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Detention of children awaiting deportation "harms their health"

Clare Dyer BMJ

The arrest and detention of children awaiting removal from the United Kingdom after their asylum applications have failed harm their health and wellbeing and should be ended, says the children's commissioner for England.

A damning report from a team led by Al Aynsley-Green paints a picture of children frightened by dawn raids, transported in urine soaked cages, kept in detention despite illness, and denied urgent medical treatment.

The report, which follows a visit last May to the UK's main immigration removal centre with family accommodation, Yarl's Wood centre in Bedfordshire, urges the government to replace detention of up to 2000 children a year with community based alternatives.

A former professor of child health and consultant paediatrician at London's Great Ormond Street Hospital for Children, Professor Aynsley-Green now heads "11 Million," the renamed Office of the Children's Commissioner. His team made 42 recommendations for the reform of the system but ultimately concluded that detaining children for administrative reasons is against their best interests and should end.

The report points out that the average length of time children are detained has risen from eight to 15 days, while the numbers of children detained for much longer periods has also grown.

Some of the families had been in the UK for long periods, in some cases more than 10 years. For those whose long residence was because of "the historic inefficiencies of the asylum system," a fair solution would be to consider granting settlement.

Phil Woolas, immigration minister, said, "We only detain those who refuse to comply with the decisions of the courts … We don't want to split up families, so we hold children with their parents; and while they are in our care we treat them with sensitivity and compassion."

The Arrest and Detention of Children Subject to Immigration Control is available at www.11million.org.uk.

Cite this as: *BMJ* 2009;338:b1758

MARCO UGARTE/AP/PA

People wear surgical masks as a precaution against infection on the underground in Mexico City

WHO raises level of alert on flu pandemic as disease spreads

Adrian O'Dowd LONDON

Fears that swine influenza, which seems to have caused the deaths of around 150 people in Mexico, could become a full pandemic have prompted action across the globe.

As the *BMJ* went to press on Tuesday Mexico's health minister, José Ángel Córdova, was putting the number of deaths from the outbreak of A/H1N1 swine flu in his country at about 150.

The World Health Organization said that only 26 cases in that country had been confirmed and that seven people had died. The United States had reported 40 laboratory confirmed human cases, with no deaths, while Canada had reported six cases of infection, Spain two, Israel one, and New Zealand three—none of which had resulted in death.

In the United Kingdom the Scottish Government said it had two confirmed cases of swine flu in people admitted to Monklands Hospital in Lanarkshire after they returned from a holiday in Mexico.

The Department of Health in England is working with primary care trusts to ensure that arrangements are in place to support the distribution of antivirals, and advice has been issued to doctors dealing with patients who present with flu-like symptoms and who have just returned from or are visiting from affected countries.

WHO's emergency committee met earlier on Monday 27 April to study the latest data on confirmed outbreaks, and it subsequently raised the level of flu pandemic alert from phase 3 to phase 4. The change to a higher phase alert indicates the likelihood that a pandemic has risen but not that a pandemic is inevitable.

WHO has also asked that all countries strengthen their flu surveillance to provide more information on the infection. Its director general, Margaret Chan, said, "Containment of the outbreak is not feasible. The current focus should be on mitigation measures."

In the UK five years of preparation for a flu pandemic are now being put to the test, said England's health secretary, Alan Johnson, who tried to calm fears and emphasised that in all cases outside Mexico the symptoms of this illness were mild and that all patients had made a full recovery.

"There is understandable trepidation and concern across the world," said Mr Johnson. "Here in the UK we are monitoring the situation very closely alongside WHO and our international partners.

"The UK has been preparing for such an occurrence for a number of years," he said.

Cite this as: *BMJ* 2009;338:b1777

Budget lays bare cost to NHS of economic crisis as it is told to make efficiency savings of £2.3bn

Nicholas Timmins FINANCIAL TIMES

A severe and long public sector recession is in prospect in the wake of the private sector recession, as the UK government moves to pay back the mountain of debt accumulating as tax revenues fall and as it keeps up spending to combat the downturn.

