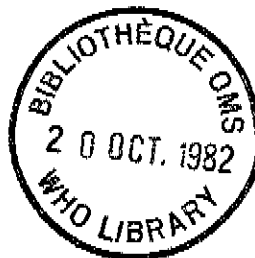




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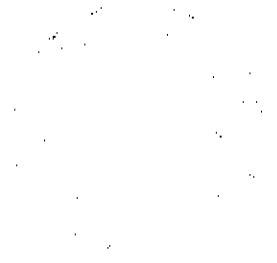
REPORT ON THE EIGHTH SESSION OF THE
EUROPEAN ADVISORY COMMITTEE FOR MEDICAL RESEARCH
COPENHAGEN, 2-4 FEBRUARY 1982

The eighth session of the European Advisory Committee for Medical Research (EACMR) took place in Copenhagen from 2 to 4 February 1982 (a list of participants is annexed).

As agreed at the preceding session, held in June 1981, the members of the Committee carried out an in-depth analysis of most Regional Office programmes in terms of:

- specific research necessary for achieving the goals of individual programmes; and
- the scientific basis of planned or ongoing research or research-related activities.

After hearing introductory statements by the Secretariat and the Chairman, and a progress report on the research promotion and development programme for the period June 1981 - February 1982, Committee members presented reviews of the various regional programmes (summarized below); this was followed by discussion. Programme managers were available to answer questions or provide additional clarification.



1. Analysis of selected regional programmes

The following questions, prepared by a subcommittee of the EACMR, were sent to Committee members in autumn 1981 with the aim of structuring the analysis where possible and obtaining a certain degree of uniformity.

- (1) What research inputs do you see in the programme X as related to the general objectives and goals of WHO?
- (2) What do you consider is the scientific basis of programme X?
 - (a) Please indicate the scientific concepts and methods used.
 - (b) Indicate the scientific competence of persons and/or institutions consulted.
- (3) Do you find the description of research action needs adequate? If you see non-identified gaps in the scientific basis, methodology or manpower, what would your recommendation be to remedy the situation - either by utilizing the existing situation/knowledge or by initiating new research?
- (4) Do you know of any other national or international institutions or organizations (or individual investigators) addressing themselves to the same problem area, without being included in the WHO activities?
- (5) How is the dissemination of results envisaged?

The sequence of presentations outlined in this report follows the new WHO programme classification for the Seventh General Programme of Work (1984-89).

1.1 Health System Development

The review of the EACMR included the following areas: Health Situation and Trend Assessment, Health Planning and Evaluation, Information Systems Programme, Health Economics, Model Health Care and Quality Assurance, Nursing and Health Legislation.

In general, the EACMR agreed that it was difficult to extract from the material used for the review the "research components" necessary to promote the WHO activities. Thus, part of the discussions dealt with the programmes at large and, whenever possible, comments were made concerning needs to expand the scientific basis for actions.

In the area of Health Situation and Trend Assessment it was felt that there was a need to develop first and test "health indicators", "disability indicators", and "lifestyle indicators" that would be suitable for assessing the relationship between lifestyles and health under a variety of conditions (e.g. poverty) and also in relation to a variety of health services and care programmes. Doubt was expressed as to whether long-term cohort studies would be a suitable instrument for obtaining the necessary information, owing to the number of problems (including long-term financial commitment) posed by such studies. It was therefore proposed that attention should be concentrated on very specific questions, such as studies on the elderly (including disability and satisfaction assessment), and that possible differences within and between countries and areas of the Region should be considered.

As far as Health Planning and Evaluation was concerned, the emphasis was on facilitating the implementation of the managerial process for national health development (MPNHD) rather than on research. However, greater consideration should be given to the wide variety of health planning and management systems in the European Region and to the need to improve operational research aspects of health situation analysis and health forecasting, so that new knowledge in the field of health planning and evaluation could be applied to national problems. It was important, also, to consider as soon as possible the identification of nonmedical sectors involved in health issues and to strengthen existing links and cooperation with other WHO units and with national institutions in implementing this programme.

On the Information Systems Programme there was discussion of two research elements that might be of relevance. First, more knowledge should be obtained about the actual needs for information systems in the Region, e.g. with regard to specific problems such as the spread of infectious diseases. In other words, it was necessary to identify specific areas in which the exchange of information in the Region was required and would be assisted by new technology. The other question was that of manpower: more experts should be trained to utilize the modern tools for information collection and dissemination in specific problem areas.

