

## In this month's *Bulletin*

### New rules take effect

This month marks the start of new rules governing how WHO's 193 Member States will handle disease outbreaks and other emergencies with potential international public health implications. Adrian K Ong and David L Heymann (422) explain why it was vital to revise the International Health Regulations (IHR) and the implications of these for WHO's Member States. In this month's interview (428–430), Guénaél Rodier, director of International Health Regulations Coordination, describes some of the challenges Member States face as they prepare to take on their new responsibilities.

### Research into practice (424)

John Walley et al. discuss the difficulties of translating research results into action. Trying to persuade decision-makers and practitioners to use research findings and assuming that increased research capacity in developing countries means increased relevance and local ownership of results are not sufficient – they argue that it is necessary to formulate research questions from the perspective of policy-makers.

### Assumptions about data

The ability to monitor progress towards any health targets, such as the Millennium Development Goals (MDGs), depends on the availability of relevant data. Kenji Shibuya (423) argues that this is overlooked by many people because statistics continue to be published every year and people assume there is meaningful data behind them, which may not necessarily be the case. Zuguó Mei et al. (441–448) examined whether the standard deviation of height- and weight-based *Z*-score indicators from the 2006 WHO growth standards should still be used as a data quality indicator. Their findings of 34 developing countries' ranges of standard deviation for four *Z*-score indicators were consistently wider than those WHO proposed.

### In the news (425–427)

Hannah Brown reports on how a government campaign to make roads safer

in Rwanda helped with the rehabilitation of a nation traumatized by the 1994 genocide. Jane Parry reports from Hong Kong SAR on two rotavirus vaccines that recently entered the market and of the efforts to ensure they are effective and affordable in developing countries.

### Immunization in Africa

L Arevshatian et al. (449–457) analyse whether the African Regional Strategic Plan of the Expanded Programme on Immunization has met its 2001–2005 goals. They found that vaccination coverage of infants increased dramatically in WHO's African Region, largely due to increased donor funding and improved programme performance.

### Non-physicians can manage cardiovascular risks (432–440)

Dele O Abegunde et al. found that health workers, who are not qualified doctors, can reliably manage cardiovascular risks if given three days of focused and appropriate training. Results from non-physician health workers and expert physicians in India and Pakistan showed that both could reliably apply WHO's Cardiovascular Risk Management Package.

### Mortality in Australia and Lebanon

Andrew Page et al. (474–481) investigated the effect of immigration on life expectancy in Australia from 1981 to 2003. Australia has one of the highest life expectancies in the industrialized world, which authors attribute partly due to immigration of populations with low mortality. In another paper, Abla Sibai et al. (482–486) took a novel approach to estimating mortality trends of older men and women in Lebanon by using data based on interviews with offspring. This approach can be used in larger surveys and population censuses in countries without a reliable statistical infrastructure.

### Schistosomiasis in China (458–465)

Tie-Wu Jia et al. estimated the age-specific disability weight of chronic schistosomiasis japonica in China. Between October 2004 and January 2005, residents from two schistosomiasis endemic counties were screened for *Schistosoma japonicum* infection using an enzyme-linked immunosorbent assay. The authors found that the disability weight attributable to chronic schistosomiasis japonica was high and increased with age.

### Preventing HIV passing from mother to child (466–473)

Mark Colvin et al. found that the rates of early transmission of HIV using single-dose nevirapine administered both to mothers and their children in South Africa were similar to those obtained in clinical trials in Cameroon and Kenya. They urge scaling up access to antiretroviral regimens, such as this, to further reduce transmission to infants.

### Elusive polio eradication (487–492)

Chandrakant Lahariya analyses the current strategy to eradicate polio of the Global Polio Eradication Initiative, the challenges it faces and possible solutions to these. Lahariya suggests that major modifications and additions to the current approach are required to create "a multi-pronged, area-specific strategy that can finish the job of polio eradication".

### Sociocultural factors of lymphatic filariasis (493–498)

Lymphatic filariasis is found in 80 countries and 120 million people are infected with the parasite. In their review of literature, Shona Wynd et al. conclude that the sociocultural factors associated with the disease's presence and treatment are poorly understood. Appropriate social science methods should be used to address this deficiency and ensure community partnership in delivering lymphatic filariasis elimination programmes and sustaining their success. ■