



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



43rd DIRECTING COUNCIL **53rd SESSION OF THE REGIONAL COMMITTEE**

Washington, D.C., USA, 24-28 September 2001

Provisional Agenda Item 4.16

CD43/28 (Eng.)
30 July 2001
ORIGINAL: ENGLISH

REPORT OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH

The XXXVI Meeting of the Advisory Committee on Health Research of the Pan American Health Organization (ACHR) was held in Kingston, Jamaica from 9 to 11 July 2001. Among the various items on the agenda, the most prominent were the discussion of the results of several multicenter research projects supported by the PAHO Research Grants Program (RGP): “Inequities in Health Status, Access, and Utilization of Health care Services,” “Aging, Health, and Well-being in Latin America and the Caribbean (SABE),” “Analysis by Gender of Dietary Behavior and of Exercise in the Caribbean,” and “Quality Assessment of Diagnostic Radiology Services in Five Latin American Countries.” The ACHR acknowledged the importance of these projects, not only because they provide original information on topics of great importance to public health in the Region, but also because of their interdisciplinary approach and the process by which they were developed to promote the establishment of collaborative networks among the various participating groups. The ACHR members made comments and recommendations in regard to the methodological aspects of the projects, as well as the means and instruments for disseminating the results, aiming at their utilization in policy-making.

During the meeting, strategies for better utilization of research findings in the health decision-making process based on studies and meetings held by PAHO on this subject were discussed. PAHO’s cooperation strategies and activities in the field of research on health systems and services, and a work plan for future activities in this area, were also discussed. As in previous meetings, RGP activities and the promotion of research activities developed by WHO at global level were reviewed. A session was devoted to analyzing research in the Caribbean, where in addition to data and indicators

./..

about infrastructure and scientific output, various projects on topics of importance for the sub-region were presented. This session was an excellent opportunity for exchange among the ACHR members, the investigators, and decision-makers of the Caribbean. The ACHR members prepared a preliminary proposal for a scientific event to commemorate PAHO's centennial that should coincide with the ACHR meeting in 2002.

The Directing Council is requested to note the report. The complete report of the Meeting is provided as an annex. The Directing Council is requested to note the report.

Annex

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

ACHR 36/2001.13-Revised
Original: English



XXXVI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH

Kingston, Jamaica - 9-11 of July 2001

REPORT TO THE DIRECTOR

Health Research Coordination
Division of Health and Human Development
Washington, D.C., July 2001

All rights reserved by the Pan American Health Organization. The contents of this document may be reviewed, abstracted, reproduced, and translated in whole or in part without prior authorization provided that full credit is given to the source and that the text is not used for commercial purposes. The author alone is responsible for the views expressed, which do not necessarily reflect the opinion or policy of the Pan American Health Organization or its Member Governments.

TABLE OF CONTENTS

I. SUMMARY OF THE PRESENTATIONS.....	1
I.1 OPENING SESSION:	1
I.1.1 - Address by Dr. Jorge Allende, Chairman, ACHR	1
I.1.2- Address by Dr. George A.O. Alleyne, PAHO Director	1
I.1.3- Address by the Minister of Health, Hon. John A. Junor.....	1
I.2 CONFERENCE: ADVANCES IN THE STUDY OF HEALTH DETERMINANTS AND IMPLICATIONS FOR HEALTH POLICIES	2
I.3 - PRESENTATION OF THE AGENDA.....	2
I.4 RESEARCH IN WHO.....	3
I.5 - MULTICENTER PROJECT: “MACRODETERMINANTS OF INEQUITIES IN HEALTH”.....	3
I.6 MULTICENTER PROJECT: “AGING, HEALTH, AND WELLBEING (SABE)”	4
I.7 - HEALTH RESEARCH IN THE ENGLISH-SPEAKING CARIBBEAN	6
I.8 MULTICENTER PROJECT: “GENDER ANALYSIS OF DIETARY BEHAVIOR AND OF EXERCISE IN THE CARIBBEAN”	8
I.9 STRATEGIES FOR THE UTILIZATION OF THE SCIENTIFIC INFORMATION IN THE DECISION-MAKING FOR THE EQUITY ON HEALTH.....	10
I.10 RESEARCH GRANTS PROGRAM REPORT	12
I.11 PROJECT ON “QUALITY EVALUATION OF RADIO-DIAGNOSTIC SERVICES”	13
I.12 - TECHNICAL COOPERATION IN HEALTH SYSTEMS AND SERVICES RESEARCH.....	14
II. DISCUSSIONS AND RECOMMENDATIONS.....	16
II.1 CONFERENCE: ADVANCES IN THE STUDY OF HEALTH DETERMINANTS AND IMPLICATIONS FOR HEALTH POLICIES	16
II.2 - RESEARCH IN WHO:	16
II.3 - MULTICENTER PROJECT: “MACRODETERMINANTS OF INEQUITIES IN HEALTH”	17
II.4 - MULTICENTER PROJECT: “AGING, HEALTH, AND WELLBEING (SABE)”	17
II.5 HEALTH RESEARCH IN THE ENGLISH-SPEAKING CARIBBEAN	18
II.6 MULTICENTER PROJECT: “ANALYSIS BY GENDER OF DIETARY BEHAVIOR AND OF EXERCISE IN THE CARIBBEAN”	18
II.7 STRATEGIES FOR THE UTILIZATION OF SCIENTIFIC INFORMATION IN DECISION-MAKING FOR EQUITY ON HEALTH	18
II.8 RESEARCH GRANTS PROGRAM REPORT.....	19
II.9 PROJECTS ON “QUALITY EVALUATION OF RADIO-DIAGNOSTIC SERVICES”	19
II.10 TECHNICAL COOPERATION IN HEALTH SYSTEMS AND SERVICES RESEARCH	20
II.11 PAHO’S CENTENNIAL	20
II.12 GENERAL RECOMMENDATIONS.....	21
II.13- CLOSING REMARKS.....	22

**Report of the XXXVI Meeting of the PAHO
Advisory Committee on Health Research (ACHR)
9-11 July 2001, Jamaica**

I. SUMMARY OF THE PRESENTATIONS

I.1 Opening session:

I.1.1 - Address by Dr. Jorge Allende, Chairman, ACHR

Dr. Allende expressed his gratitude for the invitation to have the meeting of the ACHR in Jamaica. It is a good opportunity for the Committee to get better acquainted with the efforts made by the country to promote health research and improve the health status of the people. He recalled the ACHR objectives, pointing out the ACHR importance as a forum for exchanging ideas about the advances in research and the challenges that lie ahead. He also remarked that there was a lot to celebrate for during the impending PAHO centennial and the best commemoration would be to advise the Director on ways to make the benefits of science accessible to all, particularly the poor.

I.1.2- Address by Dr. George A.O. Alleyne, PAHO Director

Dr. Alleyne also expressed his gratitude to the people and the government of Jamaica for the invitation. He pointed out the importance of having ACHR meetings every year, as well as the importance to have these meetings held in the countries to promote interaction between the ACHR and the local scientists and authorities. He emphasized the importance of the ACHR multidisciplinary approach to health problems. Research is a key component of PAHO's technical cooperation oriented to promote equity and pan-Americanism. He emphasized the importance of collaboration among researchers in the Region and the efforts made by PAHO to promote this type of collaboration, as well as to strengthen the research capabilities and to identify and promote research in strategic issues such as the relationship between health and economic growth.

I.1.3- Address by the Minister of Health, Hon. John A. Junor

After his welcome greeting, the Hon. Junor emphasized the importance of research in overcoming health issues such HIV, chronic diseases, organization of health systems, and others faced by the Caribbean countries. Research in all those areas is important to guide policies toward a better utilization of the scarce resources. Research is important to support new models for providing health care and to promote behavioral changes. He called attention to the significance of HIV/AIDS prevalence in Jamaica, the second highest in the Caribbean, with serious impact on mortality rates. He said that we all know what to do, but the challenge is how to do it, and that is why research is so important in this area. Research is also very important to improve the quality and efficiency of health services. He emphasized the importance of forging links between the universities and the Ministry of Health and cited some research projects promoted by the Ministry, particularly in the area of behavioral

changes and human resources. Finally he commended PAHO for its role in promoting health research throughout the countries of the Americas.

