



ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

European Advisory Committee for  
Medical Research, third session

Copenhagen, 6-7 April 1978

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INDEXED

MINUTES OF THE SECOND MEETING OF THE  
EUROPEAN ADVISORY COMMITTEE FOR MEDICAL RESEARCH

Copenhagen, 25 - 26 October 1977



1. Opening of the session

The second session of the European Advisory Committee for Medical Research was held in Copenhagen on 25-26 October 1977 (for agenda and list of participants, see Annexes I and II). The meeting was opened by the Chairman, Professor C. Burg.

Dr Leo A. Kaprio welcomed the participants and introduced Dr H.A. Minners (RPD/HQ) who succeeded Dr Goodman on the committee. He asked for careful consideration to be given to the ways in which the European Region should be involved in health services research and spoke of the need for WHO to build bridges for health between the developing countries and the remainder of the world while not neglecting problems specific to the industrialized countries. He recalled that the Regional Committee during its twenty-seventh session in Munich in September 1977 had approved the report of the first session of the EACMR and had agreed with its recommendations, including the proposed budget for 1978-79. He urged participants to give particular consideration to the practical steps required to implement the programme for research promotion and development in the Regional Office. He stressed the Director-General's wish that Regional programmes should be socially relevant, a fact that had been demonstrated by the development of two global programmes.

Reviewing the items on the agenda, the Chairman broke down the tasks of the Committee into four main headings: establishment of the planning groups and their exact terms of reference; setting up of research advisory machinery to advise the Regional Director; development of the research component in the main Regional Office programmes, and finally the question of medical ethics, in connexion with which Dr Dunne (WHO headquarters), who was attending the meeting, was to provide information on the work of the Secrétariat Committee on Research Involving Human Subjects (SCRIHS). Professor Burg asked Dr Nizetic to provide participants with a brief summary of the progress of the Regional Office's work to date on the programme (see Annex III). He also requested that the minutes of EACMR meetings be produced for internal use only.

The Chairman strongly recommended that, in view of the paucity of funds for the research programme, the closest possible support be obtained from the different countries in the Region and stressed the necessity of involving in the planning groups persons who were in a position to raise support at the national level. He reported on his participation in both the 19th session of the ACMR in June 1977 and the twenty-seventh Regional Committee and asked Professors Bergström, Černyh and Winter to add their comments.

Professor Bergström reminded participants that health services research was a problem common to all the regions of WHO but that the needs were different in the respective regions. The European Region was unique in that it was composed primarily of industrialized countries. It would

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thus appear advisable to concentrate on specific problems arising from industrialization, which would also prove to be the problems of the future for the developing countries. The European Advisory Committee would have to keep constantly in mind ways of helping other regions, for example, by fostering allied interregional activities, especially in delivery of primary health care, in control of enteric diseases, and in other ways such as by initiating work on drug control as a specific WHO interregional activity.

Professor Winter underlined the need to narrow the gap between the developed and the developing world as regards their public health services. An essential step in doing so would be for efforts to be made to bring some degree of uniformity into the various statistical systems employed in the different European countries so that worthwhile comparability might be established. For the time being, for example, global comparisons of infant mortality rates and similar statistics were not reliable because the approaches used were different. There was much work which could be done in this field; the European countries had the capacity to conduct it and it presented great potential for cooperation.

Professor Černyh emphasized the importance of the preceding ACMR session for the development of research in all regions and stressed the point that although WHO had to be considered as one body, the main task of the Regional Office and the EACMR was to solve prevailing problems in Europe, though not neglecting the problems faced by the rest of the world. He also felt that close contacts should continue to be maintained between the Regional Office and the national research structures.

Replying, Dr Kaprio noted the distinction to be made between the global research and regional research programmes but underlined the Region's involvement in parasitic diseases, infant morbidity, perinatal mortality, and children's diseases. Certain of the topics would be brought up for discussion at the next Regional Committee.

Dr Krassnigg expressed satisfaction with the report of the first session of EACMR and with the priorities selected. He again stressed the need for maximum utilization of national structures. Dr Mork recalled the positive reactions from the national administrations, whose support could be considered assured once the desired input had been defined by the EACMR and the Regional Office.

2. Report on the meeting of the Planning Group on Information Systems for the Research Promotion and Development Programme - 30 June - 1 July 1977 (Annex IV).

Dr Weber (HI/Regional Office) highlighted the conclusions of this meeting, that two types of information were needed; (i) an inventory of research institutions, of research workers, of fields of research and of funds used, and (ii) national structures and machinery for research systems. The Information Systems Planning Group should be given exact details on the information needs of the five other planning groups. It was proposed to collect information in the four working languages.

In the ensuing general discussion on the research information system at the Regional Office, Professor Kostrzewski pointed out that health services research was very costly and therefore information on it at an early stage was important. Information was needed on the health system of each country, its health administration and health financing.

In answer to a question by Professor Pauli, it was stressed that the list of health services research projects (Annex II, item 2 of the report of the Planning Group) would cover the priority areas defined by the EACMR, i.e. the information needs expressed by the respective planning groups and the information needs for the major EURO programmes. In fact, each planning group on the five priority areas would have to define their sub-priorities clearly and identify information needs in the fields concerned. Professor Lafontaine said that the Regional Office would need to know the subjects, locations, and names of individuals engaged in such research, the guidelines being given and the prospects of obtaining complete or partial results.

Professor Häfner pointed to the varying degrees of difficulty in collecting such information because of the different systems prevailing among the various European countries. The highly centralized countries would find it easier to do so. The immediate and easiest step would be to collect the information mentioned in Annex II, items 5 and 6, of the report of the Planning Group on Information Systems because such information existed at the central level in practically all countries. It was agreed that each planning group in the selected priority areas would determine its information needs by a critical appraisal of the whole question.

Professor Černyh said that the information system would have to be target-oriented and data banks would need to be established for each problem as defined by the planning groups. Moreover, data should be collected on all bilateral agreements between European countries relevant to each topic. This information system was indispensable in integrating research between Member States.

Professor Kostrzewski indicated that the above remarks had been the concern of the participants of the Planning Group on Information Systems and that it had been finally agreed that information would first be gathered from the bodies financing research which, in most cases in health services research, were the governments. This first step would show up the main programmes involved. The second step would be to examine in greater detail contributions received from the planning groups themselves.

As regards the involvement of other countries not yet represented in the EACMR, Dr Kaprio indicated that they would certainly be involved in the planning groups.

Summarizing the discussion, the Chairman asked for each planning group to define their respective needs for information, for the Health Information unit to continue to work along its present lines and for a progress report to be presented on the development of this approach at the next EACMR meeting. He stressed the need for coordination between the Planning Group on Information Systems and the other five planning groups.

The conclusions and recommendations of the report (p. 3) were then approved by the EACMR members.

3. Screening and approval of terms of reference of planning groups and suggestions for planning group membership

The Chairman underlined the usefulness of having members of the EACMR to act as link persons with the planning groups; this would greatly facilitate coordination. He suggested that the EACMR proceed to the nomination of a chairman for each planning group and to a discussion on their membership. On the latter point he suggested involving research bodies in the nomination of members or, alternatively, for EACMR members to establish a list of resource persons from which members would be chosen by the chairman and secretariat of each planning group. He felt in addition that planning group meetings would greatly benefit if they were held away from the Regional Office, in relevant countries, so as to see problems at first hand.

Dr Kaprio thought it would be easier at the beginning for the EACMR link person to be chairman of the planning group. The place of the first meeting would be Copenhagen, so as to have the services of the Regional Office available. For following meetings the groups would be free to hold them at a venue of their own choice. The involvement of research administrators who would perhaps be in a good position to contribute funds to activities would be a point for discussion by the planning groups. Nevertheless, it was noted that the EACMR link person should, at least initially, be the chairman of the group. Chairmanship ought to be of short duration since the aim of the planning groups was to induce national bodies to devote activities to the specific topics defined by the planning groups. After the first two or three meetings, when they began to discuss narrower topics, new directions would come into focus.

