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UK taskforce rejects system of presumed consent for organ donation owing to lack of evidence

Zosia Kmietowicz LONDON

The government is to launch a major publicity campaign on the importance of organ donation, with the aim of getting many more people in the United Kingdom to join the organ donor register.

A report from the Organ Donation Taskforce has rejected introducing a system of presumed consent to increase the number of organ donations, saying that there is insufficient evidence that such an opt-out system would increase numbers of donations and that it risked breaking the trust between patients and doctors that is essential in an effective transplantation service.

The government, which has accepted recommendations from the taskforce in full, has opted instead to put £4.5m (€5.3m; \$6.7m) into a campaign that it hopes will see the number of people on the register rise from the more than 15 million currently to 20 million by 2010 and 25 million by 2013.

Work is already under way to implement recommendations made in the taskforce's first report, published in January (*BMJ* 2008;336:111). These recommendations include recruiting 63 new donor transplant coordinators and establishing a UK-wide network of dedicated organ retrieval teams.



Better organisation will increase the number of donor organs, say experts

However, if the number of organ donations does not rise, said Alan Johnson, the health secretary, "We will revisit the issue of whether a change in the law is needed."

The number of people now registered represents only 25% of the UK population, whereas 65% to 90% of people say they are in favour of donating their organs, says the taskforce's report. The figures illustrate the "problem of inertia," it says, which a publicity campaign could tackle. Conversely a system of presumed consent could mean that people who had not registered their objection to donating organs because of the same inertia would be seen as willing donors, says the report.

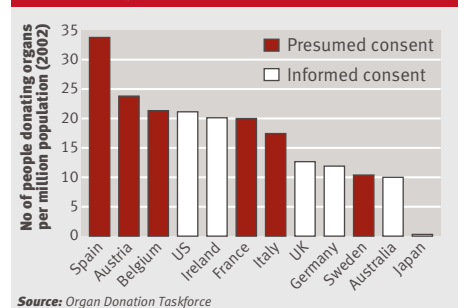
If the desired rise in the number of registered donors is achieved, the number of organ donations could rise from the current 800 a year to 1400 a year by March 2013, which would put the UK on a par with the best in Europe.

In 2007-8 more than 3000 people in the UK received a transplant (because each donor helps an average of three people), but another 1000 people died while on the waiting list. If the government reaches its target of registered donors it could mean an extra 1800 people get the chance of receiving a trans-

plant each year.

The taskforce's report is at www.dh.gov.uk.

NO OF PEOPLE DONATING ORGANS IN SELECTED COUNTRIES, ACCORDING TO CONSENT SYSTEM



Cite this as: *BMJ* 2008;337:a2621

New approach is needed to boost practice based commissioning

Zosia Kmietowicz LONDON

The government should set out a clear vision for the future of practice based commissioning if the policy is to deliver better services for patients, says a health policy think tank. It calls for national guidance for GPs and primary care trusts on how best to implement the policy.

A report of a two year study by the King's Fund says that the health minister Ara Darzi was right to

commit the government to continue with practice based commissioning in his recent review of the NHS (*BMJ* 2008,337,a644).

If implemented well, the King's Fund report says, the policy could help GPs deliver better services to patients, more choice of treatments, and more effective use of financial resources.

However, the policy has so far proved to be an expensive

investment that has delivered little in terms of better services for patients or financial savings for the NHS since its introduction in 2005, says the report. GPs have been slow to start commissioning, and in many areas progress has stalled completely. Although GPs have received almost £100m (€120m; \$150) in incentive payments, few are commissioning new services.

The report recommends that

the government develop a new approach to commissioning whereby primary care trusts keep responsibility for strategic, populationwide commissioning but are informed by GPs and other clinicians. Real budgets for specific services should be devolved to GPs, giving them more freedom and stronger incentives.

The report is at www.kingsfund.org.uk.

