



THIRTY-FIFTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

Palais des Nations, Geneva  
Wednesday, 5 May 1982, at 10h20

CHAIRMAN: Professor A. M. FADL (Sudan)

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Note

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SECOND MEETING

Wednesday, 5 May 1982, at 10h20

Chairman: Professor A. M. FADL (Sudan)

1. BIOMEDICAL AND HEALTH SERVICES RESEARCH: Item 22 of the Agenda (continued)

Progress report on coordination activities: Item 22.1 of the Agenda (resolution WHA33.25; Document A35/5) (continued)

Dr VIOLAKI-PARASKEVA (Greece) said that the report under consideration provided evidence of the increased attention that WHO was devoting to research activities at all levels, the most important of which was health services research. In that connexion, she highlighted the desirability of cooperation between developed and developing countries in selected research areas, and said that the pooling of resources and the setting-up of joint research centres were important even in regions such as Europe where research was already highly developed. It was important to ensure cooperation between the various countries and to stress the valuable role which WHO could play.

Biomedical and health services research was essential to the maintenance of effective national health services and should form an integral part of the objective of health for all by the year 2000. It should be WHO's constant aim to strengthen the national research capabilities of Member States and to improve their capacity to utilize their scientific and technical manpower effectively. She noted the excellent example of the application of health services research in the risk approach in maternal and child health and family planning care and also stressed the importance of research on aging both for developing and developed countries.

Dr KPOSSA-MAMADOU (Central African Republic) said that biomedical research was extremely important for the development of health services even in the developing countries. He wished to ask two questions. First, in connexion with the special training programmes mentioned in the report, he wondered what WHO's aim was in the field of human reproduction. Did it wish to increase a falling birth rate, or did it advocate the introduction of family planning? He noted that stress was placed on reproductive health in adolescents, and asked what particular problems arose in that respect?

Secondly, in view of the inadequacy of primary health care in many countries, including his own, he wondered whether the integration of applied research in primary health care programmes would not constitute an additional financial burden and thus delay the implementation of those programmes and the achievement of health for all by the year 2000.

Professor RENGER (German Democratic Republic) endorsed the view that biomedical research was a prerequisite for high quality medical care. However, it could be effectively implemented only by means of interdisciplinary collaboration and by combining clinical and basic research. Another requirement was that adequate consideration be given to social, economic and organizational factors in health services research. On that basis his Government was in a position to make constructive contributions to the WHO programme for 1984-1986 and to provide supra-regional support for developing countries by participating in expert groups and programme committees for the development of health systems, supporting the elaboration of national care and control strategies, and developing strategies for preventive care for mothers and children and the elderly.

Dr BULLA (Romania) said that he would restrict his comments to the need for greater involvement by national research coordinating bodies in the coordination of global research activities. In the present circumstances, the impact at national level of the ACMRs was not always on a par with their global and regional impact. He believed that what was lacking was not a list of research problems nor the establishment of priorities but the development of research management at national level. For that purpose not only research workers and scientific groups but also national coordinating bodies should meet regularly at regional level, together with WHO collaborating centres, with a view to adapting to local resources the main managerial problems posed by research development. In that respect, it might be necessary to place greater emphasis on the management of research, both fundamental and health services research, including administration, planning, budgeting, and specific legislation. At the same time he emphasized the importance of health services research methodology, the organization of scientific information and the distribution of publications.

Dr KLIVAROVÁ (Czechoslovakia) said that the Czechoslovak delegation had always supported the Organization's research programme and recognized the need for coordination and management of research at the national, regional and global levels. She had studied with interest the work of the ACMRs and was particularly gratified by the new trends in research - especially in the field of cancer, with emphasis on prevention, early detection and treatment; the development of realistic therapies would benefit both the developed and developing countries, and she wondered what part was being played by the European Region in that work.

Her delegation also strongly supported the research programme on family health. Maternal and child health care and perinatal services were highly developed in Czechoslovakia, and she suggested that the experience acquired in the management and coordination of research over some 30 years could be of considerable value to other countries. Her delegation felt that the research institutions of some European countries, including Czechoslovakia, were not adequately included in the research programme.

