

UP CLOSE & PERSONAL WITH

Gerald T. Keusch, MD

Director, Fogarty International Center
National Institutes of Health

"The Center works to reduce health disparities around the globe by supporting scientific discovery through international research collaborations and capacity building."

Dr. Keusch, because the Fogarty International Center (FIC) has partnered with most major global health organizations, it has been called the "glue in global health research." How does your Center determine which initiatives to support, with seemingly so many problems to address?

As a small Center, we recognize that we cannot address every problem and need. Rather, we assess disease burdens and opportunities that are created on the basis of appropriate research, and the need to fill critical gaps. We amplify the impact of our work by partnering with agencies and organizations here and worldwide. In deciding on priorities, we seek input from the Institutes and Centers at NIH, from international agencies such as the World Health Organization, and most importantly, from scientists in developing countries.

Many foreign-born, US-trained scientists elect to continue their work here or in other industrialized countries due to greater

Dr. Keusch is a graduate of Columbia College and Harvard Medical School, and is Board Certified in Internal Medicine and Infectious Diseases. He is the author of over 300 original publications, reviews, and book chapters, as well as the editor of 8 scientific books.

He has been Professor of Medicine at Tufts University School of Medicine and chief of the Division of Geographic Medicine and Infectious Diseases at the New England Medical Center. Prior to joining NIH as associate director for international research and director of the Fogarty International Center in October 1998, he was also a faculty associate at Harvard Institute for International Development.

resources. But FIC is trying to change this pattern with one of its newest programs, the Global Health Research Initiative Program for New Foreign Investigators (GRIP). Please describe GRIP and why you've decided to move forward with it.

Since the 1988 introduction of FIC's AIDS International Research and Training Program (AITRP), the vast majority of FIC trainees have returned to their home countries to work on curtailing the epidemic. Some have become internationally renowned leaders in science and medicine. Crispus Kiyonga, MD, the former Ugandan Minister of Health who was recently tapped to chair the Global Fund to

Fight AIDS, Tuberculosis and Malaria Working Group, was an FIC trainee.

This kind of success story illustrates one of our core philosophies: to make progress in any area of global health, well-trained scientists must be in place in locations where the needs and the burdens are the greatest. We want to ensure that developing countries do not

lose the benefit of talented scientists.

Analysis of why the vast majority of AITRP-supported trainees return home tells us that, in large part, it is because we've created opportunities with resources for these scientists, epidemiologists, and prevention experts to use their skills effectively in their home countries while maintaining collaborations with their US mentors.

GRIP is a highly competitive, research proposal-driven initiative that will select the best scientists and science for support by the NIH merit-based peer review system. The support—up to \$50,000 a year for five years—will allow US-trained for-



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Advertising, production, subscription information, change of address, all other publishing matters: APS, Lippincott Williams & Wilkins, 345 Hudson Street, 16th Floor, NY, NY 10014; (212) 886-1261; fax (212) 627-4801; e-mail: <apssales@lww.com>

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eign scientists to continue their research and set up labs after their return home. This is the first systematic program that has a long-term commitment and a sizable amount of resources to help establish ongoing collaborations between US scientists and their junior colleagues abroad.

FIC's work with AIDS research is especially notable. How did the epidemic change the focus of your organization?

Dramatically. It changed FIC from a small Center, focused primarily on scientific exchanges between developed country scientists, to one targeting global health threats, with a focus on disparities in disease risk and developing countries, and the creation of appropriate research opportunities. This very successful approach has been expanded to other areas of concern in both communicable and non-communicable diseases. The evidence suggests the impact in the non-AIDS programs is similarly significant.

Working in AIDS research can be rewarding because of the rapid scientific advances and the passion that so many have for ending this epidemic. However, it can also be one of the more maddening areas to work, because of all the political, economic, and social battles that take place around this disease. For example, an especially intractable situation has been the South African government's refusal to provide its HIV-infected citizens with antiretroviral treatment. What does FIC do to turn the tide toward reason, compassion, and progress when confronted with such a problem?

It's all about people with training, understanding, experience, and focus. FIC has done nothing more than provide an opportunity for scientists in South Africa to gain these skills and to have confidence in their understanding of the problem and the scientific approach to addressing it.

Armed with knowledge and experience, they have gone ahead to do what they believed was necessary. This is why trials of antiretrovirals to prevent mother-to-infant transmission continued; why diagnosis, counseling, and prevention of adult infection has remained a strong focus in South Africa; why there is an AIDS vaccine development program and clinical trials sites being readied; and why

South Africa is moving toward more effective and comprehensive care for those already infected. Good science was key, and this is what FIC fosters in every country in which we work.



Dr. Gerald Keusch:
FIC aims to look broadly at the world we live in. Once we do this we find there are a multitude of ways to become part of the solution to existing disparities.

In most developing countries, individual citizens and governments often cannot afford expensive medicines regularly used in western countries. What is your opinion of the practice of some developing countries making copycat versions of anti-retroviral drugs to fight AIDS?

This is not a simple issue. There is clear evidence that financial incentive drives discovery in the pharmaceutical industry. There is equally clear evidence that the public sector cannot go it alone, and that industry know-how in turning discovery into products is essential. Yet left to market forces alone we see growing disparities between the rich and poor in access to new drugs, vaccines, and medical devices.

We need to find a better way to establish public-private partnerships to address these issues so that we maintain the incentives to develop new products and still provide affordable products to those who cannot afford market prices. Unfortunately, a copycat industry often turns into a counterfeit industry and this, too, cannot be left unattended. A global alliance working to ensure that globalization does not become marginalization for those without access would be one way to approach this problem, and I think it is possible to get there.

Recent estimates of the number of people killed every year by malaria are rising—

from 1 million to 2.7 million. This November, FIC is organizing a major meeting in Tanzania to address this monumental problem. What do you hope will be the product of this scientific summit?

First and foremost, I expect this conference will demonstrate the enormous progress made by African scientists to develop effective and productive research institutions in Africa, staffed and led by world-class African researchers.

These scientists, working together with colleagues from around the world, will tell us what's new in antimalarial drug resistance and new drug regimens; developments in immune research and vaccines; new information on mosquito behavior and insecticide resistance to better shape control programs; and even the economic consequences of malaria and the cost-effectiveness of different

approaches. There are a number of other crucial research areas that will be covered.

Confronting some of the world's most vexing problems on a daily basis is not an easy task. What gives you sustenance when it all seems too overwhelming?

We focus on what we *can* accomplish. We interact with individual scientists, public health professionals, and others, and our FIC staff is a committed, talented, and energetic group of people. Were we to deal just with institutions, I might not be so positive. But people in science and public health are inspiring, and they give purpose and energy to our efforts.

Would you like to offer a closing remark to your US colleagues?

I would add only the plea to US biomedical and clinical research scientists and public health professionals to look more broadly at the world we live in, at the disparities that exist and inevitably grow unless we consciously attempt to reverse the trends, and to see the connectedness that exists around the globe. Once we do this we will find there are a multitude of ways to become part of the solution. That's the essence of our mission: Science for Global Health. ✦