Composition of the groups would be bound to vary according to the subject to be studied; it should be flexible and include both public health administrators and researchers. The planning groups would be of short duration and last until the problem under review was solved. It was agreed that proposals for membership would be reviewed and submitted to the Regional Director for decision by 1 December 1977 so that planning groups could meet before the next session of EACMR in April 1978. It was agreed that each planning group should meet before 15 March 1978; their reports would be submitted to the Research Coordinator for presentation to the next EACMR meeting.

It was agreed that the tasks expected of the planning groups should be as flexible as possible, that the groups should select the problems to be tackled in their respective areas, and should define their objectives and expected results.

As regards links with the global programmes, the secondary term of reference of the EACMR, Dr Kaprio noted earlier agreement that WHO headquarters would be invited to participate in each planning group, which would ensure the proper coordination. Dr Minners added that effective links with the regions were expected, and that coordination would develop by the appointment of members of the EACMR to the worldwide ACMR and by the opportunities they would have to visit the other regions.

As regards the enormous task of organizing the planning groups, their meetings, etc. and the need to ensure proper staffing for the research programme, it was noted that the Regional Committee had brought forward the appointment, from January 1978, of a Research Coordinator with adequate secretarial and administrative support, though voluntary contributions might still be needed at a later stage.

Planning groups were then discussed one by one. Each EACMR link person (and chairman of the first meeting) introduced the separate topics in turn. The officers in charge of the planning groups were invited to participate in the meeting. After discussion on each planning group, lists of possible members were drawn up and distributed to participants.

#### Planning group on standardization of methods, measurements and terminology

EACMR member: Professor Winter  
WHO Secretariat: Dr Brzezinski, Dr Nizetic

As a first step, Professor Winter felt it might be essential to collect data, learn the definitions in use in the individual countries and try to identify the areas where internationally valid comparisons might be found, one of the most important points being vital statistics. He gave a summary of the main problems: (i) the objectives of research were not well defined, (ii) methods of evaluation were poorly used and (iii) methodology was inadequate; the difficulties of comparability of data were heightened by language barriers. Standardization of procedures and establishment of clear definitions were felt necessary and such examples as the ICD procedures, Glossary of Health Care Terminology, IARC Glossary, etc. were given.

It was stressed by Professor Černyh that an identity of approach was far more important than the use of identical methods. Professor Kostrzewski added that it would be advisable for the group to restrict its activities to health services research, and for help to be obtained from an organization or institute outside the Regional Office to gather nomenclature and definitions while avoiding overlapping with WHO headquarters' work in this field. The United Kingdom and Finland were very experienced in standardization.

It also appeared necessary to clarify the tasks of the planning groups in general. The first meeting would have to determine sub-priorities by studying the most acute problems in the field and agreeing on common efforts to be exerted to achieve results of relevance to European countries. The group membership might evolve from policy-conscious persons to persons with a more specialized scientific background in the field studied. Each planning group would meet once a year, two languages could be used during the proceedings, the meeting could last three days, and there should be a maximum of eight participants.

#### Planning group on prevention, prophylaxis and early detection

EACMR members: Professor Černyh, Professor Lafontaine  
WHO Secretariat: Dr Rosdahl, Dr Nizetic

Professor Lafontaine stated that health education in the family as well as education in the primary school were the most likely factors to ensure prevention. The family doctor and local pharmacist should be and were in a position to contribute to the education of the population. He stressed the link between this planning group and the emphasis in the programmes of the European Region. He called for additional topics to be studied as well, such as domestic accidents, stress, fatigue, infectious diseases, perinatal morbidity, hereditary diseases, mental diseases, etc.

It would also be necessary to establish an inventory of immunological techniques and to evaluate the toxicity of substances before marketing, as well as the immunological factors of the population to be served (a Danish/French study was being carried out on this subject).

The several speakers on the subject agreed that the planning group had very broad terms of reference since screening and prevention covered all fields of medicine. The group would have to identify carefully the priority areas for the European Region and concentrate on the principles of screening, methodology and education. After the first or second meeting it would possibly be necessary to break the group down into sub-groups on narrower topics. It was also felt that some priority should be given to congenital malformations and mental diseases. Another factor which the group was asked to keep in mind was cost/effectiveness.

Planning group on evaluation of drugs and other therapeutic and diagnostic substances

EACMR members: Professor Bergström, Dr Mork  
WHO Secretariat: Dr Wahba, Dr Nizetic

The Chairman stressed that this group should study the efficacy of drugs and other types of treatment as well as work on the evaluation of therapeutic and diagnostic methods. The main topics proposed for study were clinical trials, registration of side-effects of drugs and methods used in the scientific evaluation of drugs.

Professor Bergström indicated that the European Region could assist developing countries greatly in this field by ensuring an intercountry flow of information. The group should thus be involved in methodology of drug evaluation and concentrate on clinical trials, clinical pharmacology and drug toxicity. The waste of funds in oversophisticated technology should also be considered. Dr Kaprio hoped that the Director-General might be in a position to allocate additional funds for studying the use of such technology.

It was also proposed that Dr Dunne (WHO headquarters, Committee on Ethics) be involved in the group.

Planning group on problems in health care delivery

EACMR members: Prof. Kalimo, Prof. Kostrzewski, Prof. Pauli  
WHO Secretariat: Dr Jirous, Dr Asvall, Dr Nizetic

Professor Pauli stressed that for this group there was a problem of standardization and terminology, and that some sort of association with the first planning group would have to be found. Sub-priorities had previously been selected by the EACMR and the first meeting should identify, among other things, the problem area to be linked with the first planning group.

Professor Kostrewski thought that the evaluation of the adequate use of health services and the approaches, time consumption and cost, would have to be carefully considered. Community involvement, which in general was related to developing countries, was also relevant to European countries and should be considered as well. Europe had highly differentiated health systems and comparisons were necessary as part of efforts to try building up a more standardized system. Research methodology and the interrelationship with the other planning groups will have to be defined during the first meeting of this group. He recommended that output indicators on each activity be drawn up.

Other speakers agreed that it was expected that the planning group would produce specific proposals on the type of research that would be useful in the sub-priorities defined: adequate use of health services, studies on different health service systems, health planning and evaluation, educational research aspects of manpower development, interrelationship between scientific research and health care delivery.

It was stressed that subjective health care needs were increasing in the European countries. A proper determination of what were objective or subjective needs, and adequate methods for distinguishing between them should be found. Much work had already been done in the area, there was plenty of data, and the Regional Office would have to try to make a synthesis of research results and come up with conclusions that would permit them to be used to practical good.

Planning group on economic aspects of health care

EACMR members: Professor Burg, Dr Siderius  
WHO Secretariat: Dr Zollner, Dr Nizetic

In the absence of Dr Siderius, EACMR link person, Professor Burg introduced the discussion on this planning group. He stressed the lack of agreement on the definition of health economics. Philosophically speaking, its purpose was to find the right balance between the health care system and the real needs of the people.

In his opinion, a clear distinction could be made between its macro aspects (planning level of health care) and micro aspects (delivery level of health care). As other speakers pointed out, this distinction was less useful when asking about the impact of medical decisions on the overall health economy.

It was agreed that the economic aspects could not be seen in isolation from the other research aspects, and sometimes vice versa. Hence the need for a close link to the other planning groups, other international organizations, and all major programme areas. Deploring the increasing influence of economists, some speakers advocated control by physicians of the interdisciplinary research teams.

Some speakers cautioned against making comparisons between differing socioeconomic systems, arguing that while they were most interesting, they were difficult in view of the differing approaches and outlooks on the world. The focus of comparison should therefore be on less controversial issues such as broad aspects of methodology, and technology-based issues, such as the use of computers in health.