Dr REZAI (Iran) said, in connexion with the establishment and development of biomedical and health services research in Iran, that the preliminary studies for the health care network had been carried out in cooperation with WHO in 1978, and had been ratified by the Government. It was anticipated that in future decades the primary health care network would cover the whole country. A system of cancer registry had been introduced in eight provinces where the establishment of cancer treatment centres was possible. Research was being carried out by the Institute of Public Health Research on the immunological aspects of various endemic diseases, including malaria, leishmaniasis and viral diseases. A serological survey had been made to assess seroconversion after the use of oral poliomyelitis vaccine, and the results would be published shortly. Another serological survey was being carried out to identify the percentage of females susceptible to rubella in junior and senior high schools in order to assess the need for vaccination. Regarding biologicals, the various vaccines used in the expanded programme on immunization, and human rabies immunoglobulin, human tetanus immunoglobulin and various antisera used in medical and public health laboratories were produced in Iran, and efforts were being made to achieve self-sufficiency in that respect.

Dr KOINANGE (Kenya) noted the progress being made in the medium-term programme, but stressed the need for more resources to be devoted to research, particularly with a view to strengthening research institutions and promoting the training of research workers. His country had a rapidly expanding maternal and child health programme which he felt could serve as an entry point for health services research in primary health care. The WHO-supported centre for research on human reproduction was carrying out research on the acceptability and effectiveness of family planning drugs and devices, and he was grateful for the support it was receiving. There were plans for the centre to provide training facilities for the sub-Saharan region, in the spirit of TCDC.

Many tropical diseases continued to be a major problem in his region, and research on some virus diseases was just beginning. Kenya was also starting research on other conditions, which had earlier seemed less important - such as cardiovascular diseases, hypertension and cancer - and he hoped that organized research in those fields would enhance the quality of life for his people. Valuable cooperation had already been established between Kenyan institutions and WHO, especially in the Special Programme for Research and Training in

Tropical Diseases, and he was grateful for the support which continued to be received at both the global and regional levels.

Finally, he would like greater efforts to be made to see how research findings could be applied in practice.

Dr LENFANT (United States of America) said that his delegation fully concurred with the focus of WHO's work on the coordination of biomedical and health services research, and continued to be impressed by its global and regional approach to organizing, coordinating and strengthening research. The four objectives of the medium-term programme were highly pertinent, and WHO was taking important steps to achieve them.

His delegation also endorsed the global ACRM's study on professional development and commended in particular the recommendation that the support and pursuit of research should not be separated from other aspects of the health system. He had been pleased to note the large increase in the numbers of students and university graduates in developing countries, which further justified WHO's efforts to organize and support research.

In developing research infrastructures, setting objectives and allocating resources it was vitally important that there should be close and effective coordination among the various science and technology agencies as well as among health ministries. In addition, there was much to be said for collaborative research between less developed and more developed countries, which was to the benefit of all. His country had an extensive series of arrangements supporting such collaboration, particularly in the area of disease prevention, including the development of vaccines.

WHO should be commended on taking the lead in focusing attention on aging and the elderly. His delegation supported the selective approach of initiating programmes in survey research and senile dementia, as endorsed by the global ACRM. Senile dementia of the Alzheimer's type was one of the most devastating, costly and prevalent diseases of old age, and there was a need for a concerted research programme to improve understanding of the cause, diagnosis, treatment and prevention of the disease.

Dr LIU XIRONG (China) was glad to note the way in which headquarters and the regional offices were implementing resolution WHA33.25. The continued strengthening of biomedical and health services research would contribute to the achievement of the goal of health for all by the year 2000. It was important, particularly for the developing countries, that global research should be initiated and implemented at the country level, and that research capability should be strengthened by the establishment of research institutes and the training of research workers. All that would contribute to the effort by Member countries to develop their research in a spirit of self-reliance.

During the past two years, as China's economy developed, it had made corresponding progress in biomedical and health services research. The need to build up health services in over 300 districts had led to great efforts being made to develop specialized research institutions and to train personnel. Two WHO-sponsored workshops held in China in May and August 1981 had helped to promote biomedical and health services research in that country, and he would like to see further cooperation with WHO in that area.

