To this same end, a small handbook should be prepared to explicitly lay out the criteria adopted by the Committee in reviewing proposals. Likewise, the Committee is considering the possibility of inviting representatives from the programs to participate in the meetings to review projects proposed at the initiative of their respective development plans. This participation would be limited to the stages of analysis and discussion of the proposals; the stages of synthesis of individual opinions and final decision on awards would remain restricted to the members of the Committee. Also, in order to provide examples of the criteria adopted by the Committee, it is suggested that, once a year, the chief investigator of the best project approved for that year be invited to present it to the scientific and technical meeting, which would be well attended by staff from the Secretariat.

The IACR recognizes that in order to facilitate presentation of the protocols and their review, the application forms must be simplified, limiting the number of pages in the protocols. Also, in order to maintain greater consistency with the criteria of relevance and scientific merit, the project review forms should also be revised.

F. Publicity and Use of Results

In addition to encouraging publication of the aforementioned reports, the Committee considered the need to study other mechanisms to make better use of the results. There are now 58 reports on research projects supported by the RGP, the majority of

which are unpublished and have yet to be extensively evaluated in terms of their contribution. National meetings for discussion, analysis, and dissemination of the reports produced in the country, or at the Secretariat level for reports on a given subject area, could be one mechanism worthy of RGP support, once they meet certain criteria for their organization. Another mechanism mentioned, which could also stimulate high quality proposals, would be institution of a prize to be conferred upon the investigator responsible for the best report of the biennium.

G. Funding

The Committee deems it pertinent to change the ceiling on funding of projects in light of cost increases, fluctuations in exchange rates, and the need to support larger projects. It is suggested that this ceiling be raised, contingent upon more strict review of the appropriateness of the budget in relation to scheduled activities. Otherwise, the current real ceiling could be maintained, but a virtually higher ceiling could be estimated for those exceptional cases in which it is warranted.

The Committee recognizes the additional effort involved in the execution of a research project. It is aware of the precarious situation of wages at the Region's institutions, and that the request to revise the standards of payment to the chief investigator so as to complement his or her salary, is justified. The granting of these complementary wages, which would be contingent upon the characteristics of the institution, the chief investigator's ties to it, and the time devoted to the project, was not considered to be in line with the basic principles of the RGP.

H. Administrative Time

Taking into account the fixed schedule of IACR meetings, which limits the chances of matching the response by the Technical Program with review by the Committee, the Committee will encourage a more expeditious response by the Technical Program and speed up the signing of the agreement in order to free up the first payment. It is believed that this will essentially improve the system.

I. Internal Organization and Operation of IACR

It has been said repeatedly that the regulations on the makeup and operation of the IACR should be revised and complied with, including definition of the terms of its members.

This revision should be geared toward guaranteeing consistency in its decisions. It should bring the modus operandi of the Committee into line with its functions, not only those related to the RGP, but also those related to PAHO's overall research policy.

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TABLES and GRAPHICS

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF PROJECTS RECEIVED 1985-1991 AND PROGRAM STATUS, BY COUNTRY

COUNTRY	YEAR	Total Received		Pending Review		Approved		Rejected		Other *	
		No.	% Year	No.	% Received	No.	% Received	No.	% Received	No.	% Received
ANTIGUA AND BARBUDA	1990-91	1	0.5	-	-	1	100.0	-	-	-	-
ARGENTINA	1985	9	10.6	-	-	6	66.7	3	33.3	-	-
	1986-87	37	22.3	-	-	7	18.9	14	37.8	16	43.2
	1988-89	67	25.4	-	-	10	14.9	20	29.9	37	55.2
	1990-91	42	19.4	3	7.1	9	21.4	18	42.9	12	28.6
BARBADOS	1986-87	1	0.6	-	-	-	-	-	-	1	100.0
	1988-89	1	0.4	-	-	1	100.0	-	-	-	-
	1990-91	1	0.5	-	-	1	100.0	-	-	-	-
BELIZE	1988-89	1	0.4	-	-	-	-	-	-	1	100.0
BOLIVIA	1985	2	2.4	-	-	-	-	2	100.0	-	-
	1986-87	2	1.2	-	-	1	50.0	-	-	1	50.0
	1988-89	3	1.1	-	-	1	33.3	1	33.3	1	33.3
	1990-91	1	0.5	-	-	-	-	-	-	1	100.0
BRAZIL	1985	25	29.4	-	-	12	48.0	13	52.0	-	-
	1986-87	21	12.7	-	-	9	42.9	5	23.8	7	33.3
	1988-89	54	20.5	1	1.9	10	18.5	19	35.2	24	44.4
	1990-91	39	18.1	4	10.3	5	12.8	15	38.5	15	38.5
CANADA	1988-89	1	0.4	-	-	-	-	1	100.0	-	-
	1990-91	2	0.9	-	-	-	-	2	100.0	-	-
CHILE	1985	11	12.9	-	-	7	63.6	4	36.4	-	-
	1986-87	14	8.4	-	-	4	28.6	-	-	10	71.4
	1988-89	9	3.4	-	-	-	-	2	22.2	7	77.8
	1990-91	13	6.0	3	23.1	2	15.4	3	23.1	5	38.5
COLOMBIA	1985	4	4.7	-	-	3	75.0	1	25.0	-	-
	1986-87	8	4.8	-	-	2	25.0	3	37.5	3	37.5
	1988-89	5	1.9	-	-	1	20.0	-	-	4	80.0
	1990-91	8	3.7	3	37.5	-	-	3	37.5	2	25.0
COSTA RICA	1985	4	4.7	-	-	3	75.0	1	25.0	-	-
	1986-87	7	4.2	-	-	2	28.6	2	28.6	3	42.9
	1988-89	2	0.8	-	-	1	50.0	1	50.0	-	-
	1990-91	5	2.3	1	20.0	2	40.0	2	40.0	-	-
CUBA	1985	8	9.4	-	-	8	100.0	-	-	-	-
	1986-87	12	7.2	-	-	7	58.3	3	25.0	2	16.7
	1988-89	14	5.3	1	7.1	2	14.3	5	35.7	6	42.9

(CONTINUED)

* Projects Rejected By Technical Programs, Canceled, Or Not In A Priority Area. Includes a total of 2 extensions of previous projects.

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NUMBER OF PROJECTS RECEIVED 1985-1991 AND PROGRAM STATUS, BY COUNTRY

COUNTRY	YEAR	Total Received		Pending Review		Approved		Rejected		Other *	
		No.	% Year	No.	% Received	No.	% Received	No.	% Received	No.	% Received
CUBA	1990-91	23	10.6	4	17.4	1	4.3	12	52.2	6	26.1
DOMINICA	1990-91	1	0.5	-	-	1	100.0	-	-	-	-
DOMINICAN REPUBLIC	1986-87	1	0.6	-	-	-	-	-	-	1	100.0
	1988-89	1	0.4	-	-	-	-	-	-	1	100.0
	1990-91	2	0.9	1	50.0	-	-	-	-	1	50.0
ECUADOR	1985	1	1.2	-	-	1	100.0	-	-	-	-
	1986-87	4	2.4	-	-	1	25.0	-	-	3	75.0
	1988-89	5	1.9	-	-	1	20.0	2	40.0	2	40.0
	1990-91	2	0.9	-	-	-	-	1	50.0	1	50.0
GUATEMALA	1986-87	3	1.8	-	-	1	33.3	2	66.7	-	-
	1988-89	3	1.1	-	-	-	-	-	-	3	100.0
	1990-91	1	0.5	-	-	-	-	1	100.0	-	-
GUYANA	1986-87	1	0.6	-	-	-	-	-	-	1	100.0
HAITI	1988-89	3	1.1	-	-	-	-	2	66.7	1	33.3
	1990-91	1	0.5	-	-	-	-	-	-	1	100.0
HONDURAS	1985	1	1.2	-	-	1	100.0	-	-	-	-
	1986-87	2	1.2	-	-	1	50.0	-	-	1	50.0
	1988-89	1	0.4	-	-	-	-	-	-	1	100.0
	1990-91	1	0.5	-	-	-	-	1	100.0	-	-
JAMAICA	1985	2	2.4	-	-	2	100.0	-	-	-	-
	1986-87	1	0.6	-	-	1	100.0	-	-	-	-
	1990-91	1	0.5	-	-	1	100.0	-	-	-	-
MEXICO	1985	5	5.9	-	-	5	100.0	-	-	-	-
	1986-87	23	13.9	-	-	5	21.7	6	26.1	12	52.2
	1988-89	53	20.1	-	-	8	15.1	16	30.2	29	54.7
	1990-91	33	15.3	9	27.3	8	24.2	11	33.3	5	15.2
NETHERLANDS ANTILLES	1988-89	1	0.4	-	-	-	-	-	-	1	100.0
NICARAGUA	1985	2	2.4	-	-	2	100.0	-	-	-	-
	1986-87	1	0.6	-	-	1	100.0	-	-	-	-
	1988-89	6	2.3	-	-	-	-	2	33.3	4	66.7
	1990-91	1	0.5	-	-	-	-	1	100.0	-	-
PANAMA	1986-87	3	1.8	-	-	1	33.3	1	33.3	1	33.3
	1988-89	4	1.5	-	-	-	-	-	-	4	100.0
	1990-91	3	1.4	-	-	-	-	-	-	3	100.0

(CONTINUED)

* Projects Rejected By Technical Programs, Canceled, Or Not In A Priority Area.
Includes a total of 2 extensions of previous projects.

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF PROJECTS RECEIVED 1985-1991 AND PROGRAM STATUS, BY COUNTRY

COUNTRY	YEAR	Total Received		Pending Review		Approved		Rejected		Other *	
		No.	% Year	No.	% Received	No.	% Received	No.	% Received	No.	% Received
PARAGUAY	1985	1	1.2	-	-	1	100.0	-	-	-	-
	1986-87	1	0.6	-	-	-	-	1	100.0	-	-
	1990-91	2	0.9	-	-	-	-	-	-	2	100.0
PERU	1985	1	1.2	-	-	1	100.0	-	-	-	-
	1986-87	2	1.2	-	-	1	50.0	-	-	1	50.0
	1988-89	8	3.0	-	-	-	-	2	25.0	6	75.0
	1990-91	6	2.8	1	16.7	2	33.3	-	-	3	50.0
SURINAME	1985	1	1.2	-	-	1	100.0	-	-	-	-
TRINIDAD AND TOBAGO	1986-87	2	1.2	-	-	1	50.0	-	-	1	50.0
UNITED STATES	1986-87	2	1.2	-	-	1	50.0	1	50.0	-	-
	1988-89	5	1.9	-	-	2	40.0	1	20.0	2	40.0
	1990-91	7	3.2	2	28.6	-	-	2	28.6	3	42.9
URUGUAY	1985	3	3.5	-	-	2	66.7	1	33.3	-	-
	1986-87	10	6.0	-	-	4	40.0	1	10.0	5	50.0
	1988-89	6	2.3	-	-	1	16.7	3	50.0	2	33.3
	1990-91	1	0.5	-	-	-	-	-	-	1	100.0
VENEZUELA	1985	5	5.9	-	-	5	100.0	-	-	-	-
	1986-87	8	4.8	-	-	4	50.0	2	25.0	2	25.0
	1988-89	11	4.2	-	-	2	18.2	1	9.1	8	72.7
	1990-91	19	8.8	7	36.8	2	10.5	5	26.3	5	26.3
All Countries	1985	85	11.6	-	-	60	70.6	25	29.4	-	-
	1986-87	166	22.7	-	-	54	32.5	41	24.7	71	42.8
	1988-89	264	36.1	2	0.8	40	15.2	78	29.5	144	54.5
	1990-91	216	29.5	38	17.6	35	16.2	77	35.6	66	30.6
	TOTAL	731	100.0	40	5.5	189	25.9	221	30.2	281	38.4

* Projects Rejected By Technical Programs, Canceled, Or Not In A Priority Area.
Includes a total of 2 extensions of previous projects.

