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Paediatricians debate a motion of no confidence in GMC

Owen Dyer LONDON

UK paediatricians will debate a motion of no confidence in the General Medical Council's handling of disciplinary cases involving child protection work, at their professional association's forthcoming meeting.

The motion has been put forward by 32 members of the Royal College of Paediatrics and Child Health and will be tabled at the college's annual spring meeting, to be held at York University from 14 April.

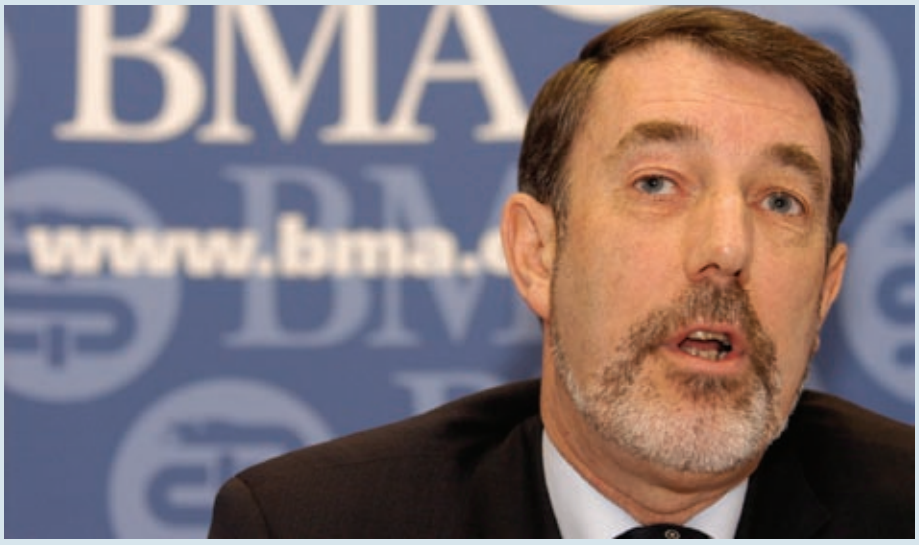
Many but not all of the motion's signatories are members of Professionals Against Child Abuse, a group formed last year in response to high profile GMC cases against paediatricians.

The motion argues that paediatricians are more harshly treated than other specialties, citing cases in which other doctors escaped removal from the register after convictions for assaulting children and viewing child pornography.

The motion also accuses the GMC of giving too much weight to serial and vexatious complaints by campaigners and of failing to consider previous investigations that have exonerated paediatricians when starting proceedings against them. This constitutes double jeopardy, the paediatricians argue.

Paul Davis, a consultant paediatrician in Cardiff and one of the signatories, said the fear of being struck off was a "powerful deterrent" in discouraging professionals from giving expert testimony and from making child protection referrals. "The numbers on the child protection register have declined sharply," he said.

A spokesperson for the GMC said, "It is extremely rare for a paediatrician to appear before a panel in connection with child protection work. Since 2004 panels have considered more than 600 cases. Only two could reasonably be said to have been about paediatricians involved in child protection work. Our critics are trying to create the impression that the GMC is intent on unfairly persecuting paediatricians involved in child protection work. Nothing could be further from the truth."



JOHN BEHETS

BMA chairman Hamish Meldrum described the award as "a slap in the face for GPs"

BMA angered by offer of 2.2% after two years of zero awards

Lynn Eaton LONDON

BMA leaders have reacted angrily to what they describe as "unacceptable" below inflation pay rises for doctors working in the NHS.

Hamish Meldrum, chairman of the BMA, warned of doctors' "anger and disappointment" at the government's decision to accept in full the recommendations of the Review Body on Doctors' and Dentists' Remuneration for 2008-9.

This was for a 2.2% pay rise for hospital doctors and doctors in training, and a similar amount for GPs. The BMA says that the rise is below the level of inflation, which is 2.5%.

The government has also refused to compensate first year junior doctors for the loss of free accommodation. The BMA had asked that new junior doctors be given between £400 (€500; $800) and £600 a month to meet the extra accommodation costs after changes to the Medical Act 1983, which mean that juniors no longer need to be resident in the hospital in their first year. Trusts have provided free accommodation this year but are expected to start charging juniors from August.

"This is a complex report that we need to study in depth before commenting in detail, but it is clear that the treatment of junior doctors is completely unacceptable," said Dr Meldrum. "The BMA will now be considering the next steps to ensure first year junior doctors are not left out of pocket."