The limits to the potential of diagnostic and therapeutic procedures were now being reached, it was pointed out by Professor Lafontaine. He asked for a sub-group to study the economics and ethics of such procedures as computer scanning, clinical biology, radio-immunoassays, etc.

Dr Kaprio remarked that the Director-General was much concerned with the problem of the use of medical technology, especially unnecessary uses which caused wastage and wrong directions to be taken in the approach of health care.

#### 4. Review of proposals for the research component of major Regional Office programmes

As a basis for general discussion on the development of the research component in the major programmes, Dr Lamm (CHRD/Regional Office) was asked to present the long-term programme in cardiovascular diseases, the historical background to which he summarized.

Some speakers regretted the decreasing attention at WHO headquarters to the problem of cardiovascular diseases, though it was now a problem in developing countries too. Of particular concern was the fact that cardiovascular diseases were not anymore a part of the aging process but also struck down younger persons. A link might possibly also be found with other types of chronic diseases, and it was thus an area where research was needed.

With reference to the way EACMR members might give advice to the Regional Director on the development of the research component of the major EURO programmes, it was agreed that the responsible officers for each programme would present a report to the EACMR once a year on progress made. It was suggested that links with the five priorities selected by the EACMR be achieved by carrying out case studies on the programmes.

As regards the difficulty of choosing objectives for further research, the Chairman recalled experience in France which revealed that the establishment of lists of public health problems did not produce options but that the most sensible thing to do appeared to be to establish a list of scientific areas in which the most interesting new research hypotheses appeared. He recalled the enormous amounts of money spent on cancer research in comparison with the poor results achieved.

#### 5 and 6. Proposals for evaluation and selection procedures for research training grants in the regional research and training programme, and for the establishment of global research and training programmes

Concerning the allocation of research training grants, it was confirmed that no selection would be made by WHO headquarters without prior consultation with the regions. This matter, discussed at the interregional meeting on the coordination of research in Geneva in June 1977, would be further reviewed by the ACMR at the global level. Regions should endeavour to utilize a larger proportion of their fellowships funds for fellowships in research. No concrete proposals could be made concerning research training programmes but one possibility, to be taken up in the future, would be in the prevention of congenital malformations.

#### 7. Collaborating centres in Europe

Dr Kaprio explained that collaborating centres were appointed by the different technical units of WHO headquarters to cover mainly certain aspects of the research programme. With the decentralization of research, the question of obtaining their support for regional research programmes was now important. It was agreed that control of these centres would remain at WHO headquarters but that there would be initiatives from the regions on new centres, and that after appropriate consultation, the final decision would be made by the Director-General.

For the European Region there was a need for so-called advisory, training and research centres such as the advisory centres which already existed in Czechoslovakia and Finland. The Region ought to develop such centres, possibly by linking institutes to the work of the planning groups in

specific research areas. For example, the activities of both the Dalby Centre in Sweden, for primary health care, and the University of Manchester Centre for Health Education fitted into programmes of the Regional Office.

The problem of collaborating centres would be discussed at the Executive Board, and the latter's guidance should be awaited. As indicated by Dr Minners, the expert panels and committees would be revised to fit the programmes' content for the next few years.

It was agreed that the question of the collaborating centres would be put on the agenda of the second 1978 meeting of the EACMR.

#### 8. Ethical committees

Dr Dunne, of the WHO Headquarters Secretariat Committee on Research Involving Human Subjects (SCRHS), noted that the problem was a very large one. Headquarters was very concerned for the countries to develop peer review on this problem. In some cases, decisions on ethics were in direct conflict with one another, such as decisions on the use of contraceptives, the introduction of new drugs, etc.

Professor Lafontaine remarked that problems of ethics should not be confused with problems of deontology, as the word had been translated in the French version of the agenda of the meeting, and suggested use of the alternatives: "commissions de l'éthique" or "comités d'éthique".

Several speakers asked that more information be given to them on the activities of SCRHS and the Council for International Organizations of Medical Sciences (CIOMS). Professor Lafontaine called for WHO to be more represented on questions of ethics in the field of environmental risks.

It was then agreed that the EACMR will receive more documentation on CIOMS and SCRHS and that the ethical problems and committees would be discussed during the next EACMR meeting.

#### 9. Liaison meeting with nongovernmental organizations involved in research coordination

The possibility of a liaison meeting with nongovernmental organizations involved in research coordination was discussed. The EACMR members already connected with such organizations as the European Medical Research Councils and the Comité de Recherche médicale (part of EEC), reported on their respective experience, and stress was given to the need for coordination with similar bodies in East European countries, particularly with academies of sciences, research councils and possibly with medical associations. Such a liaison meeting would possibly be convened after the October session of the EACMR.

#### 10. Financial aspects

In connexion with the financial aspects of the development of the research programme in the Regional Office, the Regional Director reported that funds supplied by the Regional Director's Development Fund had been approved by the Regional Committee, as follows:

- two EACMR meetings in 1978 and one in 1979;
- one meeting for each planning group in both years (two languages, three days' duration, a maximum of eight participants).

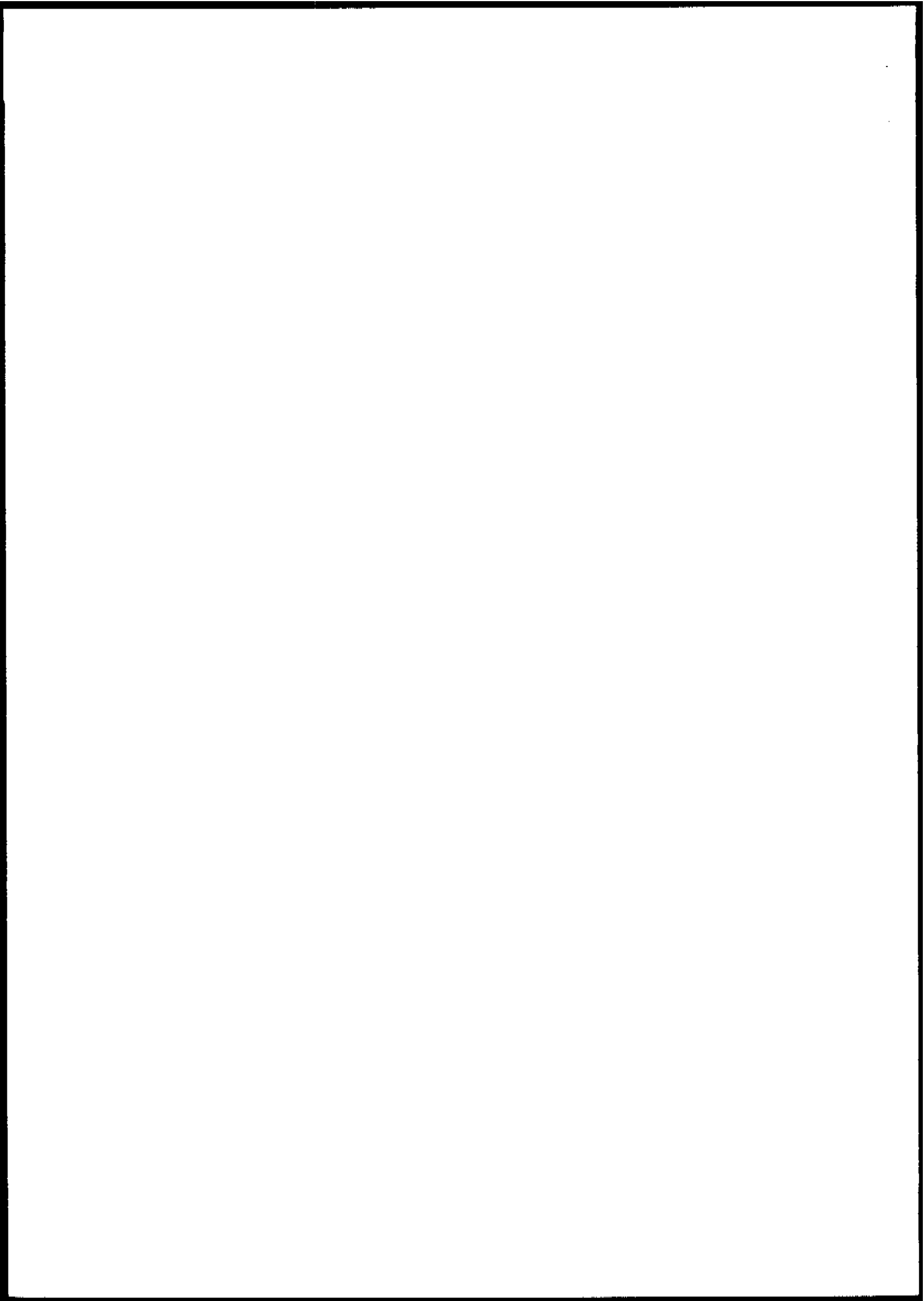
#### 11. Date, place and provisional agenda of the third session

