



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

**XXXIX Meeting**



**WORLD  
HEALTH  
ORGANIZATION**

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## **REPORT OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH**

The XXXI Meeting of the PAHO Advisory Committee on Health Research (ACHR) was held at PAHO Headquarters from 15 to 17 July 1996. The discussions included topics of a general nature, covering the situation and trends in health research in the Region, PAHO technical cooperation in health research, and the structure and operation of the ACHR.

Concerning the general topics, the trends and challenges in health research in Latin America and the Caribbean were discussed, with emphasis on the problems stemming from demographic and epidemiological transition, health system reform, and environmental degradation. New forms of organization and financing for scientific activity in health were also discussed, as well as new conceptual and methodological developments that would make it possible to understand these problems. The Committee recommended that PAHO maintain and strengthen its cooperation activities to support the definition of national and institutional policies on science and technology in the field of health that address these challenges.

With respect to PAHO cooperation activities in research, the protocols for two multicenter studies coordinated and partially financed by PAHO were reviewed, one on cultural norms and attitudes toward violence and the other on the relationship between investment in health and economic development. The Committee considered that these multicountry collaborative and comparative projects on regional problems should be given high priority by PAHO, and it recommended that this work modality be strengthened and extended to other areas.

Based on a study of the quality of the final reports of research projects financed by the Research Grants Program, the Committee recommended the adoption of new work

modalities that would make it possible to improve quality and strengthen the impact of research supported by this Program.

The members of the ACHR visited the PAHO programmatic divisions and had the opportunity to learn in greater detail about the research component of the Organization's cooperation activities. They also reviewed the activities of the ACHR Subcommittees on Biotechnology and Health Systems and Services Research, both of which submitted plans of action for the next four years aimed at strengthening the research capability of the countries of the Region in these areas.

Concerning the structure and operation of the ACHR, the Committee reiterated its recommendation to establish closer links with the life of the Organization. The Subcommittees were considered a mechanism with considerable potential for establishing these links; however, greater exchange with the respective technical programs is needed to ensure that this potential is realized. The Director of PAHO stated that, despite resource constraints, he will do everything possible to ensure that the meetings of the Committee take place annually.

The present Report is submitted for the information of the members of the Directing Council to serve as the basis for the discussion on health research.

Annex

PAHO/ACHR/96.16  
Original: Spanish

# **XXXI ACHR**

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Meeting of the Advisory Committee on Health Research  
of the Pan American Health Organization  
15-17 July 1996  
Washington, D.C.

## **REPORT TO THE DIRECTOR**



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.  
1996

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**REPORT TO THE DIRECTOR**

**I. Opening Session**

**Remarks of the Director of PAHO/WHO, Dr. George Alleyne:**

In his opening remarks, the Director of PAHO/WHO said that he was pleased that the ACHR is now meeting on an annual basis and its membership has been increased to 15. He noted that owing to resource constraints, he had been obliged to discontinue various committees, but that he had made the decision not only to maintain the ACHR but to strengthen it because of the quality and relevance of its activities and the importance of research to the work of the Organization.

He reiterated PAHO's commitment to promoting and encouraging research, particularly research that is useful and of practical importance in solving health problems. Reaffirming his confidence in the quality of the Committee's recommendations, he requested that the ACHR review—from a pragmatic point of view and applying criteria of relevance—the research activities in which the Organization has been involved in the past and consider those in which it should become involved in the future.

**Remarks of the Chairman of the ACHR, Dr. Adolfo Martínez-Palomo:**

Dr. Martínez-Palomo recognized the importance that PAHO/WHO has attached to the Committee, emphasizing that this body, in the current context of economic, social, and political instability, has a key role to play in formulating an agenda of research priorities for the Region.

Research policies and priorities must be geared toward meeting the needs and improving the health status of those whom knowledge generation is intended to benefit. They must also incorporate a multidisciplinary approach to health problems, linking biomedical, clinical, epidemiological, and health services research and emphasizing basic, applied, and development-oriented research.

**II. Activities of the Advisory Committee on Health Research of WHO (Global ACHR)**

This item was presented by Dr. Fliedner, Chairman of the Global ACHR. The main points of his presentation are summarized below:

1. The conceptualization of a perspective for science and technology to foster the development of health for all leads us to the conclusion that this development should be supported by the potential of the scientific community, including research and education. With this idea in mind, it is hoped that the scientific community will identify the principal issues of global scope for which the contribution of science and technology is needed.

2. The ACHR system has a mandate, as well as an important responsibility in the current context, to support the World Health Organization in the effort to renew its strategy for achieving health for all through the development of a "research agenda" in science and technology that will support and strengthen these activities in preparation for the 50th anniversary of WHO in 1998.

3. A task such as this must take account of the expected developments in global society over the next two or three decades. The key factors are energy resources and exploitation of raw materials, natural and man-made environments, nutrition, and—no less important—systems of education, communication, and values. Ecosystem dynamics appear to be a threat, given their exponential growth, which requires immediate attention.

4. Setting priorities for a new era of health research requires ongoing consideration and evaluation of the health status of peoples at the local, regional, and/or global level. A new approach being suggested is to develop "health profiles" that would make it possible to identify complex health deficit situations. Development of such health profiles would permit comparisons between countries and regions utilizing an innovative approach for their quantification.

5. Through the use of a new system planning approach, the ACHR is in the process of developing a new "research agenda." The methodological infrastructure is provided by "PlaNet Heres" (Planning Network for Health Research), which will permit free and efficient communication and consultation among ACHR members and consultants.

6. Implementation of this type of research agenda requires the commitment of the scientific community. Up to now, this community has been concentrated largely in the "North." Enormous intellectual resources can be mobilized in the "South" if there is innovative development and interactive use of information and communication technology between "North" and "South." Such expansion of scientific potential will permit the creation of "IRENES" (intelligent research networks) to study problems of global importance.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The concentration of scientific activity in the developed countries should be recognized as a problem in itself—one more among the global problems mentioned. The creation of widespread awareness of the importance of this problem and concerted effort to expand research capabilities should be part of the agenda for international organizations and other actors involved in this area.

- It is important to forge closer ties between the Global ACHR and the regional ACHRs so as to create a system that will serve as a bridge between the scientific community and governments. The aim should be to arrive at a joint definition of research policies that will counteract current trends, in which priorities are defined by the market and everything, including knowledge, can be bought. However, given the diversity of the actors involved in current scientific activity, it is important that this bridge-building effort be expanded to include these new actors.



**III. Trends and Challenges in Health Research in Latin America and the Caribbean**

This item was presented by Dr. Alberto Pellegrini Filho, Coordinator of the PAHO/WHO Research Coordination. Among the various trends and challenges in public health research in Latin America and the Caribbean, Dr. Pellegrini focused on those relating to the organization and financing of scientific activity and the linkage between research and policy-making in health.

With regard to the former, Dr. Pellegrini presented a brief historical outline of the creation of national science and technology bodies and the models used to plan scientific and technological development during the decades between 1960 and 1980, which reflected the prevailing conception of the State as the principal agent of development.

In the 1990s, a series of changes occurred at the global and regional levels, both macroeconomically and in the dynamics of scientific and technical development, which led to the emergence of new trends in the organization and development of scientific activity in Latin America and the Caribbean. In the field of health, science and technology were also influenced by changes in demographic, morbidity, and mortality profiles and in the organization of health care.

In this new framework, the organization of scientific and technological activity cannot continue to be guided by centralized planning under the almost exclusive leadership of the State. The State should focus on developing its capacity to enlist other actors, particularly scientific and technological institutions and producers of goods and services, fostering in them the capacity to assess and anticipate scientific and technological development so that they can find their competitive "niches," establish strategic alliances, and identify channels of access to knowledge and technology, as well as mechanisms for transferring them to other sectors of society. In sum, the role of the State should be to provide incentives and define the "rules of the game," opening up opportunities and supporting institutions so that they can further the development of science and technology.

Scientific and technological activity in the field of health is situated at the crossroads where policies on science and technology intersect with health policies. As a result, its organization and development are influenced by both general factors and specific sectoral changes. Examples of the latter are the new problems stemming from

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the demographic and epidemiological transition, the impact on health of changes in the living conditions and lifestyles of individuals and social groups, and political and economic implications of changes in the organization and financing of health services.

Addressing these challenges requires not only the development of scientific and technical capabilities but also profound change in the nature of the scientific community in the field of health and in the institutional framework for the development, dissemination, and utilization of knowledge and technologies.

With regard to the financing of science and technology activities in Latin America, Dr. Pellegrini outlined the results of a study undertaken in five countries of Latin America—Argentina, Brazil, Chile, Mexico, and Venezuela—which account for nearly 90% of the production of and spending on science and technology in this Region.

Spending on science and technology in the countries studied, which is financed largely by the State, ranges from 0.24% to 0.75% of GDP, while in the developed countries this figure may be as high as 2.7%. However, since the early 1990s, two noteworthy trends have emerged: an increase in the participation of private enterprise in science and technology expenditure and an increase in external financing by the IDB and the World Bank, mainly for activities relating to technological innovations.

These general trends toward the "modernization" of the science and technology sector have been most evident in Chile and Mexico, particularly the latter (before the events of 1995). Venezuela and Argentina are the countries that are farthest behind in this regard.

Between 1990 and 1993, the health sciences received on average around 25% of public spending on R&D in Argentina, 4% of federal spending on science and technology in Brazil and Mexico (with an upward trend in the former and a downward trend in the latter), 34% of the resources of CONICIT in Venezuela, and 17% of those of FONDECYT in Chile.

With respect to funding from international sources, particularly the Inter-American Development Bank (IDB) and the World Bank (IBRD), a change in their policies has been noted since 1988. These institutions have shifted away from an emphasis on strengthening the supply side of the science and technology sector (support for universities and human resource development) and have begun to assign higher priority to the creation of links between the producers and users of knowledge and technology.

In the case of health research, particularly health systems and services research, loans for sectoral reform processes are an important source of funding.

Between April 1993 and April 1995, the IDB approved 10 projects for Latin America and the Caribbean totaling US\$ 311.45 million, and 17 others totaling US\$ 857.8 million have been proposed. As for the World Bank, between March 1988 and April 1995 it approved 25 health-related projects in the Region for a total of US\$ 1,492.6 million. Almost all these projects are aimed at financing health system reorganization and include a study component intended to lay the foundation for this process. Subsequent analysis after the execution of these loans will reveal whether or not this potential source of financing for health research was effectively utilized to conduct studies and projects carried out by research groups in the Region.

