

May 21, 1976

A.O. LUCAS

Dr. ~~Malone~~  
World Health Organization  
1211 Geneva 27  
Switzerland

Dear Dr. Lukas,

I have within the past few days received the three documents: The Role of Basic Biomedical Research in the Overall Strategy of the Special Programme; Aims and Attributes of the WHO Special Programme; and the press release, dated May 12th.

They are all splendid documents and I would have no hesitation in giving them my strongest support in their present form.

I do have, however, some points of criticism or rather discussion that I would like to bring to your attention.

With respect to the Nossal document, I enclose a marked copy that includes most of my textual comments. I find it a bit startling, however, that for a program of this complexity, it should be indicated that the level appropriate for the basic aspects should be set at 10%. This just does not jibe, in my mind, with the widely stated and generally accepted comments about the essential poverty of our present scientific information about the parasites. Perhaps it is intended that this should be the overall average level of investment in the basic aspects, but in my view it would be foolhardy to initiate such a comprehensive program without a much larger commitment to its basic components at the start - precisely in the hope that the development of new knowledge will justify a manifold increase in operational investment in later years.

The one general area of research that was possibly neglected by inadvertence was the role of genetic polymorphism in differential susceptibility to parasitic diseases. There was some incidental allusion to the duffy factor which illustrates the importance of this approach but I think it should be elevated to a major category.

I had a little trouble with parasitism rather than parasitosis as the proper expression for the disease problem.

With respect to the document on Aims and Attributes, I was in a way surprised at how little I was able to add to its textual clarity which is most commendable, and I think that this will indeed be an inspiration to the direction of scientific research throughout the world. I think that without waiting for additional special documentation, it would be appropriate

to add a table showing the actual prevalence of the indicated diseases by continental region as far as this can be estimated. I realize, some of this information is not very reliable at the present time but I think the writers of such a document may be so immersed in these problems that they do not realize how very nearly oblivious the rest of the world is to them and how little they know of its quantitative detail.

More specifically, I just had a few questions. On page 3 there is a reference to "unnecessary duplication of work" and I wonder if this is really a significant situation or just a cliché for bad research.

At page 10 there is the assertion "the traditional use of fellowships tenable at centres of excellence in temperate countries should be minimal". I wonder if it is really wise to take so categorical a position. Of course, I understand the problem that must be faced but would not a better wording and a better policy be that "the traditional pattern of fellowships tenable at centers of excellence etc. should be continued only insofar as there is clear circumstantial evidence that it will serve to accelerate the solution of the pressing problems of tropical diseases and not merely be a vehicle for the expatriation of a country's precious intellectual resources." I would footnote that a certain level of expatriation may even be desirable if it is accompanied by the export of a zeal to deal with the problems in question. But, of course, this should also be minimized if there are effective alternatives on a regional basis. Besides the substantive importance of this point, I believe that some of the donor agencies were quick to find fault with earlier presentations that may have seemed to exaggerate a kind of xenophobia in the planning of the research and training program. On Page 11 in connection with the participation of the pharmaceutical industry, one might wish to add the point that in particular WHO's international committees may be able to help set up standards of safety and efficacy for new drugs in dealing with conditions that are unique to tropical countries. (The implication behind that statement is that the very high degree of fussiness which is now exhibited in the regulation of drugs in the United States, however appropriate it may be to the health context there, may actually frustrate an optimal health outcome for pressing diseases in tropical countries. The countries themselves should be responsible for setting these standards, not merely aping the consequences of the complex political and historical process that effects drug regulation in the United States.)

Finally, in connection with the conclusions, I think it may be indispensable to say something about the interaction between the saving of millions of lives, especially of infants, and the bearing this will have on a country's courage and will to embark on its own programs of population control. I realize this is a difficult and touchy question, but I am afraid it has also been almost the first thing some of my colleagues have asked in thinking about the possible side-effects of a drastic improvement in infant survivability as the result of these programs. A century in which child health was improved enormously only to lead to a Malthusian doom, is not one likely to be well remembered either!

I, of course, sympathize with the difficulty of formulating a generally acceptable statement along these lines but better to make it clearer that some thought has been given to it, even if the outcome is controversial, than be caught with the implication that it has been totally neglected.

Sincerely yours,

Joshua Lederberg  
Professor of Genetics

JL/rr  
Enclosures