

# In this month's *Bulletin*

## Medicines and vaccination

In an editorial, Suzanne R Hill et al. (650) describe efforts to develop a list of essential medicines for children to complement the WHO Model List of Essential Medicines, which many countries use to guide drug procurement and supply. Elizabeth T Luman et al. (651) argue that real-time monitoring in vaccination campaigns targeting children to eradicate polio and reduce measles allows rapid identification of additional activities, but that it is also notoriously unreliable.

## Health financing and evidence

Guy Carrin et al. (652) postulate that the financing of health systems largely determines if people can obtain needed health care and whether they suffer financial hardship in obtaining such care. The authors say universal coverage implies equity of access and financial risk protection, which places demands on those responsible for health system financing.

## In the news (653–659)

In this month's interview, Iain Chalmers, of the James Lind Library, advocates for greater transparency in clinical trials, particularly in the publishing of results of all research findings, to lift standards and ensure the safety of trial participants and treatment users. Martin Adams reports from Beijing on the entry of China's trial register into WHO's global registry platform. Uganda's rapid response, backed by WHO, to its recent Marburg fever outbreak, is investigated by Carolyne Nakazibwe. Dale Gavlak reports from Jordan on WHO efforts to ensure that the health needs of the more than 2 million Iraqis living in neighbouring countries are being met.

## Hepatitis B in China

Lixia Wang et al. (688–694) investigate the implications in rural China of implementing WHO's recommendation to give the first dose of hepatitis B vaccine to infants within 24 hours after birth to prevent perinatal transmission of viral hepatitis B. Their research found that timely administration of the first vaccine dose was improved through better communication and training

activities, as well by out-of-cold-chain vaccine storage and its administration.

## Growth curves

Mercedes de Onis et al. (660–667) conduct a study to construct growth curves for school-aged children and adolescents that accord with WHO Child Growth Standards for preschool children and the body mass index cut-offs for adults. The new curves closely align with WHO's growth standards, fill a gap in growth curves and provide an appropriate reference for the 5–19-years age group.

## Arsenic in Bangladesh

A quarter of Bangladeshi drinking-water wells have hazardous concentrations of arsenic, which can cause skin lesions. Corbett McDonald et al. (668–673) conduct a study in an area where little was known about arsenic levels but where average concentrations in water were lower than elsewhere in the country. Few cases of skin disease are likely to occur if the arsenic concentration is kept below hazardous levels, but the findings indicate that systematic surveillance and reliable, regular testing of wells are required.

## Afghan health services

B Sabri et al. (712–718) review the current policy and practice of contracting for health services in Afghanistan and discuss the potential short- and long-term risks and benefits of this policy. Decades of war and civil strife have ravaged the Afghan health service and led many international and national nongovernmental organizations to contract with donor agencies to ensure service delivery.

## Lead levels

Travis J Riddell et al. (674–680) report on lead exposure in children aged under five living in the Visayas region of the Philippines. The study, carried out between December 2003 and September 2004, determined that elevated blood lead levels are common among children in the region and may be a significantly under-recognized threat to children in rural Philippines.

## TB detection and treatment

Peter Odermatt et al. (727–731) conduct a study to increase tuberculosis (TB) detection rates in the Lao People's Democratic Republic by first validating a questionnaire targeting lay informants at the village level to notify patients with chronic cough and then assessing the relevance of the results for TB case-finding. In the Russian Federation city of Tomsk, IY Gelmanova et al. (703–711) study barriers to successful TB treatment by analysing individual and programmatic risk factors for non-adherence, default and acquisition of multi-drug resistance in a TB treatment cohort.

## HPV vaccines

FT Cutts et al. (719–726) review the status of the high-risk genotypes of human papillomaviruses (HPV) and a quadrivalent vaccine determined to have an acceptable benefit–risk profile against them. Persistent infection with these genotypes can lead to cervical cancer, the commonest cancer affecting women in developing countries.

## Health inequalities

Kam Ki Tang et al. (681–687) propose a new method to measure health inequalities caused by conditions amenable to policy intervention and use this to identify health differences between sexes and age groups. The method – realization of potential life years (RePLY) – involves using the lowest observed mortality rates as a proxy of unavoidable mortality risks to develop a new measure of health outcomes.

## Injuries in South Africa

Rosana Norman et al. (695–702) estimate the magnitude and characteristics of South Africa's injury burden within a global context. Interpersonal violence dominates the country's injury profile, and injuries are the second leading cause of loss of healthy life. This heavy injury burden highlights the need for effective prevention programmes to address inequalities in society and build community cohesion. ■