With respect to the linkage between health research and decision-making processes, Dr. Pellegrini noted that, while more studies on the subject are needed, it is possible to identify some avenues for addressing the challenge of increasing the use of health policy research in Latin America. There seems to be a clear need for better understanding of the various social actors involved, including consumers, professionals, politicians, investigators, entrepreneurs, the clergy, communications media, etc. In order to know how to influence each of these actors it is necessary to know what their sources of information are, what type of information interests them, how they evaluate information, what motivates them to make specific decisions, and with whom they interact, compete, or ally themselves.

The idea that investigators themselves are the best advocates for their research implies that investigators must possess political and communication skills in addition to their research abilities. Nevertheless there should also be more formalized structures and mechanisms to strengthen the ties between research and policy-making.

One possible strategy for breaking down the barriers between research and policy formulation might be broader utilization of methodologies for building consensus among the various actors involved in the health policy decision-making process. Other strategies might include the participation of decisionmakers in advisory committees on research and, conversely, the participation of investigators in positions and forums where policy decisions are made; more intense utilization of methodologies such as meta-analysis and consensus conferences to dispel the confusion created by contradictory findings; dissemination of intermediate research outcomes, development of rapid response capacity, and utilization of strategic moments, such as changes of

government, to overcome time barriers; training of investigators to write up research findings in a way that will make it possible to surmount communication barriers; creation of incentive systems that will motivate investigators to be concerned with promoting the utilization of their research findings, etc.

Dr. Pellegrini concluded his presentation by stressing that, in addition to all the aforementioned specific measures, long-term institutional development and progress in the democratization of decision-making processes are essential for increasing the use of research in health policy-making.

#### **COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The diversity of sources of financing and the change in the role of the State have created new challenges for the administration of research institutions. In order to function effectively in the new "knowledge market," these institutions must seek to identify and promote their own strong points, and they themselves must be decentralized and create conditions and incentives so that investigators can generate demand and attract resources.

- Reconciling the two major challenges—strengthening scientific activity and promoting science as an engine for social change—becomes more difficult in an environment marked by a trend toward downsizing the role of the public sector and augmenting that of the private and by a reduction in the possibilities for North/South cooperation, given the steady decline in the amounts of public resources available from the developed countries for collaborative research with the developing countries.

- Recognition of the need to enhance the quality of research and improve the scientific calibre of investigators in various countries of Latin America and the Caribbean through the creation of incentives and performance evaluation mechanisms is a very positive trend to strengthen scientific activity in these countries.

- Global and regional problems that are not addressed by national or bilateral cooperation agencies should be included in the agenda of work for international organizations. The latter should seek sources and mechanisms for resolving these problems and generating knowledge, which can be considered an international public good.

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- It is essential to strengthen health research institutions so that they can serve as an interface between those who produce knowledge and those who utilize it, a task that cannot be left solely to the investigator. A strong institutional base also guarantees the necessary independence of the investigator, enabling him/her to play a critical role in the face of established powers.

- Science and technology policies in the field of health should be considered a dimension of health policies, and the health sector should create and strengthen sectoral agencies to be responsible for formulating policies and setting priorities for science and technology in health.

#### **IV. New Concepts and Methodologies in Public Health Research**

This item was presented by Dr. Naomar de Almeida Filho, ACHR member.

The field of public health is undergoing a profound epistemological, theoretical, and methodological crisis, one of its principal signs being that public health, in its current stage of conceptual development, is not in fact concerned with the object "health." The ontological object of public health has been constructed according to a pseudoprobabilistic, monotonic set logic that does not take sufficient account of the wealth and complexity of the phenomena of health-disease-care. The result is an object called "health" which actually refers to "collective disease" and which, even so, is treated only partially and residually as "risk and risk factors."

Contemporary science has generated a series of epistemological and methodological elements grouped under the generic title "new paradigm." The theory of complexity might be considered the principal partial unifier of the various contributions to this new scientific paradigm.

The theory of complexity is a generalized application of the premise that scientific research—unlike the conventional positivist approach, whose objective is to simplify reality in order to arrive at its essence—must respect the complexity inherent in concrete natural, social, and historical processes. Its most notable characteristic is perhaps the notion of nonlinearity in the sense that it rejects the doctrine of simple causality, which is also present in the conventional approach to science.

Dr. Almeida Filho mentioned several other characteristics of the new paradigm, including the concepts of "emergence" and the "fuzzy set theory," and then raised the question of what effect these changes in paradigm might have in terms of the object of public health and what new epistemological, theoretical, and methodological criteria for public health research they might lead to.

In answering these questions, he noted the need to overcome the false dichotomies that dominate the problem of knowledge in this field. These include the dichotomy between theory and practice, individual and collective, and quantitative and qualitative. He then proposed a graphic representation that attempts to portray the complexity of the object "health," with its various angles and facets. In the methodological sphere, he pointed out the need to recognize the value of case studies, ethnographic studies, and ecological studies.

In summary, Dr. Almeida Filho mentioned four elements that are key to opening up avenues toward a new paradigm in public health. The first is "transdisciplinarity," which necessitates the building of bridges to critical epistemology, the new systemic biology, and the health-related social sciences.

The second is complexity, in particular the dilemma between: (a) the adoption of a determination that is rigorous, systematic, and detailed through simplifying abstraction (of quantification); and (b) the challenge of acquiring a true understanding of complex totalities in their concrete manifestations as public health problems. To resolve this dilemma, new logical and methodological strategies may be useful in that they will yield "more analytical descriptions" capable of stratifying the totalized structures at the different levels of integration.

The third element is plurality, which means acknowledging that there is a gap between the concrete object and the object of knowledge and that processes at one level, in order to be recognized, must be linked to the knowledge that is constructed at the other level.

The last element is praxis, i.e., the need to put facts into practice, so that they are recognized as such. Dr. Almeida Filho concluded by outlining some possible applications for these new approaches, including forecasting trends and scenarios in the field of health, support for planning processes aimed at the solution of problems, interactive administration, models of dynamic intervention, and others.

#### **COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

The Committee recognized the need for the Organization to continue to support this line of work with a view to developing and promoting the incorporation of new concepts and methodologies into public health theory and practice. The members pointed out several areas in which greater development is needed, including analysis of characteristics of the dominant paradigm in public health research, definition of the object "health" not as a "thing" but as a "process," and a broader definition of the level of population analysis, focusing less on the aggregate of individuals and more on the relationships among them.

**V. Science and Technology and Social Development**

This item was presented by Mr. Ignacio Avalos, a sociologist and President of the National Council for Scientific and Technological Research (CONICIT) of Venezuela.

Mr. Avalos noted that he had spoken on the same subject at the recent Meeting of Ministers of Science and Technology of the Americas, held in Cartagena, Colombia. This meeting took place in a context marked by recognition of the following macro-trends and their implications for the development of science and technology in the Region: globalization of economic activity; revaluation of intellectual capital; privatization of knowledge, which is increasingly viewed not as a public good but as an economic good; changes in cooperation between countries, which is ceasing to be guided by a spirit of sharing and is now characterized more by negotiation of mutual interests, revision of the role of the State, etc.

The Declaration of Cartagena approved at the meeting took into account these macro-trends and defined two main needs to be addressed in the agenda for work in this area: (1) the need to orient the development of science and technology toward the social good, understanding that this development will be influenced by economic and social factors and will therefore not always have positive consequences for the well-being of people, and (2) the need to utilize science and technology as an instrument in the struggle against poverty, which is recognized as one of the most serious threats to the sustainable development of the countries of the Region.

Mr. Avalos said that the most important task with respect to the organization of scientific activity in the Region is to build a new institutional structure (in the sense of values, approaches, standards, organizations, and routines) in which science and investigators will no longer be viewed as members of a "sector," a sort of socially closed space, within which activities of a markedly individual nature are carried out, the subjects and objectives of which are selected almost exclusively on the basis of "peer standards" and the quest for academic excellence, which is generally measured according to international parameters.

What is needed is an institutional structure that opens up research to society and not only makes it a matter of concern for investigators but requires the opinion and participation of the most disparate social actors. Such an institutional structure would make research not just an activity of peers (which it undoubtedly is) legitimized by the



criterion of excellence (which it undoubtedly should be) but an activity that involves "non-peers" and is also guided by criteria of relevance and usefulness.

In conclusion, Mr. Avalos mentioned that while these ideas may not be new, the current context in which they are occurring is indeed, proving to be very favorable for their application. CONICIT has been working toward this objective, developing research agendas in various areas, through broad consultation with a diverse array of investigators and social actors.

#### **COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The history of science in Latin America and the Caribbean includes several examples of new institutional structures like those mentioned by Mr. Avalos. Many of the health research institutions in the Region were created in response to concrete social demands such as port sanitation, responses to endemic and epidemic diseases, etc.

- The involvement of new actors ("non-peers") in the formulation of scientific policies is necessary and desirable, but mechanisms must be developed to ensure the legitimacy and representativity of these actors.

- It is important to have a perspective of applicability of the results of scientific activity, but it is equally important to recognize the importance of investment in long-term areas and lines of research and in basic research. The latter, by definition, is not directly and immediately concerned with producing results but contributes to the development of scientific rationale and recognition of the intrinsic value of research as a part of culture. It also creates fertile soil for the development of talents, facilitates the mastery of concepts and methodologies, and establishes a basis for understanding and becoming conversant with the most advanced developments of modern science.

- The Committee considered it important to apply criteria of importance and relevance in evaluating the performance of investigators, although it also recognized the significance for various countries of the Region to establish incentives and opportunities for career advancement based on rigorous criteria and peer review mechanisms.

**VI. Multicenter Research Project concerning the Impact of Health on Development**

This item was presented by Dr. César Vieira, Coordinator of the Program on Public Policy and Health, Division of Health and Human Development of PAHO/WHO. He began by reviewing the background of this joint initiative of the Inter-American Development Bank (IDB), the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), and the Pan American Health Organization (PAHO), the objective of which is to explore the impact of investments in health care on economic growth and the distribution of income in the Region of the Americas. It is hoped that the project will yield valuable information for the formulation of policies on health and human development in the Americas, as well as for international cooperation in support of these policies.

There is a great deal of evidence about the impact of economic growth on health conditions and services, as well as the economic implications of specific diseases. The influence of income level and distribution on the health of national populations and specific social groups has also been studied. However, very little is known about the impact of investment in health on both economic growth and income distribution.

Among the schools of thought concerned with evaluating the impact of investment in the social sectors on development, the first and foremost is the school of investment in **human capital**. This current of thought holds that investments in education and health help to increase the quantity, quality, and productivity of the work force and thus improve the growth rate of the economy. In general, studies conducted by proponents of this school have identified education as a greater determinant than health of increases in productivity and economic growth.

