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PAHO ADVISORY COMMITTEE ON MEDICAL RESEARCH

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REPORT TO THE DIRECTOR-GENERAL OF THE
22ND MEETING OF THE GLOBAL ACMR

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ADVISORY COMMITTEE ON MEDICAL RESEARCH

REPORT TO THE DIRECTOR-GENERAL

on its twenty-second session,
held at WHO headquarters, Geneva,
13-16 October 1980

Dates for the twenty-third session: 12-15 October 1981

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LIST OF MEMBERS AND OTHER PARTICIPANTS

Members

Professor S. Bergström, (Chairman), Professor of Biochemistry, Karolinska Institute, Stockholm, Sweden

Professor Fang Chi, (Vice-Chairman), Deputy Chief and Professor, Department of Internal Medicine, Capital Hospital, and Deputy Director, Capital Hospital, Chinese Academy of Medical Sciences, Beijing, China

Professor G. Velázquez-Palau, (Vice-Chairman), Professor Emeritus of Social Medicine, Universidad del Valle, Cali, Colombia

Professor J. Evans, (Rapporteur), Director, Population, Health and Nutrition Department, World Bank, Washington, DC, USA

Dr A. R. Al-Awadi, 1 Minister of Public Health, Kuwait

Professor Aung Than Batu, Director-General of Medical Research, Department of Medical Research, Ministry of Health of the Socialist Republic of the Union of Burma, Rangoon, Burma

Professor S. S. Debov, Vice-President, Academy of Medical Sciences of the USSR, Director, Enzymology Research Laboratory, Moscow, USSR

Mr J. Diouf, Secrétaire d'État, Secrétariat d'État auprès du Premier Ministre chargé de la Recherche scientifique et technique, Dakar, Senegal

Professor I. Dogramaci, Director, Institute of Child Health, President, Hacettepe Children's Medical Center, Hacettepe University, Ankara, Turkey

Dr W. E. Foege, 1 Director, Center for Disease Control, Atlanta, GA, USA

Professor D. A. Hamburg, President, Institute of Medicine, National Academy of Sciences, Washington, DC, USA

Professor W. A. Hassouna, Director, Health Services Research Group, Institute of National Planning, Cairo, Egypt

Professor O. Hayaishi, 1 Dean of the Medical School, Kyoto University, Japan

Professor J. Krótszewski, Secretary, Medical Section, Polish Academy of Sciences, and Chief, Department of Epidemiology, State Institute of Hygiene, Warsaw, Poland

Dr P. Laudat, 1 Directeur général, Institut national de la Santé et de la Recherche médicale, Paris, France

Professor S. Ofosu-Amaah, Chairman, Department of Community Medicine, University of Ghana Medical School, Accra, Ghana

Professor V. Ramalingaswami, Director-General, Indian Council of Medical Research, New Delhi, India

Professor M. Sela, 1 President, The Weizmann Institute of Science, Rehovot, Israel

Dr Miriam K. Koru, 1 Senior Lecturer, Department of Community Health, Faculty of Medicine, University of Nairobi, Kenya

1 Unable to attend.
Representatives of the Regional Advisory Committees on Medical Research

Professor M. Abdussalam, Chairman, Eastern Mediterranean Advisory Committee on Biomedical Research, Director, International and Scientific Cooperation, Institute of Veterinary Medicine, (Robert von Ostertag Institut), Berlin (West)

Professor G. Alleyne, Chairman, PAHO Advisory Committee on Medical Research, Head, Department of Medicine, University of the West Indies, Mona, Kingston, Jamaica

Professor A. M. Cernuh, Vice-Chairman, European Advisory Committee for Medical Research, Director, Institute of General Pathology and Pathological Physiology, Academy of Medical Sciences of the USSR, Moscow, USSR

Dr C. Gopalan, Chairman, South-East Asia Advisory Committee on Medical Research, Nutrition Foundation of India, New Delhi, India

Professor S. Kaba, Chairman, African Advisory Committee on Medical Research, Professeur de Pharmacologie et Doyen de la Faculté de Pharmacie, Université nationale du Zaire, Kinshasa, Zaire

Professor Hiroshi Tanaka, Chairman, Western Pacific Advisory Committee on Medical Research, Department of Parasitology, Institute of Medical Science, University of Tokyo, Japan

Representative of the Global Programme Committee

Dr V. T. Herat Gunaratne, Regional Director for South-East Asia

Representative of the Council for International Organizations of Medical Sciences

Dr Z. Pankowski, Executive Secretary

Representative of the International Agency for Research on Cancer

Dr J. Higginson, Director

Temporary adviser

Professor K. Spies, Deputy Minister, Ministry of Public Health, Berlin, German Democratic Republic

Representatives from the WHO Regional Offices

Regional Office for Africa: Dr Samba Diop, Director, Research and Health Manpower Development

Regional Office for the Americas/Pan American Sanitary Bureau: Dr G. Schmunis, Research Development and Coordination, Division of Human Resources and Research

Regional Office for South-East Asia: Dr B. A. Jayaweera, Regional Adviser, Research Promotion and Development

Regional Office for Europe: Dr B. Z. Nizetic, Regional Officer, Research Promotion and Development

Regional Office for the Eastern Mediterranean: Dr J. A. Hashmi, Regional Adviser, Research Promotion and Development

Regional Office for the Western Pacific: Dr Y. H. Paik, Chief, Research Promotion and Development
WHO headquarters Secretariat

Dr T. A. Lambo, Deputy Director-General
Dr Chi'en Wen-chien, Assistant Director-General
Mr N. W. Forth, Assistant Director-General
Dr I. D. Ladnyi, Assistant Director-General
Dr D. Tejada-de-Rivero, Assistant Director-General
Dr J. Barzelatto, Special Programme for Research and Training in Tropical Diseases
Dr M. Béhar, Chief, Nutrition, Division of Family Health
Dr J. F. Dunne, Pharmaceuticals, Division of Prophylactic, Diagnostic, and Therapeutic Substances, Secretary, Secretariat Committee on Research Involving Human Subjects
Mrs E. A. Gregory, Special Programme for Research and Training in Tropical Diseases
Dr A. Kessler, Director, Special Programme of Research, Development and Research Training in Human Reproduction
Dr J. L. Kilgour, Director, Division of Coordination
Dr A. O. Lucas, Director, Special Programme for Research and Training in Tropical Diseases
Dr B. Mansourian, Office of Research Promotion and Development (Secretary)
Dr M. H. Merson, Diarrhoeal Diseases Control Programme, Division of Communicable Diseases
Dr A. Rossi-Espagnet, Health Service Information Systems, Division of Strengthening of Health Services
Mrs B. Ruff, Chief, Office of Library and Health Literature Services
Dr N. Sartorius, Director, Division of Mental Health, and Chairman, Research Development Committee
Mrs C. Standley, Special Programme of Research, Development and Research Training in Human Reproduction
Dr J. Stjernswärd, Chief, Cancer, Division of Noncommunicable Diseases
Dr R. Wilson, Special Programme for Research and Training in Tropical Diseases
Opening of the session and election of officers (Agenda items 1 and 3)

The Chairman, Professor S. Bergström, opened the twenty-second session of the global Advisory Committee on Medical Research (ACMR). Professor Fang Chi and Professor G. Velázquez-Palau were elected Vice-Chairmen, and Professor J. Evans Rapporteur.

