

XXXII ACHR

*Meeting of the Advisory Committee on Health Research
of the Pan American Health Organization
16- 8 July 1997
Washington, D.C.*

RESULTS OF THE ACTIVITIES OF THE RESEARCH GRANTS PROGRAM: 1996



Research Coordination
Division of Health and Human Development
Pan American Health Organization
*Pan American Sanitary Bureau • Regional Office of the
World Health Organization*
Washington, D.C.
1997

CONTENTS

	<u>Page</u>
1. INTRODUCTION	1
2. UNSOLICITED PROPOSALS	2
3. REGIONAL RESEARCH COMPETITIONS	2
4. PUBLIC HEALTH RESEARCH TRAINING GRANTS PROGRAM	3
4.1 APPLICATIONS AND CANDIDATES SELECTED, BY COUNTRY AND YEAR	4
4.2 PROJECTS PRESENTED BY RESEARCH FELLOWS APPROVED FOR FINANCING	5
4.3 A REORIENTATION OF THE PROGRAM FOR 1997 AND SUBSEQUENT YEARS	5
5. BIOTECHNOLOGY RESEARCH TRAINING GRANTS PROGRAM	6
6. GRADUATE THESIS PROGRAM IN PUBLIC HEALTH FOR LATIN AMERICA AND THE CARIBBEAN	7
7. MULTICENTER PROJECTS	8
7.1 MULTICENTER STUDY: <i>A PROFILE OF THE HEALTH CONDITIONS OF OLDER PERSONS IN THE AMERICAS: (PROJECT HOPE)</i>	8
7.2 MULTICENTER STUDY: <i>CULTURAL NORMS AND ATTITUDES TOWARD VIOLENCE IN SELECTED CITIES OF THE REGION OF THE AMERICAS (PROJECT ACTIVA)</i>	9
8. SUMMARY	12

ANNEXES

RESULTS OF THE ACTIVITIES OF THE RESEARCH GRANTS PROGRAM: 1996

1. Introduction

Nineteen ninety-six could be characterized as a year of transition, in which modalities for the receipt and financing of research proposals existed side by side with unsolicited proposals and new modalities for the promotion and support of research, such as research competitions, programs for the training and education of investigators in public health, and support for multicenter projects. These latter forms of action--some of which had been attempted in previous years--and others proposed by the Research Coordination subsequent to an evaluation of the Research Grants Program (RGP), were the subject of discussion and analysis in the Internal Advisory Committee on Health Research (IACHR) and the Advisory Committee on Health Research (ACHR) during 1996 and received the Director's approval for implementation in 1997.

As part of this process and to pave the way for the new policies and standards of the Research Grants Program in 1997, the Research Coordination, in close cooperation with the IACHR, decided to take a series of steps to ensure the transition and launch the new policies.

Generally speaking, the RGP approved and financed a total of 21 research projects in 1996, twelve (12) of which were unsolicited proposals and nine, special initiatives related to the Regional Research Competition (5) and public health research training grants (4). Total financing to support individual projects in 1996 amounted to US\$ 520,000 (See Table 1). If RGP financing for the technical cooperation activities of the Multicenter Study on Violence (Project ACTIVA) is also taken into account, the total amount executed by the Grants Program in 1996 was US\$ 675,000.

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

The distribution of approved projects, by priority areas and countries, is presented in Tables 2 and 3.

The results of the RGP's action modalities in 1996 are described in further detail below.

2. UNSOLICITED PROPOSALS

In view of the announcement that this modality would be discontinued, a decline was expected in the number of unsolicited proposals. Proposals for eighty-three projects were received, and twenty-two (22) were preselected for final review by the IACHR based on the criteria of relevance, importance, and compliance with RGP standards. This change, in addition to invalidating the principle of "first come, first serve," which had been in effect until 1995, made it necessary to evaluate the projects and rank them by score, subsequently recommending them for approval or rejection. Fourteen projects were recommended to the Director for approval and, based on the availability of financing, 12 grants were awarded for a total of almost US\$ 300,000. This selection and approval of unsolicited proposals marked the end of this modality of action by the RGP. The unsolicited proposals that were approved are listed in **Annex 1A**.

REGIONAL RESEARCH COMPETITIONS

3.

- Testing of this RGP modality began in 1994-1995, with satisfactory results. In 1996 "**Organizational and Financial Changes in Health Sector Reform**" was selected as a topic for the competition. The success of the convocation may be attributed to its promotion strategy and the eligibility requirements for candidates. The process and its results are summarized below:
- Issuing of the terms of reference, the request for project proposals or profiles, and their preselection.

The terms of reference were prepared and the Call for Draft Proposals made to the research community with the participation and assistance of the ACHR Subcommittee on Health Systems and Services Research (HSSR). In this initial stage, ninety-one (91) project profiles were received (**Annex 2A**). A total of eighteen (18) profiles was preselected, with the

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

participation of the Chairman of the Subcommittee and specialists from PAHO's Divisions of Health and Human Development and Health Systems and Services Development.

- Invitation to preselected candidates to submit their proposals; selection processes and awarding of grants.

The preselected candidates were invited to submit their complete protocols, and replies were received from seventeen (17) candidates. With the participation of an Ad Hoc Committee made up of members of the HSSR Subcommittee, the five best research proposals submitted were recommended to the Director. The winning projects are listed below; further details appear in **Annex 1B**.

Name of Project	Principal Investigator	Country
Brazilian Health Reform: In Search of Equity	Celia Almeida	Brazil
The Health Services Supply Environment in Costa Rica.	Luis Rosero	Costa Rica
Health Reform at the Municipal Level	Francisco José Yépez	Colombia
Local Health Administration Committees: Two Models	Fernando Salazar	Peru
Transfer of Health Services Delivery	Delia Sánchez	Uruguay

PUBLIC HEALTH RESEARCH TRAINING GRANTS PROGRAM

4.

This program completed three years of operation in 1996 and has received collaboration from the International Development Research Centre of Canada (IDRC) since 1995. A general overview of the program is presented below by means of indicators of the number of applications for grants, candidates selected, and research projects approved (See Tables 4, 5, and 6).

4.1 *Applications and Candidates Selected, by Country and Year*

The Program was announced in 1993 as a Regional initiative, receiving regular funds from the Research Grants Program for the 1992-1993 biennium. At that time, and as financing permitted, it was decided a priori, to award grants to a certain number of countries:

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

financing permitted, it was decided *a priori*, to award grants to a certain number of countries: three (3) to Central America, two (2) to the Caribbean, three (3) to the Andean Area, and one (1) to the Southern Cone. Nine candidates in all were selected for the period 1994-1995, and since enough applications had not been received from the Central American area, it was decided to award an additional grant to the Caribbean area.