It was agreed that the third session of the EACMR would be held in Copenhagen on 6 and 7 April 1978. The fourth session would be held on 19 and 20 October 1978. It was suggested that it should be held outside the Regional Office with the purpose of visiting a country not yet represented in the EACMR, such as Bulgaria or Yugoslavia, where a recent and interesting development was the establishment of an Institute of Health Economics in Zagreb. It was arranged that the choice of venue would be made during the next EACMR meeting in April.

The following items were mentioned for inclusion in the agenda for the third session:

- choice of venue of the fourth session;
- reports of the planning groups;
- research aspects of long-term, medium-term and global programmes;
- ethical problems (documents from WHO/HQ and CIOMS to be sent to members in advance).

Dr Minners was requested to ascertain whether the reports of the other regional CMRs could be distributed to the members of the EACMR.





ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

ANNEX I

European Advisory Committee  
for Medical Research

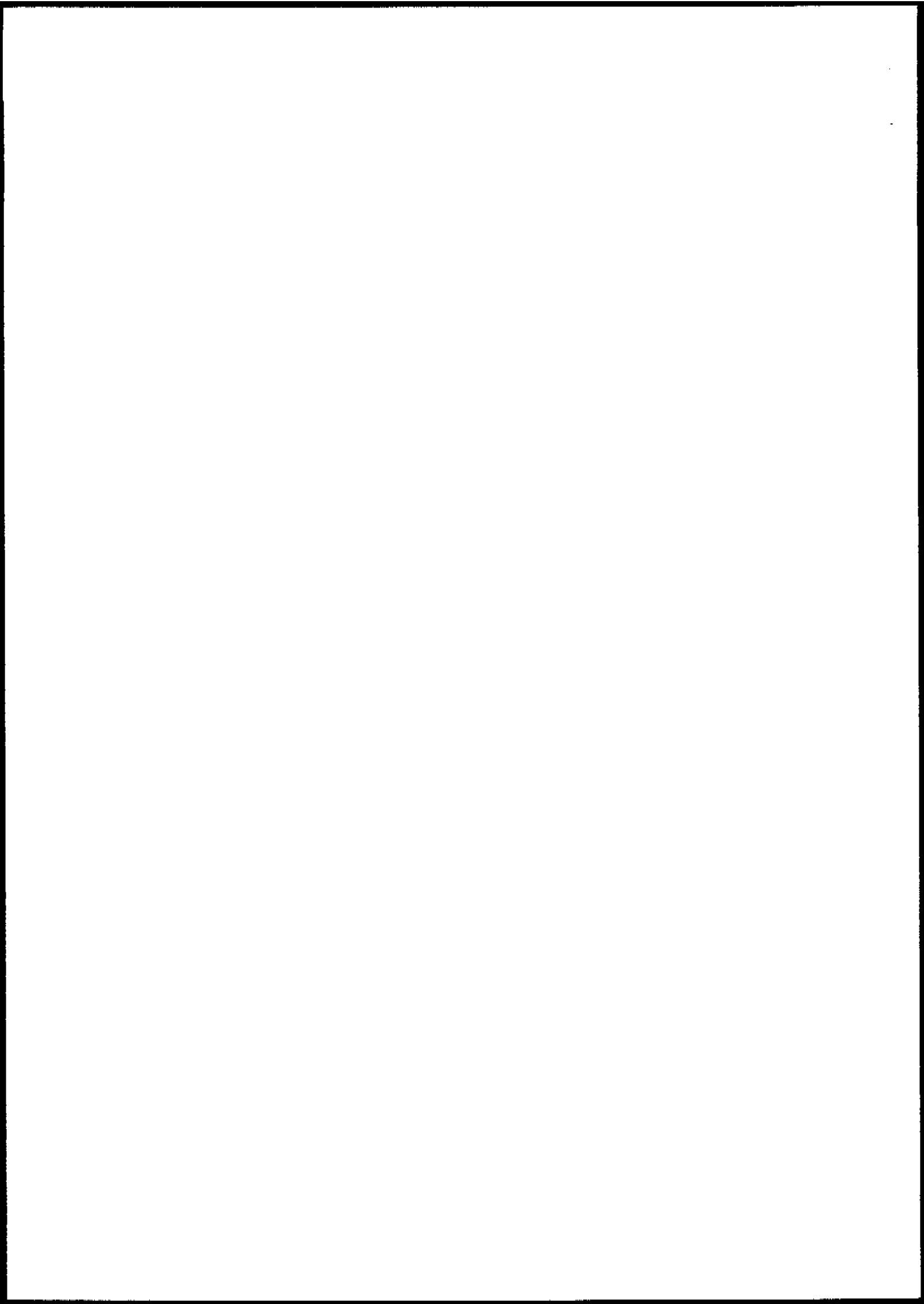
ICP/RPD 001(2)/2  
20 September 1977

Copenhagen, 25-26 October 1977

ORIGINAL : ENGLISH

AGENDA

1. Opening of session by the Regional Director
2. Presentation of progress report for the period February-September 1977
3. Screening and approval of terms of reference of planning groups and suggestions for planning groups' membership
4. Review of proposals for the research component of the major Regional Office programmes
5. Proposals for evaluation and selection procedures for research training grants in the regional research and training programme
6. Proposals for the establishment of global research and training programmes
7. Collaborating centres in Europe
8. Ethical committees
9. Liaison meeting with nongovernmental organizations involved in research coordination
10. Financial matters
11. Date, place, and provisional agenda of the third session
12. Other business





ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

ANNEX II

European Advisory Committee for Medical Research  
Copenhagen, 25-26 October 1977