Introductory statements (Agenda item 2)

The Deputy Director-General welcomed the ACMR, and in particular its new members. He expressed satisfaction with the change in direction and expansion of WHO research efforts initiated in 1975 and now reflected by thriving global programmes, active involvement of the regions and, most important of all, valuable research and institution-strengthening in the countries. He noted the need for ACMRs to provide advice on new research endeavours and a redefinition of research priorities in accordance with WHO's overall strategies.

The Regional Director for South-East Asia described the priority assigned to research in his Region, where the Regional Committee had set aside a minimum of 5% of its regular budget for research; a total of about 10% of the regular budget was now being spent on research. The Region also encouraged countries to earmark a certain proportion of their WHO allotments for research. He described the development of national medical research councils and research study groups in Member countries and the cooperation between them and the Regional Office. Through the regional ACMR and its subgroups research priorities had been identified and several important research and training programmes had been initiated with regional funds.

In his introductory remarks, the Chairman, Professor Bergström, stressed the importance of mobilizing the worldwide scientific community, involving several thousands of scientists, in the planning and operation of the WHO special programmes. The extrabudgetary support of these programmes, which might reach US$ 50 million in 1981, represented a tenfold increase of WHO's research funds during the seventies. Even if these funds only corresponded to less than 1% of what was spent on medical research throughout the world, the special programmes had effected a large-scale redirection of global research efforts to the priority areas of WHO.

It was an important role of the ACMR to help maintain and increase this collaboration and stimulate WHO to develop further research programmes of comparable effectiveness in other priority areas.

Adoption of agenda and programme of work (Agenda item 4)

The agenda and the programme of work were adopted, with the inclusion of a supplementary item on research in tuberculosis, under item 12 - Other business. The title of item 8.3 - Mental health and neuropsychiatry - was changed to read: Research on mental health and human behaviour in primary health care.

Development and coordination of biomedical and health services research (including the special programmes on research and training) - consideration of the discussions held at the Thirty-third World Health Assembly (Agenda item 5)

The Deputy Director-General gave an account of the development and coordination of biomedical and health services research within WHO and emphasized the need for research activities at the national level, and for coordinated action at global, regional and national levels. Dr Kessler and Dr Lucas highlighted the progress made in the special programmes for research and training in human reproduction, and in tropical diseases, respectively.

Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

The ACMR stressed the need for research on psychosocial factors and health services research, to ensure that results of practical value were fed expeditiously into the service programmes. Special attention should be given to motivation, service and technology, and to studies on the impact of social change and development on fertility. There are some who believe that, in the promotion of family planning, behavioural changes and social engineering
are paramount; there are others who believe that the future success of the family planning programmes will depend upon breakthroughs in biomedical technology. As usual, the truth lies in between the two. The ACMR noted that the psychosocial and service research aspects had been increasing steadily, as had the programme's institution-strengthening activities. Owing to resource constraints, several lines of research on biomedical technology developed earlier had had to be discontinued, but every effort had been made not to reduce service research activities. The discussion revealed that, while there was an urgent need to discover how best to apply known technologies through psychosocial and service research, it was also necessary to intensify research efforts to improve the existing methods and discover newer contraceptive agents which were safer and more effective than the existing ones. Dr Kessler pointed out that the different perceptions and approaches of Member States had to be taken into account in developing a coherent strategy; for example, several Members emphasized the importance of research on sterility as an integral part of family planning.

The ACMR expressed satisfaction with the progress of the research programme. It recommended that the health services research component be sustained even with reduced funding, but emphasized the importance of obtaining additional funds to provide greater support for research leading to safer and more effective contraceptive techniques.

UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)

The ACMR expressed great satisfaction at the progress of the TDR programme. It noted that resources for institution-strengthening and training went wholly to institutions in developing countries, and that a major part of resources for research projects was now being provided for studies within developing countries. Considerable progress has been made in biomedical research, and it was expected, for example, that before the end of the next quinquennium preparations would have to be made for large-scale trials with a possible leprosy vaccine and with drugs being developed for the chemotherapy of malaria, leprosy and other tropical diseases. Links with industry had been strengthened and there had been considerable exchanges; with careful planning and management, there was every hope that this activity could serve the public interest. The prospect of large-scale field trials emphasized the need to obtain substantial additional financial support and to overcome the difficulties in field investigations that were currently being reviewed by the programme's Scientific and Technical Advisory Committee.

Recent research had indicated that the biological control of vectors might become a useful weapon and that these techniques could be implemented on a small scale, using cottage industry approaches.

Productive linkages had been developed with regional ACMRs and various national and international agencies. There was general agreement that this complex programme was being well managed and that the principles of research management reflected in it provided a model for other global research programmes.

In respect of both HRP and TDR, the ACMR stressed the need for close interaction between programme advisors, policy planners and research scientists in a new kind of coordinated endeavour. Field research which needed to make further progress would be facilitated by links with the health service sector, although the lack of trained investigators at the national level was also a constraint needing attention. The involvement of medical research councils at the national level in country health programming would facilitate the testing and utilization of research results at the community level.

The ACMR drew attention to the need to maintain close coordination between the institution-strengthening components of the various WHO research programmes.
Activities of the regional Advisory Committees on Medical Research (Agenda item 6)

Reports by the six Chairman (Agenda item 6.1)

**African Advisory Committee on Medical Research (AACMR)**

The fourth meeting of the AACMR had been held in Brazzaville from 14 to 18 April 1980 under its new Chairman, Professor Sengele Kaba.

As a result of the recommendations made by the global ACMR at its twenty-first session, the Regional Director had taken two decisions: (a) the maximum utilization of the services of regional experts and national institutions for promoting and coordinating research in the three TCDC subregions; (b) the establishment of a post of director responsible for staff development and research and coordination of all research activities.

