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WORLD
HEALTH
ORGANIZATION

92nd Meeting
Washington, D.C.
June 1984

CE92/INF/2 (Eng.)
8 June 1984
ORIGINAL: SPANISH

FINAL REPORT

MEETING OF THE SOUTHERN CONE COUNTRIES
CHRONIC DISEASES CONTROL PROGRAM

Punta del Este, Uruguay, 5 to 7 April 1984

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I. INAUGURATION

The meeting was inaugurated on 5 April 1984 in the presence of the Minister of Public Health, Mr. Contador Luis Givogre. In his opening and welcoming remarks, the Under Secretary of Public Health of Uruguay, Dr. Armando Lopez Scavino, expressed the country's gratification at hosting this meeting of delegates from Southern Cone countries and thanked the Pan American Health Organization (PAHO) for sponsoring it. He cited the similarities among the health problems of Argentina, Chile and Uruguay, which justified the purposes of the meeting, which were:

- To promote the integration of activities for the control of chronic diseases into the general health services of the participating countries.

- To promote collaborative research for the acquisition of epidemiological data, and the standardization of records and terminology.

- To guide these activities toward a subregional program that would strengthen, coordinate and integrate relatively independent program components, as set forth in the Plan of Action for Implementation of the Regional Strategies for attaining the goal of Health for All by the Year 2000.

The PAHO/WHO Representative in Uruguay, Dr. Vladimir Rathauser, conveyed the greetings of the Director of the Organization, Dr. Carlyle Guerra de Macedo, and spoke of the growing interest of PAHO in the noncommunicable chronic diseases with a view to attainment of the goal stated in the Plan of Action toward Health for All by the Year 2000. One of the salient points to be considered in the meeting was, he said, the advisability of setting up collaborative programs for the prevention and treatment of chronic diseases among the countries of the Region.

Speaking on behalf of the guest countries, Dr. Fernando Symon, of Chile, described the development of chronic diseases and their importance on the basis of observed changes in population and medical care in the countries of the Region.

Dr. René González read out the message sent from Washington by Dr. Jorge Litvak, Coordinator of PAHO's Health of Adults Program, who, having been unable to attend, had transmitted the general guidelines for the meeting. One of the points underscored in the message was the need to review the strategy for implementation of a program with coincident policies, propose arrangements for intercountry cooperation, and indicate the technical cooperation that PAHO could provide.

Following this, messages from the Ministers of Health of Argentina and Chile, Drs. Aldo Neri and Winston Chinchón Bunting, were read out.

Finally, the officers of the meeting were designated as follows:

Chairman:	Dr. Armando Lopez Scavino
Vice-Chairmen:	Dr. Emma C. Balossi and Dr. Fernando Symon
General Rapporteur:	Dr. Myrtha Escudero

II. PRESENTATIONS OF THE COUNTRIES

ARGENTINA (Dr. Emma C. Balossi)

The control of infectious diseases, the lengthening of life expectancy at birth, and a declining birthrate have caused an increase of the population of middle and advanced years in Argentina. These demographic changes have increased the population at risk of contracting and dying of noncommunicable chronic diseases.

In 1978 the leading causes of death were, in descending order: cardiovascular diseases, malignant tumors, infectious and parasitic diseases, and accidents, poisonings and acts of violence. Cardiovascular diseases begin to be important around the 35th year of age. The three most important are ischaemic disease, other heart diseases, and cerebrovascular diseases.

Among causes of mortality in 1979, lung cancer was the leading neoplasm in males (43.5 per 100,000), and breast cancer in women (21.0 per 100,000). The five leading sites of fatal neoplasms in men were: the lungs (43.5%), the stomach (16.9%), the prostate (11.1%), the large intestine (10.8%), and the esophagus (10.6%). In women, they were the breast (21.0%), the large intestine (8.5%), the stomach (7.8%), the uterus (7.8%), and the lungs (5.5%).

The speaker remarked on some findings of two epidemiological studies of cardiovascular risk factors (one at Mar del Plata in 1980 and another at Zárate in 1982), which brought out the importance of an active search for the precursors of atherosclerosis in children and found high rates of atherogenesis in the two populations considered. Finally, she emphasized the need for education from early ages to bring about changes of unhealthful habits.

CHILE (Dr. Fernando Symon)

Dr. Symon showed how some groups of causes of death had declined, which would account for a drop in general mortality in conjunction with a rise in noncommunicable chronic diseases.