Borrowing is expected to total £348bn (€390bn; $510bn) over the next two years, three and a half times the annual cost of the NHS in England. It will have to be serviced and paid back. The return of growth will help, but a large part of the bill will have to be met by a mixture of tax rises and spending cuts.

AFP/STRINGER/GETTY IMAGES

From April 2011, money for departmental spending will fall by 2.7% a year

Cuts will be harsh. Alistair Darling, the chancellor, set out an overall freeze in public spending for the three years from April 2011, with a cash cut of a half in capital expenditure, down from £44bn this year to £22bn a year by 2013-4. Current expenditure will rise by just 0.7% in real terms (after adjusting for inflation), barely half the rate the chancellor was projecting only last November.

But out of that will have to come interest payments on the rapidly rising debt and social security expenditure over which the government has limited short term control; it includes, for example, the bill for payments to unemployed people, whose numbers most commentators expect to reach three million.

The Institute for Fiscal Studies says that, on reasonable assumptions, it is likely that from April 2011, when the next three year spending round begins, there will be a 2.7% a year reduction in real terms in the money available for departmental spending programmes—schools, health, prisons, the police, local government, agriculture, science, and so on. That would be the biggest real terms spending reduction in departmental programmes since the late 1970s, just after the then Labour government had to seek a standby loan from the International Monetary Fund.

What does this mean for the NHS? In the short term the service remains relatively protected. The Department of Health is having to take the lion's share of the £5bn spending cut next year that the government had already announced, claiming that it will be made up by £5bn worth of cash releasing efficiency savings. Health's share of that will be £2.3bn. Without explaining quite how, the health department claims that this can be achieved without reducing spending on frontline services. Allocations to primary care trusts that have already been announced for next year will remain unchanged, the department says.

After that the NHS will not be told until nearer the election precisely what its ration will look like. David Nicholson, the NHS's chief executive, told the *Health Service Journal* in the immediate wake of the Budget that the chancellor's announcement "means significantly lower growth for the NHS than we were expecting."

He did not rule out a cash cut. "We will have to look at that in a bit more detail," he said. "We will have to do quite a bit of work over the next three to four months on what it means. I can't speculate."

Certainly capital expenditure will be hit hard. And although all the parties have so far promised to give the NHS priority—David Cameron, the Conservative leader, said just ahead of the Budget that "the NHS must come first"—"priority" could still mean a freeze in NHS spending or an actual reduction, given the scale of cuts that other departments look likely to face.

Ministers in the next government will also face the dilemma that any protection for the NHS can come only at the cost of bigger cuts elsewhere: either reductions in departments' spending power in real terms or actual cash reductions.

Nigel Edwards, director of policy for the NHS Confederation, which represents most NHS organisations, said, "Our fear is that the 0.7% growth in [current] spending is not going to translate into anything like 0.7% for the NHS. If we are lucky it might be zero."

Whatever the scale of the squeeze, it is likely to be prolonged, lasting much longer than the periods of very tight NHS spending in the 1980s and 1990s. Although the government has set out how it plans to balance tax rises against spending cuts (it has mainly chosen spending cuts) over the next parliament, a further £45bn will have to be found over the succeeding parliament, to 2017-8.

See Editorial, p 1024

Cite this as: *BMJ* 2009;338:b1754

UK deaths from breast cancer fall to lowest figure for almost 40 years

Susan Mayor LONDON

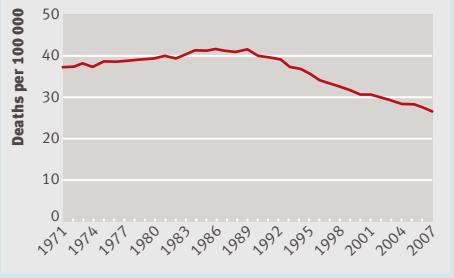
The number of women dying from breast cancer in the United Kingdom has fallen to fewer than 12 000 for the first time since national statistics have been recorded, almost 40 years ago, according to the latest figures.

The figures collated from government statistics by Cancer Research UK, a research and information charity, showed that 11 990 women died from breast cancer in the UK in 2007. In 1971, the first year that these statistics were collected, 12 472 women died from the disease.

