

THE WEDNESDAY INTERVIEW | SOUMYA SWAMINATHAN

‘Focus should be on scaling up the use of innovations’

The newly appointed Deputy Director-General for Programmes at the WHO says her elevation reflects on the growing importance of India in global health diplomacy

RAMYA KANNAN

After a career in research and academia, Soumya Swaminathan's recent elevation to the post of Deputy Director-General for Programmes (DDP) at the World Health Organisation (WHO) came as a surprise, even to her. “This was not planned at all,” she says. “In fact, I've always thought of myself as a researcher. I wanted to stay on in clinical research, even up to the point I became Director-General (DG) of the ICMR (Indian Council of Medical Research). Most of my experience has been with research, but because it has been in diseases like HIV and TB, I was able to observe the public health system very well, and the different aspects of health programmes.”

She adds: “I'm very grateful to the Centre that they nominated me, but it's an unusual path for an academic.” After a characteristic pause, she says: “Perhaps it's a good thing. It recognises the importance of science and data and evidence as being central to policymaking. It has even given a big boost to medical researchers. In fact, I have had young medical students writing to me, even those who are applying next year for NEET (National Eligibility and Entrance Test), saying they feel inspired.”

In her two years at the ICMR, a time when funding was enhanced by about 40% for the institution, Dr. Swaminathan was at the forefront of launching several key research initiatives. And thus, there are questions about how these will be shepherded as she moves on. Excerpts from an interview in Chennai:

What does this mean for the WHO, for you as the first Indian to be elevated so, and India at the WHO?

■Essentially, my selection is a recognition underlining the fact that India plays a role in global health and should be represented in the WHO, the highest decision-making body in public health. It reflects on the growing importance of India in global health diplomacy. Personally... it's a challenge and a huge opportunity because the WHO has the convening power that no other body has, and the present Director-General, Tedros Adhanom Ghebreyesus, was selected by an overwhelming majority.

Broadly, I'm completely in alignment with his priorities, which also reflect my belief that the involvement of patient voices and the community and civil society are extremely important for

public health gains. Nothing can be achieved without this. Look at dengue, for instance. The government can only do so much because the dengue-carrying mosquitoes are breeding within and outside people's homes. So, unless there is a mass movement to eliminate breeding sources, it is unlikely we can control dengue and other vector-borne diseases.

The voice of the developing countries will be stronger with Dr. Tedros (from Ethiopia) as DG. I think the focus on populations from lower and middle-income countries is going to go up. It has been high, but now that the leadership is also from there, I'm sure it will make a lot of difference.

What will be your focus areas as DDG?

■The focus should be on bringing affordable, quality healthcare and scaling up

When we think of research and development, we usually think of a new drug or a vaccine, but there are many innovations that can impact public health delivery



• R. RAGU

the use of innovations. I believe that we can do a lot just by, perhaps, putting to use, bringing into public health, the various innovations that are happening mostly in the private sector, among entrepreneurs and start-ups in India. There is a huge amount of innovation in devices, diagnostics, sensors, and drug delivery systems. When we think of research and development, we usually think of a new drug or a vaccine, but there are many innovations that can impact public health delivery, which India and other middle-income countries will be generating in the years to come. One of the new aspects of work would be to look at how we look at all these innovations across the world, how we evaluate them, how we create some benchmarks and validate them, and work them into large-scale production and use. This would also go along

with one of the priorities – access to medicines and the best treatments, and prevention strategies, to all citizens of any country.

Also, balancing the needs and demands of intellectual property protection vis-a-vis access and equity in that access is going to be a challenge. The WHO is the only agency that can be central in that. There have been successes like the Medicines Patent Pool, but a lot more needs to be done, including drugs for non-communicable diseases, cancers, and vaccines which are now going to be developed for emerging infections.

