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# ***XXXII ACHR***

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*Meeting of the Advisory Committee on Health Research  
of the Pan American Health Organization  
16-18 July 1997  
Washington, D.C.*

## ***REPORT TO THE DIRECTOR***



Research Coordination  
Division of Health and Human Development  
Pan American Health Organization  
*Pan American Sanitary Bureau • Regional Office of the*  
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## **ANNEXES**

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## **REPORT TO THE DIRECTOR**

### **I. Opening Session**

#### ***Remarks by the Director of PAHO/WHO, Dr. George A. O. Alleyne***

Dr. Alleyne expressed his satisfaction at being able to participate once again in the meeting of the ACHR. He reiterated his commitment to make every possible effort to ensure that the meetings are held on a regular basis. He also announced his decision to set term limits on ACHR membership in order to give other senior scientists the opportunity to participate on the Committee, and he expressed the hope that those who complete their term will continue to support the activities of the Organization.

Dr. Alleyne reminded the participants of the importance of the provisions of the WHO Constitution regarding its responsibility to promote health research. The main problem facing the ACHR is defining what type of research should be promoted. That question can only be answered when the future agenda of the Organization is certain. In addition, the Committee must bear in mind that not only the problems but also its approach have changed. In order to respond to the Organization's new way of thinking and acting in the next century, new instruments must be developed for both promoting research and carrying it out.

In conclusion, Dr. Alleyne said that he expected the utmost from the discussions and recommendations on the various agenda items, and he urged the Committee to make recommendations that are clear and feasible. He also asked the Committee to review the functions and operation of the Subcommittees.

***Remarks by the Chairman of the PAHO/WHO ACHR, Dr. Adolfo Martínez-Palomo***

Dr. Martínez-Palomo, citing several events that had taken place since the last meeting of the Committee, mentioned first Dr. Alleyne's visit to Mexico, which had led to the mobilization of important social actors, including the President of the Republic, to discuss new health challenges facing the country. He also cited the first meeting of the Forum on Health Research, created by the recommendation of a WHO ad hoc committee, and pointed out the importance of this new opportunity for discussion and promotion of research issues. He concluded his opening remarks by lamenting the untimely death of a great investigator in the field of public health, Dr. José Luis Bobadilla.

***Remarks by Dr. Bruce Sayers, Representing the Chairman of the Global ACHR***

Dr. Sayers reiterated the importance of the ACHR system and referred to its capacity to mobilize resources, especially at a time when the research agenda is being developed to support implementation of the new Health for All strategies. He also mentioned the importance of the Forum for Health Research as an opportunity for the free exchange of ideas and proposals in this field.

## **II. Institutional Policies on Health Research**

This item was presented by Dr. Alberto Pellegrini Filho, Chief of the PAHO/WHO Research Coordination, who commented on PAHO/WHO technical cooperation activities in the area of Health Science and Technology Policies at the institutional level. This area of cooperation has arisen from the recognition that institutions engaged in scientific and technological activities should build up their capacity to set institutional policies and priorities and assume a leadership role in orienting and dynamically advancing the development of health science and technology. It has also arisen as a response to the

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difficulties that these institutions are experiencing in adapting to the rapid changes in their environment, especially changes in the role of the State.

At this stage, cooperative activities are largely targeted toward a group of institutions known as health science and technology organizations (HSTOs), which were created for the most part during the early decades of the century and share the following characteristics: public institutions with greater administrative autonomy than public administrative units in the direct line of command, operating in the areas of science and technology, dealing with health problems of the population, bringing together a sizable number of semiautonomous units of various types, and producing goods and services.

Dr. Pellegrini submitted the report of a meeting held in Rio de Janeiro, Brazil, at FIOCRUZ headquarters from 8-10 April 1997 with the participation of HSTO directors from seven Latin American countries (Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, and Venezuela), invited experts, and PAHO/WHO staff.

The basic document of this meeting, entitled "Policies and Management of HSTOs," analyzes the outlook and new role of these institutions in the context of changes that have been taking place in science and technology development and economics, policy, organization of the State, and its relationship to civil society.

Without ceasing to recognize the diversity of these institutions and the highly specific nature of the transitions they are undergoing, the document seeks to identify the characteristics shared by HSTOs, the scenarios they are experiencing, and the main challenges facing them. It mentions the possible contributions of new schools of administration to the management of HSTOs—for example, market-oriented administrative programs, quality management programs geared to the internal or external client, management-oriented programs, programs that focus on working conditions, and others that emphasize changes in structures and organizational operations.

After dealing with the topic of evaluation and describing some internal and external mechanisms for implementing it, the document concludes that in order to enter the coming millennium coherently with an institutional project that places science at the service of the

society that engendered them, HSTOs should seek ways of inserting themselves into the broader processes aimed at improving the health and living conditions of the population, intensifying democratization processes, improving understanding between different cultural views of health and disease, and preserving the environment for coming generations.

During that meeting, working groups discussed specific topics related to the strategic administration of HSTOs, such as: autonomy and transformation of HSTOs, especially their legal situation, forms of government, and ties with the State; criteria, mechanisms, and decision-making levels that are involved in the setting of institutional priorities; human resource management; evaluation of results and social monitoring of the institution; knowledge and technology transfer, and professionalization of the management of HSTOs.

Dr. Pellegrini concluded by stating that the results anticipated from that meeting were not specific responses to the problems and questions raised by the transformation of HSTOs, but rather their systematization and the creation of an opportunity for discussing and sharing experiences at the regional level, and these objectives had been fully met. With regard to future activities in that area of technical cooperation, he mentioned recommendations of the participants that this learning process be given continuity through such mechanisms as:

- electronic networking, incorporating other HSTOs and S&T institutions such as universities;
- technical advisory services of specialists in response to specific problems and promotion of horizontal technical cooperation among HSTOs;
- leadership training courses and intermediate-level courses in selected subject areas.
- literature reviews and studies on specific aspects of strategic administration;
- development of indicators for monitoring and evaluating the process of transforming the HSTOs; and
- broad dissemination of the materials and reports produced by that area of PAHO cooperation.

### **III. Trends and Challenges for Health Research in Latin America: A Perspective**

This topic was presented by Dr. Roberto Belmar, Professor of Epidemiology and Social Medicine at the Albert Einstein School of Medicine, who referred to the work being done by a group of Latin American investigators convened by Canada's International Development Research Centre (IDRC) to identify the knowledge gaps resulting from recent trends in the Region's health situation. This working group, of which Dr. Belmar is member, is preparing a research agenda for governments and the academic world that will soon be disseminated in a book and other types of publications and communication media under the title "Future Challenges for Health Research in Latin America."

