News

Mexican billionaire invests millions in Latin American health

Conducting research and developing programmes is as vital to Carlos Slim Helú’s new health institute as doling out big grants to improve health standards in developing nations.

After reportedly surpassing Bill Gates as the world’s richest man, Mexican telecommunications magnate Carlos Slim Helú is now charting a similar course to the Microsoft guru in the health field, investing millions to improve the well-being of people in the developing world.

With increasing global attention on public health as an integral player in development, Slim has created his Carso Health Institute to fund health-related projects and research health priorities in Latin America.

To close observers, this approach marks an important shift from the philanthropic work of entities like the Bill and Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which are designed primarily to provide much-needed funding to support health programmes.

Institute Executive President Julio Frenk, Mexico’s former health minister and a candidate for head of the World Health Organization (WHO) last year, described Slim’s undertaking as a “hybrid organization” that will conduct analyses on key Latin American health issues before designing and funding projects that offer solutions.

“The operating model is not that of a reactive institution that receives proposals,” said Julio Frenk. “It’s rather one of a proactive institution that has its own internal people carry out prospective analyses, define an agenda … actively pick partners.”

Slim is endowing the Carso Health Institute, which began operations in May 2007 and will be formally launched in September, with US$ 500 million. He is also creating two other institutes. The Carso Education Institute and the Carso Sports Institute, will focus on education and creating athletic opportunities for Mexicans without access to state-run sports activities. These institutes are still in the process of being formed.

The Carso Health Institute, named after the first syllable of Slim’s first name and that of his late wife, Soumaya, is part of his pledge to increase the endowments of his charitable foundations from US$ 4 billion to US$ 8 billion over the next four years. These include the Telmex Foundation, an offshoot of his telephone company, Telmex, and the Carso Foundation, his family charity.

The Carso Health Institute is geared toward researching priority health issues in Latin America, with a focus on maternal and child health and the Millennium Development Goals (MDGs), as well as on globalization and noncommunicable diseases and injuries. Its next step is to conceive projects, then look for groups to implement them. At the same time it will accept proposals matching its agenda to “mobilize private resources to finance projects of public interest in the areas of health, nutrition, and the environment,” an institute statement said.

It has a six-point strategy for seeking health solutions. First is investigation or research to discover new solutions, either from scratch or by adaptation, Frenk told the Bulletin. That leads to the second item: innovation. The third is implementation, or “just do it,” as Frenk put it.

Fourth is bolstering institutions through scholarships, funding libraries and other resources in health-related institutions. Item five, investment, is getting the money to actually fund the activities. To help this along will be item six, information, dissemination.
and evaluation of everything that is being done.

Within these are six priority lines of action, Frenk said, including closing social gaps standing in the way of MDGs 4 and 5 in Latin America, which relate to maternal and under-five mortality. Frenk said there is also a need to address the “growing epidemic” of noncommunicable diseases and injuries, given that, according to the 2003 World Health Report, three in four adult deaths in Latin America are caused by noncommunicable diseases.

The institute will also look at new ways of organizing health services, especially in rural and poor urban areas, and create a communications strategy to enable people to take care of their own health, Frenk said.

Staffing will be minimal so as to funnel as much money as possible into actual projects, Frenk said, and rigorous performance measures will determine whether to keep funding a programme.

As Frenk was helping develop the institute’s concept, he met Nancy Birdsall and Ruth Levine of the Washington DC-based Center for Global Development to explain his ideas and get their input. Levine said the new institute has some distinctive features.

“I don’t know of other organizations precisely like this one in Latin America, which will be both a ‘think tank,’ in a way, as well as a significant funder of programmes and research,” Levine told the Bulletin. “I am not sure it’s unique, but it is certainly unusual.”

By way of comparison, Levine said that the Gates Foundation is much bigger than Carso and provided grants in education in the United States of America as well as international health. Gates has also expanded to encompass global development programmes in areas such as agriculture and microfinance.

But the Gates Foundation does not perform in-house research, except as it relates to its own work, Levine added, whereas Carso plans to conduct its own studies. Moreover, Gates has put much of its resources into biomedical technology development for health, and it seems unlikely that the Carso Institute will share this focus, she said.

Latin America has many health problems specific to the region and is at the vanguard of others that are just starting to hit the developing world, Levine said. Chronic conditions, including diabetes and cardiovascular disease, are an increasing burden in the developing world, particularly Latin America.

Latin America has seen a “rapid, complex epidemiological transition” from communicable to noncommunicable diseases which has changed the main causes of death in recent decades, a September 2006 essay in the Public Library of Science (PLoS) online medical journal said. Since the 1990s, noncommunicable diseases and injuries accounted for 69% of deaths and 65% of disability-adjusted life years (DALYs). The pattern continued through 2000, with 73% of deaths and 65% of DALYs caused by NCDs, according to the September 2006 PLoS report entitled Noncommunicable Diseases and Injuries in Latin America and the Caribbean: Time for Action.

