Profile

Hellen Gelband: botanist turned policy guru in global health


Photo Nga Do Thuy

The Center for Disease Dynamics, Economics & Policy (CDDEP) may only have a handful of staff, but clearly has impact. Based in Washington, DC, and New Delhi, CDDEP's Associate Director for Policy, Hellen Gelband, together with Director Ramanan Laxminarayan, have led the organisation's influential policy work for the past 9 years, notably the Global Antibiotic Resistance Partnership (GARP).

Gelband and Laxminarayan had been involved in domestic policy work on antibiotic use in the USA when she saw the potential to reshape the project more globally, prioritising low-income countries. GARP was born in 2009, initially in Kenya, India, Vietnam, and South Africa, and has expanded to 12 countries, many of which now independently advise government and other organisations on antibiotic policy. "It's extremely rewarding to see a local GARP working group become a country's 'antibiotic brain trust', especially now that antibiotic concerns are front and centre on the global health stage", Gelband says.

Brought up in rural Long Island, New York, Gelband's high-school biology teacher inspired her to get involved in a local environment group, which brought the first environmental lawsuit in the USA—to stop the broadcast spraying of DDT for mosquito control. After studying botany at Pomona College in California, Gelband began her career on the US east coast as a nectar collector assessing the relationship between ants and plants, before changing direction and heading to Johns Hopkins University, in 1979, for a Masters in Public Health. "I realised that I wasn't going to be one of the extremely rare, brilliant botanists who changed thinking about plants, so I thought public health would give me a chance to make a difference. Discovering the world of epidemiology at Johns Hopkins was a revelation—it was the way I had always thought, without realising it", she says. Part of her studies there covered tropical disease epidemiology, which would stand her in good stead for what lay ahead.

Gelband then moved into health policy at the now defunct Office of Technology Assessment (OTA), which advised the US Congress on health policy. Her first project was in the environmental causes of cancer, where she worked with epidemiologist Richard Peto, a key influence throughout her career. Other OTA projects included the assessment of technologies for tropical diseases, drug labelling by US companies in developing countries, and assessment of unconventional cancer treatments. "We did the most thorough investigation that had been done on the whole range of interventions for cancer: drug, psychological, dietary, herbal medicine; anything out there in the US or where US patients went to look for cancer treatment, including Mexico, the Bahamas, and further afield", she says. OTA's refutation of alleged cancer treatments led to some lively reactions from the agencies Gelband investigated. "We occasionally received bomb threats, and on one occasion, the Congressional police SWAT team had to protect us in the back parking lot", she recalls.

In 1995, after OTA had been abolished by a new Republican-controlled Congress, Gelband spent 4 years consulting on technology assessment for US and foreign offices. She joined the US Institute of Medicine (IOM) in 1999. One of her first successes there was to ensure that patients with cancer who enrolled into clinical trials would continue to be covered by Medicare insurance. The IOM report that Gelband led on this topic resulted in President Bill Clinton signing an executive order in 2002, which has remained in place ever since.

While at IOM, Gelband was approached by Dean Jamison to lead a project on the then controversial notion of replacing chloroquine with artemisinin-based drugs to treat malaria. Gelband and Kenneth Arrow coauthored the *Saving Lives, Buying Time* report, focused on malaria strategy and how to increase access to artemisinin combination therapy. It resulted in the creation of the Affordable Medicines Facility for Malaria (AMFm), which started its implementation in 2009. Gelband's collaboration with Jamison has continued; for the past few years she has been an editor of the 3rd edition of *Disease Control Priorities*, including leading a volume on cancer control in low-income and middle-income countries.

Richard Peto, Professor of Medical Statistics and Epidemiology at the University of Oxford, UK, has been Gelband's colleague and mentor for the past three decades, and comments: "Even the best medicines don't work if they're not used, and Hellen Gelband has helped people to develop practicable strategies such as the Drugs for Neglected Diseases Initiative or AMFm for getting effective medicines affordably available worldwide, including DEC salt for filariasis control and opioids for cancer palliation. For decades she has been a quietly effective enforcer of clear thinking, clear writing, scientific accuracy, and wide perspectives."

Looking back on her career, Gelband views her work in GARP and AMFm as particular highlights, finding fulfilment in her professional life that has migrated from domestic health policy into global health stewardship. Outside work, she is a volunteer and board member of Bikes for the World, a charity which collects and transports unwanted bicycles to Latin America and Africa. "I often spend part of my weekends dismantling bikes so they can be packaged up and shipped overseas. I've seen how important bicycles are in my GARP countries, in particular, which is where some of the bikes we ship end up. Being covered in bike grease is a good antidote to the office", she says.

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