

## New analyses of financial conflict released

Two new reports on industry-sponsored medical research raise questions about how academic medical centers track such sponsorship and, for the first time, raise the issue of institutional conflicts of interest.

A study of five sample universities by the US General Accounting Office (GAO) found that although all had conflict policies in place, there were serious problems with campus record keeping. Data on industry sponsorship was stored "in multiple offices, files and formats...making it a challenge to ensure that conflicts of interest were appropriately managed and not overlooked." (<http://www.gao.gov/new.items/d0289.pdf>)

Although attention to conflicts of interest has, in the past, been focused on individual scientists who might benefit financially from their work, the GAO report also looked at situations in

which a university owns stock in a pharmaceutical company or invests in a faculty member's start-up company. It found that each school had, or was developing, policies to deal with such conflicts but that these differed considerably. For example, one restricted equity holdings to 2% while another set the threshold at 49%. The report recommends that the Department of Health and Human Services (HHS) "develop specific guidance" for schools on how to identify and manage institutional conflicts, and labeled pending HHS guidelines as "limited."

The report "underscores the gaping hole in federal policy in addressing institutional conflicts of interest," said Sheldon Krinsky, a Tufts University professor who is working on a book on commercial interests on campus. "Should universities with equity ownership in a company receive federal

funds to do research that is in the company R&D profile?" he asks.

The concept of an institutional conflict is a relatively new one at medical schools, says Russel Kaufman, vice dean for education and academic affairs at the Duke University School of Medicine. Kaufman served on an American Association of Medical College (AAMC) panel that issued new guidelines on dealing with conflict of interest for individual researchers. The group is now working on institutional conflicts. In the meantime, a new AAMC guideline calls for universities to bar investigators from doing research involving human subjects if they have a financial interest in the research such as equity interests, royalty payments, consulting fees, honoraria, company sponsored travel or other such payments of more than \$10,000 per year.

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## Global research fund proposed

A new, global fund to support biomedical research aimed specifically at the health needs of developing countries has been proposed by an international panel of leading economists and public health experts. The Commission on Macroeconomics and Health calls on donor countries to increase their health expenditure almost five-fold and believes that current political barriers can be overcome in the name of improved public health.

The Commission, chaired by Jeffrey Sachs, professor of economics and head of the Center for International Development at Harvard University, was set up two years ago by the World Health Organization (WHO) to explore the relationships between health and development. Its report calls for a Global Health Research Fund to ensure adequate support for basic scientific research directly relevant to the needs of poor countries. It identifies the need for more research in areas such as epidemiology and health economics, and biomedical topics such as virology.

But the proposal has received a cool reception from those who point to the enormous political hurdles that such an organization—whose existence could be a direct challenge to the activities of national biomedical research agen-

cies—is likely to face. Nor is it likely to prove easy to raise the extra US \$1.5 billion that the commission proposes should be used to finance research through the new fund. "Some of us were quite surprised to see this proposal find its way into the commission's final report," says one observer, referring to the fact that the report already demands so much in the area of public health improvements.

However, Richard Feachem, Director of the Institute for Global Health in California, who cochaired the Commission's working party on 'global public goods', describes the amount of money that the commission is calling for as "small change" compared with the need that exists, the benefits that it could bring and the investments in research that are currently being made. "The NIH alone has a budget of about \$20 billion a year," he says. "Put the sum we are calling for in that light, and it is not so large."

Based on the premise that improvements in health are a "critical requirement" for economic development, the commission argues that donor coun-

tries and international agencies should increase their spending on health from the current level of about \$6 billion a year to \$27 billion a year. Of the total, \$3 billion would be spent on R&D.

Half of this would be spent on targeted research programs aimed at producing new drugs, vaccines, diagnostics and intervention strategies against diseases such as HIV/AIDS, malaria and tuberculosis. The other half would go to the proposed research fund, whose operating practices, the commission suggests, should be based on peer review and other procedures used by bodies such as the US National Institutes of Health and the medical research councils of individual countries.

It acknowledges that, while a key goal of the fund should be to build long-term research capacity in developing countries, this can only be achieved if the governments of such countries recognize the importance of strengthening universities and other research-based institutions. See <http://www3.who.int/whosis/menu.cfm?path=whosis,cmh&language=english>.

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