Emerging epidemics will have to be a key aspect. Vector-borne diseases are a serious concern for the entire developing world. Southeast Asia and South America have suffered from chikungunya, zika, dengue, and we don't know what next. Vectors are

very smart; they have been adapting themselves to the changing ecosystem. As urbanisation expands, the whole thing is going to spread. Again, science will have to provide the solutions.

Can issues that are unique to India be a part of the agenda too?

■Indeed. One area of attention to turn [to is] lesser known tropical diseases.

There are several diseases now with elimination targets – for kala-azar, filariasis, and measles. There are also neglected diseases like snake bite which causes an estimated 50,000 deaths in India and is an important cause of death in both India and Africa. Snake venom manufacturing must be regulated, as also access to the right venom at the right time. Soil-transmitted helminths, or intestinal worms, have an impact on morbidity-causing

anaemia and nutritional deficiencies. The government started deworming, but the problem was we targeted only children. Currently we are planning a study to see if deworming the entire population for a few years, instead of just children, will drive down infection with worms.

One of the biggest areas of concern is Universal Health Coverage, a priority laid out in the National Health Policy. How are we going to reach large populations that do not have access to doctors? We need to factor in a bit of task-shifting, using available health-care providers, training community health-care providers, and launching health literacy campaigns.

How much leverage does the WHO have with member nations?

■There are certain things that are binding – agreements that the countries have finalised and signed – for instance, the Framework Convention on Tobacco Control and the emergency health regulations. Most of the others are non-binding, more recommendatory in nature, but most nations take them seriously and find ways to implement them. For instance, for achieving the Sustainable Development Goals, there have been a number of guidelines drawn up and frameworks and indicators issued. Most countries are adapting them. HIV treatment is a good example. Only when the WHO said ARTs should be given in developing countries and launched the 3 by 5 Initiative that the programme was scaled up.

Will the WHO be able to regulate or influence national policies, not necessarily health, that would then have an impact on public health?

■Yes, for instance in the sector of non-communicable diseases. Recent surveys

have shown that there are a large number of people in the prediabetic and pre-hypertensive stage. If you have 60 million people with diabetes, you also have 70 million prediabetics. Dr.V. Mohan's data from Chennai, for example, shows very high conversion from the prediabetes to diabetes stage, and it has also started affecting the poor because the food choices available to them are limited to a carbohydrates-rich diet, as they cannot afford fruits and vegetables and the diversity of protein.

I think some policy measures are being considered like labelling of food for high salt, sugar, and fat content; higher taxes on these products; some kind of package labelling to indicate whether it is a healthy choice or not. Micronutrient fortification – mandatory fortification of milk, oil, rice wheat and double fortification of salt – will help eliminate micronutrient deficiencies.

One area of attention to turn to is lesser known tropical diseases.

At one level, we need to make these policy-level interventions and at another level, individuals should take responsibility for their actions. Community-level interventions – having enough open spaces and parks where people can walk safely, and urban planning... The WHO will now bring health into all policies and one sector is environment and health – we know climate change, air pollution, and health are linked [On Tuesday, Dr. Tedros announced the setting up of a high-level commission on non-communicable diseases].

The government has started with a screening programme, and many of them

will be identified. But this is an area where lifestyle interventions will make a bigger difference. On the NCD front at least, certain validated Indian Systems of Medicine treatments and practices have proven to be effective from a preventive aspect. But there are other areas that we need to do more validation studies in. For instance, in the anti-dengue properties of certain herbal compounds. The ICMR is bringing together an ayurvedic college and an allopathic department to conduct a regular clinical study with a control group, and all parameters are being measured.

What next at the ICMR?

■Perhaps the ICMR all be known by more people globally, and hopefully this will bring in more funds. In the last two years, we have made a lot of plans for the ICMR, or rather, for health research in the country. One of my life's ambitions would be to see research thrive in medical colleges in the country – that is not happening now. We need to bring focus into research even during the training stage. We are hoping it will take off in the next year or so.

