

In this month's *Bulletin*

Auto-disable syringes improve vaccination in Madagascar (pp. 553–560)

The use of auto-disable syringes on a trial basis improved vaccination coverage rates, as well as safety. Simplicity and convenience of use, combined with elimination of sterilization sessions made it possible to administer more vaccines on non-routine immunization days. Auto-disable syringes have features which prevent the plunger from being drawn a second time, making reuse impossible. They cost five times as much per injection as sterilizable equipment, but their exclusive use would increase national immunization costs by only 2%.

Improved care during labour is key to reducing mortality (pp. 561–566)

Labour complications were responsible for 53% of the perinatal deaths occurring in a Kenyan district hospital over a 19-month period. The finding is from a cross-sectional study of 910 births, for which the perinatal mortality rate was 118 per 1000 births. Haemorrhage, premature rupture of membranes or premature labour, and obstructed labour or malpresentation multiplied the risk of death by a factor between 8 and 62. Placental malaria and maternal HIV, on the other hand, were not associated with perinatal mortality. Improved care during labour, with availability of emergency obstetric services, is confirmed to be one of the most important interventions for making motherhood safer.

Economic downturn has double negative impact on health (pp. 567–572)

During the recent economic crisis in the Republic of Korea, health problems increased but people made less use of the health services. Economic growth shrank by 9.5% in 1998, while unemployment rose to 8.4%. A comparison of surveys made in 1995 and 1998 shows an increase in morbidity from 40% to 67%, and a decrease in service use from 70% to 51%. Reduced household income, restricted access to medical services and increased

mental stress are among the relevant factors mentioned, as well as effects of unemployment such as reduced activity and loss of self-respect.

High risk of tuberculosis infection in northern India (pp. 573–580)

The annual risk of infection in the northern zone of India was estimated at 1.9%. The only country known to have a higher rate is the Philippines, where it is 2.3%. In most industrialized countries the annual risk of infection is below 0.1%. The rate of infection was found to be higher in urban areas. The states included in the northern zone are Delhi, Haryana, Himachal Pradesh, Jammu and Kashmir, Punjab, and Uttar Pradesh. Only about a quarter of the population in this northern zone have access to effective TB treatment in the form of DOTS.

High levels of anaemia in United Republic of Tanzania (pp. 581–590)

The majority (87%) of children under five years old in a south-eastern area of the country were found to be anaemic, 39% of them severely. As the main causes are thought to be malaria parasites and iron deficiency, the proposed ways to improve the situation are through iron supplementation for the children and for their mothers during pregnancy, and prevention of malaria through the use of bednets, vector control and chemoprophylaxis. These measures could be taken through the Expanded Programme on Immunization.

Education improves safety in Monterrey (pp. 591–598)

Parents in Monterrey, Mexico attended clinic-based low-cost courses on accident prevention covering car and pedestrian safety, burn prevention, home safety, and recreational safety. Questionnaires filled in before and after the courses reflected significant improvements in transport safety, and more modest ones in household and recreational safety. The use of bicycle helmets improved in the middle and lower income groups, and the use of seat belts for children aged 5–12 years increased in the upper income group.

“Eat less sugar” is the recommendation for South Africa (pp. 599–608)

“Eat a smaller amount of sugar, consume sugar-containing foods less frequently during the day, and preferably do so only during mealtimes and not close to bedtime.” This dietary advice for the South African context and similar ones is proposed for children over six years old, and adults. In accordance with evidence related to dental caries, sugar intake should be less than 40 g per day in areas where water is not fluoridated, and a maximum of 55 g per day where it is fluoridated. This represents about 6–10% of energy intake.

Poverty reduction may improve mental health (pp. 609–615)

An often overlooked benefit of education and micro-credit programmes may be improved mental health. Evidence suggests that there is an association between common mental disorders and poverty. This may be partly explained by factors such as a sense of insecurity and hopelessness, rapid social change, and the greater risks of violence and physical ill-health that often accompany poverty. The indicator of poverty found to be most associated with common mental disorders was low education.

Better use of private practitioners would make motherhood safer (pp. 616–622)

A neglected way for governments to help meet the needs of poorer women in pregnancy and childbirth is to work more systematically with the established private care providers these women use. They consist of professional midwives, doctors and skilled birth attendants, who need to be more closely linked to the existing public and private referral facilities. Service users, if unassisted, are unable to negotiate appropriate care for safe motherhood. This approach could reduce the current annual pregnancy-related mortality rate, which is about 500 000, almost entirely in developing countries. ■