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EDITORIAL

Fostering a spirit of critical thinking: the ISAAC story

In this issue of the *Journal* we have the good fortune to have an article outlining the methods used in the International Study of Asthma and Allergies in Childhood (ISAAC).[1] This initiative has been a tremendous development in encouraging participation in research across the world.

It began with Phase One in 1992, with the concept of developing a simple frame to compare the distribution of symptoms of asthma and allergies across the world. When it was first proposed, it was met, in some circles of professional epidemiologists, by a degree of scepticism because of its simplicity and relative 'naiveté'. In spite of this, an enthusiastic core of investigators pushed forward and developed a network that now spans the globe and has provided food for thought and a basis for action for asthma and allergies.

The concept of ISAAC was very simple at the outset—to develop a simple frame to undertake standard measurements and to make comparisons from one location to another, across geographic, cultural and linguistic boundaries. It operated with a decentralised structure, with partners in the venture encouraging groups in each geographic area. The base of the frame was very 'light', encompassing straightforward techniques that could be undertaken at any location and with few financial resources, enabling truly global participation. In addition, the structure was such as to permit the addition of any number of local questions to be addressed, varying in complexity according to the skills and resources of the centre involved.

What, to my mind, was most unique about ISAAC was its capacity to engage people in research. 'Professional' researchers often have a strange ability to frighten people away from research by emphasising its complexity and intimidating those with little self confidence, thus excluding individuals from what is, in essence, not only something eminently worthwhile but something downright fun. By 'democratising' critical thinking, ISAAC has been able to break through this barrier and engage people not previously involved in research in an exercise in disciplined measurement and critical thinking. These are basic skills in the health sciences beyond their utility in research, and for this ISAAC is to be heartily congratulated.

As stated by the Commission on Health Research for Development, '. . . for the world's most vulnerable people, the benefits of research offer a potential for change that has gone largely untapped'.[2] This report has emphasised the essential nature of research in achieving the changes necessary to improve health globally and the requirement that all public health action must have inbuilt research if it is to be appropriate, efficient and equitable. A major barrier to realising these lofty objectives is the lack of confidence of health care workers in involving themselves in research.

ISAAC is to be applauded for addressing this obstacle through open-minded, inclusive collaboration that has produced a base of knowledge that is used globally to inform policy. ISAAC is a model that should be followed by all those of us who are committed to improving public health in low-income countries.

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References

1 Ellwood P, Asher M I, Beasley R, Clayton T O, Stewart A W and the ISAAC Steering Committee. The International Study of Asthma and Allergies in Childhood (ISAAC): Phase Three rationale and methods. Int J Tuberc Lung Dis 2005; 9: 10–16.

2 Commission on Health Research for Development. Health research. Essential link to equity in development. Oxford, UK: Oxford University Press, 1990: vii.