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WORLD HEALTH ORGANIZATION



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PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

Report to the Director

1978

**PAN AMERICAN HEALTH
ORGANIZATION**

**ADVISORY COMMITTEE
ON MEDICAL RESEARCH**

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REPORT TO THE DIRECTOR

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PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

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PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

Report to the Director

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INTRODUCTION

Dr. Joaquin Cravioto, acting Chairman of the PAHO Advisory Committee on Medical Research (ACMR), opened the meeting by referring to the social role of medical research. In particular, he mentioned the need for developing methods of investigation that would permit maximum use of resources and better provision of services, within the socioeconomic situation of each country. He emphasized the need for undertaking operations research and investigating health services, with precise and realistic objectives, in keeping with the circumstances of the particular country, so as to avoid needless waste on unproductive activities. Dr. Cravioto said that health services research was multidisciplinary and should therefore take advantage of the contributions made by other disciplines, but always with a critical attitude that would permit this knowledge to be integrated in that of the general body.

He spoke of the need for reviewing the research activities of PAHO and for reassessing the activities of the regional centers to find out whether they are fulfilling the functions for which they were established.

Finally, he touched upon the need for promoting the establishment of ethics committees at the national and international levels.

Dr. Hector R. Acuña, Director of PAHO, welcomed the members of the ACMR and thanked them for their cooperation. He mentioned the importance of health services research, which had been chosen as the central topic for the meeting, the interest of the governments and international organizations in this type of research, and the benefits that may be obtained by putting this instrument to good use as an auxiliary element in fulfilling the objectives established by the IV Special Ministerial Meeting.

Dr. Acuña brought out the desire of PAHO's ACMR to collaborate with the advisory committees at headquarters and in other regions, as well as the advisory committees of the regional centers.

Major General Oscar Davila Zumaeta, Minister of Public Health of the Peruvian Government, addressed the participants and informed them that only a few days earlier the first National Meeting on Medical Research Policies had been held on these same premises and that now another meeting, as stimulating as the previous one, was being initiated. He stressed the role of research in the development of the medical systems and the stimulus received from the activities promoted by PAHO.

Dr. Adolfo Pérez-Miravete briefly reviewed the way in which the 17th Meeting was being organized and explained why the field of health services research had been selected for special study. There had been difficulties over definitions of what constituted health services research: it was partly because of this and partly because of its growing importance in Latin America that the ACMR was being called upon to devote much of its time to this topic. The Committee would be hearing presentations on work being done by various groups of research workers in Latin America on the problems related to health services. It was stressed that the Committee would be expected to propose guidelines along which health services research should proceed in Latin America. This was of critical importance in view of the fact that the various regions were being called upon to collaborate in the projected WHO Special Program on Health Services Research.

The Committee was also being asked to comment on the progress being made on the WHO Special Program for Research and Training in Tropical Diseases. Dr. Bergström, the current Chairman of the WHO Advisory Committee on Medical Research, would make a presentation to be amplified by reports from two members of the PAHO Advisory Committee on Medical Research.

I. WHO'S SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

Dr. Bergström spoke of the WHO Special Program and outlined the relationship between that program and the regional ACMR's. He gave the

historical background of the program which represented the most concerted attack to date on the diseases which were scourges of tropical people. Dr. Bergström also emphasized the role being played by the United Nations Development Program (UNDP) and the World Bank in this program. It was important that the research effort be concentrated at present and every attempt made to mobilize the required human and economic resources. He presented the organizational chart of the program and pointed out the role the regional ACMRs could and should play in stimulating the scientists, research councils, and academies of member states to increase their research activities in the areas of highest priority.

The presentation from Dr. James Lee outlined the current and projected involvement of the World Bank which had been actively involved in the planning stage of the program. The role of the Bank in initiating and managing the Tropical Diseases Research Fund and the input into the socioeconomic aspect of the program were given. The Bank was impressed that the program was oriented towards achieving specific results, which should have direct bearing on the prevention and control of tropical diseases.

Dr. Thomas Weller made several comments on behalf of Dr. Adetokunbo O. Lucas, the Director of the WHO Special Program, and reported on its scientific progress.

He stressed that the multiple sponsorship was an indication of the importance of the program, which had now attracted support from many of the larger nations. He described the methods which had been established to achieve the goals of the program and emphasized the function of the scientific working groups. The latter were composed of scientists chosen for their individual competence and not as representatives of institutions or governments. The Transdisease Working Groups were of importance since they represented a positive attempt to identify the problem areas common to all the diseases and apply basic tools, such as epidemiology, to try to solve them. It was important to note that research support was available to any individual research worker. The ACMR was seen as performing

a catalytic role in getting involvement of all member states and stimulating research in those diseases which were of special importance to the individual regions.

