

## Numbers game fuels debate on international health priorities

**NEWS ANALYSIS** Everyone knows that heart disease is the leading cause of death among adults in affluent nations (See Commentary, p. 600). Less well known but equally disturbing are data that reveal heart disease and stroke to be the major killers of adults in developing nations too. These findings, compiled for the World Bank and the World Health Organization (WHO) by Christopher J. L. Murray of the Harvard School of Public Health in Boston and Alan D. Lopez of the WHO in Geneva, have remained relatively unknown since their publication late last year in *The Global Burden of Disease*, a study published by Harvard University Press. Only now, with a series of summaries currently appearing in *The Lancet*, are the results reaching a wider audience of health professionals — and sparking a new controversy. The findings appear to have displeased the management of the WHO, which has issued an unusual disclaimer on the articles for *The Lancet*, stating that “the views expressed... do not reflect the opinions, policies or standards of the WHO”. The study, an extensive analysis of causes of death and disability worldwide, showed that heart disease and stroke together killed 10.7 million of the 50 million people who died in 1990. Of these only about 4 million lived in the industrialised West and the formerly socialist economies of eastern Europe. The remainder lived in the developing nations. The study found that men and women in Sub-Saharan Africa have a higher probability of dying from a noncommunicable disease than adults in the rich West.

The WHO's disclaimer on the findings, which centers on disagreement over the methods used to reach some of the estimates, is likely to fuel a growing debate in international circles about who should make decisions about global health needs, and on what information.

It comes as two further initiatives have demonstrated a growing interest by Western scientists and policy-makers in solving disease problems that go beyond their own borders. The Board on International Health of the US Institute of Medicine (IOM), part of the National Academy of Sciences, has just issued a call for greater US commitment to global health by arguing that it is in the coun-

try's self-interest to try to do something about disease in other nations. A report from the group chaired by Barry R. Bloom of the Howard Hughes Medical Institute at the Albert Einstein College of Medicine in the Bronx and Harvey V. Fineberg, dean of public health at Harvard, focuses attention on health threats that arise as people and goods daily cross national borders: pesticides, toxic wastes, contaminated food and, of course, microbes. The report is an attempt to appeal to US policy-makers on the grounds that what is good for world health is good for the American economy.

The IOM says that the US could better tackle global health problems by increasing coordination between the many federal agencies whose domain includes



Watch the traffic: road accidents will become a major killer

international health and development, such as the Department of Health and Human Services and the Department of Defense. There should also be partnerships with industry, academia and the major US health foundations to increase funding for health research, says the report. Its authors propose the establishment of an Interagency Task Force on Global Health.

If such collaboration seems little more than an appealing ideal, the third initiative — a joint effort by scientists and policy-makers in the US, Europe and Africa to control malaria — suggests that it can also work in practice. Harold Varmus, director of the US National Institutes of Health (NIH), and Maxime Schwartz, head of the Pasteur Institute in Paris, have taken the lead in creating a new African Malaria Initiative aimed at solving some of the problems of treatment, prevention and research into malaria in Africa. The initiative aims to bring a wider range of

scientists into malaria research and its leaders have invited submissions from researchers in any discipline. The dozens of submissions received so far will be reviewed this summer at a meeting in The Hague.

The debate over who should set international health policy (see *Allergy*, p. 597) and how, rests at least in part on determining accurately what the biggest health problems are. It is here that conflict between researchers frequently arises. As Murray and Lopez stress, comprehensive global data on disease and death are difficult to compile because many nations do not record, or accurately record, causes of death in their populations. But all countries need this information for planning and health education.

The *Global Burden of Disease* study is different from others because its estimates of the numbers of deaths from each cause have been checked to ensure they fit with the numbers of people in each population. As Murray notes, it is important to have the “big picture in context” in an environment in which policy is often driven by the vocal persuasions of advocacy groups for particular diseases.

For example, says Murray, the WHO and others with an interest in malaria routinely say that the disease kills about 3 million a year.

These figures, says Murray, “are grossly exaggerated”. There is no evidence, he says, that malaria kills more than 1 million people a year. Murray stresses that he is not denying the importance of malaria; rather, that decisions about medical research and care should be made by people who understand the relative importance of different diseases and their likely future trends.

The new data show that the major killers in developing countries include cancer, pulmonary disease, traffic accidents, and suicide, for example. Worldwide, breast cancer ranks twenty-ninth and AIDS thirtieth in the ranking of causes of death.

No one expects the disagreements over numbers to go away. But the flurry of interest in international health may mark the beginning of a renewal of activity in an area of science that many scientists feel has been excluded from the mainstream for too long.

BARBARA J. CULLITON