A spokesperson for the Department of Health said that the provision of accommodation for junior doctors was a matter for the review board, which had said in its report that changes to the working patterns of junior doctors and new rotas made it unnecessary for them to be "on call." Free accommodation for juniors had not been a necessity for some time, said the board.

The deal includes a 2.7% rise in the amount paid to general practices for providing core services, known as the global sum. Taking expenses into account, the department says this equates to a 2.2% rise in earnings.

The protected income, negotiated as part of the 2004 contract, has not increased, however. This means that the estimated average rise in payments to general practices is expected to be about 0.2%.

"After two years of zero awards, this is a further slap in the face for GPs and a further significant erosion of the deal the government agreed to just four years ago. The subinflation rise of 2.2% for consultants and other salaried hospital doctors is also extremely disappointing and will do little to promote their engagement within the NHS."

Roche fined for promoting drugs direct to consumers

Bob Burton HOBART

Roche Products Australia has been fined a total of $A110 000 (£50 000; €64 000; $101 000) for breaching the drug industry's self regulatory code of conduct by distributing three media releases that, despite a ban on direct to consumer drug advertising, promoted prescription drugs to the public.

The releases also promoted the use of approved drugs for unapproved indications and were unbalanced, omitting some of the risks associated with the drugs.

The complainant was the drug company GlaxoSmithKline Australia. It complained that Roche had published 21 media releases promoting the use of unapproved prescription drugs or approved drugs for unapproved indications.

The Code of Conduct Committee appointed to investigate complaints by Medicines Australia, the main drug industry group, determined that 18 of the releases had not been published in Australia but only on the parent company's website. However, the committee found three releases that the company had distributed locally.

One release, which was issued by the Australian New Zealand Breast Cancer Trials Group, promoted the results of a clinical trial on trastuzumab (Herceptin) which had been published in the *New England Journal of Medicine*. The release was paid for and circulated by the drug company even though trastuzumab was not approved at the time for treating early stage breast cancer.

Release omitted risks associated with Herceptin

The committee determined that the release omitted "information about the risks associated with Herceptin" and fined the company $A60 000. The fine was reduced to $A40 000 on appeal.

The committee found that the company also breached the code by posting a global media release that promoted the use of trastuzumab as part of a combination chemotherapy treatment with docetaxel (Taxotere) to an Australian health website. The release omitted any balancing information on risks and was for an unapproved indication. The company was fined $A40 000.

The Medicines Australia report is at www.medicinesaustralia.com.au/pages/page30.asp.

US federal funded website is made to

Bob Roehr WASHINGTON, DC

The world's largest database for reproductive health, which is funded by the US Agency for International Development (USAID), last week made it impossible to search its contents for the word "abortion." But the volume of complaints when it came to light forced it to reverse the decision.

The explanation given for the ban by the administrator of the website, which is called Popline (population information online) was that because the project was funded by federal money it was thought "best for now."

Under the US president, George Bush, USAID has been banned from giving funds to any foreign organisation that performs, refers, or counsels on abortion, regardless of whether abortion is legal in their country.

Critics were quick to assume that the decision to ban the word "abortion" as a search term was political.

The change first came to light when the research librarian Gloria Won, of the University of California in San Francisco, noticed that a multiword search including "abortion" returned fewer citations than the same search a few months earlier. On 1 April she wrote an email to seek an explanation.

The administrator Debbie Dickson replied, "We recently made all abortion terms stop words. As a

EC "fails to distinguish between information and advertising"

Rory Watson BRUSSELS

Moves by the European Commission to allow drug companies to use the television, radio, and print media to provide information on prescription drugs to consumers throughout Europe are being strongly criticised by medical and consumer organisations.

As the two month public consultation on possible changes to existing European legislation ended on Monday, opponents warned that the initiative failed to make a clear distinction between information and advertising; would drive up public health costs; and could endanger patients' health.

The criticism came from a group of 11 health organisations that represent doctors, insurance organisations, pharmacists, and patients as well as the Brussels based European Consumers' Organisation (BEUC). They included the groups Medicines in Europe Forum and Health Action International Europe.

Justifying the need for a change in existing practices, the EC had noted that "patients have become more empowered and proactive." As a result they require information to decide which treatment might be most suitable. This information, it adds, should be "objective and unbiased, patient oriented, evidence based, up to date, transparent, relevant, and consistent with approved information." Comparisons between medicinal products would not be allowed.

The EC maintains that the current rules, which ban the advertising of prescription drugs to the general public while allowing companies to advertise over the counter drugs, should stay in place.