Deaths From Groups of Causes in Decline

Year	Infectious and Parasitic	Respiratory	Perinatal	Nervous System
1950	20,479	17,800	11,846	2,033
1960	13,761	19,311	13,728	1,690
1970	9,624	15,242	4,386	1,601
1981	2,853	6,548	2,628	1,002
Percentage Decline 1945-1981	89.6	72.1	75.6	69.6

Deaths From Groups of Causes on the Increase

Year	Malignant Tumors	Circulatory Apparatus	Endocrine Glands	Surgery	Congenital
1950	5,157	13,980	828	1,102	345
1960	6,752	12,281	761	1,944	695
1970	10,102	18,202	2,150	2,883	1,033
1981	11,831	19,181	1,695	3,282	1,188
Percentage Increase 1945-1981	171.6	28.3	139.1	185.4	468.4

Except for stomach cancer, deaths from which have declined significantly, malignant tumors at other sites have risen substantially since 1970.

Cancer	1945-1981 Percentage Increase
Trachea, bronchi, lungs	451
Liver, intrahepatic biliary ducts	100
Gall bladder and extrahepatic biliary ducts	87
Prostate	82
Breast	36
Cervical-uterine	22

The mortality from rheumatic fever has dropped 50%. That of ischaemic and cerebral vascular diseases has risen 78%. Deaths from ischaemic disease alone have risen 157%.

The magnitude of the resources spent on hospital care may be inferred from the discharge rates for groups of causes (1961-1981).

Groups of Causes	Rates per 1,000	
	1961	1981
Circulatory apparatus	3.2	4.6
Tumors	2.8	3.7
Genital-urinary	3.9	6.2
Digestive	11.2	11.2
Respiratory	8.4	6.2
Endocrine	1.2	1.4

URUGUAY (Dr. Samuel Villalba)

Dr. Villalba spoke at length on the socioeconomic, demographic and health situations in his country as a basis for addressing the situation in the noncommunicable chronic diseases. He brought out the high proportion of older people in the Uruguayan population, 14% of which is 60 years and older, which is projected to become 18% by the year 2000. He referred to the data of the 1982 Family Health Survey on the medical-social implications of these demographic features. For example, 23% of the population surveyed perceived themselves as suffering from some chronic ailment, and a high concentration of consultations and hospitalizations for chronic causes was found. This finding was corroborated by the official figures for the numbers of consultations made in the country in 1982: of the total of 15,000,000 consultations, 6,580,000 (43%) were for chronic complaints, and 30% of the days of hospitalization were for those pathologies.

These data were used as a basis for the policies, objectives and strategies worked out in Uruguay for the Chronic Diseases Control Program in the Health Service System of the Ministry of Public Health.

III. PRESENTATION OF PRIORITY PROGRAM AREAS

Each discussion topic was the subject of a presentation by a participant, which was followed by a discussion period in which members of the group made further contributions, and points of doubt were clarified.

Cardiovascular Diseases*

To highlight the importance of cardiovascular diseases, they were cited as the leading causes of death in Uruguay. The highest percentage of these deaths was in persons more than 50 years old, among whom they ranked third among the reasons for seeing a physician. The Family Health Survey of 1982 was again referred to, and it was noted that a repeat survey with confirmatory clinical evaluation would be conducted in 1984 to enhance the precision of the documentation on the prevalence of these diseases.

The importance of epidemiological research in this field was stressed, and some results of studies done in different population groups were presented by way of example. One of these studies, done in Uruguay in a group of actively employed people, brought out the importance of early detection in the age group at highest risk. Reference was made to cardiovascular risk factors such as smoking, obesity and a sedentary lifestyle, and it was concluded that programs of education for individuals, communities and technical staff should be strengthened. Finally, it was stressed that it was important to take a preventive approach to cardiovascular diseases as against overdevelopment of restorative technology.

Diabetes**

The scarcity of epidemiological information hampers efforts to determine the magnitude of the diabetes problem in the Southern Cone. However, some prevalence studies in the three countries afford an estimate of the number of diabetics at approximately 1,000,000 in Argentina, 250,000 in Chile, and 150,000 in Uruguay. Half of them have not yet been diagnosed.

There is also substantial underrecording of deaths from diabetes. One can die of diabetes but one can also die as a diabetic. There should be insistence on improving the quality of certification of causes of death and codification for two or more causes should be promoted.

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* Topic presented by Dr. Manuel Bianchi-Tabaj.

