

In this month's *Bulletin*

One third of Ugandans unwilling to pay high price for AIDS vaccine (pp. 652–660)

Few countries have been as hard hit by AIDS as Uganda. Bishai et al. report in this paper that of 1677 respondents to their survey aged 18–60 in 12 districts of the country, 72% had lost a relative to the disease. Demand was high for AIDS vaccines in general, although 79.4% said a highly effective vaccine would make condoms less necessary. While 94% of respondents said that if an AIDS vaccine were available they would want it, only 31% were willing or able to pay 5000 Ugandan shillings (ca US\$ 2.86) for it.

Rich countries have financial incentive to fund eradication programmes (pp. 683–688)

An infectious disease can be controlled within one country but eradication is only possible if it is eliminated globally. Diseases already controlled at a very high level in developed countries are prime candidates — at least from the economic perspective — for global eradication. In this paper, Scott Barrett argues that wealthy countries have more financial incentive to fund eradication programmes than control programmes in developing countries.

Supplementary neonatal tetanus immunization in Pakistan is cost-effective (pp. 643–651)

Neonatal tetanus is one of the main causes of death among new-born children in some developing countries. In the absence of specific treatment more than 95% of infants infected with neonatal tetanus die, and even if they are treated 10–90% die. In this paper, Griffiths et al. use a state-transition model to estimate the incremental cost-effectiveness of supplementary immunization activities to prevent neonatal tetanus in the Loralai district of Pakistan. The results indicate that such supplementary immunization efforts could prevent 280 cases of and

224 deaths from neonatal tetanus in this district between 2001 and 2034 at low cost (US\$ 0.40 per dose of tetanus toxoid delivered).

Vaccine coverage in Cameroon could be improved by educating mothers (pp. 668–675)

In this paper, Waters et al. report that in 1998 a total of 37% of children were fully immunized in Cameroon and that the comparable level was 34% in 2000 — still well below the national target of 80% of eligible children. Positive immunization status was closely correlated with the level of education of mothers. The children of mothers with secondary or higher education were three times more likely to be fully vaccinated than those whose mothers had not completed primary school. The authors suggest that national coverage could be improved by promoting the benefits of immunization, particularly in households with less-educated mothers.

Do donor pledges inspire domestic investment in health? (pp. 703–708)

When donors earmark funds for a developing country, it doesn't necessarily follow that the amount of money allocated to programmes that yield the best health benefits will increase in the country concerned. This Round Table explores various problems associated with earmarking funding. The ideas presented in the base paper, by Catriona Waddington, are discussed by Phil Musgrove, Hilary Sunman, and Debarbar Banerji.

More Cambodian children vaccinated by private contractors (pp. 661–667)

Improving access to immunization services for the poor is a challenge in developing countries. This paper by Schwarz & Bhushan reports on the outcome of contracting nongovernmental organizations to provide primary health care in five of nine rural districts in

Cambodia between 1999 and mid-2001. Children in the poorest 50% of households were more likely to be vaccinated in the five districts where the private contractors were working, rather than in the four districts with the government programme.

Trade in human organs fuelled by trafficking and demand (p. 715)

The illicit trade in human organs is believed to be on the rise worldwide, fuelled by a growing demand for organ transplants and unscrupulous traffickers. The rising trend has prompted a serious reappraisal of current legislation. There are no reliable data on organ trafficking or transplantation but brokers may charge as much as US\$ 200 000 to arrange an operation for wealthy patients but pay poor people as little as US\$ 1000 for a kidney. WHO has urged more protection of vulnerable people who could fall prey to traffickers and is developing a new set of basic normative standards to rein in the unethical trade.

The role of GAVI in financing immunization (pp. 697–702)

The Global Alliance for Vaccines and Immunization (GAVI), a public-private partnership, is committed to saving children's lives and protecting people's health through the widespread use of vaccines. In this paper, Kaddar et al. describe how GAVI has conceptualized and made progress towards resolving the challenge of providing sustainable funding for immunization activities in poor countries, as exemplified by the alliance's experiences in Lao People's Democratic Republic, Kenya, and Mali. Some of the lessons learnt in these three countries are described and suggestions are made of ways to move forward. ■