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**PUBLIC HEALTH RESEARCH
IN ARGENTINA**

OBSERVATIONS AND RECOMMENDATIONS

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PUBLIC HEALTH RESEARCH IN ARGENTINA:
OBSERVATIONS AND RECOMMENDATIONS

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PUBLIC HEALTH RESEARCH IN ARGENTINA:
OBSERVATIONS AND RECOMMENDATIONS*

The Consultants were requested by the Pan American Health Organization "to identify the needs and the opportunities for research in the field of public health in Argentina, and to recommend a research program for the Ministry of Health". These instructions were supplemented verbally in the initial discussion (Feb. 2, 1965) with the Honorable Dr. Arturo Oñativia, Minister of Public Health and Social Welfare, who requested particular examination of problems relative to:

1. The coordination of research among components of the Ministry of Health, and between the Ministry and other agencies, public and private.
2. The establishment of research priorities in various subject matter areas such as nutrition, infectious diseases, environmental sanitation, and organization of health services.
3. The need for, and use and administration of a special Public Health Research Fund to support research training and research grants.
4. Investigation and study of the administration and provision of medical care (this is a major responsibility of the Ministry which poses many questions, administrative and technical).
5. Role of the National Institute of Health of Argentina, an existing research component of the Ministry of Health.

*Prepared for the Fourth Meeting of the PAHO/ACMR, 14-18 June 1965, by Dr. Robert Dyar, Chief, Division of Research, State of California Department of Public Health. Based on a site visit to Argentina, 1-28 February 1965, by Dr. Dyar and Dr. Morris Schaefer, Professor of Public Administration, Graduate School of Public Affairs, State University of New York, acting as PAHO Consultants. Dr. Schaefer's part of the report, dealing more specifically with the administrative aspects of public health research, will be forthcoming.

In a period of less than four weeks, it is impossible for two individuals to obtain a comprehensive and thoroughly accurate picture of all aspects of medical and public health research in a major political jurisdiction. The task was complicated by lack of readily available and reliable quantitative data on many subjects, difficulty in understanding the intricate inter-relationships among medical education and practice, public health practice, fundamental research; and difficulties in sensing and interpreting social, cultural and professional practices. Further problems were presented by geography, distances, dispersion of research and educational centers, language and the vacation absence of key individuals.

The observations are unquestionably limited. Time did not permit more than a sampling of the biomedical teaching and research institutions, and these of necessity were located in Buenos Aires. Time and distance did not permit visits to institutions in Cordoba, Rosario, etc. The problems of mental health (although psychiatric care is admittedly very inadequate) and of dental health were arbitrarily eliminated from consideration because of time. Time permitted a limited visit to only one province - Catamarca. This province was suggested by the Ministry as illustrative of the problem of a poor, isolated, rural area - generally undeveloped, with limited resources and serious health problems. It would have been very desirable to see a wider segment of the rural communities.

In the time available, the Consultants gained a general, if not a detailed, impression of the need, resources and opportunities for public health research in Argentina, and of the problems in developing

a national public health research program. A detailed list of institutions visited and individuals interviewed, appears in Section 4. In these conferences and discussions, the purpose of the mission was briefly described, general questions designed to elicit non-directed responses were asked, and attitudes and opinions on the need for applied research in public health and the best ways of meeting these needs were sought. Specific and significant information and documentation were requested as appropriate. An attempt was also made to ascertain to what extent conditions existed which would be conducive to a public health research program, as described later in this report. In many instances these discussions were conducted through one or more translators. The information gathering was punctuated by several discussions with the Minister and the Under-Secretary for Health to provide progress reports and seek policy guidance. All interviews, inspections and conferences took place in Buenos Aires or the immediate area, with the exception, as previously noted, of a two days' visit to Catamarca.

1. Summary Findings and Observations

Argentina has a relatively racially homogenous population, descended largely from European sources. The country's great size and long distances, geographic and climatic variations, social, economic, industrial and occupational diversity, afford more than the usual range of public health problems.

The most recent (1960) census estimates the total population at approximately 20 million of which 21 percent are 9 years of age or under,

and 18 percent are over 50 years. In 1961 the birth rate was 22.3 per 1000, with the rate in the 22 provinces ranging from 13.7 to 39.2. The national death rate in the same year was reported as 8.3 per 1000, with a range by province of 6.9 to 14.5. In the same year the infant mortality rate was reported as 60.3 per 1000 live births, and the maternal mortality rate 9.2 per 10,000.*

The leading causes of death were heart disease, cancer, diseases of infancy and childhood, cerebro-vascular disorders and accidents.