I.2 Conference: Advances in the Study of Health Determinants and Implications for Health Policies

Dr. Ichiro Kawachi, from the Center for Health and Society, Harvard University, gave this conference. Dr. Kawachi presented the results of several studies showing that economic growth and health expenditures are not the only variables responsible for the health and well being of the populations. He said health achievements are also strongly related to inequalities in the distribution of wealth. This explains why countries such as Costa Rica and Cuba have higher life expectancy in spite of the fact that they are not among the most developed countries. He compared the situation of several countries in relation to health outcomes, saying that the Gini coefficient can explain 25% of the variances in health outcomes among countries, and together with the total GDP, it can explain around 37%.

He called attention to the importance of new methodological approaches such as multi-level analysis, to identify the combined effect of individual and ecological variables, particularly the effect of poverty and socio-economic inequalities in health outcomes. Dr. Kawachi presented research results showing that social cohesion and trust among individuals can be identified as important mechanisms through which inequality affects health outcomes. Inequality tends to diminish social cohesion and to deteriorate social capital. Several studies show that living in states and countries with high inequalities and low social capital limits the access to public goods such as education. Social capital influences political participation and public policies aimed to promote equity. Historic examples, such as in the UK, show that governments willing to redistribute income and to promote health have very powerful policies and instruments available. He concluded by saying that equity, by itself, really matters when it comes to health.

I.3 - Presentation of the Agenda

Dr. Alberto Pellegrini Filho, Secretary of the ACHR and head of the PAHO Research Coordination, HDP/HDR, presented the agenda of the meeting. He began by pointing out his satisfaction for being able to submit for discussion to the ACHR the results of several multicenter projects supported by the Research Grants Program (RGP), which contribute with original knowledge of subjects highly important to the public health of the Region. These projects are important not only because of their results, but also for the process through which they have been developed, permitting the establishment of collaborating networks among the various participating groups. It is expected that the ACHR will have the opportunity to discuss both the findings of the projects and the process of their development, as well as the implications of these findings for the establishment of policies.

The agenda also included a discussion of strategies for a better utilization of the research findings in the decision-making process in health, as well as a presentation of the cooperation activities in the field of research in health systems and services. At this meeting, as is customary, a report would be submitted on the activities of PAHO's Research Grants Program, as well as of the promotion of research activities at the global level. As on previous occasions, when the ACHR meeting is held off PAHO headquarters, a session will be devoted

to analyze the research situation in the Caribbean. During this session, ACHR members convey to the researchers and decision-makers of the subregion their observations and recommendations in this regard. The final session is devoted to review the report of the meeting and compliance with the recommendations from the previous meeting. During this last session, the programming of activities for a scientific event in 2002 commemorating PAHO's centennial would be also discussed. This event must coincide with the corresponding ACHR meeting for that year.

I.4 Research in WHO

This topic was presented by Dr. Tikki Pang, Coordinator of the WHO Program for Research Promotion and Cooperation (RPC), who presented recent and future WHO activities in the field of research, particularly those developed by RPC. The principal functions of this department are: advocacy and promotion of research in developing countries and monitoring the scientific developments, identifying their implications in health, in addition to functioning as secretary of the Global ACHR and managing the Collaborating Centers and Experts Panels. Among RPC most recent main activities are the participation in the organization of the Bangkok meeting, the research awards competition financed by the Rockefeller Foundation and the promotion of networks using new information and communication technologies.

Dr. Pang analyzed the content and results of each one of these activities, and presented future plans. Among them, he pointed out the Global ACHR Report on Genomics and Health, the Meeting on Biotechnology in Cuba and the WHO 2004 Report, whose subject will be health research, containing an evaluation of performance of the national research systems. This report aims to make an evaluation of how effectively the health research systems contribute to the functioning of health systems and it should be a tool for health research self-assessment, advocacy and fund raising.

I.5 - Multicenter project: "Macrodeterminants of Inequities in Health"

Dr. Juan Antonio Casas, Division Director of Health and Human Development made an introduction explaining the reasons for this initiative, pointing out the significance of health inequities in the Region. Dr. Norberto Dachs, of the Public Policies and Health Program, of PAHO's Health and Human Development Division (HDP) presented the results of the project. Health inequities are an important problem in the Americas, resulting from major social inequalities in the Region, but research on the subject has not developed according to its importance. On the other hand, a large number of national household surveys have been conducted in the Region during the last decade, becoming reliable sources, but scarcely utilized in studying the relationships between the socioeconomic characteristics, health conditions, and the use and spending on health care services.

The multicenter project was aimed to overcome these deficiencies, analyzing data of such surveys, particularly the DHS (Demographic Health Survey) and LSMS (Living Standards Measurements Survey), combined with data of the national censuses in five countries of the Region: Bolivia, Brazil, Colombia, Nicaragua, and Peru.

Dr. Dachs explained the process of preparing the research protocol and selecting the participating research groups, as well as the coordination activities among them (meetings, visits and contacts by phone and e-mail), through which it was possible to constitute an effective collaborative network.

The distribution of the following variables was analyzed for each country, and also comparatively, in accordance with socioeconomic strata: home expenditures, existence of health problem in the last 4 weeks, interruption of activities due to the problem, search for care for the problem, utilization of public and private health services, insurance enrollment, birth of children in the last 12 months, prenatal care and delivery, stunting in children below 5 years of age and infant mortality.

A hierarchical model was adopted for the study of mortality below 5 years of age and stunting in children between 6 and 59 months, utilizing the following variables: socioeconomic and conditions at home, women reproductive conditions, use of services, child care and previous morbidity of the child. The model managed to capture interesting details. For example, in the case of stunting, the mother's education is an important variable. However, in the case of Bolivia, it is very important not to be illiterate, while in Colombia, which has higher education levels, the importance lies in having education higher than the primary level. Also in the case of stunting, the construction of a multi-level model utilizing census data made it possible to observe that a "poverty context" is detrimental to the growth of the child beyond the individual variables, having observed also significant interactions between individual and contextual level variables.

The model made it possible to explore changes in the distribution of mortality and stunting when the distribution of some determinants is modified. Simulations modifying the distribution of some variables were presented for the case of Brazil. Finally, Dr. Dachs presented the principal findings in each country indicating possible policy recommendations derived from these findings.

I.6 Multicenter project: "Aging, Health, and Wellbeing (SABE)"

This project was presented by Dr. Marta Pelaez, PAHO's Division of Health Promotion and Disease Prevention (HPP). The survey on Aging, Health, and Wellbeing (SABE) aimed to study health conditions of the elderly in urban areas of seven countries in Latin America and the Caribbean (Argentina, Barbados, Brazil, Cuba, Chile, Mexico and Uruguay). The surveys were cross-sectional, simultaneous, and comparable.

Among SABE principal objectives are:

- Describing health conditions of the elderly (over 60 years) using self-evaluations of chronic and acute diseases, as well as assessing disability and physical and mental deterioration, with special attention to individuals older than 80 years of age;
- Evaluation of access and use of health services;

-
- Comparative analyses with respect to family support and public assistance, and their relationship with health-related behavior and exposure to the risk conditions;
 - Evaluation of inequality levels and patterns in health conditions and in access and use of health services.

Characteristics of the Population Studied: In all the cities, the 60 to 74 years old population surpasses 60% of the total interviewees, except in Brazil. The proportion of women is greater than that of men in all the countries studied, being above 56% in the six countries (minimum value observed for Mexico), while the highest percentage was registered in Chile, with approximately 66%. The women were found to be in disadvantage in levels of secondary and superior education in the 6 cities studied; instead, at primary level, women have percentages above the ones observed for men. Men over 60 years of age, in all the countries studied, have greater probabilities of being married than women have. This relation is inverted when widowhood of the interviewees is observed: women have greater probabilities to be widowed than men have in all the countries studied.

Cognitive State: Measurement of the cognitive deterioration is made difficult by the lack of appropriate instruments. For the SABE survey the “Minimental State Examination” (also known as MMSE), which has a bias against individuals with a low schooling level, was selected. Utilizing only the MMSE it was observed that the cognitive deterioration of the interviewees has a variation range from 0.4% in Montevideo to 7% in Mexico and Santiago. Comparing these results with the average prevalence of cognitive deterioration in the world, these figures are higher than the ones observed in Bridgetown and Montevideo and lower than the ones observed in Santiago, Sao Paulo and Mexico. Most of the studies on dementia show no difference in the prevalence of cognitive deterioration between sexes. However, in Mexico, Santiago, and Sao Paulo it was observed that women have a higher prevalence of cognitive deterioration than men, which can be explained by the marked difference existing between levels of education of men and women.

