XXVI MEETING OF THE ADVISORY COMMITTEE ON HEALTH RESEARCH

Rio de Janeiro, Brazil
3 - 7 August 1987

MATTERS FOR REVIEW AND ACTION

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PAHO/WHO ADVISORY COMMITTEE ON HEALTH RESEARCH (ACHR)

Matters for Review and Action

I. BACKGROUND

At the XXIV Advisory Committee on Health Research Meeting, held in Havana, Cuba, from 16 to 20 July 1985, the Committee approved the recommendations made by the Subcommittee for Restructuring the ACHR (Annex I) and the report of the Study Group on Logistic Support for Research Activities at the Country Level (Annex II).

Since then, several events have occurred which have determined important changes in the scheduling and frequency of ACHR Meetings and consequent implications for its functioning.

In a letter to the Members of the PAHO/WHO Advisory Committee on Health Research, dated 7 November 1986, the Research Coordination Unit/Research Promotion and Development Program (DRC/RPD) reported briefly some of the major events and changes which took place and followed the XXVIII WHO Global Advisory Committee on Health Research, held in Geneva, Switzerland in October 1986 (Annex III).

In synthesis, owing to the economic crisis and subsequent financial constraints with major implications for the budget of both the World Health Organization and the Pan American Health Organization, the World Health Organization Headquarters and the other five WHO Regions (AFRO, EMRO, EURO, SEARO and WPRO) have decided to held Global Regional Advisory Committee on Health Research meetings every biennium instead of every year. Thus, the XXIX Global ACHR meeting will be held in October of 1988 instead of 1987.

The Global ACHR has now functioning three subcommittees: Health Research Strategies, Transfer of Technologies and Health Manpower. The Global Committee is in the process of considering a fourth subcommittee on Biomedicine. These subcommittees were constituted through the recommendations of the Global ACHR in order to study specific problem areas and make recommendations to the Global Committee.

The membership of the subcommittees is constituted by members of the Global ACHR and other scientists especially invited for their expertise in the subjects to be dealt with.

The XXII Pan American Sanitary Conference, held in Washington, D. C., in September 1986, approved the document "Orientation and Program Priorities for PAHO during the Quadriennium 1987-1990", which was presented in a section of the publication "Basic Principles for Action of the Pan American Health Organization, 1987-1990" and distributed separately to the ACHR Members.

The basic focal points for the transformation of national health systems has become PAHO/WHO programming priorities during the next quadriennium (1987-1990). They are broken down into three general, interrelated areas, as follows:

- Development of the health service infrastructure, with emphasis on primary care;
- Provision of responses to priority health problems present in vulnerable groups, with specific programs implemented through the health service system; and,
- The management of knowledge required to make headway in the first two areas in accordance with the Managerial Strategy for the optimal use of PAHO/WHO resources.

The development of the Health Service Infrastructure has the following components:

- Strengthening of health-related elements in development policies and the coordination of actions with other sectors. These actions to improve health are viewed as an integral part of development for well-being, within a context of community participation that envisages providing for the basic needs of the population;
- Reorientating and reorganizing national health systems to achieve equity, efficiency and effectiveness in health actions, thereby ensuring the availability of services for the entire population and the full development of the strategy of primary health care;
- Developing the sector financial analysis capabilities;
- Improving national health information systems and their linkage to information systems in other sectors;
- Promoting policies for development, production, incorporation and utilization of technology and critical inputs for providing health services; and,
- Searching for a better definition of the roles of health workers, for better means of manpower education and training, and for greater efficiency in their recruitment, continuing education and use, particularly, for managing services at the intermediate and higher levels.
The components for the priority area of development of health services infrastructure respond to the need to develop programs aimed at solving specific health problems of the population:

- Communicable diseases in general, and vector-borne diseases such as malaria, Chagas disease and dengue;

- Perinatal disorders, chronic degenerative diseases, problems resulting from accidents and violence, mental disorders, and diverse substance dependencies;

- Elimination of the transmission of the wild poliomyelitis virus and increasing vaccination coverage generally among children under one year of age; improving perinatal care and preventing and controlling malnutrition, diarrheal diseases and acute respiratory infections;

- Consideration will be given to the environment, not only for its own importance but because of its complementary action in controlling a number of serious threats to health, both the traditional health problems of the Region and the emerging disease profile. The governments have approved the goals of the International Drinking Water Supply and Sanitation Decade, through which drinking water and adequate sanitary services will be provided to the greatest possible number of people during the quadriennium.

