This issue’s cover photo shows women and children waiting to consult health workers at the Char Qala Waziribad Comprehensive Health Clinic in Kabul, Afghanistan. In an editorial Peter S Hill et al. (562) discuss how Afghanistan has developed its own Millennium Development Goals and timeline. In a second editorial, Margaretha Haglund (563) calls attention to the threat of tobacco marketing to women and young girls. In an interview, Alessandro Liberati (568–569) calls for better integration of research and treatment.

In a research paper Kavitha Viswanathan et al. (576–583) explain why child mortality estimates in Afghanistan need to be revised.

Julius Cavendish (566–567) continues our health financing series with a report on the challenges of rebuilding the health system.

The closure of the Armed Forces Institute of Pathology leaves doctors out on a limb in developing countries. Gary Humphreys and Alice Ghent report (564–565).

The shake test
Umit Kartoglu et al. (624–631) use the shake test to detect damage to freeze-sensitive vaccines.

Caitlin E Kennedy et al. (615–623) examine the need to target HIV-positive people with HIV prevention messages.

Meena Cherian et al. (657–639) highlight the need for more anaesthesia training worldwide.

Anne Marie Thow et al. (609–614) find that imposing taxes on fattening foods can influence health.

Bernd Rechel et al. (632–636) argue that there are better metrics than bed numbers for calculating hospital needs.

Imposing taxes on fattening foods can influence health, find Anne Marie Thow et al. (609–614).

How many beds?
There are better metrics than bed numbers for calculating hospital needs, argue Bernd Rechel et al. (632–636).

What’s the problem?
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Fat taxes
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