

In this month's *Bulletin*

Verbal autopsy (571–572)

Frank Baiden et al. in their editorial urge countries to apply a new set of international standards for verbal autopsy to meet health system information needs. These standards, laid out in a WHO publication to be released this month, *Verbal autopsy standards: ascertaining and attributing cause of death*, can fill gaps in countries without fully functioning civil registration systems. More countries are using verbal autopsies, the method of ascertaining probable causes of death based on interviews with primary caregivers on the signs, symptoms and circumstances before the death. But the inability to reach consensus on what to cover in the verbal autopsy interview and how to analyse results has seen a failure to agree on a standard approach, making it impossible to compare results from different nations.

Emerging diseases' medicines (572)

Jack Radisch's editorial looks into the growing need for medicines to combat neglected and emerging infectious diseases. While Organisation of Economic Co-operation and Development countries account for about 80% of global research and expenditure, their collective health research outputs have not resulted in new medicines for many infectious diseases afflicting developing nations.

Nuremberg code at 60 (573)

In their editorial, Michel Thieren and Alexandre Mauron use the 60th anniversary of the signing of the Nuremberg code on medical ethics to assess its current relevance. The authors argue that by focussing on Nazi war crimes and not on broader issues, the Nuremberg judges issued a code that solely set the boundaries for "permissible experiments," failing to produce a legal doctrine to protect individuals against harm by scientific practices at large. The code's addressing of modern ethical challenges is considered, including the question of scientific misconduct downstream from medical research. A second issue looks at AIDS research. Modern-day ethics must reconcile two antagonistic objectives: protecting

research subjects from possible harm, while ensuring non-discriminatory access to research for potential subjects.

In the News (574–579)

Theresa Braine investigates the novel new health institute that both researches and funds interventions in Latin America, founded by Mexican billionaire Carlos Slim Helú. Rupa Chinai reports from India on the pilot project addressing the high prevalence of mental health disorders in Goa. Francisco Songane advocates integration of maternal, newborn and child health in overall national health plans.

Making TB services affordable (580–599)

Julia Kemp et al. set out to assess the patient and household costs in urban Malawi of tuberculosis (TB) diagnosis. Costs are staggeringly high for the poor, who pay twice as much to access TB diagnosis as the non-poor; up to six times their available monthly income. Urgent need exists to identify cost-effective TB diagnostic strategies for the poor. The New Global Plan to Stop TB was trialled in four Thai provinces in 2004-05 and results showed it was feasible and high-yield. Jay K Varma et al. discuss the demonstration project's results. In Eritrea, Mineab Sebhatu et al. use a new low-cost approach to estimate TB incidence. Peter S Hill and Mao Tan Eang look at the tensions Cambodia faced in implementing TB control while rebuilding its health system (631–636).

TB in emergencies (637–643)

Rudi Coninx examines the difficulties of implementing TB control programmes in complex emergencies with health systems in disarray, non-existent authorities and prevailing conflict. Einar Heldal et al. argue that the Timor-Leste experience shows TB control is possible during emergencies, but long-term nationwide strengthening remains a challenge. André Ndongosieme et al. look at TB control during the humanitarian crisis in the Democratic Republic of the Congo, and suggest fruitful results are possible through effective partnerships.

Reducing out-of-pocket payments (600–606)

Thailand's 2001 introduction of universal health coverage has reduced overall incidence of catastrophic expenditure and poverty through out-of-pocket payments. But those poorest Thais who bypass designated health care providers still face impoverishment through paying for health care. Supon Limwattananon et al. call for policy improvement to reduce out-of-pocket health care payments for the country's poorest.

Iranian mortality and maternal deaths in Argentina (607–622)

Ardeshir Khosravi et al. have conducted the first systematic evaluation of Iranian mortality data sources from 1964 to 2004, studying an area where statistics have long been incomplete. The findings indicate that infant mortality has decreased, as has adult mortality, but less substantially. Silvina Ramos et al. reviewed maternal deaths in Argentina in 2002 and found that the probability of dying was 10 times greater in the absence of essential obstetric care.

Resources to control malaria (623–630)

Anthony Kiszewski et al. estimate the resources needed to scale up malaria control to meet international goals. The analysis highlights the need for more resources to be invested if global targets are going to be met.

Barriers to HIV testing in sub-Saharan Africa (644–646)

Routine or mandatory HIV/AIDS testing may not be feasible in sub-Saharan Africa in the short- to medium-term, argues AD Asante. Barriers to HIV testing must be removed, workforce improvements undertaken, the culture of poor health service use overcome and the stigma associated with HIV/AIDS must be dispelled. ■