

In this month's *Bulletin*

Reproductive tract infections in a low-risk population (pp. 483–492)

In 1997–98, Garcia et al. conducted a survey of reproductive tract infections in Peru. They interviewed, examined, diagnosed, and treated 754 women from 18 rural districts and found that, despite histories indicating low risk, 70% of these women had signs of reproductive tract infections. Participants had an average of 5 pregnancies and one lifetime partner. However, 20% suspected their partner of having sex with prostitutes, another current partner or another woman in the preceding year. On the basis of the study's findings, Peru's national guidelines for the syndromic management of vaginal discharge were changed.

WHO Quality of Life questionnaire effective in China (pp. 493–502)

The standards and definitions used in instruments for assessing quality of life vary both within and between different societies because of cultural variations. Lingjiang Li et al. assessed the validity of the WHO Quality of Life questionnaire (WHOQOL-100) in Chinese culture by evaluating its psychometric properties among a group of 460 patients in China with chronic diseases, and 418 caregivers. They compared the questionnaire with the locally used General Quality of Life Inventory (GQOLI) and found strong correlations between the domains of WHOQOL-100 and the dimensions of GQOLI. WHOQOL-100 proved to be a reliable and valid instrument for assessing the quality of life of patients with chronic diseases and their caregivers in China.

New strategies needed for secondary stroke prevention (pp. 503–508)

The Southern Africa Stroke Prevention Initiative (SASPI) project team describe the prevalence of risk factors and experience of preventive interventions in a group of 103 stroke survivors in rural South Africa and identify barriers to secondary prevention. Of the group, 73

had hypertension but only 8 were taking treatment for it, showing that hypertension was the most important modifiable risk factor. There was little evidence of ongoing secondary care. Barriers included reluctance to take pills, irregular drug supply, transport costs and problems with equipment. Effective strategies for secondary prevention are needed in rural settings.

IMCI training improves use of antimicrobial drugs for young children (pp. 509–515)

Gouws et al. conducted a multi-country evaluation of the effectiveness, cost and impact of WHO/UNICEF's Integrated Management of Childhood Illness (IMCI) case management training on the use of antimicrobial drugs among health workers treating young children at first-level facilities. Data from observation-based surveys showed that children receiving care from IMCI-trained health workers were more likely to receive correct prescriptions than those receiving care from workers not trained in IMCI. Their caregivers were also more likely to be advised on how to administer the drugs at home. Gouws et al. conclude that IMCI training improves the rational use of antimicrobial drugs for sick children visiting first-level health facilities in low- and middle-income countries.

Zinc effective in managing diarrhoea (pp. 523–531)

Robberstad et al. analysed the incremental costs, effects and cost-effectiveness of three alternative treatment protocols for childhood diarrhoea: the current standard treatment with oral rehydration salts (ORS); zinc as adjunct therapy to current standard treatment for children with non-dysenteric diarrhoea; and zinc as adjunct therapy for acute diarrhoea, including dysentery. Using a decision tree to model expected clinical outcomes and expected costs of the alternative treatment strategies and of no treatment, they performed a probabilistic cost-effectiveness analysis. They found sufficient evidence to recommend the inclusion of zinc into standard case management of both dysenteric

and non-dysenteric acute diarrhoea in the United Republic of Tanzania and found ORS less cost-effective than previously thought.

Addressing deficiencies in China's public health system (pp. 532–538)

The recent epidemic of severe acute respiratory syndrome (SARS) in China highlighted fundamental structural deficiencies in the public health system. Increased government investment in public health infrastructure must be combined with strategies addressing these problems, argues Liu, in a discussion of challenges to and strategies for reforming China's public health-care system. In addition to strengthening the technical capacity of the Centre for Disease Prevention and Control (China CDC), a clear line of communication and control between CDC and local Epidemic Prevention Stations (EPS) is needed. This should be supported by new public health laws specifying the roles of different stakeholders. On the demand side, financial barriers to public health services must be removed.

Health in post-conflict south-eastern Europe (pp. 539–546)

Rechel et al. carried out a systematic review of literature documenting the effects of conflict on the health of people living in south-eastern Europe from the early 1990s to 2003. The authors put together a searchable online database of 762 documents, the majority of which have not previously been easy to access. The study highlights the need to find out more about health in this region and to develop an appropriate response, the need for a health-care financing and delivery system and the urgent need to halt the spread of sexually transmitted diseases, tuberculosis and HIV/AIDS. Rechel et al. found that whilst information already exists on threats to the long-term health of the population, many of those working there were not aware of it. They suggest that agencies working in post-conflict situations should consider developing and maintaining a repository of easily accessible relevant information. ■