In 1963, the reported number of new cases, nationally, for selected diseases was as follows:

Tuberculosis	24,060
Diphtheria	3,983
Chagas' disease	2,239
Typhoid fever	2,012
Brucellosis	1,146
Paralytic poliomyelitis	995
Junin (hemorrhagic) fever	694
Leprosy	134
Human rabies	32

It is estimated there are 6 hospital beds per 1,000 population, and the number of physicians varies from 1 to 677 population in the Buenos Aires metropolitan area, to 1 to 3,138 in some sparsely settled areas. In Catamarca, 25% (50,000) of the population in the capital city has 90% of the physicians (1:380), whereas the rural population (75%) has 10% of the physicians (1:10,000). There are no reliable hospital service statistics on a national or provincial basis, but it is variously estimated that the average duration of stay per acute illness is 20-40 days, and for maternity care 8-13 days in the Buenos Aires federal and

*Figures are derived from official publications of the Ministry of Public Health.

municipal hospitals.

Even a casual examination of the national (and one provincial) health statistics system reveals serious reasons for questioning the foregoing figures: incomplete reporting, lack of standardized forms and procedures, hand processing and tabulation of data, multiple hand copying operations, failure to use ordinary processes of verification, and lack of trained personnel in key position. In spite of the lack of reliable quantitative data concerning the health problems of Argentina, there is substantive agreement on the important problems, reflected in the numerous interviews and discussions subsequently reported. The priorities among these problems will be determined differently by different observers, perhaps subconsciously using the following subjective criteria for their decision:

1. the magnitude of the problem;
2. the vulnerability of the problem, i.e. the ease of solution dependent upon available resources, existing knowledge and technology;
3. the value or importance of the solution to society, to human welfare and national economy;
4. the cost and practicality of the solution.

It is not the purpose of this report to dwell in great detail upon the specific health problems of Argentina, as the basis for research development and commitment. However, on the basis of the foregoing criteria applied to admitted limited observations (in time, scope, geography, program detail), it seems that the major health problems of Argentina are concerned with organization and administration in the provision of health services. The following are a few examples:

1. development of systems of hospital information: collection tabulation, analysis and reporting of admissions, utilization,

- cases, deaths, etc.;
2. definition and analysis of reasons for excessive periods of hospitalization;
 3. development of systems for securing valid morbidity and mortality data;
 4. provision of medical services to isolated rural populations;
 5. cost analysis of specific services;
 6. case finding and health services demonstrations.

The needs for valid data, for improved diagnostic and therapeutic services, for more efficient administrative organization and management, for demonstrations of new ways of providing service, for techniques of evaluation are all applicable to a wide variety of specific health problems. Although the leading causes of death are chronic diseases and accidents, with one exception, it seems on the basis of the preceding criteria more feasible, more important and necessary to devote attention to:

1. Infant and maternal mortality;
2. Infection diseases;
3. Nutritional and metabolic disorders, particularly of infants and special population groups (defined by poverty, geography, demography, etc.)
4. Environmental sanitation, i.e. general sanitation, rural water supplies, milk and cheese pasteurization, disease vector control.

These same problems can be described in various matrices, i.e., education, housing, poverty, administrative processes, biological determinants, etc. But whatever the classification used, be it one of etiology or of consequence, it could appear that if the multiple problems of organization and administration of health services can be successfully attacked, the solutions of disease specific entities will be more readily forthcoming. For this paramount reason, major emphasis is placed on the need for qualified personnel, on the lack of administrative organization,

on operational malfunctioning as blocks in the establishment of better health services and a national public health research program. The importance of the correction and prevention of these shortcomings, as the first prerequisite in research development, cannot be over-emphasized.

For purposes of brevity, detailed comments on the numerous interviews and observations are not included in this summary report. Extensive consideration has been given them in the preparation of recommendations. Of major concern in this regard are serious deficiencies in staffing, organization and operation of the Ministry (with which the Minister is deeply concerned); the status of medical research and education, including deficiencies in teaching preventive medicine, in post-graduate training, in community service and library resources; and the strength, integrity and influence of the National Research Council.