He stressed the importance of further research in the three particular areas mentioned in the report - cancer control, family health, and aging. Work in those areas was not limited to health departments alone, but involved other elements, such as economics, psychology and behavioural patterns. Activities on all those aspects should be integrated within the primary health care system. During the next two or three decades those questions would become increasingly important to developing countries with a high population density, and he fully supported WHO's efforts to promote research in those fields.

Professor LUNENFELD (Israel) said his delegation had noted with satisfaction WHO's efforts in coordinating collaboration with Member States to stimulate and monitor biomedical and health services research and to decrease the gap between developed and developing countries. He welcomed the closer interaction between the global ACMR and the Executive Board. Despite the atmosphere of deepening economic problems which demanded careful selection of priorities, recent years had witnessed significant progress.

Collaboration among institutions of higher learning, governments and industry was essential to promote biomedical research, especially in small countries with limited resources. In Israel, progress in the development of antiviral drugs such as interferon, biological agents produced by genetic engineering, better diagnostic tools such as third generation computerized axial tomography and ultrasonography equipment, and curative procedures such as new laser beam technology showed that such collaboration was both possible and cost-effective. WHO should increase its efforts to promote such collaboration and should encourage industry to invest in research in the developing world.

The continued refinement of existing technology and the development of new technology made WHO's role in the monitoring of safety even more important. He had noted with satisfaction the final report on ethical review procedures for research involving human subjects and urged that those procedures be continually reviewed and updated. The global ACMR should not shrink from tackling sensitive areas in which no consensus had yet been reached - for example, the use of zona-free hamster ova in in vitro tests for human sperm penetration, and the use of in vitro fertilization.

His delegation noted with satisfaction the emerging initiatives in WHO research on cancer control, aging, and - especially - family health; it was particularly pleased to note the progress in research on the reproductive health of adolescents. The understanding of reproductive processes in that age group was of particular significance and could lead to the development of an additional health indicator in the first third of life that might serve to identify, at an early stage, populations at risk.

He urged WHO to strengthen further the links with the research components of other programmes and to provide additional resources to sustain the momentum attained. Health services research was an integral part of the planning and management of health services at all levels. He hoped that WHO would continue to promote the sharing of research efforts among all nations.

Professor SHEHU (Nigeria) drew attention to three important aspects: the need for manpower with the necessary expertise, the need for resources, and the relevance of the research. In many developing countries there were relatively few research workers, and those few were rarely provided with adequate facilities. That in turn led to frustration and to the "brain-drain" phenomenon. Resources were scarce, and there were many competing needs. It was therefore important to ensure the relevance of research.

He did not wish to open a debate on whether developing countries should undertake applied rather than fundamental research. Many scientists had difficulty in convincing policy makers that research should be adequately funded. Most of the delegates to the Health Assembly were involved in policy-making in their countries, and he was optimistic that they would be able to stimulate a dialogue between research scientists and those determining resource allocation. He hoped that that in turn would lead to the greater involvement of the scientific community in policy development.

WHO should continue to encourage greater productivity and relevance of research in developing countries. WHO's role in Africa required further reinforcement, particularly in health manpower training and the strengthening of national research capabilities. Every available research facility should be identified and used in establishing an infrastructure on which to build.

Commendable progress had been made in the Special Programme for Research and Training in Tropical Diseases, with its rational and disciplined approach. He had chosen the words rational and disciplined deliberately, since the world appeared to be becoming increasingly irrational and undisciplined - with the rich becoming richer, and the poor poorer, and the young in too much of a hurry to appreciate the need for discipline. The constraints faced by biomedical and health services research workers would have to be removed if the application of existing knowledge and the generation of new knowledge were to progress.

Professor SOPROUNOV (Union of Soviet Socialist Republics) welcomed the progress made in the field under consideration. Biomedical research was expensive and was not an end in itself, but rather a means of achieving WHO's objectives. He therefore regretted that the Director-General's report had not indicated more tangible results. Further, it contained some contradictions. For example, paragraph 17 stated that the establishment of adequate research career structures constituted a crucial component of the overall research capabilities in developing countries, while in paragraph 20 it was concluded that, rather than promoting research career structures per se, WHO should value and support research activities as a basic component of health plans and programmes. The latter would appear to be more appropriate since science was but one component of socioeconomic development.