Cite this as: *BMJ* 2008;337:a2623

Acute medicine needs seven day access to diagnostic tests

Bryan Christie EDINBURGH

A consensus conference on acute medicine, now the fastest growing of all medical specialties in the United Kingdom, has called for explicit standards, operational policies, and performance monitoring to be introduced.

Acute medicine was formally recognised as a specialty in general medicine in 2003, but practice continues to vary, and there is debate about the precise remit and standards for the specialty, the configuration and integration of the multiprofessional team, and the delivery of appropriate training.

The conference, organised by the Royal College of Physicians of Edinburgh and held in Edinburgh last week, agreed a statement that makes a series of recommendations on multiprofessional working, relations with other health and social care services, education and training, and standards of care.

It says that acute medicine has a pivotal role in improving pathways of care. "Previously, care provided for acutely ill patients often involved delays in assessment, poor outcomes, and many people staying in hospital longer than necessary," says the consensus statement. It recommends that:

- Explicit standards be set, including on rapid assessment, the development of patient pathways, treatment, ready access to diagnostic services, and effective discharge arrangements
- Hospitals should have operational policies for acute medicine explaining the organisation of services and their relation to other parts of the health and social care system

- Rapid access to imaging, laboratory tests, and other diagnostic services be available seven days a week
- Specific standards be agreed to ensure effective working with other specialist teams
- A standardised early warning score should be recorded, monitored, and used to trigger appropriate action for each patient
- Key performance indicators be used to monitor performance, which should include mortality and morbidity data, discharge and readmission rates, and surveys of patients' experiences, and
- All staff have protected time for learning.

Although good progress has been made in developing acute medicine, the statement says that the key challenge in the future will be to sustain this progress, such as by securing resources for seven day services, developing multiprofessional working, and establishing educational provision.

Mike Jones, dean of the college and immediate past president of the UK Society of Acute Medicine, said, "This statement helps to define how progress with acute medicine can be made to deliver prompt, effective patient care. It provides a framework that people can use to develop their own service."

He said it is imperative that the NHS recognise the treatment and care of acutely ill patients as core business. That will require providing 24 hour access to imaging and laboratory and diagnostic services.

The full statement is at www.rcpe.ac.uk.

Cite this as: *BMJ* 2007;337:a2609

A window to ponder

Zosia Kmietowicz LONDON

Visitors to St Thomas' Hospital Bereavement Centre in London can now see a glass installation as they pass down the corridor.

Karen Lawrence, the artist, was asked to create something that was contemplative and based on the natural world.

Ms Lawrence used the delicate "paté de verre" glass casting technique to create the intricate details. "I felt it was important that the lines of the design work as an uninterrupted vista that can be observed from either end of the approaching corridors. I hope to have introduced a feeling of ebb and flow across the glass to create a meditative atmosphere," she said.

Cite this as: *BMJ* 2008;337:a2617

Foundation trusts'

Adrian O'Dowd MARGATE

With England's 109 foundation trusts sitting comfortably in the top half of NHS performance tables, some might consider the work of William Moyes, executive chairman of Monitor, the regulatory body for the trusts, done. But the man who has been described as a "breath of fresh air" for the health service since his appointment in 2004 thinks that more people could benefit from trusts that put clinicians in charge and loosen government control.

"I think foundation trusts' performance has been very impressive, but I still think the best is yet to come. You are dealing with a hospital system that for the best part of 60 years has been, in effect, run from the centre, with ministers issuing guidance that was, to all intents and purposes, instruction," says Moyes.

About half of all acute (46%) and mental health (54%) NHS trusts in England have gained foundation status since the idea of more independent NHS organisations started to become a reality in April 2004.

Although progress has been steady it has not been speedy enough, according to Moyes, who is a plain speaking and demanding leader.

"I am disappointed that we have not managed to have all hospital care delivered by foundation trusts," he says. "The progress with the programme of referring applicants to us has been disappointing. I am hoping the Department of Health will accelerate that programme and that we will see more and better applicants coming to us in 2009."

