

In this month's *Bulletin*

Translating evidence into practice

In the first editorial, Kamran Siddiqi & James N. Newell (p. 882) argue that translating evidence-based policy into practice is vital for delivering health care to people in poor settings, as demonstrated in papers from Mali (pp. 935–941) and Cameroon (pp. 895–903). In another editorial, Kwok-Cho Tang et al. (p. 884) review the importance of the Bangkok Charter on Health Promotion, which was adopted at a conference in August 2005 by 700 participants from 100 countries.

Drop in life expectancy is neglected

In another editorial (p. 883), Martin McKee argues that the drop in life expectancy in countries of the former Soviet Union and eastern Europe has received “remarkably little notice” from the international community compared with sub-Saharan African countries. McKee cites the article by Marc Suhrke et al. (pp. 920–927), concluding that general development assistance to the countries in central and eastern Europe and the Commonwealth of Independent States is not lower than to other recipient countries, but that health-specific development assistance to those countries is lower.

Chronic diseases, bird flu, earthquake injuries and the tsunami (pp. 885–894)

In the News, Jacqui Wise reports from Cape Town on global efforts to make medicines for chronic diseases more accessible to people in developing countries. Jane Parry reports from Hong Kong SAR on the need to help Asian countries contain avian flu outbreaks. Khabir Ahmad reports from Mansehra, Pakistan, on the crush injuries suffered by people in the 8 October earthquake. In this month's interview, the Regional Director of WHO's South-East Asia Office, Samlee Plianbangchang, talks about the lessons

learned a year after the Asian tsunami.

Skin disease in developing countries

Also in the News, Sharon Kingman reports (p. 891–892) on efforts to train health workers to improve diagnosis and treatment of skin conditions in developing countries because important diseases, such as HIV/AIDS, leprosy and onchocerciasis, often appear first as skin problems. In their contribution to *Lessons from the Field*, Antoine Mahé et al. (pp. 935–941) describe how they evaluated the effect of a training programme for health-care workers in Mali on managing common skin diseases, an often neglected part of primary health care in developing countries. They found that training improved the basic dermatological abilities of those health-care workers.

Reproductive health in Cameroon (pp. 895–903)

In their article, Alan T. N. Tita et al. found that only a small proportion of the health-care workers they studied in Cameroon keep abreast of the latest evidence-based maternal and child health-care interventions, that are recommended by WHO, and therefore did not apply these in their work. The main reason for this state of affairs was inadequate education and training.

Trachoma in Sudan; mapping trachoma globally

Following prevalence surveys to determine targets for implementation of trachoma control programme in Sudan, Jeremiah Ngondi et al. (pp. 904–912) investigated how serious a public health problem trachoma is in southern Sudan. They concluded that there is an urgent need to implement trachoma control interventions in endemic parts of southern Sudan. Sarah Polack et al. (pp. 913–919) collated all available data on the prevalence of active trachoma in children and of trichiasis in adults and displayed these data on maps. They

concluded that this approach can be used by public health authorities to identify areas where data are missing and monitor progress towards the goal of eliminating the disease by 2020.

Surveillance for chemical incidents (pp. 928–934)

Countries are becoming increasingly concerned about the effect of acute chemical incidents on public health. In their paper, Babatunde Olowokure et al. argue that despite these concerns, the frequency, type and consequences of chemical incidents that may have potential international public health implications have not been documented. The authors propose that countries use a global alert and surveillance system developed by WHO for early detection of chemical incidents.

Exploiting vector control to the full (pp. 942–947)

In their policy and practice article, H. Townson et al. argue that vector-borne diseases account for 17% of the global burden of disease, yet vector control — such as the use of pesticides — is not being exploited to its full potential in many countries. The authors call for the restoration of vector control as a key means of fighting disease, with an increased emphasis on multiple measures and strengthened managerial and operational capacity.

Closing gaps in health equity (pp. 948–953)

The WHO Taskforce on Research Priorities for Equity in Health and the WHO Equity Team argue that health inequities can be reduced through research investment into five areas: global factors and processes affecting health equity; social and political factors that affect people's chances of being healthy; factors that increase or decrease the likelihood of achieving and maintaining good health; health-care system factors; and identifying policy interventions that can reduce inequities. ■