Health Situation: In all the countries, the proportion of men who report good health is higher than the proportion of women. It is necessary to find out whether these data indicate that women have worse health than men or if their perceptions are different. If these figures reflected real differentials in health status, one would expect higher mortality for women, which in fact does not occur. The disparities between countries are important. In Argentina, two thirds of the sample reports to be in good health while in Mexico this figure is less than one third. All other countries fall within this scale, with Chile and Brazil closer to Mexico and Uruguay and Barbados more similar to Argentina. It is important to observe that this self-evaluation is consistent with the life expectancy for the 60-year old. Comparing these results with surveys made in the United States, it is observed that, except in Argentina, the elderly in the countries of LAC region report to be in good health with much less frequency than white or African Americans in the US regardless of sex.

Chronic Diseases: The greatest percentage of people suffering from chronic diseases was observed in Buenos Aires and Santiago (35%), whereas the lowest was in Sao Paulo (30%), with limited variability according to gender. Hypertension appears as the chronic disease with highest prevalence, above 43% in all countries. The second most frequent disease

is arthritis, varying from 23% in Mexico to 53% in Buenos Aires. Diseases associated to the heart had a low prevalence.

Risk Factors and healthy behaviors: With regard to smoking, women maintain in all countries relatively low percentages in comparison with men. The highest value is observed for men in Mexico City with 30% and the lowest in Bridgetown with only 12%. In contrast, the minimum is 2% (in Bridgetown) and the maximum is 10% (in Buenos Aires and Montevideo) for women. The proportion of obese individuals ranges between 35% in Montevideo and 20% in Sao Paulo. These figures are similar to those reported in the United States that has a percentage of 27%. The percentage of obese women from 60 years and above range between 28% in Sao Paulo and 44% in Montevideo, while the same percentage for men ranges between 9% in Brazil and 23% in Santiago.

Functional state: Functionality is defined by the capability of the individual to carry out basic activities of daily life (badl) and the instrumental activities of daily life (iadl). The first ones include bathing, getting dressed, using the toilet, walk and eat by him/herself. The iadl includes use of transportation, to be able to make purchases, use the telephone, to control drugs intake, and to carry out domestic tasks. In the United States, the percentage of people of 65+ that declare to have difficulty with 1 or 2 badls is 6%, while in SABE these values fit between 13% in Santiago and 7% in Bridgetown. For adults older than 75 years, 21% in Santiago and 14% in Bridgetown have difficulty with 1 or 2 badls. When the differences that exist between men and the women are observed, women have the greater percentage with disability in comparison with the men. Of the people who have difficulties with 1 or 2 badls, the percentage of men varies from 8 to 13%, while the percentage of women varies from 11 to 19%. The elderly in Santiago have the greatest proportion of physical disability, while the ones in Bridgetown have the lowest percentage of disability.

Use and access to health services: There was no significant difference in the type of coverage, public or private, or by sex. The elderly receive greater care in the public sector than in the private regardless of age, with the exception of Montevideo. Most of the respondents had had a medical consultation in the last 12 months. The ones from Santiago have the least proportion of consultations and Bridgetown the highest, 78% and 93%, respectively. In addition, women have the higher levels of utilization of services in these populations. Finally, the two most important reasons not to go to the services when needed were lack of transportation in Sao Paulo and the cost of care in Buenos Aires, Santiago, and Mexico.

I.7 - Health Research in the English-speaking Caribbean

This session was coordinated by Prof. Terrence Forrester who expressed his pleasure for this opportunity given to researchers from the Caribbean to interact with the members of the ACHR. He presented the following speakers:

Dr. Peter Figueroa, Chief Medical Officer, MOH, Jamaica: English-speaking Caribbean has a rich tradition in research, particularly that carried out by the UWI on virology, nutrition, epidemiology and other areas, as well as the early descriptions of diseases such as Jamaican neuropathy and vomiting sickness. He emphasized the importance of these

studies for policy development, and the efforts of the Ministry of Health to promote research through its research unit. The number of publications by Caribbean scientists has increased in the last decades, although the productivity has declined. There is an increase in research in areas such as HIV and chronic diseases, and a deficiency in areas such as health policies and financing. He concluded his introductory remarks by saying that there is a tradition of having a good link with health priorities, but much more should be done to strengthen research capacity and funding, as well as to decentralize research activity throughout the sub-region.

Prof. Susan Walker, Tropical Medicine Research Institute: Presented a study about “psycho-social and health conditions in stunted and not-stunted children”, focused on the effects of nutrition on stunting. 127 stunted and 32 non-stunted boys and girls were assigned to four groups to evaluate the impact of food supplementation, stimulation and the combination of interventions. The results in the experimental groups compared with the control group, after two years were very significant in several aspects, not only those related to growth, but also to cognitive development, obesity, response to stress and predisposition to disease. She also mentioned future studies to be developed with this cohort.

Dr. Maureen Sams-Vaughan, Dept. of Child Health, University of the West Indies: She started her presentation emphasizing the importance of early stimulation and environment for child development. The Dept. of Child Health of the UWI is developing several studies on this subject as well as surveillance and policy recommendations. The studies aim to identify positive and negative factors related to child development and are done in close association with the Ministry of Health. She described the projects in progress, most of them cohort studies about the relationships between socio-economic variables and child development and behavior.

Dr. David Picou, Director of Research of the Caribbean Health Research Council (CHRC): started with some background information about early individual efforts of researchers in the sub-region. Since the 1950s, scientific activity was institutionalized with the creation of several institutions such as the Faculty of Medicine, CCMRC, Tropical Medicine Research Institute, TRVL, CAREC, CFNI and others. Dr. Picou provided several examples of accomplishments of these institutions. Today’s problems are the absence of research culture, mismatch between the size of the problems vis-à-vis the resources available and weak links between research and policy making. The CHRC is responsible for the support and coordination of health research in the Caribbean, providing small grants and training opportunities. CHRC is also a major forum for research in the Region and every year, for the past 43 years, results of research projects have been presented during its meetings. The priority areas established in 1997 are health systems development, human resources, family health, nutrition, communicable and non-communicable diseases, mental health and environmental health. Current research activities in the sub-region are individually driven and funded, mostly done in Universities and research institutions in the priority areas, less than 50% is published, very little requested by government. Among the sources of funds, self 50%, University 74%, government 7%, UN 11%, private sector 15%, CHRC 10%. Current agenda of the CHRC: the development of a health research information system; development of research culture, capacity building and resource mobilization. Priority areas: socio-economic determinants, behavior and lifestyle, inequities in health and quality of life. A Plan of Work

has been developed to implement this agenda, including definition of key stakeholders and sources of funds.

Dr. Elizabeth Ward: She started her presentation calling the attention to the importance of injuries in the sub-region, particularly those derived from violence in terms of mortality and disability. She presented results of several studies made in Jamaica about prevalence, risk and protecting factors related to injury and violence, as well as the impact on health care costs. Jamaica is in the process of developing a low-cost surveillance information system to monitor injuries referred to hospitals, according to type, origin, characteristics of the victim and perpetrator, risk factors and locale of occurrence. Violence accounts for 47% of the injuries that receive medical care in hospitals, 60% are males and 20% of the cases are due to domestic violence.

Dr. Peter Figueroa: He presented the situation of HIV/AIDS in Jamaica, saying that both qualitative and quantitative research is used to guide policies in this issue. Jamaica has the second highest prevalence of HIV/AIDS in the Caribbean, around 1-2% in adults. The transmission is largely heterosexual (more than 60%) and there is a high prevalence of risky behavior. A program was established to change behavior, with important achievements in reducing STD in general, increasing usage of condoms, increasing awareness about the problem and protection of blood supply. Policies related to this issue should be based on human rights and on new approaches such as decriminalization of sex work and homosexuality and promotion of sex education. The combat of stigma should be a key component in any intervention. Policies should be targeted to vulnerable groups such as sex workers, prisoners and homosexuals.

I.8 Multicenter project: “Gender Analysis of Dietary Behavior and of Exercise in the Caribbean”

The project was presented by Dr. Fitzroy Henry, Director of the Caribbean Food and Nutrition Institute/PAHO (CFNI). First of all he expressed the importance of this project due to its capacity to build links with policy makers; multidisciplinary approach; promotion of formation of ethical review bodies; focus on behavior; establishment of researchers networks, and support for PAHO’s technical cooperation.

In recent years the Caribbean has observed an increase in chronic diseases such as *cancer, diabetes, heart diseases, and hypertension*, with a consequent increased burden to the health care systems. The rising *obesity* levels have been identified as the principal contributing factor, especially in women. Behavioral interventions, particularly diet change and physical activity are emphasized in programs designed for the prevention of cancer and cardiovascular diseases. However, the scarcity of research on psychosocial factors related to behavioral changes has been hindering adequate strategies for the full success of these programs.