Monitor was set up with the specific task of authorising and regulating the trusts to

Acute medicine needs explicit standards and operational policies, the consensus statement says





JOHN HAXBY

regulator says “the best is yet to come”

ensure they are well managed and financially strong.

“What we have said is that the board is in charge of the hospital, and it ought to be financially strong and well governed; it ought to be transparent, driving up performance, and the trusts are rising to those challenges,” says Moyes.

Moyes came to the job after completing a doctorate in theoretical chemistry at the University of Edinburgh, followed by a career in the civil service, the Scottish Office, banking, and the British Retail Consortium.

He joined the fast stream of the civil service in 1974 and spent 10 years in Whitehall, finally working in the secretariat of the Cabinet Office. In 1990 he returned to Scotland to join the Scottish Office, where he worked for 10 years and ended up as director of strategy for the Scottish NHS.

His ambitions for foundation trusts seem to be based on promising beginnings. They did well in the recently published annual health check by the watchdog the Healthcare Commission. Of 42 NHS trusts that were rated “excellent” for quality of services and use of resources, 38 were foundation trusts (*BMJ* 2008;337:a2121).

Monitor’s own annual review and consolidated accounts for 2007-8 confirmed that performance seems to be thriving. The 89 foundation trusts authorised in March of this year generated a retained surplus of £395.3m (€490m; \$620m).

There are those, however, who doubt just how well foundation trusts are performing.

Last month the parliamentary health select committee’s report into foundation trusts and Monitor called for independent evaluation of the organisations (*BMJ* 2008;337:a2188). It said it was unclear whether the high performance of the trusts was the result of their changed status or simply a continuation of previous trends, because the best trusts had become foundation trusts, a point also made in a review of NHS reforms by the Audit Commission and the Healthcare Commission (*BMJ* 2008;336:1327).

Moyes admits to being perplexed at the message of that report and says, “It wasn’t as detailed or as thorough a piece of work as they usually do.”

Some critics have also raised questions about evidence of the clinical performance of foundation trusts, but Moyes says that findings from the Healthcare Commission show that they are performing well in this area.

“In the areas of clinical performance that are currently measured, which is primarily MRSA [meticillin resistant *Staphylococcus aureus*], the performance of foundation trusts is as good as the performance of non-foundation trusts,” he says.

Moyes does not accept the criticism that foundation trusts have not yet achieved the full independence available to them, but adds, “There are aspects of the system in which they work that need to be developed. The department needs to do more work on how to operate in a world in which it cannot issue directions to hospitals.”

Cite this as: *BMJ* 2008;337:a2484



Moyes: progress has not been speedy enough

GMC was wrong to suspend obstetrician long after baby died

Clare Dyer *BMJ*

An obstetrician has won a High Court ruling quashing a “flawed” General Medical Council decision that his fitness to practise was impaired in 2007 because of failings four years earlier when a baby died.

The GMC panel found in October 2007 that Hassam Azzam, when a specialist registrar in obstetrics and gynaecology at South Tyneside General Hospital in September 2003, was guilty of “inappropriate, inadequate, and irresponsible” conduct in failing to arrange the immediate delivery of a 19 year old woman’s baby after reading a “pathological” cardiotocography trace.

The GMC also found Dr Azzam to have behaved irresponsibly in failing to attach a fetal scalp electrode, omitting to review the mother within 30 minutes, and failing to ensure that his replacement, who had come on duty, was aware of the seriousness of the situation.

But Mr Justice McCombe, who heard the doctor’s appeal against the GMC’s findings, said that the panel’s job was to decide whether a doctor’s fitness to practise was impaired for the future and that it must take into account evidence that any shortcomings had been remedied by the time the case came to be heard.

He said, “The evidence of Dr Azzam’s rehabilitation was outstanding and uncontested. It required to be given substantial weight in deciding whether the doctor’s fitness to practise was truly impaired for the future.”

