

## In this month's *Bulletin*

### **Demand-driven evidence for policy-making; Lessons from the Field** (pp. 2–3)

In the first editorial, Anca Dumitrescu et al. argue that the Health Evidence Network run up by the WHO Regional Office for Europe has “set a trend for prompt reaction to the needs expressed by policy-makers” in recent years. The Network is a system by which experts from WHO’s European Office respond to government requests by providing the best possible evidence on which to base their policy. The second editorial draws attention to the relaunch of *Lessons from the Field*, a section of the *Bulletin* introduced in January 2005, and presents a clearer set of guidelines for future contributors to this section.

### **Disasters; anti-malarials; clinical trials; and avian flu** (pp. 4–11)

In the News, Theresa Braine reports from Mexico City on why natural disasters seem to be increasingly frequent and increasingly deadly. Clare Davidson reports from Sao Paulo on a new type of R&D cooperation between developing countries that has produced two new anti-malarial drugs. WHO News reports on a new WHO initiative to make clinical trials more transparent. In this month’s interview, Dr Margaret Chan, WHO Representative of the Director-General for Pandemic Influenza, talks about how WHO is advising governments to communicate the risk of human pandemic flu to members of the public.

### **Congenital rubella syndrome in Myanmar** (pp. 12–20)

In their article, Kyaw-Zin-Thant et al. describe how they surveyed children aged 1–17 months in Yangon from December 2000 to December 2002 for congenital rubella syndrome (CRS). They found that 81 children had suspected CRS and that of those, 18 were laboratory confirmed. The annual incidence was 0.1 laboratory-confirmed

CRS cases per 1000 live births. They concluded that the CRS incidence in Myanmar is similar to endemic rates experienced in industrialized countries in the pre-vaccine era.

### **Catastrophic household expenditure in Burkina Faso** (pp. 21–27)

In their paper, Tin Tin Su et al. describe their study of catastrophic health expenditure in Burkina Faso. They found that in Nouna District 6–15% of total households faced catastrophic health expenditure even in the context of very low health-care utilization and modest health expenditure. They found that key determinants of this expenditure were economic status; household health-care utilization; the presence of a household member with chronic illness; and average episodes of illness among adult household members.

### **Russian health systems and tuberculosis** (pp. 43–51)

The number of tuberculosis cases in the Russian Federation tripled during the 1990s. In their article, Katherine Floyd et al. describe their study of how tuberculosis patients are hospitalized often for lengthy periods of time in the Russian Federation and other countries of the former Soviet Union, in contrast with the WHO-recommended DOTS strategy which calls for ambulatory care. The authors found that socio-economic and health systems factors, in addition to clinical decisions, influence hospital admissions and they argue that if clinical and public health admission criteria were applied, 50% fewer tuberculosis admissions and beds would be needed.

### **The ethics of HIV testing in poor countries** (pp. 52–57)

In 2004, WHO and UNAIDS recommended a routine HIV testing policy. In their article, Stuart Rennie & Frieda Behets explore some of the ethical challenges involved in implementing routine testing policies in

settings where people are poor, where health care and civil society are weak, where women have low social and economic status, and where people with HIV/AIDS are stigmatized. They argue that routine testing policies in such circumstances may not always correspond to human rights ideals, and they call for empirical research, human rights monitoring and ethical scrutiny to address the problem.

### **Child health in complex emergencies** (pp. 58–64)

Addressing the health needs of children in armed conflicts and other complex emergencies is vital to the success of relief efforts and requires coordinated and effective interventions. In their article, William J. Moss et al. write that much of the published literature on child health in complex emergencies details the burden of disease and causes of morbidity and mortality, and that few interventional studies have been published. They argue that evidence-based, locally adapted guidelines for the care of children in complex emergencies should be adopted by ministries of health, supported by WHO and UNICEF, and distributed to relief organizations.

### **Birth dose hepatitis B vaccines** (pp. 65–71)

In their article, David B. Hipgrave et al. review current knowledge and research on the heat stability of hepatitis B vaccines. The authors call for the rapid and widespread introduction of strategies to store vaccines outside the cold chain in countries where babies are not vaccinated at birth against hepatitis B virus because of the perceived need to refrigerate the vaccine. The authors call on manufacturers of hepatitis B vaccine to provide more information on the heat tolerance of their products. They discuss the risks, costs and difficulties associated with storage of hepatitis B vaccines outside the cold chain but conclude that this is the best strategy for improving low rates of birth dosing. ■