One of the theoretical models proven to have application in dietary behavior and exercise is the *Trans-theoretic Model of the Behavioral Change* (TTM), which understands behavioral change as a process in stages, and not as an occurrence. The basic stages described are: *pre-contemplation* (unconscious or not-thinking-about-making-changes), *contemplation*

(thinking seriously about changing, but without being committed to the action), *preparation* (intention of acting in the near future), *action* (behavior modification), and *maintenance* (preventing the relapse).

The multicenter project coordinated by CFNI and financed by PAHO Grants Program utilized the TTM. Its main hypothesis is: there is a significant difference between men and women in the Caribbean with regard to behavioral change and obese adults are more inclined to behavioral change with regard to diet and exercise than non-obese adults.

The objectives of the study were:

- Evaluate and compare various stages of behavioral change among male and female adults in order to increase consumption of fruits and vegetables and adopt a physical activity regularly;
- Examine the relationship between the stage of the change to fruit and vegetable consumption and adoption of physical exercise with the psychosocial factors between obese and non-obese adults.
- Examine the influence of the media on the perceptions and attitudes with regard to the habits of procurement and consumption of food and level of physical activity.

Dr. Henry presented the principal results of the qualitative study which included focus group discussions carried out in four countries: *Belize, Jamaica, St. Kitts and Nevis, and Trinidad and Tobago* (7 to 9 groups per country). The variables used to select the participants of the groups were: *age, sex, grade of obesity, residential location, and socioeconomic situation*.

The study demonstrated a good appraisal of the concept of lifestyles but the same was not observed in regard to change of the lifestyle. The complacency with the current lifestyles was justified in relation to the work, the family, and home responsibilities. Many of the people apparently had adopted certain complacency with their own situation that made it possible for them to administer effectively their lives. Apparently the people usually understood and could state very clearly what is good, but continued with what is bad, without being able to explain adequately the apparent contradiction.

Normality was described mainly as the state of convenience of the person with *who* or *what* is, and this often included the ones that were actually overweight. The perceptions of adaptation with the current lifestyles were related to the cultural norms and the ethnic group. "Have size" and "to be solid" were the states preferred in all the countries. The male perceptions were very important in order to determine the weight and the ideal form and many women indicated their efforts to reach them, although men rarely seemed to be concerned with their own size, fitness or food consumption. The adoption of processes of change had more probability of being fulfilled by adult women with overweight than by those that were considered normal and/or had never justified a need of change for themselves.

The study reiterated that the general lifestyle and the food consumption patterns reflect cultural differences. The ethnic groups of the different countries were almost clearly identified by their perceptions, attitudes, and observed behavior.

Consumption of fruits and vegetables was restricted for many and varied reasons. While vegetables are better considered than fruit their access is difficult and they do not provide the culturally necessary “full belly.” The adoption of any regular physical activity is considered a difficult task, often described as “work”, although the participants of the FG needed very little or no external reiteration of the benefits that could be obtained. Many more people had attempted to participate in a regular program for exercise, in comparison with those who attempted to consume more fruits and/or vegetables, but often the result was a complete or partial failure in terms of continuing in the program.

The media, and especially cable television, turned out to be very important in the perceptions and attitudes, not only in that related to the procurement of food and consumption habits, but also with lifestyles patterns considered by many as the cause of overweight. In this regard, the Caribbean people seem to be in the process of adopting both what is good and what is bad of the North American culture. The youth in all countries have been more exposed and relatively more influenced by the media. Consequently it was found that this group’s general attitude and its diet and exercise patterns are very influenced by the foreign media.

The qualitative component already allows the design of some health promotion strategies according to gender, phase within the TTM; obese vs. no-obese subjects, and countries. With regard to the quantitative component, the sample of each country was already defined, the data collection instrument was constructed based on the results of the qualitative study, and intensive training of the interviewers and the supervisors was conducted in each country. A person between 18-65 years old was selected in each household for the interview by the trained interviewer. The data collection is currently almost 50% complete. The data were entered into the SPSS software and the preliminary analysis is under way.

I.9 Strategies for the utilization of the scientific information in the decision-making for the equity on health

This subject was presented by Dr. Ulysses Panisset, of the Research Coordination, Division of Health and Human Development of PAHO (HDR/HDP). He began by pointing out that in the same way as in other health subjects, the decision-making for developing policies aimed to promote equity in health requires the constant use of scientific results. However, there exist a series of obstacles for using the findings of health research in decision-making. These may be classified as obstacles related to the *context* (e.g. centralization), *content* (barriers of language, time, etc.), *characteristics* of the interested parties (practice of decision-making without scientific evidence, pressures by interests groups, etc.) and *process* (lack of appropriate means for the dissemination of research results). An additional obstacle is the participation of decision-makers and other interested parties only at the end of the research process, being usually excluded from the definition of the research agenda.

Most of the strategies proposed to improve the utilization of scientific information for the decision-making limit themselves to recommending better training of both the

investigators to "translate" the results and the decision-maker to understand them. In addition to the use of experts in communication as intermediaries for the "translation." A different approach is based on the concept of "context of application", where interactions are developed between investigators, decision-makers, users, and funders for the identification and formulation of problems, development of research and evaluation/application of its results. The need for developing an application context for better utilization of research is particularly important in case of complex subjects with several levels of determination such as health equity.

Next Dr. Panisset outlined the differences between two modes of knowledge production, pointing out that in mode 2, contrary to mode 1, research is developed basically through collaborative networks with defined agendas, and not by the investigator only, but as a result of interactions among several actors facilitated by the application context. In order to promote creation and strengthening of the application contexts for health research in Latin America and the Caribbean, the PAHO's Research Coordination Program designed a cooperative strategy known as DECIDES (Democratizing Knowledge and Information for the Right to Health). Taking advantage of the new communication and information technology DECIDES aims to multiply interaction and collaboration between investigators, health professionals, decision-makers, citizens, journalists, lawmakers, and other social actors. The technological platform that allows implementation of this strategy is the Virtual Health Library and specifically the BVS/Science and Health, currently under construction.

Dr. Panisset presented the report of a workshop organized by HDP/HDR with the objective of discussing instruments to facilitate the use of scientific information in the decision-making process, consistent with the concept of application context. The workshop, that took place in June 2001 in Cuernavaca, Mexico was attended by approximately eighty participants from several countries in Latin America and the Caribbean, as well as the United States, Canada and Great Britain. The program was divided in three different phases: the first one consisted of conferences and panels that introduced a conceptual framework regarding health equity and the relationship between research and decision-making. The panels included scientists and authorities such as Dr. Julio Frenk, Sir Donald Acheson, Sally McIntyre, Ichiro Kawachi, George Kaplan and others.

In the second phase there were group discussions and plenary sessions aimed at analyzing the political implications of PAHO sponsored research projects findings on equity in health, as well as the process through which these projects were developed. The group discussions simulated the interaction in the application context, with the participation of investigators, decision-makers, journalists, representatives of civil society organizations, of international organizations and other actors.

The third phase also consisted of working groups and plenary sessions to discuss the experiences of the Cochrane, Campbell and Bolivian Observatory on Health Equity in the context of DECIDES and the BVS. After describing each initiative, Dr. Panisset concluded his presentation indicating that the workshop confirmed the good atmosphere existing in the Region to implement and expand that type of initiatives within the *DECIDES* and BVS framework and pointed out the principal conclusions and recommendations of the workshop, among them:

- establishment of centers of excellence in at least 2 countries of the Region as pilot experiences to sponsor a combination of Cochrane/Campbell/Observatory of Health Equity, having as technological platform the BVS;
- organization of workshops in the two countries selected in order to develop networks of institutions such as universities, research centers, governmental agencies, and the organizations of civil society to support the execution of Cochrane/Campbell/Observatory of Health Equity;
- promotion of a better dissemination of scientific health information to the general public, supporting the CONACYTs, ministries of health and scientific societies to make better use of technologies as the Internet.

I.10 Research Grants Program Report

This report was submitted by Dr. Rebecca de los Rios, of Research Coordination, Division of Health and Human Development of PAHO (HDR/HDP). Dr. de los Ríos began explaining that the RGP report this year had a different approach, since in addition to the RGP results in 2000, it presented a balance of the results achieved by projects financed between 1996 and 2000. This report was prepared to comply with an ACHR recommendation asking for an evaluation of the impact of the Program.

