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Report on the Tenth Session

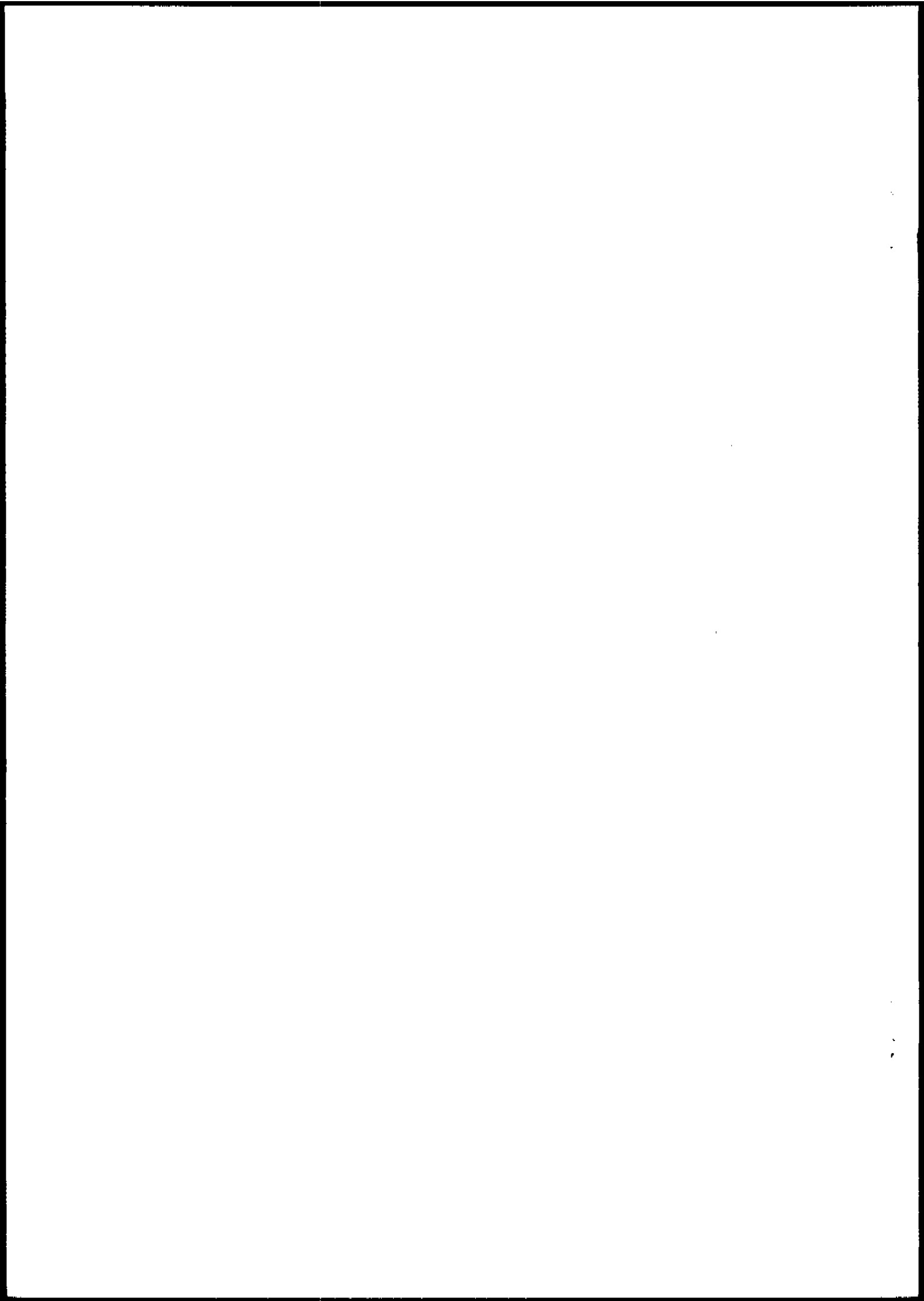
Copenhagen
15-17 February 1984

Note

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1. Introduction

The tenth session of the European Advisory Committee for Medical Research (EACMR) was held at the Regional Office in Copenhagen from 15 to 17 February 1984.