Deaths from breast cancer then increased steadily each year, reaching a peak in 1989 when 15 625 women died. Since then, breast cancer death rates have fallen by 36%, from 41.6 women per 100 000 in 1989 to 26.7 women in 2007 (figure).

The decline has occurred in all age groups. Between 1989 and 2007 the rate of mortality from breast cancer fell by 41% in women aged 40-49 years; by 41% in women aged 50-64; by 38% in women aged 65-69; by 35% in women aged 15-39; and

BREAST CANCER IN UK WOMEN



PLAINPICTURE/GMBH & CO/KG/ALAMY

The national support team will help local teams to tackle smoking, obesity, and teenage pregnancy

Health department sends in team to cut infant deaths in 43 deprived areas

Jacqui Wise LONDON

The Department of Health is sending in a support team to help the 43 areas in England with the highest rates of infant mortality among routine and manual workers, in a bid to reach its health inequalities target.

A target to reduce national health inequalities was set in 2001 and updated in 2004. It states that by 2010 the gap in infant mortality between routine and manual groups and the population as a whole should be reduced by at least 10%.

Launching the initiative, the public health minister, Dawn Primarolo, said, "Every year in England 3000 babies die before the age of 1. Every one is an equal tragedy. But what is unacceptable is that a baby born in Birmingham is six times more likely to die before its 1st birthday than one born in an affluent town in the south of England."

Deaths among the routine and manual group were 19% higher than in the total population in 2002-4, a deterioration from the 1997-9 baseline position of 13%. However, by 2005-7, which is the latest data available, the gap had been brought down to 16%.

The new national support team will help local health teams to deal with smoking, maternal obesity, teenage pregnancy, housing, and child poverty—all factors that affect the life expectancy of an infant.

The team of six members will first spend a week in each area, working with primary care trusts, local authorities, other NHS trusts, and the voluntary sector. It will meet with trust chief executives, directors of public health and other leaders in the area.

The team, which is headed by Dr Marilena Korkodilos, a consultant in public health medicine at the Department of Health, will try to spread good practice, including how to ensure that all women have their health and social care needs assessed by 12 weeks of pregnancy. The team will provide continuing support as needed.

Cite this as: *BMJ* 2009;338:b1705

as advances in treatment and screening pay off

by 20% in women older than 70.

Peter Johnson, Cancer Research UK's chief clinician, said, "It's incredibly encouraging to see fewer women dying from breast cancer now than at any time in the last 40 years, despite breast cancer being diagnosed more often."

Research has played a crucial role in this progress, leading to improved treatments and better management for women with the disease, he said. The fall in mortality is associated with reduced risk of recurrence of breast cancer, achieved by the widespread introduction of chemotherapy, radiotherapy, and hormone treatments, such as tamoxifen and anastrozole, in addition to surgery.

"The introduction of the NHS breast screening programme in 1988 has also contributed, as women are more likely to survive the earlier cancer is diagnosed," added Professor Johnson.

For UK statistics on breast cancer see http://info.cancerresearchuk.org/cancerstats/types/breast/mortality.

Cite this as: *BMJ* 2009;338:b1710

Emergency doctors and police debate data sharing schemes

Deborah Cohen BMJ

Sharing of data between hospitals and police forces is crucial to help fight violent crime, the Home Office minister Vernon Coaker told a meeting of doctors, police experts, and local authority representatives this week.

The meeting, called the London accident and emergency data sharing summit, was held to discuss what types of data could most usefully be shared, issues of patient confidentiality, and whether hospital doctors should be obliged to report cases of knife crime to the police.

Jonathan Shepherd, a maxillofacial surgeon from Cardiff University, who favoured the collection of anonymised rather than personalised data, told the meeting that essential data should include the victim's age and sex, the date and time of the attack, the weapon used, and the exact location.

Professor Shepherd had been responsible for devising a successful data sharing scheme in Cardiff in an effort to reduce local violent crime, and his project had been used as a model for the Home Office's tackling knives action programme, a data sharing scheme that the department set up last June. So far 45 hospitals in England and Wales have joined up.

