

Europe, the second beneficiary, based on the state of transition of the newly formed countries in eastern Europe.

SEARO is the region most affected by the transfer of funds, but things could have been worse. In January this year the WHO executive board recommended a 48 percent cut for the region as a whole. Had this suggestion been implemented, SEARO would have been forced to close offices across the region, its officials claim. They argue that resource reduction for their region runs counter to WHO's principle of need-based allocation. South East Asia contains a quarter of the world's population, almost half of which live in abject poverty, and has the highest disease burden with infectious diseases accounting for 41 percent of deaths. They want the WHO to adopt a new for-

mula that includes population size and magnitude of disease burden and also to search for alternative means of raising funds for the African and European regions.

India, which considers itself to be poorer than many of its neighbors, is particularly anxious about the cuts. India's expenditure on health programs in 1997-98 was \$230 million, 42 percent of which came from foreign assistance and included \$15 million from the WHO. However, India is not considered a 'least developed country' by the WHO and will have to share the burden of the cuts with Indonesia, Sri Lanka, Thailand and Myanmar. As of July 1st, India had paid only half—\$619.630—of its 1998 WHO-assessed contribution.

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Public Health School changes

Two of the 27 Schools of Public Health in the US have announced major changes. The Columbia School of Public Health in New York City is to change its name to the Joseph L. Mailman School of Public Health of Columbia University after receiving a \$33 million gift last month from a foundation of the same name. This is the largest bequest ever made to a School of Public Health.

Howard Hughes Medical Institute Investigator and professor of Microbiology and Immunology at the Albert Einstein College of Medicine, Barry Bloom, will become the next Dean of the Faculty of Public Health at Harvard Medical School. Bloom, a leading expert in immunology, tropical diseases and international health, is the first non-physician to take up the position. K.B.

Increased efforts to educate the British public about bioscience

British ministers have stepped up their efforts to improve communication between scientists, policy makers and the public on developments in bioscience. Two initiatives were announced by officials in the past few weeks—but the biggest of these has already run into controversy.

On July 9th, John Battle, Britain's Minister for Science, Energy and Industry, declared that a steering group set up to guide the government's Public Consultation on Developments in the Biosciences had just met for the first time. Established last fall, the panel includes representatives from research funding bodies, industry, consumers, academics and the environmental lobby. Their brief is to discuss issues such as cloning and genetically modified organisms and produce detailed information to guide ministers.

A press release from Battle's office said that the steering group had reached a consensus that the exercise "should focus on access to and use of information relating to the biosciences." But this intent was quickly and hotly denied by one member of the panel: Julie Hill of the environmentalist pressure group, Green Alliance, wrote an open letter to the minister which was printed in a national Sunday newspaper, *The Observer*, on July 12th, complaining that Battle had not even been present at the meeting and that the press release did not reflect what had been discussed.

Hill told *Nature Medicine* that in her opinion, the steering group had agreed that the consultation should focus not just on access to information but on how best to control and regulate developments in bioscience. Furthermore, they agreed that the initiative

was not ready for public announcement. "We felt that [Battle had] jumped the gun and that was a signal that [the government] was not really listening," said Hill.

A government spokesperson denied that relations between the minister and the steering group were strained and some panel members seem to be happy with what had been achieved. Monica Winstanley, an official at the government's Biotechnology and Biological Sciences Research Council says that the consultation is different from earlier research into public attitudes to biotechnology largely because of Battle's personal interest in developing policies based on the conclusions. "I think he is very serious about listening to what people are doing. He will drive it," she added.

In a less contentious statement, the Human Genetics Advisory Commission (HGAC), which was set up in 1996 to advise ministers on the ethical and social consequences of genetic advances, has announced that it will target teachers, adult education experts and health educators in its first national conference this fall.

The aim of the meeting is to exchange views with people in education "because they are the key to enabling wider audiences to contribute to the debate on developments in human genetics." The date and venue for the conference has yet to be fixed.

Sir Colin Campbell, vice-chancellor of the University of Nottingham and the commission's chairman, told *Nature Medicine* that he thinks Britain is "way behind" the US in the amount of information and the level of public debate on these issues. "We are trying to promote social negotiation," he stressed.

Campbell sees two-way communication between scientists and the public as "not just an add-on to our work but a really vital part of it." Although its terms of reference include a duty to "advise on ways to build public confidence in...the new genetics," Campbell rejects the notion that HGAC is merely a public-relations body for genetic research. "I am not in the propaganda business," said Campbell, "our job is to tell the truth and promote understanding."

In other news, the HGAC is being urged to undertake a rapid review of a commercially available, do-it-yourself paternity test kit by the chairman of the Commons Health Committee, David Hinchliffe. DIY genetic testing was only endorsed by the government in recent months (*Nature Med.*, 3; 1180, 1997) and such kits are subject to regulations that include the provision of pre- and post-test counseling at no extra charge. Hinchliffe has asked that the £298 mouth swab kit, sold by DNA Testing Agency of Keston, Kent, be withdrawn because of the potential damage it could do to children and families. It is estimated that around 11 per cent of children are not the natural offspring of the assumed father.

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