

## In this month's *Bulletin*

### Disease control and "informal" health workers

In the first editorial (p. 82), David L Heymann calls for continuous measures to prevent re-emergence of diseases, even those that have been eradicated or eliminated. He cites Song Liang et al.'s study (pp. 139–144) on schistosomiasis control in Sichuan, China. The paper looks at why schistosomiasis has re-emerged in areas where it was previously under control. In the second editorial (p. 83), Francis Omaswa discusses "informal" health workers, including home-based workers, health workers who impose illegal charges and traditional health practitioners.

### Corruption report and the HPV vaccine (pp. 84–89)

In the News, Owen Dyer reports from London on Transparency International's annual report on global corruption that focuses on the health sector for the first time. Jane Parry reports from Hong Kong SAR on the public health challenge of cervical cancer in Asia and the potential of a future HPV vaccine. In this month's *Bulletin* interview, Marc Danzon, Director of WHO's Regional Office for Europe, discusses history's lessons for public health.

### Breastfeeding dilemma (pp. 90–96)

Tanya Doherty et al. investigated the effect of the HIV epidemic on infant feeding with a qualitative interview study done in 2004 of 40 HIV-positive mothers in South Africa, a sub-sample of a cohort of 650. They found that without support, women often take the crucial decision alone on whether to breastfeed. This dilemma has implications for the effectiveness of prevention of mother-to-child transmission programmes.

### Syphilis screening in Mozambique (pp. 97–104)

Prenatal syphilis screening is a cost-effective way of preventing congenital

syphilis and reducing HIV transmission, but current diagnostic tests are inadequate. In their study, Pablo J Montoya et al. compared the diagnostic accuracy of a new rapid test (ICS), with the traditional method (RPR) test to detect syphilis during pregnancy. After interviewing and studying 4487 women in Mozambique in 2003 and 2004, they found that the new method correctly identified more cases than the traditional method.

### Measles surveillance in Australia (pp. 105–111)

In their study of measles surveillance from 1998 to 2003 in Victoria, Australia, Yung-Hsuan J Wang et al. found that in a region with good disease control, the universal application of enhanced follow-up of measles notifications is not always necessary and may waste scarce resources. Many viral infections have similar symptoms to measles but in Victoria, where coverage of the measles–mumps–rubella vaccine is high, the majority of cases of fever and rash will not be due to measles.

### Tuberculosis case-finding in Ethiopia (pp. 112–119)

In their study, Estifanos Biru Shargie et al. evaluated an outreach programme that aimed to improve the extent and speed of detecting tuberculosis cases in a village in southern Ethiopia in 2003 and 2004. After the introduction of the programme, they found that diagnosis of cases was faster but new case detection had not increased.

### More support for insecticide-treated nets (pp. 120–126)

Olaf Müller et al. investigated why in some areas of high malaria transmission insecticide-treated nets (ITNs) have no effect on the incidence of malaria or appear to increase disease and death from malaria. The authors did a randomized control trial of 3387 newborns from 41 villages in Burkina Faso in 2002 and 2003. They found no evidence to support findings that ITNs can be dangerous when used to protect

infants in areas of high malaria transmission. The authors' findings provide additional evidence of ITNs efficacy in areas of intense malaria transmission.

### Lao district health programmes (pp. 132–138)

In their study, Carol Perks et al. discuss the impact of a provincial health system development programme on health which was implemented in the Lao PDR in 1991. The authors found that even in a country with a weak health ministry and poor health indicators, a programme that works through provincial and district government health structures can have a significant impact on people's health. This improvement was achieved with modest investment and can be sustained with small recurrent expenses.

### Measuring ART scale-up (pp. 145–150)

Estimating the number of people on antiretroviral therapy (ART) and the coverage of ART programmes in developing countries is done on a regular basis to monitor expansion of those programmes in many countries. In their paper, J Ties Boerma et al. explain, for the first time, the methods used to estimate coverage of ART programmes and to assess progress towards international goals, such as the "3 by 5" target set by WHO and UNAIDS. These include estimates of children's treatment needs.

### Public Health Classic: a holistic approach (pp. 151–158)

This month's *Bulletin* public health classic is C-EA Winslow's 1951 monograph, *The cost of sickness and the price of health*. In her commentary, Martine Audibert calls the WHO publication the starting point of a holistic approach to health. She writes that Winslow rejected widespread alarm at the time about overpopulation as a "false debate". Since then, Audibert argues, his views on overpopulation

The entry presenting Pablo J. Montoya et al.'s article was corrected on 3 February 2006