** Topic presented by Dr. Martha de Sereday.

In the care of the diabetic, health actions need to be organized as dictated by the severity of the picture, beginning with known diabetics with and without complications, followed by persons at high risk of diabetes, and leaving detection of the disease in the population at large for when the health services are properly prepared to provide ongoing care.

Rules for the care of diabetics need to be introduced for specialists, general practitioners and other health personnel, and the program should be incorporated into the general health system with emphasis on primary care.

It was re-emphasized that epidemiological studies are needed particularly of insulin-dependent diabetics. Keeping records of diabetic patients would be helpful in such research.

Cervical-uterine cancer*

Cervical-uterine cancer was referred to as an important public health problem in Latin America. In Chile it is the leading cause of death among malignant tumors of females. Figures on morbidity and mortality in other countries were cited which bear out the magnitude of the problem. The results of the regional meeting on this problem, held by PAHO in Mexico City (17-20 January 1984), were disclosed, and it was emphasized that the coverage of detection programs needs to be extended and they must be articulated with the other components of control programs.

Importance was attached to the use of pathology laboratory records based on the International Classification of Tumors, and it was insisted that there is need of some type of data on mortality from cervical-uterine cancer and on the incidence of the disease for the evaluation of control programs.

Reference was made to the Register of Tumor Pathology being introduced in Chile at the national level and using the International Classification of Tumors with a view to international comparability of data.

Rheumatic Diseases**

In studying the rheumatic diseases, it is well to analyze the causes that determine the magnitude of the problem, its social implications, the demand for care services, and the availability of resources. Of particular value in measuring magnitude are morbidity rates, which are found in prevalence surveys. Among the social repercussions to be considered are disability and loss of workdays.

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* Topic presented by Dr. Rodrigo Prado.

** Topic presented by Drs. Héctor Boffi and Moisés Mizraji.

There was emphasis on the need to organize the care of rheumatism by levels of complexity subject to the following premises:

- The care should be provided by properly trained general physicians.

- Existing specialized services should be strengthened and become the principal source of support to the general physician.

- It is of capital importance to set up prevention and control programs and to acknowledge the difficulties that exist in primary prevention, except for prevention based on the treatment of infections in general and streptococcal infections in particular.

- Basic to secondary prevention is the application of standards for diagnosis and treatment, and the use of simplified techniques for the early detection of some rheumatic diseases should be encouraged.

- Utmost use must be made of existing resources, both those of official sources and those of private, scientific and other entities that can support epidemiological studies and research.

Regarding the actual situation of rheumatic diseases in Uruguay, the relative importance of age in this group of diseases was cited. It was mentioned that among people over 60 years of age the demand for services is very high, particularly for osteoarthritis and spondylosis. It may be asserted that rheumatic diseases are a source of growing demand for care in the country and that resources for covering that demand, both present and future, are insufficient.

Care of the Aged*

Demographic changes--rural-to-urban migration, the decline of fertility, and a lengthening life expectancy--have resulted in a relative and absolute increase in the population of 60 years and older in most of the countries of the Region.

Growing old is viewed negatively in society, whereas the important thing is to emphasize the positive aspects, such as a lighter burden of responsibility, more leisure time, and health values. There are biological changes, and they can be acted upon. Present-day society is in the throes of far-reaching changes in its composition and in its dynamics as a result of industrialization and urbanization. It was noted that the elderly can see no future for themselves in this new order of things. Accordingly, the following tasks were proposed:

- education of the community on the subject of aging;
- restoration of the elderly to a valued place in society;
- development of self-care and self-sufficiency in the elderly;
- encouragement to support from the family and from society;
- government welfare support to the medical-social problem to reduce institutionalization.

* Topic presented by Dr. Fernando Symon.

Accessibility and Utilization of Chronic Disease Services*

Notable among the findings of the Family Health Survey carried out in Uruguay in 1982, by the Ministry of Public Health on the subject of the meeting, were the higher prevalence among persons of 60 years and older of some chronic diseases such as rheumatism, and their higher frequency among females than among males.

The Survey also shed light on the demand for services. Of those who perceived themselves as suffering from chronic diseases, 65% consulted a physician, 28% did nothing, and the rest sought relief in self-medication or traditional medicine.

The use of services was uneven throughout the country, with the largest percentage (79%) concentrated in the capital, particularly in the cooperative medical institutions.