The meeting was opened by the EACMR Chairman, Professor T.M. Fliedner. The Director of the WHO Regional Office for Europe, Dr Leo A. Kaprio, welcomed the participants (a list of those attending is annexed). In his introductory statement, the Regional Director emphasized WHO's holistic view of health, ranging beyond the purely medical and scientific matters. The EACMR's overall function was to review ongoing programmes in WHO from the scientific standpoint and to advise the Office in scientific matters, but one of the more specific purposes of the present meeting was for the EACMR to analyse the document "Targets in support of the regional strategy for HFA2000" (EUR/RC33/9 and Corr.1). This had been thoroughly discussed at the thirty-third session of the Regional Committee, and in general Member States had reacted very positively to it. Their comments had been taken into account in formulating a revised version, and their views on the revised document were expected at the end of February 1984.

Turning to the mobilization of support for HFA2000 from the universities and medical schools, the Regional Director pointed out that WHO was in the process of broadening its range of contacts. The role of universities in achieving HFA2000 would be a topic at the forthcoming Thirty-seventh World Health Assembly. Discussions on the role of nongovernmental organizations and HFA2000 were scheduled for 1985.

Professor D. Enachescu was elected Vice-Chairman and his proposal that Professor H. Danielsson should act as Rapporteur was accepted. The Chairman proposed that, for discussion of the target document, the EACMR members be divided into three groups, each analysing one section of the document and reporting its deliberations to the plenary. The three groups proposed were as follows:

Lifestyles conducive to health (section 3)

Professor R. Illsley
Professor M. Manciaux
Professor J.M. de Miguel
Professor P. Riis (Chairman)

Healthy environment (section 4)

Professor H. Danielsson (Chairman)
Professor D. Enachescu
Professor T.M. Fliedner
Professor D. Nejmi
Professor F. Pocchiari

Appropriate care (section 5)

Professor S. Eckhardt (Chairman)
Professor A.G. Khomenko
Professor A. Maleev
Dr P. de Schouwer
Dr D. Walsh

Dr B.Z. Nizetic, Chief, Research Promotion and Development, presented a progress report on the programme of the Office in that sphere for the period February 1983 - January 1984. The discussions at and recommendations of the ninth session of the EACMR in February 1983 and at other previous EACMR sessions had led to the following meetings, some of which would be reported on at the present session:

- a consultation on curriculum development for training in health services research methodology (Copenhagen, March 1983);
- a consultation of the Planning Subcommittee of the EACMR (Brussels, June 1983) with decisions as to distribution among EACMR members of reviews of ongoing programmes;
- a working group on the management and structure of health policy research (Rome, 18-20 October 1983);
- a first meeting of the Advisory Committee on the Programme of Social Equity and Health (Barcelona, 26-28 October 1983);

- a consultative group on ethnic minorities (The Hague, 28-30 November 1983);
- a workshop on scientific analysis of health and health care: paradigms, methodologies and organization (Ulm, 1-4 November 1983).

He went on to inform the Committee on the developments concerning the target document. In view of the Regional Director's wish that the EACMR be closely involved in the scrutiny and preparation of the target document, the Chairman of the EACMR would be attending the session of the Regional Health Development Advisory Council (RHDAC), Copenhagen, 24-26 April 1984. The Planning Subcommittee of the EACMR had discussed some aspects of the document at its meeting in June 1983 and had argued the need for a special section on research. At the thirty-third session of the Regional Committee in Madrid, September 1983, the Chairman of the EACMR had made a presentation on research and the role of the EACMR. The Regional Committee had underlined the role of the EACMR in analysing research aspects of the target document. The Chairman of the EACMR had also reported on EACMR activities and policies at the October 1983 meeting of the global ACMR which had stressed the need for better links between regional ACMRs and had set up a subcommittee on the strategy for health research for HFA2000 under the chairmanship of Professor T. McKeown.

