

## In this month's *Bulletin*

### **New tool to estimate undernutrition in children** (pp. 210–216)

Undernutrition in young children is usually determined by two overlapping methods which fail to provide a comprehensive estimate of the number of undernourished children. In a study that they carried out in India, Shailen Nandy et al. describe a single, comprehensive indicator to estimate the prevalence of undernutrition: composite index of anthropometric failure (CIAF) and conclude that this is a more reliable method than conventional indices of stunting, wasting and underweight.

### **Global life expectancy; and counting the dead**

Has the global increase in life expectancy since 1950 been evenly distributed across different parts of world? In their paper (pp. 202–209), Kath Moser et al. find that since the 1980s life expectancy has become less equally distributed because mortality has risen sharply among certain populations in sub-Saharan Africa and the former Soviet Union. Kenji Shibuya et al. comment on the paper in an editorial (p. 162). In another paper (pp. 171–177), Colin D. Mathers et al. find that death registration data were available from 115 countries at the end of 2003 and that 64 of those provided a complete set of data. They conclude that few countries have good quality data but that such data are urgently needed for policy-making.

### **Help for tsunami victims was not always appropriate** (p. 163)

In an editorial, Egbert Sondorp et al. recall the massive response of the global community to provide aid to victims of the tsunami but argues that some of the help offered was inappropriate and that the relief effort underscored the need for good coordination. In another editorial (p.164), Eric K. Noji says that it is vital to have reliable data to measure the impact of a disaster

in order to gauge the humanitarian response needed.

### **Rotavirus in Mexico; treating HIV and TB; WHO interview**

In the News section, Theresa Braine reports from Mexico on why Glaxo-SmithKline set a precedent by taking their anti-rotavirus vaccine straight to regulators in Mexico (p.167). Clare Nullis-Kapp reports from South Africa on why the dual HIV–tuberculosis infection is so difficult to treat in poor countries (pp.165–166). In WHO News (pp.168–170), Dr Jack C. Chow, WHO's Assistant Director-General for HIV/AIDS, Tuberculosis and Malaria, talks about the challenges in scaling up treatment for the 'big three' in low-resource settings.

### **Is leprosy elimination goal realistic?** (pp. 230–235)

Some two million people around the world are disabled as a result of leprosy. Multidrug therapy was introduced by WHO in 1982 as the key to eliminating this disfiguring and debilitating disease. In their public health review, Diana N.J. Lockwood & Sujai Suneetha find that this therapy has helped considerably towards eliminating leprosy worldwide but left gaps where the infection has not been adequately controlled by antibiotics alone. They conclude that leprosy should be treated as a chronic rather than acute infectious disease and that its treatment should be integrated into general health-care systems in countries where that has not already happened.

### **Weighing neonates to gauge development** (pp. 178–185)

Low birth weight, usually a result of poor maternal health and nutrition, is widely regarded as a significant indication of a neonate's chances of survival, health and development. Monitoring improvements in this indicator is key to attaining the Millennium Development Goals. Ann K. Blanc et al. sought an improved method for estimating low birth weight that could be used for international reporting purposes. In their

paper, they conclude that the majority of infants in developing countries are not weighed at birth and that, if they are, the mothers tend to round off the figures.

### **Linking measles and malaria treatment** (pp. 195–201)

Children aged 9 months to 15 years were vaccinated against measles in the Lawra district of Ghana in 2002 and at the same time their families received free insecticide-treated bednets. During the one-week measles campaign, the Ghana Health Service supported by the Ghana Red Cross and UNICEF, provided support and volunteer workers to help them use the nets. In their study, Mark Grabowsky et al. conclude that linking distribution of insecticide-treated nets to measles vaccination campaigns resulted in high and equitable coverage of antimalarial nets.

### **TB in the Russian Federation** (pp. 217–223)

Tuberculosis prevalence tripled throughout the 1990s in the Russian Federation, with as many as 100 000 new cases. R.A. Atun et al. set out to look at which factors were the most important to the success of the WHO-recommended anti-tuberculosis DOTS strategy. They studied official documents, analysed financial and patient data and interviewed patients and health-care workers. In their paper, they find that the Russian Federation's current health system structure is not conducive to sustaining the DOTS treatment strategy.

### **Cytology in India** (pp. 186–194)

Because of cytological screening, there have been fewer cases and deaths in developing countries from cervical cancer over the last 30 years. In their paper, Surendra S. Shastri et al. compared cytological and HPV (human papillomavirus) testing methods plus three visual tests (VIA, VIAM and VILI) for cervical neoplasia in a study in Mumbai, India, from 2001 to 2003. They found that cytology was the best single test, but visual tests were a promising alternative when cytology or HPV testing was prohibitively expensive. ■