

In this month's *Bulletin*

Traditional medicine use in Bolivia influenced by physical isolation and culture (pp. 243–250)

The importance and knowledge of medicinal plants for treating illnesses in six small communities in the Bolivian Amazon region increased according to the distance of the community either from a village or primary health care services. In a large community in the Bolivian Andes informants used medicinal plants and pharmaceuticals in equal measure, despite the presence of a primary health care service. Vandebroek et al. conclude that medicinal plants play an important role in health care in both areas — in the Andes because of cultural importance and in the Amazon because of lack of health care services. Better understanding of how Western health care fits into the pluralistic medical systems associated with remote communities is needed.

Disability in sub-Saharan Africa set to increase (pp. 251–258)

The prevalence of people requiring daily assistance for health, domestic or personal tasks is highest in sub-Saharan Africa — where the ratio of dependants to working age population is 10% compared with 7–8% elsewhere — and is set to increase, say Harwood et al. Using data from the Global Burden of Disease Study to calculate the prevalence of severe levels of disability, they estimated the current global prevalence of dependency. They also predicted 5- or 6-fold increases over the next 50 years in dependency in sub-Saharan Africa, the Middle East, Asia and Latin America. Their predictions highlight the need for countries to identify human and financial resources to support increasing numbers of dependants.

Lack of rubella immunity among staff puts hospitals at risk in India (pp. 259–264)

Health care workers without immunity to rubella are at risk of contracting it. This is particularly true of those working in hospitals treating paediatric patients with

congenital rubella syndrome (CRS) in countries without routine immunization. Vijayalakshmi et al. conducted a prospective cohort study on the seroprevalence of rubella IgG antibodies involving 1000 female hospital employees at three large eye hospitals in Tamil Nadu, India, where young children with CRS are treated. The proportions of rubella-seronegative women ranged from 20.8% at Tirunelveli hospital (with a 95% confidence interval (CI) of 14.7–28.6%) to 11.7% at Coimbatore hospital (95% CI = 14.7–28.6%). All 150 seronegative women in the study accepted a dose of rubella vaccine, thus reducing the risk of a rubella outbreak. The three hospitals now provide rubella vaccine to all new employees.

Broader approach needed to address childhood mortality (pp. 265–273)

A survival analysis of childhood births within a rural population of 30 000 in western Burkina Faso found multiple causes for childhood deaths, highlighting the need to separate causative factors and to establish a broader approach to future child health programmes. Using data from a demographic surveillance system in 39 villages between 1993 and 1999, Becher et al. showed that death of the mother and being a twin were the strongest risk factors for mortality. However, all five major risk groups for childhood mortality — socioeconomic status, fertility behaviour, environmental health conditions, nutritional status and use of health services — were important causative factors. They also warned that the observed reduction in mortality may be due to underreporting of infant deaths.

Family-planning workers in China ambivalent over extending services to schools (pp. 274–280)

Only one-quarter of a survey group of 1927 family-planning workers in China agreed that sexual and reproductive health services should be extended to senior high schools. According to Tu et al., who used survey data and information from 16 focus group discussions conducted in eight sites in China between 1998 and 1999, this poses a significant obstacle

to the adoption of safe sex behaviours by young unmarried people as well as to the provision of reproductive health information. Although 70% of family-planning workers were willing to provide contraceptives to unmarried young people, the lack of agreement over extending services to schools suggests that training programmes are urgently needed to address the issue.

Improved sanitation in Kabul saves lives and is cost-effective (pp. 281–289)

Medding et al. assessed the cost-effectiveness of a sanitation intervention which provided improved latrines for just over 57% of the 393 266 inhabitants of five districts in Kabul, Afghanistan. Using a case-control study and multivariate modelling they estimated the impact of the programme on diarrhoeal morbidity. Over a one year period, they estimated that 235 deaths of children <5 years were averted (with a 95% confidence interval (CI) of 109–360) and 285 deaths of children ≤11 years (95% CI = 180–397). Cost savings associated with the intervention compared favourably with other paediatric interventions.

Mass cotrimoxazole prophylaxis policy for HIV-exposed infants questioned (pp. 290–297)

WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) now recommend that all children of HIV-positive mothers receive prophylactic cotrimoxazole against *Pneumocystis carinii* pneumonia (PCP) from six weeks of age until exposure through breast milk ceases and the infant is confirmed HIV-negative (rarely before one year of age). The benefits of cotrimoxazole use must be weighed against the risks of developing resistance to antibiotics and antimalarials. Following a critical analysis of the literature, Gill et al. demonstrate how, under certain circumstances, a strategy of mass empiric prophylaxis may be counterproductive. More research is needed to understand how quickly and to what extent prophylaxis increases rates of drug-resistant bacteria and malaria in cotrimoxazole users. ■