The medical organisations have registered their opposition with MEPs, who would have to agree to any amendments to existing legislation, and the two European commissioners involved in drafting the changes, Günther Verheugen (enterprise and industry) and Androulla Vassiliou (public health).

They point out that four years ago a pilot project to remove the ban on direct advertising to consumers was rejected by the European parliament and that the two countries that have similar schemes, the United States and New Zealand, face increasing challenges.

More specifically, the critics maintain that relaxing the present rules would jeopardise citizens' health and the financial security of national health systems. The industry, they add, should concentrate on improving the quality and clarity of labelling on packets and leaflets for patients.

Echoing similar points, the European Consumers' Organisation (BEUC) warns that allowing industry to decide on which particular disease to provide information would lead to "a push towards high margin medicines with a logical increase in health care costs, a bias against non-drug therapies, and pressure on the doctor-patient relationship."

In an attempt to rebut criticism from MEPs last week, Mr Verheugen insisted that the changes aimed to provide a better basis for patients to make decisions and would make a clear distinction between information and advertising.

See LETTERS p 787

reverse its decision to ban "abortion" as search term

federally funded project, we decided this was best for now."

A stop word is one that the search program ignores; the most common are "a," "an," "the," and "is." Although all the documents that contain the word abortion remained in the database, they effectively became invisible if only that word was used in a search.

Ms Dickson suggested using other key words to get around the restriction. Ms Won posted their exchange on an electronic mailing list for medical librarians, and word rapidly spread among that community and others into the mainstream media. It prompted criticism of censorship directed at

President Bush stopped funds for any groups doing abortions

the Johns Hopkins University Bloomberg School of Public Health, which maintains the database for UNAIDS.

Michael Klang, the school's dean, learnt of the incident on the morning of 4 April and immediately responded. "I could not disagree more strongly with this decision, and I have directed the Popline administrators to restore 'abortion' as a search term immediately . . . [The school] is dedicated to the advancement and dissemination of knowledge and not its restriction," he said in a news release.

The incident seems to have begun when USAID noted two entries on abortion among the 360 000 entries in the database that did not seem to meet evidentiary criteria for inclusion. It asked that they be removed, and they were.

The website administrators apparently took further action to make "abortion" a stop word on their own initiative. Dr Klang has launched an inquiry to determine why this occurred.

The Popline database is at http://db.jhuccp.org/ics-wpd/popweb.

Growing trend for trials of new cancer drugs to stop early

Susan Mayor LONDON

Growing numbers of clinical trials of new cancer drugs are being stopped prematurely because they are showing early benefit, a review of trials in the past 10 years has shown (*Annals of Oncology* 2008 Feb 29; doi: 10.1093/annonc/mdn042).

The study's authors fear that this could result in a systematic overstatement of the clinical benefits, which may affect decisions by drug regulatory bodies to authorise the drugs and by doctors in their management of patients.

The review analysed 25 randomised controlled trials of new cancer drugs that were stopped early because interim analysis showed benefit, published between 1997 and 2007. It showed that this was a growing trend, with 56% of the studies being stopped early in the past three years (2005-7).

More than three quarters (79%) of the studies that were stopped early because of benefit were used to support an application for marketing authorisation by the European Medicines Agency or the Food and Drug Administration.

The lead author, Giovanni Apolone, head of the Laboratory of Translational and Outcome Research in Oncology at the Mario Negri Institute for Pharmacological Research, Milan, Italy, said, "This suggests a commercial component in stopping cancer trials prematurely. This strategy—stopping trials early for benefit—could lead to quicker access to the market for companies."

Dr Apolone warned, "Data from trials that have not been completed as originally planned might lead to an 'immature' benefit-risk balance for new drugs." He was particularly concerned by the small number of patients included in many of the studies stopped early; five of the trials had enrolled fewer than 40% of the total number originally planned. "It is obvious that the risk of overestimating treatment effects increases markedly when the sample is small," he pointed out.

Results from trials stopped early should be considered as preliminary findings that require confirmation in further studies, he said. "Only untruncated trials can provide the full level of evidence required to safely translate treatments into clinical practice."