In the field of Health Economics the Committee considered it particularly important to focus attention on educational research. Health economics was not taught in depth at the undergraduate level in medical education, but it should be an important element of curricula at the postgraduate and continuing education level. However, research was required on how this subject should best be taught, including the preparation of teaching material. This would be followed by a scientific analysis of present approaches in prescribing health-promoting activities (drugs, medical procedures) and of their implications for health economics. Such research should take into consideration the global goal and consider health economics in the light of the attainment of health for all by the year 2000 (HFA2000).

The programme of Model Health Care and Quality Assurance was considered to be highly relevant for WHO. However, if one tried to evaluate it from the point of view of research needs, one did not have a sufficient scientific basis (e.g. information on the methodology of ongoing or planned projects in this field in the countries of the Region) to be able to evaluate results and draw meaningful conclusions. Since there was a need in all European countries to improve health services without increasing their costs, it should be the responsibility of the Regional Office to ensure that methods were chosen that would allow international comparison of results. If projects were to be planned, one should try to encourage those that would be directed to the assessment of primary health care. However, it was not easy to evaluate the quality of health care in highly industrialized nations and standardized and reproducible indicators would be required. Further research was also needed in the field of quality control.

With regard to Nursing, the medium-term programme in nursing/midwifery in Europe included a study of needs for nursing care, planning, implementation, and evaluation of care provided by nurses. The programme was considered to be of great importance and of central significance for the goals of WHO. It was also the only WHO programme with a primary research objective at multinational level. Several suggestions were made: the research component required a strict and realistic protocol, including a clearly defined terminology and methodology; continuity of management; the establishment of tight control; support for cooperation between centres participating in the study, and inbuilt evaluation (utilizing typical programmes such as the immunization or diarrhoeal diseases control programmes). It was also important to establish contacts with other international and national organizations working in this field (e.g. UICC regarding the care of cancer patients and diabetics) and to make sure that the results obtained (including a cost-benefit analysis) were published and used not only in policy-making but also in training.

Finally, the programme on Health Legislation was discussed. It contained a number of subjects for philosophical as well as legal research. In a more applied sense, however, legislation was a recognized means of implementing the established results of research activities. Regarding the role and influence of health legislation and its interaction with other social and health-oriented activities directed towards improving health, objectives for interdisciplinary research might be defined, highest priority being given to those that would elucidate the relevance of health legislation to lifestyles and behavioural changes. Another possible area of research was analysis of legal and ethical principles and guidelines directly related to regional research projects (biomedical and health services research). Finally, one should examine whether the scientific basis is sufficient for including legal and ethical aspects in programmes of research training.

1.2 Organization of Health Systems based on Primary Health Care

The regional programme included under this heading Lay, Community and Alternative Health Care, Primary Health Care and Hospitals and other Health Institutions. Members of the EACMR reviewed these aspects and discussed their scientific base and research components.

Any research programmes in the field of Lay, Community and Alternative Health Care should concentrate on increasing the understanding of lay health care and risk behaviour by health professionals, politicians and the general public. "Risk assessment" was a very practical problem, and in the area of chemical safety the EACMR recommended interdisciplinary action, extending from its basis in the natural sciences to lifestyles and health behaviour. Research should be performed in this area, but only after a careful review of the "state of the art" had been made and agreement reached concerning the questions to be studied in depth. In the area of lay care and its influence on HFA2000, differences between countries stemming from historical and cultural factors needed to be carefully considered. Therefore, attention should be paid to the methodology of evaluation.

As far as Primary Health Care was concerned, it was considered important to improve the methods for its evaluation, using appropriate indicators that were to be applicable in the various countries of the Region. Research elements would require the careful planning of a study to elucidate the contributions that individuals, families and institutions might make to primary health care.

The programme on Hospitals and other Health Institutions did not, as yet, contain many research elements on which the EACMR could comment. However, some relevant suggestions had already been made in the area of health economics. The scientific basis for the claim that the rise in hospital costs was due in part to a lack of cost-consciousness in the health professions was probably weak. Research might be performed to investigate whether rising costs might not be due to the fact that the average stay in highly specialized hospitals had become very short and involved very costly diagnostic procedures. In any event, the scientific basis for the programme should be carefully examined as to its adequacy in order to establish whether more research was necessary.