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF PROJECTS RECEIVED 1985-1991 AND PROGRAM STATUS, BY PRIORITY AREA

PRIORITY AREA	YEAR	Total Received		Project Status							
				Pending Review		Approved		Rejected		Other *	
		No.	% Year	No.	% Received	No.	% Received	No.	% Received	No.	% Received
HEALTH PROFILES	1985	8	9.4	-	-	7	87.5	1	12.5	-	-
	1986-87	12	7.2	-	-	5	41.7	4	33.3	3	25.0
	1988-89	10	3.8	-	-	1	10.0	3	30.0	6	60.0
	1990-91	8	3.7	1	12.5	1	12.5	5	62.5	1	12.5
PROCESS OF TECHNOLOGICAL DEVELOPMENT	1986-87	13	7.8	-	-	7	53.8	4	30.8	2	15.4
	1988-89	13	4.9	-	-	5	38.5	1	7.7	7	53.8
	1990-91	4	1.9	-	-	2	50.0	1	25.0	1	25.0
POLITICAL PROCESS AND HEALTH	1985	2	2.4	-	-	-	-	2	100.0	-	-
	1986-87	2	1.2	-	-	2	100.0	-	-	-	-
	1988-89	13	4.9	-	-	4	30.8	6	46.2	3	23.1
	1990-91	7	3.2	2	28.6	-	-	4	57.1	1	14.3
LABOR FORCE IN HEALTH	1985	11	12.9	-	-	10	90.9	1	9.1	-	-
	1986-87	9	5.4	-	-	3	33.3	3	33.3	3	33.3
	1988-89	17	6.4	-	-	4	23.5	9	52.9	4	23.5
	1990-91	12	5.6	-	-	3	25.0	6	50.0	3	25.0
ORG. OF HEALTH SYSTEMS & SERVICES	1985	8	9.4	-	-	7	87.5	1	12.5	-	-
	1986-87	13	7.8	-	-	-	-	7	53.8	6	46.2
	1988-89	41	15.5	2	4.9	3	7.3	17	41.5	19	46.3
	1990-91	39	18.1	10	25.6	2	5.1	21	53.8	6	15.4
ECONOMY & FINANCING OF THE HEALTH SECTOR	1985	2	2.4	-	-	2	100.0	-	-	-	-
	1986-87	3	1.8	-	-	3	100.0	-	-	-	-
	1988-89	6	2.3	-	-	1	16.7	3	50.0	2	33.3
	1990-91	4	1.9	1	25.0	-	-	1	25.0	2	50.0
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	1985	9	10.6	-	-	8	88.9	1	11.1	-	-
	1986-87	11	6.6	-	-	6	54.5	4	36.4	1	9.1
	1988-89	8	3.0	-	-	2	25.0	4	50.0	2	25.0
	1990-91	4	1.9	2	50.0	2	50.0	-	-	-	-
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	1985	9	10.6	-	-	8	88.9	1	11.1	-	-
	1986-87	8	4.8	-	-	2	25.0	1	12.5	5	62.5
	1988-89	30	11.4	-	-	6	20.0	10	33.3	14	46.7
	1990-91	53	24.5	11	20.8	12	22.6	21	39.6	9	17.0
HEALTH & ILLNESS IN THE ADULT POPULATION	1985	6	7.1	-	-	6	100.0	-	-	-	-
	1986-87	15	9.0	-	-	8	53.3	4	26.7	3	20.0

(CONTINUED)

* Projects Rejected By Technical Programs, Canceled, Or Not In A Priority Area. Includes a total of 2 extensions of previous projects.

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF PROJECTS RECEIVED 1985-1991 AND PROGRAM STATUS, BY PRIORITY AREA

PRIORITY AREA	YEAR	Total Received		Project Status							
				Pending Review		Approved		Rejected		Other *	
		No.	% Year	No.	% Received	No.	% Received	No.	% Received	No.	% Received
HEALTH & ILLNESS IN THE ADULT POPULATION	1988-89	44	16.7	-	-	4	9.1	13	29.5	27	61.4
	1990-91	29	13.4	6	20.7	6	20.7	8	27.6	9	31.0
HEALTH AND WORK	1985	26	30.6	-	-	9	34.6	17	65.4	-	-
	1986-87	22	13.3	-	-	6	27.3	11	50.0	5	22.7
	1988-89	19	7.2	-	-	3	15.8	8	42.1	8	42.1
	1990-91	14	6.5	1	7.1	3	21.4	5	35.7	5	35.7
AGING AND HEALTH	1985	4	4.7	-	-	3	75.0	1	25.0	-	-
	1986-87	3	1.8	-	-	3	100.0	-	-	-	-
	1988-89	4	1.5	-	-	-	-	1	25.0	3	75.0
	1990-91	5	2.3	-	-	-	-	3	60.0	2	40.0
WOMEN, HEALTH AND DEVELOPMENT	1986-87	1	0.6	-	-	-	-	-	-	1	100.0
	1988-89	9	3.4	-	-	-	-	2	22.2	7	77.8
	1990-91	4	1.9	2	50.0	-	-	1	25.0	1	25.0
BIOTECHNOLOGY	1986-87	14	8.4	-	-	9	64.3	3	21.4	2	14.3
	1988-89	10	3.8	-	-	2	20.0	1	10.0	7	70.0
	1990-91	12	5.6	2	16.7	4	33.3	1	8.3	5	41.7
SCIENTIFIC ACTIVITY IN HEALTH	1988-89	5	1.9	-	-	5	100.0	-	-	-	-
Non RGP Priority Area	1986-87	38	22.9	-	-	-	-	-	-	38	100.0
	1988-89	35	13.3	-	-	-	-	-	-	35	100.0
	1990-91	21	9.7	-	-	-	-	-	-	21	100.0
Priority Area Unknown	1986-87	2	1.2	-	-	-	-	-	-	2	100.0
All Areas	1985	85	11.6	-	-	60	70.6	25	29.4	-	-
	1986-87	166	22.7	-	-	54	32.5	41	24.7	71	42.8
	1988-89	264	36.1	2	0.8	40	15.2	78	29.5	144	54.5
	1990-91	216	29.5	38	17.6	35	16.2	77	35.6	66	30.6
	TOTAL	731	100.0	40	5.5	189	25.9	221	30.2	281	38.4

* Projects Rejected By Technical Programs, Canceled, Or Not In A Priority Area.
Includes a total of 2 extensions of previous projects.

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% AMOUNT	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ANTIGUA AND BARBUDA	1	0.5	20,000	0.6	-	-	-	-	-	-	-	-	-	-	-	-	1	2.9	20,000	3.2
ARGENTINA	32	17.0	541,162	17.5	6	10.0	91,588	10.1	7	13.0	127,854	16.0	10	25.0	187,300	24.5	9	26.5	134,420	21.6
BARBADOS	2	1.1	40,647	1.3	-	-	-	-	-	-	-	-	1	2.5	19,985	2.6	1	2.9	20,662	3.3
BOLIVIA	2	1.1	24,500	0.7	-	-	-	-	1	1.9	5,000	0.6	1	2.5	19,500	2.5	-	-	-	-
BRAZIL	36	19.1	603,462	19.5	12	20.0	194,200	21.5	9	16.7	138,280	17.3	10	25.0	191,926	25.1	5	14.7	79,056	12.7
CHILE	13	6.9	149,320	4.8	7	11.7	80,200	8.9	4	7.4	32,670	4.1	-	-	-	-	2	5.9	36,450	5.8
COLOMBIA	6	3.2	78,165	2.5	3	5.0	31,135	3.4	2	3.7	25,030	3.1	1	2.5	22,000	2.8	-	-	-	-
COSTA RICA	8	4.3	132,959	4.3	3	5.0	53,600	5.9	2	3.7	22,000	2.7	1	2.5	12,491	1.6	2	5.9	44,868	7.2
CUBA	17	9.0	265,740	8.6	8	13.3	143,500	15.9	7	13.0	89,200	11.1	2	5.0	33,040	4.3	0	-	-	-
DOMINICA	1	0.5	23,375	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1	2.9	23,375	3.7
ECUADOR	3	1.6	59,069	1.9	1	1.7	19,109	2.1	1	1.9	20,000	2.5	1	2.5	19,960	2.6	-	-	-	-
GUATEMALA	1	0.5	16,000	0.5	-	-	-	-	1	1.9	16,000	2.0	-	-	-	-	-	-	-	-
HONDURAS	2	1.1	32,300	1.0	1	1.7	30,000	3.3	1	1.9	2,300	0.2	-	-	-	-	-	-	-	-
JAMAICA	4	2.1	83,000	2.6	2	3.3	20,000	2.2	1	1.9	43,000	5.3	-	-	-	-	1	2.9	20,000	3.2
MEXICO	26	13.8	483,615	15.7	5	8.3	83,881	9.3	5	9.3	68,913	8.6	8	20.0	158,695	20.8	8	23.5	172,126	27.7
NICARAGUA	3	1.6	39,160	1.2	2	3.3	25,000	2.7	1	1.9	14,160	1.7	-	-	-	-	-	-	-	-
PANAMA	1	0.5	16,400	0.5	-	-	-	-	1	1.9	16,400	2.0	-	-	-	-	-	-	-	-
PARAGUAY	1	0.5	10,300	0.3	1	1.7	10,300	1.1	-	-	-	-	-	-	-	-	-	-	-	-
PERU	4	2.1	82,700	2.6	1	1.7	26,000	2.8	1	1.9	20,000	2.5	-	-	-	-	2	5.9	36,700	5.9
SURINAME	1	0.5	12,300	0.3	1	1.7	12,300	1.3	-	-	-	-	-	-	-	-	-	-	-	-
TRINIDAD AND TOBAGO	1	0.5	20,000	0.6	-	-	-	-	1	1.9	20,000	2.5	-	-	-	-	-	-	-	-
UNITED STATES	3	1.6	47,150	1.5	-	-	-	-	1	1.9	14,150	1.7	2	5.0	33,000	4.3	-	-	-	-
URUGUAY	7	3.7	82,110	2.6	2	3.3	15,400	1.7	4	7.4	46,710	5.8	1	2.5	20,000	2.6	-	-	-	-
VENEZUELA	13	6.9	216,433	7.0	5	8.3	63,156	7.0	4	7.4	75,117	9.4	2	5.0	45,000	5.8	2	5.9	33,160	5.3
All Countries	188	100.0	3,079,867	100.0	60	100.0	899,369	100.0	54	100.0	796,784	100.0	40	100.0	762,897	100.0	34	100.0	62[illegible]17	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