Dr. Wladimir Paraense described the activities of the Research Strengthening Group (RSG) which was attracting 20 percent of the funding allocated to the program. An important ingredient of the program was the effort to induce individual governments to provide career posts for the scientists who would be recruited and trained. The RSG was anxious to collaborate with national and regional programs. A basic requirement for the program was to provide the trained scientists and technicians to do the research. It was also necessary to strengthen institutions which could contribute to the research effort. The RSG had already reviewed several laboratories and institutions with a view to having them participate in the training of the personnel which was required.

From the discussion it was made clear that the apparent tardiness on the part of the Latin American Region in participating in the program could perhaps be attributed to some concern by the member states over their own capacity to complete research which they had agreed to perform. There was also the concern over continuity of research once it had started. It was proposed that the universities should be vitally involved in the research and research training effort, and that the program should consider providing long-term support for a few scientists. The emphasis on management training was welcomed. Regional or national research councils should be involved in all aspects of research and research planning, perhaps in the way that the British Medical Research Council (MRC) was involved. Some mechanisms for identifying the human resources available would be of value in planning the research. The Committee agreed that it should participate actively in the program. The Committee would seek ways and means to initiate projects in Latin America and would expect its members to continue to participate in the WHO Committees and to report to the 18th Meeting on the progress which had been made.

II. SPECIAL SESSION ON HEALTH SERVICES RESEARCH

Section A. Conceptual Framework

An outline was given of the role and limitations of Health Services Research (HSR), especially as related to the situation in the United States of America. It was important to be clear on what health services could achieve especially in the area of providing data as a basis for the policy action which should arise out of a specific social framework. It cannot be expected to set the policy for a country, but it can help to improve the function of a service once the policy has been established.

HSR was shown to embrace several closely related fields, one of which is behavioral research. Because the discipline is a young one, the same kinds of results as those for biomedical research cannot be expected, and perhaps for the same reason, there is no firm political constituency into which it falls. Because of the difficulty in measuring level of health, research into health services has concentrated more on "output" rather than "outcome" studies. In the final analysis, health services research must be seen as a practical endeavor which is useful to the degree that there is a feedback system through which its findings can be implemented.

In another presentation the emphasis was placed on the methods which have been used and suggestions for those which are appropriate for Latin America. It was clear that research methods should be based on a systems approach which allows the investigator to define priorities for scientific research. Any method would benefit from a mathematical framework provided by the different models which are needed to represent the system. It was pointed out that health services research does not necessarily imply working with the entire system and using a single model. The systems and models are simply chosen to answer those questions which are relevant to the individual health system.

The place of operations research as a component of health services research was treated historically in another presentation. The principal focus had been on solving problems mainly related to disposition of

resources and leading naturally into studies on medical decision-making. More recently, however, health services research had been concerned with problems of larger groups and society as a whole. The difference between descriptive "knowledge-seeking" research and normative or prescriptive research was also described. Both of these kinds of research had been refined by the application of more sophisticated technology, but the difference still remained sharp.

In order to predict the direction in which operations research would go, there was an attempt to fit it into a general theory of systems which demands the existence of the three fundamental processes of the flow of information, the transformation of energy, and the flow of matter. It would appear that the future of operations research vis-a-vis health services research lies in its capacity to develop and evaluate systems in such a way that long-range implications of benefit and costs may be seen clearly.

The social and economic aspects of health services research was described. The most important requirement at this type was to reexamine the concepts and methods which were the bases of social indicators. It was also important not only to develop new measures of the level of health which included social and psychological indicators, but also to use social indices more often in epidemiological analyses. This stress on refinement of the social indicators became even more relevant as the patterns of morbidity shifted more towards those chronic illnesses which appeared to be increasingly associated with social stress. It was clear that in some nations, while there was information on the formal use and management of the health services, this information has not contributed to an improvement in the distribution of the services. On the other hand, in those nations in which the major problem was cost and not equality of distribution, the social information appeared to be a powerful tool for change in the type of service which was to be provided. A plea was made for compilation of a directory of current health services research in the Americas and considerable effort towards development of appropriately sensitive social and economic indicators. The growth of the use of these social and economic indicators in HRS might be promoted by interdisciplinary workshops,

training and evaluation seminars, health services research training fellowships, and the funding of pilot health services research programs which used these indicators.

A concept of the regionalization of health services was presented. The regionalization of health services must be a part of the general system of organization and administration within a country. When a country's health services are regionalized the available resources of men, money, and facilities can be used to obtain the best results and the population has access to the services in the most equitable way that is feasible. Planning for regionalization entails measurement of the population to be served, its geographic location, the health conditions, and the demands which are likely to be made on the services. In addition, the planning should take account of the environmental factors, the social values and attitudes of those who furnish and those who use the services, as well as the availability and use of resources.