1.3 Health Manpower Development

A review of this programme revealed that there were many important or even crucial questions that could only be answered by appropriate research. However, no concise targets or projects for research had been outlined. It was felt, therefore, that the scientific basis for the programme needed improvement. Research projects should include analyses of morbidity and its trends, of demographic developments and of trends in people's expectations with regard to science and technology. It was also necessary to evaluate basic concepts relating to the Region's strategic targets in fields such as lifestyles, preventable conditions and the provision of adequate health care for all. On that general basis, it would then be important to launch projects related, for instance, to educational research with the final goal of improving the effectiveness of health professionals in promoting health, and to criteria on the density, distribution and professional and qualificational structure of health personnel, especially physicians. In that connexion, the balance between preventive and curative, out-patient and hospital fields, as well as the role of nonmedical scientific staff, needed consideration, as did the attitudes of physicians concerning their role in preventive medicine, including occupational medicine. In addition, research should be conducted on the relationships between physicians and members of other nonmedical, health professions participating in health care teams, e.g. in environmental hygiene or rehabilitation medicine. The information obtained in the course of those investigations should be made available directly to the institutions responsible for undergraduate and postgraduate training.

1.4 Public Education and Information for Health

The EACMR's review of this field confirmed the situation analysis outlined in the Regional Office's programme. Two problems needed to be investigated in appropriate research projects: one was that of new approaches to be adopted in studying health-relevant behaviour, and the other was that of formal health education programmes for preschool children. It might be necessary to include schoolchildren in the latter investigation because not enough was known about the effectiveness of health education programmes. Since ethical questions would be involved, the investigative team should contain appropriate expertise. Research was also necessary on the role of governments in health education of the public. While the health risks of alcohol consumption and smoking are clearly recognized governments would, by introducing really appropriate measures, also be acting to their own detriment (i.e. reduced income from taxes and duty).

1.5 General Health Protection and Promotion

In this part of the programme, the following areas of WHO activity were reviewed and comments on research elements made: Nutrition and Food Safety, Accident Prevention and Health Promotion.

In the programme on Nutrition and Food Safety, research should concentrate on the following topics: (1) long-term consequences of early nutritional habits on health development; (2) investigation of eating-habits in different countries of the Region and their possible influences on health; (3) development and evaluation of indices on the state of nutrition; (4) research on the consequences of malnutrition for the organism, with particular attention to preventive actions, including studies on the ability of health services to cope with malnutrition situations.

All these investigations would require the cooperative effort of several countries. The role of WHO as a coordinating body would be essential to guarantee continuity and authority, especially if the outcome affected commercial interests. In the cancer field, IARC had approached the problem in several ways and should be consulted with respect to the design and methodology of such a study. In addition, as far as food safety was concerned, the scientific basis for policy decisions was still incomplete with regard to technologies such as freezing (microbiological problems) or additives in food production, and further investigative efforts were required.

Turning to the Accident Prevention programme, the EACMR agreed that its successful implementation was of considerable importance for the attainment of HFA2000. Concerning the scientific basis and the need for research, several comments were made. First, the reliability of

statistics indicating that true accidental death rates differed considerably from country to country was questioned. The methods used to obtain such statistics required careful study, which might result in the suggestion that an identical methodology be used in the different countries to obtain accident data. If the figures were found to be correct, intensive investigations would, of course, be required as to the causes and the factors involved. In general, it was also necessary to compare accident causes in different countries in order to formulate proposals for accident prevention in the future. It might also be important to compare accident data for different parts of the same country and to relate them to lifestyles and habits. Finally, it was necessary to induce countries of the Region to coordinate their research on the behavioural aspects of accidents in order better to understand the role of human factors and lifestyles (including drug use) in the causation of accidents, especially in relation to the working environment.

The first two stages, i.e. contingency planning and rehabilitation, were already in progress. The next stage concerned accident prevention and in that connexion it was intended to make a study on the epidemiology of accidents in order to identify processes and situations likely to result in accidents. Although such research was not medical in character, its outcome would have important implications for the health component of future activities. Finally, the consequences of large-scale accidents for a community called for emergency plans.