Mr Coaker commended the Cardiff scheme, saying: "We know sharing data works. In Cardiff, the area that led the way, there has been a significant fall in knife crime; and, by working with as many hospitals as possible, I hope we can replicate this across the country."

Data from the Home Office's action programme show that the number of hospital admissions after an assault involving a sharp object among people aged 13 to 19 years in the period June to December was 30% lower in 2008 than in 2007, whereas the reduction was 17% in areas where the programme was not implemented.

The government is hoping that the collection of simple, anonymised aggregate data from emergency departments could help map crime hotspots and lead to prevention initiatives, such as introducing plastic glasses in bars, changes to opening times of licensed premises and new street patrols.

Cite this as: *BMJ* 2009;338:b1769

IN BRIEF

Managing bladder problems in multiple sclerosis: Second line treatments, such as bladder injections of botulinum toxin A and intermittent self catheterisation, should be more widely available to people with multiple sclerosis who have bladder problems, says evidence based guidance from a multidisciplinary expert group (*Journal of Neurology, Neurosurgery and Psychiatry* 2009;80:470-7). The guidance sets out who should see patients who have multiple sclerosis at different stages of their condition and what investigations and treatments should be available.

Medical excellence network discussed for Africa: An African network for medical excellence, which would apply the model of the Salam Centre for cardiac surgery in Kharthoum to other health priorities, was discussed among nine African countries in Venice last week and will be presented to the World Health Organization's general assembly in Geneva next May (*BMJ* 2008;336:1152-3).

Critical incident reporting system for Austria: The Austrian Medical Association will launch a critical incident reporting system at the end of May that will allow doctors and patients to anonymously report mistakes in medical treatment. Similar reporting systems already are in operation in Germany and Switzerland.

Comments sought on guidance to reduce wrong route errors: The National Patient Safety Agency (www.npsa.nhs.uk) is running a consultation until 19 June on a draft patient safety alert to promote a purchasing for safety initiative for neuraxial (spinal and epidural) medical devices with safer connectors to further minimise wrong route errors. The guidance follows continued reports of incidents involving wrong route errors, specifically with common luer connectors and infusion spikes.

Only one in four English children get enough exercise: A survey of 260 000 families in England for the Change4Life campaign (www.nhs.uk/change4life) has found that almost three quarters (72%) of their children are not getting 60 minutes of daily activity outside of school. The survey also found that 45% of children watched television or played non-active video games before school, and only 22% did something active after their evening meal.

Cite this as: *BMJ* 2009;338:b1715

More birth attendants are needed to cut

Peter Moszynski LONDON

Reducing maternal mortality worldwide is a key component of the United Nations' millennium development goals, but it will not happen without much greater investment in the training and deployment of skilled birth attendants, says a report issued this week by the British medical charity Merlin, as part of its "Hands up for health workers" campaign.

All Mothers Matter, which was launched to coincide with international day of the midwife on 5 May, points out a direct link between the highest rates of maternal mortality and what it calls "the health worker crisis in fragile states."

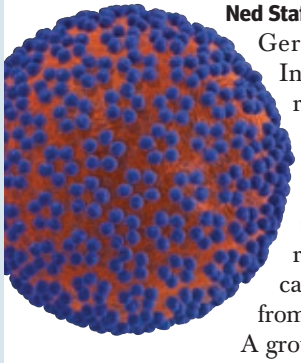
The report recommends doubling the healthcare workforce in these fragile states (defined as countries where the government cannot or will not deliver core functions to the majority of its people) and delivering the required number of midwives to ensure that the fifth millennium development goal—to cut the maternal mortality ratio by three quarters from 1990 to 2015—is reached.

It says, "Without enough midwives you cannot hope to improve perinatal care in Africa. If we are to stop the needless loss of women's life we must ensure wider and fairer distribution of midwives, giving them the skills, training, and equipment they need to provide a continuum of care to women and their newborn children."

Conflict plays a key role in the "wholesale under-investment in health systems and the subsequent loss of mothers' lives." Thirteen of the 15 countries with the highest rates of maternal mortality have suffered violent conflict in the past 10 years. Virtually all are in Africa.