ICP/RPD 001(2)/3  
21 September 1977

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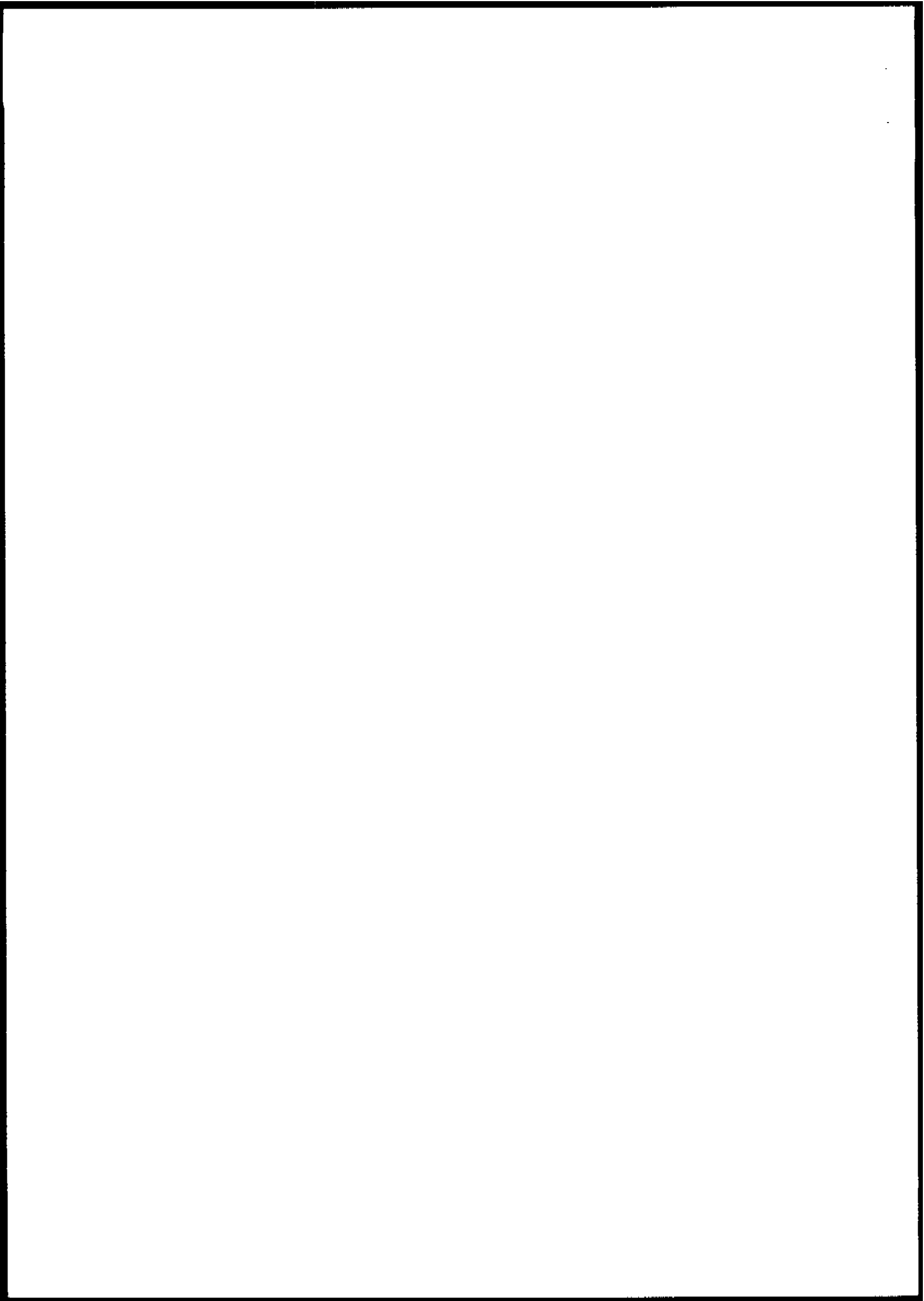
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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

ANNEX III

European Advisory Committee  
for Medical Research

ICP/RPD 001(2)/4  
30 September 1977

Copenhagen, 25-26 October 1977

ORIGINAL: ENGLISH

RESEARCH PROMOTION AND DEVELOPMENT PROGRAMME

WHO REGIONAL OFFICE FOR EUROPE

Progress report to the EACMR  
at its second session on 25-26 October 1977

The Executive Board in its resolution EB59.R12 of 22 January 1977 noted the progress made in the development of research activities at the regional level and the growing participation of both the global and regional Advisory Committees on Medical Research in this development. The Thirtieth World Health Assembly (WHA30.40 of 18 May 1977) requested the Director General "to further elaborate the WHO long-term programme in the field of development and coordination of biomedical and health services research, taking into account the suggestions of the Advisory Committee on Medical Research, of regional committees and regional advisory committees on medical research, as well as the forecasts of development in medical science and health practice in Member States."

The Chairman of the EACMR, Professor C. Burg, presented the report of the first meeting of the European Advisory Committee for Medical Research both to the nineteenth session of the ACMR in June 1977 and at the twenty-seventh Regional Committee for Europe in Munich in September 1977.

It should be noted that at its nineteenth session, the ACMR felt that WHO should play an important role in the provision and collection of research information and that "WHO should study the feasibility of providing health information about ongoing and planned research activities, as well as for coordination with other research information systems. The important role of national counterpart systems was emphasized. The ACMR felt that the whole question of the needs and availability of information and library facilities in the Member countries should be studied by the regional ACMRs for future deliberation by the global ACMR."<sup>1</sup>

Twenty-seventh Regional Committee for Europe

The EACMR's chairman gave a brief outline of the historical background behind its establishment, its terms of reference, and the criteria used in setting priorities. The different speakers generally agreed with the proposals made, particularly those concerned with the establishment of planning groups. The Advisory Committee was praised for having succeeded in concentrating its attention on public health research rather than on fundamental and clinical research.

One representative considered that research into tropical diseases and viral conditions such as influenza should not be passed over; but it was recognized that although such questions were of concern to the European Region, they were more the province of WHO's worldwide programme.

<sup>1</sup>ACMR 19/77.14 Report.

Strong reservations were expressed regarding proposals to establish a comprehensive health research information system. The lessons to be learned from earlier failures were mentioned, and the Regional Committee was also warned against the risk of duplication with already existing information systems. Selectivity was called for.

One point given special attention by different speakers concerned methods of coordination. If the approach to coordination was difficult at national level, it was likely to be even more of a problem on an international scale. The proper approach was for the necessary links to be established between research institutes in the different countries, since if something was to be achieved at no extra cost to the Organization, it was through such institutes that the work had to be carried out.

One participant asked whether approval of the Advisory Committee's report meant that the post of research coordinator at the Regional Office would be established as soon as possible. He received an answer in the affirmative.

Speaking generally, many representatives gave assurances that the research centres in their different countries would be fully available for participation in the programme.

#### Planning groups

The meeting of the Planning Group on Information Systems for the Research Promotion and Development Programme was held on 30 June - 1 July 1977 in Copenhagen. The report on the meeting is one of the background documents presented to the EACMR at this second session and the Advisory Committee is invited to consider it and give guidance on its conclusions and recommendations.

On reading the report on this meeting, one participant noted that on page 2 after the third paragraph, the following should be added: "The existing research information systems concern mainly the results of completed clinical and basic research and have very little emphasis on health services research. The reason for this state of affairs should be seen from the fact that health services research is a relatively young scientific discipline with a methodology in the state of development. It is also a long-lasting expensive type of enquiry requiring very detailed and careful planning, in particular if intended as an international study."

Item 8 of Annex II should be changed to read either: "Exchange of information on planned and ongoing randomized control trials in the health field; or: "Exchange of information on planned and ongoing randomized control trials in the health field including trials related to health services delivery, diagnostic procedures, and interventions."

Preparatory steps are being taken to convene five planning groups in 1978 in the priority areas selected by the EACMR during its first meeting and a single liaison meeting with nongovernmental organizations involved in research coordination, in addition to the two scheduled EACMR meetings.

The following broad terms of reference have been prepared:

#### - Planning group on standardization of methods measurements and terminology in biomedical and health services research

To promote the development of standardization of methods, measurements and terminology in biomedical and health services research by:

- identifying areas in which the standardization of methods, measurements and terminology is of immediate need, with special reference to Regional Office major programmes;
- suggesting methods for achieving the desired standardization in identified areas;
- defining the programme's output indicators, and

at a later stage, to advise on the coordination and integration aspects for the implementation of the above plan of action.

- Planning group on prevention, prophylaxis and early detection

To define operationally the three areas of research and determine criteria for identification of the most pressing gaps in knowledge needing research, with special reference to the major Regional Office programmes;

To produce guidelines for a plan of action and advise on the strategy for implementation and evaluation, and

at a later stage,

- to review the identification of priority areas, and
- to advise on the implementation and evaluation of the plan of action.