Another relevant school for the effects of this project is that of **basic needs**, which identifies a minimum level of social investment as a condition for development. Health, together with education, nutrition, housing, and employment, is among the factors that contribute to the satisfaction of the basic needs of a population and make it possible to attain better economic results.

Dr. Vieira explained that, based on a review of the literature, several basic hypotheses having to do with the impact of investments in health on both economic growth and income distribution have been formulated for the study. On the one hand, investment in health is presumed to foster economic growth by improving health conditions, increasing the stock of human capital, and expanding the supply of labor. On the other, investment in health is presumed to contribute to a more equitable distribution of income by increasing the quantity and improving the quality of the work force, which then has greater earning capacity in the labor market.

The project will focus on two major areas of research:

- *Investment or spending on health and economic growth*: Research in this area will take the form of national case studies with a macro approach. These studies will look at how national spending on health contributes to changes in the health of the population and human capital formation, as well as the ultimate impact of these changes on the economic level and growth rate of those countries studied. These studies will utilize macroeconomic data from national accounts and indicators of the levels and composition of health spending, in addition to indicators of health situation, education, employment, occupation, and academic and labor productivity.

- *Investment or spending on health and income distribution*: In this area, microanalytical country case studies will be carried out to assess the impact of public and household health expenditure on levels of household income, expenditure, and savings. The studies will analyze the impact of household health expenditures at different income levels on the health status of household members, their ability to participate in the work force, and their income and savings generation potential. The principal source of information for these studies will be household surveys on family budgets, standards of living, health, and nutrition.

With regard to operational aspects, Dr. Vieira noted that the project will be implemented through a simultaneous call for proposals for two multicenter studies, each dealing with one of the aforementioned research areas. Bearing in mind the interests of the three cosponsoring institutions with regard to the subjects to be studied, the following division of responsibilities has been defined:

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- The Program on Public Policy and Health and the Program on Health Research within the Division of Health and Human Development of PAHO will assume technical and financial responsibility for macro studies on investment in health and economic growth, within the framework of the Research Grants Program. It is expected that five or six grants of up to US\$ 30,000 each will be awarded to the investigators or institutions submitting the best research proposals, for a total amount of US\$ 150,000.

- The Office of Chief Economist of the IDB will assume technical and financial responsibility for micro studies on investment in health and income distribution, awarding four or five grants of up to US\$ 40,000 each to the investigators or institutions that submit the best research proposals, for a total of up to US\$ 180,000.

- the Social Development Division of ECLAC will coordinate with the IDB and PAHO in order to provide access to statistical information and technical cooperation from the Commission to support the implementation of both types of studies.

The project will be carried out in three stages:

Stage I (May-August 1996): preparation by international experts of the theoretical-methodological terms of reference for determining the relationship between investment in health, economic growth, and income distribution; review of these documents in a workshop, with the participation of invited experts and technical personnel from the three agencies; and preparation of research protocols.

Stage II (September-October 1996): selection of the best research proposals for each study and organization of a workshop with the principal investigators selected in order to refine and harmonize the respective protocols.

Stage III (November 1996-August 1997): execution of the studies; joint preparation by IDB, ECLAC, and PAHO of the final report on this project, including the conclusions of the national and regional studies, as well as policy recommendations for the countries and cooperation agencies based on these conclusions; organization of a high-level symposium involving economic and health authorities to review the

conclusions of the studies, validate their recommendations, and subsequently publish and disseminate the final report on the project.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

The Committee recognized the importance of the initiative and made several specific comments:

- The independent variable, investment in health, should not be stated only in terms of total figures; rather sources, types, and distribution of the investments should be specified;

- It is very important to develop a methodology that can distinguish the effects of investment in health from the effects of investment in other sectors;

- The timetable should be less restrictive to allow sufficient time for preparation of the protocols;

- It should be taken into account that there are different lag times between investment in health and impact on the various indicators being utilized;

- Given its past experience with this subject, the UNDP should be invited to take part in this initiative;

- The surveys that will be used as secondary data sources do not always employ the same methodology, which may make comparison difficult;

- The health sector's role as an economic sector and its contribution to development in that role should not be overlooked;

- In the terms of reference, priority should be given to multidisciplinary groups, particularly those that include both economists and health professionals.

Finally, the Committee recommended that this line of research be continued and expanded. It suggested that a possible area for further study might be the economic impact of the public health gains in which PAHO has played a part (for example, the eradication of polio, measles, etc.).

## **VII. Structure and Operation of the ACHR**

This item was presented by Dr. Alberto Pellegrini Filho, based on a consultant's report prepared by Dr. Fernando Sempértegui of Ecuador. The objective of the presentation was to outline some criteria for the revision of the ACHR structure and its functions.

Dr. Pellegrini reviewed the activities of the Committee between 1985 and 1995, during which period seven meetings were held, with the participation of 35 different members.

In general, all the documents discussed at those meetings sought to establish institutional policy orientations for research. The largest proportion of documents was concerned with evaluating institutional activity and identifying problems and priorities (33.3% and 22.6%, respectively), which is appropriate given the advisory nature of the Committee. The next largest proportion of documents delineated strategic orientations for scientific activity and presented theoretical developments (19.1 and 13.0%, respectively). Specific situation assessments and case studies accounted for the smallest proportion of documents (12.0%).

Examination of the documents discussed in each meeting reveals that, although the evaluation of activities of the technical programs and Regional centers has been a major area of concern for the ACHR, since 1991 the Committee has focused more on the impact and quality of research conducted within or outside the Organization.

With regard to the recommendations formulated by the Committee, Dr. Pellegrini reviewed those made at the various meetings, attempting to provide follow-up information on each from the reports of subsequent meetings. He concluded that not only were a greater number of verifiable recommendations made during the period 1991-1995, but a larger proportion of those recommendations were implemented, lending continuity to the ACHR's advisory role.

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With respect to proposals for possible future roles, Dr. Pellegrini outlined several characteristics that the ACHR should have, including dynamism, representativeness, versatility, and articulation.

Dynamism refers to the ongoing evaluation of health problems in the Region and timely reprioritization of research problems in response to the requirements of the current situation and the needs of political decisionmakers. Representativeness refers to the desirability of achieving participation on the Committee by all the subregions. Versatility is the quality that makes it possible for the ACHR to take part in activities in a variety of different fields of scientific endeavor related to health. Articulation refers to the desirability of more consistently linking the ACHR's functions with the life of the Organization as a whole.

The roles of the ACHR should be guided by the Organization's strategic and programmatic orientations (SPOs). The Committee's documents, debates, and recommendations should provide the Director and the various units within PAHO with a clear and up-to-date vision of priority problems on which greater knowledge is needed, strategies for addressing them, and requirements for carrying out the respective studies. Of course, these functions of the ACHR are inseparable from its evaluation role, which should be reflected in ongoing examination of research findings and how they are being applied to problems the research was intended to address.

As for the way in which the Committee functions, Dr. Pellegrini noted that Dr. Sempéregui's report had recommended that the ACHR form three subcommittees:

- health systems and services
- disease prevention and control
- health promotion, the environment, and development

These subcommittees would function as regular mechanisms to monitor and evaluate research activities in their respective areas, which correspond to the areas of work established under the SPOs. The recently created Subcommittee on Health Systems and Services Research (HSSR) would maintain its current membership. The proposed subcommittee on disease prevention and control would incorporate some of



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the membership and functions of the current Biotechnology Subcommittee. The subcommittee on health promotion, the environment, and development would respond to a recommendation of the ACHR made in 1995 concerning the need to review concepts and methodology, as well as strategies for research promotion in these areas.

In order to carry out their functions while maintaining the necessary flexibility, the subcommittees should be small and versatile. It is suggested that they consist of four members, at least two of whom should also be members of the ACHR. The other two might be external experts in the subject area, but not necessarily investigators. The directors of the corresponding technical divisions of the Organization would serve as the secretaries of the subcommittees and would also take responsibility for convening, organizing, and facilitating the necessary consultative meetings.

In accordance with this proposal, the ACHR would meet biennially, since the subcommittees would be involved in the monitoring of policies. The ACHR would meet in order to maintain continuity and update policies.

The Program on Research Coordination, as the secretariat of the ACHR, would be responsible for convening and organizing meetings of the Committee, preparing a report for the Director, and coordinating and monitoring the entire process. Once approved by the Director, the recommendations of the ACHR would be forwarded to the technical divisions, which would then incorporate them into their activities with the support of the corresponding subcommittees.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- In addition to the functions mentioned, the ACHR should assume an advocacy role for health research in various forums and environments. It should also be concerned with trend analysis for the purpose of anticipating future developments and problems, bringing them to the attention of governments and the scientific community, and proposing ways of addressing them, as well as setting goals to be achieved. Exploration of new conceptual and methodological developments should be among the concerns and items on the agenda of work for the Committee.

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- The ACHR should endeavor to coordinate its activities with those of various actors, in particular the community of donors and the national science and technology agencies. It should also seek to strengthen ties with the ACHR system at the global level. In the pluralistic dialogue on science and technology policies, the ACHR should explore various dissemination mechanisms, such as bulletins, meetings, teleconferences, electronic networks, etc. The ACHR should also establish a permanent section on the PAHO home page on the Internet.

- In addition to its internal advisory activities concerning the research-related work of PAHO, the ACHR should try to form strategic alliances with other actors on the international scene, identifying areas for joint work, particularly on subjects that require supranational analysis or intercountry comparisons, such as issues relating to health sector reform, new health care financing schemes, etc.

- The ACHR should more effectively exploit its strong points, including its capacity to generate new ideas, its flexibility in dealing with a variety of subjects, and its contact with the reality of research in the Region. It should also become a working group capable of developing a research agenda and utilizing its enormous catalytic power to implement that agenda, given that its capacity to influence may be greater than its capacity to directly fund research with PAHO resources.

- The ACHR should be more closely linked with the life of the Organization as a whole so that it can better monitor the changes and new challenges that PAHO faces. The subcommittees would be a flexible mechanism to facilitate both closer monitoring and the formulation of more specific recommendations, which cannot be made by the full ACHR. New electronic communication modalities should be used to increase the exchange of information between the members of the subcommittees and the technical units of the Organization. The subcommittees' functions should not be limited to ex-post evaluations; rather, they should participate more actively in the actual design of research-related activities.

- With regard to the composition of the subcommittees, the Committee members disagreed on whether or not they should be made up exclusively of ACHR members. Several alternatives were mentioned, including the participation of ad hoc consultants on specific subjects or the establishment of flexible, informal groups of ACHR members

to pursue activities in various areas of the Organization. There was consensus among the Committee members that, in order for the subcommittees to fulfill their functions, they should not be rigid in terms of membership, nor should they be fixed in time, and their performance should be evaluated.