Analysis of the available data can show the levels of the primary, secondary, and tertiary services and the use and cost of these services. The primary services bear the brunt of any program. A regional program which tries to integrate community health and personal health services is more difficult to implement than to plan. The major impact of health services research on regionalization is in the field of evaluation. Because, by definition, a regional program is a large one, it is even more important that a significant part of the resources be directed towards research into the services, so that effectiveness can be monitored and the necessary changes made.

From the discussions the following points emerged. It was clear that any HSR had to be set against a background of the ideological system in which the health services were to operate.

Though HSR was becoming more visible, it was clear that it could not define or solve some of the major health problems which exist because there are no data on which to make decisions about research to be done.

It was agreed that systems analysis, as a component of health services research, was an important way of analyzing not only the

variables but the data themselves. The Committee also agreed that the countries of the Region needed to acquire accurate data on the health services as well as to formulate the kinds of questions which would decide what kinds of data were necessary.

The Committee agreed to recommend to the Director that steps be taken to ensure that there was improvement throughout the Region in the accuracy of the basic data on health services.

The Committee also recommended that more attention be given to health services research as a discipline basic to the decisions as to what health problems could be tackled and how health services could be ameliorated.

Section B. Selected Experiences in the Americas

Following the presentation of reports giving a conceptual framework for health services research, Section B provided examples of research done in the Americas. The studies illustrated the range of conceptual and methodological approaches which characterize the scope of this emerging discipline at present. In each case the focus was on assembling information about one or more specific problems concerning the use, the organization or the evaluation of health services. Some studies paid attention to the application of findings or to steps that might be taken in the resolution of specific issues.

(1) United States of America

The recent experience in the United States dealing with the setting of priorities for health services research was reviewed. Despite budgetary restrictions the National Center for Health Services Research of the U.S. Department of Health, Education, and Welfare, had established procedures relating research and its application. This coordination had been achieved by the prior identification of program policies and the widespread distribution of research findings in summary reports. It was concluded that the result of this approach has been to ensure the generation of research findings that have immediate relevance for those concerned with policy decisions.

In the discussion which followed, it was noted that the establishment of priorities for health services research did not preclude the funding of basic research. In any case, these priorities had not remained static. The summary reports of research were written in non-technical language for distribution to legislators and the general public. The general relevance of the field in the United States as indicated by its modified level of funding was one measure of its overall social importance. The need to consider alternate options in the evaluation and the monitoring of specific operational systems was emphasized.

(2) Honduras and Colombia

The problem of the prevalence of diarrhea as an indicator in evaluating a program of extended health services coverage showed how the use of medical care varied according to the social circumstances of people. This multidisciplinary inquiry involving 215 families using a rural health center in Honduras focused on the experience of 98 sick children, the levels of recognition of symptoms by their mothers, and the impact which the relative accessibility of services had on determining the provision of care. Recognizing access to good health care as a right, ways have been sought in Honduras to broaden accessibility under national social security. It was in this context that the Center for Rural Health (CESAR) undertook a pilot program seeking to raise the level of health, increase knowledge about the recognition and treatment for illness and to foster greater public participation.

The lay community health promoter had contributed significantly to the success of this program.

In another study involving a health resources model developed in Cali, Colombia, multidisciplinary research dealing with surgical operations had been undertaken. It was concluded from this investigation that the relative productivity of surgeons could be substantially increased, service costs could be reduced, and operating facilities could be used more efficiently without detriment to the quality of care given to the patients.

In the review of these presentations the valuable role of lay community health promoters in Honduras was recognized and the importance of maintaining effective communications between field workers and central information registries was stressed. The effective control of infectious disease and other conditions depended in part upon the efficiency with which such information was accurately and quickly transmitted. Potential differences in the use of health promoters who either were volunteers or paid workers was cited as a problem meriting further study. With respect to the surgical study, there had been considerable variation in the average length of time taken for the herniorrhaphy which was taken as the basic operation and the validity in this instance of applying international standards was raised. The danger of having several patients simultaneously present in an operating theater was noted for its potential contribution to raising the surgical complication rates. A comparison of post-operative treatment involving patients cared for at home and hospital might lead to the development of predictive indicators. It was emphasized that this study was of value in showing how resources could be utilized more efficiently, rather than as a model of how surgical services should be planned.

(3) Brazil

Fifteen research inquiries undertaken by the Instituto de Medicina Social of the Universidade do Estado do Rio de Janeiro were presented within the conceptual frameworks of efficiency and effectiveness at the micro and macro levels. At the individual (micro) level there was a need to promote the use of random clinical trial (RCT) testing which had not been used often in Brazil, while at the broader group (macro) level, significant problems remained in the evaluation of the effectiveness of health programs in raising the level of a people's health.