With regard to *Multicenter Projects* between 1996 and 2000, the RGP has financed a total of five multicenter projects mobilizing the participation of 30 research centers in the Region in 23 countries, with a direct financing amounting US\$ 1,335,000. These projects permitted the formation of networks of collaboration between centers and researchers of the Region in relevant subjects of public health.

In regard to the *Regional Research Competitions*, between 1996 and 2000 and in coordination with the Technical Programs, the RGP carried out five regional research competitions, financing a total of 22 projects in 15 countries of the Region, for the sum of US\$ 690,000. Concerning the *Program for Research and Training in Public Health*, in the period 1995-2001 the RGP has financed a total of 51 researchers of 16 countries of Latin America and the Caribbean, collaborating with the Program a total of 23 institutions of six countries. The RGP has contributed with almost one million dollars to this program during this period, amount that does not include the funds coming from the receptor institutions of the researchers. For this program several agreements of collaboration with several institutions were made in order to finance and provide technical support for the selected candidates, standing out among them the Institute Carlos III of Spain, the NIH of the USA, Harvard University and RELAB.

The *Graduate Thesis in Public Health Program* presents excellent results. Since 1997 a total of 49 projects of 16 countries have been financed, with a direct allocation of US\$ 500,000. Of the total of financed projects, 31 have been doctoral theses, 15 of which from candidates registered in programs abroad. Of the 21 projects financed between 1997 and 1998, 18 have been already concluded. From the total of 49 projects of thesis approved, 28

have been concluded and most of them have already been defended and nearly 50% have been published in national and international scientific journals.

In relation to the activities of dissemination of results, Dr. De los Rios called attention to the Series of Technical Documents named *Public Health Research*, that has already 33 issues in several languages and is available on line in full text in the Web page of PAHO/Grants Program. In conclusion, she reiterated that the modalities of the RGP oriented to the training and exchange of researchers were quite successful and that there is an intention to expand the special agreements with institutions for the advanced training of researchers abroad. With regard to the modalities oriented to the creation of knowledge (multicenter and competitions), it is evident the role that the latter have fulfilled in the creation of networks of centers and researchers in different issues. However, the delay in publishing the results of the research projects is a cause for concern. Finally she pointed out that the report of the RGP just reflects the situation of a relatively small fund and that does not report all the effort of promotion and support for research conducted by PAHO through its Divisions, Technical Programs and Pan American Centers.

I.11 Project on “Quality Evaluation of Radio-diagnostic Services”

This project was presented by Dr. Caridad Borrás, from PAHO’s Division of Health Systems and Services Development, who began her presentation with an overview of PAHO’s strategic orientations for technical cooperation in this area, developed through the radiological health program (HSE/RAD) established in the 1950s. Because of the costs involved, many radiology services in Latin America and the Caribbean are inappropriately equipped, inadequately staffed, insufficiently maintained and operated without consideration for the health risks to staff and patients posed by ionizing radiation. The results are missed diagnoses, waste of supplies such as film and processing chemicals, inoperable equipment, and increased cancer risk for the patients examined. HSE/RAD has been stimulating the implementation of quality-assurance (QA) programs at both the governmental and institutional levels, by providing training courses and coordinating national surveys.

In 1999, HSE/RAD and the Research Grants Program promoted a research competition on “Quality Assessment of Radiology Services” and prepared the terms of reference for the submission of projects. Five groups from Argentina, Bolivia, Colombia, Cuba and Mexico were awarded research contracts, which involved medical physicists and radiologists in these countries (more than 180 researchers and professionals were involved in these projects). While maintaining their own research interests, the participants agreed to perform multicenter studies using common measurement protocols and similar instrumentation.

Most radiology services in the Americas are regulated from the viewpoint of radiation safety, but not of clinical efficacy. Of all the diagnostic radiological examinations, mammography is the most challenging. Not only is the subject contrast very poor, making the radiological diagnosis difficult; the mammary gland is very sensitive to radiation, and cancer induction has been correlated with radiation dose. In spite of these problems, however, it is the only diagnostic tool available for early detection of breast cancer; and its efficacy in screening programs has recently been confirmed. The purpose of this component of the

project was to develop a methodology in which quality indicators for mammography services could be correlated with the accuracy of radiological interpretation, thus enabling the facility so studied to prioritize its needs.

A total of 19 facilities housing 20 mammographic x-ray units participated in the study. The facilities had all been authorized for operation by the regulatory authority in radiation safety and/or the ministry of health. Average glandular dose was calculated from ion-chamber entrance-exposure measurements. Image quality was determined by breast-simulating phantoms and by scoring clinical films for projection adequacy, film-labeling, patient-positioning, contrast and latitude, and artifacts. In each country, panels of local radiologists recognized as experts by the national radiological societies scored patient films and assessed the accuracy of the report issued by the facility's imaging physician. Films from 369 patients were entered in the study. Measured and documented data were quantified and correlated.

Between 60 and 90% of the systems passed the equipment-performance tests related to the x-ray unit, image receptor, processor and darkroom. The image quality evaluation using the ACR phantom was acceptable for almost 80% of the systems. The device that most commonly failed to comply with standards was the viewbox. Other deficiencies found in the equipment were the automatic exposure control of the mammography units and film processing. In the clinical films, the worse were the patient positioning and the film labeling. The coincidence in diagnosis between the panel and the facility ranged from 15 to 100%. It was found to be dependent on the experience of the facility's imaging physician. Discrepancies in coincidence were solved by additional experts' arbitration or by biopsy.

In spite of the problems detected in the mammographic equipment, they did not seem to significantly impact upon the ability of the imaging physicians to reach a diagnosis. From the viewpoint of priorities, the view boxes and the film processors--but especially the view boxes--require immediate attention. View boxes represent the least expensive piece of equipment in the mammographic department. All but 1 view box in the 19 departments tested should be changed; and the impact on image quality and radiographic interpretation accuracy, re-measured.

Dr. Borrás concluded by saying that the research project has had significant impact that should ultimately improve radiology services in Latin America. It is bringing together investigators from countries at different stages of development, who will benefit from the exchange of information and experiences. It is promoting collaboration between diagnostic physicists and radiologists in each country and national authorities are already considering implementing or changing their standards based on the results of their country's findings.

I.12 - Technical Cooperation in Health Systems and Services Research

This theme was presented by Dr. Daniel Lopez Acuña, Director of the Division of Health Systems and Services Development of PAHO (HSP). Dr. Lopez Acuña began by saying that in the last two years, HSP has focused its attention to research, trying to increase the liaison between research and the decision-making process and promoting research as a vital component of technical cooperation activities aimed to the development of health systems and services. Three long-term objectives were defined: reorient the research priorities

in keeping with the needs of the users; develop research capacity in priority areas and improve the ties between research and the decision-making processes.

The activities carried out to date, object of this report, are part of an *Initial Phase*, the conclusion of which coincided with a Workshop prior to the Summit of the Americas in April, 2001. The expected results of this Initial Phase were: establish the commitment of the Division in this field; increase the recognition of the problem of the low utilization of HSSR in LAC and raise the awareness of the HSP staff on the importance of promoting more and better research.

Dr. Lopez Acuña presented the activities carried out in this first phase since August 1999, which placed emphasis on the diagnosis of the situation of HSSR in the Region, establishment of strategic partnerships with key institutions in the field, organization of meetings, and publications. With respect to the assessment of the outcomes of this first phase, the presence of HSP in the field has been noted and has produced associations and alliances with important institutions such as IDRC, the Alliance for Research on Health Systems and Policies and the Network for HSSR of the South Cone. The series of meetings that HSP has sponsored has increased the attention to the subject of the low utilization of the HSSR. The personnel of HSP both in Washington and in the countries have developed a growing interest to promote research.

For the next phase of the work, HSP has planned a two-part program. The first will be centered in improving the use of research. The second will try to produce more and better research on key areas. Both also require a third type of action, consisting of ongoing public relations and a funding strategy to support them.

With regard to the “translation” function, the following strategies and lines of action should be carried out: periodic research reviews in specific fields; production of research synthesis documents; organization of policy orientations in formats adapted to specific user groups; call for possible research users to discuss research findings and to identify new research requirements; develop capability to use research; create units within the decision-making agencies in order to transfer results of research to the decision-maker and to communicate with the investigators on emerging research needs.

With respect to the research promotion in key areas of HSP technical cooperation greater efforts are required to take advantage of the internal financing mechanisms and to seek financing for research. The associations already developed between HSP and other organizations are very important for this purpose. A joint plan of action was prepared with IDRC for the next two to three years. In addition to the funds that PAHO and the IDRC can contribute as seed money, complementary financing will be sought.