The Chairman of the EACMR then gave a brief report on the April 1983 meeting of the RHDAC and the discussions at the Regional Committee in September 1983, and reminded participants of the different tasks and duties of the EACMR: to emphasize science rather than policy, to assist in setting research priorities and in the development of the WHO programme, to act as a catalyst between health administrators and the scientific community, and to assist in publicizing WHO and its role, e.g. in the medical press.

2. Targets in support of the regional strategy for HFA2000

2.1 Background

Dr J. Asvall, Director, Programme Management, summarizing the background and aims of the target document, reminded the EACMR that at its thirtieth session in 1980 the Regional Committee had adopted a strategy for HFA2000 in Europe whereby emphasis was placed on lifestyles, the environment and health care systems. The target document was a first attempt at a European health policy, but though it was a mixture of realities and dreams it was crucial for inspiring development of national health strategies and providing guidelines for health improvement and tools to monitor improvements. Its main messages were social equity, health promotion, the multisectoral approach, community participation and international action. It was broken into sections on health improvement and preventive health approaches, care systems and machinery for changing the present situation. For the purposes of the exercise, the Office had undertaken a number of analyses of their scientific background of target formulation.

Professor P. Pissarro, invited as a special consultant to the Regional Office, introduced his informally circulated paper "Notes on document on targets in support of the regional strategy for HFA2000", by showing how he had analysed the target document from the scientific viewpoint and from its possible repercussions on research, but stressing that the analysis did not in any way represent a detailed assessment of the present state of scientific knowledge on the various targets. Limiting his remarks to some general matters, he pointed out that most of the targets would involve ethical problems, emphasized the importance of the individual's right to choose and questioned whether research could be neutral. It was important to broaden the definition of research, and in doing so to involve "users" in conducting research and setting priorities. The nonbiomedical disciplines most involved in research activities would be psychosociology, occupational and organizational sociology, economics, epidemiology, political economy, the administrative sciences, information and documentation, including ethnology, anthropology, history and epistemological and other philosophical types of analysis. He singled out as research priorities:

- the development of different concepts of health, including the psychosocial, political and ideological dimensions, the formulation of theories for the interpretation of health systems, and the appraisal of rational and irrational approaches and reactions in the health field;
- relationship between work and health;
- operational research, institutional analysis and evaluation, use of action research techniques, taking primary health care as a priority, but also focusing on hospital planning and alternatives to hospitalization;
- information, documentation and democratization of knowledge.

The EACMR felt that it should have had an opportunity to study the document prepared by Professor Pissarro before the meeting. It would therefore be discussed while reviewing the contents of the target document.

2.2 Group discussions

The group dealing with healthy environment (section 4) considered that the document contained too many targets, many of them overlapping, with a far from adequate ordering of priorities that in any case should include a more realistic time frame than was the case in the existing version. All quantitative statements in the targets should be eliminated, as the group felt that there was nothing in the background presentation that could justify them. In their present form, the targets sounded like dictates and should therefore be reworded. Some targets, such as those dealing with war and peace, should not be formulated as targets but should be discussed in an expanded preamble to the document, which should also include a discussion of economic matters. The preamble should mention that the attainment of many targets would require either economic growth or reallocation of resources, and it should also address the problem of individuals' rights. At the same time as providing as much information as possible about prerequisites for health, health authorities should not disregard the individual's right to choose. Finally, the group recommended including in the preamble a reference to the need for continuous evaluation of progress made in attaining the targets.

Of the various targets in the section, it was felt that target 46, improvements to housing, should be formulated in such a way that it clearly included water supply, sanitation, etc. If the target were reformulated, it might prove possible to eliminate target 36, on awareness of the health implications of individual lifestyles, as well as other targets. On target 44, aiming at a reduction in the use of illicit drugs, the group was not convinced that there was sufficient evidence to warrant the statement concerning mental disorders, hypertension and myocardial infarction. The text preceding target 49, visualizing a reduction in health risks from air pollution, should include mention of the need for research on and improvement of systems for biological monitoring. Target 52, on risks from potentially toxic chemicals, should be expanded to include a discussion of the particular problems in the developing countries. Target 54, on environmental accident risks, could be broadened to include all kinds of accidents, thus eliminating several targets in subsection 1.1.4.3 on accidents. It was important for the text of target 55, on the risks from exposure to microorganisms and parasites, to draw a clear distinction between problems in the developed countries and those in developing countries. Lastly, in the first paragraph of section 4.3, the second sentence, "Machinery for the management of environmental risks ... need for greater coordination between the different sectors," should be deleted.

