



Professor Carlos H. N. Costa – President of Brazilian Society of Tropical Medicine – SBMT

Do you have an opinion on why and how the Brazil became the second most productive country, in terms of indexed publications, with 20% of the global indexed knowledge on tropical medicine?

Since the Lula government, Brazil increased the investments in science and technology, particularly in the tradition of research in tropical diseases. The present statistics are a result of these investments. Although, Brazilians should be proud of such a rank, they shall notice that still there is a lot to be done. Brazil should move from a prolific S&T producer to a high-quality S&T. Besides, as the largest tropical economy, Brazil indeed has the obligation to lead tropical sciences, not only inside the tropics, but should be the global leader in the investigation of tropical themes, including medicine.

Could you briefly describe your main duties and challenges as the President of a fifty-year-old tropical medicine national society in an emerging country with such a performance?

Societies of TM are concentrated in developed, past colonial metropolis. Still, there are few of such a societies in the tropics, particularly in Africa. Therefore, the most important duty should be to stimulate societies of TM in the tropical world, and the challenge is to participate of their creation, assisting with the necessary bureaucracy and gathering interested scientists, doctors and public health workers. Science and technology are among the most important items for development, and tropical diseases societies are part of this process.

As a Brazilian doctor graduated in a national Faculty of Medicine in your country and pos-graduated in a prestigious foreign (Harvard) university in a developed country, could you try to explain the possible differences in the exercise of tropical medicine in countries from the north and south hemisphere? Would you try to briefly describe the potential differing patterns of TM?

The main difference are the better science in the developed countries, and the diseases, which are in the tropics. However, it should be stressed that good science is not a simple result of wealth, as well as tropical diseases are not a simple matter of climate. Behind both, are the political and public institutions, stronger, democratic and inclusive there, and weaker, oligarchic, extractive and plutocratic in the least developed tropical countries, a real barrier for good health and research institutions. Everything thrives toward innovation in an inclusive society, where all tend to be easier to do, to achieve, where everybody know their duties and obligations, where the law is understood as a collective good, while oligarchies resist to creation, changes and discovery to preserve itself, where everything is supposed not to work, everything is supposed to benefit the elites, those who create the exceptions, the roots for corruption and incompetence. Indeed, part of the tropical problems are partially a consequence of historical bad inheritances, but we shall understand that the best way to achieve competitiveness to overcome poverty, in such a way to lead the field tropical medicine and overall tropical researches, is to transform tropical institutions in truly democratic, inclusive, aiming the happiness of all. Basically, this is why Harvard is so good and Brazil still has no university at all among the top of the world.

The Brazil has already been nicknamed as a “BelIndia” (a country with the problems of developed countries, as Belgium and problems of developing countries such as India). Could you define “Tropical Medicine” in the context of such a country?

I live in the “India” part of Brazil, in the dry northeast, in one of the poorest states. However, due to the share of the national wealth, poverty is not so extreme. In such a place, one can see the traditional “Tropical Medicine” due to the presence of the traditional tropical diseases such as vector borne, parasitic diseases, and diseases linked to poverty. However, here and all over these Belindias, a new wave of tropical problems comes up as a tsunami: these are the non-infectious, urban, development-linked, external causes of diseases like housing, intended and involuntary violences, the present major causes of morbidity and mortality. Of course, these problems exist everywhere in the world, but they are much commoner in the poor developing, tropical world. Modern tropical medicine should face these new challenges, since if they do not, tropical medicine will shrink as parasitic diseases are shrinking. If Tropical Medicine turns to the cities it will find a very fertile environment for improving the health of the tropical peoples.

Up to now, the IFTM, mainly due to the scarcity of its financial resources, has acted mainly to guarantee the quality and the itinerancy of the ICTMM. The IFTM Board has, for the first time, a Brazilian President and one representative of each continent. How do you think that the IFTM and the SBMT, with both headquarters in Brazil, could take benefit from this close vicinity to create modalities of interaction that could represent models for the interaction of the IFTM with the National Tropical Medicine Societies of the IFTM hosting countries in the future.

Due to their nature, promoting congresses and meetings, helping governments and eventually being somehow compensated by the public and private sectors, having their own journals, usually the societies of tropical medicine can have some provisions. Their nature is to promote science and tropical health knowledge, and so they have no interests in making profit. Therefore, SBMT can support some of the necessities of IFTM, and will be happy to share its media and contacts on the behalf of tropical peoples all over the world.

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