We have been a bit shy of big-ticket research programmes, but the good sign is that funding has increased over the years. When I took over, it was ₹750 crore; this year, it is ₹1150 crore. We are expecting it to go up. Salaries do go up, and the real increase may be less. Still, there has been a steady increase and if this continues, we can do the big things we are hoping to do in research.

The WHO assignment comes with an initial contract for two years, but the term of Dr. Tedros is for five years and he can choose to keep his team members on. I will, of course, have to step down as DG, ICMR, and the process will be set in motion to find another head.

SINGLE FILE

The wrong options

GST and demonetisation are not the structural reforms that will boost the economy

PRASHANTH PERUMAL J.



It has been well over three years since the government led by Prime Minister Narendra Modi assumed power at the Centre. Mr. Modi's election promise of creating a “minimum government” that would liberalise the economy by cutting down the size of the government's influence over the economy remains a pipe-dream. Instead, each passing day, the goods and services tax (GST) and demonetisation are being touted as big-bang reforms that, despite the short-term costs, will bring long-term economic benefits to the nation. To be sure, many, but not all, of the negative effects of demonetisation and the implementation of GST are likely to be transitory. But, contrary to the claims of many pundits, neither of these reforms will boost the country's economic growth rate over the long run.

Unnecessary pain, no gain

For one, demonetisation was nothing more than a temporary demand shock that brought the wheels of commerce to a halt. It is another matter that it failed to achieve its primary objective of mass confiscation of illegal wealth. GST, on the other hand, is a fiscal programme to increase the government's ability to tax more citizens in the large informal economy, which also manages to kill the scope of tax competition between States. These are very different from actual positive tax reforms that aim to reduce the burden of taxes on citizens in order to boost economic growth. In essence, both GST and demonetisation are measures to increase, rather than reduce, the role of the government in the economy. Given this, the economic slowdown caused by these reforms will simply go down in history as having caused unnecessary pain to citizens without any gain to speak of.

Support for so-called reforms like GST and demonetisation comes from the underlying belief that a government awash in tax revenues will be able to boost economic growth. Sadly, the fact remains that no country has ever taxed its way to prosperity. In fact, it is not the lack of sufficient tax revenues that has held back India, or any other country for that matter that has suffered the ill-effects of socialism, over the years. Instead, it is simply the lack of economic freedom which impedes ordinary individuals from seeking to improve their economic status without any interference from the state.

What India needs, in other words, is not increased tax compliance among citizens, but pro-market reforms that will make the country a free and competitive marketplace. A government that allows free competition, without favouring special interest groups, either through pro-business or pro-poor policies, will also be sowing the seeds for improved living standards. As several scholars have pointed out, historically this is pretty much the only way countries have managed to free themselves from the shackles of poverty. In this regard, Mr. Modi, obviously, has done very little that is different from his predecessors; real structural reforms with long-term benefits have simply been ignored. It might be the reason why he has been forced to celebrate non-reforms as revolutionary programmes that will transform the economy.



CONCEPTUAL Bandwagon effect

PSYCHOLOGY

This refers to the tendency among people to do something simply because others around them are doing it. The bandwagon effect causes people to ignore their own beliefs and independent thought process, instead leading them to find comfort in the wisdom of the crowd. It has been seen as the root cause behind the prevalence of irrational beliefs and practices among the masses, as everyone jumps onto the bandwagon of conventional opinion. The most common example of the bandwagon effect is the prevalence of bullish and bearish sentiments in financial markets, which causes asset prices to deviate significantly from their underlying value.

MORE ON THE WEB

In numbers: Pollution watch

<http://bit.ly/IndiaAir>

NOTEBOOK

More than a cameo

When a reporter sees himself depicted on screen

DEEPU SEBASTIAN EDMOND

I consider myself an optimist who carries an umbrella and I walked into Mumbai's Regal Cinema on October 30, 2015 prepared for rain.