Dr Azzam had produced 38 pages of testimonials for the GMC. He was strongly supported by Martyn Pitman, his supervising consultant at Royal Hampshire County Hospital in Winchester, where he was working as a senior specialist registrar when the GMC heard his case.

Mr Pitman told the *BMJ* this week that Dr Azzam had been so disillusioned with his treatment by the GMC that he had left Britain and was now working as a consultant in Canada. “The GMC in its infinite wisdom has lost us one of the best trainees I’ve ever had the pleasure to work with,” he said.

Mr Justice McCombe said that even if the finding of impairment had stood, the penalty of one month’s suspension was too harsh. The purpose of the GMC proceedings was not to punish but to protect the public.

Cite this as: *BMJ* 2008;337:a2612

IN BRIEF

Cholera epidemic threatens Congo:

The World Health Organization has launched an intensive operation to prevent a cholera epidemic in the war torn part of the Democratic Republic of the Congo, where nearly 2000 cases were reported between October and mid-November.

Italian woman is allowed to die:

Eluana Englaro, the 39 year old Italian woman who has been in a persistent vegetative state since 1992, will finally have her feeding tube removed. The final decision by the Italian Supreme Court of Cassation on the legal saga that started in 2000 was strongly opposed by the centre right government and the Catholic Church. Englaro's father, who was authorised to proceed last July, waited until the decision of the court of last resort.

Global Fund grants \$2.75bn to fight AIDS, tuberculosis, and malaria:

The Global Fund to Fight AIDS, Tuberculosis and Malaria has approved 94 new grants worth \$2.75bn (£1.8bn; €2.2bn) over two years. Half of the money will go to malaria programmes, 38% to AIDS, and 11% to tuberculosis.

Breast implants are not linked to cancer:

A study of 6200 Swedish and Danish women who had a cosmetic breast implant between 1965 and 1993 found no evidence of any association with cancer (*International Journal of Cancer* 2008;124:490-3). The study provides the longest follow-up of any such study so far, it is thought.

Abortion rate in Netherlands remains stable:

The proportion of Dutch women having an abortion was unchanged in 2007 at 8.6 per 1000 women aged 15 to 44. In England and Wales the number is 18.6, the latest figures show. However, the Dutch sexual health organisation the Rutgers Nisso group (www.rutgersnissogroep.nl), which compiled the figures, is urging research into why contraception failed in two thirds of the women who had an abortion.

Singapore offers HIV screening for inpatients:

Singapore is to offer HIV tests to all patients who are admitted to its public hospitals. The move is part of the city state's strategy to identify more people in the early stages of HIV and AIDS and to reduce the risk that the disease may be passed on unwittingly.

Cite this as: *BMJ* 2008;337:a2630

France must say how genetic data are passed to patients' relatives

Paul Benkimoun PARIS

France's Biomedicine Agency has called for the government to draw up guidance on giving genetic information to relatives after a patient has been given a diagnosis of a serious genetic abnormality.

The regulatory agency, which was set up under the 2004 Bioethics Act, was presenting evidence to an inquiry to review the working of the act. The inquiry was established at the request of the French health minister, Roselyne Bachelot-Narquin.

Although the agency concluded that overall the act was working well, it expressed regret that the government had not yet drawn up practical guidance to implement one section of it relating to the question of how information can be passed to relatives of someone with a genetic disorder without a doctor breaching the patient's confidentiality.

The act says that when a severe genetic abnormality is diagnosed, the doctor must give the patient a written summary of the risks to his or her relatives, so that the patient can pass on this information, if he or she wishes, thereby enabling the relatives to seek help and advice.

It specifies how patients can pass on this information if they don't want to tell their relatives directly. It lays down a specially devised "medical information procedure," whereby patients give their doctor the

names of relatives and their whereabouts. The doctor then passes these details on to the Biomedicine Agency, which uses another doctor to tell the relatives that it has information that may concern them.

The law also lays down that patients can't be sued for not having passed on the information about their abnormality under this procedure.

However, the agency is still awaiting the government decree that will put these steps into effect and clarify how they will work.