Lastly, the supporting role of research is stressed, both to develop the six components required to bring about changes in the health systems and to deal with the priority health problems of the most vulnerable groups. Research, as defined in the Managerial Strategy, should identify and fill in the gaps of technical and administrative knowledge to maximize the efficiency and effectiveness of health sector actions and move closer to solving the most pressing health problems affecting the countries.

2. PAHO/WHO research grants program

Finally, the PAHO/WHO Research Grants Program owing to changes in the policy and administration of the Program is no longer awarding grants to individuals. Grants and Research Training Grants are now available to research groups or institutions selected by the Organization to conduct projects in the Organization's research priority areas:
1. Analysis of the country situation:
   - Health profiles
   - Process of technological development
   - Health policies
   - Labor market in health
   - Utilization and accessibility to the health services
   - Financing of the health sector
   - Utilization, accessibility, efficiency and effectiveness of the services of environmental sanitation.

2. Health problems of specific population groups:
   - Health of the woman, the child and the adolescent
   - Chronic diseases of the adult
   - Health problems of workers
   - Health problems of old age

3. Priority technological developments:
   - Biotechnology: development and evaluation of diagnostic methods for AIDS, Hepatitis, Malaria and Chagas disease.

II. MATTERS FOR REVIEW AND ACTION

1. Frequency of PAHO/WHO Advisory Committee on Health Research Meetings;

2. Place and dates for the XXVII PAHO/WHO Advisory Committee on Health Research meeting (Washington, D. C., 3-7 April 1989 or 10-14 April 1989);
3. Establishment of Subcommittees of the ACHR to address priority Regional health research problems;

4. Frequency of meetings between the Chairman and/or Vice-Chairman of the PAHO/WHO Advisory Committee on Health Research with DRC/RPD;

5. Functions and membership of the Subcommittees.
Report of the Subcommittee for Restructuring the Advisory Committee on Health Research

The Subcommittee's report was presented by its Chairman, Dr. Guillermo Soberón Acevedo, who summarized the facts that led to its creation. He then read out the report, which described the areas in which it is the ACHR's function to advise the Director. These areas are as follows:

a) Policies applicable to health research in the Region in the framework of WHO's Global Research Policy and in keeping with the guidelines issued by the Governing Bodies of WHO and PAHO.

b) Formulation of the regional research priorities in line with the objectives of the General Program of Work of WHO, the Regional Plan of Action to implement the Regional Strategies of Health for All by the Year 2000, and PAHO's Medium-Term Program, which covers a specific period and is based on the priority needs of the countries of the Region.

c) Development of the research potential of the countries in the Region.

d) The establishment of appropriate mechanisms for the conduct and coordination of research in the Region and for cooperation with other regions and with operations at the global level in WHO.

e) Evaluation of research activities in the Region.

In regard to a) it is recommended that the basic function of the ACHR be the periodic review, analysis and evaluation of the Organization's research policies and strategies. This activity will be made a topic for discussion in all future meetings of the ACHR.

On b) it is recommended that the function of the ACHR be to review and evaluate established priorities, the methodology by which they have been arrived at, and their relevance to the Organization's research policies.

The Subcommittee, considering that in 1984 the Internal Advisory Committee on Research established the research priorities for PAHO's grant program, recommends that, when considering this report at its next meeting, the Committee also review and examine these priorities. The Chairman of the Subcommittee said that this matter would be dealt with in the executive session.

On c) it is recommended that the Committee periodically discuss one or two special topics that might give rise to original ideas or approaches in areas of research not sufficiently explored or that are perceived as of possible importance for the Region.
On d) it is recommended that, in the periodic evaluation of each of the programs, special attention be given to implementation of the following strategies:

- The design and conduct of multicenter health research projects in the Member Countries using the same or equivalent methodologies and reported in such terms that the results can be compared and equally applied. This will in turn favor the formation of networks of collaboration among participating countries.

