

## In this month's *Bulletin*

### This month's special theme: Human Resources for Health

In the leading editorial (p. 242), Gijs Elzinga introduces this *Bulletin* theme issue by stating that health workforce limitations are a major obstacle to the success of single disease, or vertical public health programmes. Elzinga calls on donors and international agencies for more synergy between vertical and general services, or horizontal systems in health workforce strategies. In another editorial (p.243), Lincoln Chen & Piya Hanvoravongchai predict that some African countries may lose up to 20% of health workers in coming years and contend that the health worker shortage is the single biggest obstacle to national HIV/AIDS treatment plans in Africa. In this month's Public Health Classic (pp. 315–319), Anne Mills also discusses the merits of vertical and horizontal health approaches by reviewing the ground-breaking 1965 publication, *Mass campaigns and general health services* by C.L. Gonzalez. (pp. 315–319)

### TB in South Africa (pp. 250–259)

Tuberculosis (TB) is a major factor contributing to the global disease burden, especially in sub-Saharan Africa where this is exacerbated by HIV/AIDS. Simon Lewin et al. conducted a cluster randomized controlled trial from 1996 to 2000 in which they trained staff in the WHO-recommended DOTS treatment for TB at nurse-managed ambulatory primary care clinics in Cape Town, South Africa. They find in their paper that the 18-hour courses did not appear to improve TB outcomes and conclude that more studies are needed.

### Human resources for polio (pp. 268–273)

Since 1988, the Global Polio Eradication Initiative has become the largest health campaign in history. R. Bruce Aylward & Jennifer Linkins review how some 10 million workers and volunteers were mobilized in mass vaccination campaigns in nearly every country. They look at

how the campaign has deployed a wide range of skilled and unskilled workers, and volunteers to deliver the vaccine successfully through task simplification, technological innovation and adaptation of strategies to local circumstances. They conclude that more study is needed to find out how to apply these principles to other public health interventions.

### Health workers in Africa (pp. 274–279)

Private health-care workers and pharmacies are the main providers of medicine and medical care in much of the developing world, yet these key players are often omitted from public health planning. Using data from The World Bank's HNP Poverty Thematic Reports of 22 African countries, Ndola Prata et al. assessed the scale of the private health sector in Africa. In their paper, they conclude that franchising, or private health-care provision to supplement government programmes, has the greatest potential to deliver large-scale programmes in Africa.

### Health staffing, disability, maternal and child health (pp. 244–249)

In the News, Charles Wendo reports from Uganda on efforts to scale-up antiretroviral treatment and Andrei Shukshin reports from the Russian Federation on initiatives to integrate people with disabilities into society. In this month's *Bulletin* interview, Joy Phumaphi, Assistant Director-General, Family and Community Health talks about the 'silent epidemic' of maternal and child mortality.

### New tool for health planners (pp. 285–293)

Determining priorities when planning a new health intervention in poor countries is not easy due to lack of reliable evidence, analytical methods of identifying priorities and clear decision-making processes. Christian A. Gericke et al. developed a conceptual framework for the analysis of public health interventions according to their degree

of technical complexity. In their paper, they describe how they applied this to three programmes: Condom Social Marketing, HIV/AIDS prevention and the DOTS strategy, and conclude that this tool can assist planning of key health interventions in poor settings.

### Dengue public health solutions (pp. 308–314)

Dengue viruses cause 50–100 million cases of acute febrile disease each year. In his review, John R. Stephenson notes that possible involvement of the immune system in increased disease severity and vascular damage has implications for vaccine design. He concludes that more research is needed to understand this better, but there is an urgent need for improved public health solutions to tackle dengue.

### Human resources in road injury control (pp. 294–300)

Road traffic injury causes over one million deaths each year, most in developing countries. Charles Mock et al. analysed the effect of low-cost strategies to control road accidents, including surveillance, road safety and trauma care around the world. In their paper, they conclude that all injury control strategies in developing countries hinge on adequate human resources and that specific categories of human resources need to be developed to make these strategies work.

### Care for under-fives in Bangladesh (pp. 260–267)

Each year more than 10 million children in developing countries die before their fifth birthday despite the fact that 109 countries had implemented the Integrated Management of Childhood Illness (IMCI) strategy by the end of 2002. S.E. Arifeen et al. conducted a baseline survey at 19 first-level government health facilities in August and September 2000 looking at the care provided to sick under-fives in Bangladesh. In their paper, they find that few of these children were fully assessed or correctly treated. ■