He would have welcomed concrete information on sums allocated and staff trained, by country and by programme, in order to have a clearer view of the progress made. He wondered whether developing countries had been able to assume maintenance costs of scientific centres and the costs of researchers after five years, as foreseen in the programme, and whether WHO-supported programmes had been integrated with national programmes and had produced practical results. He hoped the Secretariat would be able to provide further details on those points.

It was important to distinguish between the conditions governing cooperation with developing and with developed countries concerning research. Whilst it might be normal that WHO assume all the costs for developing countries, that was not necessarily the case for developed countries. He suggested that in negotiating agreements with research institutions in developed countries WHO might limit its contribution to basic funding to 10-25%, the savings being allocated to developing countries. Further, developed countries should be encouraged to transfer not only scientific knowhow and research capabilities but also technology and methods suitable for simplified practical application.

The Director-General, in introducing his report on the work of WHO in 1980-1981, had justifiably drawn attention to the deterioration in the world situation in recent years. In that connexion, he himself would stress, firstly, that the results of WHO-coordinated biomedical research, particularly that concerning diseases prevalent in the developing countries, belonged to humanity as a whole; they should be freely exchanged among scientists, with or without the assistance of WHO and without governmental restrictions. Secondly, developments in the field of genetic engineering were so rapid that it was difficult to foresee results; WHO should take a clear stand in insisting that any findings in that field should only be used for the good of humanity as a whole and the developing countries in particular.

Dr CASTELLÓN (Nicaragua) was pleased to note that research priorities had been identified for the countries of the Region of the Americas; that was an important prerequisite for the development of strategies for health for all, since the countries were not all at the same level of development and did not show the same disease patterns.

He also welcomed the regional activities in research on nutrition and diarrhoeal diseases, and in health services research. Research undertaken in Nicaragua included studies on the etiology of diarrhoeal diseases, on poliomyelitis and measles' immunity levels and blood tests for malaria.

He urged the establishment of policies for collaboration and exchange of information among countries with a similar level of development, the developed countries helping those with limited research capabilities.

Professor JAKOVLJEVIĆ (Yugoslavia) recalled the discussions at the tenth and eleventh meetings of the sixty-ninth session of the Executive Board, during which the Deputy Director-General had mentioned the role of universities and medical schools in developing countries and their responsibilities for health services research as well as for basic medical research.

The Director-General's report stressed the importance of biomedical and health services research as a major accelerator in progress towards health for all by the year 2000, but that aspect was not adequately reflected in the section on regional activities - although there was a passing reference in paragraph 43 to the effect that one of the main concerns of the European ACMR was the research implications of the regional strategy for attaining health for all.

In connexion with research training, while he agreed that emphasis should be given to postgraduate education, it was essential to pay particular attention to national research priorities and the provision of training in the context of technical cooperation among developing countries.

He stressed the importance of international collaboration in biomedical research, especially in the field of cancer control - for example, regarding treatment strategies. Yugoslavia had had many years experience of international collaborative studies both on a bilateral and on a multilateral basis - including projects on the utilization of medical care, causes of infant mortality, regionalization of health services, and comprehensive cardiovascular care - and had enjoyed the close cooperation of WHO in such studies.

Dr CABRAL (Mozambique) commended the continued efforts of WHO to strengthen the research capabilities of Third World countries. Further emphasis should be given to institution strengthening and the definition of priorities. Criteria for evaluating progress achieved by WHO-supported institutions should be based on the ability of those institutions to continue their work once foreign aid was reduced or withdrawn, and not on the sophistication of their research programmes or equipment. In that connexion he recalled the concerns expressed by the delegate of the Soviet Union.

The availability of research personnel was also an important factor in the self-reliance of institutions. Many developing countries did not have sufficient trained personnel either for the provision of health services or for research. Such countries would continue to need the long-term support of small teams of expert scientists who were aware of the prevailing socioeconomic conditions and who were able to stimulate the development of appropriate attitudes and methodologies.

He supported the views expressed in paragraph 20 of the Director-General's report regarding the careful planning of research career structures.

With regard to identification of research priorities, attention should be paid to technological costs, adaptation of research to relevant social problems, the possibilities of practical application of research findings within the constraints of available resources, and the involvement of decision-takers at the highest political level.

His delegation supported the three new research areas - in particular that concerned with family health - and the specific objectives and methodology proposed.

