

In this month's *Bulletin*

Emergency child care

In the first editorial, Carolyn Maclennan et al. (p. 258) comments on lessons for health professionals in developing countries outlined in a paper by Elizabeth Molyneux et al. (pp. 314–319). The article shows how problems in health service delivery can be solved through a systematic process of quality improvement. In their *Lessons from the Field* contribution, Molyneux et al. found that improvements in the process and delivery of care and the ability to prioritize clinical management were associated with a reduction in inpatient mortality from 10–18% before the changes were made (before 2001) to 6–8% afterwards. In another editorial, Anselm Schneider (p. 259) looks at how quality improvement in health care can help to achieve the Millennium Development Goals.

Self-violence; and self-poisoning in Sri Lanka

In their editorial, José M. Bertolote et al. (p. 260) argue that self-directed violence, including suicide and self-poisoning, constitutes a public health challenge that policy-makers and practitioners can ill afford to ignore. They refer to an article by Michael Eddleston et al. (pp. 276–282) about self-poisoning as a public health problem in Sri Lanka. Eddleston et al. found that 50% of patients admitted to secondary hospitals with self-poisoning were discharged, inflating the case-fatality ratios in those secondary hospitals to which more severely ill patients are sent. The incidence of self-poisoning in Sri Lanka was similar to that in the United Kingdom but fatal cases in Sri Lanka were three times more common than fatal self-harm by all methods in the United Kingdom.

AIDS in China, brand RED; TB in Russian prisons (pp. 261–268)

In the News section, Jane Parry reports on a new openness in China that will be key to effective control of HIV/

AIDS. Andrei Shukshin reports from Moscow on how effective measures, particularly in Russian prisons and penal camps, have reduced tuberculosis cases and deaths in the Russian Federation as a whole. Owen Dyer reports from London on RED, the new fashion label launched by rock star Bono to raise funds to fight AIDS in Africa. In this month's interview, Michael Marmot, Chair of WHO's Commission on the Social Determinants of Health, talks about initiatives under way to tackle factors that affect health in many countries.

Estimating mortality

Three papers highlight work on estimating mortality, a continuation from last month's theme issue. Natalia A. Gurina et al. (pp. 283–289) found that there were five times as many maternal deaths in St. Petersburg, Russian Federation, from 1992 to 2003, as in western European countries. Sepsis and haemorrhage still play a major role in maternal deaths in the Russian Federation. A paper by Angela M.C. Rose et al. (pp. 290–296) compares cluster survey to systematic survey technique to estimate crude mortality during rapid assessments in emergencies. Further studies are needed to validate the cluster technique and, until then, systematic sampling should be considered where logistically possible. In another paper on estimating mortality, Roberto Becker et al. (pp. 297–304) describe how they compiled a standard list ranking the leading causes of death, in response to demands for this ranking from many WHO Member States.

Treating HIV-positive children with pneumonia (pp. 269–275)

WHO's Integrated Management of Childhood Illness global treatment guidelines for severe pneumonia do not have different treatment recommendations for areas with high HIV prevalence. In their study, Prakash Jeena et al. compared the response of children with severe pneumonia and HIV-infection to children with pneu-

monia who are not HIV positive in Zambia and in South Africa between January 1999 and August 2001. They found that children with no, or only early symptoms of HIV infection in combination with WHO-defined severe pneumonia have a higher treatment failure rate with either parenteral penicillin — the standard WHO-recommended treatment — or oral amoxicillin. They propose that the addition of cotrimoxazole early in the course of WHO-recommended treatment for these cases should be considered.

Scaling up treatment for HIV/AIDS in Malawi (pp. 320–326)

Malawi is embarking on nationwide scale-up of antiretroviral therapy for people with HIV/AIDS. Edwin Libamba et al. describe supervising and monitoring to 34 antiretroviral treatment sites in the country. These visits were crucial for tracking the national scale-up effort. To improve the likelihood of treatment success it was vital to collect data on case finding and treatment outcomes while HIV/AIDS treatment was being rolled out.

World health report: words into action? (pp. 327–332)

In his base paper, David C. McCoy argues that if WHO is to fulfil its mandate as the leading international health agency, the analysis and recommendations of the *World health report* series must be translated into real and meaningful changes. In response, Elizabeth Mason, a 2005 report author, stresses that the 2005 report was the first to be followed by a set of policy briefs, and that it prompted the creation of the Partnership for Maternal, Newborn and Child Health. Thomson Prentice, Managing Editor of the report, argues that it is unrealistic to expect it to have a visible effect on policy-makers in the short term, but that real and lasting gains in global health will be achieved through long-term commitment, investment and cooperation, which the report consistently advocates. ■