

In this month's *Bulletin*

Why define "drowning"?

In the first editorial, Robert Jacob & Bedirhan Üstün (p. 802) argue that it is necessary to have a uniform and internationally accepted definition of drowning to improve surveillance of the problem. Drowning is a major public health concern worldwide. In their article, Eduard F. van Beeck et al. (pp. 853–56) describe how international experts hammered out uniform and internationally accepted definitions of fatal and nonfatal drowning that can be used for surveillance, and that programmes and policies are needed to address known risk factors to prevent drowning.

Alcohol in India and the Russian Federation

In the second editorial, Vladimir Poznyak et al. introduce two articles on alcohol consumption in the Russian Federation and India (p. 803). In the first article, Amanda Nicholson et al. (pp. 812–19) questioned a sample of Russian men and women about the circumstances and health behaviour of close relatives and investigated the effect of vodka consumption on the survival of those relatives. They found that non-drinkers lived the longest. In the second paper (pp. 829–36), S. V. Subramanian et al. describe how they studied patterns of alcohol consumption in India by caste, education and standard of living. They found that state prohibition policies lowered alcohol use among women but not men.

Mumbai slums, bird flu and other stories (pp. 804–811)

In the News, Rupa Chinai reports from India on how research can help to improve health service delivery to vulnerable communities. Liliane Bitong writes from Sierra Leone on a group that campaigns against female genital mutilation. Clare Nullis-Kapp reports from Malawi on the looming food crisis in southern Africa and how a planned UN Emergency Fund could help such situations. In WHO News, the *Bulletin* reports on how WHO is assisting relief efforts in Pakistan after a

massive earthquake and in this month's interview, Dr Shigeru Omi, Regional Director of WHO's Office for the Western Pacific, talks about the avian flu threat.

Preventing heart attacks and stroke (pp. 820–828)

Heart attacks and strokes are a leading cause of death and disability in many developing countries. Shanthi Mendis et al. studied secondary prevention efforts of coronary heart disease and cerebrovascular disease in 10 low-to-middle-income countries in all continents. By doing a descriptive cross-sectional study of a sample of 10 000 patients over six months from 2002 to 2003, they found that about 47% of patients had at least two or more modifiable risk factors (smoking, physical inactivity, hypertension, diabetes or hypercholesterolaemia) and concluded that there are considerable missed opportunities for prevention of recurrences in those with established cardiovascular disease in such countries.

Public Health Classic: English Public Health Act of 1848 (pp. 866–872)

Elizabeth Fee & Theodore M. Brown review the importance of the English Public Health Act of 1848 as a groundbreaking piece of legislation that established the responsibility of the state to guarantee health standards and environmental quality. The Act established a General Board of Health that was empowered to create local health boards. The authors propose that the Act was a powerful catalyst for the development of local government responsibility for public health in England and Wales.

Breastfeeding: predominantly or exclusively? (pp. 878–880)

In three readers' letters, several public health experts call on the authors of a *Bulletin* article on infant feeding patterns (2005;83:418–26) to clarify whether they are asking for a change

in WHO policy that calls for exclusive breastfeeding. Bahl et al., the authors of the article concerned, concluded from the results of their study that efforts should focus on sustaining high rates of predominant breastfeeding rather than on shifting from predominant to exclusive breastfeeding. In their response, the authors state that they do not feel their findings call for a policy change but argue that high rates of predominant breastfeeding can contribute significantly to infant survival.

Treating TB and HIV (pp. 857–865)

The incidence of tuberculosis is increasing in countries where HIV/AIDS prevalence is high, particularly in sub-Saharan Africa. In their article, Philip Onyebujoh et al. review the current state of tuberculosis management and sum up recent thinking and strategy adjustments for tuberculosis control in places where HIV is widespread. The authors call for more research to identify the best strategies for clinical management of the dual infection and describe a WHO-sponsored clinical trial in four African countries to test the efficacy, safety and feasibility of treating patients infected with tuberculosis and HIV with anti-tuberculosis and antiretroviral drugs. The main challenge is to deliver high quality therapy to tuberculosis patients.

Tanzanians need subsidized antimalarials (pp. 845–852)

In a willingness-to-pay study of various drug combinations for treating malaria in children in an area of the United Republic of Tanzania with high levels of drug resistance to sulfadoxine-pyrimethamine, Wiseman et al. found that parents or guardians were prepared to pay significantly more for effective drug combinations than they pay for conventional monotherapy. They were, however, not prepared to pay anywhere near the current market price for artemisinin-based combinations (ACTs). Deploying ACTs at their current cost without subsidy would exclude many people from the benefits of treatment. ■