The financing modality was changed in subsequent years. For the first phase (10 to 12 months in an academic institution formulating the protocol), a contribution of extrabudgetary funds was received from IDRC, and also from some PAHO/WHO Representative Offices, which contributed matching funds to cofinance the fellowships during the first year. The funds from the Research Grants Program were used to finance the second phase, i.e., the execution of research projects. This change in the financing modality, particularly the cofinancing by the Representative Offices, made it necessary to restrict the promotion of the program and the allocation of fellowships for the first year to countries that contributed matching funds to the PAHO technical cooperation program.

In both 1995 and 1996, candidates submitted applications but did not qualify for fellowships because the Representative Offices did not allocate the matching funds. Such was the case for Costa Rica, Jamaica, and Colombia in 1995, and Costa Rica and Jamaica again, in addition to Ecuador, in 1996. This is a concrete example of the limitations to competing on an equal footing that the Program's financing modality imposes on both countries and investigators in the Region.

Countries such as Nicaragua and Cuba have presented candidates and have received research grants every year since the Program was launched, whereas Bolivia, Honduras, and Peru, which have presented candidates who had financing from the Representative Offices, did not qualify for the first-year fellowship.

4.2 Projects Presented by Research Fellows Approved for Financing

All the research fellows satisfactorily completed their first year of training in academic centers and presented their research projects for consideration by the Grants Program within the specified time. The sixteen (16) projects presented by the fellows in 1994 and 1995 have been evaluated and 5 of them approved so far: one from Jamaica (1994), one

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

from Ecuador (1995), one from Mexico (1995), one from Brazil, and one from Cuba. Further details appear in **Annex 1C**.

4.3 A Reorientation of the Program for 1997 and Subsequent Years

In theory, the research fellows, with appropriate assistance, devote almost 11 months to formulating their research projects in an academic center of excellence. Thus, also in theory, a greater proportion of approved projects than what is observed in practice would be expected. A preliminary evaluation, however, suggests the following principal factors associated with this problem:

- *The promotion of the Program and attempts to recruit candidates appear to have reached somewhat inexperienced professionals still in the process of training rather than investigators at the intermediate level with a certain amount of experience in research, such as teaching investigators who have already published and are currently on sabbatical. These latter were conceived as the ideal target population for the Program, but unfortunately it was not possible to recruit them.*
- *Of the twenty-two (22) candidates selected between 1994 and 1996, eleven (11) professionals were linked with doctoral programs. This demonstrates the Program's relative importance in supplementing efforts to train investigators at the doctoral level, rather than updating and providing advanced training to working investigators.*
- *Those who were not taking part in academic training programs at the doctoral level experienced problems involving stability and institutional commitment on the part of their mentors, and thus encountered difficulties with respect to support and assistance in developing their research projects. These investigators were more interested in updating their knowledge (short courses, seminars, etc.) and making international contacts rather than developing and subsequently executing a research project.*

In view of the results obtained during the three years of the Program's existence, PAHO's Research Coordination and on Human Resources Development Program, in coordination with IDRC, have considered making certain adjustments and modifications to the Program, particularly with respect to promotion strategies, financing

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

modalities, eligibility requirements for candidates, and application requirements. The following changes are suggested:

- *As a requirement, the research projects submitted must include a training or instructional component abroad for a period of not more than six months.*
- *Five projects will be financed per calendar year with PAHO-IDRC funds in the amount of US\$ 40,000, thereby eliminating the dependency on funds from the PAHO/WHO Representative Offices. It should be noted here that no Representative Office has explicitly programmed matching funds to support candidates for the Program in 1997.*
- *The application requirements should stipulate that candidates be teachers and investigators with at least a master's degree in a public health discipline and no less than five years' work experience.*

*Details of the new terms of reference appear in **Annex 3**.*

5. BIOTECHNOLOGY RESEARCH TRAINING GRANTS PROGRAM

*This Program, originally sponsored by the U.S. National Institutes of Health, was offered in 1994 and 1995 and led to a total of six grants for collaborative projects between the United States and Latin America. (See **Annex 1D**) The Research Grants Program financed a total of US\$ 240,000 for the two-year period; however, due to financial constraints, it was not possible to offer this Program in 1996. It should nevertheless be noted that in 1996 the RGP approved and financed three research projects in biotechnology. (See **Annex 1A**)*

For 1996, it was decided that this Program, like other PAHO technical cooperation activities in biotechnology, should be linked more closely to technical cooperation priorities for the development of new vaccines. Subsequent to an analysis conducted in collaboration with the Regional Vaccine Initiative (RVI), which took into account the research awarded granted by the RGP in biotechnology and the projects received and financed within the framework of the PAHO-NIH initiative, it was determined that the initiative should focus on promoting collaborative projects on strategic technologies, particularly the development of

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

conjugated vaccines. There is a need to strengthen the national capabilities of the Latin American countries in this field with the collaboration of specialized centers in the United States. At the present time, the centers that would be available to receive Latin American candidates are being identified. Grants of US\$ 40,000 per calendar year would be offered.

As pointed out at the 1996 meeting of the ACHR, the possibilities for continuing this line of research and developing collaborative projects in biotechnology will depend essentially on the ability to expand the collaboration of the specialized centers and, concomitantly, on arrangements for the procurement of additional extrabudgetary resources to finance the grants.

6. GRADUATE THESIS PROGRAM IN PUBLIC HEALTH FOR LATIN AMERICA AND THE CARIBBEAN

*Subsequent to the preparation of the terms of reference, this Program was promoted and disseminated during the first four-month period of 1997. Ten grants will be awarded per calendar year for an amount not to exceed US\$ 10,000. Selection of the candidates will be handled by the Internal Advisory Committee on Research (IACHR) during its November meeting. The Program's terms of reference appear in **Annex 4**.*

7. MULTICENTER PROJECTS

Although in the past, the RGP has supported projects of a comparative nature with the participation of several countries, it was not until 1995 that support for one multicenter project a year was established as a policy of the Research Grants Program with the subsequent initiation of the Multicenter Study, Cultural Norms and Attitudes Toward Violence in Selected Cities of the Region of the Americas in 1996.

*With the purpose of selecting a research topic for the multicenter study for 1997, the RGP held an internal competition and called upon the Technical Programs and Pan American Centers to submit research project profiles in accordance with certain terms of reference. (**Annex 5A**) As a result of this appeal, ten (10) project profiles were presented (**Annex 5B**) These were reviewed by the Internal Advisory Committee on Health Research (IACHR) using an evaluation system developed by the Secretariat on the basis of the criteria spelled out in the terms of reference. (**Annex 5C**) The IACHR decided to recommend the*

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Washington, DC, 16-18 July 1997

proposal "**A Profile of the Health Conditions of Older Persons in the Americas**" for approval by the Director. The evaluation conducted by the IACHR and the decision of the Director appear in **Annex 5D**.