- The conduct of national multicenter health research projects for the dual purpose of promoting intrasectoral coordination and mobilizing the country's resources.

It was especially emphasized that the selection of the members of the Committee would be of paramount importance in this activity.

On e) it is recommended that the evaluation be carefully planned, and that it include the formation of ad hoc subcommittees with specialists among their members, and visits to the field as necessary.

The Subcommittee also recommends that the ACHR review and evaluate:

- PAHO's research program and the functions of the components of the system every two years. To this end, the Secretariat must provide it with an analysis of programmed activities, the level of execution, costs, types and numbers of research activities carried out during the biennium.

- The research activities of each PAHO program every four years, with a maximum of three programs per annual meeting.

In relation to the membership of the ACHR, the Subcommittee recommends that the ACHR have a standing core membership of 15 administrators and researchers experienced in the formulation of policies and the organization of research in health and related sectors.

It also recommends that ad hoc subcommittees be made up of researchers and administrators in specific program areas, who would be called upon to work as necessary with a member of the ACHR in the review and the evaluation of a program or the establishment of future lines of research in specific areas. These ad hoc subcommittees would report to the ACHR on their work.

Concerning the designation of members, the Subcommittee recommends:

- That the 15 members of the ACHR be appointed by the Director. Every year the two members with the longest tenure on the Committee would retire so that the membership may be continually renewed.
That a member of the ACHR who is absent from two consecutive or three alternate annual meetings cease to be a member.

The ACHR would have a Chairman and Vice Chairman appointed by the Director for four years.

The Chairman and Vice Chairman of the ACHR shall, in conjunction with the Secretariat, maintain the continuity of the ACHR's activities between meetings.

The other members of the ACHR shall direct the proceedings of the ad hoc subcommittees entrusted with the evaluation of the different programs. They will also serve as focal points for the topics within their specific fields of technical competence which will be dealt with in the annual meetings. In addition, they will serve as liaison with the technical program or programs concerned with matters falling within their specialties.

The members of the ad hoc subcommittees may be nominated by the members of the ACHR or by the technical programs of PAHO, but shall be chosen and appointed by the Director.

Dr. Soberón finished his presentation stating that another recommendation made by the Subcommittee was that, in order to improve the functioning of the ACHR, the topics of each meeting be selected by the Chairman of the ACHR and the Director of PASB and discussed with all the members in Executive Session. In addition, the Subcommittee also concluded that, irrespective of its structure and of the functions that would be assigned to the ACHR, its effectiveness would largely depend on a systematic and continuing communication between the Secretariat and its members rather than sporadic communication, as had been the case thus far.

Discussion and Recommendations

On the basis of the discussion that arose on Dr. Soberón's report and the analysis made of the documents presented by the Secretariat, the Committee accepted the recommendations made by the Subcommittee for restructuring the ACHR.

In regard to the difference between the functions of the ACHR and the Internal Advisory Committee on Research (IACR), the Director of PASB explained that the Advisory Committee on Health Research had a broader scope encompassing all PAHO's research subjects and the health research of the countries in the Region. On the other hand, the Internal Committee helped coordinate the research going forward in the Organization's framework and in the establishment of priorities and machinery for implementation of the PAHO/WHO Grant Program.
The Committee decided to set up a small group consisting of Drs. Guillermo Soberón Acevedo, Roberto Caldeyro-Barcia, Luis Fernando Duque and Rodrigo Guerrero, which in turn decided that in the Executive Session broader discussions would be held on the part to be played by the Internal Advisory Committee and the research priorities of the PAHO Grant Program. They also decided to present for discussion in the Executive Session the following recommendations:

- That the Director communicate his decisions on the Committee's recommendations as soon as possible.

- That relations between the ACHR and the IACR be strengthened by a growing exchange of information between them. The Research Coordination Unit would have charge of the exchange by distributing the minutes of the IACR to the members of the ACHR.

