In this month’s Bulletin

Combined strategy reduces vitamin A deficiency (pp. 80–86)
Breastfeeding can prevent vitamin A deficiency in infants, especially when mothers take a high dose of vitamin A supplementation. Promotion of optimal breastfeeding and postpartum vitamin A supplementation for mothers are therefore effective strategies for improving vitamin A nutrition in infants. A simulation of eight age groups between 0 and 24 months under four sets of conditions showed how the use of both strategies in combination increased retinol intakes by 144 micrograms a day, which is 36% of the recommended intake. Where children’s vitamin A status is sufficiently improved their mortality rate is reduced by 23% in populations at risk for deficiency.

Slow decrease of maternal deaths in the United Republic of Tanzania (pp. 87–94)
Maternal mortality rates decreased during the 1990s in three study areas of the United Republic of Tanzania but they were still high — between 37 per 100 000 in Dar es Salaam and 108 per 100 000 in the Morogoro district. The goal of reducing maternal deaths by 50% in the 1990s was achieved in Dar es Salaam but it is not clear if statistically significant reductions were achieved in the other areas. Rising educational level was a major predictor of declining maternal mortality rates. However, this reflects a complex interaction between deprivation, development and mortality rather than a simple pathway to lower mortality.

Decentralization favours equity in Colombia and Chile (pp. 95–100)
Contrary to some theories, decentralization of health financing in Colombia and Chile did not increase inequality of resource allocations. Poor communities increased their spending on health more rapidly than rich ones, perhaps because wealthier citizens could use private services and therefore had less incentive to fund public ones. There is also some evidence that utilization of the health services became more equitable. In Colombia, a needs-based formula for the national allocation of funds appeared to be an effective mechanism for achieving equity of expenditure on health services. Decentralization appeared to favour the implementation of this principle.

“User pays” unlikely to work for trachoma control (pp. 101–107)
Those at greatest risk of infection with active trachoma are also those least willing to pay for treatment, so the strategy of cost recovery from users to finance trachoma control would be unlikely to succeed. The data come from house-to-house interviews in Kongwa district, a rural area of the United Republic of Tanzania. Lower willingness to pay among female heads of household who are not in polygamous marriages may also be linked to more difficult economic circumstances. Organizing efficient interaction with other programmes may be the best way to lower the cost of azithromycin distribution.

Sprinkles may prevent recurrence of anaemia (pp. 108–115)
The use of microencapsulated iron(II) fumarate sprinkles as a prophylactic against iron-deficiency anaemia was well tolerated by children and their mothers over a six-month period. They were also better accepted than iron drops. The sprinkles consist of micronutrients encapsulated in a thin coating of soya-based hydrogenated lipid. These can be added directly to food in the household. The results of this study, carried out in the Brong-Ahafo region of Ghana, may be generalizable to other countries in west sub-Saharan Africa.

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Quality of antenatal care in the United Republic of Tanzania (pp. 116–122)
Both public and private providers of antenatal care were found to meet reasonably high standards according to structural and interpersonal indicators, but did poorly with regard to technical aspects of quality. For example, guidelines for dispensing certain drugs were frequently not followed, and examinations to assess gestation, anaemia, malaria or urine infection were frequently not carried out. Private providers were found to do better on all aspects than public ones.

Decline of BSE expected to continue (pp. 123–130)
Bovine spongiform encephalopathy (BSE) has been in decline in the United Kingdom since 1992. Though it has spread to other countries, extensive control measures in the European Union and Switzerland should have brought transmission under control if they have been properly enforced. Variant Creutzfeldt–Jakob disease (vCJD) has been diagnosed in fewer than 150 people but the incubation period might be more than 10 years. It is thought to be caused by a newly-recognized class of infectious agent, the prion, which can survive sterilizing processes that inactivate most biological agents. Knowledge of the epidemiology of BSE is hampered by the lack of a diagnostic test that can be applied to live animals that are incubating the infection. The most plausible explanation for its transmission to humans is dietary exposure, but why the disease affects predominantly young people is not currently understood. Measures in place since 1988, and especially since 1996, should have brought the BSE epidemic well under control.

Business shifts the burden of AIDS to other sectors (pp. 131–137)
Businesses tend to transfer the economic burden of AIDS to households, nongovernmental organizations and the government. Common practices for achieving this include pre-employment screening, reduction of employee benefits, restructured employment contracts, outsourcing, and downsizing. In addition, between 1997 and 1999 most of the large South African employers reduced the level of health care benefits they provided, or increased employee contributions. All this minimizes their responsibility for HIV-infected workers. Explicit decisions about each sector’s responsibilities are needed.

Public health classic: an analytical framework for the study of child survival (pp. 138–139)
In 1984, Henry Mosley & Lincon Chen proposed a new analytical framework for the study of child survival in developing countries. “The approach incorporates both social and biological variables and integrates research methods employed by social and medical scientists,” they announced. Commenting 19 years later, Kenneth Hill finds that their model has stood the test of time very well, though it reflected an optimism that has not been borne out by events.