The AACMR had extended the appointment of the subcommittee on research promotion and expanded the outline of nutritional research activities drawn up at Addis Ababa, including proposed investigations on the contamination of foodstuffs, in particular by mycotoxins.

At its meeting in July 1980 the study group on the control of diarrhoeal diseases had endorsed the proposal that a scientific study group be established in each region; it had defined the terms of reference of the group, and the research priorities in the African Region. The study group on health services research would meet in February 1981. A coordinator responsible for harmonizing research activities on human reproduction had been designated for each of the three TCDC subregions.

The AACMR had greatly appreciated the contribution being made by the TDR and HRP programmes to the development of research in the Region. However, it recommended the intensification of health services research in the sphere of human reproduction, and suggested that Member States should increase their contributions to the TDR programme and to the Voluntary Fund for Health Promotion.

The AACMR had noted with satisfaction that the regional research programme was continuing to award research grants; between 1978 and September 1980 18 such grants had been awarded, including 13 for research training.

Under the programme of research on health services and appropriate technology the Regional Office was subsidizing research on nutrition in the Congo and Upper Volta, and had organized, in cooperation with USAID, a workshop on training and research, in Yaoundé in 1979, and a training course on the methodology of applied research on health services, in Ouagadougou in August 1980.

The AACMR had supported the creation of the African Index Medicus proposed by headquarters and the Regional Office in response to resolution AFR/RC.29/R5, and at a meeting held in Belgrade from 31 August to 4 September 1980 African librarians had made concrete proposals for its establishment.

Noting that the objectives set out in resolution AFR/RC.29/R6 were the same as those that had been pursued since 1976 by the AACMR, the latter considered that the Member States of WHO should ensure more active implementation of the decisions and recommendations, rather than reorient the programmes. Thus the main thrusts in the regional priorities were reaffirmed - namely, health services research, communicable diseases research, and epidemiological research.

**PAHO Advisory Committee on Medical Research (PAHO ACMR)**

There had been a continuation of the trend to change the PAHO ACMR so that, instead of being solely a peer review body, it attempted to focus on a few major issues and develop feasible strategies for solution. A report on the work and plans of the Committee had been presented at the meeting of the Directing Council of PAHO, which had discussed the direction these plans should take.
During the past year the Committee had concentrated on three main areas: diarrhoeal diseases, health services research, and the ethics of investigation involving human subjects. Subcommittees had been set up to consider these topics, and the Committee had considered their reports.

With regard to diarrhoeal diseases, the Committee had strongly recommended that oral rehydration should be widely adopted throughout the Region. There had been discussion on what was being done in the Americas, and especially on causative agents of special relevance to the Region. The Committee had proposed that PAHO establish the committees necessary for participation in the global programme.

The Committee had considered health services research under two headings: (1) social science in relation to health services research; and (2) the operations research aspect of health services research. An annotated bibliography of social science research in health had been prepared with the help of the Biblioteca Regional de Medicina (BIREME). Efforts had also been made to involve educational institutions in the application of systems analysis and operational research to health problems.

The subcommittee on the ethical aspects of investigation involving human subjects had presented a report which focused mainly on procedures for ensuring ethical review of investigations carried out by PAHO institutions or by investigators seeking PAHO support. The Committee was awaiting the guidelines being developed by WHO and CIOMS.

Malaria control and health information systems were among the other topics discussed.

The Chairman of the Committee also indicated that during the coming year particular attention would be paid to the development of a regional programme of research on nutrition.

South-East Asia Advisory Committee on Medical Research (SEA ACMR)

The Region's research programme was promoting interinstitutional and intercountry collaboration in the spirit of TCDC, and the networks of collaborating centres being set up were collaborating with the Regional Office in WHO activities, as well as among themselves.

Action-oriented research had been initiated in the fields of nutrition and diarrhoeal diseases control; the special programmes of TDR and HRP were being actively promoted, and rational requirements identified in the Region were being incorporated within these special programmes.

The inclusion of health planners and health administrators in the research study groups had narrowed the gap between research workers and the consumers - leading to a better identification of demand for research and maximizing the utilization of results.

The Regional Office was convening a meeting of social scientists, health administrators and primary health care workers in November 1980 to prepare a strategic plan for health promotion research, which had been identified by the global ACMR at its twenty-first session as one of the three fields of research of major importance for achieving the goal of health for all by the year 2000.

SEA ACMR subcommittees had been set up to advise on further developments in the fields of diarrhoeal diseases control and nutrition.

As a follow-up to the meeting of directors of medical research councils and analogous bodies held in December 1979, considerable efforts had been made in Member countries for the elaboration of ethical review mechanisms, as well as for overall coordination and management of national research activities.

A subcommittee of the SEA ACMR had been established to review the priority areas for research in the Region first identified in 1976, and to recommend revisions in the light of recent developments, in particular with regard to health for all by the year 2000, with primary health care as the key approach. The research budget of the Region made allowance for the priority areas currently identified and for possible new orientations.
European Advisory Committee for Medical Research (EACMR)

Four of the five EACMR planning groups in priority research areas (the standardization of methods, measurements and terminology in biomedical and health services research; the evaluation of drugs and other therapeutic and diagnostic substances; the prevention, prophylaxis and early detection; and the economic aspects of health care) had held follow-up meetings and made a number of recommendations.

The group on the evaluation of drugs had endorsed guidelines for clinical trials of antihypertensive drugs, drafted by a previous working group, and discussed the development of further links with other EACMR research programmes and with the main research components in the programmes of the Region.

The group on problems in health care delivery had emphasized the need for the service orientation of all areas covered by the EACMR. Service orientation represented a general research principle of central importance within the context of WHO’s goal of health for all by the year 2000, rather than just a research priority. Training in the principles and methodology of service orientation for research workers in other fields of health sciences was recommended.

In 1979 a questionnaire on the organization and management of health research in the European Region had been sent to all Member States; the answers, received from 18 countries, showed that most of these countries had some mechanism for planning and coordinating health services research programmes, although in a large proportion of the countries the mechanism applied only to research sponsored by central bodies such as national health services and scientific foundations and organizations.

Research priorities identified for the Region included the following items: drug policies and the elaboration of guidelines for evaluation of specific groups of substances; mental health care; the coordination of research on hypertension among countries in the Region; and studies on health economics related to primary health care. A report on the economic aspects of eye health care had been singled out as a suitable model for the studies on health economics, and it was recommended that the possibilities of financing and implementing research proposals contained in the latter report should be explored. The above priorities identified and recommended by the EACMR had been endorsed by the Regional Committee for Europe at its thirtieth session, held in Fez, Morocco, in October 1980.