Professor OFOSU-AMAAH (Ghana) commended the Director-General on his report and expressed particular support for WHO's initiative in family health research. In the developing world the health problems of mothers and children remained immense, and perinatal mortality continued to be of considerable concern. The need for research efforts in those areas could not be overemphasized. While the African Region continued to benefit from WHO's various special programmes, much more needed to be done. Bilateral and multilateral assistance should be encouraged, particularly in strengthening the national research capabilities of developing countries. Research that used African communities as research objects and left no trained local scientists or permanent support was no longer relevant - a subject considered during CIOMS round-table discussions.

Health services research in support of primary health care was crucial and should be encouraged - for example, operational research to support the Expanded Programme on Immunization, and programmes on diarrhoeal diseases and acute respiratory diseases. However, health systems must remain sufficiently flexible to be able to adopt and utilize relevant research results as soon as they became available in order to maintain the interest and enthusiasm of research workers.

Dr BRAGA (Brazil) said that the Director-General's report indicated that there was a commendable natural progression of biomedical and health services research with the incorporation of new disciplines to give a broader scope of greater meaning for research and for health services, and hence for the improvement of the quality of life.

The report had stressed several interesting and important areas of research that should be developed further. He hoped that those would lead to the establishment of appropriate procedures for the optimum training and use of human resources for health.

More stress needed to be laid, however, on studies to determine how resources were used, so that they could be utilized to better advantage.

Dr MAYNARD (Trinidad and Tobago) said that her delegation, which had raised the point at previous sessions, was gratified to note the emphasis being placed on training programmes for scientists wishing to pursue a career in research. She drew attention to the desirability of including a larger number of more junior research workers in the scientific research meetings organized by the international agencies, in which hitherto only very senior workers had had an opportunity to participate.

The Caribbean Epidemiology Centre played an important role, particularly in research on communicable diseases, and she expressed appreciation for the financial and technical assistance being given to that body by the Pan American Health Organization and by WHO. The Commonwealth Caribbean Medical Research Council, which gave small grants to individuals unable to qualify for grants from the bigger funding agencies, had only limited funds at its disposal, provided by the contributing Caribbean countries, and those funds were inadequate for the development of new research programmes, especially in the area of health services research. Her delegation accordingly wished to commend that Council to the funding agencies for aid.

Dr OLGUIN (Argentina) emphasized the importance his delegation attached to the question of research, which was fundamental to any real progress in health. The various concepts included in the report could be considered satisfactory.

While the role played by WHO was essential for the international coordination of research, it should be borne in mind that the solid basis had to be the national research efforts made by individual countries. It was accordingly imperative to improve national research capacity, which constituted an integral part of general economic and social development. Such an improvement undoubtedly called for very considerable resources and existing financial constraints could clearly not be ignored. Nevertheless national budgets should have specific financial provision aimed at achieving set goals in the furtherance of science and technology, including its health aspects.

On the question of national structures, he recognized the important part played by national research councils with respect to administrative aspects and in the coordination of national policies. Inter-country cooperation and multilateral assistance were also of immense value in strengthening national research capacity. The role of the universities was fundamental at the national level, not only as regards programme implementation but also in achieving the correct attitude of mind towards research among health and health sciences professionals. Evaluation was also extremely important, since it made for optimum use of financial and human resources, and universities could also be brought into that process.

The experience of all existing institutions should be fully borne in mind so as to arrive at the best methodology, as it was by effective research that a real step forward could be taken in improving human wellbeing.

Dr BORGÑO (Chile) particularly emphasized, in connexion with coordination, the need to make maximum use of WHO in its most important catalytic role. The Pan American conference on research, held the previous week in Caracas, had aimed at establishing a research policy within the context of the plan of action for health for all by the year 2000. Such policies were essential in enabling individual countries to select those priority areas of research best suited to their needs and to set up or improve the requisite research mechanisms.

Dissemination of information on research in progress was an area in which WHO could help, as he felt that, as matters stood, all existing knowledge was not always easily available, both with regard to biomedical research and to research concerning health services. The publications of CIOMS, relating to medical ethics and to training as well as on other matters, were a most useful contribution.

He shared the views of the delegate of Argentina on evaluation. Indeed, it was necessary to evaluate not only research itself but also its coordination, so as to ensure that the desired results were being achieved.