- The ACHR should continue to hold annual meetings and its role should not be limited to reviewing reports of the subcommittees. The full Committee should perform various roles, including dealing with issues that are beyond the purview of the subcommittees. If meetings of the ACHR are held on an annual basis, the term of its members should be limited to four years, except under extraordinary circumstances.

### **VIII. Multicenter Research Project on Violence**

This item was presented by Dr. Rebecca de los Ríos of the Research Coordination Program. She began by defining the problem that the study is attempting to address. Violence is clearly recognized as one of the most urgent threats to public health and safety in the Americas; however, lack of information and knowledge has severely hindered efforts in the Region to address this problem from a public health perspective.

In order to understand the factors that lead to differences in the rates of violence, studies are needed to describe and analyze the differences in cultural attitudes and beliefs, as well as differences in conflict resolution skills, among and within countries. Through this type of research it may be possible to identify certain beliefs and other factors that are crucial contributors to the social causes of violence.

In response to these needs, PAHO/WHO has decided to promote and coordinate cooperative multinational studies aimed at assessing behaviors and identifying attitudes in the populations of the countries of the Americas that have a bearing on various public and private acts of violence. The participating investigators will conduct a comparative analysis of various cities and will identify similarities and differences in cultural norms that might be related to differences in rates of violence in these urban areas.

The first step in the multicenter study was to prepare a research protocol, which includes a questionnaire that has already been used in two pilot tests. The theoretical model adopted to guide the study, which was developed by Bandura at the University of Stanford, makes it possible to understand the role that attitudes and skills play in all forms of violent or peaceful behavior.

According to the model, in each case the environment produces a circumstance, situation, or event to which both the perpetrator and the victim respond. The reaction to this event depends on the attitudes of both people toward what the situation means and how they should and can react. If the event or situation triggers an emotional reaction of anger or frustration or creates an urgent need to respond, the selection of concrete behavioral responses is guided by evaluative attitudes concerning such responses, their acceptability, and their social or moral desirability, as well as by

expectations of "self-efficacy," or ability to perform the response. Alcohol, emotions, stress, and other factors affect information processing and the evaluation of attitudes (because they lower thresholds, limit the extent to which people weigh options, impede reasoning, etc.). Environmental factors such as the availability of weapons and economic deprivation can also influence the kinds of behavior people choose in seeking justice or self-defense.

The proposed study consists of a cross-sectional, transcultural survey of a representative sample of the population over the age of 14 in various cities of Canada, the United States, Latin America, and the Caribbean. Its general objective is to analyze and compare, among populations in selected cities of the Region of the Americas, cultural norms, attitudes, skills, and experiences in relation to violence, as well as conflict resolution skills at the family, community, and citizenry at large levels.

Dr. de los Ríos also outlined the specific objectives and purposes of the study, underscoring that it is an applied study, aimed at supporting the formulation of policies and plans to prevent violence. She mentioned the principal features of the methodology, including the operational definitions of the concepts utilized, a description of the variables, the sampling criteria, and the plan for analyzing the data.

With regard to the coordination and execution of the research, PAHO/WHO has assumed responsibility for coordinating the study and providing technical advisory services, from the planning stage through the publication and dissemination of the results. PAHO has provided financial support for the application of the pilot questionnaire and the preparation of the general design for the study in each city. The participating cities are responsible for obtaining funding and carrying out the study itself.

Dr. de los Ríos concluded by summarizing the results of the two pilot tests of the questionnaire and updating the timetable, noting that the data collection phase is now expected to conclude in October and the final report should be available in November. She also reported that, to date, 12 cities have confirmed their intention to participate and obtained the necessary funding, and 3 more cities may be added.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The Committee pointed out that this is the type of project that PAHO, and only PAHO, can and should take responsibility for promoting and coordinating. The members commended the Organization on the initiative and recommended that similar initiatives be developed in other areas.

- The Committee recommended that the opportunity to participate be extended to other cities and that announcements of future studies and calls for participating institutions be publicized.

- The Committee called attention to the importance of training interviewers, given the complexity of the questionnaire. It voiced regret that persons under the age of 18 could not be included in the study (owing to the need in some countries to obtain the informed consent of their parents), which could lead to selection biases, since previous studies have pointed out the importance of attitudes toward violence among children aged 10-18 years as a predictor of future behavior.

**IX. Evaluation of the Research Grants Program (RGP)**

**1 - Quality of Reports on Research Financed by the RGP**

This item was presented by Dr. Rafael Flores, Director of Research of the Institute of Nutrition of Central America and Panama (INCAP), based on a study conducted jointly with Dr. Carlos Campillo and Dr. Rebecca de los Ríos.

The study was one of a series of activities undertaken to evaluate the RGP with a view to reorienting the Program in order to increase its impact. Reports are assumed to be an important outcome of the research supported by the Program, and evaluation of the quality of these reports should therefore, to some extent, be indicative of the quality of the research they describe.

In conducting the study, three evaluators reviewed 102 of the 157 final reports on RGP-funded research received by the Program between 1985 and February 1996. For various reasons of an administrative nature it was not possible to review all 157 reports.

For the purposes of the present study, quality was defined as attributes of the research project that refer to justification for the study; precision and appropriateness of the principal question addressed by the research and the formulation of objectives and hypotheses; methodological rigor of the design and the analysis and presentation of data; soundness of the conclusions; thoroughness of the literature review on which the research is based; and potential for publication of the research.

The evaluation guide designed for this study contained questions designed to gauge the quality of the introduction, methodology, results, discussion, bibliographic references, potential for publication, subject and type of study, overall quality, and statistical methods utilized.

Among the results obtained, Dr. Flores highlighted the following:

- Argentina, Brazil, and Mexico accounted for 60% of the research financed by the Program. This group, together with Chile, Cuba, Venezuela, Peru, and the United States of America, accounted for 90%.

- With respect to the subject of the studies, 44.1% focused on populations, communities, or groups of people; 23.5% on health services, programs, or projects; 14.7% on health policy analysis; and 15.7% on the development, utilization, or evaluation of medical technologies. The remaining 2.0% did not fall into any of the preceding categories.

- In regard to the type of studies, 64.7% were descriptive (case studies and representative surveys); 21.6% were analytical (comparative analyses, case and control studies, and cohort studies); and 4.9% were intervention studies (experimental studies other than clinical trials and quasi-experimental studies). The remaining 8.8% did not fall into any of the preceding categories.

- A total of 67.0% of the studies used statistical methods. The percentages of studies that used these methods by type of study were as follows: descriptive, 38.9%; analytical, 26.7%; intervention studies, 17.8%; and other studies, 16.7%.

- Evaluation of the structure of information presented on the studies revealed that all had an introduction section or its equivalent; 97% had sections on materials and methods; 97% had sections on results; and 80% contained a discussion of the results. Analysis of the quality of specific information presented in each of these four sections showed that for the introduction, assessed on the basis of four variables, the percentages rated as fair or poor ranged from 36% to 51%. As for the materials and methods section, also rated on the basis of four variables, these percentages ranged from 26% to 45%. Based on the variables used to evaluate the results section, some 31%-32% were rated fair or poor. Finally, based on the six variables used to evaluate the discussion section, 26%-57% were classified as fair or poor.



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- Of all the reports evaluated, 85.2% were considered to have some potential for publication. Of these, 57% could be published as an original scientific article; 15.7%, as editorial notes in a newsletter; 11.2%, as a book; and 5%, as a chapter of a book. The remainder could be published as monographs or other types of publications not included in the preceding categories.

- With regard to overall quality, 24.8% of the reports were rated as excellent or very good; 32.7%, good; and 42.6%, fair or poor. Overall quality was not associated with any of the following variables: country in which the research was conducted, amount of the grant, biennium in which the study was initiated, duration, or subject of the study; however, overall quality was associated with potential for publication.

- On the assumption that the quality of each variable used to assess the introduction and materials and methods sections might be a predictor of the overall quality of the report, it was determined whether any association existed between these variables and overall quality. Bivariate analysis showed that overall quality was associated with the quality of all the variables in both sections.

As for discussion of the results, Dr. Flores told the Committee that 25% of the reports lacked a discussion section, which would seem to indicate a lack of capacity among investigators to interpret, synthesize, and formulate conclusions and recommendations based on the results. This idea is also supported by the high percentages of reports in which the discussion was fair or poor (between 26% and 57%).

In conclusion, Dr. Flores noted that, based on the variables used to assess the quality of various sections of the report, a high percentage (between 26% and 57%) were classified as fair or poor. This fact, together with the finding that the variables relating to quality of the introduction and the materials and methods section were good predictors of the overall quality of the final reports, points out the extreme importance of subjecting research proposals, particularly their methodological aspects, to rigorous scrutiny during the approval process.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The Committee recognized the difficulty of evaluating the quality of reports and acknowledged the tremendous effort that had gone into carrying out this study—an effort that is rarely acknowledged by the agencies that administer grants programs. The Committee also pointed out that the results underscore the need to continue to carefully review the proposals submitted to the RGP for funding.

- The fact that RGP resources have been concentrated in a limited number of countries is reason for concern, but it does not mean that different criteria for approval should be adopted for different areas or countries. The review process should be conducted independently of efforts aimed at promoting and supporting proposal-writing so that proposals can achieve the required level of quality.

- Efforts to obtain responses to the survey distributed to investigators who have received support from the RGP should continue in order to identify theses and publications generated by the projects financed, their impact on the Organization's technical cooperation, degree of institutional strengthening achieved, and other products or by-products of the research.

- The Committee expressed concern that the same criteria of rigor required for RGP-funded projects are perhaps not being applied to other projects in which PAHO is involved and which are financed with extrabudgetary resources.

**2 - Evaluation of Management of the RGP in 1994-1995 and Proposals for the Future**

This item was presented by Dr. Rebecca de los Ríos, Regional Advisor on Public Health for the PAHO/WHO Research Coordination. Dr. De los Ríos began her presentation with a description of research promotion and support initiatives implemented over the last two years.

Among these were invitations to investigators throughout the Region to submit research proposals on subjects of priority interest and modalities that combined support for research projects with training of investigators through collaboration between countries, such as the Public Health Research Training Grants Program (IDRC/PAHO) and the Program for Research and Training in Biotechnology (NIH/PAHO). Dr. de los Ríos also noted that five workshops on research protocol design had been held. At these workshops, 64 investigators received technical advice for the formulation of 56 proposals, half of which were subsequently submitted to the RGP.