Thanks to additional assistance from various Member States, the Regional Office was able, despite the adverse financial situation, to implement during the year several activities in addition to those foreseen under the research development programme.

During the debate the ACMR discussed various coordinating structures and mechanisms used by the Regional Office. In this connexion the work in the area of arterial hypertension research as related to health care delivery aroused particular interest, and the possibility of expanding these activities to other regions was mentioned.

Eastern Mediterranean Advisory Committee on Biomedical Research (EMACMR)

The regional programme in biomedical and health services research, initiated four years ago, had continued to develop and gather momentum, and the EMACMR was now able to play an important role in promoting relevant health-related research in the Region. At its fifth meeting, held in Cyprus from 10 to 12 September, the Committee had reviewed the progress of various research activities sponsored by the WHO Regional Office and proposals for further promotion and development of research in selected areas.

Health services research and related training had continued to receive considerable attention. During the past year a "three-country coverage study" had been started at three levels (national, intermediate and community) in Bahrain, Egypt and the Yemen Arab Republic. On completion of the study in 1981 it should be possible to provide useful suggestions for progressing towards the goal of health for all by the year 2000. Following a regional course
on recent advances in community medicine and health services research, the Regional Office was collaborating with the participants to facilitate the implementation of research projects prepared by them during the course.

Recognizing the importance of research in attaining the goal of health for all by the year 2000, the Committee had discussed the research priorities established by it at its first meeting, in 1976. Four main themes had been selected around which priorities should be set:

- Behavioural and attitudinal changes required by both providers and consumers for achieving health for all by the year 2000 and the institutionalization of primary health care;

- Organizational and managerial modifications required for the effective implementation of primary health care;

- Economic and technological obstacles which may inhibit the development of effective primary health care;

- Diseases with high morbidity and/or mortality rates in the Region.

Research on a limited number of topics related to these themes would be planned by a consultation to be convened early in 1981.

The Committee had discussed the further strengthening of research capability in the countries of the Region. It was considered that, while efforts should continue to motivate and encourage young scientists to take up research as a career, attention should also be paid to involving medical scientists in research even on a part-time basis. To overcome the lack of experience in research management, it was planned to hold a regional workshop on this subject in the middle of 1981.

The Committee had reviewed the reports of the three meetings of the regional scientific working groups convened during the past year, dealing with liver diseases, malaria, and diarrhoeal diseases, and had recommended that the Regional Office should actively follow up the implementation of the proposed research in Member States. It had also examined proposals for research in the field of mental health and cancer. Regarding the Special Programme for Research and Training in Tropical Diseases and the Special Programme of Research, Development and Research Training in Human Reproduction, the Committee had stressed that the resources of these two programmes should be fully utilized in developing and strengthening research in the Region.

Western Pacific Advisory Committee on Medical Research (WPACMR)

With the decentralization of responsibility for research coordination, efforts had been made to streamline mechanisms for research management. The WPACMR now had clearly defined functions, six subcommittees on the major research priority areas, and a set of procedures to guide the Regional Office in its research promotion activities.

With a view to encouraging coordination of health research activities at national level, the Western Pacific Regional Office was pursuing vigorously with national authorities the development of national health research councils or other national focal points and their role in the effective management of health research and the promotion of research relevant to national health goals.

Progress in strengthening national research capability had been made in a number of areas. Research workshops on the detection of dengue viruses by mosquito inoculation and on the serology of parasitic diseases had been held at the WHO regional centre for TDR at Kuala Lumpur. A course on the epidemiology and community-based control of cardiovascular diseases had been conducted in collaboration with the Government of Singapore in September 1980. A national workshop on biomedical research methodology for senior research workers in China is to be held in April 1981. Strategies for the development of a regional programme on diarrhoeal diseases
research and control had been developed by the WPACMR subcommittee on diarrhoeal diseases. Research on acute respiratory infections was progressing in Papua New Guinea and would be expanded to the Philippines. The regional health services research programme was now entering the implementation phase.

Close cooperation in the field of research promotion and development had been maintained with the WHO Regional Office for South-East Asia.

In 1980 two consultants on biomedical information had developed mechanisms for the regular exchange of information on research as well as the measures needed to improve library services to research institutes in the Region. A regional centre for biomedical information is to be established in 1981.

A total of 22 research training grants had been awarded and 20 research proposals supported in 1979.

A mechanism was being developed to involve regional advisers in assessing, managing and monitoring research proposals. In order to strengthen research management and ensure proper identification of research projects and monitoring and utilization of results, the Regional Director had recently established a regional research development committee, consisting of all programme directors at the Regional Office.

Coordination between the global and regional ACMRs (Agenda item 6.2)

Discussion focused on what could be done in WHO to facilitate the work of the regional ACMRs and cooperation between them. In addition, attention was paid to ways in which the work of the regional ACMRs could be reflected in action at the country level. It was agreed that it was desirable to continue and reinforce the practice of having the Chairmen of the global and regional ACMRs present the work of their committees to the governing bodies of WHO.

One of the major constraints preventing effective action by some regional ACMRs was lack of funds, and the Chairman proposed that all regional offices should earmark a minimum of 5% of their regular budgets for research. The wide disparity between the capabilities of the various regions and between countries within the regions also sometimes prevented the ACMRs from instituting relevant country-based studies.

The Committee reiterated the conclusion reached at its twenty-first session, i.e., that visits of WHO personnel and members of the global ACMR to regional ACMR meetings were important mechanisms for ensuring that there was some degree of uniformity of research perspective in the various regions. It was noted that there was need for both interregional and intercountry cooperation in research in some special fields.

The problem of practical implementation of relevant research programmes at country level depended not only on the availability of resources but also on effective communication. It was suggested that a better interdigitation should be sought between national research priorities and those of WHO at regional and global levels. Certain projects could be funded partly by WHO as well as by Member States, others could usefully benefit from experience acquired at interregional level, for example in the field of hypertension.

The importance of multidisciplinary research was underlined, including quantitative studies on multi-sectoral inputs contributing to health development (investigations on the economic aspects of health care, for example). The long-term nature of these efforts was emphasized; it would take time to build up "demand" for research in most developing countries, and WHO's activities in institution-strengthening constituted one of the most important approaches in that respect.
Progress reports of action taken on suggestions and recommendations made by the ACMR at its twenty-first session (Agenda item 7) with particular reference to:

Ethics (Agenda item 7.1)

Dr Dunne reported on progress achieved in the joint WHO/CIOMS project on the establishment of guidelines for ethical review procedures for research involving human subjects. In accordance with the recommendations of the ACMR, a report on the provisions of existing international codes concerned with the ethical aspects of medical research had been prepared. It was based in part on the response to a questionnaire directed to ministries of health and deans of medical schools in more than one hundred developing countries, and had already been considered in detail by a joint WHO/CIOMS working group of clinicians and lawyers chaired by Dr Kostrzewski and including among its members the Chairman of the Ethical Committee of the World Medical Association. Two monographs were available, one describing the history of human experimentation, and the other on the subject of compensation for injury during human experimentation.