Health Promotion was an area about which existing knowledge and ideas were still vague, and the research which appeared feasible would, at best, be descriptive. Therefore, emphasis should be placed on improving understanding of the relationship between positive health, lifestyles and the environment in order to promote health by modifying those factors that could be recognized as unfavourable.

However, before such research could properly be performed, the clarification and standardization of terminology and issues were essential. That required in-depth interdisciplinary discussions with a view to designing specific and detailed proposals for international research.

1.6 Protection and Promotion of the Health of Specific Population Groups

In this part of the Regional Office programme, a number of issues were dealt with, attention being concentrated on the needs of particular groups at risk.

Maternal and Child Health was closely related to Sexuality and Family Planning. Other efforts centred on Workers' Health and Health of the Elderly. The health of specific populations living in circumpolar regions required attention. Finally, consideration would be given to the unemployed and the poor in respect of their health status and the health care they required.

The EACMR noted that Maternal and Child Health had been a WHO concern for several years. However, the reasons for differences between countries were still not clear and further studies were required on which to base policies. It was important to specify the questions that needed to be answered by further international cooperation and, if necessary, research. In any event, it was recognized that the scientific basis was very complex and required interdisciplinary action. New elements might result from changing attitudes among women (equality, greater self-reliance) and it might well be important to analyse in detail the productivity of the services used in different countries to promote maternal and child health.

If the differences in mortality, morbidity and impairment could be proved to be based on differences in lifestyle, it would certainly be of major importance for health service orientation in that field. It would also appear worthwhile to investigate in detail the health of children in relation to school health services and also at the family level, giving special attention to the single-parent family. On the other hand, lower priority might be given to genetic counselling and the further improvement of high technology.

In all problem areas of the MCH programme, it should be the responsibility of the Regional Office to analyse the "state of the art" in the different countries and, by encouraging research projects, to try to obtain answers to the problems that seemed to impair progress in that area most strongly.

It was not possible to comment on the Sexuality and Family Planning programme independently of the MCH programme, because both were linked. Research work in that field was concerned largely with the evaluation of sexual education and family planning programmes. That work had resulted in guidelines which were implemented in a few countries on an experimental basis, and should eventually be extended throughout the Region. Systematic evaluation of the service system in the various countries should be performed; the differences uncovered might well lead to new health policy directives. Particular attention should be devoted to the sources of information used. Further, research was needed to answer the question as to why the implementation of service

development was slow in comparison with the general advancement of knowledge. The constraints might be cultural or religious, but they might also include lack of resources and professional or political opposition.

The programme on Workers' Health, addressed to the health promotion of an entirely different population group, was considered to be a very ambitious one, from which WHO should select areas that required international cooperation during the current decade and stimulate the coordination of national research efforts. It was noted that WHO had a number of collaborating centres whose number and capabilities might have to be increased to enable them to respond adequately to initiatives from WHO. It would be the responsibility of these centres, through coordinated efforts, to develop studies whose results would facilitate the planning, management and evaluation of occupational health services.

Another area of concern requiring research because of its limited scientific basis was the relationship between lifestyles and health risks from occupational hazards. In that context, it was of paramount importance to harmonize research efforts in the European Region aimed at developing and improving methods of biological monitoring to measure internal exposure and the response of body systems to chemical hazards, in particular genotoxic chemicals. More research was required to develop further the possibilities of submammalian tests for determining the genotoxicity and embryotoxicity of chemicals in the working environment and to relate their results to *in vivo* effects. Of particular concern were risks resulting from genetic engineering, which needed to be fully evaluated.

Recently much attention had been focused on the health effects of airborne man-made mineral fibres. More work was required to follow up adverse effects, including mortality and cancer incidence, but also other parameters.

The health hazards of personnel working in hospital settings were still poorly documented and required further study. Particular attention should be paid to hospital infection data (to compare differential morbidity rates among staff) and to pregnancy outcome and health impairment studies of staff working in areas such as oncology (use of anti-cancer drugs) and pathology (use of formalin and organic solvents).

The experimental basis of all those areas of research was insufficient, particularly with regard to the pathophysiological mechanisms and delayed effects of combined exposures. Consideration should be given to whether a European institution should be set up, at which such combined effects could be studied in detail in "environment simulation chambers". A project of that kind would be for any one country alone.