The health situation in Latin America is characterized by a complex demographic and epidemiological transition associated with changes in lifestyles, increased social marginalization and poverty, inequities linked to gender and ethnicity, rapid urbanization, etc. The health systems of the Region are encountering serious difficulties in responding to these challenges, and this situation has been generating proposals and measures for their reform. Another situation that is developing has to do with the profound changes in the environment as a result of both human activity and the evolution of the planet.

These three dimensions—health determinants and health problems, deficiencies in health systems, and the deleterious effects of environmental changes—constitute the basis for specific proposals for studies and research that the aforementioned working group has been preparing.

With regard to the first of these dimensions—i.e., health determinants and problems—Dr. Belmar cited as examples the current demographic and epidemiological transition, new lifestyles, the growth of metropolitan areas, the rise in poverty and social exclusion, and the situation of ethnic groups and women. He outlined principal characteristics and went on to identify priority topics for study and research that will yield greater understanding and capacity to address these problems.

With regard to health systems, the emphasis on individual, curative, and hospital-centered care leaves them incapable of dealing satisfactorily with today's health problems. He listed the principal characteristics of reforms needed for these systems and required studies to provide the foundation for such reforms.

Dr. Belmar went on to note the importance of the environment as a health determinant, predicting that more than 50% of the health problems in the next millennium will be linked to changes in the environment. Among the principal challenges of the macroenvironment, he cited global warming, thinning of the ozone layer, the desertification process, reduction of fresh water resources due to salinization, and progressive destruction of the rain forests.

With regard to specific local environments of countries and regions, Dr. Belmar cited as the main problems the physical, chemical, and biological contamination of air, both in the atmosphere and inside homes and the workplace; water pollution for the final disposal of radioactive waste. This long list at the world and local levels continues to grow, he said, particularly in the poorer countries. For example, air pollution due to particulate matter and gases has increased in those countries, whereas in the more developed countries a reduction has been seen. He concluded his presentation by pointing out the principal lines of research that need to be promoted in order to deal with these problems.

#### **IV. Research Agenda to Implement New Health for All Strategies**

Dr. Mansourian, head of RPS/WHO, presented the Agenda for Research prepared by the ACHR system for supporting implementation of the new WHO Health for All strategies. Before going into the details of this agenda, Dr. Mansourian presented some data on the health research situation at the world level.

The resources available for health research and development, which total approximately US\$ 55 billion, represent less than the 3% of the world's expenditure on health, which amounts to nearly US \$2 trillion, and most of this expenditure (approximately

90%) is used for the problems of a very few—about 20% of the world's population. Nearly 50% of spending on health R & D at the world level goes to the private sector—25% of it to national institutes of health, and most of the rest of it to public sector institutions working in science and technology. Overall, the countries of North America spend 100 times more than those of South America on research and development, produce 50 times more publications, and are awarded 500 times more patents.

The Global ACHR would argue that, instead of expecting to increase capacity in the Southern Hemisphere (a goal that is obviously desirable and necessary), the aim should be to enlist modern technology, information, and communications media to improve cooperation and mobilize part of the resources allocated for research in the Northern Hemisphere to address the problems of the South.

The list of world problems that affect the health of the population is growing. To the classical social and cultural determinants—namely, nutrition, hygiene, education, industrialization, and urbanization—other factors must now be added, such as unemployment, chronic conflicts, and shifts in the age structure. There is a need for more research on these newly emerging problems, which are of critical importance for health. The agenda proposed by the ACHR seeks to call attention to this.

The "Agenda for Research" should be a dynamic and ongoing exercise. It emphasizes:

- (a) The evolution of problems of critical importance for world health—for example, problems associated with population, migration, and urbanization; environment, industrialization, and infrastructure; education, unemployment, value systems, and social phenomena;
- (b) The recent and anticipated contributions of science, technology, and medicine to public health;
- (c) Research imperatives and opportunities in the various substantive domains;
- (d) Methodological research and development; and
- (e) Topics related to the research process itself.

Implementation of the "Agenda" will include several steps with a view to:

- (a) Strengthening the methodological capacity for research planning (for example, the PLANET HERES" project);
- (b) Promoting the establishment of "IRENEs," or intelligent research networks, in special areas for the exchange of information, services, research opportunities, and contacts; and
- (c) Developing and improving the "visual health profile" and other ways of representing the status of health and health care, using all the expertise available.

In conclusion, Dr. Mansourian said that responsibility for implementing the Agenda will be shared between:

- (a) WHO and its cooperating institutions;
- (b) Government authorities with the power to allocate public funds for health research;
- (c) Multilateral, bilateral, and private-sector funding agencies with an interest in research findings that contribute to the development of public health in the world;
- (d) The scientific community, including national and international research institutes, universities, academies of science, and similar institutions;
- (e) Industries in the public and private sector that have an interest in health research and, in this case, in seeking an appropriate balance between commercial and public health interests.

## **V. Report of the ACHR Subcommittee on Health Systems and Services Research (HSSR)**

The report was submitted by Dr. Gordon DeFriese, Chairman of the Subcommittee. Since the last meeting of the ACHR in July 1996, the principal joint activity between the Subcommittee and PAHO had been the conceptualization and organization of a research competition on organizational and financial aspects of health sector reform. The competition elicited a widespread response in the scientific community, and approximately

90 proposals were received. The five best proposals were awarded funding in the amount of \$30,000 each.

Dr. DeFriese said that a series of circumstances had made it impossible to hold a full meeting of the Subcommittee during the past year, but that the prospects appeared quite good for conducting some joint activities, because contacts in the Division of Health Systems and Services Development had emphasized the importance of promoting the role of the HSSR in supporting the reform process. The need to promote the designation and improved utilization of Collaborating Centers in this area was also recognized. The Subcommittee's plan of work for the coming year calls for increased use of electronic media for disseminating information and research results as well as the publication of a journal to disseminate research findings in the area of HSSR.

Dr. DeFriese concluded his presentation by expressing regret that PAHO/WHO had not called upon the Subcommittee in the past year and reiterated that the members of the Subcommittee stood ready to collaborate more closely with the Organization, especially the Division of Health Systems and Services Development.