The ACMR welcomed the report, which it regarded as comprehensive, of wide relevance, and of particular importance to developing countries; it was especially opportune, as WHO would be increasingly concerned with large-scale clinical and field trials of new vaccines and drugs. A number of specific textual changes were proposed, but the discussion focused on the following broader issues addressed in the report:

- the lack of control over research activities in many countries, which increased the vulnerability of subjects to possible abuse;
- the limitations of informed consent in communities without sufficient exposure to the concept of research, and the consequent need for a genuine process of communication between the investigator and the subject;
- the problems associated with the delegation of consent and the mandatory need for independent ethical review in such cases; and
- the specific problems associated with community-based trials and the need for development of governmental policies in this connexion.

Emphasis was also placed on the need to define the precise stage at which drugs should first be tested in man, and to delineate the special ethical implications of research on drugs used in traditional medical practice.

The discussion further stressed that safety should be an integral part of any ethical review, and that regional ACMRs should be particularly alert to this problem. In the case of children, especially young children, the consent of parents was not enough; it should be supplemented by scrutiny of proposed projects by special ethical review committees. The ethical aspects of the use of control groups without any intervention procedures were discussed. With the increasing emphasis on health services research, several issues of possible ethical concern may arise. It was emphasized that clinical trials should be resorted to only after all possible information has been obtained from experiments on animals, and only when studies in man are essential.

Subject to incorporation of the proposed amendments, the ACMR approved the report and proposed that it should be widely circulated as a position paper to governments and medical institutions in both developed and developing countries. The Secretariat was requested to prepare a final report on the project for the 1981 session of the ACMR.
Nutrition (Agenda item 7.2)

Dr Béhar reviewed the progress made since the action-oriented research programme had been drawn up by the ACMR subcommittee. He drew attention to the work on nutritional surveillance and the need for simple indicators of nutritional status; mentioned the diverse approaches being developed for the control of specific nutritional deficiencies such as nutritional anaemia, xerophthalmia and goitre; and noted that the central issue in malnutrition was protein-energy malnutrition in children under three years of age, and that priority in research should be focused on why this occurred in certain families and communities. Extrabudgetary resources of US$ 500 000 had been made available as seed funds to stimulate work in the regions and at the country level.

The ACMR expressed strong approval of the direction of the nutrition research programme. Specific comments were made on the importance of integrating nutrition with maternal and child health, diarrhoeal diseases control, and immunization, in view of the age group at risk; the desirability of integrating nutrition into primary health care work; the limited value of food fortification in African countries; the need for standardization of weight charts in relation to local norms; the difficulty of changing food habits; and a variety of important factors in nutrition research (such as drugs and chemical factors in foods) which may be of special importance in certain areas.

Nutrition covered a very broad spectrum, including food supply, accessibility and safety, food pricing policies to protect the economically weaker sectors of the population, and the nutritional orientation of national food policies and activities within the health sector proper, such as maternal and child health, diarrhoeal diseases control, and TDR. There was a need for an innovative strategy that would take into account behavioural aspects of nutrition and generate new approaches based on community awareness and action. It was necessary to develop modalities for penetrating those sectors of the population that had resigned themselves to a life of despair. Improvements would take time to develop. Many of the effects of malnutrition were insidious and "silent", and important causative factors were often beyond the reach of the health sector.

The lack of progress actually made in stimulating solid research, despite the efforts, was a matter of great concern to the ACMR. Impediments were reviewed, and it was suggested that the ACMR should make a special effort to translate the sense of urgency into specific research activities at country level. In this context the following recommendations were made by the ACMR:

1. A scientific planning group should be established to assist in the formulation of a nutrition research plan focused on the causes of protein-energy malnutrition in young children and the remedies which can be implemented through primary health care.

2. The regions should be encouraged to increase their research efforts in protein-energy malnutrition, to seek funds to supplement the extrabudgetary resources currently available, and to report progress to the global ACMR in 1981.

3. The maternal and child health and diarrhoeal diseases control programmes should include in their research studies which address the issues of human behaviour in nutrition, with special reference to the utilization of knowledge already available, and report progress to the global ACMR in 1981.

Control of diarrhoeal diseases (Agenda item 7.3)

Dr Merson emphasized that activities in the diarrhoeal diseases control programme were being carried out in close coordination with a number of related WHO programmes, especially maternal and child health, and nutrition.
He reported on the recommendations made by the second meeting of the technical advisory group with respect to research priorities and the research management structure of the programme. Three global scientific working groups and steering committees had been established to plan and coordinate research in: (1) bacterial enteric infections (microbiology, epidemiology, immunology and vaccine development); (2) viral diarrhoeas (microbiology, epidemiology, immunology and vaccine development); and (3) drug development and management of acute diarrhoeas. Multidisciplinary regional scientific working groups on operational and applied research directed toward strengthening the application of diarrhoeal disease control strategies were also being set up, as recommended by the technical advisory group; their operation was similar to that of the TDR programme.

Funding of some research projects had begun at global and regional levels. Research strengthening activities had not yet started; to ensure optimum utilization of funds it was envisaged that this activity might be linked closely with the research strengthening activities of TDR; the mechanisms for doing so were being examined. Activities had also been initiated in the area of information dissemination.

Dr Merson presented a statement on the financial situation and the administrative arrangements being made to ensure continued support for the programme, and outlined the activities planned for 1981.

The Chairman noted that there was a good probability of obtaining more support for the programme. One question that remained was whether the programme would be co-sponsored by several international agencies (e.g. UNDP, UNICEF, the World Bank), as in the case of TDR. In any event, the active involvement of these international agencies was anticipated.

During the discussion the ACMR stressed the importance of supporting studies of particular relevance to specific countries and regions. The global scientific working groups were to be concerned only with those areas that could be best approached through a global perspective (e.g. vaccine and drug development).

In response to comments on the importance of research on environmental sanitation, it was explained that the diarrhoeal diseases control programme would be principally concerned with the study of behaviour patterns affecting environmental health such as defaecation habits and the use of safe water and food; research on the development of appropriate technology for water supply and sanitation facilities would come under other programmes during the International Drinking-Water Supply and Sanitation Decade (1980-1990).