HEALTH PROFILES

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	14.3	32,500	17.7	1	14.3	17,500	17.0	-	-	-	-	1	100.0	15,000	100.0	-	-	-	-
BOLIVIA	1	7.1	5,000	2.7	-	-	-	-	1	20.0	5,000	8.5	-	-	-	-	-	-	-	-
BRAZIL	2	14.3	24,500	13.3	1	14.3	17,000	16.5	-	-	-	-	-	-	-	-	1	100.0	7,500	100.0
CHILE	1	7.1	10,780	5.8	-	-	-	-	1	20.0	10,780	18.4	-	-	-	-	-	-	-	-
COLOMBIA	1	7.1	12,650	6.8	-	-	-	-	1	20.0	12,650	21.6	-	-	-	-	-	-	-	-
CUBA	2	14.3	40,500	22.0	1	14.3	20,500	19.9	1	20.0	20,000	34.2	-	-	-	-	-	-	-	-
MEXICO	1	7.1	14,431	7.8	1	14.3	14,431	14.0	-	-	-	-	-	-	-	-	-	-	-	-
PARAGUAY	1	7.1	10,300	5.6	1	14.3	10,300	10.0	-	-	-	-	-	-	-	-	-	-	-	-
SURINAME	1	7.1	12,300	6.7	1	14.3	12,300	11.9	-	-	-	-	-	-	-	-	-	-	-	-
URUGUAY	1	7.1	9,910	5.4	-	-	-	-	1	20.0	9,910	16.9	-	-	-	-	-	-	-	-
VENEZUELA	1	7.1	10,621	5.7	1	14.3	10,621	10.3	-	-	-	-	-	-	-	-	-	-	-	-
All Countries	14	100.0	183,492	100.0	7	100.0	102,652	100.0	5	100.0	58,340	100.0	1	100.0	15,000	100.0	1	100.0	7,500	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

PROCESS OF TECHNOLOGICAL DEVELOPMENT

Country	TOTAL				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	4	28.6	66,440	30.0	1	14.3	18,640	20.6	3	60.0	47,800	54.4	-	-	-	-
BRAZIL	3	21.4	32,149	14.5	3	42.9	32,149	35.6	-	-	-	-	-	-	-	-
DOMINICA	1	7.1	23,375	10.5	-	-	-	-	-	-	-	-	1	50.0	23,375	53.8
ECUADOR	1	7.1	19,960	9.0	-	-	-	-	1	20.0	19,960	22.7	-	-	-	-
MEXICO	3	21.4	58,500	26.4	1	14.3	18,500	20.5	1	20.0	20,000	22.7	1	50.0	20,000	46.1
URUGUAY	2	14.3	20,900	9.4	2	28.6	20,900	23.1	-	-	-	-	-	-	-	-
All Countries	14	100.0	221,324	100.0	7	100.0	90,189	100.0	5	100.0	87,760	100.0	2	100.0	43,375	100.0

POLITICAL PROCESS AND HEALTH

Country	TOTAL				1986-87				1988-89			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	1	16.7	20,000	18.0	-	-	-	-	1	25.0	20,000	26.3
BRAZIL	3	50.0	55,800	50.3	1	50.0	20,000	57.1	2	50.0	35,800	47.2
URUGUAY	1	16.7	20,000	18.0	-	-	-	-	1	25.0	20,000	26.3
VENEZUELA	1	16.7	15,000	13.5	1	50.0	15,000	42.8	-	-	-	-
All Countries	6	100.0	110,800	100.0	2	100.0	35,000	100.0	4	100.0	75,800	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

LABOR FORCE IN HEALTH

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	5	25.0	82,112	21.5	1	10.0	14,878	7.8	1	33.3	22,814	36.3	1	25.0	19,800	23.3	2	66.7	24,620	55.1
BRAZIL	2	10.0	60,000	15.7	1	10.0	40,000	21.1	-	-	-	-	1	25.0	20,000	23.6	-	-	-	-
CUBA	1	5.0	19,000	4.9	1	10.0	19,000	10.0	-	-	-	-	-	-	-	-	-	-	-	-
ECUADOR	2	10.0	39,109	10.2	1	10.0	19,109	10.1	1	33.3	20,000	31.8	-	-	-	-	-	-	-	-
HONDURAS	1	5.0	30,000	7.8	1	10.0	30,000	15.8	-	-	-	-	-	-	-	-	-	-	-	-
MEXICO	4	20.0	69,841	18.3	2	20.0	29,950	15.8	-	-	-	-	1	25.0	19,891	23.4	1	33.3	20,000	44.8
NICARAGUA	1	5.0	10,000	2.6	1	10.0	10,000	5.2	-	-	-	-	-	-	-	-	-	-	-	-
PERU	1	5.0	20,000	5.2	-	-	-	-	1	33.3	20,000	31.8	-	-	-	-	-	-	-	-
URUGUAY	1	5.0	7,400	1.9	1	10.0	7,400	3.9	-	-	-	-	-	-	-	-	-	-	-	-
VENEZUELA	2	10.0	43,565	11.4	1	10.0	18,565	9.8	-	-	-	-	1	25.0	25,000	29.5	-	-	-	-
All Countries	20	100.0	381,027	100.0	10	100.0	188,902	100.0	3	100.0	62,814	100.0	4	100.0	84,691	100.0	3	100.0	44,620	100.0

ORG. OF HEALTH SYSTEMS & SERVICES

Country	TOTAL				1985				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	16.7	40,000	18.0	-	-	-	-	1	33.3	20,000	33.3	1	50.0	20,000	50.0
BRAZIL	1	8.3	15,000	6.7	1	14.3	15,000	12.3	-	-	-	-	-	-	-	-
COLOMBIA	1	8.3	15,000	6.7	1	14.3	15,000	12.3	-	-	-	-	-	-	-	-
COSTA RICA	2	16.7	38,900	17.5	2	28.6	38,900	32.0	-	-	-	-	-	-	-	-
CUBA	1	8.3	24,000	10.8	1	14.3	24,000	19.7	-	-	-	-	-	-	-	-
MEXICO	3	25.0	59,964	27.0	-	-	-	-	2	66.7	39,964	66.6	1	50.0	20,000	50.0
NICARAGUA	1	8.3	15,000	6.7	1	14.3	15,000	12.3	-	-	-	-	-	-	-	-
VENEZUELA	1	8.3	13,470	6.0	1	14.3	13,470	11.0	-	-	-	-	-	-	-	-
All Countries	12	100.0	221,334	100.0	7	100.0	121,370	100.0	3	100.0	59,964	100.0	2	100.0	40,000	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

ECONOMY & FINANCING OF THE HEALTH SECTOR

Country	TOTAL				1985				1986-87				1988-89			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	33.3	38,910	26.8	1	50.0	18,910	50.2	-	-	-	-	1	100.0	20,000	100.0
BRAZIL	2	33.3	38,700	26.6	1	50.0	18,700	49.7	1	33.3	20,000	22.8	-	-	-	-
JAMAICA	1	16.7	43,000	29.6	-	-	-	-	1	33.3	43,000	49.1	-	-	-	-
MEXICO	1	16.7	24,545	16.9	-	-	-	-	1	33.3	24,545	28.0	-	-	-	-
All Countries	6	100.0	145,155	100.0	2	100.0	37,610	100.0	3	100.0	87,545	100.0	1	100.0	20,000	100.0

ORG. OF HEALTH SANIT. SYSTEMS & SERVICES

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	11.1	35,400	11.7	-	-	-	-	-	-	-	-	-	-	-	-	2	100.0	35,400	100.0
BOLIVIA	1	5.6	19,500	6.4	-	-	-	-	-	-	-	-	1	50.0	19,500	46.9	-	-	-	-
BRAZIL	3	16.7	53,000	17.5	2	25.0	37,000	25.3	1	16.7	16,000	20.2	-	-	-	-	-	-	-	-
COLOMBIA	1	5.6	22,000	7.2	-	-	-	-	-	-	-	-	1	50.0	22,000	53.0	-	-	-	-
CUBA	2	11.1	44,300	14.6	1	12.5	30,000	20.5	1	16.7	14,300	18.0	-	-	-	-	-	-	-	-
GUATEMALA	1	5.6	16,000	5.2	-	-	-	-	1	16.7	16,000	20.2	-	-	-	-	-	-	-	-
HONDURAS	1	5.6	2,300	0.7	-	-	-	-	1	16.7	2,300	2.9	-	-	-	-	-	-	-	-
JAMAICA	2	11.1	20,000	6.6	2	25.0	20,000	13.6	-	-	-	-	-	-	-	-	-	-	-	-
MEXICO	1	5.6	25,000	8.2	1	12.5	25,000	17.1	-	-	-	-	-	-	-	-	-	-	-	-
PANAMA	1	5.6	16,400	5.4	-	-	-	-	1	16.7	16,400	20.7	-	-	-	-	-	-	-	-
PERU	1	5.6	26,000	8.6	1	12.5	26,000	17.8	-	-	-	-	-	-	-	-	-	-	-	-
UNITED STATES	1	5.6	14,150	4.6	-	-	-	-	1	16.7	14,150	17.8	-	-	-	-	-	-	-	-
URUGUAY	1	5.6	8,000	2.6	1	12.5	8,000	5.4	-	-	-	-	-	-	-	-	-	-	-	-
All Countries	18	100.0	302,050	100.0	8	100.0	146,000	100.0	6	100.0	79,150	100.0	2	100.0	41,500	100.0	2	100.0	35,400	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