The necessary ordering of priorities among the targets should be based, firstly, on expectations of scientific breakthroughs and, secondly, on a less narrowly professional assessment of what could most easily be achieved and have greatest impact on people's health. Under the first type of priority-setting, chemical safety and environmental factors related to biological agents would be given highest priority, followed by occupational hazards and finally accidents, especially studied from a psychosocial aspect. Under the second type of priority-setting, accidents would be put in first place, with chemical safety in second place, targets 46-48 in third place and target 55 in fourth place.

With regard to section 6, research, the most important support measure for HFA2000, the group strongly emphasized the need for broadly based biomedical research in improving techniques for the diagnosis, prevention and treatment of diseases. It was pointed out that the spectrum of health and disease involved much more than lifestyles and healthy environment. Efforts to improve lifestyles and healthy environment, however important they were, should not preclude efforts in and support of other fields of importance to health and disease, and it was important for that fact to be reiterated in section 6.

The group dealing with appropriate care (section 5) stated, in its general comments, that statements in some sections were based on real data whereas in others they were not. When the document was to be presented to the Regional Committee, data, backed up by references, must be added to support all quantitative statements; otherwise no data should be quoted. The group was concerned at the specific dates for reaching targets since many of them represented trends and tendencies that differed widely between the countries in the Region.

Of the specific targets in the section, targets 62, on the scope of preventive primary health care services, and 63, on that of diagnostic, treatment and rehabilitative primary health care, should be combined in a single target. Targets 68, on secondary services, and 69, on tertiary care, should be placed immediately after target 58, on the supporting role of secondary and tertiary care in PHC provision. Subsection 5.1.2, Multisectoral cooperation in health, would fit better in section 4.

Target 62 should be amended to read, "By 1990, in all countries the primary health care system will provide effective health promotive and preventive services to all individuals and population groups in need," deleting the remainder of the wording of the target as being too specific but not sufficiently comprehensive in listing health services. In the paragraph following target 63, the phrase in brackets "(e.g. by ensuring the availability of at least 20 essential drugs)" should be deleted. In the third line of the next paragraph, after the word "disabled", the phrase "the incurable and the dying patient" should be added. Target 67, on the evaluation of and support for alternative health care practices, should be modified to read, "By 1995, in countries where health intervention can be given by care providers operating outside the formal health care system, such activities have to be systematically evaluated." In subsection 5.5.1, the second sentence of the second paragraph on page 60 should be altered to read, "It should therefore be possible to reconsider allocation of funds for primary and secondary health care."

The group recommended that, for research priorities, high priority be given to research on establishing an integrative relationship between primary and secondary health care systems with particular emphasis on analyses of patient referral systems, cost-effectiveness and training needs of care providers. Different types of inequality and constraints within the primary health care system and methods to overcome them should be studied. It was essential to increase knowledge of the varied and sometimes conflicting interests of central and local health care planners, and of the relationship between primary health care activities and those of self-help groups.

On the interaction between WHO and the scientific community, the group felt that more WHO collaborating centres should be approved in order to increase academic inputs from the scientific community. A special version of the target document should be prepared and disseminated to scientists describing the targets for HFA2000 and ensuring their involvement in reaching them.

In the general discussion by the group dealing with lifestyles conducive to health (section 3), the view was expressed that means rather than end results should be emphasized in the targets. Furthermore, the individual's choice was fundamental, a fact not given enough weight in the document. Moreover, rationality was overemphasized and the irrational element in some important life decisions was not recognized. There was a lack of references to the prerequisites for health contained in section 2. The introductions to the individual targets could be shortened or transferred to a general introduction. With regard to the formulation of targets, the double aim of health promotion and protection should be clearly recognizable under each target. Most figures should be removed from the targets and it was essential for each recommendation to have scientific credibility.