Whether emerging from civil war or recovering from disaster, these countries have

Germany reviews its policy on HPV vaccine for 12-17 year olds



3D CLINIC/GETTYIMAGES

Ned Stafford HAMBURG

Germany's Robert Koch Institute is reviewing its recommendation that all 12-17 year old girls should be vaccinated against the human papillomavirus (HPV) to reduce the risk of cervical cancer, after criticism from experts.

A group of 13 medical scientists publicly criticised the institute's recommendation in November 2008 (*Süddeutsche Zeitung*, 26 Nov).

Susanne Glasmacher, spokeswoman at the Berlin based institute, which is responsible for disease control and prevention in Germany, told the *BMJ* that the institute's standing vaccination committee was undertaking the review because new studies had been published and because of the "public discussion" generated by the 13 scientists.

However, she hinted that the committee would not reverse the original recommendation, saying: "The committee will publish a statement within the next few weeks; but there is no reason to change the HPV recommendation at the moment."

The institute's vaccination committee made the recommendation in March 2007 to the Federal Joint Committee, which voted to add the HPV vaccine to the public health insurance list of covered vaccinations.

But in November 2008, Dr Ansgar Gerhardus of the School of Public Health at the University of Bielefeld and 12 other scientists issued a statement calling for "a reassessment of the HPV vaccination and an end to misleading information."

They wrote: "We strongly object to stirring up fear regarding the risk of cervical cancer and feelings of guilt by disseminating incorrect information. We demand that gaps in the data be discussed openly. Assertions that a vaccine reduces the risk of cervical cancer by 70% or even 98% should simply not be made at this point in time."

The Federal Joint Committee's spokesman said that the committee found merit in the concerns and submitted a list of questions to the vaccination committee at the Robert Koch Institute .

Kai Fortelka, spokesman for Federal Joint Committee, said: "If there is concrete scientific evidence, hard scientific facts that the Federal Joint Committee cannot ignore, it is possible to make a new decision."

An English translation of the scientists' statement is at www.uni-bielefeld.de/gesundhw/ag3/downloads/Statement_HPV-vaccine.pdf.

Cite this as: *BMJ* 2009;338:b1692

maternal mortality in fragile states

"limited resources to build health systems capable of coping with the essential health care demands of their people." As a result, the report says, there is on average less than one health worker for every 1000 people, and a quarter of women deliver their babies alone or with a family member. Thus "mothers living in fragile states are left to die from predominantly preventable causes."

Zeena Abdalla Ramadhan, training coordinator at Merlin's midwifery school in Zwedru, Liberia, said that the situation could be remedied only through additional funding for health services in these countries.

"You cannot tackle maternal mortality in isolation and must invest in functioning systems and a skilled workforce," she said. "*All Mothers Matter* asks for 50% of all global health funding to be channelled into strengthening health systems, with 25% being used to train and retain health workers."

She continued: "We must also target investment towards fragile states, where half of all maternal deaths occur. Investing an additional £2.4bn [€2.7bn; $3.5bn] in those countries, just £2.71 per person per year, could put countries back on track to meet the millennium development goal."

The charity's chief executive, Carolyn Miller, said, "Midwives are at the heart of maternal survival. Fragile states carry the greatest burden of maternal deaths and have the lowest numbers of health workers yet receive insufficient overseas development aid. We cannot hope to meet global maternal health goals if we don't reallocate our focus, and funding, to countries in crisis."

All Mothers Matter **is available from www.handsupforhealthworkers.org.**

Cite this as: *BMJ* 2009;338:b1763

PETER MOSZYNSKI

A mother sits outside Nimule Hospital, Sudan. The country suffers an acute lack of trained staff

New German law bans tests of fetuses for adult onset illnesses

Annette Tuffs HEIDELBERG

After 10 years of debate the German parliament has passed a strict law aimed at preventing misuse of genetic tests.

"[The] purpose of the law is to protect individuals from discrimination because of their genetic constitution," said the health minister, Ulla Schmidt, last Friday in Berlin.