GROWTH, DEVELOPMENT & HUMAN REPRODUCTION

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ANTIGUA AND BARBUDA	1	3.7	20,000	4.7	-	-	-	-	-	-	-	-	-	-	-	-	1	9.1	20,000	9.7
ARGENTINA	2	7.4	25,300	5.9	2	25.0	25,300	26.6	-	-	-	-	-	-	-	-	-	-	-	-
BARBADOS	1	3.7	20,662	4.8	-	-	-	-	-	-	-	-	-	-	-	-	1	9.1	20,662	10.0
BRAZIL	8	29.6	123,406	29.1	3	37.5	31,500	33.1	-	-	-	-	3	50.0	54,846	54.6	2	18.2	37,060	18.0
CHILE	3	11.1	34,790	8.2	1	12.5	20,000	21.0	1	50.0	8,290	36.9	-	-	-	-	1	9.1	6,500	3.1
COLOMBIA	1	3.7	3,135	0.7	1	12.5	3,135	3.3	-	-	-	-	-	-	-	-	-	-	-	-
COSTA RICA	2	7.4	37,359	8.8	-	-	-	-	-	-	-	-	1	16.7	12,491	12.4	1	9.1	24,868	12.1
CUBA	2	7.4	28,040	6.6	1	12.5	15,000	15.8	-	-	-	-	1	16.7	13,040	12.9	0	-	-	-
MEXICO	2	7.4	39,940	9.4	-	-	-	-	-	-	-	-	-	-	-	-	2	18.2	39,940	19.4
NICARAGUA	1	3.7	14,160	3.3	-	-	-	-	1	50.0	14,160	63.0	-	-	-	-	-	-	-	-
PERU	2	7.4	36,700	8.6	-	-	-	-	-	-	-	-	-	-	-	-	2	18.2	36,700	17.8
UNITED STATES	1	3.7	20,000	4.7	-	-	-	-	-	-	-	-	1	16.7	20,000	19.9	-	-	-	-
VENEZUELA	1	3.7	19,500	4.6	-	-	-	-	-	-	-	-	-	-	-	-	1	9.1	19,500	9.5
All Countries	27	100.0	422,992	100.0	8	100.0	94,935	100.0	2	100.0	22,450	100.0	6	100.0	100,377	100.0	11	100.0	205,230	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

HEALTH & ILLNESS IN THE ADULT POPULATION

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	8.3	34,400	8.2	-	-	-	-	1	12.5	14,400	11.8	-	-	-	-	1	16.7	20,000	15.1
BARBADOS	1	4.2	19,985	4.8	-	-	-	-	-	-	-	-	1	25.0	19,985	27.4	-	-	-	-
BRAZIL	6	25.0	100,507	24.1	2	33.3	30,000	33.5	1	12.5	15,131	12.4	1	25.0	20,880	28.7	2	33.3	34,496	26.1
CHILE	2	8.3	44,950	10.8	1	16.7	15,000	16.7	-	-	-	-	-	-	-	-	1	16.7	29,950	22.7
COSTA RICA	2	8.3	37,000	8.9	-	-	-	-	1	12.5	17,000	13.9	-	-	-	-	1	16.7	20,000	15.1
CUBA	3	12.5	36,000	8.6	1	16.7	15,000	16.7	2	25.0	21,000	17.2	-	-	-	-	-	-	-	-
MEXICO	3	12.5	60,707	14.6	1	16.7	14,500	16.2	-	-	-	-	1	25.0	18,840	25.9	1	16.7	27,367	20.7
TRINIDAD AND TOBAGO	1	4.2	20,000	4.8	-	-	-	-	1	12.5	20,000	16.4	-	-	-	-	-	-	-	-
UNITED STATES	1	4.2	13,000	3.1	-	-	-	-	-	-	-	-	1	25.0	13,000	17.8	-	-	-	-
URUGUAY	1	4.2	15,900	3.8	-	-	-	-	1	12.5	15,900	13.0	-	-	-	-	-	-	-	-
VENEZUELA	2	8.3	33,096	7.9	1	16.7	15,000	16.7	1	12.5	18,096	14.8	-	-	-	-	-	-	-	-
All Countries	24	100.0	415,545	100.0	6	100.0	89,500	100.0	8	100.0	121,527	100.0	4	100.0	72,705	100.0	6	100.0	131,813	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

HEALTH AND WORK

Country	TOTAL				1985				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	9.5	29,700	13.2	-	-	-	-	-	-	-	-	1	33.3	19,700	32.7	1	33.3	10,000	20.0
BRAZIL	2	9.5	25,400	11.3	1	11.1	5,000	7.1	-	-	-	-	1	33.3	20,400	33.9	-	-	-	-
CHILE	6	28.6	40,800	18.2	4	44.4	27,200	38.6	2	33.3	13,600	31.0	-	-	-	-	-	-	-	-
COLOMBIA	2	9.5	25,380	11.3	1	11.1	13,000	18.4	1	16.7	12,380	28.2	-	-	-	-	-	-	-	-
COSTA RICA	1	4.8	14,700	6.5	1	11.1	14,700	20.8	-	-	-	-	-	-	-	-	-	-	-	-
CUBA	2	9.5	13,900	6.2	1	11.1	5,000	7.1	1	16.7	8,900	20.3	-	-	-	-	-	-	-	-
JAMAICA	1	4.8	20,000	8.9	-	-	-	-	-	-	-	-	-	-	-	-	1	33.3	20,000	40.1
MEXICO	4	19.0	48,687	21.7	-	-	-	-	2	33.3	8,868	20.2	1	33.3	20,000	33.2	1	33.3	19,819	39.7
VENEZUELA	1	4.8	5,500	2.4	1	11.1	5,500	7.8	-	-	-	-	-	-	-	-	-	-	-	-
All Countries	21	100.0	224,067	100.0	9	100.0	70,400	100.0	6	100.0	43,748	100.0	3	100.0	60,100	100.0	3	100.0	49,819	100.0

AGING AND HEALTH

Country	TOTAL				1985				1986-87			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	2	33.3	25,000	36.7	1	33.3	15,000	31.2	1	33.3	10,000	50.0
CHILE	1	16.7	18,000	26.4	1	33.3	18,000	37.5	-	-	-	-
COSTA RICA	1	16.7	5,000	7.3	-	-	-	-	1	33.3	5,000	25.0
CUBA	2	33.3	20,000	29.4	1	33.3	15,000	31.2	1	33.3	5,000	25.0
All Countries	6	100.0	68,000	100.0	3	100.0	48,000	100.0	3	100.0	20,000	100.0

PAHO RESEARCH GRANTS PROGRAM
NUMBER OF APPROVED PROJECTS AND AWARDED FUNDS, BY COUNTRY, PRIORITY AREA AND YEAR

BIOTECHNOLOGY

Country	TOTAL				1986-87				1988-89				1990-91			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	5	33.3	86,400	30.9	3	33.3	62,000	35.2	-	-	-	-	2	50.0	24,400	38.6
BRAZIL	3	20.0	55,000	19.7	2	22.2	35,000	19.8	1	50.0	20,000	50.0	-	-	-	-
CUBA	1	6.7	20,000	7.1	1	11.1	20,000	11.3	-	-	-	-	-	-	-	-
MEXICO	3	20.0	62,000	22.2	1	11.1	17,000	9.6	1	50.0	20,000	50.0	1	25.0	25,000	39.6
VENEZUELA	3	20.0	55,681	19.9	2	22.2	42,021	23.8	-	-	-	-	1	25.0	13,660	21.6
All Countries	15	100.0	279,081	100.0	9	100.0	176,021	100.0	2	100.0	40,000	100.0	4	100.0	63,060	100.0

SCIENTIFIC ACTIVITY IN HEALTH

Country	TOTAL				1988-89			
	No.	% No.	AMOUNT $	% Amount	No.	% No.	AMOUNT $	% Amount
ARGENTINA	1	20.0	25,000	23.8	1	20.0	25,000	23.8
BRAZIL	1	20.0	20,000	19.0	1	20.0	20,000	19.0
CUBA	1	20.0	20,000	19.0	1	20.0	20,000	19.0
MEXICO	1	20.0	20,000	19.0	1	20.0	20,000	19.0
VENEZUELA	1	20.0	20,000	19.0	1	20.0	20,000	19.0
All Countries	5	100.0	105,000	100.0	5	100.0	105,000	100.0

Active, Completed Ar[illegible]rdue Projects 1985-1991

Priority Area	Project Status														
	Completed			Overdue			Sub-Total		Active/Ongoing			Sub-Total		Total *	
	No.	% Sub Total	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	Approved Amount
ALL AREAS	90	64.3	1,443,268	50	35.7	809,272	140	2,252,540	40	100.0	744,636	40	744,636	180	2,997,176
HEALTH PROFILES	10	76.9	138,342	3	23.1	37,650	13	175,992	1	100.0	7,500	1	7,500	14	183,492
PROCESS OF TECHNOLOGICAL DEVELOPMENT	7	63.6	93,746	4	36.4	69,203	11	162,949	2	100.0	43,375	2	43,375	13	206,324
POLITICAL PROCESS AND HEALTH	5	83.3	95,800	1	16.7	15,000	6	110,800	-	-	-	-	-	6	110,800
LABOR FORCE IN HEALTH	10	58.8	182,802	7	41.2	133,605	17	316,407	3	100.0	64,620	3	64,620	20	381,027
ORG. OF HEALTH SYSTEMS & SERVICES	4	44.4	68,434	5	55.6	97,900	9	166,334	2	100.0	40,000	2	40,000	11	206,334
ECONOMY & FINANCING OF THE HEALTH SECTOR	5	83.3	120,610	1	16.7	24,545	6	145,155	-	-	-	-	-	6	145,155
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	11	78.6	200,550	3	21.4	24,600	14	225,150	4	100.0	76,900	4	76,900	18	302,050
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	5	41.7	68,035	7	58.3	101,757	12	169,792	13	100.0	235,709	13	235,709	25	405,501
HEALTH & ILLNESS IN THE ADULT POPULATION	5	31.3	80,780	11	68.8	171,112	16	251,892	8	100.0	163,653	8	163,653	24	415,545
HEALTH AND WORK	10	71.4	81,148	4	28.6	57,900	14	139,048	3	100.0	49,819	3	49,819	17	188,867
AGING AND HEALTH	4	66.7	38,000	2	33.3	30,000	6	68,000	-	-	-	-	-	6	68,000
BIOTECHNOLOGY	10	90.9	195,021	1	9.1	21,000	11	216,021	4	100.0	63,060	4	63,060	15	279,081
SCIENTIFIC ACTIVITY IN HEALTH	4	80.0	80,000	1	20.0	25,000	5	105,000	-	-	-	-	-	5	105,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Active, Completed And Overdue Projects 1985-1991

Start Year: 1986-87

Priority Area	Project Status								Total *	
	Completed			Overdue			Sub-Total			
	No.	% Sub Total	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	Approved Amount
ALL AREAS	47	63.5	682,915	27	36.5	437,334	74	1,120,249	74	1,120,249
HEALTH PROFILES	9	81.8	123,342	2	18.2	17,650	11	140,992	11	140,992
PROCESS OF TECHNOLOGICAL DEVELOPMENT	4	80.0	46,706	1	20.0	9,843	5	56,549	5	56,549
POLITICAL PROCESS AND HEALTH	-	-	-	1	100.0	15,000	1	15,000	1	15,000
LABOR FORCE IN HEALTH	8	66.7	143,002	4	33.3	88,714	12	231,716	12	231,716
ORG. OF HEALTH SYSTEMS & SERVICES	2	33.3	28,470	4	66.7	77,900	6	106,370	6	106,370
ECONOMY & FINANCING OF THE HEALTH SECTOR	3	100.0	57,610	-	-	-	3	57,610	3	57,610
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	8	88.9	152,150	1	11.1	8,000	9	160,150	9	160,150
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	4	57.1	48,435	3	42.9	41,500	7	89,935	7	89,935
HEALTH & ILLNESS IN THE ADULT POPULATION	1	11.1	15,000	8	88.9	127,727	9	142,727	9	142,727
HEALTH AND WORK	6	100.0	40,200	-	-	-	6	40,200	6	40,200
AGING AND HEALTH	2	50.0	28,000	2	50.0	30,000	4	58,000	4	58,000
BIOTECHNOLOGY	-	-	-	1	100.0	21,000	1	21,000	1	21,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Active, Completed An[illegible]rdue Projects 1985-1991

