

## In this month's *Bulletin*

### Mental health in emergencies

In an editorial (822), a new task force sets out its guidelines on mental health and psychological support in emergencies. The Inter-Agency Standing Committee is made up of executive heads of United Nations agencies, intergovernmental organizations, Red Cross and Red Crescent agencies, and a consortium of nongovernmental organizations. The guidelines outline the minimum responses, or first steps, that should take place to support mental health and psychosocial well-being following armed conflict or natural disasters.

### A survey, again?

In a second editorial, Hirotosuga Aiga (823) calls for a reconsideration of survey ethics to give greater consideration to the respondents' viewpoint. He cites the example of 44 surveys conducted in Darfur in Sudan between February and September 2004, with some communities surveyed five or more times. He proposes that agencies carry out joint surveys to avoid duplication.

### Health in a changing climate (824–828)

In the news section this month, four experts debate the importance of health in spurring action on climate change. Hannah Brown examines how WHO is helping countries respond to the challenge of climate change. In this month's interview (830–832), Carlos Corvalan, coordinator of the Interventions for Healthy Environments unit at WHO, talks about how climate change affects peoples' health. Also in the news (828–829), David Orr reports from Moradabad on India's last bastion of polio.

### Measuring the value of health programmes

How do you determine the cost-effectiveness and affordability of a health-care programme? Sun-Young Kim et al. (833–842) synthesized data and developed a computer-based model to evaluate a programme to vaccinate

children against hepatitis B in Gambia. They found that it was highly cost effective compared to no vaccination. They concluded that cost-effectiveness affordability analysis can provide instructive information to decision-makers in resource-poor settings.

### HIV in Malawi and Zimbabwe

Simon D Makombe et al. (851–857) did a national survey of the impact of antiretroviral therapy programmes on health-care workers and found uptake of the therapy higher than average. More than 20% of women in Zimbabwe, aged from 15–49 years, attending antenatal clinics are HIV positive. Winfreda Chandisarewa et al. (843–850) found that promotion of routine HIV testing at antenatal clinics increased the uptake of antiretroviral therapy to prevent mothers from infecting their babies with HIV and concluded that routine HIV testing should be implemented at all antenatal care clinics in Zimbabwe.

### Reducing chronic disease

Rather than focusing attention on high-risk individuals, Wendy Brown et al. (886–887) advocate a "middle-road" prevention strategy to reduce the incidence of hypertension and diabetes. Using data from the Australian Longitudinal Study on Women's Health they find that small changes in two of the main risk factors – poor diet and insufficient exercise – could result in significant reductions in risk of noncommunicable diseases across populations. In a research paper, Bart Janssens et al. (880–885) discuss how Cambodia is struggling with a growing burden of chronic diseases against a background of insufficient health care facilities. They describe the feasibility of integrating care for HIV/AIDS, diabetes and hypertension within the setting of chronic disease clinics.

### Malaria: a century on

Ronald Ross observed the malaria parasites, *Plasmodium, spp.*, in the gut

of mosquitoes 110 years ago. Robert Sinden (894–896) looks back at his pivotal study and asks whether we have waited far too long to capitalize effectively on Ross's observations. In a separate paper, Paula Brentlinger et al. (873–879) outline the lessons learnt from a pilot programme to provide preventative treatment of malaria during pregnancy in central Mozambique.

### Guidelines for reporting observational studies

In a policy and practice paper, Erik von Elm et al. (867–872) present the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement. This statement is a checklist of items that should be included in an accurate and complete report of an observational study.

### Illustrating inequalities in health

Danny Dorling and Anna Barford (890–893) look at the maps freely available at [www.worldmapper.org](http://www.worldmapper.org) and discuss how such world cartograms can successfully illustrate global inequalities in health.

### Mental health reform in the Russian Federation

Rachel Jenkins et al. (858–866) carried out a three-year research programme to facilitate mental health reform across three pilot sites in one region of the Russian Federation. The study showed that it is possible to develop alternative community-based service models delivered by multidisciplinary teams.

### Pathways to homelessness

The plight of street children tends to dominate any discussion of homelessness in Brazil, with much less attention paid to older people. Giovanni Marcos Lovisi et al. (888–889) attempt to address this balance by carrying out a survey of older residents of public hostels in Rio de Janeiro to discover what led them there. ■