that on no account will they do a sex determination test with the intent to terminate the life of a female foetus. The law must be strictly applied in cases of sex selective abortions and doctors who participate in the crime should be de-registered.

Chinmay Shah, *department of physiology, PDU Medical College, Rajkot 360 001 INDIA e-mail: cjshah79@yahoo.co.in*

Creating comprehensive ethics

Efforts to improve research ethics may not succeed in the absence of ethics in clinical care. This is especially true in developing countries, where it is difficult to access routine health care. The gap between ethics in research and in clinical care may result in the poor implementation of ethical guidelines in clinical research. This could upset the efforts of international and national agencies to regulate clinical research in developing counties, and it is reflected in the difficulties often encountered by ethics committees to review research proposals in developing countries (1,2).

Research has become an attractive proposition in developing countries, both for local investigators and global funding agencies. This has brought about some efforts to improve the review of research ethics using international guidelines. One reason for these growing efforts is that the data generated by multinationals has to be submitted to the Food and Drugs Administration in the United States or other regulatory agencies responsible for granting permission to market drugs. These regulatory agencies in the developed world must adhere to the International Conference on Harmonisation Good Clinical Practice standards, which involves an initial approval by an ethics committee. But such committees in developing countries have to function in difficult circumstances and multiple forces often make their independence questionable (3).

Researchers also find it difficult to resolve the conflicts arising out of ethical requirements in clinical research and the demands of routine health care. The same clinical investigators provide clinical care and recruit patients in clinical trials. They often find it difficult to balance the two roles. Research can be strengthened by creating greater awareness amongst researchers about the ethical principles applicable to clinical as well as research settings. It is necessary to develop clinical ethics simultaneously with research ethics if we want to put in place appropriate ethics reviews of research proposals.

J S Srivastava, *division of clinical and experimental medicine, Central Drug Research Institute, Lucknow INDIA e-mail: jss_cdri@yahoo.com*

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The World Social Forum statement on the Global Polio Eradication Initiative

The Second World Social Forum on Health, January 20-25, 2007, condemns the World Health Organisation's lack of transparency in acknowledging the failure of the Global Polio Eradication Initiative strategy and instead

- identifying a few low-income countries as scapegoats;
- subjecting the children of these countries to an unprecedentedly high number of Oral Polio Vaccine (OPV) through the pulse polio rounds with no concern for its negative impact, and
- using monovalent OPV, an untested vaccine, without informed consent.

While the WSF on Health acknowledges the place of OPV in the overall immunisation programme as part of integrated public health services, the strategy of intensive pulse polio rounds has had a detrimental fragmenting effect on the already weak public health systems in low-income countries.

We demand an independent review of the Global Polio Eradication strategy with due consideration to the relevant epidemiology and different countries' health care priorities.

Medico Friend Circle (India)
Jan Swasthya Abhiyan (India)
People's Health Movement and
World Social Forum on Health

January 24, 2007
Nairobi, Kenya