Start Year: 1988-89

Priority Area	Project Status													Total *	
	Completed			Overdue			Sub-Total		Active/Ongoing			Sub-Total			
	No.	% Sub Total	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	Approved Amount
ALL AREAS	43	68.3	760,353	20	31.7	326,938	63	1,087,291	3	100.0	52,479	3	52,479	66	1,139,770
HEALTH PROFILES	1	50.0	15,000	1	50.0	20,000	2	35,000	-	-	-	-	-	2	35,000
PROCESS OF TECHNOLOGICAL DEVELOPMENT	3	50.0	47,040	3	50.0	59,360	6	106,400	-	-	-	-	-	6	106,400
POLITICAL PROCESS AND HEALTH	5	100.0	95,800	-	-	-	5	95,800	-	-	-	-	-	5	95,800
LABOR FORCE IN HEALTH	2	50.0	39,800	2	50.0	39,891	4	79,691	-	-	-	-	-	4	79,691
ORG. OF HEALTH SYSTEMS & SERVICES	2	66.7	39,964	1	33.3	20,000	3	59,964	-	-	-	-	-	3	59,964
ECONOMY & FINANCING OF THE HEALTH SECTOR	2	66.7	63,000	1	33.3	24,545	3	87,545	-	-	-	-	-	3	87,545
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	3	60.0	48,400	2	40.0	16,600	5	65,000	1	100.0	22,000	1	22,000	6	87,000
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	1	25.0	19,600	3	75.0	40,257	4	59,857	2	100.0	30,479	2	30,479	6	90,336
HEALTH & ILLNESS IN THE ADULT POPULATION	4	57.1	65,780	3	42.9	43,385	7	109,165	-	-	-	-	-	7	109,165
HEALTH AND WORK	4	57.1	40,948	3	42.9	37,900	7	78,848	-	-	-	-	-	7	78,848
AGING AND HEALTH	2	100.0	10,000	-	-	-	2	10,000	-	-	-	-	-	2	10,000
BIOTECHNOLOGY	10	100.0	195,021	-	-	-	10	195,021	-	-	-	-	-	10	195,021
SCIENTIFIC ACTIVITY IN HEALTH	4	80.0	80,000	1	20.0	25,000	5	105,000	-	-	-	-	-	5	105,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Active, Completed And Overdue Projects 1985-1991

Start Year: 1990-91

Priority Area	Project Status										Total *	
	Overdue			Sub-Total		Active/Ongoing			Sub-Total			
	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	% Sub Total	Approved Amount	No.	Approved Amount	No.	Approved Amount
ALL AREAS	3	100.0	45,000	3	45,000	37	100.0	692,157	37	692,157	40	737,157
HEALTH PROFILES	-	-	-	-	-	1	100.0	7,500	1	7,500	1	7,500
PROCESS OF TECHNOLOGICAL DEVELOPMENT	-	-	-	-	-	2	100.0	43,375	2	43,375	2	43,375
LABOR FORCE IN HEALTH	1	100.0	5,000	1	5,000	3	100.0	64,620	3	64,620	4	69,620
ORG. OF HEALTH SYSTEMS & SERVICES	-	-	-	-	-	2	100.0	40,000	2	40,000	2	40,000
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	-	-	-	-	-	3	100.0	54,900	3	54,900	3	54,900
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	1	100.0	20,000	1	20,000	11	100.0	205,230	11	205,230	12	225,230
HEALTH & ILLNESS IN THE ADULT POPULATION	-	-	-	-	-	8	100.0	163,653	8	163,653	8	163,653
HEALTH AND WORK	1	100.0	20,000	1	20,000	3	100.0	49,819	3	49,819	4	69,819
BIOTECHNOLOGY	-	-	-	-	-	4	100.0	63,060	4	63,060	4	63,060

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Distribution of Overdue P[illegible]ts 1985-1991, by Priority Area

Priority Area	Months Overdue									Total *		
	< 6 months			6-18 months			18+ months					
	No.	% Total	Approved Amount	No.	% Total	Approved Amount	No.	% Total	Approved Amount	No.	% Areas	Approved Amount
ALL AREAS	7	14.0	130,621	6	12.0	108,526	37	74.0	570,125	50	100.0	809,272
HEALTH PROFILES	-	-	-	1	33.3	20,000	2	66.7	17,650	3	6.0	37,650
PROCESS OF TECHNOLOGICAL DEVELOPMENT	-	-	-	1	25.0	19,960	3	75.0	49,243	4	8.0	69,203
POLITICAL PROCESS AND HEALTH	-	-	-	-	-	-	1	100.0	15,000	1	2.0	15,000
LABOR FORCE IN HEALTH	2	28.6	27,814	1	14.3	19,891	4	57.1	85,900	7	14.0	133,605
ORG. OF HEALTH SYSTEMS & SERVICES	1	20.0	20,000	-	-	-	4	80.0	77,900	5	10.0	97,900
ECONOMY & FINANCING OF THE HEALTH SECTOR	-	-	-	-	-	-	1	100.0	24,545	1	2.0	24,545
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	-	-	-	-	-	-	3	100.0	24,600	3	6.0	24,600
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	2	28.6	37,807	1	14.3	8,290	4	57.1	55,660	7	14.0	101,757
HEALTH & ILLNESS IN THE ADULT POPULATION	-	-	-	1	9.1	19,985	10	90.9	151,127	11	22.0	171,112
HEALTH AND WORK	1	25.0	20,000	1	25.0	20,400	2	50.0	17,500	4	8.0	57,900
AGING AND HEALTH	-	-	-	-	-	-	2	100.0	30,000	2	4.0	30,000
BIOTECHNOLOGY	-	-	-	-	-	-	1	100.0	21,000	1	2.0	21,000
SCIENTIFIC ACTIVITY IN HEALTH	1	100.0	25,000	-	-	-	-	-	-	1	2.0	25,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Distribution of Overdue Projects 1985-1991, by Priority Area

Start Year: 1986-87

Priority Area	Months Overdue						Total *		
	< 6 months			18+ months					
	No.	% Total	Approved Amount	No.	% Total	Approved Amount	No.	% Areas	Approved Amount
ALL AREAS	1	3.7	22,814	26	96.3	414,520	27	100.0	437,334
HEALTH PROFILES	-	-	-	2	100.0	17,650	2	7.4	17,650
PROCESS OF TECHNOLOGICAL DEVELOPMENT	-	-	-	1	100.0	9,843	1	3.7	9,843
POLITICAL PROCESS AND HEALTH	-	-	-	1	100.0	15,000	1	3.7	15,000
LABOR FORCE IN HEALTH	1	25.0	22,814	3	75.0	65,900	4	14.8	88,714
ORG. OF HEALTH SYSTEMS & SERVICES	-	-	-	4	100.0	77,900	4	14.8	77,900
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	-	-	-	1	100.0	8,000	1	3.7	8,000
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	-	-	-	3	100.0	41,500	3	11.1	41,500
HEALTH & ILLNESS IN THE ADULT POPULATION	-	-	-	8	100.0	127,727	8	29.6	127,727
AGING AND HEALTH	-	-	-	2	100.0	30,000	2	7.4	30,000
BIOTECHNOLOGY	-	-	-	1	100.0	21,000	1	3.7	21,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Distribution of Overdue Projects 1985-1991, by Priority Area

Start Year: 1988-89

Priority Area	Months Overdue									Total *		
	< 6 months			6-18 months			18+ months					
	No.	% Total	Approved Amount	No.	% Total	Approved Amount	No.	% Total	Approved Amount	No.	% Areas	Approved Amount
ALL AREAS	3	15.0	62,807	6	30.0	108,526	11	55.0	155,605	20	100.0	326,938
HEALTH PROFILES	-	-	-	1	100.0	20,000	-	-	-	1	5.0	20,000
PROCESS OF TECHNOLOGICAL DEVELOPMENT	-	-	-	1	33.3	19,960	2	66.7	39,400	3	15.0	59,360
LABOR FORCE IN HEALTH	-	-	-	1	50.0	19,891	1	50.0	20,000	2	10.0	39,891
ORG. OF HEALTH SYSTEMS & SERVICES	1	100.0	20,000	-	-	-	-	-	-	1	5.0	20,000
ECONOMY & FINANCING OF THE HEALTH SECTOR	-	-	-	-	-	-	1	100.0	24,545	1	5.0	24,545
ORG. OF HEALTH SANIT. SYSTEMS & SERVICES	-	-	-	-	-	-	2	100.0	16,600	2	10.0	16,600
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	1	33.3	17,807	1	33.3	8,290	1	33.3	14,160	3	15.0	40,257
HEALTH & ILLNESS IN THE ADULT POPULATION	-	-	-	1	33.3	19,985	2	66.7	23,400	3	15.0	43,385
HEALTH AND WORK	-	-	-	1	33.3	20,400	2	66.7	17,500	3	15.0	37,900
SCIENTIFIC ACTIVITY IN HEALTH	1	100.0	25,000	-	-	-	-	-	-	1	5.0	25,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

Distribution of Overdue Projects 1985-1991, by Priority Area

Start Year: 1990-91

Priority Area	Months Overdue < 6 months			Total *		
	No.	% Total	Approved Amount	No.	% Areas	Approved Amount
ALL AREAS	3	100.0	45,000	3	100.0	45,000
LABOR FORCE IN HEALTH	1	100.0	5,000	1	33.3	5,000
GROWTH, DEVELOPMENT & HUMAN REPRODUCTION	1	100.0	20,000	1	33.3	20,000
HEALTH AND WORK	1	100.0	20,000	1	33.3	20,000

