

though Dalhousie University Assistant Director of Finance and Administration for CME Dr. Eileen MacDougall says the Association of Faculties of Medicine of Canada working group on continuing medical education will likely review the issue of industry handouts in the wake of the American crackdown

to see if there's an inclination to develop a consensus, national approach.

Even if guidelines were developed, there'd still be a problem of enforcement, adds University of Alberta Dean of Medicine Dr. Tom Marrie. "The system is based on trust," he says. "I would favour a system wherein industry pay-

ments to physicians are directed to a fund to provide support for health care in developing countries and funds to allow medical students to obtain an experience in such countries." — Wayne Kondro, *CMAJ*

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Ranking solutions to global problems

What do you get when you ask 8 economists, including 5 Nobel Prize winners, to rank solutions to 10 global problems, if they had \$75 billion at their disposal? Eight different lists?

Not according to Bjorn Lomborg, a Danish business professor and author of the controversial book *The Skeptical Environmentalist*. The end product, he says, is a perfect cost-benefit analysis for improving the state of the planet.

Lomborg organizes the Copenhagen Consensus, a project founded in 2002 to find cost-effective ways of advancing global welfare. The 2008 edition drew a panel of 8 renowned economists to Denmark, where they spent a week analyzing proposals for addressing 10 global challenges (Box 1). After considering the costs and benefits of the solutions, the panel ranked them according to desirability, awarding top spot to a proposal to combat malnutrition by supplying micronutrients to undernourished children.

It would cost \$60 million a year to provide vitamin A capsules and zinc supplements to 140 million children in sub-Saharan Africa and South Asia, according to Sue Horton, vice-president (academics) at Wilfred Laurier University, who presented the top proposal. The economic benefits from lower mortality and better health would total \$1 billion, says Horton.

Five of the top 6 positions went to health initiatives. Using a cost-benefit analysis may be an effective way to improve global health, Horton says. "It's one thing to feel good about deworming children, but if at the same time you can show that you can save money in your education system or health system, those are strong arguments."

Box 1: Getting the best bang for the world's buck

The 2008 Copenhagen Consensus invited 8 economists to rank order 30 solutions to 10 global challenges, namely, air pollution, conflicts, diseases, education, global warming, malnutrition and hunger, sanitation and water, subsidies and trade barriers, terrorism, women and development. In descending order of desirability, their cost-benefit recommendations were:

1. Micronutrient supplements for children
2. The Doha development agenda
3. Micronutrient fortification
4. Expanded immunization coverage for children
5. Biofortification
6. Deworming and other nutrition programs at school
7. Lowering the price of schooling
8. Increase and improve girls' schooling
9. Community-based nutrition promotion
10. Provide support for women's reproductive role
11. Heart attack acute management
12. Malaria prevention and treatment
13. Tuberculosis case finding and treatment
14. R&D in low-carbon energy technologies
15. Bio-sand filters for household water treatment
16. Rural water supply
17. Conditional cash transfers
18. Peace-keeping in post-conflict situations
19. HIV combination prevention
20. Total sanitation campaign
21. Improving surgical capacity at district hospital level
22. Microfinance
23. Improved stove intervention
24. Large, multipurpose dam in Africa
25. Inspection and maintenance of diesel vehicles
26. Low sulfur diesel for urban road vehicles
27. Diesel vehicle particulate control technology
28. Tobacco tax
29. R&D and mitigation
30. Mitigation only

Canada Research Chair of Health and Development Dr. Prabhat Jha, who heads the University of Toronto's Centre for Global Health Research, gave the session a mixed review. "I don't agree with all the conclusions, but it's an interesting exercise in getting different groups to see what are the best bets for the world."

Prabhat hopes the project raises awareness of 3 causes he presented: raising tobacco taxes, providing low-cost drugs for heart attack victims, and improving surgical capacity at district hospitals in developing nations.

The panel should have more strongly stressed the importance of research and might have investigated how large countries allocate their foreign aid, he adds. "If you're shopping for the world and you're going down an aisle and looking for things to buy that will give the most benefits, you have to remember those products were placed on the shelf because of research and knowledge institutions. The Copenhagen Consensus didn't quite capture that." — Roger Collier, *CMAJ*

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