More specific comments included the following. Target 30 should either be transferred to an introductory section on health promotion and protection or be rephrased, inviting national governments to review existing legislation in terms of its health consequences. For target 34, on community participation in policy-making on healthy lifestyles, all countries would have to introduce machinery ensuring effective community participation at all levels of policy-making concerned with lifestyles and health. Target 35, on public maturity in relation to lifestyles, should be deleted. If target 36, on public awareness as to the health implications of different lifestyles, were to be realized, machinery would have to be set up, enabling individuals to become aware of the implications concerned. For target 37, on measures to strengthen family and other social networks for the promotion of healthy lifestyles, each country would have to develop measures to strengthen the necessary approaches. With respect to target 38, on dietary habits and obesity, the group lacked reference to the paramount role of economic conditions. Furthermore, valid scientific evidence on health and composition of diet, as well as eating habits, was still lacking. Target 39, on increasing the proportion of people engaging in physical activity, should be rephrased so as to reflect the notion that individuals should have the opportunity to spend time on different kinds of physical activity, preferably in a leisure context. Target 40, designed to foster participation in the life of society by vulnerable groups, was cited as an example of the desirability of removing figures from the text. Furthermore, general wellbeing should be changed into social value or acceptance.

Target 41, on the sexual needs of individuals of all groups in society, was considered too limited. Mention should be made of family planning, prostitution, sexual violence, homosexuality, etc. With regard to target 42, aiming in a reduction in tobacco consumption, reference should be made to governmental ambivalence, to passive smoking and to the need for more research on the habit-forming process and possibilities for intervention; in all countries, measures would have to be taken to reduce total tobacco consumption and recruitment of new smokers. In order to attain target 43, aiming at a reduction in alcohol consumption, measures should be taken to promote healthy drinking habits, based on scientifically valid information. For target 44, on illicit drugs, measures should be taken to reduce or eliminate misuse of psychoactive drugs. For target 45, on safe driving, measures should be taken to reduce the number and severity of traffic accidents.

The following research priorities were proposed: the role of health education as part of a pluralistic influence on individuals, professionals and society, evaluation research, research into lifestyles and social strata, and research into habits rather than health problems. In defining social position, it was essential to establish a battery of social indicators instead of definitions of social classes.

2.3 General discussion

Several EACMR members pointed to the need for additions or revisions to the target document. For example, the importance of food safety both from the qualitative and quantitative standpoints needed greater stress. There was not enough weight given in the document to the situation of the elderly. It was important for the elderly, now primarily included in the vulnerable groups, to be in a position to live creative lives. The document was lacking in ethical perspectives. With ethical perspectives in mind, it would be more advisable to emphasize means rather than ends. One possibility could be for each target to have two parts: one mentioning means, the other end results. Concern was expressed about the people who would not reach a given goal. The concern could be seen in the perspective of the figures given in the targets and also in the light of minorities, relationship of the unemployed to the employed, etc.

The Regional Director stressed the need for figures to be given in the targets, which would make it possible to show the achievements being made to reach HFA2000. The Director, Programme Management, discussed the machinery of target phrasing. The reason for emphasizing end results rather than means was to stimulate discussion on how to reach a given end. If means were specified, it would emphasize differences between Member States. Furthermore, emphasis on results would stimulate broader collaboration towards the goals.

In summing up, the Chairman proposed that the Office study the reports of the groups and consider possible revisions of sections 1-5. He proposed that section 6 be discussed at an ad hoc meeting on 16 April 1984 of some members of the EACMR: himself, the Vice-Chairman and the Chairmen of the three groups. Other EACMR members would be welcome to attend. The meeting would prepare a final version of section 6, representing the views of the EACMR, and deliver it to the Regional Office. The section would begin with a discussion of the role of research, including health systems research, in achieving the targets. That would be followed by one subsection on research and research planning, another on the contents of research and a final one on machinery for evaluating research and progress in reaching the targets. The Chairman assumed that those EACMR members not taking part in the April meeting would agree to the general outline presented. These proposals were accepted by the EACMR.

