

4. The local food industry should be asked to participate in the pilot studies in order to facilitate technology transfer and to aid in evaluation of the cost-effectiveness of this technology as a public health intervention.

5. It is critically important that dosimetric systems used in the pilot-scale experiments be calibrated with national or international standards. The IAEA maintains an International Dose Assurance Service (IDAS) to assist in calibrating various dosimeters used in radiation processing, including food irradiation.

6. Because a significant amount of data on the effectiveness of irradiation in inactivating various foodborne pathogens (especially *Vibrio* spp. and, to a lesser extent, *Taenia solium*) is available in the scientific literature, there is no need to repeat laboratory-scale studies on these pathogens. Instead, efforts should be fo-

cused on conducting pilot-scale trials to demonstrate the effectiveness of this intervention technology in the field.

7. Information on existing pilot and commercial irradiators in Latin American countries should be circulated to all participants to assist them in initiating pilot-scale experiments.

8. Governments are encouraged to adopt the principles of the Codex General Standard for Irradiated Food. Such action would not only ensure that food would be properly irradiated but would simplify implementation of the pilot-scale studies required for this CRP and would also facilitate trade in food that has been so treated. Irradiation should be considered an additional tool to protect human health, serving as a supplement to food inspection, good manufacturing practices, improvement of basic sanitation, and education.



Bellagio Statement on Tobacco and Sustainable Development

A group of 22 concerned individuals and representatives of international organizations met at the Rockefeller Foundation's Bellagio Study and Conference Center in Italy from 26 to 30 June 1995 to examine the implications of current global trends in tobacco production and consumption—especially in developing countries—for sustainable development. In the course of presentations and discussions on tobacco use and control and situation analyses from Africa, Asia, and Latin America, the following points were noted:

- Worldwide, there are only two major underlying causes of premature death

whose toll is increasing substantially—HIV and tobacco.

- Each year, 3 million of the 30 million adult deaths in the world are attributable to tobacco. With current smoking patterns, by about 2025 this annual number will rise to 10 million deaths, of which 7 million will occur in developing countries.
- Of today's children and teenagers, about 300 million will eventually be killed by tobacco use, given current smoking patterns. The addiction usually starts before adulthood.
- Each additional 1 000 tons of tobacco production will eventually result in about 1 000 deaths.

- The net economic costs of tobacco are profoundly negative—the costs of treatment, mortality, and disability exceed estimates of the economic benefits to producers and consumers by at least US\$ 200 billion annually, with one-third of this loss being incurred by developing countries.
- There are presently about 800 million smokers in developing countries, and the number is still increasing. It is estimated that half of the men and almost 10% of the women in developing countries smoke.
- Smoking during pregnancy substantially reduces birthweight, and low birthweight is strongly associated with infant mortality and illness.
- Parental smoking increases the incidence of acute respiratory infections and asthma in children.
- Women and youth in developing countries are being targeted as a growth market for tobacco.

The participants concluded that in the developing world tobacco poses a major challenge not just to health but also to social and economic development and environmental sustainability.

Tobacco control needs to be more widely recognized as a development priority, but it is not on the agenda of most development agencies. Resources available from the donor community to assist in researching and responding to this pandemic are inadequate in view of the growing global burden of diseases attributable to tobacco.

The initiative started at Bellagio will continue, and others will be invited to join an informal partnership—one that includes United Nations and bilateral agencies, individual experts, research institutions, media, private-sector groups, national agencies, foundations, and non-governmental organizations with partic-

ular interests in developing countries—in order to:

- facilitate interaction and information exchange on tobacco;
- stimulate appropriate research into the causes and consequences of tobacco use;
- inform and motivate appropriate development agencies to place tobacco control on their agendas;
- accelerate action on tobacco control within agencies and governments;
- build capacity for tobacco control, particularly in developing countries;
- support ongoing actions and programs within agencies, such as WHO and the UN Focal Point on Tobacco or Health; and
- mobilize new and additional resources for responding to the development implications of tobacco.

To this end, participants invited the International Development Research Center (IDRC), Canada, to lead a roundtable process of consulting with other agencies, with countries, and with experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development.

*Bellagio
June 1995*

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Biotechnology Research Training Grants Program

In recognition of the importance of biotechnology for scientific and technological development and the solution of health problems in the countries of Latin America and the Caribbean, the Pan American Health Organization (PAHO) and the National Institutes of Health (NIH) of the United States of America announce the Biotechnology Research Training Grants Program. The initiative offers opportunities for training in biotechnology methods and techniques to researchers from Latin America and the Caribbean, as well as financial support to carry out research projects in selected areas. In addition to providing training and research project funding for individuals, this initiative aims to strengthen research institutions in the

Region and to promote technical cooperation among countries.

DESCRIPTION OF THE PROGRAM

PAHO will award three grants of US\$ 40 000 each to Latin American and Caribbean postdoctoral health researchers to support the implementation of a research project, travel costs, and a three-month training period at NIH or an NIH grantee laboratory. NIH will cover all laboratory costs, equipment, supplies, and training for Biotechnology Research Fellows at an NIH intramural laboratory or that of an NIH grantee.