One of the most important consequences of this study was said to be that it had served as a basis for the formulation of a National Health Plan and for the launching of other investigations such as the one currently in progress on chronic diseases and the situation of the elderly.

IV. STRATEGIES

A. RISK FACTORS

1. Smoking**

Smoking was represented as the most serious health problem today, and the assertion was documented with mortality statistics for some diseases associated with smoking--cancer, ischaemic heart disease, and cerebrovascular diseases. Reference was then made to the particular character of this "smoking disease," which is self-generated and of cultural etiology but, fortunately, reversible. An extensive presentation was made on the economic aspects of cigarette smoking, with emphasis on the effects of the heavy advertising done by cigarette manufacturers. The presentation was complemented with very successful audiovisual material, which illustrated the strategy for control of the smoking habit known as "education to achieve future generations of nonsmokers."

2. Psychosocial Factors***

There was emphasis on the importance of psychosocial factors in the onset, course and outcome of these diseases, and in the supply, demand, accessibility and use of the services for them.

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* Topic presented by Dr. Carlos Migues Barón.
** Topic presented by Dr. Carlos Alvarez Herrera.
*** Topic presented by Dr. René González.

It was pointed out that reliable indicators need to be identified that can be used to evaluate the quality of life and to quantify certain aspects of behavior coming under the heading of "lifestyles," whose influence on the natural history of diseases, and especially the noncommunicable ones, is of singular importance. Cited among indicators of the quality of life were those relating to the population structure, food and nutrition, the quality of housing, the degree of urbanization, the illiteracy rate, unemployment and underemployment rates, conditions of work, social support structures, the distribution of wealth, and many others, and attention was drawn to the fact that the conditions these indicators are supposed to measure are almost always in areas outside the health field.

A sizeable list was drawn up of indicators of behaviors determinant of lifestyles, and those behaviors were grouped into categories for sexual behavior, food habits, the use of alcoholic beverages, the use of tobacco, driving, the use of analgesic and psychotropic drugs, the prevalence of stress, and the influence of attitudes and beliefs in relation to health and disease.

A summary was made of the measures commonly recommended for changing or doing away with harmful psychosocial factors and for encouraging those that are beneficial. Noted particularly were legal and educational measures and those involving active community participation.

It was concluded that some aspects of psychosocial factors are in need of further study, and it was pointed out that epidemiological, socioanthropological and operations research in connection with those factors needs to be promoted in Latin America.

B. PROJECT FOR REGIONAL MONITORING OF INTEGRATED PROGRAMS FOR THE CONTROL OF CHRONIC DISEASES (MORE Project)*

Firstly, to place the MORE project in chronological context, a summary description was given of the work done by PAHO (in connection with the control of chronic diseases during the period 1975-1981), which consisted primarily of studies on a limited scale of the feasibility of controlling isolated entities.

It was then pointed out that the aim of the project is to promote the conduct of integrated programs for the control of noncommunicable chronic diseases and the care of adult health in general. Its principal purposes are to plan PAHO's technical cooperation, to clearly specify measures in the short, medium and long term, and to coordinate intercountry efforts toward the introduction and conduct of activities and programs in pursuit of that aim.

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* Topic presented by Drs. Helena E. Restrepo and L. Ruiz.

To accomplish those purposes and attain that aim, it is proposed to make utmost use of the following means: encouragement to factual knowledge of reality as a process, adaptation of PAHO's technical cooperation to changes in the countries over time, exchanges of information and experience, and collaboration between countries. The primary activities envisaged include the compilation of information on problems and programs; periodic regional, subregional and national reevaluations; the situational diagnosis of problems and programs; the identification of needs common to groups of countries; and the preparation of an operating manual. The following secondary activities, deriving from the foregoing, are envisaged: the establishment of a network in support of programs; visits for observation and consultation; manpower training; the proposal of concepts, references, methods and structures for control programs; the establishment of criteria and framing of guidelines for the formulation, supervision and evaluation of programs; and the promotion of epidemiological and operations research.

Finally, it was advised that this project has been designed, discussed and approved by an intercountry working group in 1983, and was now under consideration at decision-making levels in the Governments of the Region.

To complement the presentation on the MORE Project, aspects of information on chronic diseases--types of indicators and their use--were described. It was emphasized that the importance of information depends on the action to which it is supposed to give rise. Why and for what it is proposed that information be accumulated and exchanged is one of the purposes of the MORE Project. Finally, indicators from the three countries were presented, grouped by categories: general, socioeconomic and demographic, specific ones for morbidity and mortality, and, notably, some new indicators such as potential loss of years of life.