7.1 Multicenter Study: A Profile of the Health Conditions of Older Persons in the Americas: (Project HOPE)

The following activities have been completed to date:

- Preparation of the definitive protocol and first draft of the questionnaire. For this purpose PAHO received the collaboration of the Center for Ecology and Population of the University of Wisconsin, Madison.
- At the same time, the principal investigators and responsible institutions were identified in the selected cities. For this purpose, the terms of reference for the competition for the Principal Investigator and Responsible Institution were drawn up and distributed. **(Annex 5F)** The credentials received were evaluated by external members of the Project Advisory Committee, as follows:

Name of the Principal Investigator	Responsible Institution	Country
<i>Víctor Gómez</i>	<i>Institute for Economic Research, University of Costa Rica.</i>	<i>Costa Rica</i>
<i>Raúl Hernández</i>	<i>Center for Demographic Studies, University of Havana</i>	<i>Cuba</i>
<i>Cecilia Albala</i>	<i>National Institute of Nutrition, University of Chile</i>	<i>Chile</i>
<i>Renato Veras</i>	<i>Open University for Senior Citizens, State University of Rio de Janeiro</i>	<i>Brasil, Río de Janeiro</i>
<i>Ruy Laurenti</i>	<i>School of Public Health University of Sao Paulo</i>	<i>Brasil, Sao Paulo.</i>
<i>Ana María Damontes</i>	<i>PRONASAM, Ministry of Health</i>	<i>Uruguay</i>

- Meeting with selected investigators and project advisers: From 9 to 10 June, the First Workshop was held in Mexico City for discussion and contributions to the research protocol

and the first draft of the questionnaire. The relevant adjustments were made with contributions of the investigators, and the objectives of the study were defined in keeping with the countries' technical and financing capabilities.

- *Pilot testing of the questionnaire, procedures for collecting information, preparation of the sampling design and selection procedures, and final preparation of the questionnaire to be employed was programmed for 1997. It is expected that information gathering will begin in late 1997 or early 1998.*

7.2 Multicenter Study: Cultural Norms and Attitudes Toward Violence in Selected Cities of the Region of the Americas (Project ACTIVA)

This project, for the first time, implemented an innovative coordination and execution modality in which PAHO and the countries participating in the study establish a cooperative relationship based on shared responsibilities. The Organization is responsible for coordinating the study and ensuring that it receives adequate technical cooperation in all stages of the process, while the countries have assumed responsibility for executing and financing the studies in the participating cities.

Once the study's terms of reference and methodology were agreed upon, two pilot tests of the instrument for collecting information were made in the first half of 1996 and, based on the results, a definitive instrument for the study was designed using the variables and questions commonly applied to all the cities. In the second half of the year, the field work was conducted in the participating cities, in addition to entering and refining the data, analyzing inconsistencies, and adjusting the sampling.

The cities that have conducted the studies to date and are in a position to present results are Cali, Colombia; Caracas, Venezuela; San Salvador, El Salvador; San José, Costa Rica; Rio de Janeiro, Brazil; Salvador-Bahia, Brazil; and Santiago, Chile.

The IV Workshop was held with the participating investigators in early 1997 to agree on a plan for analyzing the results and forming the responsible teams. In addition, the investigators agreed on the criteria that will govern the recognition of authorship and the institutional sponsorship of the study.

**XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)
Washington, DC, 16-18 July 1997**

In early 1997 a strategy for disseminating the results of the study in the cities was also initiated, and a series of events were held to present the results, with the participation of various social actors and the communications media.

The construction of the databases for all the cities is nearing completion, and work is beginning on the comparative analyses. PAHO has provided mechanisms to facilitate the exchange of information among the groups performing the analyses and to begin preparation of the manuscripts for scientific publication.

Tables summarizing the activities and financial contributions of the Research Grants Program in 1996 are presented on the following page.

XXXII MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)
Washington, DC, 16-18 July 1997

MULTICENTER PROJECT ACTIVA
SUMMARY OF ACTIVITIES
1996

ACTIVITIES COMPLETED	DATES	P A H O CONTRI- BUTION
Preparation of multicenter protocol and proposed questionnaire	Nov.-Dec. 1995	15,000
Meeting with investigators for review of protocol and questionnaire Houston, Texas	15-19 Jan. 1996	29,139
I) Pilot testing of the questionnaire in the participating cities (Pilot Test I)	Feb.-Mar. 1996	42,800
Data processing and analysis of the results of Pilot Test I Grant to the UCR/Costa Rica Psychological Research Institute	Mar.-Apr. 1996	3,000
Technical meeting for review of results and preparation of the second draft of the questionnaire. San José, Costa Rica	15-20 Apr. 1996	14,031
Conducting of the pilot test of the second draft of the questionnaire in 4 participating cities	1-20 May 1996	5,000
Technical meeting for review of results of Pilot Test II and preparation of the third draft of the questionnaire. San José, Costa Rica	3-8 June 1996	3,200
Consultation and general discussion of the third draft of the questionnaire on the Internet	1 0 - 2 5 June 1996	3,000
Technical meeting for the preparation of the fourth draft of the questionnaire (Final) San José, Costa Rica	12-14 July 1996	6,000
Preparation of Manuals for the Interviewer and Supervisors (field and office)	14-30 Aug. 1996	4,000
Technical assistance services for evaluation of the sampling design for all the cities and specific support for the design in selected cities (on-site visits and direct assistance via the Internet)	Aug./Oct. 1996	5,000
Development of the Plan of Analysis, preparation of the system file for data input, and preparation of the Analysis Program in SPSS for each country and the Region	Aug./Sept. 1996	8,000
Preparation of report on the results of the pilot tests of the instrument.	16-20 Sept. 1996	1,800
Data collection and entry/field work: San Salvador, San José, Caracas, Cali, Rio, Santiago, Madrid	Aug./Oct. 1996	Countries
Inter-country monitoring and technical support for supervision of field work.	Sep.-Oct. 1996	5,000
Preparation of programs for data encoding and critique	Nov. 1996	4,000
Compilation of the regional database and correction of data (UCR/Costa Rica)	Dec. 1996/Jan. 1997	9,000
TOTAL PAHO	1996-1997	1 5 4,970

8. Summary

Conditions were ripe in 1996 for beginning a new stage of the Research Grants Program with respect to its modalities and initiatives to promote and support research. Fulfillment of the objectives of the PAHO Research Grants Program in its 10 years of operation was marked by the tension between generating knowledge as an input for technical cooperation and strengthening research capabilities in the countries of the Region. The RGP's current modalities of action draw upon past experience and largely seek to resolve such tension; those outlined in the present document, which will be fully implemented beginning in 1997, seek to gear actions toward promoting and supporting research in these two directions.