(4) Argentina

Three studies had been undertaken in Buenos Aires, Argentina. They included: the utilization of health services; an organizational analysis of the levels of institutional complexity related to outcome

indicators at four hospitals, and a retrospective review of 6,000 pediatric cases in 25 hospitals. The first study, a component of the WHO International Collaborative Study of Health Services Utilization had included 11 regions in 7 nations. The use of health services had been found to vary considerably according to the health needs of the population and the availability of health care in the several areas under review. The second study looked at the effects of the degree of institutional complexity of hospitals, the attendant treatment processes, and the considerable variation in the results of treatment found for eight designated pathological conditions in four hospitals. The research methods, which had been developed here, were being tested in yet a third retrospective review that involved the outcome effects of hospital institutional structure.

In the discussion it was noted that the inclusion of social and psychological variables relating to individual illness behavior did not preclude an analysis of the effectiveness and the efficiency of services provided to individuals.

The findings of the WHO International Collaborative Study on the Utilization of Health Services had documented reasons associated with the variable use, distribution and organization of medical care, but this variation might be explained by basic social, economic, and political structures of the seven nations involved. The model developed by the WHO International Comparability Study had utility as an example of one type of health services research which might be adopted in other investigations. It was pointed out that undue emphasis on sharply delineated "operations research" might inadvertently preclude a consideration of the impact of the broader social forces existing in each nation.

(5) Mexico

An analysis of medical care research undertaken by the Mexican Institute of Social Security had given critical attention to the development of ways to evaluate medical treatment in hospitals, the delineation of treatment standards and the preparation of measures of the outcome of

services. This research model had proven to be a relevant procedure which, it was intended, would be used further to assess the relative performance for specified procedures and services between hospitals and for similar ward services in different treatment settings. By this means it was anticipated that standards of care could be raised and services provided more effectively and efficiently in the future.

There was a review of a pilot two-year graduate training program for health services research given between 1975-1977 by the Metropolitan Autonomous University in Mexico City. Fifteen students had completed a comprehensive curriculum intended to prepare them for careers in public health research and planning.

(6) Costa Rica

Several recommendations were derived from a study on the use of drug prescriptions provided to 616 insured patients served by a clinic in Costa Rica. Considerable variation in the use of medical services was found with only a proportion of the prescriptions given to patients by physicians having been used. The deviation from recommended medical regimens had been most frequent in parents responsible for the care of infants under age one year; patients who had had chronic conditions were more likely to adhere to medical counsel than those who had had short-term or acute disorders.

All the presentations in this Section were reviewed and the Committee stressed the need for a more effective coordination between programs with closely allied interests within universities, or between adjacent academic training centers.

Follow-up measures were necessary to determine what changes may have been stimulated by the study of prescribed drug usage in Costa Rica. It was recognized that the responsibility for the relatively extensive non-adherence to physicians' prescriptions lay with potential misunderstandings by patients coupled with a lack of clear direction by physicians.

The conceptual bases, the design, and the methods used in sampling and study group control, as well as the use of analytical statistical

procedures varied in the case studies which fell under the rubric of health services research.

There was little agreement about the definitions of commonly used terms or the purposes or consequences of these investigations. The delineation of the field of health services research that emerged was, by definition, all-inclusive, one without an agreed upon conceptual core and characterized by considerable disagreement about its social, economic and political implications and consequences.

Recognizing the diversity in the field of health services research, and concerned with strengthening its development, the Committee agreed to recommend to the Director that one or more task forces of recognized experts be convened:

- to review the various definitions of health services research;
- to establish the conceptual bases of the field;
- to seek a clarification and an enumeration of its research methods; and
- to consider related issues which may be relevant.

Section C. Future Developments

In this session important questions on the future of health services research were raised: How is research to be evaluated? How are researchers to be trained? What information systems need to be developed for research? What is the role of research in the extension of health services?

(1) Evaluation

Up to this point in the meeting, the presentations had focused exclusively on evaluation of health services themselves. There was therefore, a presentation on approaches to evaluation of research. Because resources are allocated to research and results are expected, research should be subject to evaluation, planning, and change just as much as the services upon which that research is focused.

It was proposed that three criteria be met before resources are allocated to any research project. The first criterion is that the topic

proposed for research should be relevant to a need, the relevance should be recognized by the intended user of the results, and the research will produce knowledge when it is needed.

The next criterion is that the research methods should be adequate to answer the questions posed.

Finally, the research should not only identify the need but should present the knowledge necessary to fill that need and the results of the research should be in a form which can be readily utilized.

To measure the impact of research it was proposed that the analysis should be by the level of the system with different measures at each level. At a national level, there should be evidence that research has influenced policy decisions in the area of the research. At community levels it would be feasible to look for change in availability and coordination of services and of cost and extent of coverage. At clinical or institutional levels there are measures of effectiveness and efficiency, while at the ultimate level of the individual, the indicators are changes in health behavior and health status.