C. COLLABORATIVE STUDY ON RESEARCH AND THE DISSEMINATION OF INFORMATION ON CANCER*

Argentina, Chile and Uruguay are participating in these studies, which are coordinated by PAHO with the support of the National Cancer Institutes, of the United States of America. These studies are models of cooperation between cancer centers in Latin America and the United States and have enormously enriched the treatment of cancer patients. The CANCERLINE Data Bank has given access to the latest cancer information to oncologists in Latin America.

D. SURVEY ON THE NEEDS OF THE AGED**

The various actions taken by PAHO were reviewed, the consequences of the rapid growth of the population of advanced age were pointed out, and the utility of the medical-social study of that group was underscored.

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* Topic presented by Dr. Juan Arraztoa.

** Topic presented by Dr. Elías Anzola-Pérez.

The following documents were cited as foundations for the conduct of a regional program and of national programs for promoting the health of the elderly:

- Resolution XVI, approved by the Directing Council of PAHO in its XXVII Meeting in 1980.

- The meetings in preparation for the World Assembly on Aging, held in Mexico City in December 1980, and at San José, Costa Rica, in December 1981.

- Resolution XXX approved by the Executive Committee of PAHO in its 86th Meeting in July 1981.

- The Plan of Action for the Implementation of Regional Strategies for Attaining the Goal of Health for All by the Year 2000, approved in the XXVIII Meeting of the Directing Council, September 1981, in which the elderly are cited as one of four priority groups.

- Resolution XLI, approved by the Directing Council in its XXVIII Meeting in September 1981.

- The decisions taken by the World Assembly on Aging, sponsored by the United Nations and held at Vienna, Austria, in July-August 1982, in which the International Plan of Action on Aging was drawn up.

In December 1980 PAHO asked its Member Governments for detailed information on their elderly populations but heard from only 14 countries, and the information received was limited, being based particularly on census data. It was because of this that the idea arose of collaborating with the countries in compiling this information.

Following the necessary consultations, it was decided to plan a household survey of a random sample of persons of 60 years and older living in urban areas, where the medical-social problem of the elderly seems greatest. The initial materials (a protocol, questionnaire and manuals) were prepared with the collaboration of the Institute of Gerontology of Wayne State University, in Detroit, Michigan, U.S.A., and the survey was offered to all Member Countries. To date, 11 countries have agreed to participate. The materials were reviewed by the five members of the Advisory Committee on the Program of Health Care to the Aged. Finally, in December 1983 a meeting was held in Washington in which the delegates of the participating countries discussed the materials and approved their final versions (the questionnaire had already been tested in three of the participating countries).

This collaborative study is the first attempt to obtain current, reliable, comprehensive and comparable information on which programs may be based for properly meeting the needs of this growing social group.

Argentina and Chile are participating in the study; Uruguay has carried out a survey on the aged (1978) and a family survey (1981), in the light of which the country and PAHO have agreed on a variant of the study.

V. CONCLUSIONS AND RECOMMENDATIONS

The unanimous conclusion of the Meeting on Noncommunicable Chronic Diseases in the Southern Cone was the identification of common problems in this field, which, in conjunction with similar cultural and socioeconomic environments, will make possible a search for unified strategies and approaches to their prevention and control. This is becoming even more important at present because of existing limitations on resources for research and the implementation of programs in each of the countries.

A. GENERAL RECOMMENDATIONS

It is recommended that the Southern Cone countries:

1. Reaffirm and give priority to their health policies for programs on noncommunicable chronic diseases and care of the aged.

2. Establish a formal, permanent subregional structure to coordinate the joint work of the Southern Cone countries for the control of noncommunicable diseases with the support of PAHO.

3. Strengthen, within the structure of their respective Health Ministries, the operating unit charged with coordinating the overall control of these diseases.

4. Integrate the prevention, detection and control of these diseases into their health services, especially at the first level of care. An important aspect is the early detection of people who are ill or at risk and their enrollment in a tiered system of increasing complexity in accordance with standards that favor the use of simplified techniques at costs consistent with the means of the given country.

5. Promote exchanges of information on research and programs among the countries of the subregion, and work toward the standardization of their records and terminologies. This exchange is in line with the philosophy of the MORE project, an instrument that will make possible its articulation with similar regional activities promoted through that project.