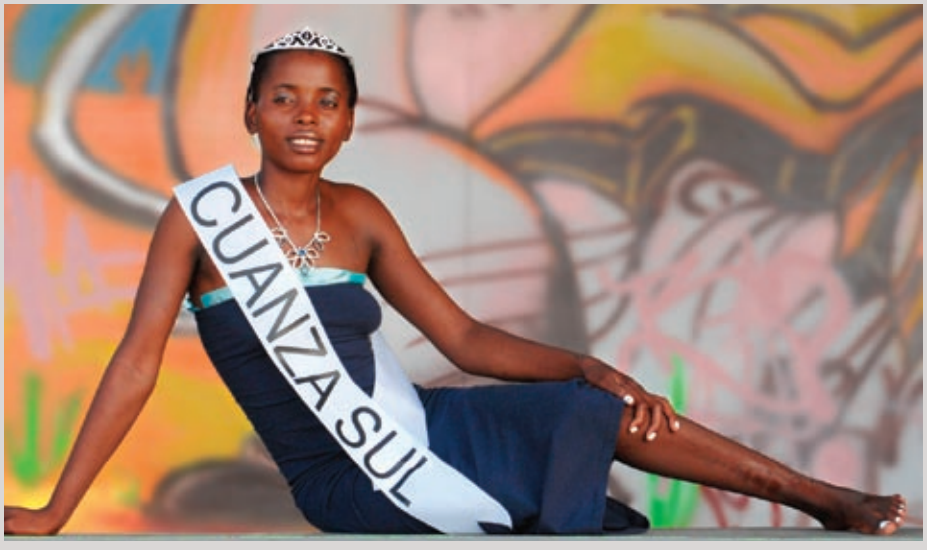
Survivor competition draws attention to problem of landmines

Peter Moszynski LONDON

Maria Restino Manuel, who lost her leg to a landmine 10 years ago, last week won the international competition for Angola's Miss Landmine Survivor award at a ceremony to mark the first global landmines awareness day.

With 80 000 amputees and an estimated eight million landmines left over from decades of civil war, Angola provides lasting testimony for the continuing need for action and awareness about mines.

The organiser, Morten Traavik, a Norwegian actor and activist, was so shocked by the situation he found in Angola that he decided to start the competition to draw attention to the problem, with support from the European Union and the Angolan government. He said that the show was intended to highlight the needs of female survivors.



GØRM GAARE

IN BRIEF

Making a difference: How can doctors make the biggest difference to the care of their patients? From a poll of its readers the *BMJ* drew up a shortlist of six topics in which the BMJ Group will create and compile content across its portfolio of products (the journals, *Clinical Evidence*, Best Treatments, and BMJ Learning). You can see the topics and vote for the one you think should be covered first at http://makingadifference.bmj.com.

Drug company withdraws advertisement after complaint: The drug company Takeda has agreed to withdraw an advertisement published in January 2008 in *Pulse* and *GP* magazines after the Medicines and Healthcare Regulatory Authority ruled it was in breach of their advertising regulations. The advertorial about pioglitazone (Actos) did not reflect the balance of risks and benefits for the product to people with cardiac failure or a history of cardiac failure.

Alcohol emergencies peak in 40-somethings: Attendances related to alcohol at emergency departments peaked among the 40-44 age group rather than in the 20-24 group that the authors expected, says a report based on analysis of attendances in Birmingham in two periods of one year (*Annals of Emergency Medicine* 2008;51:553).

Dutch hospitals may offer alcohol counselling: All Dutch hospitals have been invited to join a pilot scheme to offer psychosocial aftercare for the increasing numbers of young people admitted to intensive care with alcoholic poisoning. It follows the success of the first polyclinic for youths with alcohol problems led by the paediatrician Nico van der Lely and the child psychologist Mireille de Visser in Delft (*BMJ* 2006:333;720c).

Chileans demonstrate against emergency contraception ban: Protesters have demonstrated in Chile against a decision by the Constitutional Tribunal to ban the free distribution of the emergency contraceptive pill. The president of Chile, Michelle Bachelet, also criticised the resolution by the Constitutional Tribunal.

China to ban smoking for Olympics: Smoking will be banned in most public venues in Beijing from 1 May, as part of the Chinese government's pledge to host a smoke-free Olympics, according to the government news agency, Xinhua. Failure by venues to comply will incur an immediate fine of ¥5000 (£360; €450; $710).

COMSTOCK COMPLETE

Video conferencing can help reduce doctors' carbon footprint by avoiding unnecessary flights

Doctors encouraged to take lead in tackling climate change

Anne Gulland LONDON

Doctors have been urged to use their powers of influence and advocacy in the fight to tackle climate change.

At a meeting on climate change and health to mark World Health Day speakers compared the fight against climate change with other public health campaigns on alcohol, obesity, and especially smoking.