2. A Concept of Public Health Research for Argentina

Public health in Argentina encompasses medical care as well as the more classical interests of preventive medicine. The health authorities at both federal and provincial levels of government are responsible for the operation of hospitals and clinics, the provision of diagnostic, therapeutic and rehabilitation services and the conduct of programs for the prevention of diseases. Although the responsibilities for public health services of the Ministry are very inclusive, for the purpose of this report it is not intended to encompass in public health research an equally broad interest.

Rather, public health research includes the planning, development, operation and evaluation of programs or inquiries which are

essentially and directly related to community health. Studies of the provision of health services and resources including investigations of the quality of medical care are included as opposed to research in the basic biomedical sciences or clinical medicine.

Public health research is that form of scientific inquiry conducted with defined objectives and specified methods under controlled conditions, designed to elicit and confirm new knowledge concerning the health of the community, to demonstrate application of new knowledge, and to evaluate the effectiveness of such additional knowledge in promoting optimal health, in prolonging life and in reducing disease and injury.

The definition is purposely made broad by the inclusion of demonstrations and evaluations scientifically conducted and where the results may be generalized to other situations. Demonstration is "research" by doing, or showing, measuring and evaluating the results against established standards or desired effects. Evaluation is the measurement of the amount of success in achieving predetermined objectives. The purposes and methods of evaluation are broadly similar to those of what is more commonly (and strictly) considered research: i.e. the pursuit of specifically defined objectives by reproducible methods, under controlled conditions to acquire knowledge. This broad concept of public health research has more applicability and usefulness in the Argentine situation than a narrow definition, as will be seen later.

Public health research usually includes studies of an epidemiologic, administrative or socio-economic nature. Epidemiologic studies may be either descriptive in nature - detailing the picture of the

occurrence of disease in terms of persons, time, place, and other circumstances - or analytical, wherein these factors are interrelated and by a process of deductive reasoning, certain hypotheses are advanced and tested. In a nation as diversified as Argentina, the need and the opportunity for descriptive epidemiologic studies is of unusual importance. They are the first step in preparing control programs, and would constitute important contributions to the national and international epidemiology literature. The problems of infant mortality, of nutrition, of gastrointestinal infection, to specify but a few, will require studies not only of the physical environment and of biological and chemical agents, but also of personal knowledge, motivation and health practices and of the social, demographic and economic characteristics of the community.

Administrative studies are generally concerned with the reason for and the way of doing things. They might vary from studies of the presence and distribution of health resources and personnel to investigation of the ways of improving laboratory diagnosis. They can be used to identify malfunction and poor organization or correlate information derived from multiple sources but related to a single problem. The opportunities are legion.

Private as well as governmental agencies, academic institutions and industries as well as operating health agencies, non-medical as well as medical persons and institutions, all have opportunities and responsibilities for public health research. Arbitrary or exclusive assignment of responsibility for inquiry or for research program development places unnecessary and unrealistic limitations on research capacity.

The criteria for research participation are imagination, competence and responsibility, not professional classification, organizational or political affiliation.

Historically, operating health agencies at all levels of government in many countries have engaged in research concerning the causation of disease, the effect of environment on health, and the presence and distribution of health (and disease) related factors in the population. The community is the laboratory for public health research. Studies of the population, of its health, and of the social, biological and environmental factors which affect health status, are the responsibility of the health agency. In the same manner as studies pertinent to industry and business determine program needs health studies direct the course of program development, demonstrate practice and evaluate procedure and results.

It is incumbent upon the health agencies to exploit their access to populations, their capacity for inter-disciplinary action, their accumulated knowledge and information about the population. From the services provided to that population should come much of the data for public health research. No responsible health Ministry is fulfilling its obligation to the government of which it is a part, or to the people it serves, if it does not maintain a continuing inventory and definition of health needs and problems, if it does not demonstrate and evaluate potential solutions. It is up to the Ministry to stimulate and encourage public and private agencies to develop and test new methods of applying scientific knowledge to community health problems. The fact that an agency's primary function is to provide service does

not imply that it should not undertake studies and inquiries related to such service; the fact that such an agency has a legal duty to provide services does not mean that it is not bound to enlist the interest and support of all other qualified agencies and individuals to assist in the discharge of its service and research responsibilities. They involve the development of policy guide lines, the establishment of standards of operation, careful and documented planning, skilled professional and administrative consultation, and program accounting and stewardship.