## **VI. PAHO/WHO Collaborating Centers**

### ***General Information***

By way of introducing the discussion on this subject, Dr. Alberto Pellegrini Filho gave some general background on the PAHO/WHO Collaborating Centers in the Region of the Americas. He recalled that the Centers are part of a collaborative interinstitutional network that supports the cooperation programs of WHO at the national, regional, and global level. Their principal areas of collaboration include collecting and disseminating information, setting standards, providing services such as epidemiological surveillance, combating epidemics, testing new products, training human resources, and providing advisory services.

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The last World Health Assembly, held in May 1997, adopted Resolution WHA.50.2, which, among other points, considered that the Collaborating Centers represent a source of expertise that deserves to be better utilized and promoted, urged governments to provide support to national institutions so that they can meet the requirements for designation as Collaborating Centers, and requested the Director-General to review the duties of the Centers, their criteria, mechanisms of evaluation, and the procedures for their designation/redesignation. It was decided to include this topic on the agenda of ACHR with a view to complying with the provisions of the resolution and promoting improved utilization of the Collaborating Centers in the Region of the Americas.

The Region of the Americas has 264 Centers, representing approximately 20% of all the Collaborating Centers in the world. Sixty-four percent of these Centers are located in the United States of America and 11% in Canada. Four countries—the United States, Canada, Brazil, and Argentina—account for 86% of the Centers in the Region. Of the 264 Centers, 108 (41%) are involved in some aspect of disease control (48 in communicable diseases and 31 in chronic diseases), 60 (23%) in health promotion, and 59 (22%) in the organization of systems and services. The remaining 14% are in other areas.

In 1996 a survey was conducted among PAHO managers on their experience working with the Collaborating Centers. In brief, the survey confirmed that PAHO managers have the perception that WHO prevails in decisions regarding designation of the Centers, that they typically have no specific plan of work, and that when there is such a program it has little to do with the priorities of PAHO. At the same time, there is widespread recognition of the program's potential importance in mobilizing existing resources at the country level with a view to increasing the efficiency of PAHO cooperation. That potential could be realized if the designations were made in accordance with a plan of work that was tied to PAHO priorities and if the Centers were actually able to take action in the Region; this entails an understanding of the different realities in the countries and the capacity to attract financial resources to carry out the activities planned.

Based on the results of the survey, in May 1996 the Director of PAHO/WHO took a series of steps to more actively promote the identification of institutions in the Region with

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the potential for designation as Collaborating Centers and to draw up joint plans of work for making maximum use of their potential. As a result of this initiative, of the 25 Centers designated in 1996, 11 were located in Latin America, 3 in Canada, and 11 in the United States of America. This represents a sizable increase in the growth rate of Centers in Latin America relative to the United States. The Collaborating Centers in the Americas were renamed PAHO/WHO Collaborating Centers and the time required for the designation/redesignation process was reduced by nearly half. However, despite these undeniable achievements, Dr. Pellegrini concluded that there is still need to improve the criteria and mechanisms for designating, monitoring, and evaluating the Centers so that greater advantage can be taken of their enormous potential.

***Collaborating Centers at the U.S. National Institutes of Health (NIH)***

Next, Dr. Arlene Fonaroff, representing the John E. Fogarty International Center for Advanced Study in the Health Sciences at the National Institutes of Health, reviewed the experience of the 22 Collaborating Centers associated with NIH which, together with those connected to the Centers for Disease Control and Prevention, constitute the largest concentration of Collaborating Centers in the United States. She then presented the results of a survey of NIH Center Directors on their current and projected activities,; their degree of articulation with PAHO, WHO, other regional offices, and other Centers working in the same area; their views with regard to their work with PAHO/WHO; and suggestions for overcoming any problems that may have been identified.

The survey revealed that all the Centers were interested in strengthening their collaborative ties with PAHO and WHO, with several of the respondents pointing out the need for better communication between the Centers and the Organization. In particular, the following suggestions were mentioned:

- To facilitate communication between the Centers and WHO/PAHO, a Website should be created on the Internet listing the WHO Collaborating Centers that have been designated and outlining their main activities;
- PAHO/WHO Programs should identify their needs more clearly and specify ways in which the Collaborating Centers can participate in their activities;
- PAHO/WHO should convene regular meetings of the Collaborating Centers working in the same technical areas.

Dr. Fonaroff also presented the results of a meeting of Collaborating Centers located in the United States of America, held in Washington, D.C., on 12-13 June 1997. The aim of the meeting was to lay the foundations for the development of a network of Collaborating Centers in the United States, with a view to promoting greater participation by that country in international health activities and to providing greater support for PAHO and WHO activities.

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After summarizing the presentations and discussions of the meeting, Dr. Fonaroff reviewed its principal conclusions and recommendations. The following are the main functions of the Center networks in regard to their work with one another and with PAHO and WHO:

- Facilitating research and training; promoting cooperation among countries;
- Helping to identify sources of scientific knowledge;
- Supporting the transfer of scientific knowledge and information exchange; and
- Providing a multiplier effect in terms of financial resources from the public and private sectors.

The recommendations focus on communication among the Centers and with the Organization. Among the more specific recommendations were the following:

- *On the part of the Centers:* Initiate the formation of networks in related technical areas; make better use of information provided by WHO; and define their functions and activities to justify the benefits of their designation;
- *On the part of PAHO/WHO:* Provide access to databases on the activities of the Centers; use the Internet to facilitate linkages among the Centers; clarify their functions; identify focal points in PAHO/WHO for facilitating communication with the Centers.

***Analysis of Some Successful Experiences: Collaborating Centers in Nursing and Veterinary Public Health***

Introducing the discussion on this subject, Ms. Maricel Manfredi, of the PAHO/WHO Nursing Program, and Dr. Primo Arámbulo, Coordinator of the PAHO/WHO Program on Veterinary Public Health, presented the experiences of these Programs in working with the Collaborating Centers.

In regard to veterinary public health, Dr. Arámbulo mentioned first the overall objective of the Program, which is to collaborate with the Member Governments in the development, execution, and evaluation of policies and programs on food protection and

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safety and on the prevention, control, or eradication of zoonoses and foot-and-mouth disease. He also reviewed the Program's strategies and lines of action, including those of the Pan American Centers, INPPAZ and PANAFTOSA.

There are 20 Collaborating Centers associated with the Program in the Region of the Americas: 5 in zoonoses, 7 in food protection, 3 in veterinary public health training, 2 in the design of biomedical models, and 3 in the strengthening of veterinary public health services. For many years the PAHO Program on Veterinary Public Health had an ad hoc relationship with the WHO Collaborating Centers and periodically took advantage of their technical expertise when particular needs arose.

