

In this month's *Bulletin*

Using evidence (922–923)

Trevor Duke et al. argue that health workers and policy-makers in developing countries should not only be invited to provide evidence to help shape WHO guidelines designed for their use, but should also be involved in choosing and weighing evidence to formulate those guidelines. HIV/AIDS has become one of the top global health priorities but, as Jeremy Shiffman argues in another editorial, the focus on this one disease may divert attention and funds from other causes of death and illnesses among the poor.

WHO's new DG (924–929)

Dr Margaret Chan is elected as WHO's new director-general. Jacqui Wise reports from Cape Town on how southern African leaders are moving swiftly to combat the threat of extensively drug-resistant tuberculosis or XDR-TB. Sheila Stanley reports from Dublin on how some countries are taking tough action against smoking in public places. In this month's interview, Susanne Weber-Mosdorf, assistant director-general for WHO's Sustainable Development and Healthy Environments cluster of departments, talks about a new initiative to estimate the global burden of foodborne disease.

More accurate dosing for children (956–964)

Antimalarial dosing is often based on age rather than bodyweight, and this results in some children receiving doses outside the recommended therapeutic range. Walter R J Taylor et al. developed a new method using a weight-for-age reference database from sub-Saharan Africa to define age-based dosing regimens for the treatment of malaria. The authors describe how they tested this approach on a new fixed-dose combination of artesunate/amodiaquine by modelling the proportions of patients predicted to receive doses within pre-defined therapeutic ranges for different age categories and tablet strengths. They conclude that using bodyweight

data is a more accurate way of dosing antimalarials and other medicines for children.

Nurses and family planning can save lives (949–955)

James F Phillips et al. studied the impact of strategies for community-based reproductive and child health services on development goals in Ghana. The study done by the Navrongo Health Research Centre in a poor rural part of northern Ghana showed that posting nurses to community locations could help the project area achieve the childhood-survival Millennium Development Goal within eight years. The project demonstrates an inexpensive means of reducing mortality and unwanted fertility by combining community nurse services with volunteer action.

Traffic patterns and SARS spread in China (965–968)

Jinfeng Wang et al. studied a critical episode of the severe acute respiratory syndrome (SARS) outbreak in China. The authors found patterns of SARS exposure in Beijing that corresponded to the city's traffic structure. A number of interventions introduced after 20 April 2003 helped to control spread of the disease, including closure of major traffic routes in the epidemic peak period, enhanced screening of populations along these roads, sterilization of objects prone to harbouring the pathogen along commuter routes and distribution of information and guidance to potential travellers using the roads.

HIV in Democratic Republic of Congo

Frieda M T F Behets et al. (969–975) did a study of the antenatal care services provided at 18 centres in Kinshasa, the Democratic Republic of Congo, to inform plans for rolling out prevention of mother-to-child transmission of HIV (PMTCT). The authors concluded that to successfully introduce PMTCT programmes, the delivery of basic ante-

natal services needs to be improved first. In a perspective (999–1000), Sumesh Kachroo discusses the benefits and pitfalls of self-testing for HIV.

Health and agriculture (984–990)

The emergence of animal and human health concerns, such as avian influenza, have made the need for better coordination between the health and agricultural sectors more urgently needed. In their Policy and Practice paper, Corinna Hawkes & Marie Ruel argue that despite this pressing need, coordination between the two sectors is poor.

Responsive parenting (991–998)

Much emphasis has been placed on adequate food, sanitation and health services to address under-five child mortality and the deaths of an estimated 10.6 million under-fives every year. In a comprehensive review, Neir Eshel et al. discuss the benefits of responsive parenting for children's physical, mental, and social wellbeing, and the efficacy of interventions to enhance responsiveness in developed and developing countries. The authors conclude that these interventions should be included in child health strategies.

Hurricane reduced suicidal urges (930–939)

Ronald C Kessler et al. sought to estimate the impact of the 2005 Hurricane Katrina on mental illness and suicidality by comparing results of a post-Katrina survey with those of an earlier survey. They found that the prevalence of mental illness was twice as high and that suicidality, in comparison, was significantly lower among the mentally ill. This paper was published online on 29 August 2006. ■