Furthermore health ministries are duty bound to apply their research findings to service programs as soon as possible. Finally, they must co-ordinate their research interests, their research support with those of others in the scientific community, in order that the best use can be made of all resources. In practical terms, this means the health agencies will emphasize applied research, descriptive and analytical studies of the community, demonstrations and evaluations, since the interests of the universities are of a more fundamental and clinical nature.

What has been said for the Ministry in general is applicable to its components. Public health research is not an isolated activity of a single administrative unit. In practice not all administrative units in a Ministry should, or are in a position to engage in research; but inquiry, investigation, exploitation of scientific curiosity is an integral part of every good public health program, whether or not such interests are dignified by the name "research". Under any title, they should be stimulated and encouraged.

In order to support and conduct public health research, certain requirements exist. Among these are:

1. A climate or environment for public health research.
2. The availability of well-trained personnel, qualified to do research, or the resources to recruit and train such personnel.
3. The existence of a system of public health practice identifying problems, providing good service, maintaining adequate records, up-grading staff.
4. A broad system for the generation of valid research data.

These four factors are not unrelated. The research climate is created by administrative understanding and encouragement, interest in and support for research and by scientific curiosity, imagination and a concern for the need of new knowledge. Uncommon flexibility in operation and tolerance of new and different ideas are the environmental ingredients. A part of this climate is a system of health practices that will communicate and utilize knowledge as well as encourage its procurement.

This same system of health practice - medical education and practice - is the basis of the application of preventive medicine by individual practitioners of medicine. It is the source of much socio-economic, demographic and environmental information generated and used by para-medical scientists. It is this same system of medical practice which provides many forms of both individual and community diagnosis, which offers treatment and amelioration, and from which stem the data underlying much of the applied research. The participants in this system must appreciate the value and the significance of valid data.

The adequate training of medical personnel for research begins with the basic sciences and extends through medical education,

post-graduate training in medicine and public health and includes as well practical experience under proper supervision. It includes adequate understanding and working experiences with professionals of other disciplines. Community diagnosis and treatment demands first of all a multidisciplinary approach. The system therefore also has requirements which are broader than medical practice alone. It has such varied needs, as those for ecologic data, for trained statisticians, nurses and economists, and for adequate resources to integrate with other aspects of community development and service.

3. Recommendations

The question for discussion in this report is not whether the Ministry of Public Health in Argentina should have a public health research program. That decision has been made by the Minister - the nation will engage in a program of public health research. The question then is how can this best be done.

The following recommendations propose the implementation of that program under extra-Ministerial auspices, supported by a national public health research fund, with initial emphasis on research training and the development of research resources. Parallel with this must come a strengthening of the organization and operation of the Ministry and the development of resources within the Ministry to provide staff support for the Minister in matters pertaining to public health research.

This report does not encompass suggestions to the Pan American Health Organization on the means by which it can assist and support the development of a national public health research program for Argentina.

3.1. First Recommendation

3.1.1. It is recommended that the Ministry establish and promulgate a policy on research, to include:

- 1.a. The purpose of the statement; i.e. to announce the intention to expand research interests, and for policy guidance;
- 1.b. The definition of public health research;*
- 1.c. The character of the ministerial interest in supporting and conducting research (purpose, method, eligibility);
- 1.d. A characterization of public health research as a part of any public health program, in the same sense that planning and evaluation are program responsibilities;
- 1.e. A justification of ministerial interest in research, not only to provide new knowledge, but to improve quality of practice, training and motivation of staff;
- 1.f. A general description of the research program proposed, i.e.
 - 1.f.1. Relationship of research to major health problems
 - 1.f.2. Utilization of the national scientific research community for advisory purposes
 - 1.f.3. Initial emphasis on research training and development of research capacity
 - 1.f.4. Use of a project system for support of research, based on merit, and on judgement by peers in making awards, on stability of support, on proper requirements of accountability on the part of awardees, and designed to be free of political interference.
- 1.g. Relationship to other national research interests and resources.

* The definition of public health research appears on page 8, first paragraph.

3.2. Second Recommendation

3.2.1. It is recommended that the Ministry of Public Health establish a national Public Health Research Fund.

2.a. Purposes: To support public health research and public health training for research

2.b. Administration: Extra-Ministerial
(See discussion in Section 3.2.2. for alternate possibilities)

2.b.1. Administrative costs not to exceed 10 percent of the fund.

2.c. Advisory Committee. The nation's professional, scientific, industrial, and business leaders selected on a nation-wide basis and representative of the nation - geographically, politically and economically - to advise on policy and to recommend awards on basis of policy, national need and relation to major health needs and problems and to appoint necessary scientific review panels (2.d.). Ex-officio members: Minister of Health, the Director of the School of Public Health and the Chairman of the National Research Council.

