

## In this month's *Bulletin*

### Growing demand for health statistics (p. 722)

In the first editorial, Kenji Shibuya et al. argue that WHO must respond to growing demands for even better quality data that can be used to shape health policy and funding allocation decisions from poor countries and donors. They argue that success or failure in international health statistics work will depend on how WHO asserts itself with its Member States and research partners.

### *Bulletin* call for papers: knowledge translation (p. 723)

Another editorial announces a *Bulletin* theme issue on knowledge translation in global health to be published in the second half of 2006. In their editorial, Ariel Pablos-Mendez et al. argue that the gap between available knowledge and its application in policy and practice is not new, but that systematic approaches to address this are urgently needed. New approaches should not only promote best use of scientific evidence, but also draw on field experience, with an emphasis on problem-solving.

### Myanmar, health screening and the MDG summit (pp. 724–729)

In this month's News, Jane Parry reports from Hong Kong on how UN agencies are scrambling to raise funds after the Global Fund to fight AIDS, Tuberculosis and Malaria cancelled grants to Myanmar. Prakash Khanal reports from London on a growing demand for health screening fuelled by emerging diseases and population mobility. Juhie Bhatia reports from New York on the 60th summit of the UN General Assembly the 2005 where Member States agreed on some UN reforms and reviewed progress on the Millennium Development Goals.

### The cost of preventing HIV in India (pp. 747–755)

Lorna Guinness et al. set out to find out how to gauge the cost of large-scale HIV prevention in India. In their research

paper, the authors describe how they analysed coverage and service volume indicators including sexually transmitted infections that had been referred and treated, and condoms distribution. Coverage ranged from 2000 to 2008 sex workers in southern India where annual costs per person ranged from US\$ 10 to US\$ 51 with a median cost of US\$ 19.21. They found that, contrary to expectations, average costs did not remain static but fell then rose again as coverage increased. They concluded that costing should be based on specific information on the scale of the prevention programme.

### Correcting shigellosis data in Thailand (pp. 739–746)

In a study done from May 2000 to May 2003, Pornthip Chompook et al. estimated the incidence of shigellosis in Kaengkhoi District, Saraburi Province, Thailand. After analysing the burden of diarrhoea and shigellosis in treatment centres, they found that community estimates of *Shigella* incidence were 10 to 100-fold greater than those reported by routine government surveillance. They concluded that the high prevalence of *Shigella* strains that are resistant to multiple antibiotics gives urgency to the need to develop a vaccine to protect people from shigellosis in this region of Thailand.

### Malnutrition follows geographical lines (pp. 764–770)

Maarten Nube et al. set out to chart geographical patterns of underweight children in Africa. In their study, the authors superimposed the findings of large-scale nationally representative nutrition surveys on to a map of Africa and found that child weight followed distinctly geographical patterns rather than political boundaries, and the authors propose that child weight is related to regional rather than national factors, such as agro-climatic conditions, population density, and economic integration. The authors concluded that malnutrition extends across borders and that regional co-operation is needed to help tackle the problem.

### Dual jobs for health workers (pp. 771–776)

Health workers in many low- and middle-income countries are increasingly forced to do two jobs to earn a living. Although this practice is poorly regulated, with regulations either absent or when present, vague or hampered in implementation by low regulatory capacity, some people regard dual job holding as a solution to health worker shortages. In their article, Stephen Jan et al. look at the limited data available to assess a number of regulatory options in relation to the objectives of quality of care and access to services, as well as some of the policy constraints that can undermine implementation in poor settings.

### Better understanding of Buruli ulcer needed (pp. 785–791)

Buruli ulcer is a growing health problem in several west African countries but many patients in endemic areas present late with advanced symptoms. Antimycobacterial drug treatment studies are planned for the disease and will be accompanied by psychosocial studies to evaluate the acceptability of new treatment methods. In their article, Tjip S. van der Werf et al. discuss the growing problem of Buruli ulcer and argue that improved understanding of transmission and sociocultural aspects of the disease is needed for improved disease control and prevention.

### Public Health Classic: cause and effect (pp. 792–798)

Austin Bradford Hill published a landmark paper in 1965 containing important lessons for the conduct of epidemiology. The "Bradford-Hill criteria" became a standard approach for epidemiological textbook and data interpretation. Robyn M. Lucas and Anthony J. McMichael argue that today's epidemiologists take into account social and environmental factors and that the notion of 'cause' has become more complex as most health outcomes are seen as having multiple causes. The authors conclude that Bradford Hill's criteria can aid judgement but can not be the final arbiters of reality. ■