(2) Training in Health Service Research

The Committee reviewed a number of efforts to give education in health service research, both to those who would be researchers themselves and those who would be users of research. There have been special programs within research groups, seminars, and short courses or special components of existing academic programs in health services research. However, the components of training in HSR are well established in many academic institutions, in departments of biostatistics, epidemiology, behavioral sciences, economics, and operations research. These elements should be synthesized into coherent programs identifiable as the basic requirements for those who have chosen HSR for a career.

It was suggested that:

-Where a strong academic program exists in a basic subject area, the health component in that program should be promoted, e.g., health service studies in a program in industrial engineering,

-Mechanisms should be created to bring the multidisciplinary contributions together into national programs in health service research.

-Training grants in health service research should be developed to encourage faculty to create programs and to support students in career development. There should be an information network to guide interested students to appropriate programs. Seminars should be held for potential users of health services research.

It should be the specific role of the regional ACMR's to support training and to enhance intercountry communications on developments in training.

(3) Information Systems

A common theme of the meeting was the dependence of research on availability of data. A distinction was made between data and information. The proper objective of information is to create knowledge in the user. In order for this to occur the information system must transform data into indicators that have meaning for decision purposes, and must have mechanisms for feedback of the effect of decisions on important indicators.

When the information system is viewed as a vital link in communications and decision processes at operational, tactical and strategical levels of the system, many questions must be answered to achieve a system which can make use of health services research in administration and planning. How can health statistical systems be expanded to include information useful for health services? What is the best configuration of equipment and program to produce needed indicators for decision-making?

A priority area for health services research is in the extension of health services. The Committee heard examples of ways in which new arrangements for delivering services in remote areas could be structured to gather information for research and evaluation

Discussion of the Special Session

In the discussion that followed, the question of the scope and definition of health services research was raised once again.

Many countries are in the process of changing their health services radically and it was felt that there should be research in these services and the results should be made available to those persons who were making decisions about the change.

Results of research should be incorporated into training processes.

The presentations in Section C were reviewed as a group by the Committee. Because the presentations had covered such a wide field, there was discussion again about the definitions of the nature and meaning of health services research. There was concern that the definitions in current use lacked any reference to a "community approach". It was finally agreed that the major reason for a definition at this time was to prevent this young discipline from becoming so diffuse as to lose its impact on the persons who dictated policy.

It was also agreed that although there were differences in the kinds of health problems in various countries in the Americas, these differences did not preclude the application of health services research to these problems. Indeed, in the less developed countries where resources were scarce, there was even greater need to use the tools of HSR to ensure that the scarce resources were used most profitably.

It was agreed that in those countries which were designing major modifications to their health services every effort should be made to see that changes were made on the basis of the results of health services research which had been carefully executed.

It was agreed that in many countries there was a great need to bring the results of health services research to the attention of the policy-makers.

The Committee deplored the fact that in many countries of the Americas there was a lack of basic data on health, a lack of communication between researchers, and little impact of health services research on teaching.

It was pointed out that at WHO, efforts were being made to redefine the scope of health services research, but it was clear that this kind of

research should be decentralized and sharply focused on the problems of individual countries. The benefits of interregional collaboration lay in the distribution of the results of research done in the various countries.

The recommendations arising from these discussions were related to those made after Session B. The Committee would recommend to the Director that all countries should establish programs of health services research and the content of these programs should be derived from the areas of priority in the various countries. The Committee would also recommend that attention be paid to training of research workers in this field and strengthening of institutions involved in this kind of research.

III. SELECTED PAHO RESEARCH ACTIVITIES

(1) The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)

The Director gave a resume of the activities of the Center and there were presentations on various aspects of the work being done at CEPIS.

The major objectives of the Center regarding research are:

-To assist the countries in determining priorities in their environmental health programs and in establishing research programs and projects in keeping with those priorities.

-To promote research, offering primary support to training in research methodology and to the establishment of a favorable environment for it.

-To develop the research capacity of the countries and of local researchers.

-To strengthen or support the establishment of excellent national centers devoted to research in environmental health problems and to encourage their participation in multinational research programs.

-To develop methodologies for the planning and management of technology application programs so as to ensure their efficiency and effectiveness.

-To develop selected research projects, with attention to specific matters (country priorities, multiplier effect, etc.).

-To facilitate the flow of information among environmental health professionals.

-To promote the publication and dissemination of significant results.

One presentation dealt with the evaluation of the utilization of new technology in treatment of water in Latin America. Another described research which was currently being used in the treatment of waste waters.