2.d. Scientific Review Panels

2.d.1. To be appointed by the Advisory Committee from lists of individuals submitted by the Minister of Public Health and the Director of the School of Public Health.

2.d.2. To review applications for training and research support, to recommend their approval or disapproval on scientific merit and to rank them in order of priority for the consideration of the Advisory Committee.

2.e. Method of Application: Fellowship support, including tuition, travel and subsistence is not to exceed five years; non-renewable research project grant support is not to exceed five years.

2.f. Safeguards

2.f.1. To maintain scientific quality and integrity as basis of award

2.f.2. To avoid diversion of funds to support other forms of research

2.f.3. To assure commitment of trainees to public health service and research

2.f.4. To guarantee continuity of integrity of the Advisory Committee and review panels.

2.g. Eligibility: Public and private agencies, Ministerial departments and institutes, medical schools, universities, private research institutes, and individuals of all professional disciplines whose services are related to public health.

3.2.2. Discussion of the Second Recommendation

No recommendation can detail the uses, administration and controls of a research fund. The suggestions made are intended only as reminders and are not models to be followed blindly. The important considerations are for the Ministry of Health to work out a definition of public health research eligible for support, to establish safeguards for the integrity in the use of the fund, and to insist upon patterns of administration that assure primacy of concern for scientific research and competence of the investigation, proper continuity of support and flexibility of use.

The review system proposed is also an example, based on the double review of the National Research Council of Argentina and on the dual system of expert committees and advisory councils of the U.S. Public Health Service. Again, the suggestion should not be followed blindly, but modified to meet Argentina's needs, always insuring judgement based upon merit as determined by professional peers.

Such detail as initial appointment of the Advisory Committee, duration and staggering of terms, eligibility for reappointment, etc., can best be determined locally. Once policy has been agreed upon, procedures can be developed with such consultation as the Ministry believes necessary.

The proposal for extra-Ministerial administration of the research fund is made because apparently the Ministry is already entangled in laws and procedures. To encumber a new program with already existing operational difficulties would condemn it to death before birth. Among the extra-Ministerial possibilities for administration of the fund are the School of Public Health and the Center for Applied Research of the University of Buenos Aires. Neither has staff, experience, strength or the desirable independence for such responsibility. A semi-independent research institute is another possible consideration, but it would appear to have the handicaps of governmentally related operations, and none of the virtues associated with an agency such as the National Research Council.

The possibility of developing a working relationship with the National Research Council deserve serious exploration. That group has the necessary legal authority, has scientific respect and prestige, and maintains a reputation of integrity and freedom from political interference. It has had experience with a double system of review for both training and research grant applications, using as the basis of determination scientific merit as judged by professional peers. It possesses an important link to other scientific research institutions in a wide variety of fields. The National Research Council could not undertake responsibilities for applied research in a new field, without additional money for such research, appropriate professional advisors and supplementation of administrative staff.

In any proposal to utilize the resources and experience of the National Research Council, particular safeguards should be established

to insure the availability of the public health research fund for the support of such research and research training as the Minister of Public Health may determine in his policy statement (First Recommendation), and to involve the participation of competent public health specialists in the work of the Council.

3.3. Third Recommendation

It is recommended that a national public health research training program be initiated and maintained for not less than seven years supported by the National Public Health Research Fund and designed to:

- 3.a. Strengthen the School of Public Health by establishing its independence from the Faculty of Medical Sciences, and increasing its capacity to recruit and train new public health personnel, especially public health statisticians, nurses and non-medical administrators;
- 3.b. Increase the number of individuals qualified to teach, to do research and to assume high level administrative responsibility, particularly by providing additional training for individuals previously trained and with demonstrated ability. Major attention should be given to statisticians, epidemiologists, nurses and administrators, and to a few selected individuals in professional disciplines relatively new to public health, such as anthropology, sociology, genetics, demography, operations research;
- 3.c. Establish community research and training centers under both public and private auspices, where additional information on health, socio-economic and environmental factors, intensified public health services and the availability of qualified personnel will enhance the value of such centers for on-the-job training and supervised research experiences;
- 3.d. Utilize existing and enhanced professional training resources currently in the Ministry for the planning and development of refresher training and on-the-job training for present employees, mobilizing training resources and skills of the universities, the medical schools and schools of public health to assist the Ministry.