6. Promote actions by individuals and the community for the prevention of chronic diseases as part of a comprehensive approach.

7. Develop the education component in the prevention and control of noncommunicable diseases with the participation of other sectors and the community, with a view to making individuals aware that they are responsible for their own health.

8. Promote joint epidemiological and operations research in noncommunicable diseases using common instruments and sharing the available facilities and resources. To this end, it is suggested that encouragement be given to courses of instruction in the application of epidemiological methods to noncommunicable diseases for professional personnel of the subregion.

9. Draw on exercises in the subregion that can be of use to all the countries, such as Uruguay's Family Health Survey, and provide for the continuity thereof and the disclosure of their results.

B. SPECIFIC RECOMMENDATIONS

1. The development of a program for the control of risk factors common to different noncommunicable diseases, such as smoking and drinking.

2. The conduct of research on psychosocial factors in connection with noncommunicable chronic diseases, including mental illness, primarily in regard to child development and the origin and course of these diseases, and on the supply of, demand for, and accessibility and use of services.

3. Greater application of existing standards on diabetes, rheumatic fever, arterial hypertension and cervical cancer, and the framing of other standards also needed for the implementation and development of each country's priority programs on the basis of the incidence of these diseases, vulnerability to them, the magnitude of the damage they do, and the cost of the programs.

4. The routine performance and recording of simple tests at the first level of care, such as the taking of weight, height and arterial pressure measurements and evaluation of the clinical status.

5. Circulation of epidemiological studies on cardiovascular risk factors done in Argentina, to encourage the design of new projects in populations exposed to different risks.

6. The holding of a meeting on the effects of cigarette smoking on health, and on strategies for control of the habit with a multisectoral approach, with PAHO support.

7. The conduct of joint clinical cancer research projects in the three countries using available internal resources and the experience acquired through the collaborative research project in cancer treatment.

8. The evaluation of existing technologies for self-monitoring by chronic and diabetic patients with a view to improving their therapeutic management.

9. The performance of studies on causes of death from chronic diseases in order to learn more about them and improve the quality of data on mortality (arterial hypertension, diabetes, rheumatism, etc.).

10. The conduct of a collaborative operations research project in the control of cervical-uterine cancer between Uruguay, Chile and Argentina using existing resources and the experience of Chile, under PAHO auspices.

11. The establishment of a National Cancer Register in Uruguay and the expansion of Chile's Tumor Pathology Register, with PAHO cooperation.

12. Support to the collaborative study on the needs of the aged--now in progress under the auspices of PAHO--and backing to the geronto-geriatric research planned by Uruguay and PAHO in the repeat survey on the basis of the morbidity study of 1982.

13. The promotion of epidemiological, clinical and social studies to shed light on the characteristics and needs of the aged on which to base the programs to be implemented, in keeping with the guidelines of the World Assembly on Aging (Vienna, Austria, 1982).

14. Rationalization by levels of complexity of the care of rheumatism, and strengthening the component for the instruction of general physicians in the primary-care setting.

PROGRAM

Thursday, 5 April

1. Opening Ceremony

2. Presentation of the situations in the three countries

3. Presentation of priority areas
   - Cardiovascular diseases — Dr. M. Bianchi (Uruguay)
   - Diabetes — Dr. M. Sereday (Argentina)
   - Cervical-uterine cancer and cancer records — Dr. R. Prado (Chile)
   - Rheumatisms — Dr. H. Boffi (Argentina)
   - Care of the Aged — Dr. F. Symon (Chile)
   - Access to and utilization of services for chronic diseases — Dr. C. Migues-Barón (Uruguay)

Friday, 6 April

4. Strategies
   - Project for Regional Monitoring of the Integrated Programs for the Control of Chronic Diseases (MORE Project) — Dr. L. Ruíz and Dr. H. Restrepo (PAHO)
   - Risk Factors
   - Smoking — Dr. C. Alvarez-Herrera (Argentina)
   - Collaborative Studies on Research and Information on Cancer — Dr. J. Arraztoa (Chile)
   - Studies on Needs of the Aged — Dr. E. Anzola (PAHO)

5. Discussion of specific projects
   - The MORE Project
   - Research in health services
   - Research on risk factors that can be countered, e.g., smoking and other psychosocial factors.
   - Demonstration project for a program for the prevention and control of cervical-uterine cancer
   - Surveys on needs of the aged

Saturday, 7 April

Conclusions and recommendations

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