* Excludes 9 projects: 8 canceled and 1 pending investigator acceptance

RG91L004 08/13/91:jjs

PAHO Research Grants Program

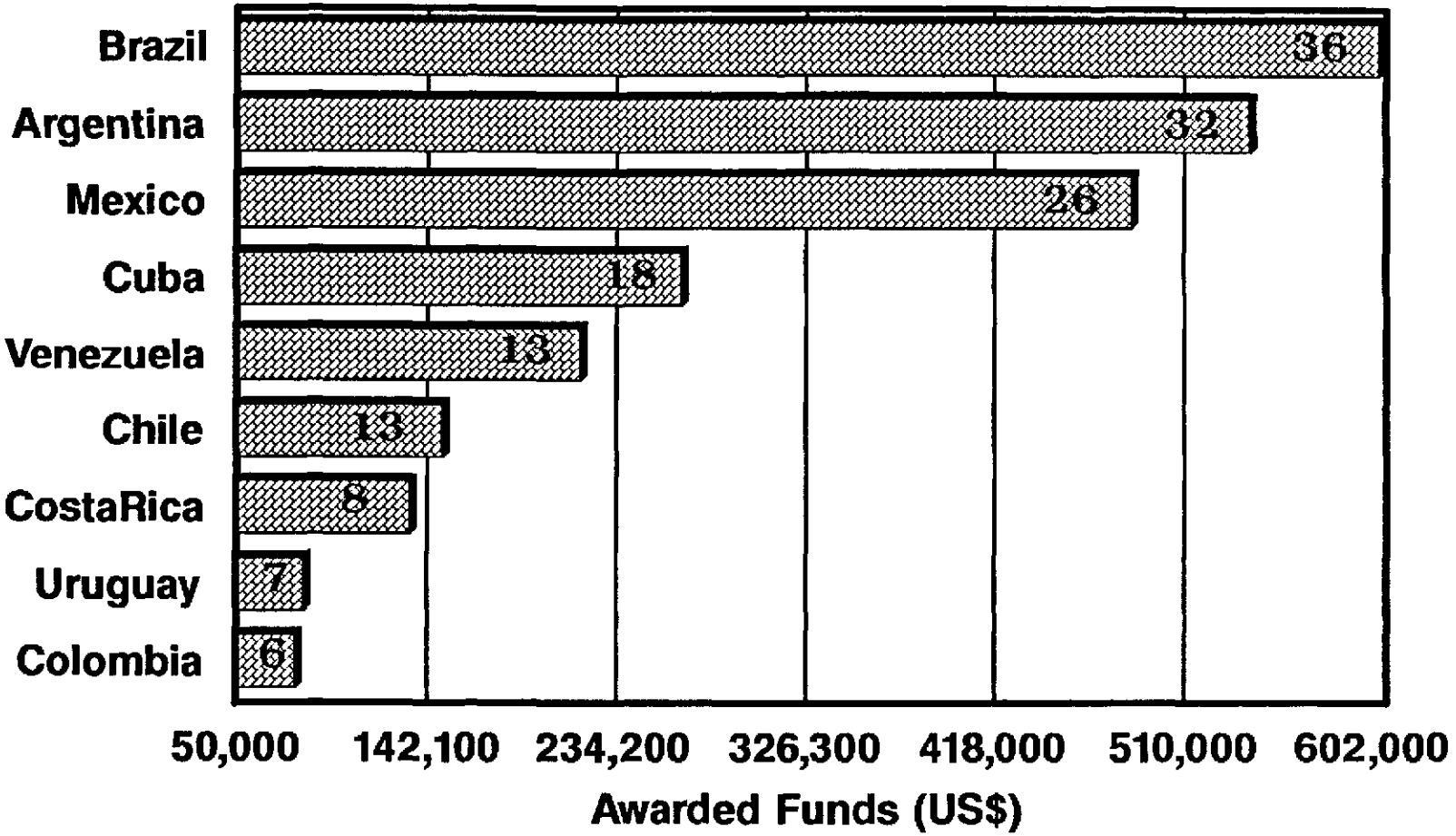
Countries With 5 Or More Approved Projects During 1985-1991

	1985		1986-87		1988-89		1990-91	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Argentina	6	91,588	7	127,854	10	187,300	9	134,420
Brazil	12	194,200	9	138,280	10	191,926	5	79,056
Chile	7	80,200	4	32,670	-	-	2	36,450
Colombia	3	31,135	2	25,030	1	22,000	-	-
Costa Rica	3	53,600	2	22,000	1	12,491	2	44,868
Cuba	8	143,500	7	89,200	2	33,040	1	...
Mexico	5	83,881	5	68,913	8	158,695	8	172,126
Uruguay	2	15,400	4	46,710	1	20,000	-	-
Venezuela	5	63,156	4	75,117	2	45,000	2	33,160
Sub Total	51	756,660	44	620,774	35	660,452	29	500,000
All Countries	60	899,369	54	796,784	40	762,897	35	620,817

As of 29 July 1991

RG91L001 08/11/91 jjs

PAHO Research Grants Program
Countries With 5 Or More Approved Projects, 1985-1991



As of 29 July 1991

RG91L003 08/13/91:jjs

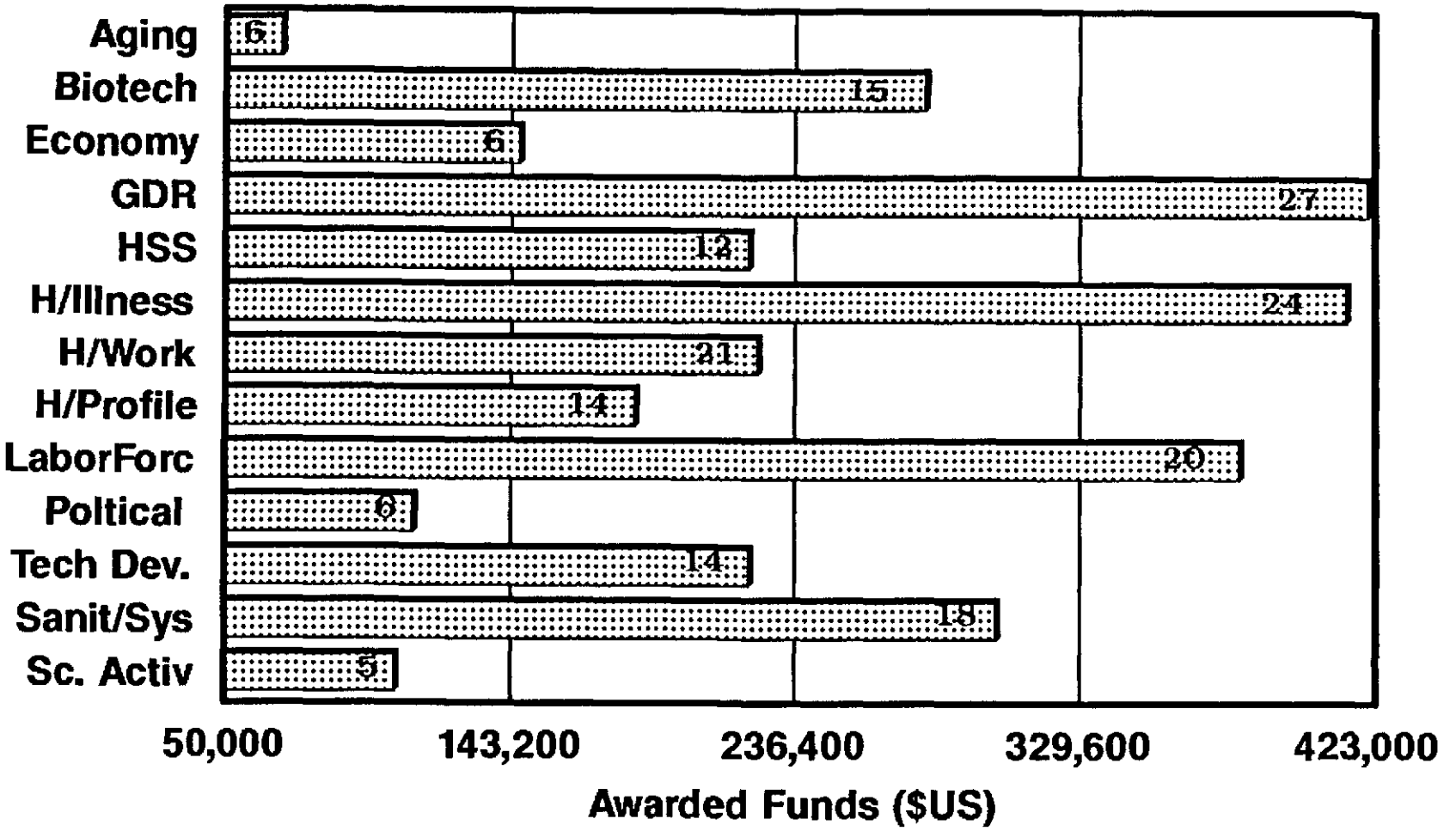
PAHO Research Grants Program
Approved Projects 1985-1991 By Priority Area

	1985		1986-87		1988-89		1990-91	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Aging & Health	3	48,000	3	20,000	-	-	-	-
Biotechnology	-	-	9	176,021	2	40,000	4	63,060
Economy & Financing	2	37,610	3	87,545	1	20,000	-	-
Growth, Development, Reproduction	8	94,935	2	22,450	6	100,377	11	205,230
Health Systems & Services	7	121,370	-	-	3	59,964	2	40,000
Health & Illness in Adults	6	89,500	8	121,527	4	72,705	6	131,813
Health & Work	9	70,400	6	43,748	3	60,100	3	49,819
Health Profiles	7	102,652	5	58,340	1	15,000	1	7,500
Labor Force in Health	10	188,902	3	62,814	4	84,691	3	44,620
Political Process & Health	-	-	2	35,000	4	75,800	-	-
Process of Technological Develop.	-	-	7	90,189	5	87,760	2	43,375
Health Sanitation Systems/Services	8	146,000	6	79,150	2	41,500	2	35,400
Scientific Activity in Health	-	-	-	-	5	105,000	-	-
Total	60	899,369	54	796,784	40	762,897	34	620,817

