In this month's *Bulletin*

Do the poor choose to have large families? (86)

Iqbal H Shah & Venkatraman Chandra-Mouli argue that more should be done to give poor people access to culturally appropriate family planning services. In their editorial, they look at whether poor people really want large families, or whether higher birth rates are due to lack of access to family planning services.

In the news (87–90)

Paul Garwood reports from Islamabad on fears that, once polio has been eradicated, donors will stop funding the polio network which has started to help to immunize children against other diseases, to fight outbreaks of other illnesses and to respond to natural disasters. Jane Parry reports from Hong Kong SAR on the tough decisions governments face now that a vaccine is available against the virus that causes most cervical cancer.

Schistosomiasis in Uganda (91–99)

Narcis B Kabatereine et al. found that two rounds of annual medication reduced the prevalence of schistosome and hookworm infection. The anthelmintic treatment also improved haemoglobin concentration and reduced schistosome-related morbidity among Ugandan schoolchildren who were monitored from 2003 to 2006.

Rwanda health workers' productivity (108–115)

Bruno Meesen et al. assessed the performance of 15 health care centres in Kabutare, Rwanda, comparing productivity in 2001, when fixed annual bonuses were paid to staff, with that in 2003, when an output-based payment incentive scheme was implemented. They found that the introduction of performance-based payment sharply increased staff productivity. The paper explores the extent to which payment based on output could be a strategy to boost staff productivity in health centres of low-income countries.

Antiretroviral treatment in Côte d'Ivoire (116–123)

Albert K Minga et al. estimated the probability of reaching the WHO criteria for starting highly active antiretroviral therapy (HAART) among HIV-positive adults in Abidjan, Côte d'Ivoire, to be between 0.09 and five years. They conclude that the median times for an HIV-positive patient to develop AIDS and survive in Africa do not differ from those in industrialized countries. The data showed significant early morbidity after HIV infection, demonstrating the need for wider availability of HIV testing.

Brazil's health research resources (124–130)

Cid Manso de Mello Vianna et al. measured the flows of financial resources for health research and development in Brazil from 2000 to 2002. Of the total US$ 573 million a year, the public sector invested US$ 417.3 million, including US$ 51.1 million from the health department. The private sector invested US$ 135.6 million, and international organizations contributed US$ 20.1 million a year. Universities and research institutes are the main recipients of resources allocated to health research and development, receiving 91.6% of the public spending.

HIV low among Filipino overseas workers (131–137)

Yumiko Yanase et al. measured the prevalence of HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) between 2002 and 2004 by analysing test results for hospital-based blood donors and overseas Filipino worker candidates. They found that HIV is rare in these groups in the Philippines and that overseas worker candidates do not constitute a high-risk group for HIV. They also found that HBV is common and that the HCV prevalence lies between that for HBV and HIV.

Eliminating lymphatic filariasis (138–145)

I P Sunish et al. demonstrated in their study that vector control augments mass drug administration to lower transmission levels of lymphatic filarial infection. The authors conclude that this vector control method should be incorporated into the Global Programme to Eliminate Lymphatic Filariasis, as it could decrease the time required for eliminating the disease.

Health care in Afghanistan (146–151)

Afghanistan may be the only country that has used a balanced scorecard to measure health service performance. David H Peters et al. describe how this evaluation method was created and how it has been used, and they report the first results from 2004. The authors conclude that information gleaned by this method can be used for management decisions as well as for monitoring and evaluation.

ARVs in Malawi (152–160)

Anthony D Harries et al. analysed Malawi's mechanism for distribution of antiretroviral (ARV) drugs, which is designed to avoid interruptions in drug supplies that lead to drug resistance and treatment failure. Malawi's procurement model is based on national drug forecasts prepared six to nine months in advance. Since June 2006, the country has not run out of ARV drugs. Edwin Libamba et al. studied the national scale-up of ARV treatment in Malawi from 2003 to 2005. By the end of 2005, 37 840 patients had started treatment at 60 public facilities under a standardized system of registration, monitoring and quarterly supervision. This achievement is attributed to clear national treatment guidelines. ■