ANNEXES

ANNEX 1

APPROVED PROJECTS

ANNEX 2

REGIONAL COMPETITION ON HEALTH SECTOR REFORM

ANNEX 3

PUBLIC HEALTH RESEARCH TRAINING GRANTS PROGRAM

PUBLIC HEALTH RESEARCH TRAINING GRANTS PROGRAM

With the purpose of strengthening the public health research capacity in Latin American and the Caribbean, the Pan American Health Organization and the International Development Research Centre (IDRC) of Canada announce the Public Health Research Training Grants Program.

PROGRAM DESCRIPTION

The Program supports continuing education for educators and investigators in the public health disciplines by financing a research project with a training component at an academic center of excellence abroad over a period of not more than six (6) months. The training process represents an opportunity for the candidate to update his/her knowledge in a chosen area of research and to gain access to new methodologies and techniques in research and data analysis.

The research topic should respond to public health priorities in the Region, and its findings should have applicability for the solution of identified problems.

Five (5) research grants will be awarded every calendar year, for a maximum of US\$40,000. This sum should cover the costs of conducting both the research project and the training component.

TYPE OF RESEARCH SUPPORTED

The Program will support only public health research--that is, studies that employ a population approach to analyze both the important health problems of different population groups and the social and institutional responses to those problems.

Preference will be given to applied research, with special emphasis on analytical and explanatory investigations and to studies that propose new approaches and methodologies. Research projects that make an original contribution to the existing body of knowledge will have a competitive advantage.

PRIORITY AREAS

The Program assigns special priority to **research on health systems and services**. The research projects submitted by the candidates should explore one of the following subject areas:

- Measurement of the health care needs, both objective and subjective, of different population groups--that is, aspects that bear some relation to the health situation of different groups (defined by ethnicity, age, socioeconomic level, gender, etc.) and the responses of the health services and society to meet those needs.
- Assessment of the impact of changes in the organization and financing of health systems and services, in terms of access, coverage, quality, efficiency, and equity.
- Variations in resource allocation for the different health services and the degree to which these services are used by specific population groups (women, the indigenous population, groups living in extreme poverty, etc.).

1

- Measurement of the performance of health systems and services and their cost-effectiveness.
- Definition and measurement of the outcomes produced by health systems and services and their effects on the health conditions of the population.
- Social participation and the management and evaluation of health systems and services at the local level.

ELIGIBILITY

Applicants must be citizen residents of Latin American and Caribbean countries and possess at least a **master's degree in any area related to public health, including the social sciences as applied to health.**

Candidates should be educators and/or investigators affiliated with academic and research institutions in public health and have a minimum of five years' work experience.

The research project and training program to be conducted abroad should be endorsed by the candidate's home institution. A summary of the program should be submitted, together with a letter of acceptance from the academic center where the training will be conducted.

The research project should meet the requirements of relevance, importance, and scientific merit, deal with one or more of the priority areas indicated above, and last **no more than 18 months.** The grant period, including the training component, should not exceed 24 months.

DEADLINE FOR APPLICATIONS

Applications for the upcoming calendar year, and the complete documentation, must be received at Headquarters no later than **30 October of the current year.** Candidates who submit their application before the deadline, but are not selected, will have an opportunity to reapply one time only and to submit the application for the following year.

SELECTION PROCESS

The applications and projects received will be evaluated by PAHO's Internal Advisory Committee on Research at its regular meeting in November of each year. The candidates selected and projects approved will be announced in early December of each year.

APPLICATION PROCEDURE

Interested parties should request application forms and the guide for writing research proposals from the PAHO/WHO Representative Office in their country of origin or directly from PAHO Headquarters, addressed to:

Research Coordination
Program on Research and Training in Public Health
525 23rd Street, N.W.
Washington, DC. 20037 - USA
Telephone: (202) 974-3115
Fax: (202) 974-3680
E-mail: RGP@paho.org

ANNEX 4

***GRADUATE THESIS GRANTS PROGRAM
IN PUBLIC HEALTH
FOR LATIN AMERICA AND THE CARIBBEAN***

**GRADUATE THESIS GRANTS PROGRAM
IN PUBLIC HEALTH
FOR LATIN AMERICA AND THE CARIBBEAN**

The Pan American Health Organization, through the Research Coordination Program of the Division of Health and Human Development, announces the ***Graduate Thesis Grants Program in Public Health***.

The ***Program*** is a regional initiative whose purpose is to strengthen the professional development of investigators in public health disciplines. It also seeks to increase their interest in conducting research on important public health problems of the countries of Latin America and the Caribbean.

WHAT DOES THE PROGRAM CONSIST OF?

The Program offers professionals enrolled in master's and doctoral programs in public health disciplines in Latin America and the Caribbean the opportunity to obtain a small grant related to their thesis projects.

Grants are intended to complement the support provided by the academic institution in which the candidate is enrolled. Thesis grants of up to the ***equivalent of US\$ 10,000 can be used to finance field activities and other activities related data processing and the analysis of research results.***

WHAT KINDS OF PROJECTS ARE SUPPORTED?

Only public health research projects will be supported, population-based studies that analyze relevant health problems of different population groups, as well as the social and institutional responses to such problems.

Preference will be given to applied research, with special emphasis on analytical studies and those that offer new approaches and methodologies.

Some of the priority areas for research are:

- The relationship between health and sustainable development, identification of inequities in health and their determinants--social, economic, ethnic, gender, etc.;
- The impact of health policies in terms of access, coverage, and the quality of services; evaluation of organizational and financial mechanisms of health care delivery systems within the context of health sector reform;
- Evaluation of interventions for health promotion and protection in different population groups;
- Emerging and reemerging diseases; evaluation of prevention and control strategies; and

- Environmental problems and their impact on human health; risk assessment and evaluation of prevention and control mechanisms.

ELIGIBILITY REQUIREMENTS

Professionals who are ***citizens and reside in*** Latin America and the Caribbean and are candidates for a master's or doctoral degree in a public health discipline under duly accredited programs in these countries are eligible to submit grant applications. Applications will be accepted from candidates enrolled in graduate programs outside these countries, provided that the proposals are for doctoral (Ph.D.) dissertations and address a research problem relevant to their country of origin. Candidates must certify that they are employed by an institution based in Latin America or the Caribbean.

Thesis proposals must be submitted in accordance with PAHO's Guide for Writing a Research Proposal and must have the approval of the appropriate academic committee or body. The proposal must also have the support of a mentor, who will be responsible for providing technical assistance and monitoring the research at all stages.

APPLICATION DUE DATES

There will be two cycles in every calendar year for the receipt and review of proposals. The deadline for the **first cycle is 31 January, and for the second, 31 August**. Candidates should indicate which cycle they wish to be considered for, based the requirements and schedule of their academic programs. Proposals for the first cycle will be evaluated and approved at the beginning of March, and those for the second cycle at the beginning of October of every calendar year.

SELECTION AND EVALUATION

The ***Program*** will finance 10 projects per calendar year and will select the five best proposals submitted in each cycle.

