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PAN AMERICAN
HEALTH
ORGANIZATION

XXVI Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XXXI Meeting



Washington, D.C.
September-October 1979

INDEXED

Provisional Agenda Item 36

CD26/30 (Eng.)

30 August 1979

ORIGINAL: ENGLISH

REPORT ON THE PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

As its name indicates, the role of the PAHO Advisory Committee on Medical Research (ACMR) is to advise the Director on medical research in the Region. The last three meetings of the ACMR have seen a shift in emphasis away from consideration of and scientific comment on specific items of research to efforts to identify research priorities and to develop mechanisms for promoting some areas of research. The Eighteenth Meeting, held in Washington, D.C., in June 1979, highlighted some aspects of this approach. The Director of the Pan American Sanitary Bureau, in addressing the opening session, focused on the multidisciplinary nature of the Committee, which gave it greater flexibility. In addition, he commented on the attention being paid to health services research; it was clear that this area had been neglected for too long and that its potential for solving many of the health problems of the Region had been overlooked.

The Committee reviewed the proposal for Management of Research in WHO, and it was apparent that many of the suggestions being put forward were already established practices in the PAHO/ACMR. All members agreed, however, that there was need for greater exchange of information among the various regional ACMR's.

The ACMR is attempting to review every year the work of at least one of the PAHO centers, and this year there was a presentation on the work of the Caribbean Epidemiology Center (CAREC). This Center is mainly concerned with the development and consolidation of surveillance of communicable diseases, but in addition provides services and training and carries out research in other areas. Through the use of standard epidemiologic methods CAREC has contributed significantly to health services research in such areas as the seroepidemiology of poliomyelitis, dengue, and yellow fever.

The Committee continued the discussions on nutrition that had been started at the Seventeenth Meeting. Some of the activities of the two PAHO centers concerned with nutrition--the Institute of Nutrition of Central America and Panama and the Caribbean Food and Nutrition Institute--were reviewed, and attention was drawn to work being

undertaken in Colombia, Costa Rica, Honduras, St. Kitts-Nevis, and Venezuela. The Committee reemphasized that research in nutrition needs to be an integral part of action programs and that every effort should be made to develop local and national resources in nutrition-related fields.

A program in hospital infection's control was presented. The point was made that the first requirement for a sound program was that the participating personnel be instructed in the prevention of nosocomial infections. Little research was being done in this area because most local research workers were unable to formulate clear proposals or to collect data in any systematic way.

At the previous meeting, the Committee had established a working group on diarrheal diseases. This group had reviewed the previous work sponsored by WHO and PAHO and had recommended that intestinal amebiasis be given high priority in terms of etiologic agents.

In considering the application of new techniques for management of diarrhea, the Committee was informed that a multidisciplinary group on gastroenteritis was currently meeting to draft policy recommendations. The strategies to be adopted would be consonant with the overall strategy of the WHO program in this field.

Most of the Committee's discussion in plenary session was devoted to health services research. As a result of the recommendations of the Seventeenth Meeting, two working groups had been established.

The first working group had dealt with definitions and areas of work in health services research. Four aspects of the areas were stressed: 1) basis of the activity; 2) definition and general concepts; 3) basic requirements for health services research; and 4) content and scope of the work.

The working group had accepted the definition proposed by the Research Subcommittee of the WHO/ACMR: "Health services research is the systematic study of the means by which basic medical and other relevant knowledge is brought to bear on the health of individuals and communities under a given set of existing conditions." The Committee agreed with the working group's suggestion that health services research should focus initially on two areas:

1. Improvement of the knowledge of health needs and of the availability, acceptability, and utilization of health services of communities.

2. Improvement of the knowledge of organizational structures in the health services and of the various political, social and economic considerations involved in formulating health policies.

The Committee particularly stressed that health services research should form an integral part of the normal functioning of the health services.

The second working group had prepared a report on the selection and use of social indicators in evaluating the results of health services research. This report was preliminary to the establishment of a larger working group, which was to meet regularly to consider the situation in this area and to examine various models relating to a limited number of designated priority problems in primary health care.

A PASB staff working group on health services research had been set up by the Director to coordinate the program in this area, and the work of this group was considered as an introduction to discussions on a regional program in health services research. It was agreed that a regional program would have several components, and that the major institutional component would be the PASB staff group established by the Director.

One session was devoted to discussing the training of health investigators. It was self-evident that without adequately trained scientists it would be impossible to conduct any research. There were presentations from many countries outlining problems and solutions. The Committee was in agreement that training was best done in the Region and that priority should be given to the study of particular local problems.

The Committee also discussed the need for a more formal ethics review of research and recommended a mechanism for establishing a committee to deal with this problem.

The above represents a synopsis of the major points discussed at the Eighteenth Meeting. It reflects the concerns of the ACMR and the directions it is taking in an attempt to help solve some of the health problems through properly directed research. The emphasis being placed on health services research is in keeping with current concepts that the delivery of health care is itself a proper field for research, and that many of the failures of the past in upgrading health care have perhaps been a result of improper planning and inadequate research into appropriate technologies. The ACMR is attempting to complement its advisory role by promoting those aspects of research that are clearly of benefit to the Region as a whole.