- That, so that it could properly advise the Director on the Organization's priority research activities, the ACHR be provided every two years with an analysis of the health situation in the Region and the research priorities of the different Member Countries. The information on the health situation analysis must include data on mortality and morbidity and on their causes, with emphasis on those preventable by proper use of the available scientific knowledge, in addition to up-to-date information on the status of health care systems. In addition, the Committee must be supplied with data on the research being promoted and financed by PAHO/WHO and other international agencies in the countries of the Region.

- That the Secretariat devise methods for standardization of the program evaluation referred to in the Subcommittee's report and accepted by the Committee.

- That for performance of the ACHR's function referred to in subparagraph (d) of the Subcommittee's report, the members of the Committee travel to the countries that do not have members on the ACHR to promote through the scientific community there the type of research that is of interest to the Organization.

- That panels of specialists and administrators in the health sciences be formed in the countries where they do not exist, with the direct participation of the Committee.

- That ongoing communication be established between the Chairman of the ACHR and the Director of PASB on the formulation of the annual program of work of the members of the Committee.
Report of the Study Group on Logistic Support for Research Activities at the Country Level

The report of the Study Group was presented by Dr. José Rodrigues Coura, who stated that most if not all logistical problems in conducting research stem from a lack of de facto recognition of research as a national priority. This, in turn, results in the absence of an adequate infrastructure for research development in some countries and in a very weak one in others. Despite this very serious constraint, some of the salient logistical problems that hinder research activities of country level were identified as lack of qualified staff, current information, and some types of equipment and reagents. Given the Organization's role in the administration of knowledge, and the very important part played by research in this role, there was consensus in the Group that PAHO could make a substantial contribution to solving the aforementioned problems.

Concerning the recognition of research as important for the development of the countries, it was considered that the Pan American Health Organization/World Health Organization should continue to stimulate the ministries of health and the universities to give recognition to the importance of research to the overall development process. Furthermore, it should reinforce the role of research institutes in this process. To attain this objective the Group recommended that the Organization conduct seminars and conferences on health research policies for the staff of health and education ministries and national research councils, similar to those held from 1976 to 1982.

In regard to the lack of trained personnel, although it was agreed that some exchange training programs between universities and research institutes of countries in the Region are taking place, the Group considered that a more aggressive attitude on the part of PAHO should increase, facilitate and accelerate this type of exchange. The Group specifically recommended that the Director encourage among Member Governments the allocation of a significant percentage of the PAHO Fellowships Program funds for training of researchers in techniques needed for the conduct of research in program priority areas. The Organization should also make greater use of existing WHO Collaborating Centers with research training functions for placement of research trainees of this Region. In addition, PAHO should develop a data bank on researchers, institutions and their areas of work in Latin America and the Caribbean and make it available to the Member Countries.

In relation to this scarcity of equipment and reagents, it was recognized that most Latin American countries do not produce their own equipment and reagents for research, and that importation procedures are becoming increasingly difficult and complicated because of high cost, lack of hard currency and bureaucratic obstacles that the countries themselves put in the way of importation.
The group recommended that mechanisms be devised to facilitate the importation of equipment and reagents for research through PAHO country offices. The scarce research now being conducted is sometimes hindered by a lack of needed materials and reagents. It recommended that the Director of PASB establish an emergency fund for the acquisition of those materials for ongoing projects which respond to national and regional priorities. It also recommended that the Secretariat develop guidelines for the allocation of those funds and study means to streamline existing mechanisms, as well as that all PAHO Technical Programs appoint a scientific advisory committee with authority to determine research subjects to be promoted and those that could make use of the previously proposed emergency fund.

Concerning information, the most important problem is the lack of technical libraries, and difficulties in the purchase of technical books and journals. To contribute to the solution of this problem the Group recommended as a matter of urgency that PAHO's Technical Programs prepare updated bibliographical information and summaries in their priority research subjects and circulate them to the countries through the Organization's Documentation Centers. It was also recommended that the Organization make full use of the most advanced communication systems.

Discussion and Recommendations

The Committee accepted the Working Group's diagnosis as to the low priority given in the countries to health research in particular and scientific development in general. It concluded that the Organization, in addition to continuing the strategy of strengthening its relations with health and education ministries and science and technology councils, should establish working relations with the national legislative bodies in consideration of the fact that it is they who decide on the allocation of resources for research in the countries.