As of 29 July 1991

RG91L002 08/13/91 jjs

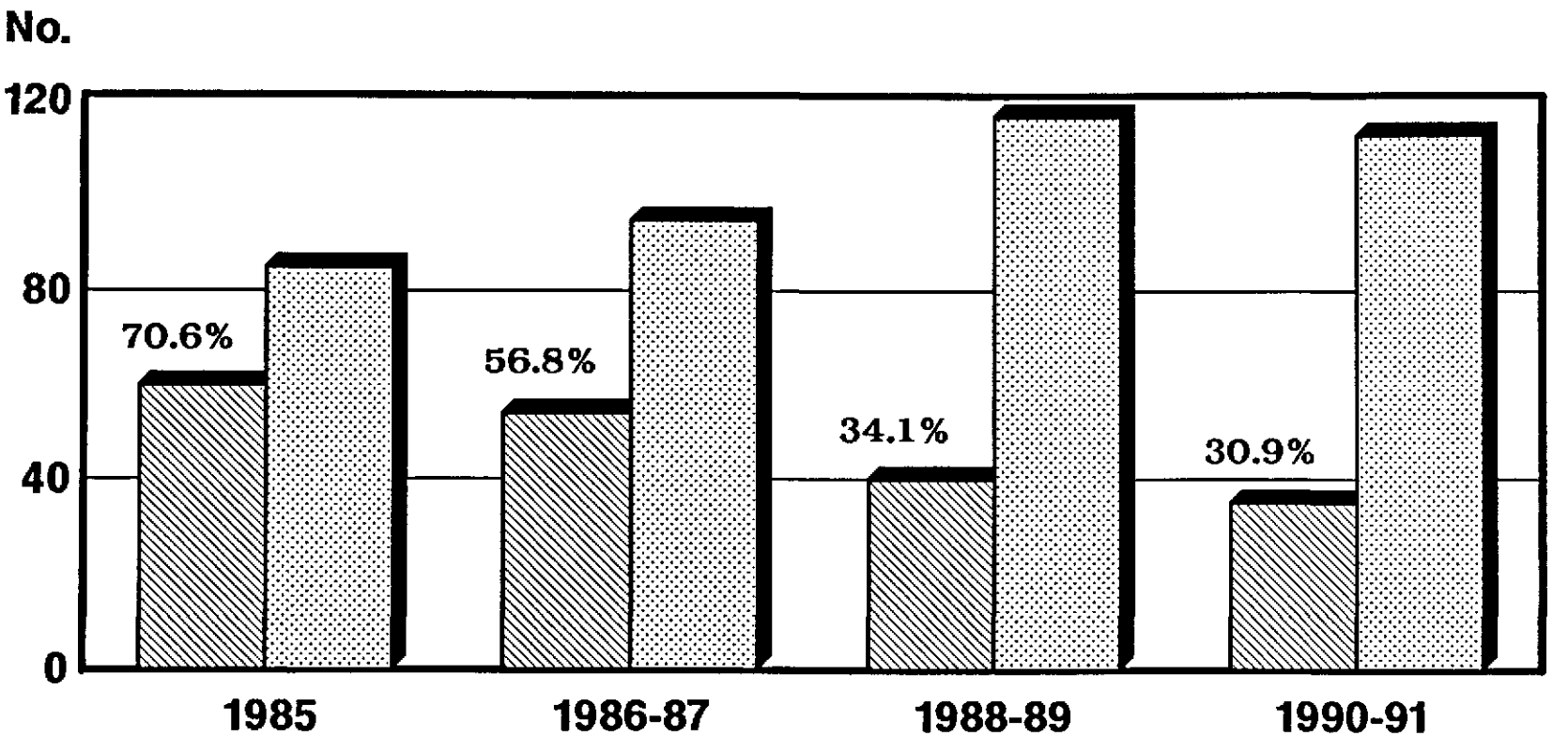
PAHO Research Grants Program
Approved Projects 1985-1991 By Priority Area



As of 29 July 1991

RG91L010 08/13/91jjs

PAHO Research Grants Program
Reviewed and Approved Projects, 1985-1991

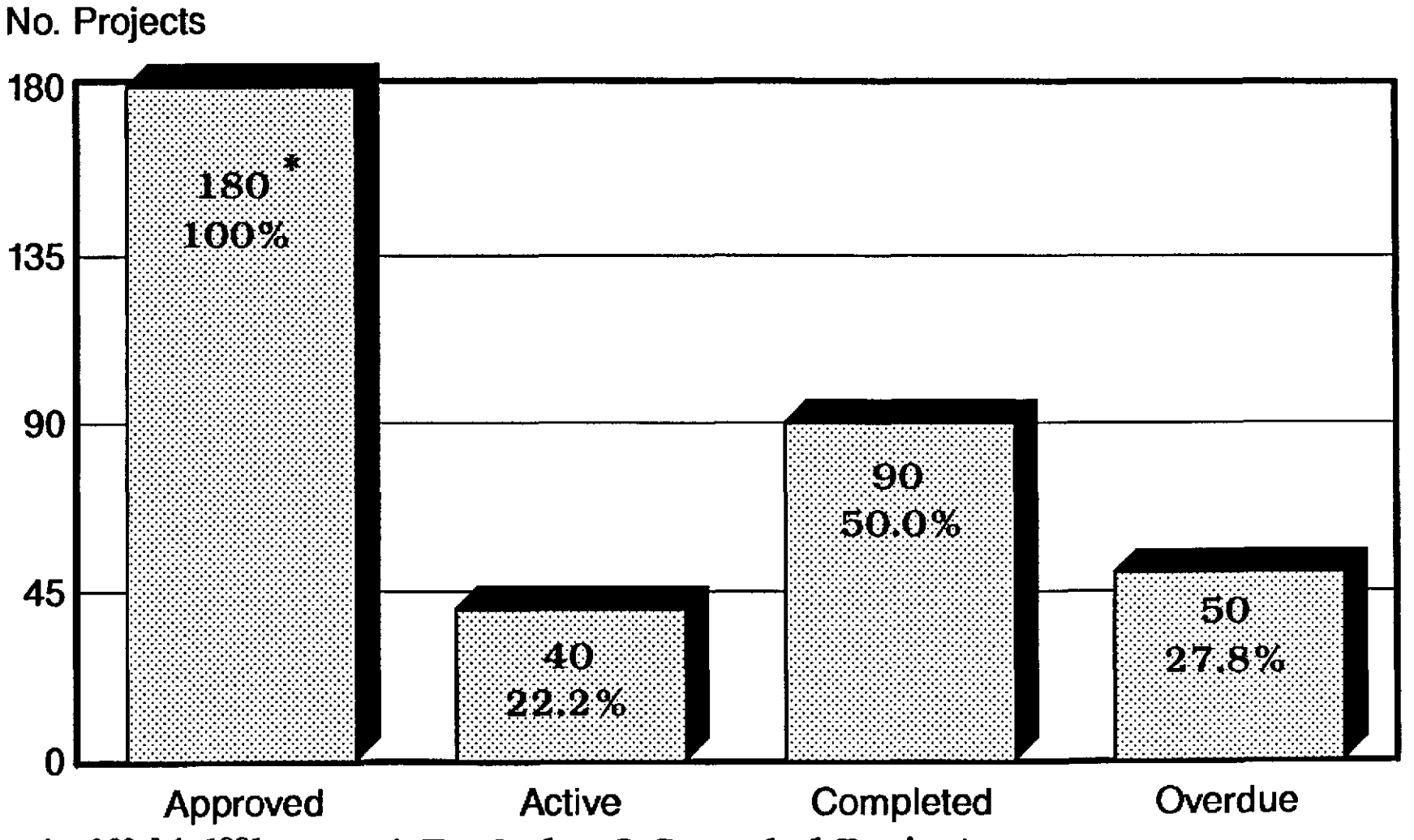


Approved Reviewed

As of 29 July 1991

RG91L014 08/13/91 jjs

PAHO Research Grants Program
Status of Approved Projects 1985-1991

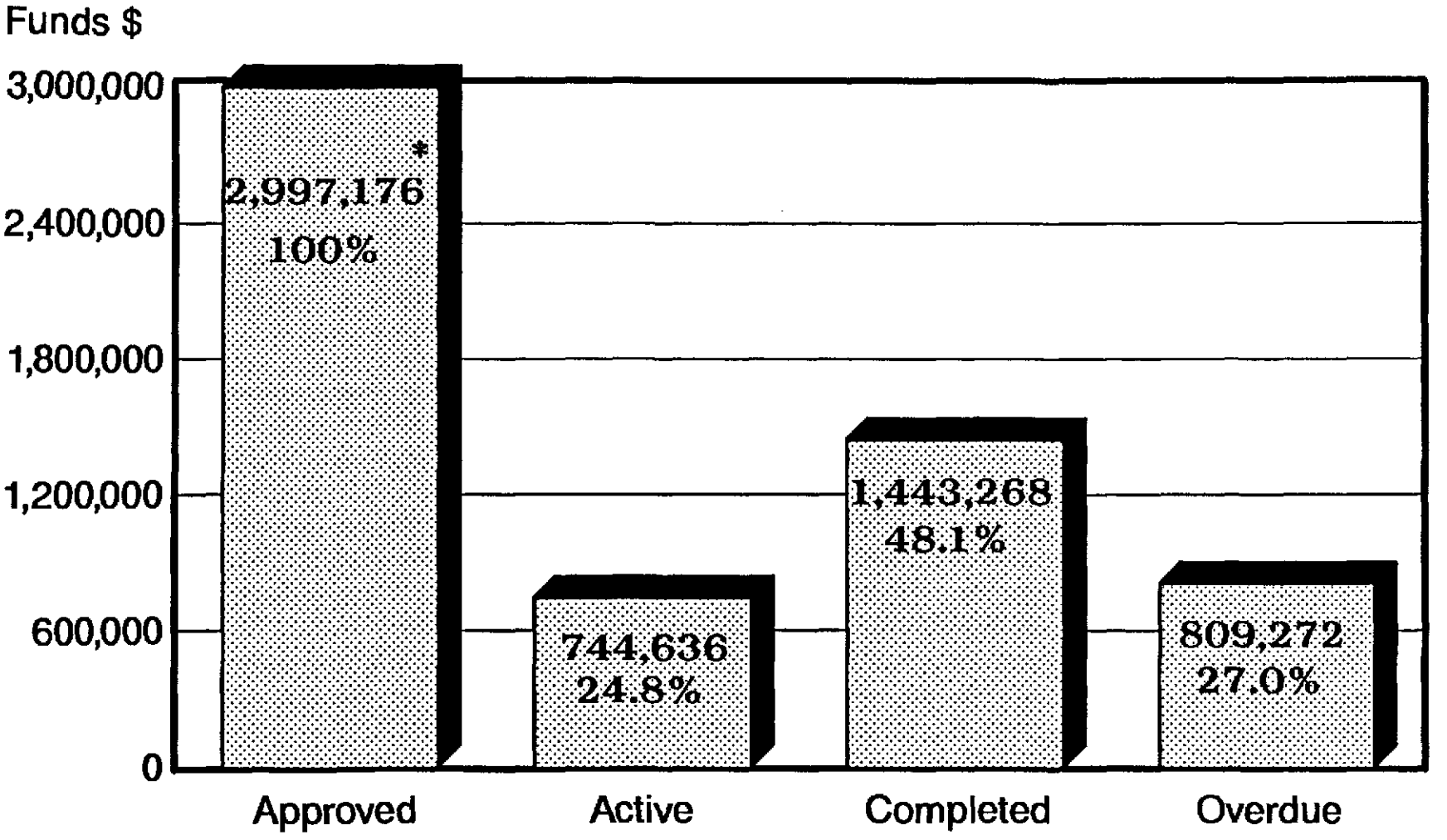


As of 29 July 1991

* Excludes 8 Canceled Projects.