The multicenter projects represent large-scale collaborative efforts aimed at generating knowledge that will have a major regional impact. During 1995 the study on "Cultural Norms and Attitudes Toward Violence in Selected Cities of the Region of the Americas" (Project ACTIVA) was initiated. As of April 1996, a total of 14 cities in 9 countries of the Region had been enlisted to participate in the study. PAHO, through its programs on Research Coordination and Healthy Lifestyles and Mental Health, has assumed responsibility for overall coordination, technical advisory services, and financing of Regional activities. The activities carried out at the local level are being financed by other sources.

The intensification of research promotion activities during the 1994-1995 biennium resulted in a 39% increase over the previous biennium in the numbers of proposals submitted for funding, although no corresponding increase in the rate of approval was observed. During 1994-1995 the Program processed a total of 240 requests for funding submitted as a result of calls for proposals, workshops, and special programs, in addition to 308 unsolicited proposals. Applications for support for projects thus totaled 550 for the biennium. With the exclusion of the violence project, 51 projects for a total amount of US\$ 1.2 million were approved during the biennium.

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Dr. De los Ríos recalled that the RGP, in its 10 years of existence, has financed a total of 324 research projects for a total sum of US\$ 6.2 million. To date, 157 projects (for which funding totaled US\$ 2.6 million dollars) have been completed. Because PAHO technical programs give only limited follow-up to approved projects, their knowledge of completed projects and their results is also very limited. Hence, the impact of the Research Grants Program, in terms of its contribution to update and reorient technical cooperation, is low.

The foregoing does not mean that the Program has no impact on the countries, however. It should be noted that 47 research projects financed by the Program resulted in the publication of 87 scientific articles and 5 books. These projects also contributed to the production of 8 master's degree theses and 22 doctoral dissertations. Also noteworthy are RGP-funded projects in the area of biotechnology aimed at the production and improvement of vaccines and the production of diagnostic media, including one project for the development of an AIDS diagnostic kit.

Dr. de los Ríos concluded her presentation by presenting several lines and modalities of action proposed for the Research Grants Program over the next several years, noting that they had been formulated taking into account the results of this and other evaluations of the Program, as well as the current financial constraints the Organization is currently facing. The proposed activities include the following:

- Collaborative/multicenter projects:

Two collaborative/multicenter projects would be carried out per year. The Research Coordination Program (HDR) would invite the Regional technical programs and the Pan American centers to submit preliminary proposals for profiles of collaborative/multicenter projects. The Internal Advisory Committee on Research (IACR) would review the preliminary proposals and recommend to the Director which projects should be carried out. Once a proposal had been approved, the RGP and the corresponding technical program, would be jointly responsible for the technical and organizational coordination of the study. The Research Grants Program would provide financial support in the amount of US\$ 120,000 per project for activities of a general nature, such as formulation of the study protocol, technical meetings with investigators,

and publication and dissemination of the results. Any additional funding needed would have to be mobilized and allocated by the respective Technical Program.

- Regional calls for proposals:

Regionwide invitations to submit proposals are an effective mechanism for stimulating the development of projects on subjects of interest for technical cooperation. One regional call for proposals would be issued each year, and funding would be provided for four research projects at around US\$ 30,000 each. Once the subject area is selected by the Director on the basis of the recommendations of the Research Coordination Program, the terms of reference for submission of the proposals would be prepared by the Program in collaboration with the corresponding technical programs. The review and final evaluation of the proposals would be entrusted to an ad-hoc committee composed of specialists in the subject area selected. Depending on the nature of the proposal submission process, a workshop might be held with investigators before the review to discuss proposals and refine protocols.

- Regional/subregional or intercountry analysis projects using secondary sources:

Such projects are considered a viable strategy for generating knowledge with high impact at a low cost. One of the advantages is that maximum use is made of existing secondary data sources (for example, censuses and demographic and health surveys, continuous health registries, etc.). Three research projects involving comparisons between countries based on secondary data sources would be financed by the RGP each year for amounts of no more than US\$ 30,000 each.

- Public Health Research Training Grants Program

This Program has been in operation for three years, since the 1993-1994 biennium. For the past two years, it has received support and financing from the International Development Research Center (IDRC) of Canada. The Program would maintain the same policies, standards, and procedures as are currently in effect.

- Program for Research and Training in Biotechnology

This Program has been in operation for two years and has received support from the U.S. National Institutes of Health through the Fogarty International Center. The RGP has provided funding for six research projects under this modality. The funds cover the costs of training investigators from Latin America in research centers in the United States, which agree to provide the necessary advisory services and infrastructure to ensure this training. This Program would be maintained. Two research-training projects in biotechnology would be financed per year for an amount of no more than US\$ 40,000 each.

- Small Grants Program for Research Training

This would be a new RGP Program which would provide support in the form of small grants to individuals pursuing advanced degrees to assist them in completing graduate theses, especially doctoral dissertations. The program would be open to all professionals who are citizens of and reside in any of the countries of Latin America and the Caribbean and who are enrolled in master's degree programs (two-year programs with a thesis requirement) or doctoral programs in areas of specialty of interest for public health. The subject of the research project (thesis project) would have to be related to the priorities of the RGP. The grants would be for a maximum of US\$ 10,000.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The Committee noted the diversity of modalities proposed and expressed concern over the relative scarcity of resources and whether they would be sufficient to permit comprehensive development of all modalities.

- Although the Committee recognized that the principal objective of the Program is to promote knowledge generation in response to technical cooperation needs, it also emphasized the need to pursue secondary objectives, such as strengthening research capacity and North-South cooperation.

**X. Report of the Subcommittee on Health Systems and Services Research**

The report was presented by Dr. Gordon DeFriese, Chairman of the Subcommittee.

He began by outlining the definition and conceptual framework for health systems and services research (HSSR), emphasizing its multidisciplinary nature and the need to approach problems not just at the level of health services, but also at the population level. He also mentioned the priority areas of action that should be included in the current agenda for HSSR, namely: needs assessment, health system organization and financing, resource allocation and use, and health system performance and outcomes. Until around 1975, the research agendas of developed and developing countries were quite similar, but they began to diverge after that. Generalization of results is increasingly difficult, which points out the need to generate local knowledge.

HSSR in the Region should be carried out in the context of reform of health systems and services, demographic and epidemiological transition, increasing economic integration, and growing concern over financial aspects, efficiency, and the quality of health systems. All these challenges must be addressed by a scientific community that has been characterized by very slow growth.

Referring to the most recent meeting of the HSSR Subcommittee, held in Chapel Hill, North Carolina, in September 1995, Dr. DeFriese emphasized that the meeting marked the beginning of a revitalization of the Subcommittee. It began with a review of the activities that PAHO/WHO has undertaken to promote HSSR, in particular in the following areas:

- *Dissemination of information*

Among the most noteworthy activities in this area were the publication of an anthology of the most important articles on the subject of health systems and services research and translation of the newsletter "Bridge";

- *Training*

Important activities in this area included the production of training modules, in collaboration with WHO and IDRC; the organization of training workshops on health systems and services research; and the establishment of the grants program for training in public health research (a joint initiative of PAHO and IDRC, underway since 1995)

- *Support for research projects*

The main activity in this area was the financing of HSSR research projects by PAHO's Research Grants Program (including several projects formulated during training courses using IDRC manuals).

Dr. DeFriese also reviewed IDRC activities for the promotion of research on health systems and services. During the period 1990-1995, IDRC allocated Can\$ 3.23 million to support HSSR research projects throughout the world. That amount represented 21.7% of the projects funded by IDRC and 16.3% of the expenditures.

He then outlined the principal components of the Plan of Action for the Promotion of Health Systems and Services Research for 1995-1999 to be implemented by PAHO/WHO. The Plan has the following objectives:

- To generate new knowledge about societies' organized responses to health problems, which can help to improve the equity, efficiency, and quality of the health systems of the Region;
- To increase the capacity of the countries to generate the knowledge needed to guide their health policy and administration;
- To facilitate utilization of the results of research on health systems by authorities, health care providers, and consumers.



The strategies for achieving these objectives would be:

- a) Direct support for research:
  - targeted calls for research in priority areas (the call for research proposals on health sector reform, currently underway, is an example of this strategy at work);
  - support for projects that respond to established priorities
  - multicenter studies on priority issues
  
- b) Training of investigators:
  - support for research during graduate studies;
  - small grants to assist students preparing doctoral dissertations;
  - training grants in public health research (the PAHO/IDRC initiative)
  
- c) Communication and networks:
  - support for networks and access to electronic information
  - support for innovative methods of disseminating research results
  - scientific meetings
  
- d) Resource mobilization for health systems and services research:
  - promotion of national programs to support health systems and services research
  - mobilization of resources from other cooperative agencies to support health systems and services research

This Plan of Action is to be carried out at all levels of the Organization, including national institutions and various technical units within the Pan American Sanitary Bureau.

Finally, referring to the HSSR Subcommittee's discussion of its functions, Dr. DeFriese reported that the members had identified three essential questions to help define the Subcommittee's role as an advisory body to PAHO's Director:

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- How should PAHO invest its resources to support HSSR programs and initiatives?
- What research questions should be addressed and in what order of priority?
- How should PAHO attempt to assume a new leadership role in health systems and services research in the Region?

In order to address these questions, the Subcommittee and its members should be more actively involved in the daily activities of the Organization and should be informed of its activities in health systems and services research and related areas.

More specific activities of the Subcommittee and its members might include:

- serving as a bridge between the Organization and investigators engaged in health systems and services research throughout the Region;
- mobilization of resources for research proposals;
- review of research proposals, such as those that will be received in response to the call for proposals on health sector reform;
- review of scientific production in relation to key HSSR issues with a view to expanding dissemination. Priority should be given to research on issues linked to equity in health care services.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The Committee stressed that PAHO should play a leadership role in the area of HSSR. This is a broad area of endeavor that includes not only the scientific community but also a great diversity of other levels and actors from both government and civil society. It is therefore necessary to combine research-related activities with political dialogue.

- Regional integration agreements and their impact on health services should be a priority subject for HSSR in the Region.

- The Committee underscored the need to define lines of work that will make it possible to take advantage of new opportunities afforded by the IDB and World Bank loans for sectoral reform processes, which include a component to support research development.

**XI. Report of the Biotechnology Subcommittee**

Dr. Elsa Segura, Chairperson of the Biotechnology Subcommittee, presented the report. Her presentation was based on a proposal prepared by members of the Subcommittee for a plan of action to promote biotechnology activities during the period 1996-1999.

Dr. Segura first summarized the activities PAHO has undertaken since 1987 to support the development of biotechnology, which emphasized support for research and training of human resources. She reviewed the 26 research projects financed by the Program, highlighting their achievements. She also noted that the Program has supported 10 courses to provide training in molecular biology techniques and other areas necessary for the acquisition of biotechnology products.

