

## INTERNATIONAL HEALTH

# World Bank Report Calls for Network to Bolster Research

Claudio Lanata, a senior epidemiologist at the Nutrition Research Institute in Lima, Peru, knows the obstacles to doing top-quality health research in a developing country—many of them stemming from the up-and-down nature of funding from international aid agencies. Since 1991, Lanata's institute has laid off three-quarters of its 250-person staff because of a loss of support from those agencies, which were troubled by a dissolution of the country's elected Congress. Even in times of relative plenty, says Lanata, a reliance on foreign funding sources distorts the institute's priorities. "Searching for funds drives you," he says. "You start jumping from one project to another."

For years, the plight of researchers like Lanata has attracted little more than sympathy from the scientific community. But a new report from the World Bank could change that, if its recommendations are adopted. Focusing for the first time on health, this year's World Development Report (WDR) says that too much is being spent on high-tech medicine and too little on disease prevention and basic health care. In the developing world, the report adds, high-prestige basic biomedical research is squeezing out disciplines like epidemiology that are needed for an effective health policy. And it's not just the priorities that are out of whack. International funding for health research in developing countries, says the report, is "woefully inadequate" and poorly coordinated.

The solution, according to the report, is a new international body to coordinate research. Although the WDR doesn't say how much money this body would need to administer and support research, human resources economist Dean Jamison of the University of California, Los Angeles (UCLA)—who has headed the World Bank's WDR team—suggests \$100 million a year.

That may seem like a lot, but many donor agencies are likely to consider it money well spent. Part of the reason is that the traditional leader in the field—the Geneva-based World Health Organization (WHO)—is in turmoil following the re-election to a second 5-year term of its unpopular director-general, Hiroshi Nakajima (*Science*, 14 May, p. 896).

One model for the new international agency is the Consultative Group on International Agricul-

tural Research (CGIAR). Since 1971, when nine aid donors provided \$15 million for four centers originally established by the Ford and Rockefeller Foundations, CGIAR has grown into a network of 18 institutes, spending some \$260 million a year. CGIAR is "a very big operation, and it has no counterpart in health," says epidemiologist Richard Feachem, dean of the London School of Hygiene and Tropical Medicine, who chaired the international committee that advised the World Bank on the report. Stopping the spread of diseases such as malaria and tuberculosis is "not a fanciful goal" for a health counterpart of CGIAR, argues Feachem.

In spite of the temptation to build a carbon copy of an already successful program, the WDR's supporters say that isn't what they want. A more cost-effective approach, says Feachem, would be to unite existing labs—like Lanata's Lima institute—that are "pregnant with promise" but suffer from uncertain funding.

The WDR is the first report of its kind to use objective measures of the global economic and social costs of the world's major diseases. One statistic, called the "disability-adjusted life year (DALY)" (see figure), accounts for years of life lost through early death. It includes weighted factors for the impact of each disabling disease and the age of affected people, with economically productive adults scoring most heavily.

The results show some clear mismatches between what is spent on research and the impact of the diseases being studied. For example, although the DALY figures confirm that infectious diseases are a major problem

in the Third World, particularly in sub-Saharan Africa, they reveal that certain noncommunicable diseases generally seen as the burden of rich countries are also devastating in the developing world. Across Latin America, for instance, neuropsychiatric and cardiovascular disease each account for more DALY loss than the combination of malaria, tuberculosis, and worm infections. Yet there is virtually no research under way on strategies to tackle these diseases in developing countries, says UCLA's Jamison.

That would seem to make the argument for a new agency to coordinate health research in the developing countries all the more critical. Yet the picture is complicated by the emergence of the Council on Health Research for Development (COHRED), a Geneva-based agency working on a country-by-country basis to help local officials and scientists produce research plans tailored to their needs (*Science*, 19 March, p. 1683). Once these plans—costing less than \$1 million each to produce—are in place, COHRED hopes to channel funds from donors to support the follow-up research.

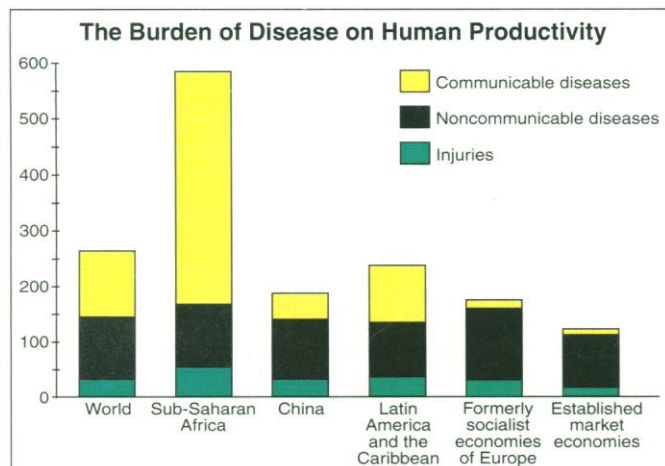
This low-budget approach is finding favor with some donor agencies. The council's administrative costs for the next 5 years are being paid by Canada's International Development Research Center and the Swedish Agency for Research Cooperation, and donors are understandably cautious about backing the more ambitious effort proposed in the WDR. It's a case of "wait and see," says Goran Dahlgren, health policy adviser at the Swedish International Development Authority.

What is more, even the home base of the report—the World Bank—has not yet decided whether to act on its specific recommendations. The World Bank is the largest single source of development aid for the health sector, but a decision to branch out into health research would require a major policy shift. And WHO is awaiting details on how the proposed body would operate.

"There is still a lot of work to be done," says WHO assistant director-general Jean-Paul Jarrel.

That work will begin next week in Geneva at a meeting between bank and WHO officials, called to discuss possible collaboration between the two agencies. And before they commit themselves, the world's major aid donors are waiting to see if the bank, in particular, will signal its commitment to the WDR by investing some hard cash into the follow-up process. As Robert Lawrence, director of health sciences at the Rockefeller Foundation, puts it, the bank must decide whether "to put its money where its mouth has been."

—Peter Aldhous



**Global danger.** Although their relative impact varies, noncommunicable diseases are killers around the world.