

In this month's *Bulletin*

Childhood illness guidelines need simplification

(pp. 323–329)

Many developing countries use the integrated management of childhood illness (IMCI) approach for the care of ill children at primary care level. However, the evidence informing the guidelines for infants aged 7–59 days has not been extensively evaluated and the evidence underlying guidelines for those aged <1 week is limited. To address this, English et al. used data from 476 outpatient consultations and 769 inpatient episodes, from infants aged <60 days at a rural hospital in Kenya to evaluate the potential of simple clinical features for identifying severe illness. The findings suggest that a more restricted set of signs may be sufficient to detect the need for hospital-based interventions, allowing a reduction in the complexity of guidelines.

Sexual violence within relationships common

(pp. 330–337)

Using a questionnaire, Abrahams et al. conducted a cross-sectional study of 1368 randomly selected men working in three municipalities in Cape Town. The perpetration of sexual violence against intimate partners in the past 10 years was reported by 15.3% of the men. The risk factors associated with such violence were involvement in physical conflict outside the home, problematic alcohol use, having more than one current partner and abusing partners verbally. Whilst the frequency of conflict with partners presented a major risk of sexual violence, conflict over sexual refusal and conflict when men perceived their authority to be undermined were particularly associated with it. The findings support the need for prevention programmes to focus on gender relations and non-violent conflict resolution for men and youths.

Extra-capsular cataract surgery is most cost-effective

(pp. 338–345)

Baltussen et al. evaluate the effectiveness and cost effectiveness of two different

surgical procedures to treat cataracts at global and regional levels. Effectiveness estimates are based on operative failure, complications and patient non-compliance; costing estimates are based on data from 14 epidemiological sub-regions by costing teams and a literature review. Extra-capsular surgery — involving the implantation of an artificial lens — is more cost-effective than intra-capsular surgery — involving the removal of the entire lens and the use of special eye glasses — in all regions considered. Providing 95% of all those in need with extra-capsular surgery would avert globally over 3.5 million disability-adjusted life years annually.

Global typhoid burden refined

(pp. 346–353)

The current estimate of the global typhoid burden is 16 million illnesses and 600 000 deaths annually. Following an analysis of 22 population-based studies using blood culture for confirmation of typhoid fever, Crump et al. estimated that the disease caused 21 650 974 illnesses and 216 510 deaths during 2000. South-central Asia and south-east Asia were identified as regions with a high incidence of the disease (>100/100 000 cases per year). Regions of medium incidence (10–100/100 000 cases per year) include the rest of Asia, Africa, Latin America and the Caribbean, and Oceania, except for Australia and New Zealand. More detailed incidence studies in selected countries and regions, particularly Africa, are needed to further improve the estimate.

The future incidence of leprosy

(pp. 373–380)

Using a scenario analysis, Meima et al. evaluate the impact of the current strategy for the elimination of leprosy on disease transmission and incidence. Using a computer simulation program, they implemented scenarios reflecting assumptions relating to contagiousness, transmission and bacille Calmette-Guérin (BCG) vaccination. In all three scenarios — without BCG vaccination, with BCG vaccination and without early case detection and treatment — incidence is predicted to decrease beyond 2000. The

predicted annual decline in incidences overall ranged from 2% to 12%. In the light of uncertainty about the rate of decline and the adverse effects of longer delays in detection, they argue that the relaxation of control after 2005, the target year for global elimination, is unjustified.

Averting a malaria disaster requires subsidy

(pp. 381–384)

Combination therapy — particularly treatments including artemisinin-based drugs — is widely believed to present a safe and effective solution to the problem of drug-resistant malaria. However, the current cost of these drugs represents a potentially serious obstacle, particularly to the treatment of the poorest and most vulnerable malaria sufferers, say Whitty et al. They advocate subsidy from the international donor community at least to the point that the combination therapy costs the same as currently-used drugs or at best that they are provided free of charge through programmes like those already in operation for the control of TB, leprosy and HIV/AIDS.

Genomics for better global health

(pp. 385–389)

The benefits of genomics for improving health are not distributed equitably across countries. This is partly due to national patent systems, which are not designed to benefit the citizens of other countries. Smith et al. examine the effect of the current patent system on access to genomics knowledge between countries of different economic strengths. Because patent systems rely on market forces, they encourage research into the diseases of the wealthy, neglecting those of the poor. Rather than forego the patent system which provides incentives for the generation of genomics knowledge, Smith et al. advocate a two-pronged approach modifying some of the international patent rules and developing mechanisms outside patent law to encourage the creation and dissemination of genomics knowledge within low- and middle-income countries. ■