II. DISCUSSIONS AND RECOMMENDATIONS

II.1 Conference: Advances in the Study of Health Determinants and Implications for Health Policies

The Committee congratulated Dr. Kawachi for his brilliant conference and made some comments, most of them indicating new topics to be explored in further studies:

- Further studies are necessary to evaluate how medical technology, quality and type of medical care, as well as environmental quality, influence the relationships between socio-economic inequalities and health status of countries and population groups;
- Further studies are also necessary to understand the health achievements of countries such as Cuba and Costa Rica and to identify the mechanisms through which distribution of income and social capital affects each other;
- In further studies other indicators of health outcomes should be used in addition to life expectancy and infant mortality;
- Further studies should be done to understand how health inequities affect economic growth;
- Finally, for most of the countries of the Region economic growth is still the most important challenge and from the point of view of health outcomes there should not be any contradiction between policies aimed to promote growth and at the same time promote a better distribution of wealth;

II.2 - Research in WHO:

- In relation to the World Health Report on health research systems performance, the ACHR pointed out that the report should take advantage of the lessons learned from the last report on Health Systems Performance. A wider consultation process involving not only researchers, but also policy-makers and other actors should be developed. A document with the objectives and methodology of the report should be prepared as soon as possible for this consultation process. The report should not be an evaluation exercise for its own sake, but should include orientations for action. Ranking should be avoided, as well as comparisons of systems with different objectives. The report should be very careful about the quality and source of the data and an effort should be made to get some difficult and important data such as the expenditures made by the private sector in developing countries, particularly in pharmaceuticals. Since health research systems are at the same time part of health systems and of the R&D systems, the approach of the evaluation should not be restricted to a rigid definition of health systems. An important component of the report should be an evaluation of how and in what extent research is translated to policies and reaches several stakeholders. Finally,

notwithstanding the importance of the report, the Committee recommended that it should not consume most of RPC time and resources.

- In relation to the Report on Genomics, it was pointed out that the “genomics divide” already exists and it is important to include the strategies to overcome it in the report. Developing countries should master the basic technologies of genomics, including bioinformatics, by establishing collaborative networks. It is important to develop capabilities not only in some specific technologies, but in all the steps of the research process, including the capability to develop original ideas and new research approaches. Genomics and Proteomics should be viewed in the context of their interaction with other areas, in order to avoid false expectations about their impact on the understanding and solution of health problems.

II.3 - Multicenter project: “Macrodeterminants of Inequities in Health”

The Committee recognized the originality and relevance of the project and made the following comments and recommendations;

- More simulations should be made with the models, comparing changes in the distribution of variables to identify the ones that are more sensible to policy interventions;
- Strategies for promoting the utilization of results should be developed according to the particular situation of each country in addition to publications.
- The analysis of the relationships between the findings and the conceptual framework should be developed in order to make a better sense of the results and to communicate with policy makers;
- The study should be an important contribution to the improvement of household surveys in terms of their structure, selection of variables and questions.

II.4 - Multicenter project: “Aging, Health, and Wellbeing (SABE)”

The Committee recognized the relevance of the study and made the following recommendations:

- Further analysis should be made to identify the factors associated with health outcomes, including influence of policies and social variables. Data about nutrition status should also be subjected to further analysis, due to their importance for the health and well-being of the elderly ;
- A plan to promote the utilization of the database and the results should be made, including dissemination of results to the media and general public;
- The importance of the study for the improvement of household surveys was also recognized.

II.5 Health Research in the English-speaking Caribbean

The Committee congratulated the organizers and the speakers of this panel for the quality of the presentations and for the extraordinary efforts that the research community of the Caribbean, particularly Jamaica has done despite several constraints. It emphasized the importance of the sub-regional approach and the importance of the results and methodologies for the rest of the LAC Region, particularly the cohort studies. A vigorous debate between the speakers and the ACHR members was established about several methodological and ethical aspects of the studies presented, as well as their policy implications.

II.6 Multicenter project: “Analysis by Gender of Dietary Behavior and of Exercise in the Caribbean”

- The Committee recognized the importance of the study and pointed out the importance of the association between obesity and poverty, due to the cost of healthy food, as well as due to the lack of opportunities for the poor to engage in physical activities. Taking into account the importance of the SES variables, some general multi-sector measures were suggested in order to accomplish dietary changes, as for example, subsidies for healthy food, and changes in food import/export policies;
- Health promotion activities in this area should include the active participation of NGOs, such as women’s groups, taking advantage of their capacity for mobilization and for promoting changes in collective and individual habits and demands.

II.7 Strategies for the Utilization of Scientific Information in Decision-Making for Equity on Health

The ACHR recognized the importance of this initiative aimed to identify factors involved in the utilization of research results and to develop strategies accordingly. This is a matter of concern of several agencies and the Committee appreciates PAHO’s involvement in this debate. Also recognized were the advances in the reviewing and implementation of DECIDES since the last meeting. Other comments and recommendations included:

- The two knowledge production modes respond to different situations, areas and types of research. Instead of competing, their coexistence should be promoted at a complementary basis;
- It is important to involve the health research units and councils in this initiative, as well as health research sectoral funds that are been created in several countries of the Region such as Brazil and Chile;
- It should be taken into account that neither the researchers nor the policy makers are homogeneous categories and that in some areas the links among them are not so weak. More research should be done to understand why in some cases the utilization of research results for policy making has been very successful;
- It is very important to produce evidence on health inequities and other socio economic issues related to health, in order to facilitate the participation of several

stakeholders in the definition of policies. However, policy making in democratic societies is not and should not be based only on scientific evidence, since science is not the only way to apprehend reality.

II.8 Research Grants Program Report

The Committee expressed its appreciation for the orientation of the RGP, emphasizing the clear definition of its structure and of its priorities, defined according to PAHO and member countries needs. Its importance as a multiplication factor of scarce resources and the transparency of the criteria were also stressed, as well as its importance for PAHO's technical cooperation as a whole. It was also recognized that the recommendations of the ACHR on this matter were well implemented. Other topics of discussion included:

- The importance of paying attention to lesser developed countries in the Region, strengthening strategies already in place such as multi-center projects with the participation of groups with various levels of development; expansion of the RELAB/PAHO model to strengthen the ties with organized scientific community of these countries; specific agreements like the ones with research councils from Guatemala and Colombia and the Master's program on population health from Costa Rica;
- PAHO should explore new ways and means of disseminating research results without hindering their originality and consequently the opportunity for publication in peer-reviewed journals;
- It is very important to maintain peer-review of the research proposals submitted to the RGP, in order to assess their scientific merit, together with other internal mechanisms to evaluate their relevance for PAHO and the member countries;
- A research information systems of all research activities promoted by PAHO should be put in place, taking advantage of new technologies and platforms such as SHARED;
- The impact of the Program should be evaluated periodically with proper quantitative and qualitative indicators, as well as proper timeframe, taking into account the complexity of evaluating the impact of research results in policy making;
- The ACHR members were invited to be more aggressive in promoting the Program and in generating new initiatives;

II.9 Projects on "Quality Evaluation of Radio-diagnostic Services"

The Committee pointed out that this project is an excellent example on how research can lead to very practical results and strengthen technical cooperation activities. It is also an illustration of good research leading towards better practices. The Committee emphasized that the results of the project can facilitate and intensify the coordination with the Atomic Energy Commission.

II.10 Technical cooperation in Health Systems and Services Research

The Committee recognized the coherence of the approach to promote this area and made the following comments and recommendations:

- HSSR is a privileged area, an entry point that can open avenues for other areas to promote a better dialogue and bridging activities not only between researchers and policy makers, but also other stakeholders;
- Quality of life is an area that opens extraordinary opportunities for research. Well beyond its origins related to quality of care in hospices, patient perspective on medical decision making or cost-effectiveness analysis, new approaches should be promoted based on the concept that quality of life is a development goal. This implies use of indicators such as participation in community life, social relationships and other human development dimensions.
- Observing that the majority of the studies promoted by HSP on HSSR are descriptive, the Committee recommended the promotion of more analytical studies in this area.

II.11 PAHO's Centennial

The secretary of the ACHR, Dr. Pellegrini, presented a proposal for the organization of a scientific event in commemoration of PAHO Centennial that will coincide (or replace) the 2002 ACHR meeting. According to this proposal, the event will take place in Washington DC, comprising five panels: "Research for Health in Human development", "Research for Health Promotion and Protection", "Research on Environmental Protection and Development", "Research on Health Systems and Services Development" and "Research on Disease Prevention and Control" (including vaccine research and development).