Anneke Lucassen, professor of clinical genetics at the University of Southampton, said that the situation in the United Kingdom differed from that in France. France had dealt with the issue of deciding when, and if, genetic information about one person

should be passed to relatives by making the patient's confidentiality absolute in such circumstances.

She said, "A doctor [in France] may not disclose any information to relatives without an individual's consent. In the UK, however, despite the importance of confidentiality... a concern for harm to others places a limitation on this duty.

"Both professional guidelines and UK case law recognise that confidentiality can be breached legitimately if [this is] considered [to be] in the public interest.

Genetic tests have rarely been mentioned as reasons to breach confidentiality.

"But this is changing," she added. "The General Medical Council is currently updating its guidance on confidentiality."

Bilan d'Application de la Loi de Bioéthique du 6 Août 2004, Rapport Remis à la Ministre Chargée de la Santé can be found at www.agence-biomedecine.fr.

Cite this as: *BMJ* 2008;337:a2610



French health minister, Roselyne Bachelot-Narquin

Review of x ray pictures in asbestosis

Fred Charatan FLORIDA

All but one of 91 cases of asbestosis that were due to be heard in a Michigan court this month have been withdrawn by lawyers after the judge who was to hear the cases was shown evidence indicating that the doctor who made the diagnoses had got them wrong.

Michael Kelly, an occupational doctor in Lansing, Michigan, has worked for the past 15 years for the state of Michigan. In that time he diagnosed 7323 cases of asbestosis. In each case that he was asked to consider a possible diagnosis of asbestosis he was paid a fee of \$500 (£335; €400) by plaintiffs' lawyers.

However, evidence that Dr Kelly may

have misdiagnosed a number of cases emerged after he sent his patients to a hospital for radiography. Under hospital rules, staff radiologists also read the films. Of 1875 x ray pictures reviewed both by Dr Kelly and hospital radiologists, 88% were found by the radiologists to show no evidence of disease (*Wall Street Journal*, 10 Nov, p A18). Medical records also suggested that most of the lung function tests that Dr Kelly performed did not meet accepted standards.

Robert Colombo Jr, Michigan's judge with responsibility for asbestos related cases since the early 1990s, had been scheduled to oversee 91 new asbestos related cases in Wayne

Underfunding of Australian health system leads to 1500 unnecessary deaths a year, doctors say

Ben Bland SINGAPORE

The Australian Medical Association has warned that the country's public health system is facing a major crisis because of under-investment and claims that 1500 hospital patients die unnecessarily every year.

It said that public hospitals urgently require a \$A3bn (£1.3bn; €1.5bn; \$1.9bn) cash injection to meet the existing nationwide shortfall of 3750 beds and to ensure that "lives are not at risk."

Speaking after the release of the association's annual public hospital "report card," Rosanna Capolingua, the association's president, said that the hospital system, which is jointly funded by the federal and state governments, was currently "flat-lining."

"Our hospital report card confirms an urgent need for the federal government to properly fund our hospitals into the future so that lives are not at risk," she said.

The association said that hospital bed capacity had been cut by 67% over the past



Doctors and other health workers at the Gold Coast Hospital, Queensland, protest at hospital conditions

20 years and that this reduction was affecting care of patients.

"Emergency departments are over-full. Corridors are lined with patients on trolleys because beds are simply not available. One report showed that three in four patients in emergency departments who needed to be admitted waited more than eight hours," Dr

Capolingua added. "Of patients needing urgent treatment one third had to wait more than half an hour."

This criticism comes at a politically sensitive time in Australia, with the federal government finalising negotiations with the state governments on a five year agreement.

Cite this as: *BMJ* 2008;337:a2608

German transplant surgeon denies accusations of fraud

Annette Tuffs HEIDELBERG

A prominent transplant and cancer surgeon from the University of Essen in Germany has been charged with unlawful gain, bribery, blackmail, extortionate robbery, and fraud

more than a year after he was suspended.