Finally, much more research was needed to characterize quantitatively the effects of environmental factors on the wellbeing of workers. At present, no indicators exist for evaluating psychosocial factors as a function of exposure to various occupational hazards.

The programme on Health of the Elderly, as part of the attempt to promote the health of specific population groups, was considered to be of particular significance now that European populations include an increasingly high proportion of elderly people. However, research was required on specific health problems of the elderly that were not problems of the population at large. Only a small proportion of old people had specific problems and became dependent. It might be worthwhile to examine the lifestyles of people who lead a productive life into old age without health impairment. It might well be that shifts in population structure and age distribution necessitated a "training phase" designed to help people live a productive life beyond working age. The research necessary included health services research leading to the creation of suitable training programmes which would enable senior citizens to live a healthy active life. In all those areas, the scientific basis was too small for health policy recommendations to be made; research activities should therefore be stimulated and implemented.

A lack of research on Circumpolar Health had earlier been noted by the Regional Office. Indeed, the EACMR's review of this programme revealed a lack of sufficient epidemiological data on the major health problems of both the indigenous population and immigrants in circumpolar regions. There was a need to improve existing methods and develop new ones for identifying problem areas. A better scientific basis was required if health services were to be improved and personnel adequately trained to cope with the particular health problems of the circumpolar regions.

The EACMR went on to discuss the programme on Unemployment, Poverty and Health. In planning research components with a view to extending the scientific basis for that programme, there was a need to consider unemployment and poverty as separate risk factors for health: unemployment was not synonymous with poverty in many countries with well developed social security systems, and the health effects might well be more mental than somatic. Research should be promoted to identify the

health problems (mental and somatic) of the unemployed on the one hand, and of the poor on the other, and to consider the regional differences in Europe. Further work was needed to answer the question whether health systems provided adequate coverage for the people concerned. In that context, the special health problems of migrant workers should be considered. Attention should also be given to the meaning of poverty: rather than attempting to distinguish between absolute and relative poverty, health-related inequalities as a whole should be tackled.

1.7 Protection and Promotion of Mental Health

In connexion with this programme area, it was noted that the programmes on Prevention and Control of Alcoholism, Drug Abuse and Smoking and on Mental Health were closely linked, although they should be considered separately as far as their scientific bases and research needs were concerned. In fact, it was proposed that three independent research programmes, on alcohol, drugs and smoking, should be implemented apart from mental health. That would not preclude the identification of common aspects such as health education. In the field of alcoholism, research should be conducted in order to analyse the effects of both alcohol advertising and anti-alcohol activities, and to develop approaches calculated to increase the motivation of alcohol addicts to seek professional help, including psychotherapy. Special attention should be given to the use of alcohol at places of work.

The problem of drug abuse was related to another sizeable fringe group in society that required special attention. There was a noticeable shift from "soft" to "hard" drugs and a review of the situation (especially in relation to marijuana) was needed as a basis for planning research and health service actions.

Concerning research into the health effects of smoking, it might be worthwhile exploring the specific situations of minors and pregnant women. Too little information was available to make adequate recommendations for action.

Considering the programme for the Protection and Promotion of Mental Health as a whole, the Committee recognized WHO's coordinating role in national efforts in that field. Currently it was difficult to judge whether the scientific basis for WHO activities was broad enough or whether further research needed to be stimulated by WHO and carried out in national institutions, either separately or in collaboration with others in the Region. A clear analysis of mental health programmes in the Region was necessary in order to recruit a research force capable of addressing itself to pressing problems of European interest. The recommendations of various workshops and meetings concerning research needs in that field deserved careful consideration. It was possible that many of the gaps identified had not yet been filled. The results of research projects should be published in specialized journals as well as being disseminated by WHO through the usual channels.

1.8 Promotion of Environmental Health

Under this programme, several problem areas were considered, namely: International Drinking-Water Supply and Sanitation Decade, Control of Environmental Health Hazards, and the Chemical Safety Programme. The programme on Environmental Health in Rural and Urban Development and Housing was not considered by the EACMR, although it was felt that some research elements might be of relevance for future discussions.