RG91L015 08/13/91:jjs

PAHO Research Grants Program
Status of Approved Projects 1985-1991

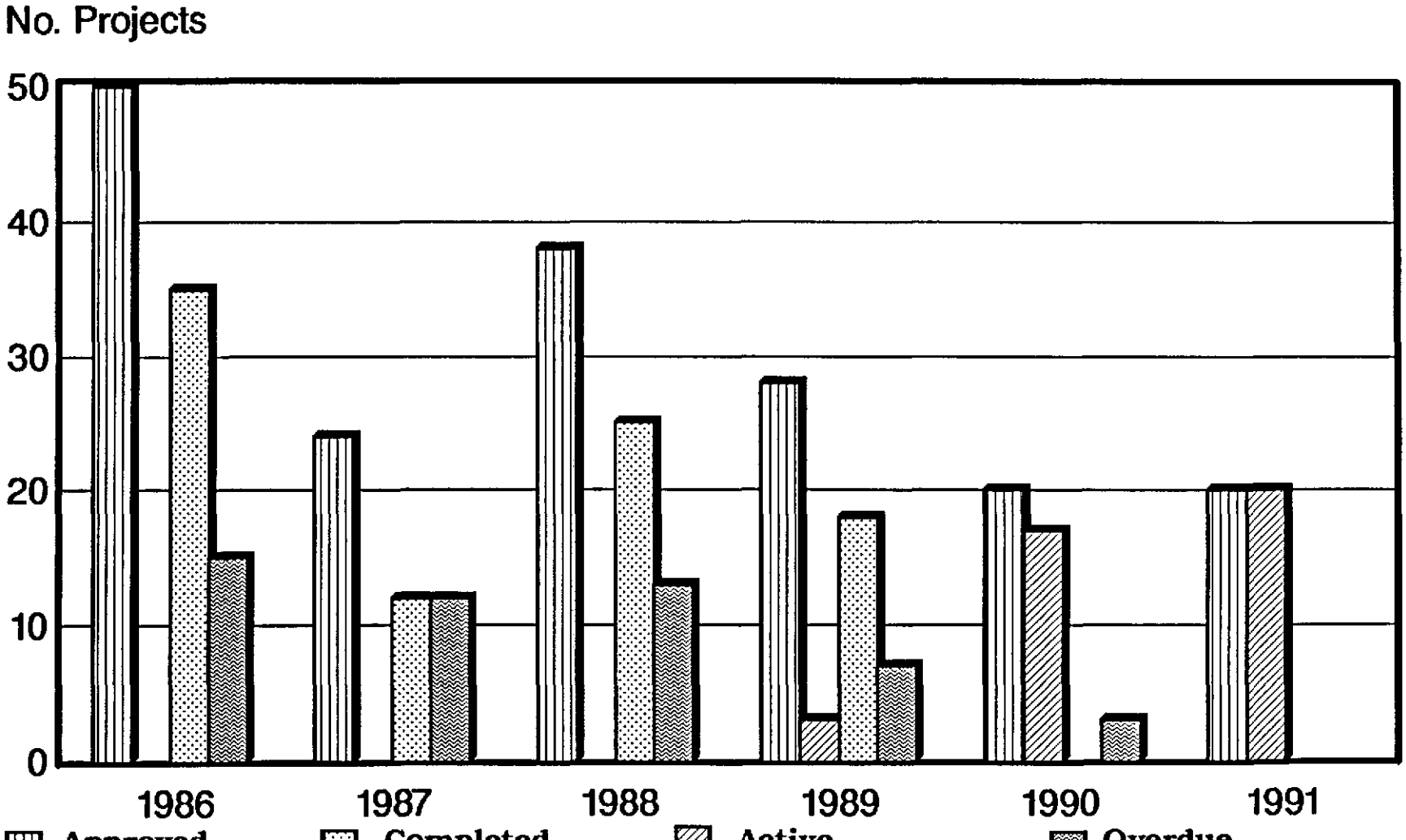


As of 29 July 1991

* Excludes 8 Canceled Projects.

RG91L016 08/13/91 jjs

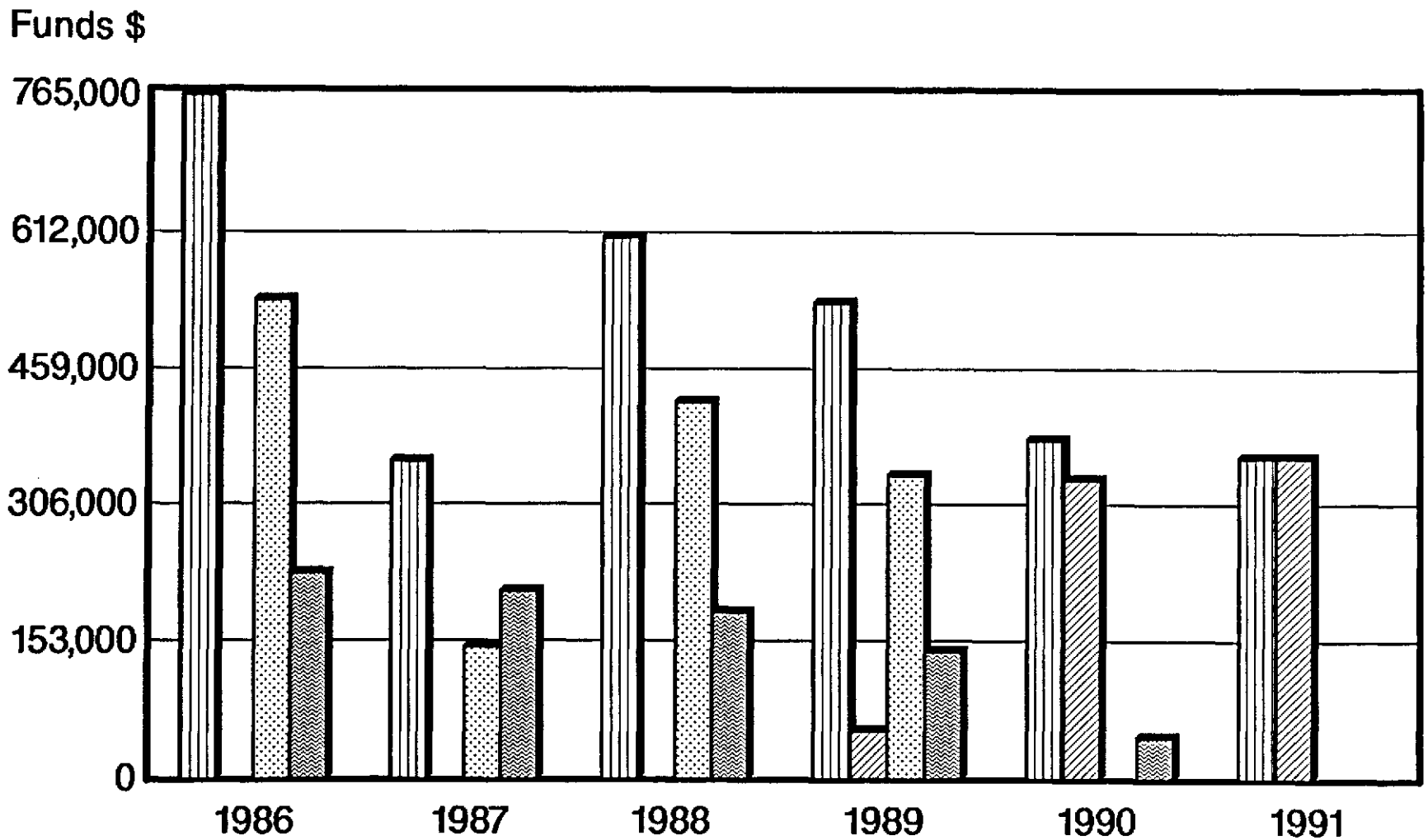
PAHO Research Grants Program
Approved Projects 1985-1991, By Project Start Year



As of 29 July 1991 Excludes 8 Canceled Projects.

RG91L017 08/13/91:jjs

PAHO Research Grants Program
Approved Projects 1985-1991, By Project Start Year

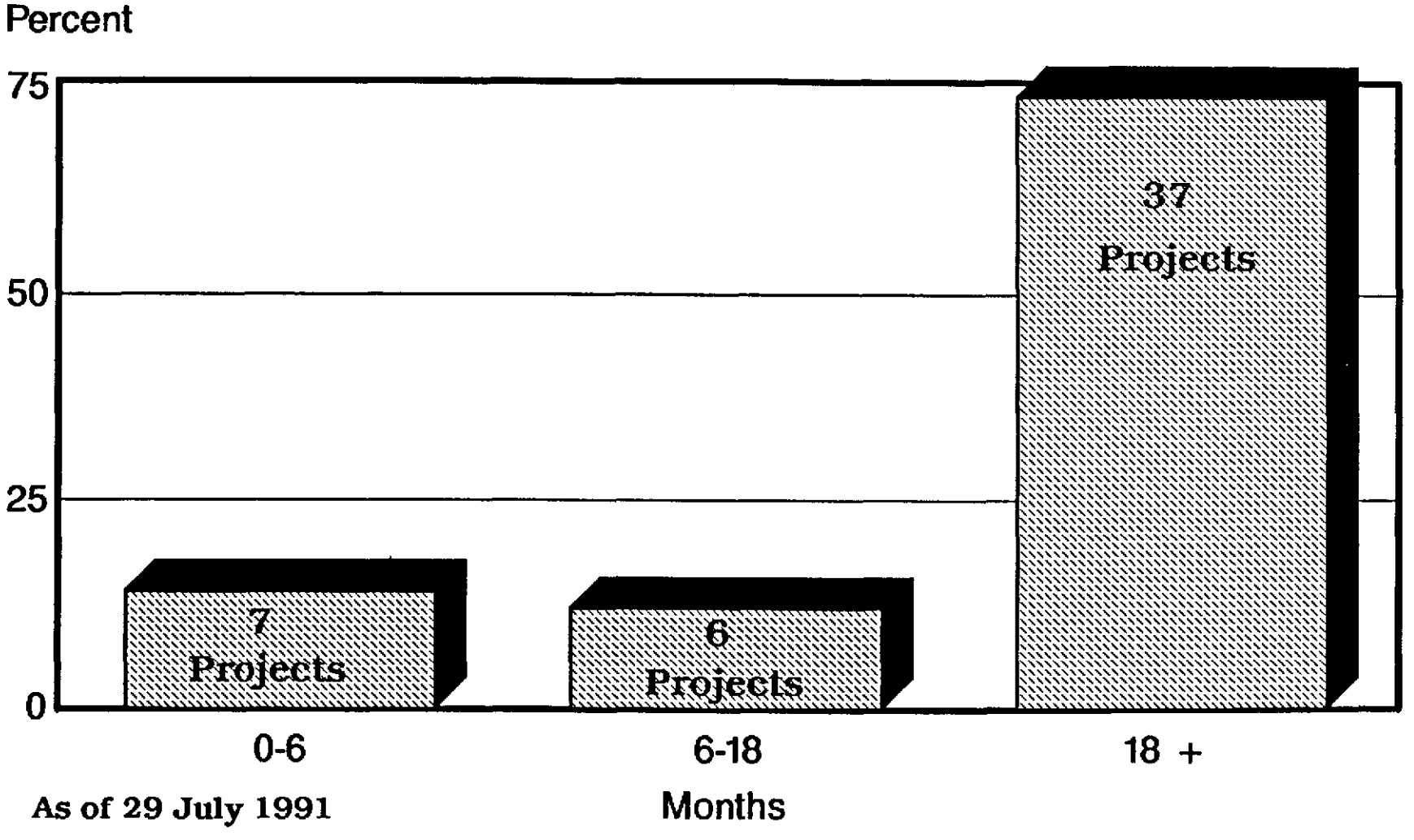


As of 29 July 1991

Excludes 8 Canceled Projects.

RG91L013 08/13/91:jjs

PAHO Research Grants Program
Percentage Distribution of Overdue Projects, 1985-1991



As of 29 July 1991