In 1987 the Directing Council of PAHO approved a set of basic principles for action and a management strategy for maximizing the use of PAHO/WHO resources in direct support of the Member Governments. In keeping with these decisions, the Program on Veterinary Public Health pooled its resources, concentrating them on the following strategic initiatives:

- Elimination of rabies transmitted to humans by dogs;
- Eradication of foot-and-mouth disease in the Hemisphere;
- A regional plan of action for technical cooperation in food protection; and
- A plan of action for the elimination of bovine tuberculosis in the Americas.

The WHO Collaborating Centers were called on to collaborate in these regional strategic initiatives, and in April 1987 a meeting of Center Directors was convened at PAHO Headquarters in Washington, D.C. The purpose of this meeting was to present plans of action for the various strategic regional initiatives, for concrete technical cooperation activities, and for the program budget. This made it possible for the Collaborating Center Directors to identify special areas in which the technical knowledge and interest of their institution could be mobilized.

Dr. Arámbulo listed some areas and activities that had been identified with the participation of the Collaborating Centers in veterinary public health, such as characterization of the rabies virus using molecular biology techniques, identification of

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rabies-free areas, evaluation of the program for the elimination of human rabies transmitted by dogs, urban zoonosis control, control of a plague epidemic in Peru, training in the investigation of foodborne disease outbreaks, new methods for identifying foodborne pathogens, a training course in the inspection of meat and fowl for human consumption in the Caribbean subregion, and many others.

In conclusion, Dr. Arámbulo presented a proposal for the formation of consortia among institutions collaborating with PAHO/WHO in specific areas, which would include the Pan American Centers, the PAHO/WHO Collaborating Centers, and national expert institutions. The Pan American Centers would serve as coordinators of these consortia and as points of liaison with the Organization.

Ms. Manfredi, reviewing the experience of the Collaborating Centers for Nursing and Midwifery Network, reported initially that for more than 10 years, these Collaborating Centers had contributed significantly to implementation of the primary health care strategy to achieve the goal of Health for All.

The idea of Collaborating Centers for Nursing was first conceived in 1986 and presented at a conference on nursing leadership for Health for All in the Region of the Americas sponsored by the University of Illinois School of Nursing. Shortly thereafter, the first center for nursing development was established at the University in Chicago, focusing basically on nursing leadership in primary health care. In Latin America the first center in nursing development to be designated was the University of São Paulo School of Nursing in Ribeirão Preto, Brazil. There are now more than 30 designated centers worldwide, 12 of them in the Region of the Americas and 2 in Latin America.

In 1987, during an interregional workshop convened by WHO, the Collaborating Centers in nursing development joined together to form a World Network to promote coordination and increase the contribution of nursing to public health development. It was decided that for the first five years the Network's secretariat would be located at the University of Illinois School of Nursing in Chicago. The Network was conceived as a voluntary association that the WHO Collaborating Centers in nursing development could

ask to join. The Network has maintained its ties with WHO/PAHO even though it is an autonomous organization.

Since then the Network has organized several meetings, the first in 1988 in Maribor, Slovenia (formerly Yugoslavia), and the second in 1989 in Copenhagen (Denmark), at which the constitution and by-laws were adopted and its purpose, goals, and objectives were approved. Since the Copenhagen meeting in 1989, five meetings have been held, as follows: Galveston, Texas (United States), in 1990; Geneva (Switzerland), in 1991; Ferney-Voltaire (France), in 1992; Botswana in 1994; and Bahrain in 1996. In 1993 the Collaborating Centers located in the Region of the Americas banded together to form the Pan American Nursing and Midwifery Collaborating Centers (PANMCC), and a three-year strategic plan was drafted.

In conclusion, Ms. Manfredi reviewed the main contributions that the centers have made to nursing development in the Americas and to the mission of PAHO in this area. With the participation of the Collaborating Centers, nursing associations, and PAHO, projects and experiments are being promoted in the area of primary health care, information and materials are being exchanged, research is being promoted through several collaborative projects, workshops have been held on research methodologies, continuing education courses are being developed, and arrangements have been made for several professors to spend their sabbatical year in other countries.

## **VII. Visit of ACHR Members to PAHO/WHO Divisions and Programs**

Groups of two or three ACHR members paid three-hour visits to the five Divisions of PAHO/WHO and the Special Program on Vaccines and Immunization. Based on a guide prepared in advance, discussions were held with staff members of the Organization on aspects related to the research component of the cooperation activities being carried out in their respective technical areas. The reports on these visits appear in the Annexes.

## **VIII. Report on the Multicenter Project: Cultural Norms and Attitudes Toward Violence (Project ACTIVA)**

### **1. Activities Concluded and Activities Programmed for 1997**

Dr. Rebecca de los Ríos of the PAHO/WHO Program on Research Coordination reviewed the main activities of this project during the past year and reported on plans for the future.

During the first semester of 1996, once the terms of reference and methodology for the study had been agreed on, two pilot tests of an information-gathering instrument were conducted and, based on these tests, the definitive instrument was prepared. In the second semester, field work was carried out in 12 participating cities. The cities that have conducted studies to date and should soon be presenting their final results are: Cali, Colombia; Caracas, Venezuela; San Salvador, El Salvador; San José, Costa Rica; Rio de Janeiro, Brazil; Salvador de Bahia, Brazil; and Santiago, Chile.

The fourth workshop for participating investigators was held at the beginning of 1997 to agree on a plan for analyzing the results. Early in the year a strategy for disseminating the results of the study was also launched in the cities themselves, and various events for presenting the results were held, with the participation of key social actors and heavy coverage by the media.

Databases are in the final stages or completion in all the cities and comparative analyses are under way. PAHO has made mechanisms available for facilitating exchanges among the groups, which are currently doing the analytical work and getting started on the preparation of manuscripts for the scientific publication.

2. Preliminary Analysis of the Results

Dr. Luis Fernando Vélez, an investigator from the Center for Research in Health and Violence (CISALVA) who is responsible for the studies in Bogotá, Cali, and Medellín, presented the preliminary results at the regional level, emphasizing at the outset that the regional analysis is still in the descriptive stage and that some of the findings presented may change significantly once the appropriate adjustments have been made.

Dr. Vélez reviewed the theoretical model that served as the basis for the study, as well as some of its methodological aspects. He then presented tables and graphs comparing the eight cities, which showed the simple frequencies of response to certain questions in the sections on victimization, violence against children, spousal abuse, and violence against strangers.

After pointing out some of the more impressive figures and the diversity of responses among the cities, Dr. Vélez concluded by stressing that the study was important not only because it will be generating original knowledge but also because it will provide bases for interventions that will attempt to modify attitudes and transmit skills.