Ian Gilmore, president of the Royal College of Physicians, said, "In 1962 we called for a ban on smoking in public places—it took 45 years to achieve that. I have a feeling we haven't got 45 years to spare for tackling climate change."

Mike Gill, co-chair of the Climate and Health Council, which organised the meeting, said that GPs and hospital doctors have the power in numbers and in influence to raise awareness of climate change among patients.

He said, "Doctors used to smoke in front of their patients. Doctors still drive to work—often in very large cars." Now they have to consider climate change in their workplace.

Canadian doctors launch online health

Barbara Kermode-Scott VANCOUVER

The Canadian Medical Association has launched a health portal with a direct and secure link for patients to share the data they input with their doctor in online consultations.

The portal uses secure messaging, an application that offers a private channel of communication between doctors and patients, as a safer alternative to email. Patients and doctors can communicate online about matters such as monitoring chronic disease, follow-ups after appointments, and prescription renewals.

The www.mydoctor.ca health portal is Canada's first doctor driven electronic platform for patients' health records, said the association's president, Brian Day, at the launch in Vancouver, British Columbia. The portal empowers patients to become active participants in their care, emphasised Dr Day.

Canadian doctors who have signed up to use the portal (about 200 to date) can invite and register their patients with any or all of the online tools it offers. These include an asthma tracker, a hypertension tool, a weight tracker, and a personal health record.

The personal record enables patients to store and manage information about their own health, such as medical history, allergies, drugs, family health history, and test results.

Patients log in with a username and password. They can enter personal information hourly, daily, weekly, or monthly, as appropriate, using the tools provided. They can also add notes.

The data can be viewed as a chart, a daily average, or as the raw data. Patients have the option to give full or partial online access to their doctor or simply to print out portions

Fiona Godlee, editor of the *BMJ*, called for a Stern-style report—referring to the report by Nicholas Stern on the economic effects of climate change—to show the health benefits and cost of reducing carbon emissions.

"This can help to make climate change a public health issue. It's part of doctors' role. Doctors not only stopped smoking themselves, they encouraged others to stop smoking," she said.

But Naaz Coker, chairwoman of St George's Healthcare NHS Trust, said that doctors were lagging behind on the matter of climate change. She told the conference that the non-clinical staff at her trust had taken important steps to reduce waste and carbon emissions, including composting 70% of its green waste and increasing its recycling.

"The next phase of our campaign is to get the clinical community involved in both reducing their own carbon footprint and encouraging hospitals to do so," she added.

The meeting also heard how Guy's and St Thomas' NHS Foundation Trust is set to reduce carbon emissions by 20% by the beginning of next year.

Delegates considered the problem of international conferences and urged webcasting and video conferencing where possible.

WHO is planning to assess the scale and nature of health vulnerability to climate change, the meeting heard.

See www.climateandhealth.org.

Webcams can help tackle climate change

consultations

of the record for a specific visit. If the doctor has access to the patient's data he or she will receive alerts if a patient's results fluctuate outside the range set for that patient.

The portal has the potential to improve care by allowing doctors to make "virtual house calls" to monitor more closely a patient's chronic conditions, explained Timothy Foggin, a family doctor in Burnaby, British Columbia, who participated in the pilot of the portal. "I believe physicians and patients working closely together will create better health outcomes."

"My patients certainly appreciate the health portal because it gives them peace of mind knowing that I can keep a consistent eye on their blood pressure," said the clinical hypertension specialist Alfi Beshay, from Ontario.

Doctors' images grace gallery walls

Zosia Kmietowicz LONDON

Zygmunt Krukowski, consultant surgeon, and Pat Smith, associate specialist in obstetrics and gynaecology, from northeast Scotland, are among the stars of an exhibition at Aberdeen Royal Infirmary until 2 May.

Mark Moynihan, a recent graduate of Gray's School of Art in Aberdeen, was commissioned by Grampian Hospitals Art Trust to paint nine members of staff from NHS Grampian and a member of the Scottish Ambulance Service.

The artist set out to portray the subjects in a straightforward way. He kept the background of the paintings empty so that attention is drawn to the subjects' hands, face, and clothing.

***10 Portraits* runs until 2 May from 8 am to 8 pm. See www.ghat-art.org.uk.**

Watchdog says trusts must improve their handling of complaints

Adrian O'Dowd MARGATE

The NHS in England is getting worse at responding to complaints, according to the largest measure of patients' grievances, published this week.

The NHS watchdog, the Healthcare Commission, says that overall justified complaints from patients are rising and involve poor communications, hurried consultations with GPs, and a lack of basic nursing care.