In developing this second Plan of Action, the Subcommittee took into account the change in the situation of infectious diseases in the Region, due, on the one hand, to the impact of control activities and, on the other, to social and environmental changes.

The proposed plan focuses on the following areas:

- Dissemination of techniques for the detection of nucleic acids from microorganisms directly or through amplification, and development of ELISA systems for antigen or antibody detection;

- Support for the generation of immunological knowledge and application of molecular biology to develop vaccines against priority diseases, in particular, cholera, malaria, and leishmaniasis;

- Continuation of human resource training efforts through intensive courses on topics related to selected pathologies.

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Dr. Segura gave a more detailed description of the needs for biotechnology development to combat Chagas' disease, tuberculosis, and malaria, and she outlined specific objectives to be pursued under the research projects and training courses supported by the Program.

She concluded with some general recommendations on future activities, including the following:

- There is a need for sustained effort to support the development of biotechnology in the Region, and the PAHO Biotechnology Program should therefore continue its regular activities for a minimum of four years;
- Formulation and strengthening of national policies and plans in the area of biotechnology applied to health should be promoted in the countries of the Region;
- There should be better coordination of activities between PAHO and other international or subregional organizations that are also working in this field, including UNDP, UNESCO, UNIDO, IICA, ICGEB, CABBIO, CYTED, etc.;
- Efforts in the area of biosafety should be stepped up with a view to facilitating a consensus on policies and oversight measures and disseminating information on international experiences;
- Closer ties should be forged between research activities and production activities.

**COMMENTS AND RECOMMENDATIONS OF THE ACHR:**

- The Committee reiterated the importance of the activities undertaken in this area, calling attention to the need to more clearly distinguish between the activities that seek to promote the utilization of biotechnology techniques at the health service level and those aimed at building capacity to generate new developments. The latter should be given priority under the proposed plan of action. Similarly, it is necessary to distinguish those activities aimed at strengthening competitive cutting-edge research and those directed toward enhancing the relative capacity of less developed countries.

- The plan of action should also seek to strengthen the capacity to generate closed-cycle biotechnology development in the countries of the Region, i.e., the capacity to articulate various stages of the process, including research, innovation, transfer of technology to the productive sector, production, and marketing of biotechnology products.

## **XII. Reports on Visits to PAHO Divisions**

ACHR members, in groups of three, visited the five PAHO divisions with a view to learning about, analyzing, and making recommendations on their research-related activities. Each subgroup presented a report of its visit during the plenary session. These reports appear in Annex 1. All the groups underscored the value of this activity and recommended that it be included regularly in the meetings of the ACHR and that more time be devoted to it.

## **XIII. Recommendations for future agendas of the ACHR**

After completing their review of this report, the members of the ACHR made recommendations on possible items to be included on the agenda for the next meeting. Suggestions included the following:

- Linkages between the production and utilization of knowledge;
- Examination of the report of the ad hoc committee on research priorities;
- The future of health research in the Region (updating the document prepared for the ACHR by René Dubos);
- Inequities in research capacity in the countries of the Region;
- Research funding;
- Role of WHO Collaborating Centers in research promotion;
- Discussion of the results of multicenter studies in progress;
- Reports of the Subcommittees;
- ACHR/IACR relations;
- Discussion with investigators supported by PAHO.

## ***ANNEXES***



# XXXI ACHR

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*Meeting of the Advisory Committee on Health Research  
of the Pan American Health Organization  
15-17 July 1996  
Washington, D.C.*

## **REPORTS OF VISITS TO PAHO DIVISIONS**



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  
1996

**DISTRIBUTION OF GROUPS FOR  
OFFICIAL VISITS TO PAHO DIVISIONS**

16 July 1996 - 9:00 a 11:00 a.m.

**DIVISION OF DISEASE PREVENTION AND CONTROL**

**ROOM 426**

Dr. Stephen J. Corber, Director

Dr. Carlos Morel (rapporteur)

Dr. Elsa Segura

Dr. Barry Bloom

**DIVISION OF HEALTH AND HUMAN DEVELOPMENT**

**ROOM 847**

Dr. Jose R. Teruel, Director

Dr. Clive Thomas (rapporteur)

Dr. Naomar de Almeida Filho

Dr. Elssy Bonilla

**DIVISION OF HEALTH AND ENVIRONMENT**

**ROOM 549**

Mr. Horst Otterstetter, Director

Mr. Roy Hickman (rapporteur)

Dr. Roberto Briceño-León

Dr. Adolfo Martínez-Palomo

**DIVISION OF HEALTH PROMOTION AND PROTECTION**

**ROOM 751**

Dr. João Yunes, Director

Dr. Agustín Lage (rapporteur)

Dr. Glorisa Canino

**DIVISION OF HEALTH SYSTEMS AND SERVICES DEVELOPMENT**

**ROOM 624**

Dr. Daniel López Acuña, Director

Dr. Gordon DeFriese (rapporteur)

Dr. Julio Frenk

## **GUIDELINES FOR VISITS TO PAHO/WHO DIVISIONS<sup>1</sup>**

1. From a programmatic point of view, does a research component exist explicitly within the activities developed by the Division?
2. Are the objectives and priorities of said component well defined?
3. What do the basic research related activities promoted by the Division consist of?<sup>2</sup>
4. Who are the principal participants in the development of these activities?
5. Do they rely on external funding? If so, to what extent (percentage)?
6. Are there significant examples of research supported by the Division whose results were beneficial to technical cooperation?
7. What are the major difficulties in the development of these research related activities? What is being done to overcome them?

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<sup>1</sup> This guide does not intend to serve as an evaluation instrument for research activities, but is merely an aid to call attention to some points that could be the object of discussion between ACHR members and Division officials. It is also hoped that it will contribute a certain amount of uniformity in aspects to be observed and mentioned in the reports of various sub-groups entrusted with the official visits.

<sup>2</sup> Among the research related activities, the following can be included: promotion, technical support for project formulation and execution, financing of projects, research project execution, review and evaluation of results, cooperation to utilize research results, training of investigators, support to research institutions, etc.

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Division of Health Systems and Services Development . . . . .	11

**REPORT OF ACHR VISIT TO  
DIVISION OF DISEASE PREVENTION AND CONTROL**

*Dr. Stephen J. Corber, Director*

*Dr. Carlos M. Morel (rapporteur)*

*Dr. Elsa Segura*

*Dr. Barry Bloom*

One of the activities of the 31st Meeting of the ACHR consisted of an official visit to PAHO Divisions. The above mentioned ACHR members welcome such initiative which provided an opportunity for a fruitful and interesting interaction—albeit necessarily short and therefore superficial—with the Director of the Division of Disease Prevention and Control (HCP) and the staff responsible for its individual programs—AIDS/STD (HCA), Non-communicable Diseases (HCN), Communicable Diseases (HCT) and Veterinary Public Health (HCV).

Each Program of the Division described its main goal, objectives, strategies and lines of action. Corresponding to the broad mandate of the Division, they encompass an extraordinarily rich range of activities. The ACHR members were impressed with the performance of the Division, undoubtedly the result of the dedication of its small staff.

As stated above, the visit was too short to allow an in depth review of all the activities of the Division. The general feeling of the ACHR members in relation to the proposed guidelines for the visit is as follows:

1. A "research component" seems to be firmly integrated in the strategies of the Division, both included into their routine (e.g. demonstration projects) and in the form of defined activities (e.g. training courses, small grants, etc.);
2. The objectives and priorities of this component cannot be consistently or uniformly defined, in view of the scarcity of funds and of the fact that the Division has to carry our research activities as part of different projects, funded by different agencies, which allocate different proportions of the budget to this component. However, the preoccupation with research seems to be present as a general principle in the Division, and appropriate action is taken when possible, particularly in those specific projects which are funded by research-conscious organizations (TDR, etc.);
3. There seem to be very few, if any, activities that could be classified as "basic research" promoted by the Division. This is not surprising in view of its limited budget, broadness of mandate and range of practical problems it has to cope with;
4. (Does not apply).

5. External funding is present in varying proportions in the different projects: *i*) some of the projects do allocate a specific proportion of their funds to research (e.g. those of the World Bank in Northeast Brazil and in the Amazon) or are in fact fully directed towards research and training activities (e.g. TDR; *ii*) the different programs seem to differ in their own prioritization of this component as an integral part of their projects;
6. Yes (e.g. malaria control in the Amazon);

The Division seems to be very "research conscious." However, due to the limited resources it has, and to the fact that its projects are funded by different agencies which differ in the allocation of funds to this component, its research activities are unavoidably fragmented and not as fully developed as they could be.

### **General Comments**

The Division would benefit if it could have a specific budget line for funding of the "research and training" component in all of its projects.

### **Specific suggestion**

The identification and characterization of pathogens is a major problem of two of the programs of the Division (HCT and HCV). Most of this work is currently carried out in collaboration with specialized labs in the United States (e.g. USAMRI).

The ACHR members strongly recommend that a network of collaborating and/or reference laboratories be established in the Region for the application of DNA-based technology for this purpose:

- Genome-based characterization of pathogens is an extremely versatile approach based on very powerful, universal and sensitive techniques (PCR, RAPD typing, genome sequencing);
- The same technology can readily be applied to different organisms, in contrast to other commonly used identification methods (e.g. culture);
- Laboratories will not need sophisticated physical containment facilities (P4 or P3 levels) once they will deal only with extracted nucleic acids and not with infectious organisms;
- In addition to relevant diagnostic and epidemiological data, this network would foster research and training opportunities in collaboration with other global, priority programs (emerging and re-emerging diseases).

**REPORT OF ACHR VISIT TO  
DIVISION OF HEALTH AND HUMAN DEVELOPMENT**

*Dr. Jose R. Teruel, Director*

*Dr. Clive Y. Thomas (rapporteur)*

*Dr. Naomar de Almeida, Filho*

*Dr. Elssy Bonilla*

Reflecting the wide range and complexity of functions which it performs, the Division of Health and Human Development (HDP) is organized in four programs: Public Policy and Health; Health Situation Analysis; Research Coordination; and Women, Health and Development. As reported to us, its primary function is to "promote, coordinate, and implement technical cooperation activities directed towards increasing equity in health and improving the health sector's contribution to human development."

Within the four programs, the explicit research component varies significantly. Moreover, new orientations and strategies are currently taking place, which may result in further changes to the existing balance.

The Public Policy and Health program (HDD) seems to have the largest explicit research component (about 20% to 30% of its activities), but even here the primary set of activities relate to what has been termed "policy dialogue," aimed at keeping health issues on the front burner of national agendas in member countries. Its research activities are in large measure a complement to this.