## **IX. Report on the Multicenter Project: Health and the Older Person**

Dr. De los Ríos presented the background on this study, reporting that the RGP conducted an internal competition among the PAHO Technical Programs and the Pan American Centers for the purpose of selecting a research topic for this 1997 multicenter study. The call for proposals provided specific terms of reference for research project profiles. A total of 10 project profiles were received as a result of this call, and the Internal Advisory Committee on Research (IACR) decided to recommend the proposal on a profile of the health conditions of older adults in the Americas for approval by the Director, which was accepted.

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A number of activities have been carried out to date:

- Preparation of the definitive protocol and the first draft of the questionnaire. In this phase PAHO had the collaboration of the Ecology and Population Center of the University of Wisconsin, Madison;
- Identification and selection of the principal investigators and responsible institutions in each selected city, based on a competition in which credentials were submitted.
- A meeting with the selected investigators and the advisers to the project on 9-10 June in Mexico City to discuss and work on the research protocol and the first draft of the questionnaire.

During the second half of 1997 the following activities will be carried out: the questionnaire will be pilot-tested, the sampling design will be decided on, and the final questionnaire will be prepared. It is estimated that the information-gathering process will begin in late 1997 or early 1998.

Next, Dr. Martha Peláez, Division of Health Promotion and Protection (HPP/HPF), presented the rationale of the study and a review of the literature, pointing out the relative absence of research on the health situation and care being received by older adults and the rapid aging of the populations of Latin America and the Caribbean. She also presented the objectives of the study and some of its methodological aspects.

The investigation will be conducted in Barbados, Brazil, Chile, Costa Rica, Cuba, Mexico, and Uruguay. It is intended to provide an evaluation of the health status and current health conditions of the elderly (especially with regard to physical, mental, and functional diseases and deficiencies), as well as the access that these people have to health care and services and the use that they make of them. Especially important are the description and documentation of differences between groups, social classes, and sexes in terms of health status, access to health care, and use made thereof.

Possible correlations between selected covariables (including social and economic conditions, health history, and individual behavior) and health characteristics and conditions will be explored on a preliminary basis.

It is hoped that the results of this project will be significant for the formulation of interventions. They are expected to provide essential information and knowledge for this purpose and to serve as a baseline for future evaluation. The study is particularly timely, since it is hoped to publish the final report right before the start of the International Year for Older Persons in 1999.

## **X. Report on the Activities of the Research Grants Program**

Dr. Rebecca de los Ríos reported that 1996 had been a year of transition for the Research Grants Program (RGP), during which old coexisted with new modalities—namely, the traditional modality of supporting unsolicited research proposals, and the new ones, including research competitions, training programs (involving the training of public health researchers), and support for multicenter projects.

During 1996 the RGP approved and financed a total of 21 research proposals, 12 of which were unsolicited and 9 the result of special initiatives such as the a regional competition on research in health sector reform (5) and public health research training grants (4). Total funding for individual projects in 1996 came to \$US 520,000. Adding this figure to the technical cooperation activities of the multicenter study on violence (Project ACTIVA), the total amount executed by the Research Grants Program in 1996 came to \$US 75,000.

Dr. De los Ríos then presented detailed information on the projects supported under each modality of the Program. With regard to the regional competition in 1996, the topic selected was “organizational and financial changes in sectoral reforms.” Terms of reference were prepared with the participation and advisory services of the ACHR Subcommittee on Health Systems and Services Research (HSSR), and a call for proposals was issued to the research community. A total of 91 project profiles were received, 18 of which were selected. The respective investigators were invited to present complete protocols and, of the 17 received, 5 were finally selected (Brazil, Colombia,

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Uruguay, Peru, and Costa Rica), each receiving financial support in the amount of US\$ 30,000.

The Public Health Research Training Grants Program completed three years of operation in 1996, and during this period it has supported 22 investigators in the Region. Of the fellows who completed their first year of training in academic centers, all succeeded in completing their program satisfactorily and presenting their research projects for consideration by the Research Grants Program within the required period. A total of 16 projects from 1994 and 1995 fellows have been evaluated, and 5 have been approved to date (Jamaica, Ecuador, Mexico, Brazil, Cuba). For 1997 it has been decided, in coordination with IDRC, to make certain adjustments in the Program—mainly in the requirement for a complete research protocol at the time the grant is first applied for. This protocol must include a training component abroad for a period not to exceed 6 months. The 5 best proposals received in each calendar year will be funded at the level of US\$ 40,000 each.

The Biotechnology Research Training Grants Program is a joint PAHO/NIH initiative. Between 1994 and 1995 a total of 6 grants were awarded for projects involving collaboration between the United States and Latin America, for a total of US\$ 240,000. In 1996, because of financial constraints, no grants were awarded under this Program. For 1997 it was decided that this Program, like other PAHO technical cooperation activities in biotechnology, should be more closely tied to the technical cooperation priorities for the development of new vaccines. In 1997 the program will focus on the promotion of collaborative projects on strategic technologies, particularly conjugation techniques, and a grant of US\$ 40,000 per year will be allocated for projects in this area. The expansion of this Program will depend on the additional management of funding from other sources.

In November 1997 a new modality of the RGP will be launched to finance master's and doctoral theses. A total of 10 grants will be awarded each year, in amounts not to exceed US\$ 10,000 each. The multicenter projects financed by the RGP were also mentioned, and these are subject to specific presentations before the Committee.

In concluding, Dr. de los Ríos pointed out that in the RGP's 11 years of operation, its objectives have been marked by a tension between generating knowledge as input for

technical cooperation, on the one hand, and, strengthening research capacity in the countries of the Region, on the other. Its current modalities of action, which will take full effect starting in 1997, reflect the experience that has been amassed and seek largely to resolve this tension by orienting research promotion and support activities in both directions, with emphasis on one of these objectives or the other depending on the support modality.

## **XI. New Methodologies for Health Situation Analysis**

This topic was presented by Professor Bruce Sayers, of the Imperial College of Science, Technology, and Medicine in England and a member of the Global ACHR, who represented the Chairman of that Committee, Dr. Fliedner. Dr. Sayers mentioned that several new approaches to health situation analysis were being explored by, or under the auspices of, the Global ACHR and its subcommittees. On this occasion he referred to two such initiatives that attempt to address the complexity of measuring health and add to knowledge about the origins of health deficits.

