

In this month's *Bulletin*

After the tsunami: WHO's role and counting the dead (pp. 88–89, pp. 90–91)

In the leading editorial (p. 82), Michel Thieren explodes the myths surrounding major disasters in the wake of the Asian tsunami and looks at why it is important to strive for reliable figures on the dead, missing and injured in humanitarian disasters. In WHO News (pp. 88–91), the *Bulletin* reports on WHO initiatives to help countries improve the data on their populations and health facilities, which can be useful in a major disaster like the tsunami. In this month's interview, David Nabarro, Representative of the Director-General for Health Action in Crises, describes how WHO staff started coordinating and providing relief days after the tsunami struck and explains WHO's role in crisis situations around the world.

Losing health workers and saving mothers (pp. 84–85)

In the News section, Clare Nullis-Kapp reports from South Africa on a series of initiatives to prevent countries with a high burden of HIV/AIDS in sub-Saharan Africa and other parts of the world from losing much-needed doctors and nurses at a time when they need them most. Theresa Braine reports from Mexico on how health research can help to save the lives of more than half a million mothers around the world every year.

Are poor people less healthy? (pp. 92–99)

In the first known study to assess socioeconomic differences compared with the burden of ill-health in Sweden, Rickard Ljung et al. analysed a broad sample of the population. In their paper (pp. 92–99), they find that 30% of the burden of disease among women and 37% of it among men is the differential burden due to socioeconomic inequalities in health. In a separate study (pp. 118–126), Tony Blakely et al. analysed survey data for as many countries as possible to estimate the relative risk association of income or assets with individual risk factors: underweight, tobacco and alcohol consumption, unsafe water and sanitation, indoor

air pollution and obesity. They conclude from their findings that large gains in global health will require both poverty eradication and public health action.

Public health classic: linking lung cancer to smoking (pp. 146–153)

Michael J. Thun comments on the ground-breaking 1950 study (pp. 146–153) by Ernest L. Wynder and Evarts A. Graham that made a powerful link between lung cancer and smoking. In his paper (pp. 144–145), Thun describes how at the time not only the tobacco industry but also the medical establishment was resistant to their peer-reviewed paper entitled: *Tobacco smoking as a possible etiologic factor in bronchiogenic carcinoma*. It took years for their work to gain wide acceptance. Graham took the findings seriously and gave up smoking in 1951, but died of lung cancer in 1957.

More fruit and vegetables could prevent 2.6 million deaths (pp. 100–108)

Karen Lock et al. estimated the global burden of disease due to low fruit and vegetable intake and compared the impact of this with other major disease risk factors. In their paper, they estimate that 2.6 million deaths per year are due to inadequate fruit and vegetable intake: some attributed to heart disease and stroke and others to stomach, oesophageal, lung or colorectal cancer.

Private health insurance remains misunderstood (pp. 127–134)

Neelam Sekhri & William Savedoff argue that policy-makers do not understand private health insurance adequately. In their paper (pp. 127–134), they review international experiences with private insurance in seven countries. They conclude that policy-makers can harness private health insurance better to serve public interests as long as governments have effective regulation in place and focus public funds on programmes for the poor and vulnerable. Evans et al.

discusses private and public health insurance in an editorial (p. 83).

National health institutes face new challenges (pp. 154–157)

New infectious diseases, such as SARS, behavioural risk factors like smoking tobacco and chronic disease are public health challenges that require increasingly sophisticated know-how and experience. In this perspective, Jeffrey P. Koplan et al. discuss the growing role of national health institutes in global public health.

Treating HIV/AIDS in low-resource settings (pp. 135–143)

A global effort to deliver treatment to 3 million people with HIV/AIDS in poor countries by the end of 2005 underscores one of the most contentious contemporary public health issues: how to provide antiretroviral treatment for people with HIV/AIDS in low-resource settings? In their public health review, Daniel R. Hogan & Joshua A. Salomon sum up the current debate and examine different approaches to providing this treatment. They conclude that there is evidence to suggest that some strategies are effective in low-resource settings but considerable uncertainties remain.

Health needs of Bangladesh's elderly population (pp. 109–117)

There is little information on the health-seeking behaviour of elderly people in Bangladesh, as the country's ageing population is a relatively new phenomenon. Syed Masud Ahmed et al. sought to find out how the health-seeking behaviour of over 60s differs from those aged 20 to 59 years. They conducted a baseline survey from April to June 2003 in a district 70 km south of Dhaka. In their paper, they find there were no major differences between the two groups but that socioeconomic factors, regardless of gender or age, were the most pervasive determinants of types of disease and how much Bangladeshis spend on health care. ■