consideration the previous academic record. A research project at M Sc level can prove to be the most important criterion for selection. This can give the feedback that they can do research, not write examination papers. The admission should be provisional for one year during which the committee should be able to evaluate the aptitude of the student for research. If found unsuitable, they should be expelled. In some institutions (like Centre for Cellular & Molecular Biology, Hyderabad; Indian Institute of Science, Bangalore; Tata Institute of Fundamental Research, Bangalore & Mumbai; Bhabha Atomic Research Centre, Mumbai; National Institute of Immunology, New Delhi; All India Institute of Medical Sciences, New Delhi), this practice is followed. The result of such practice is that the scientific growth in these institutions is very high.

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# Malaria/mosquito management: A need to use more than one insecticide alternately

Malaria is emerging as a major public health problem in India, especially in forest fringe foothills areas in the north-eastern states, Madhya Pradesh, etc.

A report[1] indicates that different agencies like the Malaria Research Centre of the Indian Council of Medical Research have field tested the 'insecticide-impregnated nets' popularly known as medicated nets with deltamethrin (2.5% flow) during 1988–90. Over a period of 2 years, there was a noticeable decline in the number of *Plasmodium falciparum* and malarial incidence decreased by 70%. Also there was a decline in the vector density.

Based on the success of these results, 1,00,000 mosquito nets treated with deltamethrin were distributed[1] free of charge in the malaria-ridden villages of seven sister states by the Government of India in 1996 and many more were demanded by other people in 1996.

Review of literature reveals that many insects, fungi and bacteria have developed resistance against insecticides, fungicides and antibiotics due to continuous use of the same chemicals and now their population is beyond control. The human malarial parasite *P. falciparum* has already developed resistance against the drug[2] chloroquine. The malarial vector – mosquito has developed resistance to DDT[3].

From the reports mentioned earlier, it seems that perhaps deltamethrin is the only insecticide being used on a large scale in India at present. If the same practice is continued further, it is possible that within a short period of time, the present population of mosquito will develop resistance to deltamethrin also.

To avoid/delay this chemical resistance problem, it is high time 2 to 3 insecticides are used alternately in the same locality. The concerned health agencies should take note of this.

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# DPT and poliomyelitis in developing countries

The write up by T. Jacob John on 'DPT and poliomyelitis in developing countries' (*Curr. Sci.*, 1998, **74**, 185–187) was very thought provoking. First let me congratulate John for this very lucid enumeration of facts, once more highlighting the ill-informed and callous decision-making process in our Health Ministry, to which I had alluded to earlier[1]. I would also like to confirm, if any confirmation was needed, that for nearly three decades objective scientific data accumulated by Indian scientists, among whom John was a major contributor, has been systematically and arbitrarily discarded under the influence of outsiders, without even bothering to have its independent evaluation by other knowledgeable persons prior to rejecting it.

As questioned by John, even today let there be an independent enquiry as to why MOHFW jettisoned the Indo-French collaboration in spite of objections from the Department of Biotechnology, which was the nodal agency involved in the project. Responsibility must be fixed for the wasted financial resources, the damage to the international scientific collaboration and above all the untold misery caused to thousands of children and their families. I am aware that at that time a suggestion made by some of us to hold a national debate or at least a detailed scientific discussion on the subject fell on deaf ears.

Without casting aspersions on WHO, I fully agree with Jacob that 'policies made in Geneva are not always technically the best suited for our needs or circumstances, nor necessarily in our best interests'. On the basis of several examples I had recently attempted to illustrate 'Different ethnic populations, different genetic make-up and

socio-cultural-ecological environment modify the manifestations and therapeutic responses which demand re-evaluation of knowledge generated elsewhere[1,2].

Even though we failed to heed the recommendations of our experts, resulting in preventable morbidity for thousands of unsuspecting children, it would still be worthwhile to take serious note of the suggestions made by John for future programmes for polio eradication. The same could apply to HIV/AIDS spreading epidemic. If nobody else does it, cannot the medical and science academies get together and produce critically-evaluated policy statements and pursue these with the Government on one hand and enlighten the general public on the other? I must confess that I cannot absolve the scientific community (including myself) of its ivory tower approach to such crucial issues of vital national interest. It is too serious a matter to be relegated to the correspondence column of a scientific journal, howsoever prestigeous it may be. I am conscious that my individual efforts in such matters in the past have not borne fruit, but I am not willing to give up appealing to our collective conscience.

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## NEWS

# Access to genetic resources and traditional knowledge: Priorities for national and regional actions

With the coming into force of the Convention on Biological Diversity (CBD) from 29 December 1993, 171 countries who are signatories (parties) to the Convention have agreed upon implementing the provisions enshrined in CBD, namely: i) Conservation of biodiversity; ii) Sustainable use of biodiversity and, iii) Fair and equitable sharing of benefits arising from the use of such biodiversity.

Articles 15 and 16 are directly related to benefit-sharing and access to technology and are also linked to Article 8(j) dealing with traditional knowledge. In order to prepare different countries in the South and Southeast Asian Region for the forthcoming Conference of Parties (CoP-IV), a regional workshop on 'Access to Genetic Resources and Traditional Knowledge' was convened at the M. S. Swaminathan Research Foundation, Chennai, India between 22 and 25 February 1998. This workshop was sponsored by the IUCN–The World Conservation Union.

Articles 8(j), 15 and 16 are the most contentious of the CBD provision with almost every country trying to answer questions like: Who owns what? Who can access what? How access can be controlled? Whose knowledge is used? How does the knowledge lead to generation of benefits? How are the benefits to be shared? How fair and equitable should the sharing be? Apart from these, the most practical problems which countries like Philippines, Indonesia and Malaysia are facing (who have developed national legislations on access to genetic resources) are those of how the benefits will reach a community and in what form.

With several oppositions from the proponents of the theory that biodiversity prospecting or value addition to biodiversity is nothing but biopiracy, there is an urgent need for us to create a sense of understanding in the minds of policy-makers on these issues, to help them develop practical and meaningful regulations or legislation in their respective countries.

Several of South and Southeast Asian countries face similar challenges in terms of social, economic and cultural needs. With increasing interest to bring together the countries of the region on common issues, this workshop had the participation of country representatives.

From 14 countries in the South and Southeast Asian region, one senior-level policy maker and one technical expert were invited to this workshop with experts from 6 other countries. A questionnaire was sent to all country focal points (CBD) to let their representatives prepare a country report on the following terms of reference relating to three major points of discussion: (i) Benefit sharing, (ii) Traditional knowledge and, (iii) National planning process for access and benefit sharing.

Country reports and several case study papers relating to the above issues were received. All these were tabled for discussions in small group sessions and in plenary also.

On the first day, issues relating to benefit-sharing were discussed with two plenary presentations relating to emerging issues in South and Southeast Asia (SSEA) and India followed by presentations on legislative and non-legislative mechanisms, role of commercial seed sector in sharing benefits, experiences from Philippines on their Executive Order (E.O. 247) relating to access and benefit-sharing, the regional approaches in Andean Pact countries. These were followed by group discussions on ASEAN and SAARC region countries who identified the processes and policies to implement Access and Benefit Sharing (ABS) issues in their