With regard to the International Drinking-Water Supply and Sanitation Decade programme several problem areas required to be covered by further research. They included risk assessment of chemical, microbial and parasitological water constituents in relation to long-term health impairment, and preventive intervention regarding pollution pathways. In that context, it was important to improve the international harmonization of water hygiene standards and their enforcement.

The Control of Environmental Health Hazards required an appropriate scientific basis for decision-making by health authorities. Relevant research needs to fill gaps in knowledge which should be clearly identified so that research initiatives could be stimulated. As in the area of drinking-water, there was a general need to assess the health risks of specific pollutants in the waters of rivers and seas in the Region. Moreover, little was known about the health risks of combined air pollutants. Health risk studies were called for in respect of solid and hazardous waste management, which required intensive experimental and well based epidemiological research in order to substantiate legislative action at the national and transboundary levels. Finally, research was necessary to assess the health risks of new bioengineering technologies. In summary, that area of the regional programme appeared to warrant a thorough evaluation of the feasibility to launch a project on the risk assessment of environmental health hazards, with intensive international cooperation and with the Regional Office acting as catalyst.

This view was further substantiated when the EACMR considered the chemical safety programme. In that well planned area, several research components were ready to be pursued and should receive intensive support. They included epidemiological studies on pesticides, which should consider the specific health effects of specific types of pesticides. For such studies, existing knowledge about the possibilities of biological monitoring needed expansion in order to determine internal exposure, including levels of the strain imposed on organs and organ systems. Consideration should also be given to the planning and execution of a study on the health effects of formaldehyde. However, before epidemiological studies were undertaken, a comprehensive review of existing knowledge and current programmes was essential. Of particular importance to the Region would be the cadmium study, which was well formulated and prepared in sufficient detail for its implementation to proceed.

It was considered important for all countries of the Region to institute a programme component dealing with impact and risk assessment. That activity dealt with the interface between scientific information and the social aspects of the problem, including public perception and acceptance of risks, and the processes leading to political decisions. That was a rather new area of activity on which very little experience was available, and it would require a truly interdisciplinary effort. Since the project was of great importance and likely to be both difficult and lengthy, it might be advantageous to establish a special institution or think-tank which would devote itself specifically to the problem.

1.9 Diagnostic, Therapeutic and Rehabilitative Technology

Under this programme, the problem areas covered by the Regional Office were Clinical, Laboratory and Radiological Technology, Drug Policies and Management, and Disability Prevention and Rehabilitation.

Careful consideration had to be given to the question whether the scientific basis for policy recommendations to national governments or for establishing international standards was adequate or whether it required improvement through WHO-initiated and coordinated research activities. It might well be the task of health services research to pursue more intensive cost-benefit analyses of health care technologies, including common laboratory procedures, radiological approaches and bioinstrumentation. However, before proceeding with studies utilizing collaborating centres, the principles of cost-benefit studies needed to be worked out and tested in a pilot study which would evaluate the benefit in terms of health promotion and reduction in health care costs.

With respect to Drug Policies and Management, consideration should be given to the reliability of the scientific basis in several areas. The harmonization of national standards for drug evaluation and registration required internationally established approaches for drug testing and for recognizing the nature and degree of side effects. However, an initial review might be necessary in order to identify gaps in existing knowledge.

The programme for Disability Prevention and Rehabilitation was then considered and several areas for research were noted. These might include an evaluation of the effectiveness and efficiency of preventive and rehabilitative measures (medical, social, vocational) in certain fields, such as sensory (particularly visual), locomotor and mental disabilities. However, such evaluation studies presupposed a precise definition of the goals of rehabilitation and an analysis of the special problems of the elderly.

In the future, it might be necessary to institute research aimed at analysing genetic factors that might lead to disability, so as to facilitate preventive measures such as health education. One common problem of disability in the older age groups was pain of various kinds. It might well be in line with WHO's general objectives to set up an international study group in that field in order to coordinate ongoing research carried out at the national level. Regarding the problems of visually impaired disabled persons in particular, efforts should be made to implement the research recommendations of conferences and other meetings held during the last two years.

1.10 Disease Prevention and Control

This programme covers a fairly wide range of topics. It includes the Expanded Programme on Immunization, Bacterial, Viral and Mycotic Diseases and Zoonoses, Malaria and Other Parasitic Diseases, Cancer, and Cardiovascular and Other Noncommunicable Diseases. Of course, many of the Regional Office's responsibilities in these fields are related to the collection, coordination and dissemination of information and to training. However, the EACMR identified several research activities that were essential for broadening the scientific basis needed to ensure improved control and prevention of diseases.

