

In this month's *Bulletin*

Poverty and human development

This month, in an effort organized by the Council of Science Editors, the *Bulletin* joins over 230 other journals in publishing papers on poverty and human development. The first of these, an editorial, by Augustin Kwasi Fosu (734), examines the different measures of development and poverty, and how these indicators are linked to health.

The second, a research paper by Alexander Warren Hertel-Fernandez et al. (798–804), reports that infants born to the socioeconomically disadvantaged in Chile had a significantly higher risk for mortality by infectious diseases and trauma during the first month of life. In the third, a review paper Lale Say & Rosalind Raine (812–819) find that inequalities in the use of maternal care in developing countries vary widely, highlighting the need to investigate and assess context-specific causes of use of maternal health care.

The final paper in this set found that poor–rich inequalities in maternity care in general, and professional delivery care in particular, are much larger than those in immunization coverage or treatment for childhood illnesses. The authors, Tanja AJ Houweling et al. (745–754), argue that reducing these inequalities in professional delivery care is essential for achieving the Millennium Development Goals for maternal health.

Maternal health

Seven papers in this issue of the *Bulletin* focus on maternal health. In an editorial introducing these papers, Monir Islam (735) describes the enormous challenges to reduce child and maternal mortality in the developing world faced by the Safe Motherhood Initiative in the 20 years since it was formed. Caesarean section rates have risen in China as in many other countries. Guo Sufang (755–762)

examined this increase and found it cannot be fully explained by more women giving birth in hospital, but is also due to increasing demand for the procedure, particularly among young, educated women living in urban areas. Nils Chaillet et al. (791–797) examine the attitude of obstetricians in Quebec to clinical practice guidelines targeting the management of labour and vaginal birth after a previous Caesarean birth.

Community-based distribution of injectable contraceptives is commonplace in some countries in Asia and Latin America, but is practically unknown in Africa. A community trial in Uganda, by John Stanback et al. (768–773), shows that well trained community health workers can safely provide contraceptive injections. Steven A Harvey et al. (783–790) pose the question: Are skilled birth attendants really skilled? Their study of such attendants in Nicaragua found that many lack the knowledge and skills to manage common life-threatening obstetric complications.

Use of magnesium sulfate for pre-eclampsia and eclampsia is below desired levels in Mexico and Thailand, according to a study by Pisake Lumbiganon et al. (763–767). The Indonesian village midwife programme, launched by the Indonesian Government in 1989, dramatically increased the percentage of births attended by a health professional, particularly amongst the poorest sector of society. Laurel Hatt et al. (774–782) conclude, however, that the poorest women still find it hard to access emergency obstetric care.

Why numbers count (736)

In an editorial, Sara Wood discusses how policy-makers and scientists often lack access to data they need to assess priorities for public health. She explains how information that can prevent outbreaks of disease often moves slowly from wealthy nations to developing countries. Now that data

have become more widely available via the Internet, it is possible for more people to examine and use data that are generated on all aspects of their lives, thereby revolutionising access to vital health information. She argues that more widespread use and examination of data in the public domain will contribute to improving measures of health and longevity.

In the news (737–744)

José Orozco reports on the spread of dengue fever in Venezuela. Claire Keeton reports from South Africa on the challenges of doing clinical trials involving children. Cininta Analen reports from Indonesia on a novel approach to improving maternal health care in rural areas. In this month's interview, Dr Michael Kazatchkine, Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria talks about plans to start financing health systems in developing countries.

Global Fund targets

Ryuichi Komatsu et al. (805–811) assess the contribution of Global Fund-supported programmes towards achieving international targets and Millennium Development Goals in terms of fighting HIV/AIDS, tuberculosis (TB) and malaria. They conclude that considerably greater financial support will be needed to meet 2009 targets. ■