In the discussion which followed it was emphasized that the problem in Latin American countries was not one of water supply or the technical expertise to use this water. The major problem was an institutional one, the critical arrangements broken down at national, regional and local levels. CEPIS should focus its attention on efforts to solve this institutional problem. The Director of CEPIS pointed out the efforts which were being made to overcome this problem. PAHO, for example, had promoted the concept that international loans should embody some component of institutional development.

In terms of the relevance of health services research to the activities of CEPIS, it was noted that the work of the Center indicated that the water engineers perceived improvement of health as one of their goals although water had a utility value as well.

The Committee commended the work of CEPIS and supported the idea that there should be health services type research at CEPIS and/or the Center for Human Ecology and Health (ECO) concerning the activities of these centers.

(2) BIREME's Program of Selective Dissemination of Information

BIREME continues to have as its major goal the placing of information at the service of all the health programs of the Region. The strategies being followed are unique in that an attempt is being made to achieve the thoroughness of MEDLINE but with a different focus and at a lower cost. BIREME responds to requests from the different countries and one important aspect of its operation is that it is attempting to collect and collate much of the research material which appears in national publications and is peculiarly

related to local problems. This type of service, which also includes wide distribution of appropriate literature, will undoubtedly have an impact on health services research in the Region.

(3) Collaborative Cancer Treatment Program

This program, which is part of the Latin American Cancer Research Information Project, is being carried out by strengthening the ties between cancer institutes in the United States and Latin America. The main activities include the development of collaborative treatment protocol studies, exchange of scientists, medical and specialized nursing personnel, and the promotion of workshops in areas where the participants have particular strength and interest.

Eight centers from Argentina, Brazil, Chile, Colombia, and Peru are collaborating with centers from the United States. Further expansion is envisioned to incorporate centers from two to four other Latin American countries in the next three years.

So far, treatment protocols have been submitted for sarcomas, breast cancer, cervical cancer, testicular cancer, malignant lymphoma, malignant melanoma, gastrointestinal cancer, adenocarcinoma of the lung and head and neck cancer.

An Operations Office in PAHO/HQ will centralize information on protocol studies, patient records and drug information. It will also arrange for provision of protocol documentation and scientific literature, including searches from CANCERLINE.

The effects of the program on advances of cancer treatment both in Latin America and the United States may be anticipated. The program is also in agreement with the recommendations formulated on this subject by the WHO Advisory Committee on Medical Research in 1977.

The Committee received with interest the report of this project as a good example of international collaborative efforts and recommended continued support.

During the discussion, the Committee was advised that at the present time the program, through the Regional Library of Medicine and the Health Sciences in São Paulo, serves 4,000 users throughout Latin America.

(4) Research on Management of Emergency Situations

Natural disasters are a recurring problem in many countries of the Americas and yet there is limited scientific knowledge of the attendant health problems. Research is needed into the type of pathology that occur following a disaster, the causes of death, the types of emergency activities that are necessary, the techniques for management of casualties, and the role of field hospitals. There are also few data on needed medical supplies, the techniques and relevance of disease surveillance and control, and the logistics of international assistance. It was proposed that PAHO play a role in promoting operational research on disasters and also support a regional or global meeting to determine the current state of the knowledge and to define those areas which should receive priority in any research effort.

In the discussion which followed it was noted that this type of work is intrinsically difficult because disaster situations can rarely be anticipated. However, they can be simulated; thus operational research, though dependent on retrospective data, can have productive value through appropriate modeling and analysis.

It was agreed that the Committee should recommend to the Director that as a first step PAHO should be involved in preparing a data bank on disasters and disseminating the information that is already available.

(5) Report on the First Regional Meeting on National Health Research Policies

The Meeting on Health Research Policies was held in Querétaro, Mexico, from 4 to 6 November 1977. It was the first of its type to be held with the sponsorship of the Pan American Health Organization. The participating countries were Cuba, the Dominican Republic, Haiti, and Mexico. They were represented by central government officials or officials of health agencies, science and technology councils or committees, research institutes and centers of higher learning. Colombia and Peru participated as observers.

The meeting covered a broad program which sought to determine the state of health research in the participating countries, and the extent to which the State and private organizations were involved. The ethical aspects of biomedical research were reviewed. The training of human resources for research and development and the role of PAHO/WHO with regard to the research policies of the member countries were also evaluated.

It was concluded that research was necessary and was of basic importance in the attainment of better levels of health in the countries. Research should be oriented according to the national policies on health science and technology and would result in a better understanding of the national situation and a better use of resources. It is therefore essential that national health research policies should be drawn up and that the lines, problems, and topics which constitute the national plan should be defined.

It was clear that there were marked differences from country to country in structure of the socioeconomic, as well as the health service systems. There were also real differences in the awareness of health problems and the availability of resources to tackle these problems.

The meeting recommended that a study be made of the health research activities in this area.