As far as WHO engagement in the field of communicable diseases was concerned, there was an urgent need to extend knowledge and research in several areas. In general, viral diseases presented a major health risk and should therefore be a focal point of activity. With regard to viral hepatitis, the most pathogenic type or types had still to be investigated further and classified. Acute respiratory tract infection of viral origin was yet another burden in countries of the Region, and the situation required careful analysis. WHO should become involved in that task, possibly by trying to establish, as a first step, cooperative groups of investigators qualified and able to shed more light on problems associated with certain viral diseases.

Another area of involvement might be that of initiating and coordinating research on resistance to chemotherapeutic agents by staphylococci, pneumococci, gonococci, S. typhosa, shigella and Vibrio cholerae. Investigation of the problems involved might also assist in solving the problem of opportunistic infections, such as pneumocystitis and cytomegalovirus, that appeared to an increasing extent in immunosuppressed and defective individuals. Research activities were also called for in the field of sexually transmitted diseases, particularly in view of the changing clinical manifestation of some diseases in that category.

In summary, a careful analysis of research needs, research competence and research promotion was required in order to shape WHO's future role in those areas. It might not be sufficient to improve existing monitoring and surveillance systems or to train manpower: the scientific basis needed to be deepened and expanded, and it was important that WHO should stimulate the European scientific community to form task forces in relevant areas to pursue research on the identified objectives.

Turning to the Cancer programme, the EACMR noted that, while the Regional Office did not have a special mandate to promote research in the cancer field, as other organizations were engaged in that task, it was nevertheless well qualified to take a lead in coordinating and stimulating research efforts in the European Region in a number of problem areas. They included the development of a scientific basis for national cancer control plans and their evaluation, model health care programmes for certain types of cancer, and appropriate technologies in cancer management. Since more and more cancer patients could be treated successfully, their medical, social and vocational rehabilitation required intensive research. Rehabilitation indicators needed to be established and tested on the basis of firm knowledge as to how cancer patients coped with certain types of health impairment (e.g. breast cancer, colon cancer, leukaemia). It might therefore be opportune to bring together a study group for the purpose of outlining needs for research and stimulating its implementation.

With regard to Cardiovascular and Other Noncommunicable Diseases, the emphasis of the regional programme was clearly on cardiovascular diseases. The EACMR thought it worthwhile to coordinate and expand research efforts aimed at the identification and assessment of behavioural and environmental factors in chronic noncommunicable diseases, such as hypertension, coronary heart disease and cardiovascular diseases in certain children. The time might also be ripe to attempt to include in such epidemiological studies a search for risk elements related to the "disposition" of the patient, a task that clearly required an in-depth review of the methods available. Other important tasks were in the field of health services research. Because of the high cost of appropriate diagnostic and therapeutic methods for cardiovascular diseases, it was necessary to make a systematic and comprehensive assessment of new diagnostic, therapeutic and rehabilitative approaches.

Further research was necessary to widen the scientific basis for the gradual establishment of chronic disease control with community participation, by coordinating and stimulating existing research programmes oriented to individual diseases.

2. General discussion of conclusions

The discussion was opened by the WHO Regional Director for Europe, Dr Leo A. Kaprio. He welcomed the commitment of the EACMR to obtain a deeper insight into the Regional Office's plans for the future, the framework of which had been accepted by the Member States and consisted mainly of services required at the international level, together with health manpower training. The EACMR was also addressing itself to the question of the research activities required to improve and further develop the existing scientific basis on which governments could build their health policies in a number of relevant areas. However, that perspective was rather new and needed to be pursued with care.

During the discussion it was emphasized that the Regional Office's task was not to conduct research, rather to promote it by coordinating national efforts and by stimulating research on the basis of the information made available to it by the countries of the Region.