The Health Situation Analysis Program (HDA) has described its own research activities as more "research-related" than research per se. This is reflected in its responsibilities for publications such as the *Health Situation in the Americas*, *Health Statistics*, and the *International Statistical Classification of Disease and Disease Related Health Problems*.

The Research Coordination (HDR) is as it describes itself, a coordinating program for the varied research activities of PAHO, rather than a research unit of its own.

Certain areas of concern emerged in our discussions, and these were, by varying degrees, common to all four programs:

- i) There are no clear mechanisms in place for the follow-up and evaluation of the impact of research activities in the pursuit of their stated objectives. This is true even when the objective has been modified, as in the case of HDD, which in the

Division's statement to us links equity to: "efficiency in health care financing, as well as better coordination among public, private and social security health care providers." This matter requires some attention if the relevance and effectiveness of the Division are to be continually demonstrated.

- ii) In discussions, all four programs acknowledged the necessity to place more emphasis on collaborative research activities with other agencies and institutions. This would involve the joint design, execution, and financing of research, and it should be encouraged.
- iii) The research capacities and resources available for research among the four programs appear to vary and not in a manner which reflects the weight of research in the program's activities. We spent some time discussing the Women, Health, and Development Program (HDW) in this regard. Almost all of its research is funded from external sources, and this seems to be born out of necessity, rather than choice. This program, more than the others, has a horizontal relationship within PAHO, as it is expected to contribute to gender sensitization in all of the Organization's research activities. While the Program feels this is acknowledged in the Organization, it should be reflected in the capacity and resources of the Program as well, if it is to be truly effective.
- iv) Because of the nature of its research activities and this program's reliance on external funding sources, HDW works closely with other stakeholders at the national level: NGOs, CBOs, and the private sector. This should be encouraged. It does not, however, have significant ongoing joint research projects with inter-governmental and regional women's organizations. This should be considered.
- v) Because of the re-organization and strategizing which are currently in process, attention to the concerns we have identified are obviously contingent on the future levels at which the Division's budget is stabilized. Resources are inadequate for the multiplicity of demands placed on the Division.

Added by Dr. Elssy Bonilla Castro:

- Emphasis on shortage of resources
- Emphasis on quality control in research
- Emphasis on variations in resources allocated by programs and potential negative impact of this on individual programs.

Added by Dr. Naomar de Almeida Filho:

- Expressed concern over possible decline of research in the area of health, equity, and access.



## **REPORT OF ACHR VISIT TO DIVISION OF HEALTH AND ENVIRONMENT**

*Mr. Horst Otterstetter, Director*

*Mr. J. Roy Hickman (rapporteur)*

*Dr. Roberto Briceño-León*

*Dr. Adolfo Martínez-Palomo*

Mr. Otterstetter introduced the scope and purpose of the program, which has been developed after a situation analysis (SPP17/5, 5 November 1991) found that governments had grave concerns about the continuous deterioration of the environment due to human activities and population growth. Research, *per se*, is not an explicit part of the program activities, although the program is grounded on the concept that an action research approach is needed to translate the concepts of PAHO's comprehensive public health policy (of which environmental health is an integral part) into practical programs, projects and methods in LAC.

The visiting team noted that the potential areas that warrant research in environmental health and basic sanitation could be large and commend the program director on his realistic approach to limit PAHO's involvement to critical areas where information is needed to permit national health ministries to become influential in other sectors that can adversely affect health.

The Division sees its role, *vis-à-vis* research, to be in ensuring that the knowledge gained from research, worldwide, is known to environmental health specialists in the region, to encourage the development of appropriate, affordable, practical technology for application in the region, and to ensure that cause-effect situations experienced in the region contribute to the fund of risk assessment knowledge worldwide. The team agrees with this approach.

Mission-oriented research is undertaken in support of programs related to drinking water quality, solid waste disposal, sanitary housing standards and hygiene, and worker health. The focus is on risk assessment and the control of environmental health risks. The main research tools are in the disciplines of sanitary engineering, toxicology, epidemiology and environmental health risk assessment. The program is also involved with research in the social sciences field related to community animation. The program integrates knowledge gained from research with activities of other divisional programs, particularly health promotion activities.

The team noted that much of the research of the program is conducted through the two centers, ECO and CEPIS and a network of Collaborating Centers. As reported, the focus of activities in the Centers appears appropriate. In particular, the efforts to

encourage "young professional" development, whereby young professionals receive up to 10 months practical training in CEPIS, and the opportunities in both Centers for visiting professors to undertake sabbatical or short-term appointments are laudable. However, lack of formal recognition of the value of such activities and sustained funding to ensure continued availability of these opportunities is of concern.

The visiting team noted that the program involves 93 professionals, although it has a relatively small HQ staff (9). The focus of the program is to deliver advice and to facilitate program delivery by the governments of the Region. This is laudable, but the practical level advisors in the countries must be able to continue to draw on the fount of knowledge and experience elsewhere to be able to continue to function effectively. For the future, the program must be able to draw in experiences from the developed countries more effectively, especially those relating to relating cause and effect, and for practical technology.

Productive and effective links within the region and with WHO Geneva must be maintained to ensure that risk assessment data and management experiences are shared and the knowledge distributed. The developed countries of the region must be somehow drawn in to realize that it is in their best interests to support and garner collaboration because environmental pollution, and its impact on health, respect no national boundaries. The current issues of transboundary pollution by persistent organic chemicals and heavy metals present an opportunity to use the prior neglect and consequent impact on the developed countries of the North as a stimulus to prevent future occurrences of similar phenomena.

The team noted that the program has been successful in leveraging external funding from several sources. In fact, although one of the largest of PAHO programs in terms of human resources, it represents only 8% of PAHO research funding. Most research in the program is funded through extrabudgetary support. One such project, studied in more detail than others, resulted from concerns arising from labor unions in a large petrochemical enterprise. The study was funded to the extent of \$3.5 million by the industry, with participation of involved governments. PAHO acted as a credible facilitator, and was in a position to subsequently share the accumulated knowledge elsewhere. This is clearly a legitimate role for the organization. Both Centers (ECO and CEPIS) have been able to lever funding support to a significant extent.

There are several examples where research has contributed significantly to technical cooperation, especially in relation to home-based technology for inexpensive disinfection of drinking water and its safe storage, and in relation to water re-use. Epidemiological research has assisted countries in developing priorities for regulatory control of toxic chemicals.

Looking to the future, the team noted that globalization, continuing urbanization and economic forces, especially those that tend to decentralization and privatization of providers of basic services, will continue to change the dynamic within which the program operates. New pressures, such as global climate change with consequent demographic pressures and population migration, will continue to require vigilance and a capacity to adjust to changing realities. Although research may not be the primary objective of the program of the Division of Health and Environment, its continuation and continued support are essential if future challenges are to be faced with adequate knowledge and tackled in an affordable way.

# **REPORT OF ACHR VISIT TO DIVISION OF HEALTH PROMOTION AND PROTECTION**

*Dr. João Yunes, Director*

*Dr. Agustin Lage (rapporteur)*

*Dr. Glorisa Canino*

The Division Coordinators explained in detail the content of their three programs: Healthy Lifestyles and Mental Health (HPL); Food and Nutrition (HPN); Family Health and Population (HPF), and specified in each case the scientific research components contained within them.

It would be impossible in a two-hour visit, nor is it the objective, to conduct a detailed inventory of that which is currently being performed. We will attempt to extract the general feats which we consider to characterize what is currently being realized. The following are the aforementioned accomplishments:

- 1) Within the Division's programs, explicitly defined research components exist. Moreover, there is also a policy to spend a fraction of the budget of each program (15%-20%) on the research component.
- 2) As they have defined it, the necessary research to support technical cooperation is essentially operational research, destined to optimize the functioning in concrete situations, of technologies that are known to perform well. This is a correct definition.
- 3) Nevertheless, an adequate appraisal of the research component of this technical program (and other groups) require a demarcation effort in order to not catalogue as scientific research all the data that normally results from every well executed technical action; and reserve the analysis of the research for actions specifically designed with the principal purpose to obtain new knowledge of a certain grade of generalization.

It is clear that the lines between both actions are imprecise and, in the latter case, arbitrary; but we should avoid the two prejudicial extremes if possible.

- a) The extreme of treating research as only obscure discoveries and those with general impact; that which would limit the scope of scientific endeavors.

b) The extreme of treating research as the result of every search for necessary data for cooperative technical action; that which would artificially inflate the research component.

It would have been interesting to go into more depth in this debate, but unfortunately time was lacking.

4) Independently of the pressures demanded in the previous point, there is an important research component in the technical cooperation of this Division.

However, this component has not been implemented through the RGP in large part, nor has it been financed primarily with grants from the RGP.

It is also evident that the results of the RGP-financed research in relation to these programs have been less utilized than those generated by the research of the programs themselves.

5) The Division has had initiatives and results in the mobilization of external resources for research, from other international agencies, universities, and the private sector. These external funds have been mainly responsible for financing the research component.

6) Until now, the research has been more of a descriptive character than an analytical or interventionist form. This is not necessarily a deficiency, but perhaps an essential first stage. Nevertheless, it is a distribution that should be strictly scrutinized, in order to change the emphasis, whenever possible, to the scientific evaluation of interventions. This situation, furthermore, is heterogenous in the different programs within the Division.

7) Independently of the direct results of the research, the Division possesses abundant evidence of the so-called "secondary effects" of scientific research, that is, those advances in the transformation of reality that are obtained as a consequence of the process of carrying out research; and that are expressed through the preparation of tables, calling attention to a problem, the increase of information of the actors, conscientization of the leaders, etc.

8) Its own operational character of the majority of the research could make it difficult to divulge in scientific journals; and probably has done so. Operational research generates data very close to the concrete conditions where intervention is required, while the "publishable" science usually demands generalized information. We must

find innovative ways to manage this contradiction. The group is conscious of the problem and has begun to debate it and search for alternatives.

- 9) Due to the nature of the contents of its work, this Division could have participate more fully (through its research) in the process of elaboration and validation of indicators to describe the complex phenomenon of "Positive Health," on individual, family, and community levels.

There are works in progress in this form, but there is much more space for creativity in this field with respect to the Division's specific tasks.