3. Review of regional programmes

3.1 Mental health

The programme on mental health, reviewed by Professor Danielsson and Dr Walsh, was reported on by the latter, beginning with a review of the results of a meeting of the Scientific Planning Group on research in the medium-term programme for psychosocial factors and mental health in the WHO European Region, held in Paris, November 1982 (for the main recommendations of the group, see document ICP/MNH 038). With reference to the fifth of that group's recommendations, that the Regional Office should support a task force workshop on priority topics identified by the global ACMR, Dr Walsh mentioned the work of the Scientific Planning Group on the expanded programme of research and training on biobehavioural sciences and mental health, set up by the global ACMR. He then briefly summarized the activities in the programme since the Paris meeting. A number of projects were going on, some of them resulting from the discussions of the Scientific Planning Group. These activities had considerable breadth, but there was a limit to the number of new activities that could be handled with the present staff. There were now no less than 25 WHO collaborating centres within the mental health programme.

In the discussion, the usefulness of the links between members of the EACMR and technical units was endorsed. Continuity of the links was especially useful to the mental health unit where two new programmes were being developed, in alcohol and drug abuse, and an analysis of needed research in the two areas would be particularly useful in the years ahead. It was also important to strengthen the contribution of behavioural sciences to mental health research activities, in support of the social science inputs to psychosocial factors in health and lifestyles.

Whereas the WHO headquarters programme in mental health played a significant part in coordinating basic research in psychiatry, the neurosciences and in other mental health programme areas, the regional programme was more committed to the support of operational or health service research and intercountry problem-oriented research into policies and practice in the provision of services or the prevention of problems of alcohol and drug abuse. The two approaches achieved the

necessary coordination and collaboration at the twice-yearly meeting of the Global Coordinating Group for the WHO medium-term programme in mental health. The proposal at the twenty-fourth session of the global ACMR that a WHO task force on alcohol problems with special reference to research on preventive interventions in adolescence be convened in the Region, jointly with WHO headquarters, was welcomed and endorsed. Several members proposed that the EACMR should be better informed of the activities of the global ACMR. It was proposed that a permanent item on the EACMR agenda should be a report from the global ACMR. The Regional Director agreed to study technical solutions for achieving this. Finally, Dr J. Henderson, Regional Officer for Mental Health, proposed that the programme in mental health should be reviewed by three instead of two members of the EACMR.

3.2 Nutrition and food safety

The programme, reviewed by Professor Danielsson and Professor Eckhardt, was reported on by Professor Danielsson. It was a matter of concern to know whether all the targets in this very important and ambitious programme could be achieved within the time projected. To lessen the burden on the responsible officer, who was yet to be appointed, the programme might be divided into two logical sections, each with its own responsible officer, e.g. one dealing with nutrition and the other with food safety. In any case, setting priorities between the different subprogrammes in nutrition would await suggestions from the responsible officer appointed, whose interests, background and opportunities to establish different contacts with the scientific community would be factors to be taken into account when setting priorities.

In the ensuing discussions, it was decided that, in view of the fact that the section on food safety in the nutrition programme had been incorporated in other programmes of the Office and that the programme was still in a preparatory phase, further discussion should be postponed until the next session of the EACMR.

3.3 Maternal and child health including family planning

The review of this programme, originally assigned to Professors B. Accetto and S. Doxiadis, who had not been able to attend the meeting, was made by Professors Manciaux and de Miguel.

In an introductory summary to that part of the programme that dealt with maternal and child health, Dr M. Wagner, Regional Officer for Maternal and Child Health, outlined the main priorities. As a result of a survey of the present situation concerning perinatal services in the Region made some years previously by a perinatal study group, the establishment of three working groups was envisaged, for introducing and promoting the use of appropriate technologies during the perinatal, birth and neonatal periods, respectively; for the three groups, efforts should be made to stimulate interregional collaborative efforts. Another priority was to develop guidelines on the use of primary health care in perinatal services. Since the trend in the Region appeared to be towards greater use of hospital services in the perinatal period, it would be best to aim at developing guidelines for the structure of perinatal services. It was also important to study the present situation in the Region with regard to the duties and roles of different personnel groups in perinatal services, and collect information that could lead to better use of manpower.