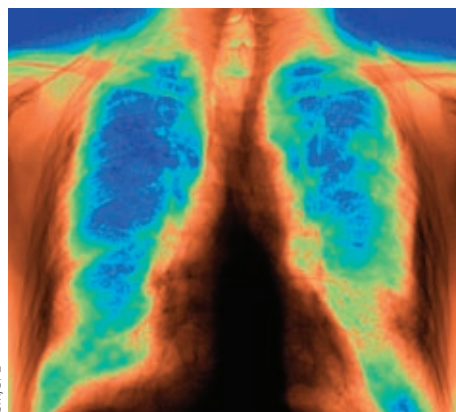
The charges against Christoph Broelsch have been rejected by his lawyer, Rainer Hamm, who said in a press statement that they are entirely unfounded.

In May 2007 Professor Broelsch was publicly accused by the relative of a patient with liver cancer of demanding payments for bringing forward the date of an operation. When police began investigating, a number of patients and relatives reported similar experi-

ences. Professor Broelsch subsequently issued a statement denying that he had ever sought financial reward for performing an operation or that he had blackmailed any patients. However, he said that in certain cases when patients without private health insurance asked him to perform an operation he was obliged by German law to tell them that they had to pay extra for his involvement and that the money was to be used for research.

Cite this as: *BMJ* 2008;337:a2574

litigation showed no evidence of disease in 88% of cases



Chest x ray of the lungs of a patient with asbestosis

County Circuit Court in November. Dr Kelly provided the diagnosis in 80 of the cases. However, one of two pulmonary experts retained by defence lawyers to review specific cases provided the court with the results of a blind study in which independent x ray picture readers found only one abnormality in 68 cases, while Dr Kelly had read and found abnormalities in 60 of them.

Judge Colombo at first resisted reviewing this evidence but agreed to a preliminary hearing. However, within 24 hours of this decision the plaintiffs' lawyers had withdrawn all but one of the lawsuits that were based on Dr Kelly's testimony.

Although numbers of new court filings relating to asbestos are falling nationwide, they are still climbing in Michigan, which was the leading state in 2007, with 996 new filings, representing nearly 14% of all asbestos lawsuits in the US that year.

The *Wall Street Journal* editorial calls for Judge Colombo to pursue the hearing into the medical evidence due to be presented by Dr Kelly despite the fact that the cases had been withdrawn.

The courts had a responsibility to investigate now that the claims had been questioned, the editorial said.

Cite this as: *BMJ* 2008;337:a2549

Nepalese woman dies after banishment from house during

Khagendra Dahal KATHMANDU

A second woman has died in Nepal in less than five months after following the practice of "chhaupadi," spending five days living in a shed during her menstrual period.

The 24 year old woman, who lived in the western hills of Nepal, developed a cough and cold after she entered the shed in mid-October. Although her family took her to a nearby health centre five days later it was too late to save her. She died from sepsis after pneumonia.

The woman was following the tradition of chhaupadi, which is practised in many areas of Nepal, despite the fact that the government declared it illegal in 2005.

During menstruation women have to spend 4-5 days in a shed away from the family home because they are considered "impure and untouchable." Living in a dilapidated and dirty cowshed is seen as a punishment from god, and during this time women are not

allowed to receive medical care.

Yagya Budha, the health assistant who treated the woman, said, "The woman was very sick when she was brought here. She had difficulty breathing, and her extremities were cold. She had already developed sepsis following pneumonia."

This is the second reported case of death this year because of delays in getting treatment to women in this situation.

In July a 15 year old girl died from complications of diarrhoea on her first day in the shed. Although she had diarrhoea when she entered the shed she received no medical attention, as the tradition dictates.

"These incidents are the tip of the iceberg," said Shyam Bhatta, a journalist based in Mahendranagar, a city in the far west of Nepal. "Over the years, there have been so many incidents of women suffering from diseases, snake bites, rapes, and physical assaults while in chhaupadi."