There was a proposal that Ethical Standards Committees be established at the international, national, and institutional levels.

Cuba was used as an example of a developing country in which the national research policy was formulated with the participation of the State through its Committee on Science and Technology and the Ministry of Health, the institutes of higher learning and research in the health sector, and the scientific community.

In the discussion of this presentation it was noted that WHO Council for International Organizations of Medical Sciences (CIOMS) had established a joint Committee attempting to formulate guidelines for ethical evaluation of medical research.

(6) Scientific Indicators in the Health Field

Statistical information on scientific activity is a relatively new need stemming from the interest of the countries in planning their scientific and technological development.

The construction of statistics that concisely "indicate" changes in and the status of scientific activity is justified by their usefulness in the formulation of research policy and in the analyses of those factors that determine the scientific productivity.

Scientific indicators are now being developed in a haphazard fashion making it difficult their proper selection and use. This situation stems from the empirical approach to their construction, which in turn derives from the need to use them immediately in planning.

The presentation was concluded with a description of the Organization's study of the impact of research on health in Latin America. The objectives of this study include the construction of scientific indicators which will facilitate the analysis and future planning of the scientific activity in health in the pertinent region. The study is in progress in Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, and Peru; the remaining countries will be incorporated in the course of the year.

IV. EXECUTIVE SESSION

Dr. George Alleyne was proposed, seconded, and elected Vice-Chairman for the next two years.

Dr. José Roberto Ferreira announced that the Director of PAHO had been pleased to appoint Dr. Joaquin Cravioto Chairman of the ACMR for the next two years.

Dr. Ferreira described the way in which PAHO had been reorganized and the role of the ACMR in this new structure. He said that PAHO had initially promoted growth in the health field, then moved on to the phase of development. At present the accent was on technical cooperation and

assisting the countries to become self-reliant in a wider range of health activities.

The work of the PAHO centers was mentioned in relation to the overall research objectives of the Organization. One of the problems which PAHO was constantly reviewing was the manner in which the research work of the centers could be monitored and adjusted, when appropriate, to be responsive to the national and regional needs.

Another activity of PAHO, which should concern the ACMR, was the effort to promote the formulation of national policies of health research. The ACMR had received a report on the first meeting which had been held in Querétaro, Mexico, to find out what was the state of health research policy in the participating countries and to get all countries to formulate such a policy.

Dr. Ferreira drew the Committee's attention to the fact that in 2 years PAHO would have to present a new Ten-Year Health Plan and that it was essential that the ACMR should play a role in advising the Director on that plan. The ACMR could analyze the health research policies of those nations which had them, and then discuss what might be a regional policy.

The ACMR might also suggest areas and directions of research for the future. The area of health services research had been discussed in some depth at this meeting and there was already a considerable amount of work being done in the areas in which the ACMR had indicated that more study was necessary.

Dr. Ferreira stressed the importance of continuity of effort by the ACMR between meetings and suggested that it was appropriate to start work now on next year's meeting. Too much importance could not be attached to having the closest possible integration of the work of the Committee with that of its Secretariat at the Division of Human Resources and Research. The following points emerged from the discussion on Dr. Ferreira's comments about the work and role of the ACMR. There was dissatisfaction with the current format of the meeting which did not allow the Committee members to make the maximum input into regional

research. In the future, meetings should have fewer papers presented and more time should be available for the Committee to discuss the priorities in research and the fields in which more work should be done.

It was suggested that the Committee might form itself into working groups to discuss special topics and the decisions of the working groups could then be presented in plenary sessions. Papers from individual committee members might also be presented and discussed. It was agreed that activity reports from the various PAHO centers should be available to the ACMR every year. The Committee might take into account the state of the work in a center or the level of PAHO's involvement and then have detailed discussions as to whether the center was fulfilling the role for which it was established. This would in no way reduplicate the work of the scientific advisory committees. Efforts should be made to have the members of the ACMR serve on the advisory committees for the centers.

It was suggested that the ACMR could undertake an analysis of those national health research policies which were available in an attempt to propose a regional research policy.

The role of collaborating centers was discussed briefly and it was noted that the Director General of WHO would be receiving reports of committees set up to examine the role of these centers. Discussion in the ACMR on these centers might be more profitable after the topic had been discussed at the meeting of the Regional Directors with the Director General.

The Committee then agreed to set up small working groups to do the following:

-To review the current research policy of PAHO, examine the research policies of the member nations, and make proposals for a new regional research policy.

-To analyze the work of the PAHO centers, paying special attention to their role in training local personnel.

-To examine the current research and the research needs in the area of infectious diseases, paying special attention to amebiasis and dengue.

-To examine the need for and kinds of health services research in the area of maternal and child care.

The coordination for these groups would be nominated by the chairman and they would be responsible for collaborating with the ACMR Secretariat in organizing the appropriate program.