Dr MARUPING (Lesotho) expressed appreciation for the work being done by several Member States, in collaboration with WHO, in the sphere of biomedical research.

High quality research personnel and facilities were lacking in many of the less developed countries. While she fully appreciated that the strategy adopted for achieving health for all - primary health care - called for stringent financial control of the limited resources available, there could be no doubt that greater insight into the major disease problems existing in the individual countries could have a bearing on policies as to what programmes should be given priority within primary health care. Some basic research should be undertaken in developing countries lacking research centres. Subjects with particular relevance to her own country might include, for example, cancer of the cervix, neonatal tetanus, with a view to assessing the degree of the problem, and congenital rubella syndrome, since research on the frequency of its incidence in Lesotho would provide guidance as to whether routine immunization should be introduced, in view particularly of the increase in adolescent pregnancies.

Her delegation urged that more support be made available for such basic research activities in order to assist countries such as her own in evolving sound national policies. Priority should also be given to training, at local or regional levels, in basic research techniques with a view to strengthening primary health care programmes.

Professor GIANNICO (Italy) stated that his country fully supported the programme in biomedical and health services research, and that Italian research institutions would extend their collaboration to WHO in that regard.

With regard to the reference made, in paragraph 7 of the report, to the objective, under the medium-term programme, of promoting international coordination of research, especially with respect to problems of major importance to Member States, he drew attention to the important question of experiments on man and animals. He would not comment on the former, which involved exceptional and highly delicate procedures. But experiments on animals, other than small laboratory animals, were frequent, were carried out in almost all countries and were often essential to progress in biomedical research programmes; they too raised certain ethical problems. Legislation in that respect existed in several countries, including Italy, but the compromise situation reached between the needs of research and the protection of the animals used did not generally satisfy either research workers, who wished for greater freedom, or animal protection associations, which called for stricter regulations or indeed a complete ban on the use of animals which had to be sacrificed in order to achieve progress in research. That situation had given rise to frequent disputes between those concerned, and public opinion had become involved. WHO could play a most valuable role by studying the problem, above all from the ethical viewpoint, and by providing guidelines for procedures in the use of animals for biomedical experiments.

That would be a practical contribution to the promotion and development of research since relatively minor difficulties could stand in the way of achieving the general objectives set. Furthermore, that would be in keeping with the emphasis placed in paragraph 5 of the report on the desirability of interaction between medical research councils of the different countries.

Dr WILLIAMS (Sierra Leone) said that it was her impression that in the area of family health, the main emphasis, where adolescents were concerned, was on reproductive health. In her own country, hypertension and cardiovascular accidents constituted major problems. In her own experience of examinations of secondary schoolchildren, blood pressures of 160/100 mmHg (21.3/13.3 kPa) had been found in girls aged 15 years. She wondered whether any study had as yet been made to find out at what age blood pressure started to rise in young people. Another highly relevant study could relate to the nutritional status of adolescents with a view to the prevention of poor nutrition in pregnant mothers.

Mr LEE (Republic of Korea) commended the valuable work being done by the Regional Office for the Western Pacific in biomedical and health services research through efficient use of the regional ACMR. The specific objectives had been well identified as: strengthening national research capability; increasing technical cooperation between research institutions at regional level, and promoting national research management and coordination mechanisms. His country was extending its utmost cooperation to WHO and would continue to do so.

As one of the most densely populated countries in the world, the Republic of Korea was giving priority to population research, and an institute of population and health, combining two institutes relating to family planning and health development, had been established the previous year. He expressed appreciation for the help provided by WHO, both headquarters and the Regional Office, to his country, and hoped that it would continue in the future.

Dr ORADEAN (representative of the Executive Board) said that the excellent statements made by the Deputy Director-General, Professor Bergström and others had shown the complexity of biomedical research. The discussion that had just taken place, like that in the Executive Board, had demonstrated that there were good practical reasons for the biomedical health services research programme. Research had, in fact, become an essential tool in achieving the overall aim of health for all by the year 2000. Although the importance of fundamental research and clinical research should not be minimized, health services research was of vital importance in improving the organization and operation of health systems. The Executive Board was well aware of the difficulties resulting from limited numbers of scientific personnel and from the high cost of operational research, but had emphasized that, without such research, it was highly probable that the application of inappropriate techniques and methods would lead to activities that were both less effective and more costly. The Executive Board had also stressed the practical importance of a well developed system for the dissemination of research results, so as to reduce the time lag between scientific discoveries and their application. As had been shown by the discussion, there was a need for greater efforts to make governments accept health services research as a crucial factor in achieving health for all by the year 2000, and in ensuring that decisions and priorities were in line with the economic, social and cultural conditions that varied so widely from one country to another.