3.4. Fourth Recommendation

It is recommended that the Ministry develop a program of public health research and training based on awards for projects and supported by the National Public Health Research Fund (Second Recommendation).

4.a. Purpose: To provide financial support of research in public health, as previously defined (First Recommendation), to eligible and competent investigators (Second Recommendation 2.g.).

4.b. Priority to:

4.b.1. Qualified requests to establish and maintain community research centers, where research may be conducted and supervised research training provided,

4.b.2. Small research development grants designed to plan the exploration of larger problems, provide expert consultation for research design, and develop significant research proposals,

4.b.3. Demonstrations with potential value as programs which may be generalized to other areas, especially rural communities,

4.b.4. Proposals related to major health needs, as determined and stated by the Minister of Public Health and the Advisory Committee on Public Health of the National Research Council.

4.c. Mechanism of application, review and award

Project* grant applications, subject to:

* The project shall state the general purpose of the proposed study, the specific objectives, the previous work if any related to the project, the proposed methods of study, the plan for analysis of data and the anticipated significance of the work. It shall be accompanied by a statement of the investigator's credentials, the resources available to him, and an annual budget for each year of the project indicating the amount requested for salaries and wages, equipment and supplies, and operating expenses. The financial contribution of the awardee or his institution to the proposed project shall be indicated.

- 4.c.1. Expert technical review panel approval or disapproval and rating in order of priority on a basis of technical and scientific merit
- 4.c.2. Public Health Research Advisory Committee (see Second Recommendation 2.c.) recommendation on basis of policy and relationship to national needs, for approval or disapproval of award for only those applications previously approved by an expert review panel
- 4.c.3. National Research Council award of grant.

4.d. Accountability of Awardee

The awardee may use funds granted for any such purposes as are appropriate to the research project, except that the amount of funds awarded for equipment may not be exceeded without such approval as specified by the National Research Council. The awardee shall report annually in writing to the National Research Council, which shall transmit a copy to the Ministry and summaries to the Public Health Advisory Committee of the National Research Council. Unexpended funds in an amount not to exceed 10% of the annual award may be carried forward to the succeeding project year.

- 4.e. Traineeship applications for individuals to be submitted by the individual or the agency sponsoring his training, and subject to essentially the same review and award procedures as prescribed for research grant applications.

4.f. Safeguards

- 4.f.1. Maintenance of the integrity of the award system by carefully documented procedures for award, confidential records of panel and Advisory Committee deliberations, and exclusion of institutional representatives from consideration of applications from their institution.
- 4.f.2. Limitation of research grant awards to periods not to exceed five years, and non-eligibility for renewal to insure continuing availability of funds for research, and to prevent use of funds for continuing support of service operations after completion of research.

3.5. Fifth Recommendation

It is recommended that the Ministry make selected administrative changes in the internal organization of the Ministry of Public Health, designed to develop and support its research capacity:

- 5.a. Establish an administrative unit for research planning, consultation, co-ordination and communication,
- 5.b. Reorganize and strengthen the statistical and health information services of the Ministry,
- 5.c. Establish Departments for Nutrition and Chronic Diseases.

3.5.1. Discussion of the Fifth Recommendation

Previous recommendations have dealt with the promulgation of public health research policy, the establishment of a public health research fund and its use in developing and supporting public health research and research training.

Although the responsibility for the administration of the fund has been placed outside the Ministry of Public Health, there is need for an intra-Ministerial research unit. As noted elsewhere in the report it is believed that this Research Planning and Consultation unit should be a part of a larger administration unit (at the Director General level) for Research and Development. Other units of this Directorate are Statistical Services, Planning and Evaluation and Professional Education and Training.

The purposes of the Research Planning and Consultation Unit are to advance a program of public health research, to promote the prompt application of research findings to public health, and to further

systematic planning and periodic evaluation of public health programs.

Its objectives are:

1. To recommend research policies and procedures for the Ministry of Health;
2. To identify and assess public health research needs, opportunities and activities;
3. To improve the quality and scope of public health research and research programs in the Ministry, in provincial departments of health, and in other appropriate public and voluntary agencies and institutions;
4. To identify and recommend the appropriate application of new ideas, techniques and methods for public health research;
5. To define criteria, develop methodology and recommend policy which will facilitate planning and evaluation of public health research programs;
6. To promote and support the systematic review of Ministerial research programs;
7. To contribute to the body of public health knowledge through appropriate research.