KAISER/CORBIS/ALAMY

Women and girls like these in Kathmandu, Nepal, are banished from the house during menstruation despite attempts by the government to stop the practice

Chlamydia was the most often reported infection in Europe

Rory Watson BRUSSELS

Just over 225 000 cases of chlamydia were recorded in Europe in 2006, making it the most frequently reported infectious disease, the latest research by the European Centre for Disease Prevention and Control shows.

The findings, which will be published in the Stockholm based centre's annual epidemiological report in a few weeks' time, also confirm that giardiasis was the second commonest disease, with 193 000 cases. This is considerably more than the 15 000 reported in 2005, but the increase is almost entirely due to the 170 000 cases that occurred in Romania.

Two other food and water-borne infections came in third and fourth place: campylobacteriosis (180 000 cases) and salmonellosis (168 000). Other infectious diseases

to feature in the top 10 of the 47 that are routinely reported to the Stockholm agency were tuberculosis, mumps, gonorrhoea, hepatitis C, invasive pneumococcal disease, and HIV.

Andrea Ammon, head of the centre's surveillance unit, gave an early presentation of the report's contents at a meeting of the agency's management board in Paris last week.

She noted that although the number of cases of tuberculosis had tended to fall in the 27 European Union members and in Iceland, Norway, and Liechtenstein, increases of up to 50% or more were being found among immigrants in countries such as the United Kingdom, the Netherlands, Switzerland, Norway, and Sweden.

The report also confirms an increase in infections of HIV, mainly among men who have sex with men, and records 6279 cases of measles, a disease that Europe is committed to eradicate by 2010.

Although the situation regarding

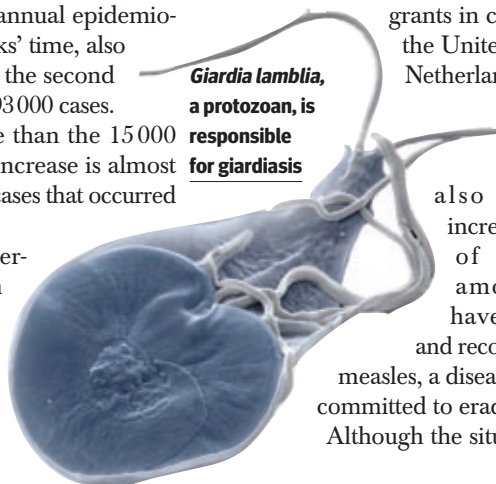
meticillin resistant *Staphylococcus aureus* (MRSA) had improved in Belgium, Austria, and Slovenia since 2002, in all other countries the levels of resistance to MRSA had either remained the same or grown. Data presented by Dominique Monnet, programme coordinator for antimicrobial resistance, showed that a threefold gap exists between countries that prescribe antibiotics to outpatients the most and those that do so the least.

Drawing on the high profile information campaigns that have helped to reduce use of antibiotics in France and Belgium, the Stockholm centre has helped more than 30 countries throughout Europe to run antibiotic awareness events in recent weeks. The common messages at the different events were that inappropriate use of antibiotics poses a serious threat to public health and that ensuring that antibiotics remain effective is everyone's responsibility.

The centre says that some four million people in Europe are infected every year while being treated in hospitals or clinics, of whom 37 000 die as a result. Seasonal flu affects up to 50 million a year, killing 40 000.

More information is at www.ecdc.europa.eu.

Cite this as: *BMJ* 2008;337:a2622



***Giardia lamblia*, a protozoan, is responsible for giardiasis**

menstrual period



Bimala Bohora, a female community worker in Achham, who is working to educate women about the tradition said, "Not only does this have effects on women's health and wellbeing but also causes depression and violates the basic rights of the women."

The practice of spending 10-11 days in the shed after giving birth and menarche is risky, with women lacking proper nutrition and exposed to many diseases and infections.