Proposals must meet the criteria of relevance, importance, and scientific merit and the research must last no more than 18 months. In the case of a doctoral dissertation, the proposed topic should make innovative contributions to the existing body of knowledge in the field and thus meet the criterion of originality. The suitability of the mentor will also be evaluated in order to ensure the technical and scientific quality of the research.

APPLICATION PROCEDURES

Interested parties should request application forms for the Program and PAHO's guidelines for writing research proposals from the PAHO/WHO Representative Office in each country or directly from PAHO Headquarters at the following address:

Graduate Thesis Grants Program in Public Health
Research Coordination (HDP/HDR)
Division of Health and Human Development
525 23rd Street, N.W.
Washington, D.C. 20037 - USA
Tel.: (202) 974-3115
Fax: (202) 974-3680
E-mail: RGP@paho.org

The following documentation should be sent directly to Program headquarters at the above address:

1. The research proposal with certification of approval by the respective academic body;
2. The résumé of the candidate and mentor;
3. Certification of enrollment in a graduate degree program (master's or doctorate); and
4. Verification of work affiliation with an institution in a Latin American or Caribbean country (for candidates enrolled in a doctoral program outside their country of origin).

For additional information, inquiries may be directed to:

Dr. Rebecca de los Ríos
Regional Advisor in Public Health Research
E-mail: delosrir@paho.org

ANNEX 5

INTERNAL COMPETITION

MULTICENTER PROJECTS

1997

ANNEX 5-A

TERMS OF REFERENCE

CALL FOR PROFILES FOR MULTICENTER RESEARCH PROJECTS ON IMPORTANT PUBLIC HEALTH PROBLEMS IN THE REGION OF THE AMERICAS

OBJECTIVES OF THE COMPETITION

To promote participation by Technical Programs and Pan American Centers of the Pan American Sanitary Bureau in the submission of collaborative multicenter research initiatives in order to gain access to financing provided by the Research Grants Program (RGP).

REQUIREMENTS FOR PROPOSALS

1. **Relevance and Importance**

Using PAHO's strategic and programmatic orientations (SPOs) as a framework, proposals submitted for consideration should address a public health issue that is perceived as a problem of regional magnitude by virtue of its dimensions and characteristics.

2. **Type of Study**

Proposals should meet the requirements of originality and applicability, justifying the importance of conducting comparative analyses among countries. Preference will be given to studies of an analytical nature.

3. **Technical Feasibility and the Feasibility of Mobilizing Resources of Scientific Excellence**

Designs are required whose execution (collection, processing, and analysis of the data) can be carried out within a period not to exceed 12 months and whose results can be published within two years of the start of the project. Preference will be given to proposals in an advanced stage of completion and to those that have identified the possible participating centers and investigators.

4. **Financial Feasibility and Feasibility of Mobilizing Additional Matching-Funds**

The RGP will furnish a contribution of US\$ 120,000, with the proviso that any sum above and beyond this amount must be mobilized and guaranteed as matching funds by the respective Technical Program, Division, or center. Preference will be given to proposals that verify the existence of real possibilities of securing matching-funds, whether in the form of the program or division's own funds or external resources.

5. Interprogrammatic Coordination

Projects that imply interprogrammatic and interdivisional participation and coordination and promote the formation of multidisciplinary teams of investigators will enjoy a certain advantage.

CRITERIA FOR COMPETING

*A 5-8 page **project profile** should be submitted that contains the following:*

1. The Problem Selected for Investigation and its Rationale

*A **convincing argument** must be made that the knowledge presently available is insufficient to permit a full understanding of the problem and its possible solutions. The kind of knowledge that the project is expected to yield must be described, together with its ultimate purpose in terms of application to technical cooperation and the benefit of the countries.*

2. Description of the Tentative Universe of the Study

Mention should be made of the countries and/or geographical areas of the Hemisphere (cities, regions, subregions, etc.) that would form part of the universe of the comparative analysis, and, when specific populations involved, this should be indicated.

3. Brief description of the Design, Methodology, and Duration of the Research Project

A brief description of the study design and procedures and techniques for the collection and processing of information will be required. If applicable, the methodology should make explicit mention of any ethical considerations that should be taken into account to ensure the protection of human subjects involved in the study.

The tentative duration of the study should be indicated, with a month-to-month breakdown of activities with respect to the execution phase, the analysis of results, and delivery of the final report.

4. Strategy for Disseminating the Results

It is suggested that the strategy for disseminating the results of the research project and the way in which its findings will be promoted should be indicated, as they relate to the potential users and beneficiaries of the knowledge generated.

5. Participating Centers/Investigators

The contacts made with centers or institutions that would participate in the study should be indicated. In the event a WHO Collaborating Center is to participate as a source of technical assistance and PAHO support for execution of the study, the Center and the specialists/investigators involved should be identified.

6. Budget and Financing

There should be an estimate of the total cost of the project, taking into account all its phases and components (including the preparation of the protocol, consultation meetings, joint work with investigators, technical advisory services, field visits, data collection and analysis, preparation of the publication, dissemination of results, etc.). The availability of matching funds (from the Program itself or from some other agency) should be indicated, in addition to the concrete possibilities of cosponsorship with PAHO.

7. Technical Divisions/Programs/Pan American Centers

Mention should be made of the Technical Divisions/Programs or Pan American Centers involved in the project and the technical personnel that would act as counterparts in managing the project jointly with the Research Coordination (HDP/HDR).

ANNEX 5-B

**PROJECTS TO BE REVIEWED BY IACHR
AT ITS FIRST MEETING**

**INTERNAL COMPETITION FOR
MULTICENTER RESEARCH PROJECTS
4 and 7 March 1997**

<i>Projects</i>	<i>Technical Unit/Center</i>
1. <i>"Normative Intervention in the Frequency of Cesarean Sections and Their Principal Indications"</i>	C L A P
2. <i>"Maternal Brachial Circumference and Habitual Weight"</i>	CLAP
3. <i>"A Profile of the Health Conditions of Older Persons in Seven Urban Centers of Latin America and the Caribbean"</i>	HEP/FF
4. <i>"Multicenter Study to Determine Factors that Limit Successful Exclusive Breastfeeding During the First Four Months of Age"</i>	HEP/FF
5. <i>"Air Pollution and Health: A Collaborative Study in the Americas"</i>	HEP/CO
6. <i>"Reduction of the Risk of Exposure to Arsenic in Drinking Water in Rural Communities"</i>	HEP/CEPIS
7. <i>"Study to Evaluate Experiences in the Implementation of Water Disinfection Projects in Countries of the Region"</i>	HEP/CEPIS
8. <i>"Primary Environmental Care in Health Education Programs in Urban Secondary Schools, with Schoolchildren Aged 12 to 15 in Five Latin American Countries"</i>	HEP/CEPIS
9. <i>"Multicentric Comparative Study of the Effectiveness of</i>	HEP/CT

Standardized Case Management for Acute Respiratory Infections in Latin America: Drug Resistant Streptococcus Pneumoniae Among Young Children"

- 10.** *"Analysis of Emerging Disease Risks: Development of Models"*

HCP/HCV

ANNEX 5-C

CRITERIA AND PROCEDURES FOR EVALUATING MULTICENTER PROJECT PROFILES

The criteria for evaluating project proposals are based on the requisites specified in the call for "Multicenter Research Project Profiles on Important Public Health Problems in the Region of the Americas," which were sent by the Director in memo HDP/HDR/RPD/10.8 on 18 November 1996.