The commission has published a report looking in detail at 10 366 complaints lodged between August 2006 and July 2007 and concludes that the NHS has a lot of work to do to improve the way it handles complaints.

The report says that numbers of complaints are small in the overall context of consultations—about 140 000 complaints out of 380 million treatments a year—but that performance still needs to improve.

The commission reviews cases in which the patient is unhappy with the first response to his or her complaint.

The report, the second of its kind, shows that of the cases reviewed in 2006-7, the number of complaints the commission returned to trusts for further action fell to 26% from 33% the previous year.

However, the commission upheld or partially upheld almost 20% in favour of the complainant—more than double the 8% from the previous year.

The most common complaints related to safety and effectiveness of practices; communication and information given to patients; and handling of complaints, which accounted for 16% of the total, up from 5% the previous year.

Primary care was the area of health care that received most complaints reviewed by the commission (38.4% of the total), followed by hospital trusts (34.5%), foundation trusts (17.9%), mental health trusts (7.3%), and ambulance trusts (0.7%).

Forty three per cent of complaints about GPs related to clinical treatment, with many patients saying that their examination was of poor quality, often because it was so brief.

A further 23% of complaints were about failed or delayed diagnoses, and 20% were about GPs' poor attitude to patients, including rudeness and neglecting to give full information about treatment.

The commission says that the report highlights the need for trusts to acknowledge errors and to say sorry if necessary, and it recommended an apology in 23% of cases reviewed.

Anna Walker, the commission's chief executive, said, "It is clear from the complaints referred on to the commission that trusts have some way to go before they are effectively resolving the complaints they do receive, and learning from the issues their patients raise.

"Trusts need to improve their own complaints handling and resolve complaints quickly and locally for patients"

The health minister Ann Keen said, "The vast majority of patients receive safe and effective care. But mistakes do happen.

"Patients clearly deserve an apology when mistakes happen. I am disappointed to hear that many trusts refrain from saying sorry for fear of admitting liability. I want to see many more complaints resolved locally."

Spotlight on Complaints is at www.healthcarecommission.org.uk/_db/_documents/Spotlight_on_complaints_08.pdf.

Germany "has two tier health service"

Annette Tuffs HEIDELBERG

A study has provoked controversy in Germany because it shows that the country's healthcare system has two tiers (*International Journal of Equity in Health* 2008;7:1; doi: 10.1186/1475-9276-7-1).

The study, by the Institute of Health Economics and Clinical Epidemiology of Cologne University, has shown that patients who have statutory health insurance have to wait about three times longer for an appointment with a specialist than members of private health insurance schemes.

Pretend patients asked for pupil dilation tests

The German health minister Ulla Schmidt said that this is illegal, but the president of the German Medical Association, Jörg Hoppe, admitted that there are differences in the service provided to the two groups. He pointed out that with fixed healthcare budgets per quarter provided to doctors by the state health insurance organisations appointments for patients with statutory health insurance had to be delayed for financial reasons; otherwise doctors would have to work unpaid.

About 90% of the German population is covered by statutory health insurance, and the rest, who have higher incomes, have private insurance. Specialist treatment is mainly provided by doctors in their practices and, to a lesser extent, by hospital outpatient departments. A small percentage of the medical practices treat only private patients. Treating private patients is as much as 35% more lucrative.

For the study, 189 specialist practices in the area of Cologne-Bonn were telephoned by people posing as patients who asked for an appointment for an allergy test and a pulmonary function test; a pupil dilation test; gastroscopy; a hearing test; or magnetic resonance imaging of the knee.

The shortest waiting time for patients with statutory health insurance was 6.8 working days for a hearing test (2.2 for private patients), and the longest was 24.8 working days for gastroscopy (11.9 for private patients). On average private patients got appointments three times quicker.

Although the study did not show any difference in the quality of treatment between the two groups, the first author, Marcus Lüngen, director of the Cologne institute, said that the delays constituted a disadvantage.

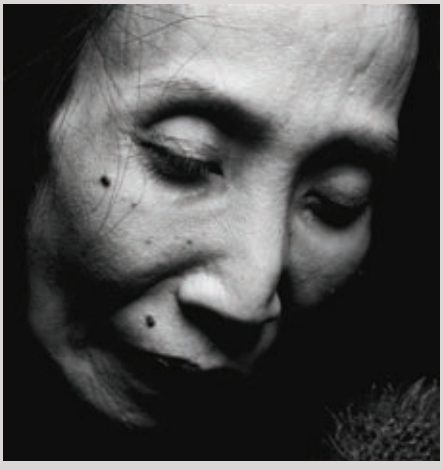
The main reason for the difference in waiting was the fixed budget of practices, he said. Appointments were delayed to the next quarter when reimbursement was guaranteed. Private patients got preferential treatment because doctors were in competition to attract them.