Developed under the auspices of the ACHR, the Visual Health Profile uses computer technology to display health deficit data in a readily assimilable form while still allowing effectively instantaneous access to data on the different elements that contribute to the health status of a country or a community. Trends and comparisons can be examined and hypotheses developed about possible correlations. In summary, it facilitates scrutiny of the multicomponent character of health status while enjoying the advantages of a simplified display.

The other initiative aims more fundamentally at the origins of health deficits, drawing upon the potential of “expert insights” and recognizing the difficulty of obtaining reliable and adequate public health data, even in the industrialized countries. It begins with the assumption that, since health information cannot be explicitly measured, perhaps some use could be made of the “expert observations and judgments” about a community to generate “systematic “knowledge” that will fill the gap. A “knowledge-based indicator”

would capture and utilize verbalized “knowledge” rather than merely numerical data in the assessment of health status.

An exploratory study, solely to guide thinking about this approach, is directed to health of the aging in a hypothetical community (supported by specific, small field trial). The first step is the selection of a framework within which the expert insights can be structured. A scenario approach is being tried. The observations and insights into the community captured by of the experts are entered into a computer for machine analysis, using computational logic to make generalized inferences from the complex of observations, beliefs, and interpretations supplied. The computer also tests the self-consistency of the input “knowledge.” After iteration for review by the experts, the resulting picture constitutes a “knowledge map” about limited aspects of the health of the aging population in that community. Taken together, the inferences form a “knowledge-based” indicator that draws significantly on “knowledge” for health and likely changes in the health of the aging in that community.

Dr. Sayers concluded his presentation by referring to another methodology, “constraint logic programming,” with a role in support of priority setting and allocation of resources.

## **XII. Report of the Biotechnology Subcommittee**

In accordance with the recommendation ACHR, which was endorsed by the Director of PAHO/WHO, the activities of the Biotechnology Subcommittee have been be more directly linked to those of the PAHO Special Program on Vaccines and Immunization (SVI), with a view to promoting a closer relationship between promoting biotechnology development in the Region and the development of new vaccines. Dr. Elsa Segura, Chairman of the Biotechnology Subcommittee, reviewed the activities of the Subcommittee since its creation in 1987, citing the more than 30 research projects in biotechnology that have been supported by PAHO to date, in keeping with the priorities and criteria established by the Subcommittee. Dr. Segura presented the principle results of

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these projects in terms of progress in knowledge and technology development and of their contribution to the strengthening of research groups and the training of investigators. The various courses that have been organized at the recommendation of the Subcommittee in collaboration with UNDP, UNESCO, and UNIDO were also mentioned, as well as meetings on policy matters related to this field and the joint initiative with NIH for research and training in biotechnology.

Dr. Segura concluded her presentation emphasizing the importance of continuity in the activities of the Subcommittee and noting that its closer ties with the Special Program on Vaccines and Immunization should be highly beneficial for attaining the objectives of that Program and strengthening biotechnology in the Region.

Dr. Akira Homma, SVI, presented the plan for new vaccine development that PAHO is promoting. He began by observing that immunization has become a fundamental tool in public health and will assume even greater importance in the twenty-first century.

The impressive developments that have occurred in the basic sciences and biotechnology in recent decades have resulted in the improvement of existing vaccines, the development of new ones, and the strengthening of the vaccine production and quality control processes. Most of this progress has occurred in the developed countries, and it can be foreseen that, while more powerful and less reactogenic vaccines will be developed, they will be covered by stringent copyright and patent protections, which will make them much more expensive and continue to limit their use in immunization programs in our countries.

At the global level, the Children's Vaccine Initiative (CVI), WHO, and other agencies are promoting the rapid development of new vaccines with the involvement of the developing countries. In recent years, Brazil, Cuba, and Mexico have made major investments in the construction and modernization of their installations for vaccine production. However, these and other countries of the Region face daunting challenges to their inclusion in this rapid process of change. Vaccine development requires multidisciplinary teams and entails a long maturation period, with the high risk of producing a vaccine that is not very effective. Dr. Homma also noted a series of other challenges,

such as the lack of coordination between research and production centers, the shortage of human and financial resources, the limited administrative autonomy of production laboratories, etc.

To cooperate with the countries in the elimination of these problems, PAHO/WHO has created the Regional Vaccine Initiative (RVI), which is a regional coordination effort aimed at strengthening scientific and technical cooperation among the countries for the development and production of vaccines.

The selection of vaccines considers epidemiological priorities and their scientific and technological viability, in addition to their importance for the country and the Region. Based on these criteria, chemically conjugated bacterial vaccines against *H. influenzae* type b, *S. pneumoniae*, *N. meningitidis*, and *S. typhi*. were selected. Of the viral vaccines, the triple vaccine against measles, mumps, and rubella, and the chickenpox and dengue vaccines were the ones selected.

Despite the considerable success achieved in the control and eradication of diseases using vaccines prepared with the traditional technologies, a series of limitations hinders the use of these technologies for the production of new and more effective vaccines. In recent years biotechnology has seen rapid progress toward the goal of producing more effective, less reactogenic vaccines in volumes adequate for mass use. In addition, as indicated earlier, these developments are associated with major economic investments and a variety of legal mechanisms for protecting the inventions that have been reflected in the prices charged for these vaccines once they reach the public.

The RVI has adopted following strategic lines of action:

- Promoting, in conjunction with the countries of the Region, the identification of the real and potential capacity for vaccine development;
- Coordinating and integrating the efforts being made by institutions and groups both within and outside the Region in the areas of basic and applied research and vaccine development;

- Promoting the establishment of consortia that bring together vaccine research and production laboratories and networks of quality control laboratories in the Region; and
- Encouraging the transfer of technology between laboratories that produce biologicals in the Region and the industrialized countries;

PAHO/WHO will provide institutional protection for coordinating and integrating the research and development centers; it will mobilize institutional, human, and financial resources in the countries of the Region for the development, production, and quality control of vaccines; it will promote technical cooperation among institutions; and it will support countries that are seeking additional funds from the international community to supplement the financing of these activities.

In conclusion, Dr. Homma presented a four-year work plan for the development of the selected bacterial and viral vaccines. The operational cost of RVI is estimated at approximately US\$15,000,000 for the four years and \$4,000,000 for the first year. These financial resources are to come from voluntary contributions by the countries and other bilateral and multilateral sources.

### **XIII. Closing Session**

During the closing session the Deputy Director of PAHO/WHO, Dr. David Brandling-Bennett, expressed his satisfaction with the significance of the topics addressed and the quality of the discussions. He pointed out that at a time of declining interest in topics related to international health, especially in the area of research, the responsibility of international organizations in promoting these topics increases. The ACHR and its members, as well as the Collaborating Centers, also have an important role to play in reversing this trend.