Each one of these five panels will discuss:

- Historic perspective on the importance of health research for the development of the field and the role played by PAHO
- New scientific advances in the field and their potential impact
- Policy recommendations to take advantage of these advances
- Future role of PAHO in research promotion and policies implementation

ACHR members will be the coordinators of the panels. Each panel will include top-level researchers, policy makers and the corresponding PAHO Division Director.

A working group, formed by two or three ACHR members, PAHO staff of the corresponding Division, and the Division Director as coordinator, will be responsible for the organization of each panel (contents, participants and budget). HDP/HDR will assist these working groups and will be responsible for the administrative aspects of the entire meeting.

Dr. Pellegrini reported that this event will be preceded by the Global ACHR meeting in a “back-to-back” arrangement, with a joint session of both Committees on “The Organization of Scientific Activity in Health: Research Systems and Policies”. During this joint session, there will be presentations about the situation of health research systems and policies in each WHO Region and the corresponding technical cooperation strategies. The presentations will be made by researchers, R&D policy makers, chairpersons of the regional ACHRs and WHO staff of the corresponding regions. The Global ACHR and the DG already decided to hold the meeting in Washington, preferably during the second week of June. A suggestion was made to have the meeting of the Global ACHR on 11 and 12 of June, the joint session on 13 and the PAHO’s Centennial commemorative event on 14, 15 and 16.

The ACHR expressed its great satisfaction and agreement with this proposal. It will be an excellent opportunity to review the past, to look ahead on the challenges of the future, and to discuss the role of PAHO and the ACHR in helping the countries in facing these challenges. In relation to the audience of the event, it will be an ACHR meeting, expanded with selected invitations to Research Councils, Ministries of Health, funding agencies and other stakeholders. A larger audience would be reached through the publication of the complete proceedings and video-records of the meeting.

After this discussion about objectives, audience, dates and other general matters pertaining to the event, the members of the ACHR worked in small groups to prepare a first draft of the themes, agenda and participants of each panel. The distribution of ACHR members in those groups was the following: Health and Human Development: Ichiro Kawachi and Mario Bronfman; Health Promotion and Protection: Nancy Milio, Terrence Forrester and Edgar Kestler; Environmental Protection and Development: Ellen Silbergeld and Sergio Ferreira; Health Systems and Services Development: Andre Contandriopoulos and Victor Penchaszadeh; Disease Prevention and Control: Jorge Allende, Jorge GaviLondo and Miguel Laufer.

The first draft of each panel was discussed in a plenary session of the Committee and it was agreed that during the following 6-8 weeks the small groups will work together with PAHO staff members in order to make a final proposal.

II.12 General recommendations

Dr. Pellegrini presented a brief report about the implementation of the recommendations made by the ACHR in the last meeting. Among them he emphasized the activities that are in progress in order to comply with the recommendation to promote a better utilization of research results in the decision making process. In relation to the recommendation to strengthen the collaboration and exchange of researchers in the region, he called the attention to the multicenter projects presented during this meeting as important tools to promote this collaboration. The CvLACS and other projects that are been developed in the context of the VHL on Science in Health are other important tools to comply with this recommendation and also with the recommendation to strengthen the ties with the research Councils. In the next meeting advances in the implementation of these initiatives will be presented.

In relation to the recommendation of the need to promote multidisciplinary approaches to complex health problems he also mentioned the multicenter projects as important examples of this approach. In relation to the recommendation to establish a Research Information System to register and follow-up PAHO's research activities, Dr. Pellegrini informed the Committee that an agreement with SHARED was established. This platform is already installed in PAHO and the projects supported by the Research Grants Program will soon be included in it. The system is expected to cover all PAHO's research activities in the next one or two years. In relation to the recommendation to utilize the Shared Agenda with IDB and the World Bank to promote joint activities in health research, Dr. Alleyne reiterated the importance of this agreement, explaining that it is in the initial phase of implementation and that in the near future some results in this direction are expected.

The Committee expressed its satisfaction with the implementation of the recommendations, reiterating the importance of working with the IDB and the World Bank. With the Millenium projects sponsored by the World Bank and other initiatives, the importance of this partnership is even greater, since it can promote a better utilization of a substantial amount of resources to support health research.

II.13- Closing remarks

In their closing remarks, both Dr. Allende and Dr. Alleyne expressed their satisfaction with the results of the meeting and their gratitude to the members of the Committee, the Secretariat and particularly the Jamaican hosts for their warm hospitality.

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

ACHR 36/2001.01 -Final
Original: English/Spanish



XXXVI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH
Kingston, Jamaica - 9-11 of July 2001

MEETING AGENDA

July 2001
Kingston, Jamaica

MONDAY, 9 JULY 2001

9:00 - 09:45 Opening Session

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

Dr. Jorge Allende

Address by PAHO/WHO Director

Dr. George A. O. Alleyne

Address by Minister of Health of Jamaica

Hon. John A. Junor, M.P.

**09:45 - 11:00 Conference – Advances in the Study of Health Determinants
and Implications for Health Policies**

Dr. Ichiro Kawachi

11:00 - 11:15 *Coffee break*

**11:15 - 11:30 Presentation and Discussion of the Meeting Agenda
by ACHR Secretary**

Dr. Alberto Pellegrini

**11:30 - 12:30 Research in the World Health Organization
A slide presentation by**

Dr. Tikki E. Pangestu

12:30 - 14:00 *Lunch*

14:00 - 15:30 Findings of Multicentric Project: “Macrodeterminants of Health Inequities”

Dr. Norberto Dachs

15:30 - 16:00 *Coffee break*

16:00 - 17:30 Findings of Multicentric Project (SABE): “Health and Well-being of the Elderly”

Dr. Martha Pelaez

TUESDAY, 10 JULY 2001

- 09:00 - 10:30** Panel - Health Research in the Caribbean
- 10:30 - 11:00** *Coffee break*
- 11:00 - 12:30** Panel - Health Research in the Caribbean (continue)
- 12:30 - 14:00** *Lunch*
- 14:00 - 15:30** Multicentric Project:
“Gender Analysis of Dietary and Exercise Behavior in the Caribbean”
Dr. Fitzroy Henry
- 15:30 - 16:00** *Coffee break*
- 16:00 - 17:30** “Strategies for Utilization of Research Results in Decision Making in Health”
Dr. Ulysses Panisset
- 17:30 - 18:30** PAHO Research Grants Program Report
Dr. Rebecca de los Rios

WEDNESDAY, 11 JULY 2001

- 09:00 - 09:45** Multicenter Project:
“Quality Evaluation of Radiodiagnostic Services”
Dr. Caridad Borrás
- 09:45 – 10:30** Technical Cooperation in Health Systems and Services Research
Dr. Daniel Lopez Acuña
- 10:30 – 11:00** *Coffee break*
- 11:00 - 13:00** Review of the Meeting Report
Review of recommendations from the last meeting
Initial planning for the scientific event in 2002 in commemoration of PAHO’s 100th Anniversary and other matters
- 13:00 - 13:15** **Closing Session**

LIST OF PARTICIPANTS**ACHR MEMBERS**

- 1. Dr. Jorge E. Allende¹**
Director, Institute of Biomedical Sciences
School of Medicine - University of Chile
Independencia 1027
Santiago 7, CHILE

Tel: (56-2) 678-6067 / 6255
Fax: (56-2) 735-3510
P.O. Box 70086
e-mail: jallende@abello.dic.uchile.cl
- 2 Dr. Mario Bronfman Pertzovsky**
Executive Director
Health Systems Research Center
National Institute of Public Health
Av. Universidad No. 655
Col. Santa María Ahuacatitlán
C.P. 62508 Cuernavaca,
Morelos, MEXICO

Tel: (52-73) 11-1140/ -2226
Fax/Tel: (52-73) 11-11-56
e-mail: mbronfman@insp3.insp.mx
- 3. Dr. André-Pierre Contandriopoulos**
Professor
Université de Montréal
C.P. 6128, succursale Centre-ville
Montréal, Québec
H3C 3J7, CANADA

Tel. : (514) 343-6181
Fax : (514) 343-2448
e-mail: contandas@MDAS.UMontreal.CA
- 4. Prof. Dr. Sergio Ferreira**
President
Brazilian Society for the Progress of Science (SBPC)
Faculdade de Medicina de Ribeirão Preto (FMRUSP)
Universidade de São Paulo, Campus Universitário Monte Alegre
Av. Bandeirantes 3900
CEP 14049-900, Ribeirão Preto, SP, BRAZIL