The DEPUTY DIRECTOR-GENERAL said that WHO would pursue its research programme with imagination, determination and commitment, but that at the same time the cooperation of Member States was needed. It would be discouraging if WHO were to find that the minimum infrastructure did not exist in the majority of countries. If countries, and especially developing countries, continued to shy away from research and development, it would be difficult for WHO, in spite of its determination and commitment, to provide support on a massive scale. Unless some of the handicaps that had been mentioned on the previous day were reduced, it would not be possible for any imaginative research to be conducted over the next few years at country level.

He reminded delegates of the national research policies needed in most countries, and of the need for career structures for young research workers, a minimum national investment in research and development, national motivation, etc. All that was extremely important.

A great deal of international cooperation and readiness existed to make both the transfer of technology and the transfer of information a fact, but it was also important to ensure that an infrastructure was in place, onto which any new ideas, techniques and technologies could be grafted. That came back once again to the determination and willingness of Member States to accept research as an indispensable part of development.

Dr PETROS-BARVAZIAN (Director, Division of Family Health) referred to the emphasis, on the part of most delegates, to the need for services research in family health aiming at improved integrated primary health care programmes; that was in accordance with WHO's plans in translating the objectives and targets of the Seventh General Programme of Work into an integrated approach to the development and application of technology in the various areas of family health.

The delegate of the Central African Republic had asked a specific question with regard to the reproductive health of adolescents. The health needs of adolescents had been comprehensively considered by Member States and at numerous regional conferences. An expert committee, which had met in 1976,<sup>1</sup> had considered the health needs of adolescents in the light of current socioeconomic and health developments in various countries, and had concluded that there was a need for further research in various areas including reproductive health of adolescents.

One of the questions that had been the subject of a great deal of discussion was the need to consider the health needs of adolescents not only in relation to adolescence itself,

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<sup>1</sup> WHO Technical Report Series, No. 609, 1977

but also from the point of view of the health of the succeeding generation. That implied preparing young people for their future responsibilities as parents. In the past, most efforts to reduce infant, perinatal and child mortality had been directed towards the age group concerned. While that had still to be the case in most developing countries, it was well recognized that, to make a greater impact on the perinatal period, for example, by decreasing the currently high percentage of low birth weight babies, it was necessary to ensure that the health, nutritional status and maturation of future mothers was satisfactory. It was also well known that, if girls less than 18 years of age became pregnant, the risks were greater both for the young mother and for the outcome of the pregnancy: the infant.

In response to requests from Member States, WHO had therefore initiated a series of studies on the maturation process in adolescents, taking into account the epidemiological factors influencing that process, and aimed at developing, in various sociocultural settings, guidelines that would help the education and health authorities to take steps that would minimize the risks to women, the family and the child. Such steps were particularly important since in some countries about 50% of all first pregnancies were occurring among adolescents less than 18 years of age and, as the delegate of Lesotho had commented, the percentage of teenage pregnancies appeared to be increasing in some countries.

The question of the other health problems of adolescents had been raised by the delegate of Sierra Leone. While hypertension was not among the health problems causing mortality in that age group, the Division of Family Health had been collaborating with the Cardiovascular Diseases unit in their studies on precursors of hypertension and atherosclerosis in school-age children, including adolescents; these might also be linked with hypertensive disease of pregnancy and, in men, with the very important problem of general hypertension. In the past the lower age limit in that type of studies had originally been 10 years of age, but presently protocols had been developed with the aim of determining how early such risk factors could be detected. WHO had also been studying nutritional habits in early infancy and childhood and interested in their effect on risk factors for adult hypertension and atherosclerosis.

A question had also been asked about nutrition in relation to pregnancy; that was very much a part of WHO's overall maternal and child health and nutrition programme, in which WHO was collaborating not only with national collaborating centres, but also with UNICEF and FAO.