The evaluation criteria are enumerated below:

1. *Relevance and Importance of the Topic*

Research topics are expected to deal with a problem addressed in the PAHO strategic and programmatic orientations and whose dimensions and characteristics make it regional in nature. A convincing argument must be made that the knowledge presently available is insufficient to deal with the problem, and the project profile must offer possible viable solutions.

2. *Originality and Applicability of the Results of the Study*

The study will be judged on the basis of its contributions to existing knowledge and whether its results are innovative and can serve as the basis for technical cooperation and intervention proposals in the countries. The description of the knowledge that is expected to be obtained will be evaluated, together with the goal pursued in terms of its application for the delivery of technical cooperation by PAHO and for the countries themselves.

3. *Objectives and Methodology*

The study must present a clear definition of the objectives that are expected to be met in terms of knowledge and the suggested hypothesis, if applicable; it must represent an attempt to analyze the link between factors and/or to explain certain problems; and it must demonstrate that a comparative study of countries is a clearly justified element of knowledge. An evaluation will be made of the design proposal to be developed, the suggested methods and procedures for achieving these objectives, and the rationale for the selection of the universe of the study.

4. *Technical Feasibility and Feasibility of Mobilizing Resources of Scientific Excellence*

The study will be judged on the basis of whether it is feasible to carry out the project within the expected time limits and to publish its results within two years of its start-up, whether the proposal is in an advanced stage, and whether the participating centers have been clearly identified. It will be further evaluated as to its capacity to articulate and mobilize expert resources in the Region and its potential for facilitating exchange and cooperation among countries. In addition, details concerning the formation of multidisciplinary teams of investigators will be considered an advantage.

5. Feasibility of Financing and Mobilizing Additional Financial Counterpart Resources (Matching-Funds)

An evaluation will be made of both the capacity to mobilize financial resources from other sources in order to guarantee project activities not covered by the Research Grants Program funds and of any commitments made by the Program or Technical Programs involved to contribute matching funds from the Program itself *and other sources*.

EVALUATION PROCEDURES

Each proposal will be evaluated in terms of the criteria mentioned above. A score of 1 to 5 will be assigned, with 1 representing the minimum value, and 5 the maximum. A value of 0 will be assigned when the evaluator feels that the project profile does not furnish the information required for evaluating that criterion. The total score will be the sum of the scores assigned to each criterion, divided by 5.

Individually, and before the meeting, the members of the Committee will evaluate all the proposals and assign their scores by project on the attached sheet. Copies of each member's evaluation will be circulated at the start of the meeting. Each member will present and justify his individual evaluation of each proposal.

The Secretariat will take note of the scores for each project assigned by each member of the IACHR and will present the five projects with the highest scores for the consideration and decision of the Director. In case of a tie, the IACHR may make a recommendation on any project it considers worthy of selection, accompanied by its justification.

EVALUATION OF MULTICENTER PROJECTS

TOTAL AND AVERAGE SCORES

RESEARCH PROJECTS	1	2	3	4	5	T	A
1. Normative Intervention in the Frequency of Cesarean Sections and Their Principal Indications. HPP/CLAP							
2. Maternal Brachial Circumference and Habitual Weight. HPP/CLAP							
3. A Profile of the Health Conditions of Older Persons in Seven Urban Centers of Latin America and the Caribbean. HPP/HPF							
4. Multicenter Study to Determine Factors that Limit Successful Exclusive Breastfeeding During the First Four Months of Age. HPP/HPN							
5. Air Pollution and Health: A Collaborative Study in the Americas. HPE/ECO							
6. Reduction of the Risk of Exposure to Arsenic in Drinking Water in Rural Communities. HPES/CEPIS							
7. Study to Evaluate Experiences in the Implementation of Water Disinfection Projects in Countries of the Region. HPE/CEPIS							
8. Primary Environmental Care in Health Education Programs in Urban Secondary Schools with Schoolchildren Aged 12 to 15 in Five Latin American Countries. HPE/CEPIS							
9. Multicentric Comparative Study of the Effectiveness of Standard Case Management for Acute Respiratory Infections in Latin America: Drug-Resistant Streptococcus Pneumoniae Among Young Children. HCP/HCT							
10. Analysis of Emerging-Disease Risks: Development of Models. HCP/HCV and HDP/HDA							

1 = Relevance and importance

2 = Originality and applicability of results

3 = Objectives and methodology

4 = Technical feasibility and feasibility of mobilizing resources of scientific excellence

5 = Financial feasibility and feasibility of mobilizing additional matching funds

T = Total Score

A = Average

Name of IACHR Reviewer: _____

ANNEX 5-D

MULTICENTER COMPETITION PROJECTS CONSIDERATION AND APPROVAL BY THE DIRECTOR

1. Criteria and Procedures for Evaluation and Results

Based on the competition's terms of reference, the Research Coordination (HDR) drew up criteria and procedures to enable each member of the IACHR to evaluate the proposals received. The procedures established by HDR were followed, and the scores of each reviewer were summarized. At the plenary session, for the purposes of discussion and deliberation, the IACHR selected the three projects with the highest scores, with the aim of recommending one of them for consideration and approval by the Director.

2. Observations and Final Decision

There is agreement with respect to the evaluation made by the IACHR for each profile presented, and taking the Committee's recommendations into account, the following observations and final decisions are listed below:

- ***The project "A Profile of the Health Conditions of Older Persons in Seven Urban Centers of Latin America and the Caribbean"*** is approved. It is suggested that the feasibility of adopting the IACHR's recommendation to include another country be considered, as well as the need for mobilizing additional resources to ensure an adequate strategy for disseminating the results of the study.
- ***The project "Analysis of Emerging Disease Risks: Development of Models,"*** presented by HCV and HDA, is considered interesting and innovative, although a bit ambitious and with certain limitations with respect to short-term feasibility. Attention is drawn to the fact that the project includes diseases that may not necessarily be regarded as re-emerging (such as rabies and yellow fever) and that due account must be taken of the surveillance initiatives being advanced by HCT on emerging and re-emerging diseases. It is therefore suggested that efforts be directed toward a more feasible idea for the future that would involve the participation of the technical programs responsible for disease prevention and control.
- ***Congratulations are extended to the HPP/HPF Program on Health and Aging,*** and particularly to all the Programs and Centers that submitted proposals. An invitation is extended to them to continue to work on ideas for research and to compete again next year.
- ***Research Coordination (HDR) and the IACHR*** are commended for their excellent work in promoting and evaluating multicenter projects, and a recommendation is made to continue supporting this initiative in the coming year.

