In this month's *Bulletin*

Private health providers

In the first editorial (p. 426), Mohga Kamal Smith & Nina Henderson-Andrade warn governments that unless they make a strong political and financial commitment to addressing shortages of health workers in developing countries, the crisis will get worse. In the second editorial, Phyllida Travis & Andrew Cassels argue that many questions about the role of private health-care providers in developing countries remain unanswered. They ask whether private providers can expand access to care for hard-to-reach groups, and whether privately provided services can be affordable, cost-effective, sustainable and genuinely pro-poor.

Clinical trials; philanthropy; and global public health leaders (pp. 429–436)

In the News, Gary Humphreys reports from Los Angeles on what the WHO clinical trials registration initiative means for patients. Owen Dyer reports on a formula for successful philanthropy in practice in Kenya. Theresa Braine reports on how many top posts in the world's international public health organizations are changing hands. In this month's interview, Howard Zucker, Assistant Director-General for WHO's Health Technology and Pharmaceuticals cluster, talks about his plans for an essential paediatric medicines list and the fight against counterfeit medicines.

Effective private TB care

In an editorial (p. 428), Philip C. Hopewell, G. B. Migliori & Mario C. Raviglione argue that a new publication, *International standards for tuberculosis care*, could help to address shortcomings in treatment offered in the private sector. Katherine Floyd et al. (pp. 437–445) investigated the cost–effectiveness of WHO's strategy, Public-Private Mix DOTS (PPM–DOTS), as applied by private practitioners in two cities in India. They found that the strategy can be affordable and cost-effective, and can substantially reduce the economic burden that tuberculosis treatment places on patients. MA Hamid Salim et al. (pp. 479-484) report on how village doctors in Bangladesh, including semi-qualified and unqualified practitioners, drug vendors and traditional practitioners, became a valuable resource for tuberculosis care in rural areas.

Alcohol and injuries (pp. 453–460)

Alcohol use is a strong risk factor for non-fatal injuries among patients attending the emergency department but it has proved difficult to separate the effect of the acute use of alcohol from the chronic effect of alcohol. In their study, Guilherme Borges et al. showed that even one drink may carry an increased risk of injury. Their study showed a clear dose–response curve when people have more than one drink. They also found differences in risk across mode of injury and much larger odds ratios for violence-related injury.

Child survival in Africa 1950–2000 (pp. 470–478)

Michel Garenne & Enéas Gakusi tried to establish trends for under-five mortality in sub-Saharan Africa over the 1950–2000 period, by analysing 66 demographic and health surveys and world fertility surveys from 32 African countries. They found that major progress had been made in child survival in sub-Saharan Africa over the second half of the 20th century, but that the speed of this transition had been lower than expected, with an average decline of 1.8% per year. The main causes of increased mortality in some countries were political instability, major economic downturns, and emerging diseases.

Cardiovascular disease in India (pp. 461–469)

An efficient surveillance system is necessary for effective prevention of cardiovascular disease (CVD) and its risk factors. K. Srinath Reddy et al. did a cross-sectional survey of CVD risk factors in over 20 000 people during 2002–2003, as the first step in establishing a surveillance system in 10 industrial sites across India. Using standard instruments, information was collected on behavioural, clinical and biochemical determinants in employees and family members, aged 20–69 years, selected by stratified random sampling. The authors observed a high burden of CVD risk factors in this population. They propose that this relatively low-cost surveillance system could be used in other low-resource countries, in the absence of community-based surveillance systems.

UV exposure: getting the message right (pp. 485–491)

Sun protection messages aim to decrease the health consequences of excessive exposure to ultraviolet radiation (UVR), particularly skin cancers and eye diseases. But adequate UVR exposure is essential to human health, primarily through UV-induced production of vitamin D. This hormone is essential to musculoskeletal function, and recent research implicates vitamin D insufficiency as a risk factor for some cancers and autoimmune diseases. By weighing the health benefits and risks of sun-safe messages, Robyn M. Lucas et al. consider in their review that public health messages to limit sun exposure may need refining.

Public Health Classic: forgotten paper linking tobacco and cancer (pp. 494–502)

Robert N. Proctor comments on the ground-breaking work of Angel H. Roffo of Argentina, one of the first researchers to publish detailed accounts of animal experiments demonstrating the production of tumours by tobacco tars in the 1920s and 1930s. Roffo was also one of the first to conclude that tar, rather than nicotine, was a major cause of lung cancer. Roffo published many of his research papers in German. One of these, Krebserzeugende Tabakwirkung (The carcinogenic effects of tobacco) is reproduced here in the *Bulletin* in the original and in an English language translation. This paper was published in the German journal, *Monatsschrift für Krebsbekämpfung* in 1940. ■