"All patients profit from this additional income from private practice, because [a doctor] can make investments [in his or her practice]," said Andreas Köhler, head of the National Association of Statutory Health Insurance Physicians, who are responsible for providing outpatient care in Germany.

He pointed out that quality assessment was more advanced in statutory rather than in private practice.

The Association of Private Health Insurance Companies said that the findings were the natural consequences of the government's rationing policy in health care.

Exhibition explores the last taboo: death



WALTER SCHELS

Zosia Kmietowicz LONDON

"Modern society has succeeded in making death all but invisible," notes Ken Arnold, head of public programmes at the Wellcome Trust in London. But a new exhibition at the trust's former headquarters in Euston Road aims to change that, at least for a while.

The photographic exhibition is the work of the German photographer Walter Schels and the journalist Beate Lakotta. The pair spent a year in hospices in Germany accompanying Maria Hai-Anh Tuyet Cao (left), who died in 2004 aged 52, and 23 other people during their last weeks.

The exhibition is free and runs until 18 May. See www.wellcomecollection.org.

Unicef reports

John Zarocostas GENEVA

Some gains have been made in the global effort to prevent mother to child transmission of HIV and to extend paediatric antiretroviral treatment and co-trimoxazole to children who have the disease, a United Nations report says.

According to the *Children and AIDS: Second Stocktaking Report*, 351 034 HIV positive pregnant women living in poor and middle income countries received antiretroviral treatment in 2006, up 59% from 220 085 in 2005.

Similarly, the number of HIV positive children who received antiretrovirals reached 127 300, up 70% from 75 000 in 2005, says the report.

HIV prevalence among women aged 15-24 who attend antenatal clinics, the report notes, has also declined since 2000-1 in 11 of 15 countries with sufficient data.

At the end of 2006, 21 poor nations—including Benin, Botswana, Brazil, Namibia, Rwanda, South Africa, Swaziland, and Thailand—were on track, says the report, to meet the 80% coverage of programmes to prevent mother to child transmission by 2010, up from 11 countries a year earlier.

The greatest improvement was seen in Botswana, followed by Swaziland, Burkina Faso, and Benin.

Waiting list patients spurn scheme to get surgery sooner

Tiago Villanueva LISBON

Almost 60% of patients on waiting lists for surgery in Portugal have failed to make use of a government scheme to have their surgery sooner by letting them have their operation at a hospital outside their locality or at a private hospital with a contract with the government.

Their unwillingness or inability to use the scheme is shown in data released by the organisation that runs the scheme, the Integrated Management System of Registered Patients for Surgery (Sistema Integrado de Gestão de Inscritos para Cirurgia). The system is designed to cut waiting times for surgery and to create equal access to surgery for everyone in Portugal.

Under the scheme, which was introduced in December 2004, patients who have been on a waiting list longer than a specified period are offered "surgery vouchers," enabling them to be treated at state hospitals outside their area or at certain private hospitals. The vouchers expire after three months.

progress in cutting vertical transmission of HIV

Botswana reported that only 7% of infants born to HIV positive mothers in 2006 became infected, compared with 35-40% before the prevention programme began, it says.

But the report also highlights that many nations are lagging.

For example, coverage of programmes to prevent mother to child transmission is estimated at only 3% in Nigeria, 1% in Chad, 4% in Ethiopia and the Democratic Republic of the Congo, 10% in India, and 9% in China.

Unicef's executive director, Ann Veneman, said that thousands of children "lose their lives to the disease every year, and millions have lost parents and caregivers. Children must be at the heart of the global agenda."

In 2007, 290 000 children died from AIDS, and 12.1 million children in sub-Saharan Africa lost one or both parents to AIDS, the report says.

The joint report by Unicef, the World Health Organization, and UNAIDS concludes that "with millions of children and women not being reached, these results are in no way satisfactory."

The proportion of HIV positive women receiving antiretroviral treatment prophylaxis for preventing mother to child transmission in poor and middle income nations is still too low—351 034 women in 2006, far short of the estimated 1.5 million women in need.

