

tuberculosis contributed towards poverty, instability and violence which in turn triggered migration and a need for humanitarian aid — both of which could be costly for rich, developed countries.

“AIDS in Africa not only means instability, and a tremendous loss of income and people in the labour force but it also means that the economic partners of Africa suffer,” said Currat. “Africa would be a better economic partner if its economy were growing and it were buying more products,” he added.

However, governments are beginning to pay attention to the 10/90 health research gap, stated Currat who said this was indicated by the fact that a tool devised by the Global Forum called the Combined Approach Matrix to help countries calculate their health priorities was catching on.

Lesley Doyal of the University of Bristol in England, one of the world's leading experts on gender, and Vikram Patel of the London School of Hygiene and Tropical Medicine described how globalization affects the health of men and women differently. Global restructuring is leading to increasing economic difficulties in developing countries and the burden of poverty is disproportionately borne by women, they said. Patel cited several examples from the field of mental health: decreasing fertility in South Asia is making the sex of a new born child a risk factor for post-natal depression; Fiji, whose culture did not traditionally favour a slim figure, has witnessed an increase in eating disorders; several Eastern European cultures have experienced a rapid rise in alcohol use disorders.

The Global Forum conference also heard that although women's health is more vulnerable than that of men, mainly due to their childbearing role, there is a lack of research into maternal mortality, pregnancy-related disorders and other women's health problems in the developing world.

Dr Stephen Matlin succeeded Louis Currat as Executive Secretary of the Global Forum on 1 January 2004. Louis Currat, who has led the Secretariat from its establishment in 1997, retired at the end of 2003. Matlin said that he plans to engage the media much more in the activities of the Global Forum. ■

Fiona Fleck, *Geneva*

UN to vote on cloning in one year, not two

The United Nations General Assembly this month agreed to a one-year delay on the debate over a treaty to ban human cloning. The move overturns a November decision by the UN's legal committee that would have postponed the discussion for two years.

The legal committee's vote was largely seen as a defeat for the countries who had pushed for a total ban on all forms of human cloning (see news item in the *Bulletin of the World Health Organization* (2003;81:850). The US and Costa Rica had sought to overturn the committee's decision by forcing a General Assembly vote on the treaty, but instead they proposed a one year deferment, apparently after deciding they did not have sufficient votes to pass their version.

The legal committee had come to their decision by a one-vote margin, reflecting a deep and seemingly irreconcilable division among member states over how far the ban should reach. All Member States agree that cloning should never be used to make babies, but a group of about 60 want a treaty banning any cloning that uses a human embryo.

However, other nations, including China, Japan and most of Europe prefer to allow individual Member States the right to decide whether to permit cloning for research purposes. “Therapeutic cloning is a vital research tool, there's agreement on that,” says Richard Gardner, Chairman of the UK's Royal Society

working group on cloning and stem cells. Scientific groups and patient advocacy organizations have spent recent weeks lobbying for a ban that would allow Member States to individually regulate therapeutic cloning.

Those supporting a total ban, however, show no intention of changing course. “A total ban on human cloning should be the international standard,” said James Cunningham, Deputy United States Representative to the United Nations during a press conference in November. Therapeutic cloning amounts to unethical experimentation on a child-to-be, US delegate Ann Corkery says. “It risks making women's bodies a commodity, with women being paid to undergo risky drug treatment so they will produce the many eggs that are needed for cloning.” Costa Rica's ambassador, Bruno Stagno raised concerns that women in the developing world could be exploited for their eggs.

But supporters of a less restrictive ban remain unswayed. Adam Thomson, Representative to the United Kingdom Mission to the United Nations stressed that the UK will sign no ban that prohibits therapeutic cloning. “It is clear that there is no consensus in respect to therapeutic cloning research. But by ignoring this fact and pressing for action to ban all cloning, supporters of the Costa Rican resolution have effectively destroyed the possibility of action on the important area on which we are all agreed — a ban on reproductive cloning,” he says. ■

Christie Aschwanden, *St. Moritz*

Corrigendum

In the article “Human health benefits from livestock vaccination for brucellosis: case study” on pages 867–76, of Vol. 81, issue number 12, 2003 by Felix Roth et al:

Page 873 Table 2: “Ministry of State” should read “Ministry of Health”;

Table 3: the second column heading should read “Disability class II”, and the third column heading, “Disability class I”. Footnote^a should read “For public health sector, avoided out-of-pocket health costs and change in household income.”;

The left-hand column of the text should begin “... with the Mongolian policy to register brucellosis cases over a period of three years.”;

Page 874 In the last sentence of the article (penultimate line) the word “human” should be omitted.