Writers Ishani Banerjee and Apurva Asrani had already introduced me to their friends and family as the inspiration for Rajkumar Rao's character in *Aligarh*. The movie, in its India premiere, was opening the Mumbai Film Festival.

Ishani had contacted me in May 2014, asking for inputs on the life and death of Shrinivas Ramchandra Siras. Hansal Mehta was to direct a film based on the Aligarh Muslim University Reader who took his own life after being harassed for being gay. I was in contact with Siras during February-April 2010 and was the last person to talk to him.

When screening began, Rajkumar's introduction briefly made me reach for that umbrella: the fictional *Indian Post*, for which his character

worked, was a caricature of *The Indian Express*, where I was a reporter at the time. The same applied for the portrayal of photojournalist Tashi Tobgyal, without whom the story could not have been written.

A brief phone conversation established the character's connections to me – there was a smattering of Malayalam thrown in and there was a reference to my strained relationship with my father over money. That was pretty much all of me in the film.

I had had two conversations with Rajkumar, after which I sent him a voice clip of me reading a Hindi text, to help him get a sense of my Malayalam-accented Hindi. He read me correctly as an eager beaver. I have been told that Rajkumar's character talked like I do. I did not dare disagree when someone mentioned that he looked like me.

Throughout the growing anticipation of being played on screen, I had kept reminding myself that it was not about me.

Though *Aligarh* was no journalistic enterprise, it was no coincidence that it was a mantra that I had picked up as a reporter. I had come to trust the writers with the material. Beyond passing on information, I never tried to find out what they did with it. This detachment would come in handy later. When it turned out that the film had revealed Siras' partner's name, I could wear the reporter's hat to talk about how even the best projects with good intentions can err.

I knew that Apurva had taken creative liberties to tell Siras' story – I and the Reader of Marathi never met. I have often been asked whether the events of the film took place. Scenes that show the two protagonists meet did not, but the conversations that made them possible did. Most denials though, have been issued over a scene unrelated to Siras. At the risk of damaging my street credibility, I will admit that I have never had a romantic encounter with a senior colleague.

FROM The Hindu. ARCHIVES

FIFTY YEARS AGO OCTOBER 11, 1967

Wet Mysore faces toddy shortage

Mysore which is to scrap prohibition from October 15 is in a quandary as it is facing acute shortage of toddy trees and tappers. In order to overcome the shortage of toddy, the Andhra Government has been requested by the Mysore Government to release vast stretches of the area under toddy in the Chittoor and the Ananthapur district borders, for tapping by Mysore. There is shortage of toddy tappers because the bulk of them had to abandon their traditional occupation following the introduction of Prohibition in stages 20 years ago. The toddy contractors would now have to initiate the process of regrouping the tappers, by paying higher wages. According to 1944 figures, the consumption of toddy in 14 districts was of the order of 50 lakh gallons a year, and that of arrack 4,52,000 litres.

A HUNDRED YEARS AGO OCTOBER 11, 1917

Important results in Flanders battle

Reuters Correspondent at London Headquarters wires: The British and Australians again attacked along the Flanders Ridges and pushed the enemy back to a depth in some places of two-thirds of a mile. The battle extended more to the northward than in three previous operations since September 20, the French taking up the fight on the left. The weather was about as bad as possible yesterday [October 8] evening. A gale was blowing and it was raining in torrents, but the clouds broke at midnight and the stars shone in the small hours quite clearly, enabling the troops to be brought into starting positions under more favourable conditions. The ground was very bad and the going extremely difficult. It is hardly likely that the Germans anticipated that we should endeavour to advance in such conditions. Our troops found the Huns holding the front much more heavily than in any previous battles of this series. This suggests a return to the earlier defensive tactics of depending upon man-power rather than concrete. Rifle fire was not so heavy as usual, doubtless, because the weapons were largely clogged with mud.

DATA POINT

Piling up weapons