V. DISCUSSIONS AND RECOMMENDATIONS

The following represents the discussions on the various topics and the resulting recommendations to be made to the Director of PAHO. Recommendations which had arisen as a result of the discussions in the plenary sessions are also given here for the sake of completeness.

(1) Coordination of Activities Between PAHO/ACMR and WHO/ACMR

There was discussion as to how this could best be achieved. It was noted that the six chairmen of the regional ACMR's were members of the WHO/ACMR ex officio. The WHO/ACMR expected to function as a coordinating body, receiving reports from the various ACMR's, and in situations in which there was common interest or purpose, facilitate collaboration among them.

RECOMMENDATION:

It was recommended that reports of all ACMR's should be circulated to members of each ACMR even though the presence of the chairman of PAHO/ACMR or WHO/ACMR would ensure a measure of cooperation. It was further recommended that in those situations in which there was a common interest, the WHO/ACMR would initiate the necessary collaborative action between regional ACMRs as rapidly after the meeting of the WHO/ACMR as possible. This collaborative activity would constitute a priority item for discussion at the next meeting of the regional ACMR.

(2) Role of ACMR in the Special Program for Research and Training in Tropical Diseases

The institutions

In the discussion, emphasis was placed on the importance of the program for the Region. It was suggested that members of the ACMR should be members of any team visiting institutions that might be strengthened. It was also suggested that PAHO should be the agency through which information about the special program should be disseminated.

RECOMMENDATION:

It was recommended that the TDR provide funds for strengthening the regional office and that PAHO should distribute widely the information about the special program throughout the Region, initially through the formal channels of governments but eventually as widely as possible. PAHO should also list and initiate communication with those institutions which might participate in the program.

The diseases

It was noted that the six diseases chosen for priority attention did not represent an exhaustive list; perhaps in the selection of the six diseases some of the major problems of the Americas had escaped attention. No doubt these problems would be included in an expanded program.

RECOMMENDATION:

It was recommended that in view of the importance of amebiasis and our ignorance of much of its biology, this disease should be given the same priority as the other six diseases.

The research workers to be involved

It was noted that on several occasions research workers encountered administrative difficulties which might prevent them from contributing to the program. One such difficulty might be related to the formulation of grant proposals.

RECOMMENDATION:

It was recommended that PAHO should help whenever possible in the preparation of proposals to the special program. Individual research workers would be encouraged to approach the special program directly but PAHO would be kept informed of any applications from the region.

(3) Health Services Research

Nature and evaluation

This item was discussed in the light of the presentations and discussions in sections B and C. The Committee took special note of the report and recommendations of the WHO Advisory Committee on Medical Research - Informal Consultations on Health Services Research. There was general agreement with the method of approach and the conclusions in the WHO report.

RECOMMENDATION:

In view of the importance of the subject to the Region, it was recommended that PAHO itself organize and convene one or more task forces which would:

- review the various definitions of health services research;*
- establish the conceptual basis of the field;*
- seek a clarification and an enumeration of the research methods;*
- give detailed recommendations which would be reviewed initially by the Committee before submission to the Director.*
- Assess the scope of social indicators in evaluating the results of health services, as well as their use and efficacy in health services research.*

The reports of these task forces should be available no later than 18 months from the present meeting.

Areas for health services research

The Committee discussed potential areas for health services research, especially in relation to the programs in maternal nutrition and the health of newborn.

RECOMMENDATION:

In view of the previous involvement of PAHO and the ACMR in this field, and in view of the fundamental importance of maternal nutrition and health of the newborn to the health plans of the region, the Committee recommended that research into the health services aspect of this field be given priority. PAHO should initiate planning through appropriate working groups of a specific proposal for health services research and training in this field.

Data for health services research

The Committee noted that in many countries there was a lack of basic data which might form the basis for assignment of priority areas for health services research.

RECOMMENDATION:

The Committee recommended that PAHO should strengthen those institutions which promote training in the collection and recording of the basic data on the health services of the Region.

Institutions involved in health services research

RECOMMENDATION:

The Committee made a general recommendation that such institutions be strengthened. Specifically, the Committee recommended that either

CEPIS or ECO or both initiate health services type research into the impact on health of some of the activities related to water and environmental engineering.

(4) The Management of Emergency Situations

The Committee discussed the proposal for definitive research in this area and took the view that although this kind of research was very difficult because of the unpredictability of the disaster situations, it should still be encouraged.

RECOMMENDATION:

The Committee recommended that PAHO be responsible for collecting the data which are currently available and for disseminating such information widely. The Committee also recommended that the 10th Resolution of the 24th Meeting of the Directing Council of PAHO be implemented fully that the activities of the Disaster Unit be presented to the next meeting of the ACMR.