The report presented gave rise to an interesting discussion on the priority that should be given to basic medical research within PAHO, particularly if the proposed emergency fund were established.

Some members expressed concern over the progressive decline of basic medical research in the Region, and others said that, historically, the scientific community had always favored this type of research and had downgraded the importance of health services research.

Despite these apparently opposed views, the consensus in the Committee was that there should be some mechanism to prevent research in progress from being interrupted by emergencies. It was proposed that some mechanism be devised for this purpose. It should be used for any research in progress that had been registered with and approved by PAHO, whether or not financed by it.
The Committee welcomed the indications of the Study Group, and specifically recommended:

- That PAHO include in its programs support to research in universities and basic medical science research institutes, and mainly to that oriented to the acquisition of original knowledge that could serve as a basis for the solution of health problems.

- That an emergency fund be established for the purchase of needed materials and reagents so that the few research projects in progress in the Region would not be halted or delayed for lack of them.

- That PAHO expand the existing mechanism for facilitating the rapid importation of equipment, materials, chemicals and other inputs to the laboratories of universities and research institutes in the Member Countries that may be needed for the conduct of health research projects previously registered with and approved by PAHO.

- That the Member Governments be encouraged to allocate a significant number of the fellowships awarded under PAHO's Fellowships Program for researchers at universities and research institutes to participate in advanced research in other countries that would bring them abreast of developments in their fields and refresh their knowledge in specific subjects and enable them to participate in scientist exchange programs.

- That PAHO's technical programs prepare and distribute bibliographical updates and revisions in their respective priority research areas.
7 November 1986

(Name)  
(Address)  
(City and Country)

Dear:

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I just returned from the Global Advisory Committee on Health Research Meeting in Geneva, Switzerland, where Dr. Robbins presented the PAHO/ACHR Report.
Dr. Ramalingaswami, terminates his mandate as Chairman of the Global ACHR in December 1986, and the proposed new Chairman is Prof. B. O. Osuntokun, of the Department of Medicine, University of Ibadan, Ibadan Nigeria.

Several important issues were presented and discussed at the Global ACHR, as follows:

1. "Enhancement of Transfer of Technology to Developing Countries with Special Reference to Health." (Prof. G. L. Ada).
3. "Health Manpower Research." (Dr. Osuntokun).

With the exception of item (4), PAHO's ACHR has, in the last two meetings, concentrated its attention on items 1, 2, and 3. For the 1987 Meeting (to be held in Rio de Janeiro, Brazil, from 13-17 April 1987), the central theme selected for discussion is, as you know, "Biotechnology." A basic document on the subject is in preparation.

Dr. H. T. Mahler, Director-General, WHO, stressed the need and importance of Health Systems Research, and in this connection, the relevance of Social Sciences Research. He also mentioned how crucial it is to assist countries in developing health research policies and to establish research priorities within the overall context of socio-economic development. The report of the PAHO Ad-hoc Group on Research Policies and Strategies for the Region towards the Goal HFA/2000 (Harpers Ferry, W. Va., 28 October - 1 November 1985) was considered a useful instrument for the attainment of that purpose.

Finally, the other WHO Regions as well as WHO Headquarters expressed their concern about the financial constraints that the Organization, as a whole is undergoing, and seriously queried the possibility of continuing
to have Advisory Committee on Health Research meetings every year. The Regional Offices for Africa and the Western Pacific started already to have their ACHR meetings every biennium. The Regional Office for Europe, and WHO Headquarters are following suit. The Eastern Mediterranean and South East Asia Regions are in the process of studying mechanisms to compensate effectively for the spacing of the ACHR meetings. I advised that the subject was brought up this year for discussion at the PAHO/ACHR meeting, and that the decision on the matter was postponed to the next Committee in Rio de Janeiro, Brazil.

If you have any queries do not hesitate to let me know.

With best personal regards.

Sincerely yours,

Maria Leite-Ribeiro, BSc, DPH, Ph.D.
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