

In this month's *Bulletin*

Do insecticide-treated curtains prevent or delay child mortality? (pp. 85–91)

Previous trials of insecticide-treated netting in Africa have reported 15–33% reductions in child mortality; but these findings have not been translated into large-scale implementation because of concerns that the intervention might slow the development of clinical immunity leading merely to a shift in child mortality to older ages. Between 1993 and 2000 Diallo et al. studied a rural population of around 100 000 in Burkina Faso living with high malaria transmission. They introduced insecticide-treated curtains to half the population in 1994 and to the remainder in 1996. They found initial estimated reductions in child mortality of 19–24% and argue that there was little evidence that these were later compromised by delayed mortality.

Success of public–private partnership to control tuberculosis in Nepal (pp. 92–98)

In South Asia, a large number of tuberculosis (TB) patients seek private sector treatment but the quality of care is often poor and rarely meets standards set by the internationally recommended TB control strategy, DOTS. Newell et al. implemented and evaluated a public–private partnership to deliver DOTS for TB control in Lalitpur, Nepal, where an estimated 50% of patients are treated in the private sector. In the first 36 months, case notification of sputum-positive patients increased from 54 per 100 000 to 102 per 100 000 with treatment success rates of >90% and with <1% of patients defaulting, thus exceeding international targets. Replication of this partnership, which is flexible and requires little input, should be possible elsewhere in Asia.

How to prevent hepatitis B vaccine freezing in Indonesian cold chain (pp. 99–105)

Inadvertent freezing of freeze-sensitive vaccines, causing loss of potency, is widespread in Indonesia. Nelson et al. document the frequency of hepatitis B vaccine freezing in the Indonesian cold

chain and evaluate some simple strategies to prevent it. Temperatures of vaccine shipments were measured every two hours from manufacturer to point of use. Freezing temperatures were recorded in 75% of shipments using Indonesia's existing cold chain. Of three interventions, the third was the most effective in preventing freezing. Involving transport without ice, air conditioned district storage and ambient health centre storage, this intervention completely eliminated freezing without excessive heat exposure.

Patients views on quality correlate with responsiveness (pp. 106–114)

Patient evaluations of the quality of primary health care were compared across 12 European countries and correlated with WHO health system performance measures used in *The world health report 2000* to rank the health systems of 191 Member States. Evaluations taken from 5133 patients, using a survey instrument called "Quote", showed large variations between countries but similarities to WHO's performance measures. Kerssens et al. found greatest inter-country variation with respect to the prescription of medication covered by the national health system or social services. The correlation between the understanding of patients' problems by the primary care provider and the WHO performance measure, "responsiveness," was the closest of all correlations between mean Quote scores per country and WHO performance measures.

Patient advocacy important in arthritis treatment (pp. 115–120)

The recognition that people have the right to make their own health care choices has contributed to the increasingly important role played by arthritis patients in their own treatment. Leong & Euller-Ziegler cite evidence that patients who participate in decisions about their care are more satisfied overall, more likely to adhere to treatment and more likely to adapt to living with arthritis. They discuss the impact and growth of personal advocacy and recent developments in group advocacy in arthritis care since the

1970s, culminating in the Bone and Joint Decade (2000–2010) — a collaborative initiative including more than 1200 patient advocacy and health professional societies from all over the world.

HIV control improved by second-generation surveillance data (pp. 121–127)

Information from second-generation HIV surveillance systems is essential for adequate national and international responses to the HIV/AIDS epidemic. Second-generation surveillance improves and combines existing biological and behavioural surveillance, redefines the target population and suggests a rationale for optimal use of epidemic monitoring and programme evaluation data. However, whilst behavioural data is generally agreed to be essential for an understanding of HIV prevalence and incidence, many countries have yet to incorporate it into national surveillance systems. The validity of HIV prevalence data from pregnant women is also questioned. Rehle et al. propose a strategic partnership between second-generation surveillance and AIDS programme evaluation and advocate an integrated approach in which biological, sociodemographic and behavioural data inform national AIDS control programmes.

Measles-free world by 2015? (pp. 134–138)

The experience of the last five years of the measles eradication programme in the Americas shows that global eradication is possible, if the appropriate strategy is implemented. In 1990 — prior to the eradication campaign — more than 24 000 cases of measles were reported in the WHO Region of the Americas. By the end of 1996, this figure had been reduced by 99% to only 2106 cases. The disease is no longer endemic in the region and November 2003 marked 12 months without indigenous transmission being detected anywhere in the western hemisphere. This success follows the implementation of a three-pronged strategy recommended by the Pan American Health Organization involving an initial catch-up campaign, routine vaccination to cover new birth cohorts and, crucially, follow-up campaigns. ■