OPINION OF THE IACHR

CONCLUSIONS AND FINAL RECOMMENDATIONS MULTICENTER PROJECT 1997 RESEARCH GRANTS PROGRAM

After reviewing the three projects with the highest scores in the quantitative evaluation, the Committee, for the reasons enumerated below, unanimously decided to recommend that the Director support the project "***A Profile of the Health Conditions of Older Persons in Seven Urban Centers in Latin America and the Caribbean***":

- This project is highly relevant and important, since it addresses a very significant regional problem from the standpoint of health and health care financing, an area in which information is notably lacking. It is especially relevant, moreover, in the context of the privatization of social security. The project is also timely, as it will enable PAHO to present its results in 1999, which has been designated as the International Year of Older Persons.
- The study would make a substantive contribution to the limited knowledge of the topic, in general, and on the existing differentials with respect to sex, socioeconomic status, and age. The results of the study would be necessary for international technical cooperation and for health and social security planning in the countries.
- Generally speaking, the proposal is very well conceived and drafted. The justification and objectives of the study are clear and very well founded, and the methodological design is appropriate for attaining the proposed objectives. The IACHR recommends exploring the expansion of the study to include a country in the Andean area in a different demographic stage (one not concerned with older persons) and with different health services structures in which social security planning is not receiving the attention it deserves.
- The research team is most highly qualified, thereby ensuring the success and quality of the final product. It is necessary to ensure the basic conditions for adequate coordination of the project by PAHO, and it is essential to guarantee the continuity and dedication of the necessary time by the Regional Advisor on Aging and Health.
- Given the state of development of the ideas and contacts for their implementation, completing the project within the proposed time frame appears to be highly feasible. Nevertheless, the Committee suggests extending the stages involving the validation of instruments and the analysis of results.
- The project has succeeded in mobilizing a significant amount of funds for its financing, and the possibilities of obtaining the remainder appear to be very high. However, it is necessary to provide for and ensure funds for dissemination of the final results, which have not been sufficiently envisaged.

With regard to the other two projects, the Committee made the following observations and recommendations to the Director:

The project "***Analysis of Emerging Disease Risks: Development of Models***" is the Committee's second choice. It noted the importance of the topic and the highly innovative nature of the methodologies proposed in the areas of epidemiological surveillance, molecular biology, and field studies. The Committee regretted that, for budgetary reasons, financing by the Research Grants Program could not be guaranteed, and pointed out the need to find other mechanisms to support initiatives of this nature, which represent a necessary and innovative contribution to technical cooperation. To this end, the Committee recommended that the Programs involved and other entities of the Organization, create the conditions to permit the development of the final protocol, devote themselves to an active search for funds to finance the project, and designate a counterpart to facilitate such financing. ***The Committee resolved to submit for consideration and approval the recommendation on page 3 to assign "seed funds" from the Grants Program to contribute to development of the protocol.***

- The project in third place, "***Air Pollution and Health: A Collaborative Study in the Americas***", was also considered highly relevant and feasible and to have a good methodology. The study would be part of a Johns Hopkins University initiative under the direction of Dr. Jonathan M. Samet, under the School of Public Health's project "Morbidity and Mortality from Air Pollution in Selected Cities of the United States." However, the Committee identified certain problems in the proposal, such as the failure to mention earlier studies conducted in the cities of Latin America proposed; the fact that the methodology and the instruments were fully developed and ready for application, which limits the active participation of local groups in the design of the study; the fact that meetings with the investigators were limited to training activities for application of the instrument rather than to interacting and promoting discussion and participation; and finally, the availability of data at the local level and their quality were not fully guaranteed. Accordingly, and with the aim of orchestrating a collaborative effort with Johns Hopkins University in a multicenter research project that would compare cities in the United States with those in Latin America, the Committee recommended that the Division of Health and Environment, with the support of other PAHO units, explore the possibilities of reviewing and adapting the protocol already *prepared by Johns Hopkins and intensifying the management of financial resources*. This proposal, the Committee pointed out, would need to be analyzed within the framework of the reorganization and restructuring of the Division and its associated Pan American Centers.

Conclusions and General Recommendations of the IACHR:

The Committee pointed out that the internal initiative to Call for Profiles of Research Projects was very satisfactory and made it possible to mobilize the capabilities of the Technical Programs and Pan American Centers to generate sound proposals of relevance and importance for PAHO technical cooperation in health. The Committee concluded that this effort, in addition to facilitating the selection of a research project to be financed by the Research Grants Program, had generated a substantial portfolio of profiles containing very valuable and necessary ideas to be implemented in the immediate future. For these reasons, the Committee considered it appropriate to submit the following considerations to the Director:

- *The PAHO entities in charge of mobilizing financial resources should be advised of the project profiles submitted that did not qualify for financing under the Research Grants Program on this occasion so that, in coordination with the respective technical programs, the best strategy could be designed to search for alternative sources of funding to ensure their financing.*
- *The modality of internal calls for the selection of multicenter projects should continue to be promoted for financing by the RGP. The possibility should be considered to ensure certain "seed funds" for the project profile in second place for the purpose of guaranteeing development of a definitive protocol. This would greatly facilitate the "peer review" conducted by agencies that provide research grants and even the management of external financial resources.*
- *Recognition should be granted to the Technical Programs, Pan American Centers, and investigators who entered the competition with their proposals, encouraging them to continue the search for financing for their development.*

ANEXO 5-E**PAN AMERICAN HEALTH ORGANIZATION****CALL FOR APPLICATIONS FOR PRINCIPAL INVESTIGATOR
AND RESPONSIBLE NATIONAL INSTITUTION****FOR THE MULTICENTER STUDY
"HEALTH OF OLDER ADULTS IN THE AMERICAS"**

The Pan American Health Organization, through its Program on Family Health and Population together with its Program on Research Coordination, is issuing the present call to institutions and the research community in Barbados, Brazil, Chile, Costa Rica, Cuba, Mexico, and Uruguay for applications for Principal Investigator and Responsible Institution to take charge of national studies in the countries mentioned.

The study is aimed at gaining greater knowledge about the health situation of older adults, with special emphasis on their disease experiences and the physical and mental disabilities associated with the aging processes. It will also investigate the availability and utilization of health care services.

This initiative is being carried out under the technical coordination of PAHO, which encourages intercountry collaboration and the mobilization of financial, organizational, and expert technical resources in the Region. Hence it has a joint participation format that includes PAHO, the national institutions, and several collaborating centers that are interested in sponsoring it.

Attached is a project summary, together with the terms of reference for the cooperation being offered by the Pan American Health Organization.