The ACMR expressed great satisfaction with the progress reported, and reiterated its endorsement of the programme.

Activities of the ACMR subcommittees (Agenda item 8)

Information (Agenda item 8.1)

Professor Bergström informed the ACMR of the activities of the health information subcommittee, noting particularly the Australian offer to supply the developing countries of the Western Pacific Region with Medical Literature Analysis and Retrieval System on Line (MEDLINE) searches and photocopies.

Mrs Gregory informed the ACMR of the different aspects of TDR information activities. TDR was giving information to scientists, administrators, governments and donor agencies and, recently, also to the public. She also described how the different types of information material (newsletters, programme-generated information, and special research series) were being distributed and made available, particularly to developing countries.

Mrs Ruff also informed the Committee of the WHO health information efforts. A regional Index Medicus was being prepared in Africa and in South-East Asia, and other regions were planning to follow suit. WHO was encouraging the sharing of the information available in the development of national and regional networks and libraries. Plans were also being made to collect, analyse and disseminate nonserial health literature.
The Committee underlined the serious lack and inaccessibility of medical literature in some countries; efforts should be increased and innovative approaches explored to correct this situation. It was hoped that better endowed institutions would donate their extra copies and back numbers, and find means of making their copying facilities available to developing countries and institutions.

The Committee stressed the importance of improving the availability and dissemination of health information and strengthening medical libraries; it recommended that the subcommittee continue its work for another year and report to the ACMR in 1981.

Health services research (Agenda item 8.2)

The Chairman of the subcommittee amplified the recommendations contained in its report. He noted that the country visits by members of the subcommittee had provided information on obstacles to the development of successful health services research (HSR) programmes. Some examples were:

1. Lack of awareness of the nature and value of HSR for planning and management decisions on the part of government agencies.
2. Absence of a functional focus for promoting and organizing HSR to which decision-makers may turn, and to facilitate links with the many institutions involved in HSR.
3. Shortage of trained personnel and lack of a local training capability.
4. Lack of financial support or a funding mechanism for HSR.
5. Reluctance of biomedical and social scientists to engage in HSR because it is problem-oriented, not discipline-oriented, and may have to conform to the time schedule of decision-makers.

In spite of these difficulties, there was evidence of increasing interest in and understanding of HSR at country level, largely owing to the vigorous efforts of the regional committees.

The recommendations of the subcommittee were as follows:

1. The regions should continue their efforts to promote HSR in Member countries, assist with training and institution-strengthening, facilitate sharing of HSR results, and mobilize funds to permit countries to initiate HSR projects.
2. Countries should assess their own accomplishments in HSR, and in particular the degree to which it is linked with their primary health care strategy and the priority given to it in the overall efforts in health-related research.
3. The HSR subcommittee should be transformed into a scientific planning group in WHO, some of its scientific members being the same as those of the subcommittee. This scientific planning group should, inter alia:
   - establish a plan for HSR, including an evaluation system to assess the impact of HSR on policy and services;
   - select priorities for use of available funds;
   - keep contact with regional committees in the promotion of HSR at country level;
   - provide technical advice as an essential component of the planning for national health development networks; and
   - assist in fund-raising.
4. Increased financial support for HSR was urgently needed, and should be mobilized at three levels:

(a) at global level, from the regular budget and from extrabudgetary sources such as bilateral agencies;

(b) at regional level, by following the example of some regions in setting aside a minimum of 5% of the regular budget for research and in supplementing this basic support from extrabudgetary sources;

(c) at country level, by encouraging governments to make allocations specifically for HSR, and by encouraging bilateral and multilateral donor agencies to provide, as part of their development projects, funds to strengthen HSR capability and to carry out evaluative research.

5. The WHO headquarters Secretariat should be strengthened with staff and/or temporary consultants to support the proposed scientific planning group and to manage the programme activities.

6. Continued attention should be given to the promotion of HSR, but every effort should be made to avoid its isolation and separation. Its value should be judged by the extent to which it supports the national health development networks' objectives, links research with decision-making at country level, and strengthens the evaluation component of existing WHO programmes such as HRP, TDR, maternal and child health, the Expanded Programme on Immunization, and the control of diarrhoeal diseases.

The ACMR strongly supported the subcommittee's recommendations. Special emphasis was placed on incorporating an element of evaluation into all health programmes being initiated at a national level. It was also felt that health services research should be a prime aspect of all the major activities of WHO. This should be particularly so in the special programmes and in all those activities implemented as part of primary health care.

The Committee agreed that one of the problems in implementing HSR policies was the difficulty of finding single institutions which could cover the whole scope of HSR at national level: functional groups had to be established for specific projects. Another obstacle to the acceptance of HSR was that the findings were not communicated to the potential users in simple language. The Vice-Chairman, Professor Velázquez-Palau, described a model for correlating the various research efforts related to primary health care at country level, and emphasized the importance of national coordination and of flexibility in funding mechanisms.

The Committee also agreed that attention had to be paid to education at all levels as a mechanism for improving the acceptance and practice of HSR. Examples were given of methods by which HSR may be initiated at country level, and of how the various health research and evaluation activities could be coordinated.

Research on mental health and human behaviour in primary health care (Agenda item 8.3)

Dr Hamburg, Chairman of the subcommittee on mental health and neuropsychiatry, introduced the report on the subcommittee's first session. The recommendations contained in the report for a long-term programme and for immediate action in the field of mental health research were based on three important factors: the new definition of mental health; the remarkable recent advances in biomedical, biobehavioural and psychosocial sciences; and the need for WHO's commitment and leadership in the area of mental health, which is of primary importance for health for all.

The new scope of mental health programmes included not only psychiatry and neurology but also the very important psychosocial, biological and other aspects of health and development in general. Mental health programmes conceived in this way must draw on many disciplines and have direct relevance to many aspects of health, including in particular the introduction of
primary health care as a key approach to health for all. Dr Hamburg gave striking illustrations from recent scientific work concerning research on various aspects of the interaction between behaviour and health, including alcohol and drug consumption, smoking, and driving.

He briefly reviewed the recent tremendous advances of biomedical and behavioural sciences in the understanding of brain functioning and human behaviour; he felt that they held great promise for the discovery of more effective methods of dealing with mental and neurological illness, with other (particularly chronic) illnesses, and with psychosocial factors affecting health and development in general.