Tel.: (55-16) 601-3222 / 602-3000
Fax: (55-16) 633-0021
e-mail: shferrei@fmrp.usp.br
- 5. Dr. Terrence Forrester**
Director
Tropical Metabolism Research Unit (TMRU)
University of the West Indies, Mona Campus
Kingston, JAMAICA

Tel: (876) 927-1884
Fax: (876) 977-0632
e-mail: tmru@infochan.com
- 6. Dr. Jorge Gavidondo**
Director,
Division of Immunology and Diagnosis
Center of Genetic Engineering and Biotechnology
Ave. 31 e/158 and 190
Cubanacán Playa
Havana 10600, CUBA

Tel: (53-7) 21-8008 / 8466
Fax: (53-7) 21-8070 and 33-6008
P.O. Box.6162
e-mail: jgavi@yahoo.com

¹ ACHR Chairman

- 7. Dr. Ichiro Kawachi**
 Director, Harvard Center for Society and Health
 Harvard School of Public Health
 Department of Health and Social Behavior
 677 Huntington Avenue
 Boston, MA 02115-6096
 correo electrónico: Ichiro.Kawachi@channing.harvard.edu
 Tel: (617) 432-0235 / 2123
 Fax: (617) 432-3123
- 8. Dr. Edgar Kestler**
 Director, Center for Epidemiological Research
 in Reproductive Health (CIESAR)
 Hospital General "San Juan de Dios"
 1a. Avenida 10-50, Zona 1, S-013
 01001 Guatemala, GUATEMALA
 Tel.: (502) 230-1494/221-2391
 Fax: (502) 221-2392
 e-mail: ciesar@ns.concyt.gob.gt
- 9. Dr. Miguel Laufer**
 Venezuelan Institute of Scientific Research (IVIC)
 Neurophysiology Laboratory
 Km. 11, Carretera Panamericana
 P. O. Box 21.827
 Caracas 1020-A, VENEZUELA
 Tel: (58-2) 504-1453
 Fax: (58-2) 504-1093
 e-mail: mlaufer@cbb.ivic.ve
- 10. Dr. Nancy Milio**
 Professor of Nursing and of Health Policy and Administration
 School of Public Health
 The University of North Carolina
 Carrington Hall 7460
 Chapel Hill, NC 27599
 Tel: (919) 966-4249
 Fax: (919) 966-7298
 e-mail: nancy_milio@unc.edu
- 11. Dr. Victor B. Penschaszadeh**
 Professor of Pediatrics
 Chief Division of Medical Genetics
 Beth Israel Medical Center
 First Avenue at 16th Street
 New York, NY 10003
 Tel: (212) 420-4179
 Fax: (212) 420-3440
vpenschaszadeh@bethisraelny.org
- 12. Dr. Ellen K. Silbergeld**
 Professor and Director
 Program in Human Health and the Environment
 University of Maryland - 9-34 MSTF
 10 South Pine Street
 Baltimore, MD 21201-1596
 Tel: (410) 706-8709
 Fax: (410) 706-0727
 e-mail: ESilbergeld@epi.umaryland.edu
- 13. Dr. César Gomes Victora²**
 Epidemiology Graduate Program
 School of Medicine
 Federal University of Pelotas
 C.P. 464-96001-970 Pelotas
 RS, BRAZIL
 Tel: (+55-532) 71-2442
 Fax: (+55-532) 71-2645
 e-mail: cvictora@nutecnet.com.br

² Unable to attend

SPECIAL GUESTS

Dr. Fitzroy Henry

Director

Caribbean Food and Nutrition Institute (CFNI)

University of the West Indies

P.O. Box 140 - Mona

Kingston 7, Jamaica

Tel. (809) 977-1274

Fax: (809) 927-2657

e-mail: henryfit@cfni.paho.org

Dr. Tikki E. Pangestu

Director, EIP/RPC

World Health Organization (WHO)

20 Avenue Appia

1211 Geneva 27, Switzerland

Tel. (41-22) 791-2788

Fax: (41-22) 791-0746

e-mail: pangt@who.ch

Dr. Luis Salicrup

Division of International Relations

Fogarty International Center

National Institutes of Health (NIH)

Bldg. 31, Room B2 C11

Bethesda, MD 20853

Tel. (301) 496-4784

Fax (301) 480-3414

e-mail: salicrul@mail.nih.gov

Dr. Rafael Rangel A.³

Empresas Polar

Polar Technological Center

P. O. Box 2331, Los Cortijos de Lourdes

1010-A Caracas, Venezuela

Tel. (58-212) 202-3062

Fax (58-212) 202-3065

rrangel@empresas-polar.com

³ Unable to attend.

PAN AMERICAN HEALTH ORGANIZATION (PAHO)

Dr. George A. O. Alleyne
Director

Tel: (202) 974 -3408
e-mail: alleyned@paho.org

Dr. Caridad Borrás
Coordinator
Essential Drugs and Technology (HSP/HSE)

Tel: (202) 974-3222
Fax: (202) 974-3610
e-mail: borrasca@paho.org

Dr. Juan Antonio Casas
Division Director
Health and Human Development (HDP)

Tel: (202) 974-3210
Fax: (202) 974-3652
e-mail: casasjua@paho.org

Dr. Norberto Dachs
Regional Advisor in Statistics
Division of Health and Human Development (HDP/HDD)

Tel: (202) 974-3228
Fax: (202) 974-3675
e-mail: dachsnor@paho.org

Dr. Rebeca de los Ríos
Regional Advisor in Public Health Research
Division of Health and Human Development (HDP/HDR)

Tel: (202) 974-3132
Fax: (202) 974-3680
e-mail: delosrir@paho.org

Dr. Yun Jen
Research Intern
Division of Health and Human Development (HDP/HDR)

Tel: (202) 974-3495
Fax: (202) 974-3680
e-mail: jenyun01@paho.org

Dr. Daniel Lopez Acuña
Director
Health Systems and Services Development (HSP)

Tel: (202) 974-3221
Fax: (202) 974-3613
e-mail: lopezdan@paho.org

Dr. Ulysses Panisset
Regional Advisor in Science & Technology
Division of Health and Human Development (HDP/HDR)

Tel: (202) 974-3586
Fax: (202) 974-3680
e-mail: panisseu@paho.org

Dr. Martha Pelaez
Regional Advisor in Health for the Elderly (HPP/HPF)
Division of Health Promotion and Protection

Tel: (202) 974-3250
Fax: (202) 974-3694
e-mail: pelaezma@paho.org

Dr. Alberto Pellegrini Filho⁴
Coordinator, Research Coordination Program
Division of Health and Human Development (HDP/HDR)

Tel: (202) 974-3135
Fax: (202) 974-3680
e-mail: pelleagri@paho.org

⁴ ACHR Secretary (PAHO/WHO)

LIST OF DOCUMENTS

Doc. #	Title
ACHR 36/2001.1	Agenda of the Meeting
Original: Spanish	
ACHR 36/2001.2	List of Participants
Original: Spanish	
ACHR 36/2001.3	List of Documents
Original: Spanish	
ACHR 36/2001.4	Research in the World Health Organization – A slide presentation
Original: English	Dr. Tikki E. Pangestu, EIP/RPC
ACHR 36/2001.5	Findings - Multicentric Project (SABE):
Original: Spanish	Aging, Health and Wellbeing in LAC
	Dr. Martha Pelaez, HPP/HPF
ACHR 36/2001.6	Findings - Multicentric Project:
Original:	Macrodeterminants of Health Inequities
	Dr. Norberto Dachs, HDP/HDD
ACHR 36/2001.7	Strategies for the Utilization of Research Results in Decision Making in Health
Original:	Dr. Ulysses Panisset, HDP/HDR
ACHR 36/2001.8	Progress Report - Multicentric Project:
Original: English	Gender Analysis of Dietary and Exercise Behavior in the Caribbean
	Dr. Fitzroy Henry, CFNI
ACHR 36/2001.9	Multicentric Project:
Original:	Quality Evaluation of Radiodiagnostic Services
	Dr. Caridad Borrás, HDP/HSE
ACHR 36/2001.10	Technical Cooperation in Health Systems and Services Research
Original: English	Dr. Daniel Lopez Acuña, (HSP)
ACHR 36/2001.11	PAHO Research Grants Program Report
Original:	Dr. Rebecca de los Rios
ACHR 36/2001.12	Conference:
* not available	Advances in the Study of Health Determinants and Implications for Health Policies
	Dr. Ichiro Kawachi
ACHR 36/2001.13	Report to the Director
Original: English	Dr. Alberto Pellegrini (ACHR)