REQUIREMENTS FOR PRINCIPAL INVESTIGATOR

1. Professional degree, with graduate-level specialization in either epidemiology or demography. A doctoral degree or its equivalent with concentration in population studies of the aging processes will be considered an advantage;
2. Experience in research on the subject at the national level. Experience in collaborative research and participation on multidisciplinary research teams at the national and international level will be considered an advantage;
3. Affiliation with an academic institution or research center that will provide institutional support for the project at the national level and guarantee the mobilization of additional resources for its implementation; and
4. A team of co-investigators and/or collaborators with demonstrated experience in the areas of epidemiology, demography, and/or geriatrics/gerontology. The team should include a statistician, who will be responsible for the design, selection, and adjustment of the sample at the city level.

RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR

1

1. Coordinate the study at the national level and implement all activities related to the pilot test of the questionnaire, the design and selection of the sample, field work, data processing, and analysis of the results of the study;
2. Take the necessary steps to mobilize sufficient resources to ensure that the study will be completed and the results will be disseminated in the country; and
3. Serve as liaison for PAHO coordination of the multinational undertaking and participate in meetings and workshops convened at the international level with the other investigators involved in the study and members of the Advisory Committee.

REQUIREMENTS FOR THE RESPONSIBLE INSTITUTION

1. Status as a national academic and/or research institution with solid experience in social studies of populations and public health, preferably in the areas of population aging and health.
2. Ability to make an institutional commitment to the study and to PAHO, and to guarantee the necessary technical and organizational conditions that will enable the Principal Investigator of the project to carry out the activities required by the study at the country level.
3. Ability to guarantee financial support for the study, particularly for field work, or, if unable to make this guarantee, the ability to commit to arrange for such support and ensure the availability of counterpart resources that will make it possible to amass the required information.

INSTRUCTIONS

Interested parties should submit a letter of application expressing their wish to be considered as Principal Investigator and Responsible Institution and include the following attachments:

- The curriculum vitae of the Principal Investigator and the members of the research team, and
 - A letter of intent signed by the institution's responsible authority at the national level making the commitment to sponsor the study and provide the conditions necessary for its execution. This commitment should include the intention to guarantee financial support or secure counterpart funds for carrying out the field work and data collection in the cities.

SUBMISSION OF APPLICATIONS

Interested parties should address their letter of application, together with the information requested, to:

Research Coordination
Multicenter Study "Health of Older Adults in the Americas"
Pan American Health Organization
525 Twenty-third Street, N.W.
Phone: (202) 974-3115
Fax: (202) 974- 3680
E-mail: RGP@paho.org

DEADLINE FOR RECEIPT OF APPLICATIONS

12 May 1997

SELECTION AND INVITATION

The applications for Principal Investigator and Responsible Institution will be reviewed and selected by the Advisory Committee of the Project and the results will be communicated directly to the parties concerned. The principal investigators who are selected will be invited to participate in the Project's first meeting-workshop, to be held in Mexico City on 9B11 June 1997.

**MULTICENTER STUDY
"HEALTH OF OLDER ADULTS IN THE AMERICAS"**

COMMITMENTS OF THE PAN AMERICAN HEALTH ORGANIZATION

The Pan American Health Organization will assume responsibility for technical coordination of the study and for the provision of technical cooperation at the regional and country level to guarantee the planning, execution, and dissemination of results. PAHO will invite Collaborating Centers and specialized centers to offer technical support in various phases of the study, and it assumes the following obligations with the responsible national institutions:

1. Provide technical cooperation for development of studies at the country level, providing the responsible institutions and principal investigators with the following: the study protocol framework, instruments for the collection of information, manuals for use in the field and in the office, and programs for cleaning up the data, processing the information, and producing the analyses;
2. Guarantee technical and financial cooperation for conducting pilot tests of the questionnaire at the country level and adjusting and adapting it to local cultural and social situation. It will also provide technical cooperation on the design and selection of samples for each city;
3. Guarantee financing and technical advisory services for the international meetings and workshops of the investigators in the various phases of the study;
4. Compile databases for the respective cities and distribute them to participating investigators for purposes of comparative analysis;
5. Provide technical advisory services for analyzing the results, both comparatively at the regional level and at the country level; and
6. Coordinate, publish, and disseminate scientific reports on the results of the research at the regional level.

MULTICENTER STUDY "HEALTH OF OLDER ADULTS IN THE AMERICAS"

(Summary)

GENERAL OBJECTIVE

To profile the state of health of the older adult population, identify its conditioning factors, and determine the availability and use of health services by that population, specifying differences according to gender, socioeconomic status, and population cohorts.

SPECIFIC OBJECTIVES

- To evaluate the state of health through interrelated dimensions: disease experiences, chronic functional disability, chronic physical impairment, and factors that impact on the health/disease situation;
- To characterize the distribution of the population by type of health care received (if any of the conditions mentioned above are present) or type of services to which the population would have access in the event that such a condition were to develop; and
- To identify links between current disease experiences, physical and mental disability, and factors that impact on health conditions, on the one hand, and behavior patterns (those that protect health or those that increase risk) and past exposure to given situations, on the other.

GOALS OF THE STUDY

- To obtain information needed in order to construct life tables that will make it possible to project the impact of disease and disability on the functional capacity of older adults. It will also be possible to simulate scenarios of morbidity and disability in this population and anticipate the type of preventive and/or curative care that will be needed for these age groups;
- To establish a comparative baseline for the health conditions profile of the older adult population and their access to health services that will make it possible to orient policies for health care and social security systems within the framework of the sectoral reform process;
- To provide epidemiological criteria for factors that condition and determine the profile of diseases, disabilities, and physical and mental impairments that the older adult population has to contend with, so that prevention and care programs can focus on the most prevalent problems; and
- To produce a validated instrument for the collection of information which can be used for a subsequent longitudinal study.

STUDY DESIGN AND METHODOLOGY

This study is cross-sectional and survey-based, applicable to a representative sample of the male and female population aged 55 and older. It will be conducted in the principal urban centers in Barbados, Brazil, Costa Rica, Cuba, Mexico, and Uruguay, which have been chosen because they represent the broad spectrum of demographic patterns in the aging process that exist in the Region.

A random sample will be selected that reflects the male:female ratio in the population aged 55 and over living in households in the metropolitan urban areas of the study. In addition, the spouse and a randomly selected descendant (son/daughter) of the identified older adult will be included.

The study instrument will be designed on the basis of two questionnaires that have been used with great success in the United States: the questionnaire from the Health and Retirement Survey (HRS), and the one from the Longitudinal Survey of Care of the Aged (LSCA). It will be designed and discussed in collaboration with the investigators so that it will reflect any adaptations and incorporate any specific aspects that may be necessary. In addition, it is planned to conduct pilot tests with the questionnaire in three languages: English, Spanish, and Portuguese.