and African governments, re-orient its core function toward technical expertise and make appointments based on competence and qualification.

It said the African office should decentralize into four or five sub-regions — a scheme Dr Samba said had been tried before without success. ■

WHO to develop new child growth standards

WHO received a US$ 6.5 million grant from the Bill and Melinda Gates Foundation over the next six years to develop a new and more effective set of growth standards to help identify early signs of conditions like under-nutrition or obesity in children.

The project announced on 4 August will be carried out jointly with the United Nations University's Food and Nutrition Program.

At present, 99 countries are using the traditional growth standards, but the project aims to encourage these to switch to the new set by 2010.

Traditional growth references were established through studies of representative children from selected populations.

The new standards set will be based on children who fulfilled a number of criteria. For example, they must have been breastfed by non-smoker mothers, and they must receive a high standard of health care.

"This way they can reach their best growth potential because they have followed health recommendations known to be associated with the best health outcomes," said Dr Denise Costa Coitinho, Director of WHO's Nutrition for Health and Development unit.

Growth standards are the most commonly used tools for assessing the general well-being of children as well as the measuring the health of the communities in which they live.

"The new standards are important for WHO's work across the entire spectrum of nutritional health problems, from malnutrition to obesity," said Dr Catherine Le Galès-Camus, WHO's Assistant Director-General, Noncommunicable Diseases and Mental Health.

The project's first phase began 14 years ago with an evaluation of the current international growth reference.

The second phase, which ended in December 2003, focused on collection of growth and related data and followed growth and development of some 8500 children in Brazil, Ghana, India, Norway, Oman, and the United States.

The new project to design the growth standards represents the third and final phase. ■

WHO removes 3 more AIDS drugs from approved list

WHO withdrew three more generic drugs from its list of approved AIDS medicines in August after an inspection showed that bioequivalence studies, which demonstrate whether the product has the same therapeutic benefit as the patented original, had not been carried out correctly.

Two other antiretroviral (ARV) medicines were de-listed in May for the same reason, pending new bioequivalence studies.

WHO said the de-listed drugs fulfilled all other requirements on quality, specifications for active ingredients, impurity profile and manufacturing but said lack of bioequivalence could mean the generic copies are not as effective as their patented equivalents.

Peter Graaff from WHO's AIDS Medicines and Diagnostics Service said that switching from the de-listed medicines to alternative products that have not been registered in a country with a strict regulatory system could be risky.

"Although we are not 100% sure yet whether these drugs are bioequivalent — at least we know they are of good quality and safe," said Mr Graaff, referring to the de-listed drugs.

The suspension of the five AIDS medicines could slow efforts to get life-saving ARV treatment to millions of people in the world's poorest countries, while the new bioequivalence studies get underway.

The procurement of cheap generic copies of patented drugs that fulfil quality, safety and efficacy requirements is central to global efforts to scale up treatment for millions of AIDS patients in developing countries.

WHO requires proof of bioequivalence for products it recommends for serious diseases like AIDS, malaria and tuberculosis, however, some government regulatory bodies do not require proof of bioequivalence to license generic drugs.

WHO said it was considering introducing more stringent checks before such products are recommended on its so-called prequalification list in future.

Some generic AIDS drugs which are currently on the market have not passed WHO compliance tests, but WHO officials say they cannot publish a list of these because this might conflict with less stringent regulatory authorities who have approved the drugs.

The three latest drugs to be de-listed are products of Indian generics company, Ranbaxy. One is a two-in-one pill combining 150 mg lamivudine and 300 mg zidovudine, a three-in-pill combining 150 mg lamivudine, 30 mg stavudine and 200 mg nevirapine and a another three-in-one pill containing 150 mg lamivudine, 40 mg stavudine and 200 mg nevirapine.

The two ARV drugs that were de-listed in June were products of Indian generics manufacturer, Cipla. ■

Call for papers on Maternal and Child Health

The *Bulletin of the World Health Organization* is seeking Research and Policy and Practice papers dealing with maternal and child health for a projected issue on this topic to be published in the first half of 2005. We are particularly interested in papers that deal with the following topics: why it is important to invest in the health of women and children; how care for women and children has been affected by global policy change; assessment of the public health challenge; how to meet the needs for effective care of women and children; human resources aspects of maternal and child health; economic aspects of maternal and child health; and countries' responsibilities towards the health of mothers and children. We will also consider relevant submissions on this topic to the other sections of the *Bulletin*: Perspectives, Round Tables, and Public Health Reviews. Manuscripts should be submitted to http://submit.bwho.org by 1 November 2004, respecting the Guidelines for Contributors, and accompanied with a cover letter mentioning this call for papers.