Dr. Bennett also expressed concern about current problems in the dissemination of scientific and technical information. He referred to the major technological changes in that field and to the “endogamous” trend in the scientific community of the developed countries.

He suggested that the Committee address the issue of access and dissemination of research results at its next meeting. He concluded by thanking the Committee for its work, especially the members who also serve on the subcommittees.

In closing the meeting, the Chairman of the ACHR, Dr. Adolfo Martínez-Palomo, also referred to the quality of the discussions, thanking the members of the Committee for their participation and the Secretariat for its work in organizing the meeting.

## **XIV. Discussions and Recommendations**

### **Institutional Policies on Health Research**

- The Committee noted the importance of this area of technical cooperation and agreed that the recommendations made at the meeting in April 1997 were pertinent and should be implemented as resources permit. Without ignoring the importance of a good situation diagnosis such as the one presented, the Committee indicated that there was an imbalance between the depth of the diagnosis and the relative weakness of the recommendations for overcoming the problems identified. It therefore underscored the need to continue this line of work and support initiatives for implementing the recommendations, such as those developed in the research institutes of Argentina;
- In addition to the challenges and outside threats that HSTOs are facing, such as the reform of the State, the hegemony of a market-oriented logic, etc., attention was called to the difficulties from within the scientific community itself, since some resistance has been noted to adapting to the transition from a world of research and education to a world of science and technology. The failure to recognize the importance of science administration or technology management is an example of this resistance;
- HSTOs are an enormous asset to the Region, and most of them could qualify as PAHO/WHO Collaborating Centers. However, this great potential is not always

recognized by the State itself or by politicians or other social actors; these organizations need to make the results of their work more visible;

- It is necessary to develop a more systematic body of knowledge about the problems that are arising, and for that purpose, the Committee recommends that studies and research be conducted on such topics as “the privatization of knowledge and the strengthening of mechanisms for controlling intellectual property and its impact on health research in the Region,” “a comparative analysis of the changes that research institutes are undergoing,” and others; and
- The universe of institutions to be incorporated in this area of cooperation should be expanded beyond HSTOs, which, given their specific ties to the State, may more rightly be called *public* health science and technology organizations. In this expansion of the universe, attention should be given to the problems of smaller countries. Also, more North-South exchanges should be promoted, since many of the problems arising are also found in the more developed countries.

### **Trends and Challenges for Health Research in Latin America: A Perspective**

- The agenda presented utilizes some categories of analysis that are highly controversial and have been the subject of numerous challenges—i.e., categories such as “marginality,” “lifestyles,” “demographic transition,” etc. Concerning marginality, for instance, the concept still appears to be viewed as the exclusion of minority groups;
- The Committee also recognized some innovative aspects of the proposed approach and pointed to such “nontraditional” topics as consumerism and loneliness in the elderly. With regard to poverty, attention was called not only to its magnitude but to its diversity, since it should be recognized that living conditions and survival strategies are very different for the “structural” poor (those who were always poor), the poor who once were middle class, and the poor who had improved their lot in previous decades but have slid back into poverty again; and

- The agenda should take into account not only the challenges and weaknesses of the Region's scientific community but also its strengths. In addition, strategies should be mentioned for implementing the agenda and applying research findings.

**Research Agenda to Implement New Health for All Strategies**

- The Committee reiterated its concern about the importance of bolstering both the scientific capacity to define a list of research topics and the capacity to identify strategies for implementing the Agenda. It recognized that several types of actors should be involved in this implementation. The role that PAHO and WHO should play in this process should be differentiated;
- The Committee recognized that implementing the proposal of the Global ACHR will be difficult because it means raising consciousness in the countries of the Northern Hemisphere and persuading them to allocate part of their resources to investigate the problems of their neighbors to the South. Experience seemed to indicate that it is more effective to establish links between institutions in developed and developing countries that are focused on problems of mutual interest. Such a strategy also has the advantage of strengthening the scientific infrastructure in the developing countries; and
- The Committee pointed out the important role of private nonprofit institutions such as foundations in supporting research, and it expressed its concern over both the lack of interest that some of these institutions have shown in health research issues and the relatively vague criteria that have been used by others in selecting projects for funding. PAHO should study this problem and assume an advisory or advocacy role with these institutions so that they will adopt criteria that are more consistent with the needs of the countries in the Region.

**Report of the ACHR Subcommittee on Health Systems and Services  
Research (HSSR)**

- The Committee emphasized once again the important contribution made by health research toward improving the health situation throughout history and emphasized the

current importance of health systems and services research in closing health gaps between various population groups;

- The Committee also noted the need to strengthen the concept of health as an international public good. HSSR is usually considered to be of merely local or national interest, which creates an artificial dichotomy between the national and the international level. HSSR has great value at both levels, and efforts should be made to strengthen mechanisms for facilitating the transfer of knowledge and the promotion of comparative research in order to increase the number of people who benefit from its results. The Subcommittee can also play an important role in this regard, and to this end it should link up with other agencies at the international level that are acting in this field. Stepping into the discussion, Dr. Alleyne pointed out how difficult it is to identify the beneficiaries of public goods at the regional and global level. As a result, decision makers at the national level have little interest in promoting them. This is why we have international organizations. In the case of HSSR this is a central issue—hence the importance of the Subcommittee’s role in promoting this type of research from a regional perspective;
- With regard to the Subcommittee’s operational responsibilities and mechanisms, it was recognized that it cannot limit itself to merely reviewing research projects; it needs to take on other tasks such as developing the conceptual aspects of HSSR, promoting the broad participation of different actors in this type of research; promoting interventions based on research findings, following up and evaluating them; and developing strategies and mechanisms for disseminating research findings;
- This broad spectrum of functions for promoting and defining policies should apply to all the existing subcommittees, in addition to that which may be created in the future. Mention was made once more of the need for the subcommittees to evaluate their role on an ongoing basis, bearing in mind that they should not become permanent structures but perform strategic functions in carefully selected areas.