The law limits the use of genetic testing on a fetus to purely medical purposes. Parents are not allowed to determine the sex of their unborn children, and tests cannot be used to identify genes for illnesses that appear in adulthood, such as breast cancer or Huntington's disease. However, doctors will be allowed to test prenatally for genetic conditions that appear immediately after birth or during childhood. Parents will have to undergo obligatory counselling before any genetic test is carried out.

The legislation follows the case of a 36 year old teacher in 2005 whose father had Huntington's disease but who did not want to be tested. On becoming a civil servant her right to a lifelong job was initially rejected because she was at risk of inheriting the condition. However, the court ruled that she should retain her entitlement to a lifelong job (*BMJ* 2005;331:475).

Under the law employers and insurance companies are not allowed to demand genetic checks from employees or clients.

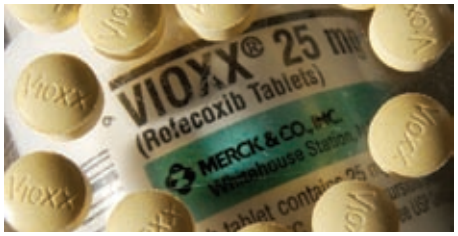
Cite this as: *BMJ* 2009;338:b1753

Merck accused of disguising a "marketing publication" as a journal

Ray Moynihan BYRON BAY, AUSTRALIA

The Federal Court in Australia has heard allegations that the drug company Merck produced an entire medical journal as part of its marketing campaign to allay safety fears about Vioxx (rofecoxib), its cyclo-oxygenase-2 inhibitor, which was withdrawn in 2004.

The allegations came during testimony from George Jelinek, an emergency doctor and journal editor. Dr Jelinek was called as an expert witness by lawyers acting for Graeme Peterson, who had a heart attack in 2003 after taking rofecoxib for several years and is lead plaintiff in a class action.



Articles about Vioxx appeared in the *Australian Journal of Bone and Joint Medicine*, which was a marketing publication produced by Merck

Strongly defending the action, Merck's position is that the drug didn't cause the heart attack, and the company will present evidence showing it acted responsibly. Although Merck has paid almost $5bn (£3.4bn; €3.8bn) to settle US cases related to rofecoxib, it has not admitted causation, fault, or liability.

Dr Jelinek gave evidence that the *Australasian Journal of Bone and Joint Medicine*, which included reviews, news, commentary, and articles reprinted from other journals, "was not, in fact, a peer reviewed medical journal, but instead a marketing publication" for Merck.

His evidence was not challenged during cross examination. Asked by the *BMJ* why the evidence was not challenged, a Merck spokesperson said that Dr Jelinek had stated that every original article related to Vioxx in the journal had been "published in a peer reviewed journal, so there was no need to ask him about it."

Dr Jelinek told the *BMJ* that, in his view, "marketing masquerading as medical research fundamentally undermines scientific integrity."

Last month, internal company emails debated in court showed how Merck had tried to "neutralise" and "discredit" potential critics of its arthritis drug (*BMJ* 2009;338:b1432). In recent weeks, more documents have become publicly available, which expose strategies aimed at playing down safety concerns associated with rofecoxib.

Cite this as: *BMJ* 2009;338:b1714

THOMAS RIPPE/GAVI/09

The vaccination campaign against pneumococcal disease in Rwanda is due to be replicated in Gambia

Rwanda launches vaccine drive

Peter Moszynski LONDON

This week Rwanda launched a national drive to combat pneumococcal disease, the leading vaccine preventable killer of children aged under 5 worldwide. The drive is thought to be one of the developing world's first national immunisation programmes against the disease, which causes life threatening illnesses, such as pneumonia, meningitis, and sepsis, and might have a substantial effect on mortality in children under 5.

The programme is a joint effort by the Rwandan government and the Global Alliance for Vaccines and Immunization (GAVI), a partnership that includes the World Health Organization, Unicef, and the World Bank, funded by donor countries and the Bill & Melinda Gates Foundation, and the Pneumococcal Accelerated Development and Introduction Plan team from Johns Hopkins Bloomberg School of Public Health.

Richard Sezibera, Rwanda's minister of health, who led a group of doctors and nurses in giving the first doses of pneumococcal conjugate vaccine to Rwandan children, said, "This is a proud day for Rwanda and an important milestone for the developing world. We are committed to saving the lives and improving the health of our most precious national resource—our children.