- Planning group on evaluation of drugs and other therapeutic and diagnostic substances

To promote the development of the evaluation of drugs and other therapeutic and diagnostic substances by:

- reviewing the present situation on the basis of national studies and six regional symposia 1972-1977 on the subject;
- identifying priority areas which need investigation and linking them as appropriate to major regional programmes;
- delineating a strategy for implementation of the group's recommendations;
- defining the programme's output indicators, and

at a later stage,

- to advise on the coordination and integration aspects of implementation.

- Planning group on problems in health care delivery

Based on the priority subtopics identified by the EACMR:

- to give the guidelines on general and specific approaches to the proposed research objectives;
- to select and formulate specific objectives in priority subtopic areas;
- to define output indicators for each proposed activity, and

at a later stage,

- to review the progress in the implementation of the previous recommendations and suggest follow-up steps in specific areas.

- Planning group on economic aspects of health care

To advise on priorities in research on economic aspects of health care in the Region, as regards both the development of methodology and the support to the Office's major programmes; to advise on an overall strategy for the organization and development of research activity, guidance and coordination in the selected areas, and

at a later stage,

- to review the overall strategy for research on economic aspects of health care in the light of the experience gained during the first year; and to advise on a concrete plan of action for specific areas of research activity guidance and coordination including the definition of programme output indicators.

A proposal was made for the first meeting of this group, which could be held in Copenhagen on 15-17 February 1978. Besides the EACMR liaison members, Professor Burg and Dr Siderius, the participation of six experts in health economics is proposed.

#### Coordination with other research groups

The following narrative was prepared for a liaison meeting which could be convened in 1978:

To contribute to research coordination in sharing experience, maintaining contact, and harmonizing activities between existing research coordination bodies of the European Region in the field of biomedical and health services research.

#### Research component in major European regional programmes

The officers in charge of major European regional programmes have already been asked to develop the research component of their programmes and to present proposals for consideration by the Advisory Committee.

The following proposals have been received to date:

Cardiovascular diseases: A meeting of the CVD Steering Committee is scheduled for 7-10 February 1978. It is proposed to keep the full meeting of this group to two days (7-8 February) and to hold the first meeting of the research planning group on the following two days (9-10 February). The group will be composed of six persons: the EACMR liaison member, the chief, CVD/HQ, the Regional Office technical officer and three CVD specialists. The following topics are considered for inclusion in the agenda of this first meeting:

- (a) Identification of the priority fields of applied research where WHO-initiated, sponsored or coordinated research is essential for the further development of the community control programme;
- (b) Delineation of research elements needed to establish links in the control of major chronic non-CVD diseases; and
- (c) Preparation of draft proposals for two WHO-coordinated research studies, to be launched in 1980.

Mental health: A Working Group on Mental Health Programme Control is scheduled for 13-17 February 1978. It is proposed to shorten the full meeting of this group to the first three days and to devote the subsequent two days to the meeting of a research planning group. Members of the group will consist of five to six persons involved in the full meeting, including the EACMR liaison member, the counterpart for WHO headquarters and the technical officer at the Regional Office. Health services research has been a major component since the inception of the European Region's mental health long-term programme (1970-1983). Various activities fit easily into the five EACMR priority areas, such as prospective longitudinal studies, a genetic study, cost studies in mental health services in pilot study areas; cost benefit analysis in mental health services.

Aging: It is proposed to establish a planning group which might meet in January 1978. It would, as a first step, very clearly define the areas of priority for the research component of the programme. The five main priority areas defined by the EACMR appear to be directly linked to the programme on the health care of the elderly and actually some priority emphasis has been recommended previously, notably on the establishment of the proper terminology, on prevention and early detection, and on the need for appropriate clinical standards for drugs used by the elderly.

Road traffic accidents: A research component already exists in this programme. In 1978, a study will assess the effects of changing patterns of accident injury on intensive, emergency and continuing care and rehabilitation services. The Regional Consultative Group on the Prevention of Road Traffic Accidents, has defined the main areas of research for the new programme, such as a study of methods to obtain statistics with a worldwide application to the problem of road traffic accidents, taking particular account of human factors and morbidity due to accidents. Research to identify human factors would cover physiological factors, especially vision and fatigue; those that are pathological, e.g. handicapped road users, psychological (behaviour and attitudes)

or social. Research is also felt necessary to identify and monitor high-risk groups and to develop educational procedures. There is also some need for interdisciplinary research covering ergonomics (especially ergophthalmology), biomechanics and environmental matters, etc.

Regional Office participation in research coordination meetings

Since the first meeting of the EACMR in February 1977, the Regional Office for Europe has been represented at several WHO and European meetings on research coordination.

European Medical Research Councils, Bern, 21-22 March 1977

The lengthy discussions held here were centred on legal and ethical problems, the Final Act of the Helsinki Conference and genetic manipulation. Task groups were established to report at the next meeting on the subjects of research on medical research and of health economics.

WHO regional and headquarters staff meeting on health services research, Geneva, 25-27 April

The report of this group was presented to the nineteenth session of the ACMR as a background document. It proposed that "the research effort for health systems developed in Member States and WHO should be focused in the immediate future on community development and the provision of health care to underserved populations. Subject to the acceptance of this policy orientation, it also proposed lines of action and mechanisms for implementation".<sup>1</sup> It recommends the set-up of a special programme on health services research.

CEC Committee on Medical Research and Public Health, Brussels, 2-3 June 1977

During this meeting research proposals were presented on sociomedical consequences of mental disorders, a European research programme on thrombosis, on human factors involved in the deterioration of driving skills, on criteria for perinatal monitoring and monitoring of the seriously ill.

It was noted that in preparing acceptable proposals there were difficulties caused by the stringent criteria applied to concerted research.

Nineteenth Session of the Advisory Committee on Medical Research, Geneva, 13-17 June 1977

The Committee considered several reports as well as the reports of the regional ACMRs and in particular considered the problems of research information and health services research. The progress report on the Special Programme for Research and Training in Tropical Diseases and reports on selected research programmes and subjects were examined.

The ACMR recommended development of a special programme in health services research and the strengthening of current WHO efforts in this field, made specific recommendations for a WHO policy on genetic research and recommendations concerning public health aspects of microbiological safety.