“This dominance of NCDs and injuries over infectious disease is expected to rise significantly by 2020,” said the report, citing causes such as increased social inequality and unhealthy lifestyles.

Levine said that a “profound transformation” is needed to deal with these “new epidemiological patterns.”

“I certainly think that it (Carso) has tremendous potential to stimulate innovation and learning in public health finance and delivery – for example, in developing and testing new [ways] of [providing] basic health services to socially marginalized populations,” Ruth Levine said.

Carso Health Institute executive president Julio Frenk said the new philanthropic undertaking will proactively tackle noncommunicable diseases in Latin America.
Indian paradise takes novel approach to mental health

Beyond the paradise and prosperity of the internationally known tourist destination of Goa is another story – a high prevalence of mental health problems.

Goa, a tiny state on India's western coastline, is one of the country's most affluent and literate, but recent studies have highlighted a high prevalence of depression and stress-related problems, affecting 5–10% of young adults and 15–25% of people who visit primary health centres.

The state launched a pilot project in October 2005 that takes an innovative approach to addressing depressive and anxiety disorders which are a major cause of mental health disability worldwide.

The project integrates evidence-based mental health treatments – including antidepressants, psychological treatments and yoga – into routine primary health care, using existing primary care staff plus locally-recruited staff.

It is called Manas, which is short for "mana shanti sudhar shodh" meaning "search for mental peace" in Konkani, a local language in Goa, and draws on an approach developed by the World Health Organization (WHO) that is based on findings from studies in Chile, India and Uganda and on guidelines of the UK National Institute of Clinical Excellence. It relies on Sangath, a non-governmental organization (NGO), to train local counsellors.

"Sangath's training of locally-recruited counsellors through the project is meeting an important need for psychological support and effective treatment among Goa's population and may provide a model which can be applied across India and other developing countries," said psychiatrist Dr Vikram Patel, who is leading the programme and based at the Sangath office in Porvorim near the Goan capital of Panjim.

Sangath is implementing the project in collaboration with the Goa state government's Directorate of Health Services and the London School of Hygiene and Tropical Medicine, with funding from the Wellcome Trust. The project was piloted at four primary health centres and four general practitioner clinics in Goa in 2006.

The intervention was extended to more primary health centres in March this year, when a randomized controlled trial to evaluate its clinical benefits and affordability also began. In its first phase, a total of 12 primary health centres are involved, with half receiving the full intervention. The second phase will be to evaluate general practitioners' practices that are also involved.

Patel, who is also the principal investigator, said that with 3500 participants, it was the largest trial of a programme providing a package of mental health treatments integrated into primary care in a developing country that he was aware of.

Recent studies by Sangath in Goa underscored the need for mental health care to be provided at primary health centres. The studies found that depression and anxiety disorders are common, particularly in young adults in the prime of their lives.

Sangath's studies found that one in five adults attending primary health centres and one in four mothers attending antenatal clinics in Goa suffer from depression.

Under the project, a team of screeners and counsellors are based at each primary health centre and general practitioner's practice. There, they screen patients on arrival with a questionnaire to identify those suffering from anxiety, stress or depression.

Manas-trained counsellors are not health professionals but local women university graduates, who have trained for three months to provide three treatments: psycho-education, interpersonal psychotherapy and yoga. They advise patients on how to deal with stress-related and social problems, and they keep a register of organizations that help women facing economic difficulties or domestic violence and make the appropriate referrals.

A diagnosis, for example of depression, must be confirmed by a doctor who supervises the whole process and is responsible for deciding whether to prescribe anti-depressants.

"One of the wider goals of the project is to create awareness against irrational use of vitamins and injections," said Dr Neerja Chowdhury, a psychiatrist, adding that Manas doctors avoid over-prescribing drugs, such as sleeping pills, which can be costly for patients and – in cases of mild depression – unnecessary.

After confirmation of the initial diagnosis by the doctor, the patient is introduced to a health counsellor who, in confidential, private sessions, will explain how interaction between body and mind creates physical symptoms linked to anxiety or depression.

Counsellors teach patients how to deal with sleeplessness – a typical symptom of depression – through yoga breathing exercises and advice on better nutrition. Many patients improve with simple lifestyle interventions such as these, Patel told the Bulletin.

The programme has transformed some patients' lives. "Within two weeks I felt better and began to look at life differently. Talking to someone who understood and had knowledge of how to deal with such problems has made a big difference to me," said Sadhna, aged 35.

Rupa Chinai, Panjim