### **PAHO/WHO Collaborating Centers**

- The Committee considered it very opportune that the Governing Bodies of PAHO and WHO have recently been giving importance to the topic of the Collaborating Centers. However, it strongly emphasized that interest in improving the utilization of the Centers should not in any way be linked to the idea that Collaborating Centers are substitutes or alternatives to the work that PAHO and WHO must carry out themselves, thereby justifying budget cuts for these organizations. The Centers are of great value in fulfilling certain roles, but they cannot replace PAHO or WHO in their key functions;
- The Committee insisted on the importance of a more rigorous process for selecting, monitoring, and evaluating the Centers—one that will take into account more specifically defined terms of reference and programs of work. It was mentioned that, in the case of some of the strategic areas with deficiencies that can be readily remedied, PAHO or WHO could initiate a competitive process for Center selection based on clearly defined terms of reference. Levels of responsibility could be defined for the different Collaborating Centers based on their expertise, and a Center's level could change in keeping with its performance. Evaluation of the Centers should also take into account that some of them could be held "in reserve"—that is, it would be important to have access to Collaborating Centers with higher levels of expertise. Such Centers would not necessarily be very active but could be mobilized quickly should the need arise; and
- Emphasis was placed on the importance of developing networks of Collaborating Centers to facilitate collaboration not only between the Centers and the Organization but among the Centers themselves, thus permitting mutual reinforcement. Linkage between these networks and PAHO/WHO gives them the authority to act at the international level. Experience with other networks of Centers demonstrates that it is important to select the Centers on the basis of expert criteria, to ensure that networks have a clearly defined purpose and program of work, and to have a focal point designated by the members of the network promote interaction among the Centers and between the Centers and PAHO/WHO.

**Report on the Multicenter Project: Cultural Norms and Attitudes Toward Violence (Project ACTIVA)**

- The Committee emphasized the importance of this initiative, pointing out that only PAHO can promote the mobilization of resources and create the opportunity for comparative approaches that this type of study entails. In many cases there is interest on the part of the governments in financing studies in these areas, but no local expertise is available, which reinforces the importance of this modality for promoting and supporting research. The Committee also recommended that PAHO devote more resources to these projects to permit greater exchange among investigators and strengthen coordination and leadership on the part of PAHO. The strategy of mobilizing resources that involve occasional users to finance local costs not only makes it possible to multiply resources but helps to guarantee, in principle, that the results will be utilized;
- Some methodological aspects were discussed in connection with the problem of cross-cultural comparison when well-designed questionnaires are administered; the importance of taking environmental variables into account in the analysis; the problems of reliability of responses to questions the entail perceptions; representations; etc.;
- The importance of promoting broad and transparent dissemination of the results was emphasized as a means of heightening awareness about the importance of the problem, even though some of the results may be shocking. The investigation will also pave the way for subsequent studies that will make it possible to gain greater understanding of certain findings. The Committee emphasized that this type of multicenter study is needed not only for social and epidemiological research but for biomedical and clinical research as well.

**Report on the Multicenter Project: Health and the Older Person**

- While stressing its recognition of the importance of these studies and the topic selected, the Committee made a number of recommendations of a methodological nature, pointing out the need, for example, to include indicators of good health and the need to allow for the possibility of a high rate of attrition in the sample. It recommended the inclusion of aspects relating to the use of technology and

medication on the income of the older adult, and it pointed out the importance of differentiating between the aging process as a demographic phenomenon, which depends basically on a decline in fertility, and the aging process in the individual person. The first has to do with aspects relating to the increased percentage of dependent population, while the second has to do with conditions affecting the people who are actually experiencing the aging process.

### **Report on the Activities of the Research Grants Program**

- The Committee raised several points in regard to funding for research. First, it expressed concern over the cutback in funds for research in the PAHO regular budget, emphasizing how important it is that these resources remain stable, if only to serve as “seed money” or catalysts. More than a funder of research, PAHO should invest in research, developing and strengthening mechanisms to mobilize additional resources for research, as in the case of the multicenter projects. The Organization should promote and induce the allocation of resources by other agencies such as private international foundations and national agencies, and it should develop a line of technical cooperation with the countries to support them in the mobilization of resources.
- All this entails the establishment of medium- and long-term policies and priorities for health research in the Region, which should be an essential function of the ACHR.

### **New Methodologies for Health Situation Analysis**

- The Committee pointed out the importance of this line of work, from the standpoint of improving knowledge about the health situation and its usefulness in decision making. The decentralization of health systems has created an urgent need for new methodologies that will permit more rapid assessment of the situation for planning at the local level. It was mentioned that PAHO had launched important initiatives in this regard, which should be given even greater impetus.

- Stress was placed on the importance of combining information from statistical data with expert opinion and getting past the false dilemma of “quantitative vs. qualitative.” Application of a methodology of this type poses the challenge of training investigators so that they will not only know statistics and mathematics, but will also be able to organize and analyze the different types of information provided by informants and experts.

### **Report of the Biotechnology Subcommittee**

- The Committee recognized the importance of the results achieved by the Subcommittee and felt that its activities could have an even greater impact if they were targeted toward support for vaccine development. The experience of the Subcommittee itself and of some of the countries of the Region makes it possible to conclude that, despite the daunting challenges, significant strides can be made in this area; and
- In its new role, the Subcommittee should continue the strategic work in strengthening ties with the production sector and the biosciences community, at the same time making room for interaction between actors in the biological and social fields . Emphasis was placed on the importance of training countries to enter into technology transfer agreements, which should be included in any negotiation for major purchases of vaccines abroad.

## **XV. Final Report and Recommendations for the Agenda of the Next Meeting**

The members of the Committee reviewed the final report and determined that it adequately reflects the discussions and recommendations made in the course of the meeting.

With regard to the next meeting, several suggestions were made:

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- Bearing in mind that it will be the 50th anniversary of the founding of WHO, the Committee felt that it would be appropriate to engage in a strategic discussion of the future and the role of international organizations, with emphasis on research. Among the topics for this debate would be a discussion of the problems that threaten the status of research as “in the international public domain,” as seen in the growing number of mechanisms to promote the privatization of knowledge.
- The members of the Committee should play an active role during the meeting. The lectures given by some of them during the breaks in the present meeting have set a welcome precedent in this regard. The Committee suggested that working groups or “task forces” be organized, consisting of members of the Committee and invited guests, and that they meet one day before the meeting to prepare a document for presentation during the sessions. One of the working groups might be set up to address the topic of research promotion in the area of social sciences, taking into account the topics included in the research agendas presented at the current meeting.
- Consideration should be given to the possibility of expanding and diversifying the participants in the meetings of the ACHR. With a view to strengthening the Committee’s ties with the national science and technology councils (CONACYTs) in the Region, it was suggested that several chairmen of these agencies be invited. The importance of exchanging experiences with other regions of WHO was stressed, and it was recommended that representatives from these regions be invited.

## ***ANNEXES***