Millennium goals are under threat from financial crisis

John Zarocostas GENEVA

The global economic crisis is pushing many poor nations, especially those in sub-Saharan Africa, into a danger zone and poses a serious threat that many of the United Nations' millennium development goals will not be met by the 2015 target date. The prospects are gravest for goals related to health, warns a report by the International Monetary Fund and the World Bank.

Robert Zoellick, president of the World Bank, and Dominique Strauss-Kahn, managing director of the International Monetary Fund, warned that the financial crisis risks becoming "a human and social crisis."

"The prospects of reaching the MDGs [millennium development goals] by 2015, already a cause for serious concern, now look even more distant," the two agency chiefs observed. They emphasised that international efforts "must be redoubled" to recover the lost ground in progress towards the goals.

The joint report estimates that the current crisis could cause "200 000 to 400 000 more infant deaths per year on average between 2009 and the MDG target year of 2015," or an additional 1.4 million to 2.8 million infant deaths over the period.

"The world can, and should, do better," says the report. "Acceleration of progress requires a shared commitment to pursue the development agenda with greater vigour and urgency." It calls on donors to pick up the pace in delivering on their aid commitments.

Zia Qureshi, a World Bank adviser and lead author of the 2009 global monitoring report, said that the crisis "gives added urgency to reinforcing key programmes in health and education, such as control of major diseases, including HIV and AIDS and malaria."

The report says that the crisis calls for a focus on social protection programmes and services that shield poor and vulnerable households from the most severe effects of the crisis. "This implies a high priority for primary health care and nutrition programmes in rural areas and in poor neighbourhoods," the report says.

The renewed efforts, it says, also require improvements in key health services and greater involvement of the private sector. It says that in sub-Saharan Africa and South Asia half of the maternal, reproductive, and child healthcare services relevant to achievement of the millennium development goals are privately provided.

Private providers, it says, also have a major role in the treatment of communicable diseases such as tuberculosis, malaria, and HIV.

With regards to child mortality, the report says the rate has not fallen fast enough to meet the target to reduce it by two thirds between 1990 and 2015.

"Over three quarters of countries with available data are not on track. Nearly half of all deaths of children under 5 occur in Sub-Saharan Africa," it says.

Progress in lowering infant mortality is also "well short of the target in South Asia," it noted.

The goal in which the least progress has been made is that to improve maternal health, where the target is to reduce the mortality ratio by three quarters from 1990 to 2015.

Global Monitoring Report 2009: A Development Emergency **is available at www.worldbank.org.**

Cite this as: *BMJ* 2009;338:b1755

Wielding a sword

Opponents of **Judith Mackay** have called her dogmatic, meddlesome and puritanical. **Jane Parry** went to find out the truth

Jane Parry HONG KONG

Judith Mackay typically starts her day with a session of t'ai chi. Her t'ai chi teacher is strict and demands high standards from her students, but the discipline suits Mackay, as does t'ai chi's emphasis on harmony and balance.

Mackay, originally from Yorkshire, has lived in Hong Kong for 42 years, and credits living in an Asian society with teaching her about the superiority of negotiation over confrontation. Despite her reputation as a terrier at the heels of the tobacco industry, she sees herself as an advocate for good rather than an adversary of harm. She sees herself as a promoter of public wellbeing, helping both governments and individuals to make decisions that are in the interests of good health.

The shift from activist to advocate happened in the 1980s, when she started working with governments in Asia, particularly China, as a World Health Organization consultant. Since then her name has long been synonymous with persuading governments in the region to adopt tobacco control.

When Mackay first turned her attention fully to tobacco control in 1984, she worked alone. "She impressed me as a totally committed advocate for tobacco control, the first person doing this in Hong Kong and Asia, on a full

against pneumococcal disease in under 5s

With the introduction of this vaccine, our goal of significantly reducing child death in Rwanda will now be within reach."