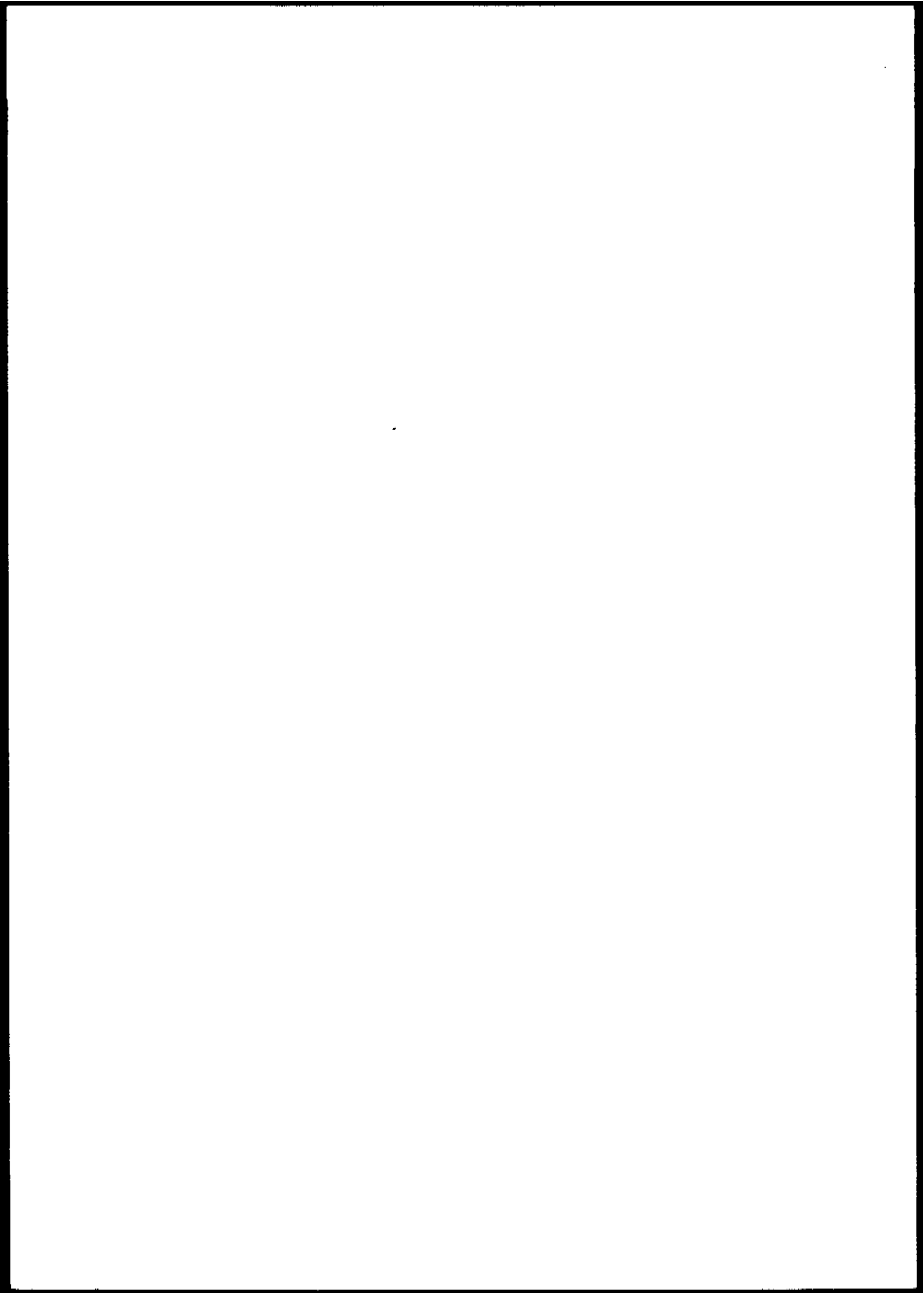
WHO Interregional meeting on coordination of research, Geneva, 20-24 June 1977

The guiding principles and machinery for future collaboration in research between the six regional offices and WHO headquarters were considered during this meeting. A number of possible operating principles and questions relating to the internal management of WHO's collaborative activities in research were given at the end of the report. The development of research coordinating mechanisms will be included in the agenda of the global ACMR (19-23 June 1978).

European Medical Research Councils, Copenhagen, 22-23 September 1977

This second 1977 meeting discussed questions related to legal and ethical problems, in which field participation by WHO and CIOMS will be considered at a later stage, together with genetic manipulation and financial support to medical research. Several reports presented by subgroups were discussed: toxicology, prenatal diagnosis, immunology of bilharzia, economics of health, socioeconomics of health, human reproduction, research on medical research. The Regional Office representative at this meeting presented a summary on the research activities of the Regional Office.

<sup>1</sup>ACMR 19/77. Inf. Doc./1





ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

ANNEX IV

Planning Group on Information Systems  
for the Research Promotion and Development Programme

ICP/RPD 002  
12 September 1977

Copenhagen, 30 June - 1 July 1977

ENGLISH ONLY  
RESTRICTED

REPORT

Introduction

A meeting of the Planning Group on Information Systems for the Research Promotion and Development Programme was held in Copenhagen on 30 June - 1 July 1977. The list of background documents, the list of participants and the agenda are given in Annexes IV, V and VI respectively.

The recommendations by the Executive Board and the World Health Assembly for an increased involvement of the regional offices in the development and coordination of biomedical and health services research led to the establishment of the European Advisory Committee for Medical Research (EACMR). The first meeting of this Committee was held in Copenhagen on 21-22 February 1977. During that meeting, the EACMR recommended, *inter alia*, the setting up of a Planning Group on Information Systems which would meet before October 1977 and report to the next EACMR meeting, due to be held on 25-26 October 1977.

The meeting of the Planning Group on Information Systems was opened by the Regional Director, Dr Leo A. Kaprio, who, underlining the purpose of the meeting and its task to advise the EACMR, emphasized that the scope of the information system for research promotion and development in the WHO European Region should not be overextended, and he also stressed the importance of relying as much as possible on the national information systems of the Member States of the Region.

Summary of the discussions

The participants recognized that the Regional Office's information system on health research would contribute to better cooperation in the field of medical research in the European Region. For instance, it would help to avoid unnecessary overlapping, thus resulting in a saving of funds and manpower. It would also be of great value in the evaluation of diagnostic methods by helping to identify those that were the most costly and, possibly, those that were least effective as well.

An earlier WHO pilot attempt in this field some ten years previously in a few selected countries (WHOBRIS) had been halted because the requests for information sent to leading research institutes had either not been answered, or, when answers were received, they sometimes gave a false idea of the real situation. A renewed attempt in that direction would be unrealistic. While numerous information systems on basic medical research already existed, the situation was far from satisfactory with regard to health services research. The participants agreed that the collection of information should be limited to the priorities selected by the EACMR and to the Regional Office for Europe's major programmes, emphasis being placed on health services research, but controlled medical trials, including field trials and trials of diagnostic measures, would be incorporated.

It was stressed that the health research information system would not replace any existing system but could act as a clearing-house, providing information for those who required it.

The main users of the health research information system would be, at the government level, (a) those involved in funding, (b) those concerned with the coordination of ongoing research, (c) health administrators, (d) persons involved in health services research.

In the development of the system, different situations would have to be taken into account, such as the difference in information needs of countries using Medline/Medlars services and of those not using those services, together with the potential difference in the spectrum of information from the two above-mentioned types of countries which would be covered by the Regional Office. The different structures for the development of research in the various Member States and their implications for the information system would also have to be taken into consideration.

Two broad types of information were needed: (a) information which would enable an inventory to be compiled of institutions' research capacities, manpower, funding, etc., and (b) a description of the national medical research structure to be formulated, together with information on problems, programmes and projects. The information system should concentrate on planned and ongoing research rather than on results of completed research, as the latter were reported more or less satisfactorily in biomedical literature documentation systems. At the regional level, the health research information system would have two dimensions: (a) a country profile approach, and (b) a subject approach, e.g. health economics.

The work relating to medical research carried out so far by the Regional Office's Health Information Unit was described (see Annex I). WHO Headquarters' role was discussed and it was felt advisable for the Regional Office to obtain existing data on information systems and special-purpose information systems which might be of value in the field of medical research. The purpose of future activities was to ascertain, as a first step, the mechanisms involved in health research in each country.

A list of information which the group suggested might be gathered by the Regional Office is given in Annex II. A sample list of areas of study for a country review of medical research organization was distributed to participants (see Annex III).

It was considered advisable to develop contacts with scientific bodies from which up-to-date information on people involved in health research would be easily obtainable. In certain countries, e.g. France and the Federal Republic of Germany, there was no single health research information system as such, but information relating to different fields could be gathered from several bodies. For example, an information system on health economics had been developed in France, and cancer research information systems existed in the Scandinavian countries. The closest possible contact with the institutions concerned should be established.

The present research structure in Poland was described as an example of a system, based on a five-year planning cycle, with centralized information and funding responsibilities and decentralized implementation at different levels. In most countries of the European Region it was common for information to be collected from several sources in each country; such a situation again underlined the need, already indicated by the EACMR, for the existence in each country of a focal coordinating point (person or institution) which would also act as the official contact (counterpart) of the Regional Office at the national level. The participants agreed that the establishment of such focal coordinating points was desirable.

