

In this month's *Bulletin*

Infant feeding recommendations for of HIV-infected mothers need revising

(pp. 164–171)

Nutritional adequacy, cost and preparation time of three WHO/UNAIDS/UNICEF-recommended replacement milk options for infants of HIV-infected mothers in KwaZulu Natal, South Africa were compared. Papatthakis & Rollins found that the two home-modified animal milk based options were nutritionally inadequate — providing less than 50% of estimated required amounts of vitamins E and C, folic acid, iodine and selenium. Pharmacy-bought liquid paediatric supplements were the only replacement milks to meet all nutritional needs. If home-modified animal milk is to be chosen, appropriate micronutrients must be available for mothers to add to the milk. See accompanying editorial (p. 161).

How to allocate health resources in Uganda

(pp. 172–179)

Decisions on the distribution of health care resources can be based on a variety of criteria. Stakeholders in the Ugandan health care system strongly agreed that the commonly used disease- and society-related criteria were the most important for informing such decisions. However, there was less agreement about patient-related criteria such as the patient's social and mental status, physical capabilities and responsibilities for others. Kapiriri & Norheim studied data from a self-administered questionnaire distributed to 408 people including health workers, planners, administrators in all levels of the Ugandan health care system, as well as members of the public. Patient-related criteria (where there is less consensus) need to be debated in countries like Uganda so that their governments can allocate scarce health resources according to a set of clear, well-researched priorities.

Condoms within marriage offer dual protection

(pp. 180–186)

Ali et al. conducted a secondary analysis of nationally representative cross-sectional

surveys of women in 16 developing countries to estimate the reproductive consequences of a shift from pill to condom use. Although condom users reported a higher failure rate and were more likely to report subsequent abortion than pill users, a massive shift towards condom use — which has the added benefit of protection against HIV — would have only a minor effect on the numbers of abortions and unwanted births, conclude the authors. This is because the majority of abortions and unwanted births arise from non-use of any contraception. If the promotion of condom use for dual protection within marriage is to be seriously considered, closer collaboration between HIV prevention and family-planning agencies is needed.

Ending user fees in Ugandan health centres

(pp. 187–195)

Burnham et al. assessed the effects of ending user fees on the use of outpatient services in 78 health facilities from 10 districts in Uganda. Following the end of user fees — which represented a total revenue of US\$ 28 042 in eight months — they found that the mean monthly number of new visits increased by 53.3%. Mean monthly reattendances increased by 24.3% and for children less than five years old there was an increase in reattendances of 81.3%. Attendances for immunizations, antenatal clinics and family planning all increased even though these services had always been free. However, health workers reported a decline in morale and many health unit management committees ceased meeting regularly representing a loss of autonomy by the health facility and diminished community governance.

Smoking during pregnancy increases risk of orofacial clefts

(pp. 213–218)

Women are approximately 30% more likely to have a child with a cleft lip and/or cleft palate if they smoke during pregnancy, according to Little et al. They conducted a meta-analysis of the association between maternal smoking during pregnancy and non-syndromic orofacial clefts in infants using data from 24 case-control and cohort studies.

They found moderate but consistent and statistically significant associations between maternal smoking and cleft lip, with or without cleft palate, and between maternal smoking and cleft palate. The paper concludes that the evidence of an association between maternal tobacco smoking and orofacial clefts is strong enough to justify its use in anti-smoking campaigns.

Health policies fail to keep up with Lebanon's ageing population

(pp. 219–225)

After examining demographic trends of population ageing in Lebanon between 1970 and 1995, Sibai et al. predict that by 2025 people aged over 65 years will represent over 10% of the country's population. However, the growing proportion of elderly people resulting from steep declines in fertility and mortality over the past three decades have not been matched by corresponding changes in health support measures. Without the introduction of subsidies for health care, home help or any form of nursing care, a significant proportion of the population is forced to depend on family support when this may not even exist. Lebanon needs to develop policies tailored to the increasing health, social and economic needs of its ageing population, conclude the authors.

Scientific journals have responsibility towards mental health research

(pp. 226–228)

A joint statement by 25 editors representing journals publishing mental health research is published in this month's *Bulletin*. They note the important role scientific journals can play in addressing the enormous mental health needs of low- and middle-income countries. Currently only a very small proportion of published mental health research is from low- and middle-income countries even though they represent 85% of the world's population. Editors of scientific journals need to reduce barriers to the publication of mental health research by researchers from these countries. It is not a question of lowering standards but of devising strategies to help authors attain those standards. ■