Dr KESSLER (Director, Special Programme of Research, Development and Research Training in Human Reproduction), in replying to the delegate of the Central African Republic, said that the Special Programme of Research, Development and Research Training in Human Reproduction was the main instrument within WHO for promoting and coordinating international research and development on fertility regulation. That Programme covered research on the provision of family planning care, including the service and psychosocial aspects, and the safety and efficacy of current methods of fertility regulation, research on the development of better methods of fertility regulation, and research on the diagnosis and treatment of infertility. The Programme also included among its objectives manpower development and the strengthening of facilities in the developing countries for research in those areas, and the disseminating of information on research on fertility regulation to policy-makers, programme administrators, service providers, scientists and the public. The Programme collaborated with governments, whatever the policy that might have been established to increase or decrease natality. WHO had no specific demographic policy or aims.

Dr PIRNAR (Director, Office of Research Development and Promotion) said that the large number of delegates who had taken the floor reflected the strength of the programme, since WHO was not a major research organization but tried to coordinate and promote the research efforts of Member States. As the delegate of China had said, health research was to be determined and carried out at the national level. The specific questions raised by delegates had already been answered; he would therefore try to deal with the more general concerns that had been expressed.

Almost all delegates had stressed the importance of health services research; he assured them that that was also the primary concern of WHO. That was not to detract from the importance of sophisticated biomedical research, some examples of which had been given by the delegate of Israel, but health services research stood out as crucial to the achievement of health for all by the year 2000; that point had been made by the delegates of India and Greece. Reflecting that approach, the Advisory Committee on Medical Research was continuing

to place great emphasis on health services research, and the corresponding subcommittee had done a great deal of work over the last four years. Two other subcommittees had also been set up, not only to provide advice and recommendations on how health services research should be implemented, but also to monitor the activities in that area.

The delegate of Yugoslavia had clearly outlined the need to involve universities in health services research. WHO was making strenuous efforts to interest universities in such research; because of the traditional interest in, prestige of, and availability of resources for biomedical research, universities had confined themselves to the development of that field, leaving health services research limited to a certain amount of operational research carried out somewhat sporadically by ministries of health. With the realization of the prime importance of health services research in the achievement of WHO's goals, it had become necessary to make not only universities, but all other medical research institutions, aware that such research was not mainly or merely the concern of ministries of health.

The delegate of the Union of Soviet Socialist Republics had pointed to a contradiction between paragraphs 17 and 20 of the report; that was probably the result of translation problems. Nevertheless, he wished to emphasize that, while the strengthening of research career structures was seen as crucial to the Programme, it was not the intention to isolate such structures from overall research development.

Dr LUCAS (Director, Special Programme for Research and Training in Tropical Diseases) said that the institution strengthening component was guided by a team of scientists and public health administrators; they had advised that it was a long-term endeavour requiring sustained effort. Institution strengthening was carried out in the context of national priorities and programmes, and all proposals were negotiated with national governments or their delegated representatives.

He fully agreed with the delegate from Mozambique that satisfactory take-over of strengthened activities was one of the best indications of success. A five-year target had been set in the Special Programme for long-term grants, but that might be extended where necessary. Activities had only recently been started, so that it was difficult to report significant results; funding had only been started in 1980 for 22 of the 26 institutions now receiving long-term support. Progress would be reported to subsequent Health Assemblies. Research training grants had been given to 300 trainees most of whom were associated with institutes being strengthened, while other group training activities were also being supported, e.g., in medical entomology.

One example of substantial long-term investment was the Tropical Disease Research Centre in Ndola, Zambia, the management of which had been taken over by the Zambian Government. Support from the Special Programme was continuing, but national scientists were taking over crucial roles; in fact, the Director himself was a national scientist. There were also several trainees and visiting scientists from other African countries at the Centre. The Centre was producing valuable information, e.g., on the chemotherapy of malaria, and important work was also being done on schistosomiasis and African trypanosomiasis. It was in contact with the WHO diarrhoeal diseases control programme and was commencing activities in that area. The Centre was playing an important role nationally; it was also proving a valuable resource to the African Region and the new knowledge being obtained was of global significance.

The meeting rose at 12h30.

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