

New Look at Health in Developing Nations

An independent commission plans to call attention to opportunities in health research in Third World

IN the poorest African and Asian countries, average life expectancy lingers in the 30s and 40s, evidence that modern medical science has had limited impact in much of the Third World. A lack of substantial, sustained effort in research on health problems peculiar to developing countries is regarded as an important contributing factor. A new Independent International Commission on Health Research for Development is being formed to assess the issues and advocate new approaches.

To bolster its claim to independence, the commission intends to avoid the familiar posture of the First World prescribing for the Third World. V. Ramalingaswami, a senior Indian government medical research official who is a visiting professor this year at the Harvard School of Public Health, says, "Such plans are often made in industrial countries by people without experience at the grass roots." A majority of commission members will be chosen from developing countries for their direct experience in dealing with health problems in Third World settings.

The commission will not be a grant-making organization. Its main objective will be to point out "gaps and opportunities" in health research, and it will be particularly alert to possibilities for applying advances in biotechnology to Third World problems.

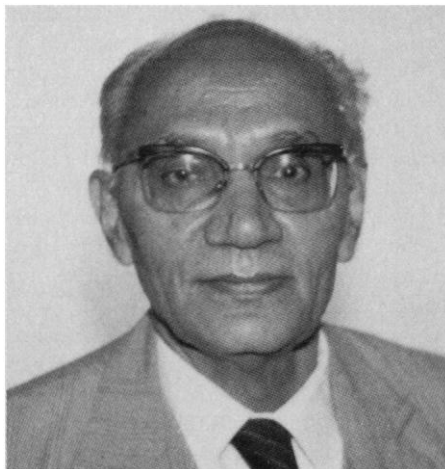
David E. Bell, who served as a consultant during the formative stages of the new commission said that a main impetus to its creation was the "shocking mismatch" between the volume of health research performed in behalf of the industrial countries and that specifically benefiting developing countries. Bell, a professor at the Harvard School of Public Health, said firm data are not available, but a rough estimate is that 95% of the total health research effort in the world is focused on the problems of industrial countries.

He noted that although an "array of health research activities are directed at developing countries," these amount to an "accidental set." In some research areas solid progress is being made, as in the case of diarrheal diseases. In others, for example, acute respiratory diseases that take a heavy

toll in developing countries, particularly among children, "virtually nothing is under way."

Donald A. Henderson, dean of the Johns Hopkins School of Hygiene and Public Health, says that one example the commission might profitably consider is the development of oral rehydration techniques to treat diarrheal diseases. Success resulted from linking research with clinical and epidemiological work on cholera and other diseases, said Henderson, who also has been involved in the planning for the commission. Efforts in research and treatment advanced in parallel over the years to produce the current oral rehydration techniques that are practical for use in poor, Third World countries. Much of the relevant work was done at centers overseas where research and care of patients were combined. "It is very helpful to have people in the lab in contact with sick people," said Henderson. Such arrangements are "significantly lacking in the health field," he said.

The new commission already has backing from major private foundations such as the Clark, Ford, Nobel, and Rockefeller foundations, the Carnegie Corporation, and the Pew Charitable Trust. At least by implication, formation of the commission seems a criticism of existing international assistance



V. Ramalingaswami says that governments of Third World countries should also pay more attention to policies affecting health issues.

agencies. However, several—Canadian, Swiss, and West German technical assistance agencies, the United Nations Development Program, and the World Bank—have signed up as backers.

The idea of improving international health research through the work of a group like the new commission seems to have originated with the staff of the Edna McConnell Clark Foundation in New York. The plan began to jell at a meeting convened by the foundation in 1985 to discuss how lessons from other sectors of development could be applied to health problems. After the meeting, the matter was pursued by Clark staff and representatives of Canada's International Development Research Center—the IDRC itself puts strong emphasis on the involvement of developing country scientists in research affecting their nations. Talks with Bell and his colleagues at the Harvard School of Public Health led to the school's becoming the base for the secretariat of the new commission.

The commission will not limit itself to an interest in research on infectious diseases. Ramalingaswami says that the commission intends to link social sciences with health sciences. At a planning meeting in July, a wide range of topics were broached. There was agreement, for example, that women's health is a seriously neglected subject. Not only is maternal mortality much higher in developing than in industrial countries, but the importance of a woman's role in her family's health means that it merits close examination by the commission. Population issues and family health are regarded as important concerns for the commission.

The commission will get its formal start at a meeting early this month when it will start constructing an agenda. The group's chairman is John R. Evans, who heads Allelix, an Ontario biotechnology firm, and is chairman of the board of trustees of the Rockefeller Foundation. Deputy chairman is Gelia T. Castillo, a professor of rural sociology at the University of the Philippines. The commission will have between 12 and 15 members when the recruiting process is complete.

The commission plans to set a brisk pace for itself. To reinforce the discipline of a deadline, it has a sunset clause in its charter programming it to go out of business after 2 years. In addition to an audience in industrial countries, the commission also expects to direct its message to governments of developing countries. Ramalingaswami observes that Third World countries are "very deficient at policy formulation" in respect to health. "They are preoccupied with economic development and debt management" and overlook health issues, he said. ■

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