Liverpool in a Changing World:
The School of Tropical Medicine and its Role-the Next Decade

David H. Molyneux

Liverpool School of Tropical Medicine

The School of Tropical Medicine in Liverpool was founded in November 1898 by a group of far sighted Liverpool businessmen led by Sir Alfred Lewis Jones. Liverpool at that time was a premier port dealing with trade to the expanding British interests in the tropics. During the first part of the century the School was responsible for some of the fundamental discoveries in tropical medical science. Examples are the discovery of *Anopheles gambiae* as the vector of malaria in Africa, the discovery of trypanosomes as the cause of Sleeping Sickness in West Africa, the description of *Plasmodium ovale*, description of *Glossina* species, of *Borrelia* as a cause of relapsing fever, and *Simulium* as the vector of *Onchocerca*. Atoxyl, an arsenical was a basis of early therapy in Sleeping Sickness and was the forerunner of Melarsoprol; Atoxyl was first used in the School. Proguanil was developed with ICI in the laboratories of the School and still forms the basis for malaria prophylaxis.

No institution can be satisfied with past achievement and must look to the future in the context of changing environments - local academic, aid environments and the needs of the poorest tropical communities. This need to recognise this is reflected in our mission statement, “Tropical Medicine” is considered an unfashionable in some quarters and outdated term and many prefer activities to be described as “International Health” a term which recognises the realities of health problems in the developing world.

The age of discovery of the organisms responsible for tropical diseases and our knowledge of the basic vector ecology, methods of control and treatment has been superseded. Fundamental discoveries clearly remain to be made at the molecular and immunological level but issues which confront the tropical developing world in the next decades can be easily listed — population, water resources, ecological change, urbanisation, displaced persons, women’s health, together with HIV and malaria. Whilst many of these topics are clearly interrelated the structures of the services which address these problems and the way different national activities interact will be critical if the minimal resource base is to be optimally utilised. This will involve health information systems informing the development of policy with resultant interfaces with health economics, planning and management.

The Liverpool School of Tropical Medicine (which is affiliated to the University of Liverpool) provides postgraduate teaching and undertakes research in the academic environment of the UK. This is a severely competitive environment with regular judgments on quality by peer reviews. This requires us to pursue academic excellence and respond to academic initiative. Excellent performance requires a highly competent flexible staff able to compete with national, EEC and international peers in obtaining research grants whilst maintaining
and directing our interest in priority tropical health problems.

In parallel we must also maintain high quality teaching, review our courses, change them if necessary responding to the needs of the developing countries. We must provide a vigorous environment for research degree training which is increasingly required to be undertaken not just in a UK laboratory but must also involve tropical field work. This approach (split PhDs) is demanding for the student and supervisor. Audits of teaching quality must be addressed and course evaluation must be a feature of all courses. Courses in Tropical Medicine Institutes must also reflect the need for diversity. We must consider in the future where such courses should be located; we have traditionally located our courses in our home institution. Liverpool is now exporting courses and developing links whereby our course staff and expertise are deployed into the endemic countries. This concentrates teaching on local issues is more targeted and cost effective and enhances the “training of trainer” programmes; Liverpool has achieved this in Maternal and Child Health courses (India); in Epidemiology Courses (Sudan); in Health Information System (Central America) and in establishing a Francophone a Community Health Course in Zaire. This pattern will be an increasing feature of our role in future training provisions.

Our long term success and our historical role is best illustrated by the creation of the Faculty of Tropical Medicine at Mahidol University in Bangkok which was nurtured by Liverpool over twenty five years ago through the vision of Professor Brian Maegraith. This has resulted in the flourishing South East Asia network, the development of a self standing national, regional and international resource, many of whom received PhDs from Liverpool. We must also address duration of courses in the context of cost effectiveness e.g. $100,000/PhD compared with shorter courses for specialist provision. The increasing involvement of non-governmental organisations (NGOs) in health care must mean that NGO views on training provision must be included in course development.

The development of research programmes in the developing world over the next decades will increasingly depend on the role of the European Community programmes. These programmes have over several years [Science and Technology for Development (STD) and International Scientific Collaboration (ISC)] made major contributions to strengthening research and associated training in developing countries. These programmes have also furthered European collaborative scientific links. It is more than likely that such tripartite activities will be the major source of funding in the future as national resources for field orientated work decline. The U. K. is, however, fortunate to be able utilise other research funding bodies such as The Wellcome Trust for funding fundamental science programmes related to tropical medicine and related subjects. This funding at the basic end of the research spectrum will remain whilst the U. K. government’s Overseas Development Administration funds which support many of our applied field programmes and work programmes will be used to determine policy outcomes on high priority issues.

The future for Tropical Medicine in the United Kingdom, like many other aspects of academic activity, is one of opportunity. We must recognise the challenges, identify priorities of funding agencies, develop an ability to respond to need, maintain our relevance and com-
mitment, articulate our course, stimulate youth and provide leadership. If we can do this then we will be able to succeed in our respective missions. The health of the developing world should always be at the forefront of the consciousness and conscience of the developed industrialised countries. This requires us to be a platform of authority to educate and inform the more privileged. We must seek to influence politicians and public on the importance and justice of this cause for those we serve in the developing world. A former Dean, Professor Brian Maegraith, used the key words “Liverpool’s impact in the tropics must be in the tropics”—this must continue.

On behalf of my colleagues in Liverpool may I express my sincere thanks to you for your kind invitation. May I take this opportunity of wishing you a successful future in the pursuit of your goals and congratulate you on your anniversary.