Professor Manciaux found the programme properly balanced, well justified, timely and relevant to the European Region. The emphasis on promoting appropriate technologies in the perinatal period was particularly welcome, as a number of sophisticated technologies had come into use without adequate analysis of needs. It was also desirable to study repercussions in later life of intensive care at the time of delivery. Activities such as the meeting on appropriate perinatal technology to be held at Herlev, Copenhagen, on 17 February 1984, one of the sponsors of which was the Regional Office, would help in this. Professor de Miguel thought it would be desirable to expand the programme to include studies on social class differences in access to health care in the perinatal period. Private care should also be compared with public care.

On the subprogramme on family planning, Professor Manciaux reminded the EACMR that this had so far been financed only extramurally, but from 1984 onwards the programme would receive contributions from the regular budget. The change in financing would make the programme relevant to more members of the Region than before. Permanent features of the programme were training, especially of teachers, and dissemination and exchange of information on developments in family planning. Increased attention was being paid to problems of sexuality, and studies of sexuality in high-risk groups and adolescents should be given high priority. For his part, Professor de Miguel wanted the programme to give greater prominence to such issues as abortion, homosexuality, prostitution, sexual discrimination and sexuality among children and adolescents.

The discussion showed support for the conclusions and suggestions of the reviewers. The Regional Director pointed out that family planning was a major priority in the global programme and that there was feedback to and from it. On the concern over AIDS expressed by several members, he noted that studies on the condition were now included in the regional programme.

Finally, the Chairman concluded that the EACMR had found the whole programme to be a good and important one, but that its complete implementation would require additional external funding. He proposed that the subject of AIDS be an item on the agenda of the next meeting of the EACMR.

3.4 Information systems programme and health system development

These two programmes, which had been reviewed by Professor Illsley, were introduced by Dr J.-P. Jardel, Regional Officer for Epidemiology and Information Systems. High priority programme objectives included the adaptation of national health information systems to meet planning, implementation and evaluation requirements, the establishment of procedures for systematic collection and exchange of information on health and health-related programmes and resources, and the development of procedures for assessing the current health situation, for forecasting future trends and for monitoring progress in achieving HFA2000. In that connection, it was important to develop indicators of health risks. Other important issues included the quality of the national data delivered to the Regional Office, data protection, and the balance between confidentiality and the need for epidemiological information.

In his review of the programme, Professor Illsley found that the Regional Office possessed sophisticated technology and the ability to collect and process data, though the quality of the data from Member States, which was of the utmost importance, was felt to be often highly variable. The problem was aggravated by the wide range of the HFA2000 targets. It was unlikely that Member States in the near future could supply the data concerning morbidity, lifestyles and social groups needed to monitor progress towards HFA2000. Thus, there was a need to work out indicators for a number of targets and means by which they could be collected. A conference on the issues, to be attended by participants from national information offices, could be a first important step.

In the ensuing discussions, the problem of the quality of the data provided to the Office was underlined. Efforts should be made to standardize data. It was further proposed to try to include information on budgetary aspects of health care in order to permit the analysis of cost-effectiveness of treatment of different diseases.

4. Report on the working group on the management and structure of health policy research, Rome, 18-20 October 1983

A summary report of the working group had been circulated prior to the session. Its chairman, Professor Pocchiari, explained the background and the major recommendations agreed upon. Its main task had been to analyse and suggest machinery for improving links between health authorities and the research community, with special reference to the direction of research and utilization of the results of research in health policy formulation. The group had emphasized that all research should be conducted for the sake of society and therefore the needs and demands of society should be taken into account in research planning. As a consequence, countries should analyse their own structures and arrangements for research careers, for financing research and for systems for maintaining dialogue between health authorities, society and researchers. The group had also recommended that WHO should help in encouraging the dialogue between policy-makers, society and the research community. WHO was considered to have a particular role in the field of health services research, e.g. by identifying the most profitable fields for such research. Finally, WHO should promote international training in health-policy-related research and set up mechanisms to monitor progress in such research.