# **REPORT OF ACHR VISIT TO DIVISION OF HEALTH SYSTEM & SERVICES DEVELOPMENT**

*Dr. Daniel López-Acuña, Director*

*Dr. G. DeFriese (rapporteur)*

*Dr. J. Frenk*

1) The Division has been recently reorganized to incorporate most of the functions of the Executive Secretariat of the Regional Plan for Investment in the Environment and Health (DSI). Dr. Daniel López-Acuña has been recently appointed as the Division Director. The Division's program of work and scope of interests are subsumed under four rubrics representing the four component "programs" of the Division:

- \* Organization and Management of Health Systems and Services Program (HSO)
- \* Human Resources Development Program (HSR)
- \* Essential Drugs and Technology Program (HSE)
- \* Health Services Information Systems Program (HSI)

It is the view of the Division staff that the function and importance of research is best understood and implemented as a cross-cutting *means* to the specific *ends* of technical cooperation, especially capacity building in countries; research is not seen as an end in itself. Research is of critical importance to each of the four program areas and each Program Coordinator undertakes to sponsor and encourage research in these areas. Examples of specific types of research activities in each of these four areas were presented. These included some research proposed and executed by individual investigators, but were mainly the result of PAHO initiatives to stimulate the involvement of organizations and institutions throughout the Region to address these issues. In many cases, multi-center efforts were described.

2) Each of the four operational Programs within the Division has its own substantive foci and corresponding research interests and priorities. For example:

- \* Organization and Management of Health Systems and Services Program (HSO)

Research priorities include sectoral analyses; developing methods and conducting analyses of health care expenditures and resource allocation practices leading to the development of master plans for health sector investment; analyses of demand, utilization, coverage and productivity of health services; developing criteria for quality

assurance of health services; and strengthening the country-level capacity for health services research.

\* Human Resources Development Program (HSR)

Studies of human resource development within the Region; studies of the impact of medical and health professional education; multi-centric study of the effects of health sector reform on professional regulation.

\* Essential Drugs and Technology Program (HSE)

Developing criteria and institutional systems for technology assessment; developing criteria and methods for measuring equity of access to health care technology, the efficiency of these systems of care, and the quality of services using these capacities.

\* Information Systems Program (HSI)

Health information systems at the local, intermediate and national levels. Development of health services indicators and methods for collecting and analyzing these data.

3) The Division does not appear to have a well-formulated research agenda or program of research initiatives at the moment. However, it is within these four Program areas that such a framework is expected to be developed.

4) The Coordinators of the four Programs of the Division, in addition to the Division Director, are the principal figures involved in setting the research agenda of the Division. The senior staff of the Division would like to get more input from the ACHR, the Subcommittee on Health Systems and Services Research, and the collaborating centers in identifying research opportunities and developing a Division research agenda.

5) No major streams of research funding were explicitly identified as existing within the operating budget of the Division. However, planning for at least one multi-country study has been launched (on the effects of health sector reform on professional regulation, involving Brazil, Mexico, Venezuela, and Panama), a study estimated to cost US\$ 120,000. In the final analysis, the ability of the Division to develop this project depended on the ability of each participating country to raise or identify its own research funds. Brazil and Mexico already had some effort underway in this area; the other countries were yet to be included in the proposed project. There are exploratory discussions underway with the Office of Alternative Medicine at the National Institutes



of Health in the United States. Under a preliminary agreement, 1-2 studies of approximately \$20,000 each will be funded as an exploratory effort. If these projects are successfully completed, the NIH is willing to consider funding, through PAHO, an expanded program of research in this area. The U.S. Pharmacopeia has discussed the possibility of funding projects in five countries in association with PAHO on antibiotic utilization. Another project has been funded by IDRC-Canada involving researchers from nine countries within the Region; nine more researchers will soon receive funding under this program. In sum, the Division is very dependent on external sources of funds to support the expansion of research related to its four program areas.

6) The three or four examples we heard about all seemed to be potentially beneficial, yet most were dependent on external sources of funding which could not be assured. Most reflected the effort of the Division to stimulate multi-country collaboration. Some funding was anticipated for projects related to the Division's priorities through the PAHO Research Coordination, such as the current solicitation on health reform proposals through the Research Coordination). Further clarification is required as to the specific way in which these types of initiatives would relate to the work of the Division of Health Systems and Services Development.

7) The Division Director identified two principal problems with which he is concerned:

1. The style of work and the historical way of operating on the part of most PAHO staff have not been closely linked to research. Most activities of PAHO have been related to technical assistance or training, or there has been an emphasis on organizational mechanisms for exchanging knowledge and experiences among the Member States. Research has not been part and parcel of the work of the Division. There is therefore a need for greater integration of research into the program of work of the Division.
2. There are clear signs of the relationship of research activities to the rest of the program of the Division. There is a need to emphasize the philosophy that a program of work in relation to health services and systems development cannot be effective if it does not include a fundamental component of research. Hence, there is a need for an effort to improve the research (and research management) skills of the Division staff.

PAHO/ACHR/96.01  
Final  
Original: Spanish

# XXXI ACHR

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*Meeting of the Advisory Committee on Health Research  
of the Pan American Health Organization  
15-17 July 1996  
Washington, D.C.*

## PROGRAM



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.  
1996

**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**

**Washington, D.C., 15-17 July 1996**

**Monday 15 July**

Doc. No.

09:00 - 09:20

**INAUGURAL SESSION**

Opening Remarks by the Director of the Pan  
American Health Organization (PAHO/WHO)

**Dr. George A. O. Alleyne**

Opening Remarks by the Chairman of the  
PAHO/WHO Advisory Committee on Health  
Research (ACHR)

**Dr. Adolfo Martinez-Palomo**

09:20 - 09:30

Presentation of the Agenda by the Secretary  
of the ACHR

**Dr. Alberto Pellegrini Filho**

09:30 - 10:30

Activities of the WHO Advisory Committee on  
Health Research (Global ACHR)

**Dr. T. M. Fliedner**, Chairman

**Dr. B. Mansourian**, Secretary

96.15

10:30 - 11:00

**Recess**

11:00 - 12:00

Health Research in Latin America and the  
Caribbean - Trends and Challenges

**Dr. Alberto Pellegrini Filho**

96.04

12:00 - 14:00

**Recess**

**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**

**Washington, D.C., 15-17 July 1996**

		<u>Doc. No.</u>
14:00 - 15:00	New Concepts and Methodologies in Public Health Research <b>Dr. Naomar de Almeida Filho</b> Member ACHR	96.05
15:00 - 15:30	Science and Technology in Social Development <b>Sociologist Ignacio Avalos</b> President, CONICIT of Venezuela	96.06
15:30 - 16:00	<b>Recess</b>	
16:00 - 16:30	Discussion about "S & T in Social Development"	
16:30 - 17:30	The Impact of Health in Development A Multi-center Research Project <b>Dr. César Vieira</b> Coordinator Public Policies and Health Program Division of Health and Human Development	96.07

**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**

**Washington, D.C., 15-17 July 1996**

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**Tuesday, 16 July**

09:00 - 11:00	ACHR Members Visits with PAHO Divisions and Programs	
11:00 - 12:00	ACHR Structure and Functions: Elements for Discussion <b>Dr. Alberto Pellegrini Filho</b>	96.13
12:00 - 14:00	<b>Recess</b>	
14:00 - 14:15	Activities of the Research Coordination and Follow up of the XXX ACHR Recommendations <b>Dr. Alberto Pellegrini Filho</b> Chief, Research Coordination (HDP/HDR) Division of Health and Human Development	
14:15 - 15:30	Multi-center Research Project on Violence <b>Dr. Rebecca de los Rios</b> Regional Advisor on Public Health (HDP/HDR)	96.08
15:30 - 16:00	<b>Recess</b>	
16:00 - 17:30	Study on the Quality of Final Reports of RGP-funded Research Projects <b>Dr. Rafael Flores</b> Director of Research, INCAP	96.09
	RGP Performance Evaluation for the Biennium 1994-1995 - Proposed Future Strategies <b>Dr. Rebecca de los Rios</b> Regional Advisor on Public Health (HDP/HDR)	96.10

**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**

**Washington, D.C., 15-17 July 1996**

**Wednesday 17**

Doc. No.

09:00 - 10:30	Report of the ACHR Subcommittees:	
	Subcommittee on Health Systems and Services <b>Dr. Gordon De Friese, Chairman</b>	96.11
	Subcommittee on Biotechnology <b>Dr. Elsa Segura, President</b>	96.12
10:30 - 11:00	<b>Recess</b>	
11:00 - 12:00	Report of ACHR visits to PAHO Divisions and Programs	96.14
12:00 - 14:00	<b>Recess</b>	
14:00 - 14:45	Presentation and Discussion of the Final Report	
14:45 - 15:00	<b>CLOSING SESSION</b>	
	Remarks by ACHR Chairman <b>Dr. Adolfo Martinez-Palomo</b>	
	Remarks by PAHO Director <b>Dr. George A. O. Alleyne</b>	

# XXXI ACHR

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*Meeting of the Advisory Committee on Health Research  
of the Pan American Health Organization  
15-17 July 1996  
Washington, D.C.*

## LIST OF PARTICIPANTS



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*Pan American Sanitary Bureau • Regional Office of the*  
World Health Organization  
Washington, D.C  
1996

**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**  
**Washington, D.C., 15-17 July 1996**

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**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**  
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**XXXI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)**  
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Washington, D.C., 15-17 July 1996**

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<sup>5</sup> **Global ACHR Secretary**

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No.	Name	Author
96-01	Provisional Agenda	ACHR Secretariat
96-02	List of Participants (Provisional)	ACHR Secretariat
96-03	List of Documents	ACHR Secretariat
96-04	Health Research in Latin America and the Caribbean - Trends and Challenges	Dr. Alberto Pellegrini Filho ACHR Secretary
96-05	New Concepts and Methodologies in Public Health Research	Dr. Naomar de Almeida Filho, ACHR Member
96-06	Science and Technology in Social Development	Mr. Ignacio Avalos CONICIT (Venezuela)
96-07	The Impact of Health in Development - a Multi-Center Research Project	Dr. César A. Vieira, PAHO
96 08	Cultural Norms and Attitudes toward violence in selected cities of the Region of the Americas	Dr. Rebecca de los Rios PAHO
96-09	Study: Quality of Final Reports of RGP-funded Research Projects	Dr. José Campillo, PAHO Dr. Rafael Flores, INCAP
96-10	RGP Performance Evaluation 1994-1995 - Proposed Future Strategies	Dr. Rebecca De los Rios PAHO
96-11	Report - HSSR Subcommittee	Dr. Gordon DeFriese ACHR Member
96-12	Report - Biotechnology Subcommittee	Dr. Elsa Segura ACHR Member
96-13	Report - ACHR Structure and Functions: Elements for discussion	Dr. Fernando Sempéregui (Consultant)
96-14	Visits to PAHO Divisions	ACHR Secretariat
96-15	Report of the Thirty-third Session of the WHO Advisory Committee on Health Research	Global ACHR