It was agreed that the activities of WHO in the European Region aimed at deepening and widening the scientific basis for WHO programmes deemed relevant and appropriate by governments should be considered "research activities". That being so, it was possible to differentiate between various types of research, such as descriptive, applied or experimental research, using epidemiological, biomedical and social science research methodologies. In any event, it was important to underline that, whatever research activities were to be undertaken, they should be of the highest possible quality and subject to "peer-review" techniques similar to those used in some national research councils for supporting or rejecting research proposals. In that connexion, the EACMR might have a role to play, either alone or in conjunction with peer review groups dealing with specific identified research areas.

It thus became clear that any discussion of recommended priorities for WHO action had to be preceded by an identification of the gaps to be filled by information obtained through research. A first step was to establish whether the scientific base could be considered sufficient. The ultimate yardstick in that respect was an affirmative answer to the question: Could the health situation be improved in the Region if more knowledge were available? Realizing that WHO's involvement in research was necessarily limited, the EACMR believed that it should not be over-ambitious, but should rather suggest activities that the Regional Office could, in principle, cope with in the given circumstances. It would be the Committee's responsibility to discuss strategies for activating research to bridge gaps in scientific knowledge rather than to go into details of designs, methodologies, approaches or evaluation of results. That should be left to competent advisory groups.

The research responsibility of WHO was seen primarily in identifying gaps in scientific knowledge; in the stimulation of research to be performed in competent institutions of the Region either alone or in collaboration, but with the Regional Office acting as a catalyst; and in the appropriate dissemination of information.

Even in times of political tension WHO could offer a platform for cooperation across the Region. In addition, WHO was well placed to pursue health promotion activities in the long-term perspective. Therefore, WHO's participation and catalytic role should be seen as elements of stability for long-range programmes with a complex methodology.

In the Committee's discussions it became clear that its future role would be to consider those areas in the regional programme in which scientific activities were needed to widen and deepen the scientific basis for practical actions, and to review strategies for the implementation of research in problem areas so that the maximum benefit could be derived from the scientific talents available in the Region. In addition, there were areas where the EACMR should continue to use study groups in order to discuss in depth certain problems on which it was not yet able to make specific recommendations for action.

In all EACMR activities, an optimum of contact and communication should, as in the past, be maintained with the relevant staff members of the Regional Office.

3. Review of EACMR planning groups dealing with research priority areas

The Chairman reminded the Committee that the EACMR in its previous composition had worked with and in five to six subgroups, composed of EACMR members and supplemented by non-EACMR experts as necessary. At present three subgroups were active or might be formed after appropriate preparation. They were the subgroup on health services research, the subgroup on theoretical models relevant to scientific analysis of health and health care issues, and that on communication between Regional Office, governments and other information users in the Region.

A preparatory meeting of EACMR members, plus a very small number of experts met on 21 December 1981 in Berne, to discuss the timeliness and feasibility of a study group on "research models", the principles of which had been discussed and approved by the seventh session of the EACMR in June 1981. During the discussions in Berne it was suggested that a workshop with interdisciplinary and international participation should be held to consider the following topics:

- (1) concepts and models of health, illness and disease;
- (2) genesis of health, illness and disease in scientific terms and in terms of their consequences (impairment, disability and handicaps);
- (3) development of models of health promotion and health care;

- (4) development of models of health behaviour and self-care;
- (5) implications of theories of health and health care for health policy and action.

This preparatory activity was met with interest but also with some reservations as to the feasibility and practicability of the proposals made. It was pointed out that, whatever the outcome, it should have practical relevance to the work of the EACMR and not be a remote, purely academic exercise. That need was also stressed by the participants of the Berne meeting, who expressed the hope that the analyses to be obtained might result in a better understanding of what was involved in attaining the goal of health for all by the year 2000. Models have proved to be of use in placing known facts in logical order so that a strategy could be derived. Moreover, the various disciplines involved in the discussions should be represented by competent investigators. Although biomedical research expertise was necessary, other fields had also to contribute, e.g. systems research, sociology, history of medicine, philosophy/theory of sciences, humanities, health services research, public health, nursing, primary health care and epidemiology. After carefully considering all the reservations expressed, the Committee endorsed the recommendation to the Regional Director that the activities outlined should be initiated, and asked to be kept regularly informed on their progress.

With regard to communication between the Regional Office, governments and users as the basis for the rapid utilization of newly developed knowledge, it was felt that a further scientific analysis of the problems involved should be carried out before the next meeting of the EACMR to enable it to submit specific recommendations for action.

Annex

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