The campaign, due to be replicated soon in Gambia, was made possible by the free provision of the pneumococcal conjugate vaccine, Prevenar, by its manufacturer, Wyeth. Its chairman, Bernard Poussot, said, "Wyeth is committed to protecting current and future generations from pneumococcal disease . . . Wyeth is honoured to provide GAVI with more than three million doses of Prevenar to help Rwanda and the Gambia protect its children against the potentially devastating consequences of this disease."

The fourth millennium development goal (MDG4), related to child health, aims to reduce the disparity in child mortality, which is much higher in poor than in wealthy nations.

According to GAVI, this is "significantly driven by lack of access to appropriate health care, including treatment and prevention of serious infections. The routine use of new vaccines against the two leading killers of children under age 5, pneumonia and diarrhoeal diseases, could save more than 800 000 lives by 2015 and put low income countries significantly closer to reaching their MDG4 targets."

Pneumococcal disease takes the lives of 1.6 million people a year, including around one million children under 5. More than 90% of these deaths occur in developing countries.

Young children and people older than 65 are the most vulnerable to acquiring pneumococcal disease as well as people with a weakened immune system from undernutrition, AIDS, or sickle cell anaemia. People with HIV have a 20-40 times greater risk than people who are HIV negative.

Prevenar, originally introduced in the United States in 2000, is the first new generation vaccine to be introduced to the developing world by GAVI.

Cite this as: *BMJ* 2009;338:b1729

for health: taking on the tobacco industry in East Asia

time basis, with no pay and single handedly, as a pioneer," recalled Tai-hing Lam, head of the University of Hong Kong's department of community medicine.

In 2006 she became project coordinator for the launch of the World Lung Foundation component of the Bloomberg Initiative and is now its senior adviser.

She has many supporters, and her work has won her a slew of awards in recent years, including the BMJ Group's first ever lifetime achievement award (*BMJ* 2009;338:b1428).

Inevitably, she has also been publicly denounced by the tobacco industry and its supporters as, amongst other things, dogmatic, pontificating, meddlesome, puritanical, and hysterical. In 1993 a US smokers' rights group described her as "psychotic human garbage." She wears such barbs as a badge of honour.

Mackay was born Judith Longstaff in Yorkshire during the second world war. She passed the entrance exams for university at the age of 16 and went to Edinburgh to study medicine, the first in her family to do so.

It was during her intern year at City Hospital in Edinburgh that she met her future husband, John, back from Hong Kong to take the examination for membership of the Royal College of Physicians. After a courtship of just four months, he popped the question the day he passed his exam and a week before he was due to return to Hong Kong.

Mackay followed her husband to Hong Kong three months later, looking forward to a life of leisure lazing on the beach after seven gruelling years of medical training. "It lasted six weeks before I got bored and took a Cantonese course for the next nine months," she said.

When Judith Mackay first turned her attention to tobacco control she worked alone and with no pay

After a stint as a part time GP in the British army, followed by a university research job, she decided to retrain and in 1973 was accepted by Alex McFadzean as an honorary registrar in a training post for membership of the Royal College of Physicians (MRCP). "It was by far the most difficult career step I've ever made, and I was surprised by my lack of confidence at that time, how the prospect was quite scary," Mackay recalled.

Thus began a stage of her life where she juggled her family and career with innovative proposals, such as during her MRCP training having responsibility for 25 hospital beds but with no overnight or weekend duties, for no pay, in order to secure family friendly clinical hours.

Mackay subsequently became active in the women's movement, and her transition from working in a hospital to working in tobacco control came with the realisation that smoking was a bigger threat to women's health than that posed by gynaecological problems.

Her first role in tobacco control in 1984 was as founder and director of the Asian Consultancy on Tobacco Control. Then in 1987 to 1989 she was the founding director of the Council on Smoking and Health, subsidised by the Hong Kong government, after which, in 2001, she became a senior policy adviser for the WHO Tobacco-Free Initiative, a position she still holds. In 2006 she began working with the World Lung Foundation on the Bloomberg Initiative.

At 65, Mackay shows no signs of putting her career on the back burner, although she says that tobacco control has become so mainstream now she could easily step away from it and spend more time on her t'ai chi. "I've really taken to it. My place in life is brandishing a sword, but t'ai chi has taught me you have to do that with humility."

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