In the discussion which followed the ACMR unanimously agreed on the importance of work in this area and fully endorsed the statements and recommendations contained in the subcommittee's report and Dr Hamburg's introduction. It commended the emphasis on mental health aspects of primary health care work - both to prevent and control mental and neurological diseases and to use behavioural science in improving health care in general. The new knowledge on human behaviour and psychosocial factors in health was of such broad significance in primary health care that it should not be considered exclusively in relation to mental health. High priority and substantial support should be given to institution-strengthening to ensure long-term commitment and continuity in research, development and training, and the widespread application of knowledge by mental health and other health workers was of particular significance.

Emphasis was also laid on the following:

- rehabilitation and the prevention of disability in children resulting from mental impairment were areas of considerable importance, particularly now that the number of children surviving perinatal or other early brain damage was increasing;
- the psychosocial aspects of many programmes (such as communicable disease prevention and environmental sanitation) were often the main determinants for the success of the programmes, but only limited resources had so far been allocated to these aspects and few leading scientists had studied these problems;
- the traditional ways of coping with stress deserved careful consideration;
- the success of many programmes for the prevention of chronic diseases depended on appropriate attention being given to their mental health aspects; for example, the benefits which could be derived from the close involvement of medical psychology, behavioural epidemiology and other behavioural sciences in programmes such as those for the prevention of cardiovascular diseases had been shown to be substantial;
- the condition of the child was dependent on the mother's health and behaviour, which should be a subject of serious inquiry.

The Committee felt that the programme cut across several areas and therefore represented a truly transprogramme concern, worthy of particular and sustained attention. Research on mental health and human behaviour was a priority area of work for achieving health for all in both developed and developing countries; the latter, in particular, provided extensive opportunities for research, for example on the mental health impact of social change.

The Committee recommended the establishment of a scientific planning group that would deal not only with research on mental health in primary health care but especially with the transprogrammatic implications of human behaviour which pervade nutrition, family planning, and nearly every aspect of primary health care. The scientific planning group should identify priorities for research, analyse the means of increasing research capability, and prepare a plan for expanding activities - which might also serve as a means for attracting extrabudgetary support.
Research administration (Agenda item 8.4)

The Chairman of the subcommittee said that it had just held a planning meeting at which it had discussed existing management mechanisms in various medical research councils and academies, and in WHO. The next meeting of the subcommittee was scheduled for early March 1981, and its report would be presented to the 1981 session of the ACMR.

Research career structures (Agenda item 8.5)

A document on research career structures presented by the Secretariat contained the reports of three WHO consultants who had paid brief visits to five regional offices and 19 Member States. It stressed the need to consider the problem of research career structures as part of the broader problem of strengthening research in developing countries. Research needed to be accredited by WHO as an important development tool, and governments of developing countries should have a clear understanding of why research efforts were needed, and of the economic and social benefits they produced. This was necessary if the political will was to be developed to give priority to the strengthening of the scientific infrastructure. The document analysed the findings of the three consultants, and recommended that, rather than promote research career structures per se, WHO should value and support research activities as a basic component of health plans and programmes. Within this long-term global approach it suggested a number of possible specific steps that could be taken.

The ACMR commended the Secretariat on the report, which clearly outlined the problems involved in creating a suitable climate for research and establishing appropriate research career structures. It stressed that the problem of research opportunities and research career structures was essentially a national one, and that careers in research could not be discussed separately from careers in other government services and institutions. Inadequate remuneration was considered to be an important disincentive which discouraged potential research workers from following a career in research, but examples were given which indicated that in some cases this could be overcome by imaginative methods of training and security of employment. It was also agreed that appropriate systems of peer approval and the provision of opportunities for young scientists to interact with colleagues were stimuli for research workers.

The importance of inducing self-reliance in research was stressed, and special mention was made of the opportunities in field research and methods to be used to promote this area and attract people to it. It was agreed that WHO should follow the prime recommendation of the report and support research activities as a basic component of health plans and programmes, taking care to involve the universities in the promotion of research and research careers.

The ACMR stressed the need to find ways of sensitizing Member States to the problem of promoting research and establishing a structure of career opportunities in developing countries, and agreed that institution-strengthening was a most important element in this respect.

Research on cancer: WHO's policy and strategy for cancer prevention and control (Agenda item 9)

Dr Ch'en Wen-chieh, Assistant Director-General, introducing the item, pointed out that the programme consisted of the work of WHO headquarters and regions, and that of the International Agency for Research on Cancer (IARC). The Director-General's Coordinating Committee on Cancer, established in 1978 and consisting of representatives of WHO, IARC and the Internation Union Against Cancer, monitored and evaluated the global cancer programme with the aim of preventing unnecessary overlapping. There was a clear demarcation of spheres of activity: IARC dealt primarily with the problems of carcinogenesis (both laboratory and epidemiological aspects), and the WHO headquarters and regional programme was concerned with the various elements of cancer control (prevention, early detection, diagnosis, treatment and after-care). Both supported or carried out research in their respective areas.
Dr Higginson, Director of IARC, referring to the annual report of the Agency, emphasized that its work was especially directed towards studies on environmental carcinogens. It had developed a highly objective, scientific programme for obtaining data useful to both industrialized and non-industrialized countries. Its programme was selective because of limitations on staff and budget, and covered three major areas:

1. field studies, including descriptive epidemiology and epidemiology applied to solve specific problems;
2. laboratory aspects to evaluate the carcinogenicity of chemicals and methodology for rapid screening techniques;
3. the fellowships and publications programme.

There was increasing emphasis on the role of life styles in the occurrence of cancer.

Dr Stjernswärd emphasized that the WHO programme in cancer must be directed to the WHO philosophy, relevant to the cancer problems as they occurred in Member States, and realistic in terms of chances of success. He described the proposals in terms of five horizontal programmes: information dissemination; consensus reporting; quality of life standards; cost-benefit studies; and the formulation of national cancer plans. These would be correlated with the vertical programmes of cancer control, namely prevention, early detection, diagnosis, treatment and after-care.

Regarding prevention, vigorous antismoking and antichewing programmes were envisaged in one or two developing countries; concerning early detection and diagnosis, self-screening programmes for breast cancer and programmes for the early detection of cancer of the cervix and bladder were likewise envisaged. With regard to treatment, the establishment of baseline therapy, the search for appropriate outreach therapy (i.e. therapy feasible at the community level) through WHO study groups, and the development of effective and inexpensive pain relief programmes were outlined.

In the discussion which followed the ACMR agreed on the need for a research programme that was both feasible and relevant. It fully endorsed the ongoing IARC programme and the planned WHO programme, and stressed the following additional points:

- Attempts should be made to introduce in selected areas cancer prevention as a component of primary health care services. Early detection of cancer is a basic strategy of cancer control today, but it should be combined with the provision of effective treatment facilities. Cancer control should be part of health service packages developed at the local level. The dangers of overexpectation and extravagant promises should be avoided.