In connexion with the need not to overextend the area covered by the health research information system, it was agreed that in each research area the content of the technical information required would have to be further specified by the appropriate planning group according to the general guidelines laid down by the Planning Group on Information Systems. At a later stage, the latter group would meet to evaluate the progress of work and to advise on further steps or modifications. That would ensure that the health research information system would be concentrated on the priority areas defined by the EACMR and on the Regional Office's major programmes.

The ultimate aim of the information system was to achieve more concerted action in the field of health research in the WHO European Region. The usefulness of existing and potential research activities for the other regions, e.g. in the field of tropical diseases, would be an additional outcome.

There was a consensus among the participants regarding the usefulness of the closest possible cooperation between the Regional Office and the different types of health information system (or their equivalent) existing in the various countries or areas of the European Region. The Regional Office's information system would play a catalytic role and would promote cooperation and coordination, e.g. in research organized by different organizations, in the development of national information systems, in the improvement of quality control, etc.

Cooperation with and the use of national or international research information systems and more closely defined relations with international scientific associations and national and international research councils and institutions were recommended. The development of the health research information system, which had to rely on voluntary contributions, would of course depend on the funds eventually allotted. It was suggested that research institutes would provide information at their own cost; they would naturally wish to benefit from feedback and might be prepared to pay for such a service.

The problem of the languages to be used in the information system was discussed. It was agreed that, for financial and technical reasons, countries could supply information in one of the four working languages (English, French, German and Russian) and that the Regional Office would not provide a translation service but would deliver the information in its original version. It was suggested that, for reasons of accuracy, the official titles of projects might also be recorded in the original language as well as being provided in one of the working languages.

It was agreed that the present report would be sent in draft form to each participant for comments and would be submitted to the EACMR at its next meeting in October 1977.

It was expected that information would be obtained in the meantime from Headquarters both on methods and procedures existing in research information and documentation systems, and information on the special-purpose information subsystems relating to medical research.

#### Conclusion

The Planning Group wished to have the agreement and support of the EACMR on:

- (1) the principle of the coverage by the information system of the five priorities selected by the EACMR and the Regional Office in relation to its major programmes;
- (2) the emphasis on health services research;
- (3) the list of proposed basic information to be collected by its Regional Office for Europe (Annex II);
- (4) the suggested areas of study for a country review (Annex III);
- (5) the language policy as described in the above summary of discussions;
- (6) the recommendation that the most direct contacts possible be established with national institutions, associations and councils.

#### Annexes

- Annex I Information sources in the WHO Regional Office for Europe relevant to health research
- Annex II List of proposed basic information to be collected by the WHO Regional Office for Europe
- Annex III Suggested country review of the organization of medical research
- Annex IV List of background documents
- Annex V Agenda
- Annex VI List of participants

ANNEX I

INFORMATION SOURCES IN THE WHO REGIONAL  
OFFICE FOR EUROPE RELEVANT TO HEALTH RESEARCH

The Health Information Unit of the WHO Regional Office for Europe collects the following information which may assist in the further development and promotion of a health service research information subsystem. These activities started as part of those related to the general information service of the Office.

- Since 1974, the unit has kept a manual list of experts in the European Region on advisory panels. Names are also entered on the computer and can be retrieved by country and/or advisory panel.
- Since 1974 the unit has kept a list of WHO collaborating centres in the Region.
- Since 1974 the unit has kept a list of research agreements with institutions in the European Region.
- Since 1976 the unit has kept a list of centres and institutions which are collaborating with or may be involved in the programme of the Regional Office.
- Since 1977 the Regional Office has been registering all bilateral or multilateral agreements between European countries in the health field which come to its attention.
- In recent years, the Health Information Unit has stored information received concerning bibliographies of research projects, workers or institutions.

It also stores information it receives on automated medical and environmental literature retrieval systems and services.

- In 1975 the Office started to develop a short research profile for Member States of the European Region based on literature passing through the Health Information Unit. This profile contains information on research coordination and funding mechanisms, priority areas and criteria for selecting projects, list of sources on research projects, institutions and workers, etc.

LIST OF PROPOSED BASIC INFORMATION  
TO BE COLLECTED BY THE WHO REGIONAL OFFICE FOR EUROPE

1. Country summaries of systems for the organization and administration of health services and health research
2. File (possibly maintained on computer) of centrally-funded health service research projects in the priority fields indicated by the Regional Committee and the European Advisory Committee for Medical Research
3. Annotated list of sources of information (national, multinational and international) on projects, institutions, workers and priority problems in the field of health research
4. List of data communication networks that contain information on health research (possibly as a sublist of item 3.)
5. List of major institutes and services involved in research in selected fields and which may be used as national or multinational focal points for information in these fields
6. List of bilateral or multilateral health services research agreements
7. List of training institutions and facilities for medical research careers
8. Exchange of information on planned and ongoing randomized control trials in the health field, including the evaluation of diagnostic procedures
9. Development of interregional exchange of information on health services research

ANNEX III

SUGGESTED COUNTRY REVIEW OF THE  
ORGANIZATION OF MEDICAL RESEARCH

1. Main characteristics and general research policy and objectives

General features, overall coordination, research plans (period covered, relation to general plans, purpose of plans), priorities, policy, legal basis

2. Organizational structure

Main research administrative mechanism in relation to health services (organizational chart), level of responsibility and decision; list of main research bodies by type

3. Funding bodies and mechanisms

Method and mechanism for funding, main funding agencies and area of research; research budget (public, private); allocation of research grant, research staff, fellowship, contract, etc.

4. Establishment of priorities and selection of projects

Criteria and mechanism for establishing priorities; procedures for selecting applications

5. Research career and training

Curriculum and research positions in medical and other faculties

6. International cooperation

Participation in major international research programmes (e.g. CREST); major bilateral or multilateral health research agreements

7. Sources of information

General, directories of research institutions, directories of research workers, research project list

LIST OF BACKGROUND DOCUMENTS

- A30/A/SR/11  
A30/A/SR/12  
A30/A/SR/13
- Development and coordination of biomedical research, World Health Assembly, Provisional Summary Record, Committee A, 1977
- ISD/76/13
- Towards a new WHO information system, by Dr S.H. Mandil, Programme Manager, ISP, Joint IFIP/WHO Working Group on Health Data Banks, Prague, 23-27 August 1976
- EURO 4914
- Health information systems, report on a Conference, Copenhagen, 18-22 June 1973
- EURO 4916
- WHO information services in Europe, Report on a Working Group, Copenhagen, 17-19 June 1974 (restricted)
- EUR/RC27/Tech.  
Disc./1
- Information systems in the health services, document for twenty-seventh session of the Regional Committee for Europe, Munich, 1977 (restricted)

AGENDA

1. Opening
2. Needs for information on medical research in Europe
  - (a) Main uses and users
  - (b) Type of information required, e.g. on research projects, on institute/worker, on research management and planning (national priorities, funding mechanisms and bodies, etc.)
3. Scope and purpose of the medical research information system of the WHO Regional Office for Europe
  - (a) Value and limitations of existing information systems
  - (b) Role of the Regional Office's medical research information system
4. Coordination and integration with existing programmes
  - (a) The WHO information system programme
  - (b) Relationship with other WHO medical research information systems (Headquarters and other regions)
  - (c) Coordination with other international research information systems
    - (i) Medical research information systems
    - (ii) General information systems on research
  - (d) Coordination with national medical research information systems
5. Procedures and resources required:
  - (a) for data collection and interpretation
  - (b) for data storage
  - (c) for data retrieval, dissemination and feedback
6. Timetable (main milestones)
7. Conclusions

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