

World Bank compounds interest in health

Spurred on in part by the burgeoning AIDS epidemic, the World Bank (Washington, DC) has become increasingly involved in public health efforts worldwide, leading to a gradual but significant shift in the way such projects are funded and managed.

The Bank recently concluded talks with the Indian government, laying the groundwork for a loan package worth at least US\$200 million to boost AIDS control and research work on the subcontinent (*Nature Med.*, 4; 750, 1998). The loan is part of a program run by the United Nations AIDS control office (UNAIDS) which was started in 1996 to draw on the resources of the World Health Organization (WHO), the Bank and other UN agencies.

Until recently, the financial responsibility for most international disease control efforts fell to the WHO, with additional assistance from a smattering of other agencies. "When WHO was the primary financier, the amount of financing was very small. WHO doesn't have money to give away or to lend," explains Richard Skolnik, the Bank's Sector Manager for Health, Nutrition and Population (HNP) South Asia. UNAIDS now coordinates international AIDS-control work with the help of WHO experts and the formidable resources of the Bank. Skolnik asserts that the role of the WHO has been changed, not diminished as it appears to many. "The World Bank looks to the WHO as the technical center of excellence for the world's work on health," says Skolnik.

Despite the collaborative rhetoric, replicating a structure like UNAIDS to help combat other diseases might be politically unpalatable. "In WHO, there is a strong sense that they lost a part of their mandate with this, instead of gaining a set of partners," claims Jim Sherry, Director of UNAIDS. Other recent UN disease-control efforts, such as those aimed at curbing malaria and tuberculosis, use slightly different administrative structures but have still come to rely heavily on Bank involvement. "We've actually been supporting the health sector for quite some time, [but] it really has become a rapidly expanding part of our portfolio over the past few years," explains World Bank spokesperson Rebeca Robboy.

The Bank's new role was initially described in its 1993 annual report, which focused on the economic impact of health. The report set up a paradigm in which the burden of disease on economies was regarded as a crucial barrier to development.

For public health experts, this realization came none too soon. "It's taken a very long time to recognize the importance of human capital in economies and countries," says Barry Bloom, an Investigator at the Howard Hughes Medical Institute at Albert Einstein College of Medicine, New York.

According to Bank officials, the increasing investment in health has paid off handsomely in some areas. "The World Bank is associated in India with what will be the virtual elimination of leprosy, 11 million cataract surgeries on poor people, and a shift ... towards much higher cure rates for TB," states Skolnik.

While some of the results are impressive, it is not clear that UN efforts alone will be sufficient to combat diseases like AIDS and malaria. "The premise is that [public health problems] can be solved by a collegial interaction of all the UN agencies. But there are a couple of major players not present—one is industry, and one is the academic scientific community," says Bloom, adding that "the public-sector organizations are not themselves able to make new vaccines," which will be required for more cost-effective disease control. Efforts are now underway to draw on the resources of industry and academia in vaccine development.

Few would deny that investing in public health is worthwhile, but some critics of the World Bank contend that the agency may have exacerbated many of the prob-

lems it is now trying to fix. "Much of what the World Bank emphasizes are the kinds of things that will make a small number of people quite rich," claims Peter Lurie of the advocacy group Public Citizen. He points to Bank programs which promote the development of large industries and urbanization, trends which correlate with an increase in the spread of HIV and other infectious diseases. "The real take home message here," Lurie adds, "is that what the World Bank is doing is in effect an attempt to ... treat the wounded after the battle has already occurred. The object is to prevent the battle in the first place." Others dispute this view, claiming that the drawbacks of industrialization must be weighed against its benefits. "Any investment in development, like any useful medicine, has possible adverse effects," says Bloom.

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REASONS

Polio eradication enters home stretch

The World Health Organization (WHO) announced last month that it will ask national authorities in its 191 member states to take an inventory of laboratories which are storing wildtype or genetically engineered polioviruses by January 1999. Laboratories housing samples will be asked to establish a biosafety level-2 protection system. This request is the first stage of a containment plan that is being circulated by the WHO in the scientific community for comment. It should be finalized at the end of this year.

The second phase of the plan is slated to begin one year after global eradication of the disease has been confirmed. Laboratories will be asked either to destroy their samples or store them in biosafety level-4 facilities—the highest level of containment for infectious diseases.

Head of the WHO's Global Polio Eradication Initiative, Bruce Aylward, says that the measures are necessary to prevent escape of the virus from laboratories when immunization has been stopped worldwide. This fear is based on a 1977 episode when a death in the UK was attributed to the escape of smallpox virus from a laboratory less than one year after the smallpox vaccination was halted.

Following a meeting of the Global Technical Consultative Group on Polio Eradication in Geneva last month, the WHO reported a shortfall in funding for the eradication program. If polio is to be wiped out by 2000 additional funds are required to verify the disease has disappeared from specific countries: Bangladesh, India, Nepal, Pakistan, Ethiopia, Somalia, Sudan, Congo, and Nigeria. Of the estimated \$700 million needed for 1998-2000, \$350 remains to be raised.

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