- With regard to hepatocellular carcinoma, a common cancer in some developing countries, it appeared that both hepatitis B virus and aflatoxin may be involved, and it is important to undertake studies to determine the usefulness of the newly developed hepatitis B virus surface antigen vaccine in its prevention.

- Research on human behaviour was needed to determine how to change life styles that are clearly known to be related to cancer.

- The huge resources being invested in cancer research in developed countries might, through WHO collaborative programmes, help support work in developing countries.

The ACMR recommended the appointment of a subcommittee which would work with IARC and the secretariat of the WHO cancer programme to develop research for the prevention of those cancers whose etiologies were known, for early diagnosis, and for the optimization of treatment methods, with due regard to their efficacy and economic feasibility. Priority should be given, whenever possible, to including cancer control activities in primary health care. Ways of attracting additional funds should be explored.
WHO's cooperation with the United Nations Interim Fund for Science and Technology for Development (Agenda item 10)

This subject was brought to the attention of the ACMR for information only. Dr Kilgour reminded the Committee that the United Nations Interim Fund for Science and Technology for Development had been established by the United Nations General Assembly at its thirty-fourth session, on 19 December 1979, through the adoption of resolution 34/218. On 27 March 1980 a first pledging conference had been held, and 35 governments had made firm pledges of contributions totalling US$ 35.8 million. In addition, a number of other countries had given clear indications of pledges totalling US$ 45.7 million, and 39 countries had announced their intention of contributing but had not specified the amount or timing of their contributions.

WHO had presented a number of regional and interregional projects, but it seemed that a highly competitive situation existed in view of the large number of country projects submitted (more than 500), which had been given high priority. Contacts were being maintained with the Secretariat of the Fund with a view to maximizing WHO's contribution to the health sector.

Future ACMR initiatives/review/subcommittees (Agenda item 11)

The ACMR recommended that the subcommittees on information and on research administration should continue their work during the coming year and report to the 1981 session of the Committee. It also proposed that a subcommittee be established to study the research component of the WHO cancer programme.

The Committee further recommended that the subcommittee on health services research, following its session in November 1980, be transformed into a scientific planning group (see discussion on agenda item 8.2, above). It likewise recommended that scientific planning groups be established to assist the Secretariat in the development of the programmes in nutrition and in mental health and human behaviour in primary health care.

Some representation in these groups of the global and regional ACMRs or the earlier subcommittees might be desirable for continuity, and reports on the activities of these groups should be submitted to the ACMR in due course.

On the question of future reviews by the ACMR, it was proposed that the utilization and protection of non-human primates and other animals in research should be discussed at the ACMR's 1981 session.

Other business (Agenda item 12)

Research in tuberculosis: Trial of BCG vaccines in South India for tuberculosis prevention (Agenda item 12.1)

Professor Ramalingaswami presented the results of the trial in South India on the effectiveness of BCG vaccination and the reports of the Indian Council of Medical Research/WHO joint scientific group on vaccination against tuberculosis, held in New Delhi from 28 April to 2 May 1980 and the WHO study group on BCG vaccination policies, held in Geneva from 24 to 27 June 1980.

After seven-and-a-half years of follow-up in the trial in South India, the evidence indicated that BCG did not protect against bacillary pulmonary tuberculosis. The vaccines used and the transport and handling procedures had been satisfactory, and no methodological errors had been detected that could invalidate the results. However, these results could not be extrapolated to other areas of the world in view of the many special features identified in the study area, such as a high prevalence of disease caused by tubercle bacilli of low virulence, and of infections by mycobacteria other than tuberculosis and leprosy; rapid waning of post-vaccination tuberculin sensitivity; and an unexpectedly low incidence of bacillary tuberculosis among those recently infected, suggesting a long delay between the infection and the emergence of disease. The absence of human infection with the bovine
bacillus in India and neighbouring countries in spite of its prevalence among animals is another intriguing feature which needed to be explored further. In view of these features, several hypotheses were put forward to explain the negative result; several different factors probably intervened simultaneously, blocking the effectiveness of BCG.

The study did not provide information on the effectiveness of BCG in preventing childhood forms of tuberculosis. It was recognized that all the publications on BCG in infants and young children were favourable and indicated that a high level of protection was conferred by vaccination. However, almost all the available information came from temperate countries. New controlled studies on the effectiveness of BCG vaccination in children in tropical countries were needed, and methods for the proper evaluation and monitoring of current BCG vaccination programmes in these countries should also be investigated. There was an urgent need for further research in India and other parts of the world to determine the factors influencing the effectiveness of BCG vaccination.

Until the results of these studies were available, the ACMR agreed with the recommendation of the WHO study group on BCG vaccination policies that the use of BCG as an antituberculosis measure should be continued as at present.

Dates of twenty-third session of the global ACMR (Agenda item 12.2)

It was agreed that the twenty-third session of the global ACMR would be held in Geneva from 12 to 15 October 1981.

Adoption of report (Agenda item 13)

The draft report was reviewed by the Committee, and was later completed by the Chairman, the Rapporteur, and the Secretary.

Closure of the session (Agenda item 14)

The Chairman thanked the members of the Committee for their interesting and constructive deliberations. The Deputy Director-General acknowledged the outstanding contributions of the departing members; he hoped that they would be able to continue to be involved in the work of the Organization in some other capacity.
INTERNATIONAL YEAR OF DISABLED PERSONS

Mrs N'Kanza, Executive Secretary of the International Year of Disabled Persons, presented the case for dedicating 1981 to the needs of 460 million disabled persons. This international year would mark the beginning of a programme in four related fields: humanitarian need for human rights and social justice; changing attitudes from passivity and pity to action-oriented support; prevention of disability; and readaptation of the disabled to increase their independence and participation in society. The main goals were to reduce the problems to manageable dimensions so as to avoid intimidating those responsible for implementing programmes in countries, and to achieve a common basis of understanding on the part of statesmen, scientists, educators, funding agencies and communication media. A symposium would be organized with those goals in view.

During the discussion the Chairman stressed the importance of integrating measures for prevention of disability and readaptation of the disabled within the context of primary health care. It was noted that the processes involved in the etiology, prevention and readaptation were complex and multisectoral, but it was agreed that a change in human attitudes and sensitivity at political, professional, community, family and individual levels was fundamental to progress. As basic health care improved a larger number of individuals would survive with disabilities, and this had both medical and broader community implications for policy-makers. Cost-benefit studies and the analysis of social disruption (for example, the effects of isolation in shelters) were important elements in influencing the priority given by governments to the question of disability.