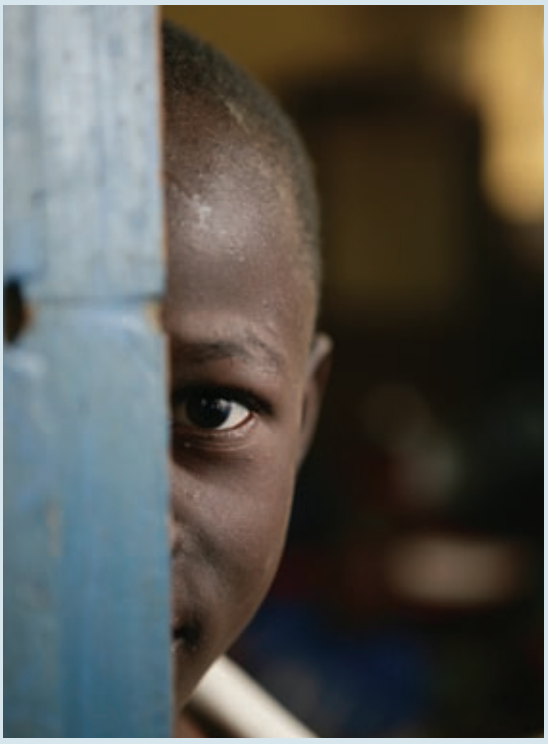
"Rapid, sustainable scale-up of programmes that have proven effective is essential," it says.

Kevin DeCock, director of WHO's HIV division, told reporters that to achieve this there is a "need to strengthen health systems forcefully."

Key challenges in scaling up prevention programmes include limited human resources and infrastructure; weak maternal and child healthcare services; and weak coordination between prevention of mother to child transmission and newborn and child health programmes.

The report recommends that policymakers adopt provider initiated testing and counselling; develop systems for early diagnosis in infants for referral; strengthen systems for monitoring; and improve monitoring and evaluation systems to better track progress on key HIV related interventions.

Children and AIDS: Second Stocktaking Report **is at www.unicef.org/media/files/Children_and_AIDS_-_Second_Stocktaking_Report.pdf.**



NOORANI/UNICEF

An 11 year old AIDS orphan, who has the disease, is pictured at a children's home in Port-au-Prince, Haiti

Statistics for 1 December 2004 to 31 December 2007 show that the system issued 156 797 vouchers. Of these, 91 302 vouchers (58%) were not used.

About a third of the patients who did not use their voucher still needed surgery after the voucher expired, but about two thirds of patients did not use their vouchers because they either no longer needed surgery, decided they did not want surgery, or underwent surgery in an institution that did not belong to or was not contracted with the Portuguese health service.

Pedro Gomes, the system's coordinator, said that patients who still needed surgery after the voucher expired had a number of reasons for not using it. These included an unwillingness to change their doctor or their hospital, the difficulty of travelling outside their area of residence, and the lack of information about the other places available.

The specialty with the largest amount of unused vouchers was orthopaedic surgery. Dr Gomes said, "These [orthopaedic complaints] are problems that are bothersome and limit the quality of life but don't jeopardise it." Other areas with large numbers of unused vouchers were operations for varicose veins, cataracts, and hernias.

Donors agree scheme to promote vaccine development

Andrew Jack FINANCIAL TIMES

An innovative financial mechanism designed to boost the development and distribution of vaccines in the developing world is set to launch next year, after publication of an expert report this month on how it will work.

Under the advance market commitment scheme, donor countries promise to buy specified vaccines from the companies that develop them for use in poor countries, which guarantees firms a market for their products.

The first advance market commitment set to be formally approved in June by donors that are contributing $1.5bn (£750m; €960m) is designed to stimulate the production and supply of vaccines for pneumococcal disease, which is estimated to kill 1.6 million people a year.

Pneumococcal vaccines already exist in richer countries, but their price and the different nature of the disease in other parts of the world mean that they are not used elsewhere.

The new mechanism is designed to push experimental products for which the commercial market is limited through the costly development process.

The donors—Italy, the United Kingdom, Canada, Russia, Norway, and the Bill and Melinda Gates Foundation—will provide money that guarantees an adequate return for commercial producers of vaccines. Their financial support will be supplemented by increasing support from the poorer countries that use the vaccine.

In exchange for a guaranteed market that offers a considerable volume of sales, vaccine developers will have to invest in sufficient manufacturing capacity to ensure that they can supply large quantities.

The final price is yet to be determined, but early estimates indicated that the vaccine would initially be purchased at $5-$7 a dose, declining in time to a maximum of $2-$3.

Advanced Market Commitment For Pneumococcal Vaccines: Expert Group Report **is at www.vaccineamc.org.**