

In this month's *Bulletin*

Additional language

From this month onwards, keywords and abstracts in Arabic are included with the main articles, in addition to the English, French and Spanish.

Guidelines on severe malnutrition found to be feasible (pp. 237–243)

WHO guidelines on severe malnutrition were found to be feasible, affordable and sustainable in two hospitals in sub-Saharan Africa. Working with staff in a district hospital in South Africa and a mission hospital in Ghana, a paediatrician reviewed the situation, introduced the guidelines, and assessed progress six months later. The management of malnutrition cases had improved at both hospitals. In particular, the hospitals had strengthened their measures against hypoglycaemia, hypothermia and infection, and early frequent feeding was established as a regular practice.

Non-specific life-saving effect of measles vaccination confirmed (pp. 244–250)

Being vaccinated against measles appeared to have a non-specific reducing effect on overall child mortality in Ballabgarh, an area of rural northern India. The vaccination history of 318 children who had died between the ages of one and five years was compared with that of matched controls who were still alive. Those who did not receive measles vaccination in infancy were three times more likely to die than those who did. This confirms studies in other populations which have found reductions of over 30% in all-cause child mortality after measles vaccination, but there may be residual confounders such as nutritional status.

Oral poliovirus vaccine can be tested on mice instead of monkeys (pp. 251–260)

The neurovirulence test for monitoring oral poliovirus vaccine has so far always been performed on monkeys because only primates are naturally susceptible to poliovirus. A study involving nine laboratories has now found that a line of transgenic mice developed in the 1990s to carry a human receptor to poliovirus can be used for this test with comparable sensitivity and reproducibility. The WHO Expert Committee for Biological Standardization has approved the mouse test as an alternative to the monkey test for all three serotypes of oral poliovirus vaccine.

Self-treatment for malaria can be made more effective (pp. 261–268)

In the Butajira district of southern Ethiopia, self-treatment at home is the main way in which people manage illness with malaria. Only 8% use traditional medicines, the other 92% preferring modern drugs such as chloroquine and sulfadoxine-pyrimethamine. Over 85% of the population in Ethiopia live in rural areas and many of them are separated from health facilities by geographical and economic barriers. In these areas especially, effective antimalarials should be made more readily available for home use, through health workers, shop owners and drug sellers. Educational activities will help to promote correct self-treatment practices and awareness of the dangers of misusing drugs.

Social marketing of treated bednets reduces loss of life (pp. 269–276)

“Social marketing” offers a way to promote the use of insecticide-treated bednets on a large scale and reduce malaria illness and death. Starting in 1997, discussions with householders in two southern districts of the United Republic of Tanzania provided data on their perceptions of the causes of child deaths, the usefulness of mosquito nets and treating them, and of malaria. Nets and insecticide for treating them were packaged and branded accordingly, and sold by sales agents who included health workers, shopkeepers, religious leaders and village government workers. Analyses suggest that the approach is cost-effective.

Safe injections avert loss of life-years at reasonable cost (pp. 277–285)

Averting the loss of one healthy life-year by providing for safe injections costs much less than one year of average per capita income. The calculation was based on the current figures for infection caused by unsafe injections modelled over a 30-year period from 2000 to 2030 in 12 epidemiological subregions. Reuse of injection equipment is thought to have caused 32% of the new infections during the year 2000 with hepatitis B virus, 40% of those with hepatitis C virus,

and 5% of those with HIV. Making injections safe is also a way to apply the ethical principle of medicine: “first do no harm”.

Practice falls far short of knowledge in management of giving birth (pp. 286–291)

Active management of the third stage of labour entails administration of oxytocics during delivery, controlled cord traction, and early cord clamping. Observation of 30 consecutive deliveries in 15 university-based referral obstetric centres revealed that this intervention was used in only 24.6% (111/452) of the deliveries. Postpartum haemorrhage accounts for about half of the 600 000 maternal deaths that occur each year, and increased use of the currently recommended evidence-based management practices would be likely to reduce it significantly.

New health businesses challenge government services to improve (pp. 292–297)

Private commercial primary health care companies are demonstrating that services which users find acceptable can be provided at low cost. An increasing number of them are operating in South Africa. They are popular with users and run at a cost per visit comparable to public sector clinics, but their role in tackling important public health problems is more limited. They also tend to exclude the poorest population groups, which are an important priority for the government. They could, however, be encouraged to compete for government funding, though contractual arrangements may be difficult to make and sustain.

Public health classic: management of pneumonia in children (pp. 298–305)

In 1984 Frank Shann et al. established guidelines for acute lower respiratory tract infections (ARI) in children on the basis of a study of 200 children brought to the outpatient department of Goroka Hospital in Papua New Guinea, and published their findings in the *Bulletin*. What began as a modest protocol in a small provincial town of a small low-income country has become the technical core of the global strategy for reducing ARI mortality in children. ■