After reports of similar cases in the media and pressure from charities and human and women's rights activists, the Supreme Court of Nepal made *chhaupadi* illegal in May 2005. However, it has taken the government three years to prepare directives to eradicate *chhaupadi*.

The government has said that it plans to work towards eradicating the practice with the help of Save the Children, Norway, in the coming year.

Cite this as: *BMJ* 2008;337:a2520

Training local researchers in poor countries is the best way to improve health worldwide

Tessa Richards *BMJ*

Training young researchers in low income countries and linking them to the global medical, scientific, and public health community is the best way for wealthy countries to invest in global health, said health policy experts at a recent meeting in Washington, DC.

The meeting on the "role of science in advancing global health diplomacy," held at the O'Neill Institute for National and Global Health Law, Georgetown University, warned that money given for development aid is not being used well because too little attention is being paid to ensuring that effective interventions are implemented on the ground.

"Our systems for delivery have been built as badly as we have built the US healthcare system," said Jim Kim, professor of health and human rights at Harvard School of Public Health. "Neither is based on good science, and both need to be."

The priority for US health care should be to reduce costs and improve quality, argued Professor Kim, but he suggested that the global health community focus on developing the science of implementation and delivery. This will require input from business, science

managers, and systems engineers and learning lessons from successful health initiatives, he said.

As examples, he cited antituberculosis programmes in Peru and the work of BRAC, a Bangladesh based development organisation that works on long term, sustainable poverty reduction in Asia and Africa (www.brac.net). This community based organisation trains and supports teachers, healthcare workers, and microfinance officers to help poor communities identify and meet their own needs.

Learning from initiatives that fail is also important, the meeting agreed. Professor Kim said that useful lessons could be learnt from unsuccessful attempts to contain polio in Pakistan and the failed malaria control programme in east Africa. "Local people were angry about the way the malaria initiative was organised," he said, noting that more than 50% of its money went on paying overseas consultants to train people how to spray bed nets.

See Tessa Richards's blog at <http://blogs.bmj.com/bmj/>. A webcast of the meeting can be downloaded from www.law.georgetown.edu/webcast/index.cfm.

Cite this as: *BMJ* 2008;337:a2620

Mauritius tops index on child welfare in African countries

Peter Moszynski *LONDON*

A league table of African governments' child friendliness has been launched to mark the universal day of the child on 20 November.

The ranking has been compiled by the Addis Ababa based African Child Policy Forum to encourage African governments to be "more accountable to their future citizens."

The survey, which ranks 52 African countries on more than 40 indicators, finds that some of the poorest nations are the most child friendly, because they have laws and policies in place to protect children's rights. In addition, they have targeted their limited resources to provide basic needs for their children.

Assefa Bequele, the forum's executive director, said, "While we should be grateful for all the assistance given to us by non-African actors, I think it is time that we as Africans should speak out and reclaim our own destiny" by becoming "a moral voice for Africa's children."

"For the first time we can assess the behaviour and performance of African governments systematically and transparently using the child friendly index and, by so doing, hold these governments more accountable for their children's wellbeing," he said.

"We will be able to monitor progress and failings more easily [by] using this powerful instrument, which is the first of its kind in Africa and, to our knowledge, the first of its kind anywhere."

The report lists the top 10 most child friendly governments, starting with the best, as Mauritius, Namibia, Tunisia, Libya, Morocco, Kenya, South Africa, Malawi, Algeria and Cape Verde.

An adviser to the forum, Richard Jolly, former deputy director of Unicef and architect of the Human Development Index, said, "Governments that have come out well on this index did so because they have done two things: they have put in place the rel-



ANTHONY BANNISTER/CORBIS

African countries that do well on child welfare have laws to protect children from abuse

evant laws to protect children from abuse and exploitation, and they have targeted resources at the basic needs of children, above all access to health and education."

The report says that spending on health is an important indicator of children's wellbeing, yet such expenditure varies greatly between countries. Malawi is the most committed—it spent nearly 30% of its total expenditure on health in 2004.

The report is at www.africanchildforum.org

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