

# In this month's *Bulletin*

## WHO 60th anniversary commemorative volume

**This month's special theme is prevention and control of childhood pneumonia.** This theme ties in with the cover poster, which highlights the health of newborn babies. In an editorial, Brian Greenwood (322) introduces this special issue with an overview of the global action required for the prevention and control of childhood pneumonia. The burden of pneumonia among HIV-infected children is under particular scrutiny, with a report from South Africa (324–325) and an editorial by Prakash Mohan Jeena (323). Theresa Braine (325–326) reports on the controversial funding mechanism considered to be a possible solution in the global struggle for funds to fight pneumonia.

Cuba

### Primary health care revolution

Gail Reed (327–329) reports from Havana on how primary health care has been an essential part of Cuba's health system since the 1960s.

Pakistan

### Number one killer

In an interview, Tabish Hazir (330–331) explains why pneumonia is the number one killer of Pakistan's children less than five years of age.

Nepal

### Twenty years' experience

P Dawson et al. (339–343) demonstrate how community-based management of childhood pneumonia can be effective in resource-limited settings, such as Nepal.

Uganda

### Seeking care too late

In rural Uganda, Karin Källander et al. (332–338) investigate fatal pneumonia cases among children less than five years old to determine why they died.

Malawi

### Making oxygen available

Penny Enarson et al. (344–348) describe the successful implementation of oxygen concentrators in paediatric wards in all district hospitals.

South Africa

### A lethal combination

Claire Keeton (324–325) reports from Cape Town on how HIV is driving child pneumonia in sub-Saharan Africa.

### Who is at risk and why?

Igor Rudan et al. (408–416) examine global statistics on childhood pneumonia and provide details on the main risk factors.

### Is the vaccine safe?

In a review of research, Frank DeStefano et al. (373–380) did not identify major safety problems with pneumococcal conjugate vaccines.

### Case management at tipping point

David R Marsh et al. (381–389) assess current policies and plans on managing pneumonia in 57 high-risk countries.

### Nutrition and pneumonia

Daniel E Roth et al. (356–364) suggest some nutritional interventions that may help reduce the burden of childhood pneumonia.

### Vaccines improve child survival

Shabir A Madhi et al. (365–372) discuss advances made in the use of both established and newer conjugate vaccines in reducing childhood pneumonia morbidity and mortality.

### Antibiotics, oxygen and training

Stephen M Graham et al. (349–355) examine current pneumonia case-management guidelines and propose improvements in a variety of settings among different at-risk groups.

### Indoor air pollution

Mukesh Dherani et al. (390–398) demonstrate an increased risk of pneumonia to young children exposed to indoor air pollution from unprocessed solid fuels.

### Advances increase inequity

Interventions to improve child survival from pneumonia don't always reach those in greatest need, according to E K Mulholland et al. (399–407).