The concept of this unit is one of a staff to serve the staff of the Ministry in research support and coordination, providing expert advice in research design and evaluation, suggesting and stimulating needed research, offering technical and professional consultation (e.g. epidemiology, biostatistics, social service, and survey methods).

The Research Unit should also serve as a research secretariat for the Office of the Minister of Health by advising, recommending, maintaining liaison with extra-Ministerial groups such as the National Research Council, and assuming administrative responsibilities as assigned.

This is a staff unit, not a line or operating group for conducting or supervising research, and should do research only under unusual conditions, as specified by the Minister.

4. INSTITUTIONS AND INDIVIDUALS VISITED
1-28 February 1965

- 4.1 Academia Nacional de Medicina
Presidente: Dr. Pedro Abel Maissa
Instituto de Hematología
Dr. Alfredo Pavlovsky
- 4.2 Universidad Nacional de Buenos Aires
Rector: Dr. Julio Olivera
Centro de Investigaciones Aplicadas
Director: Ing. Luis Jáuregui
Facultad de Ciencias Médicas
Decano: Dr. Osvaldo Fustinoni,
Cátedra de Física Biológica
Prof. Dr. Enrique Strajmah
Cátedra de Microbiología y Parasitología
Prof. Dr. Armando S. Parodi
Escuela de Salud Pública
Dres. Carlos Canitrot y Jorge Segovia
- 4.3 Universidad del Salvador, Facultad de Medicina
Decano: Dr. Horacio Rodríguez Castells
Vice-Decano: Dr. Carlos Lotti
Director Departamento Educación: Dr. Raúl Devoto
Investigador, Endocrinología: Dr. Jorge Rosner
- 4.4. Bibliotecas
del Instituto Nacional de Microbiología,
del Ministerio de Asistencia Social y Salud Pública
de la Nación,
de la Academia Nacional de Medicina,

del Instituto Nacional de la Salud
del CEMIC (Centro de Educación Médica e Investigaciones
Clínicas) del Hospital Rivadavia, Sala XX

- 4.5 Consejo Federal de Inversiones
Dr. Luis Vera Ocampo
- 4.6 Consejo Nacional de Investigaciones Científicas y Técnicas
Presidente: Prof. Dr. Bernardo Houssay
Secretario Ejecutivo: Arq. Raúl Hinsch
- 4.7 Consejo Nacional de Desarrollo
Sr. Adolfo Chorny, Estadístico
Dr. Juan José Barrenechea
- 4.8 CEMIC (Centro de Educación Médica e Investigaciones Clínicas)
Director: Dr. Norberto Quirno
Secretario: Dr. Samuel Bosch
Médico del Personal: Dr. O. García Morteo
- 4.9 Ministerio de Asistencia Social y Salud Pública de la Nación
Ministro: Dr. Arturo Oñativia
Subsecretario: Dr. Plácido Nosiglia
- Dirección de Relaciones Internacionales, Sanitarias y Sociales, Director: Dr. Victorio V. Olguín
- Dirección General de Medicina Sanitaria, Director: Dr. Juan F. R. Bejarano,
Entomólogo: Dr. Rodolfo Carcavallo
Chagas: Dr. José García
Técnico de laboratorio: R. Rodríguez
- Dirección de Planificación y Evaluación: Dr. Alfredo Rabinovich, Director
- Dirección de Saneamiento Ambiental, Director: Ing. Nemo Tommasi

Dirección de Estadística y Economía Sanitarias, Director: Dr. Pedro Bottinelli

Instituto Nacional de Microbiología "Dr. Carlos G. Malbrán"

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Escuela de Enfermería

Directora: Srta. Teresa María Molina

4.10 Instituto Superior de Administración Pública

Director: Sr. Julio Rodríguez Arias

Contador: Sr. Armando Infante Artaza

Analista: Sr. Máximo Romero (ahora con el Depto. de Organización y Método, Ministerio de Hacienda)

Analista: Sr. Raúl Costa Urruty

4.11 Provincia de Catamarca

Dr. Oscar Sonzini, Delegado Sanitario Federal

Dr. Julio Parra, Estadígrafo

Dr. Oscar Sutin, Subsecretario Salud Pública

Dr. Ernesto Acuña (h.), Nutricionista, Minist.
Sal. Pública

Sr. Armando Navarro, Gobernador de la Provincia