Lincoln Chen: fostering health collaboration with Asia

“My recent focus on China was a happy happenstance, a coincidence of sorts, not really planned”, reflects Lincoln Chen. This is a surprising admission from the president of a private American foundation, the China Medical Board (CMB), but Chen has spent most of his life working in the USA and elsewhere in the world and his engagement with China is a new venture—he became president in 2006. Through this new work, Chen sees himself playing an intermediary role between Beijing and the outside world, both by channelling CMB’s support for capacity building of medical universities in China and by spreading the news overseas about the changes that are under way. Chen believes there is much to learn from such collaborations: “I am excited about opportunities to engage, learn, and work with Chinese and global health leaders interested in China and Asia.”

For the US-educated doctor, academic, and policy adviser, this might seem like a return to his roots. Chen was, after all, born in Jiangxi Province and his family emigrated to the USA in 1950 to seek opportunities beyond the political upheaval in China. But having spent much of his life in the USA, he remarks that “When I’m visiting China, I am about as foreign as all other foreigners, except in looks.” Yet Chen has a fully international outlook, one that was shaped during the 14 years he worked in India and Bangladesh.

After Princeton, a medical degree from Harvard, and clinical training at the Massachusetts General Hospital, Chen earned a masters in public health from Johns Hopkins. He went on to study cholera physiology and epidemiology in Bangladesh at the Cholera Research Laboratory, now called the International Centre for Diarrhoeal Disease Research, Bangladesh. Relief work after a devastating cyclone there in 1970 proved a life-changing experience that, he says, propelled him into broader concerns over poverty and social justice. “The typhoon sparked my interest in humanitarian affairs. Then the genocidal civil war that followed got me involved in politics”, he recalls. “My engagement was much wider than health. I focused on poverty alleviation, working on public policy, demographics, education, agriculture, and capacity building in Bangladesh and India.”

That experience as an all-rounder has been characteristic of Chen’s wide-ranging career. He was professor at Harvard School of Public Health and then founding director of the Harvard Global Equity Initiative, going on to work as executive vice president of the Rockefeller Foundation and representative of the Ford Foundation in India. An adviser for the World Bank and WHO, for which he served as the Director-General’s Special Envoy on Human Resources for Health, Chen has also chaired the Board of Directors of CARE, a large US non-governmental organisation (NGO), and he currently chairs the Board of BRAC/USA, perhaps the world’s largest NGO. During this time, Chen has seen a transformation in health and development: “In 1970, when I started, development was seen purely as a matter of economic growth and government policy. Social equity was not much of a priority. Since then, the focus has widened to include poverty alleviation, health, education, and social development pursued by citizens and NGOs alike.”

Knowledge gained from these experiences informs Chen’s role at CMB. Established in 1914 and endowed in 1928 by the Rockefeller Foundation to improve medical education and health care in the world’s most populous nation, CMB has since expanded its reach to about a dozen other Asian nations. Chen explains his priority is “trying to build capacity for health equity through policy, education, and research”. He adds that “China’s re-emergence in every sphere of global activity has been truly spectacular. It offers a great learning opportunity. I want to learn from China, communicate with China, and help China to communicate with the outside world at this critical venture.”

CMB collaborates with 13 medical universities and has launched a programme with medical schools in the less developed western region of China to help train local medical professionals, improve working environments, and provide financial incentives for doctors to stay in needy areas. China is often touted as a new economic model, but in health care Chen says the country is in a transitional phase and there is much to learn. “China is crafting innovative solutions to a set of unique problems, some of which may have generic implications for other nations. I don’t see a clear ‘China model’, but there are many components that could inform efforts elsewhere, such as how to incentivise rural providers to serve backward communities.” Chen is, however, concerned about future health inequalities. “In China, they experienced socialism in an extreme form and are moving towards a new combination of market-based socialism. Now, they see the market, which has ushered in many material benefits. In a rich culture of national identity and individual responsibility, there is the question of how much inequality the people will tolerate. China’s Prime Minister recently made a speech about reducing inequities.”

Looking forward to the centenary of CMB in 2014, Chen plans to support work for re-examining the history of health advances, especially professional education and research in medical universities. He hopes the lessons will be used to assess what the future might have in store: “Sharing experiences provide a powerful platform for learning by all. So we will try to encourage exchange across Asia and globally.”

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