The Regional Director commended the report, but thought it best to delay further action until the target document had been approved by the Regional Committee.

5. Report on the workshop on scientific analysis of health and health care: paradigms, methodologies and organization, Ulm, Federal Republic of Germany, 1-4 November 1983

A draft report on the workshop, circulated prior to the meeting, was introduced by Professor H.G. Pauli, who reviewed its background and summarized its main conclusions and recommendations. The workshop participants, representing a wide variety of disciplines ranging from biomedicine to sociology, history and systems sciences, had found that the concepts of much of present health research were too narrow to be fully relevant to the achievement of HFA2000. Concepts ought to be widened by including qualitative research methodologies, application of general systems theory, and more input from social and behavioural sciences. Some research topics, not now sufficiently covered, had been emphasized: research on stress, on coping, on factors

related to employment and unemployment, on the influence of genetic make-up in states of ill health, and on the contribution of community participation to primary health care services. It had been further agreed to propose to the Regional Office that it arrange a series of workshops in which experts in a given subject area would collaborate with consultants with more general experience in research concepts/models, methodologies and design. The workshops could deal with such topics as chronic childhood disorders, unemployment as a factor in health, old age and poverty, stress and coping in selected groups of handicapped.

In the discussion, support for a continuation of such activities was expressed. There were some differences of opinion over timing and ways and means of arranging them. The Regional Director felt that the first step should be to analyse a given regional programme using the approach outlined in the workshop. The Office would consider machinery for undertaking such an analysis and report back to the EACMR with proposals.

6. Mobilizing universities (including medical schools) for HFA2000

This item was introduced by Professor W. Lammers. He and the Chairman had represented the Regional Office at the meeting on mobilizing universities for health for all - human development and social justice, held in Geneva, 10-14 April 1983.

In the opinion of Dr Lammers, in view of the vastly differing problems in different regions and countries that became apparent from the reports presented at the meeting, it seemed less appropriate to devise general solutions, and it was better perhaps for each region to seek to develop its own strategy. In devising such a strategy for the European Region, it should be borne in mind that in Europe there were mainly old, established universities with a well understood task in society, mainly restricted to research and education, but having less communication with health authorities and society at large. For universities to play a more decisive role in the work for HFA2000, it would be important to disseminate as widely as possible a version of the target document aimed at the scientific community, as proposed in connection with the discussions on agenda item 3 (section 2 above). Efforts should also be made to promote a productive interrelationship between primary and secondary health care and to establish management procedures for the use of information and knowledge accumulated in university departments in primary health care activities.

A number of proposals were made for involving universities in the work for HFA2000. To analyse the proposals further, it was suggested that a study group should be set up. The suggestion was in principle favourably received by both the EACMR and representatives of the Regional Office. The Office would consider the proposal and the matter would be raised again at the next EACMR meeting.

7. Molecular biology and genetic engineering

At the ninth session of the EACMR, Copenhagen, 8-10 February 1983, the possible involvement of the EACMR and the Regional Office in matters related to molecular biology and genetic engineering had been briefly discussed. As background material for the present EACMR discussions, the Office had commissioned Professor D.E. Pettijohn to prepare a position paper on "Recombinant DNA and monoclonal antibody technologies: benefits to health care". The paper had been distributed to the EACMR members prior to the meeting.

Professor Pettijohn briefly summarized the contents of the paper. It described the two technologies and gave a number of examples of the present and foreseeable uses of the technologies in health care. The paper ended with some recommendations. Prominent among them was the creation of an international information centre that would contribute to the assimilation into health care systems of the most useful products and procedures developed in the biotechnology field. Such a centre could also play a role in the coordination of international clinical trials of biotechnological products.

After some discussion, the EACMR decided to advise the Office not yet to become directly involved in the field of biotechnology but to follow developments closely.

8. Dates for the eleventh session of the EACMR

The dates for the eleventh session of the EACMR were tentatively scheduled for 13-15 March 1985.

Annex 1

LIST OF MEMBERS AND OTHER PARTICIPANTS

Members of the European Advisory Committee for Medical Research

- Professor B. Accetto^a
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