Individual drug firms must stop paying for medical education

Zosia Kmietowicz LONDON

All educational links between individual drug companies and the medical profession should cease, says a report from the Royal College of Physicians. Gifts to doctors and medical students, including food and travel, should also stop “in the spirit of a more balanced and mutually respectful partnership,” it says.

The report, which has been produced by a specially convened multisector working party, has examined the relationships between doctors, patients, the NHS, and the industry. Its aim is “to rewrite the contract between patient care and industry in the UK in order to improve national health outcomes,” said Richard Horton, editor of the Lancet, who chaired the working party and was author of the report.

The report says that patients have lost confidence in the prescribing process because of unequal access to drugs in the United Kingdom and the withholding of information about innovative drugs that could be available to them.

And patient care is unlikely to improve in the future unless the drug industry and the medical profession can find a way to resolve the tensions between them.

Trust between the NHS and the industry has broken down, it says. Doctors are concerned that continuing professional development programmes are too dependent on funding from drug companies, and the industry complains that ambivalence from the NHS and academia blocks future innovation.

At the moment the drug industry pays for about half of all postgraduate medical education and sponsors some parts of undergraduate courses. But a deadline, say of five years, should end the practice, says the report.

The working party, which includes people from medical academia, the NHS, the drug industry, and patient groups, was convened in September 2007.

Its report proposes a new era of medical education, with undergraduate courses fully financed by public money. Postgraduate medical education should be paid for through the royal colleges and the Department of Health, it recommends.

In addition, the Association of the British Pharmaceutical Industry and its members should establish a pooled fund to invest in medical education to “unlink financing from a single company, diminishing the perception of undue commercial influence and bias,” says the report.

“The relationship [between the NHS and the drug industry] is currently afflicted by several serious wounds, wounds that are leaving preventable scars on the body of UK health,” said Dr Horton.

“Patients’ needs and expectations around medicines are not being met. The NHS is losing the vital input of industry in cutting edge medical research. Doctors suffer from a lack of NHS investment in their continuing education, allowing industry to fill a critical void. And the nature of the relationship between the NHS and pharma is too often, and wrongly, portrayed as negative and unproductive.”

The report makes 42 recommendations on patient care, professional education, research, culture, and relationships.

It says a new medicines technical advisory group should be created to produce a UK-wide drug strategy “to fulfil current unmet clinical need for prescription drugs and to remove inequalities in medicines provision across Britain.” The multidisciplinary group “could defuse conflict, [and] provide a forum for constructive discussion.”

Innovation for Health: Patients, Physicians, the Pharmaceutical Industry and the NHS is at www.rcplondon.ac.uk.

Cite this as: BMJ 2009;338:b4442

See EDITORIAL, p 308, ANALYSIS, p 326 and PERSONAL VIEW, p 359

Every town and city in England is to have a memory clinic by 2011

Lynn Eaton LONDON

The Department of Health has finally announced its long awaited plan for tackling dementia. Its five year strategy, which will cost £150m (€170m; $210m) in its first two years, envisages a memory clinic in every town and city in England.

Health secretary, Alan Johnson, said that the plan was a landmark document. “It will transform the quality of dementia care,” he said. Among its recommendations, the strategy calls for better training of all GPs, those in practice and in training, to recognise the early symptoms of dementia and to be able to refer patients to an appropriate clinical specialist, who will be based in a memory clinic.

Primary care trusts will be allocated £66m to commission appropriate services in 2009-10 and a further £90m in 2010-11, Mr Johnson said. The developments would be monitored and “decisions about the future funding will be made on the outcome of that work,” he added.

“The first area that is very important is raising GPs’ awareness and to see they are trained to recognise the early symptoms of dementia,” said Phil Hope, care services minister. “If you get an early diagnosis and early intervention you can get a much better quality of life for the patient.”

A 2007 survey by the National Audit Office showed that only 31% of GPs thought that they had enough training to diagnose and manage dementia.

The memory clinics will be run by geriatricians, old age psychiatrists, neurologists, or GPs with a special interest in dementia.

Cite this as: BMJ 2009;338:b464
NICE calls for young people to exercise for 60 minutes a day

Susan Mayor LONDON

Children and teenagers should do a minimum of 60 minutes of at least moderate intensity physical activity each day, recommends new public health guidance from the National Institute for Health and Clinical Excellence (NICE). Young people who are currently not exercising at this level should be involved with local service providers in planning opportunities for physical activity that are more appealing, it says.

The guidance on promoting physical activity among young people up to the age of 18 warns that just under half (45%) of 15 year old girls and two thirds (68%) of boys of the same age are reaching the recommended level of at least one hour of moderate to vigorous intensity of physical activity each day.

Physical activity contributes to physical and mental wellbeing and is essential for good health later in life, the guidance argues. An economic evaluation used in developing the guidance estimated that physical inactivity in England results in costs of £8.2bn (£9.1bn; $11.7bn) a year, including the direct costs of treating diseases linked to lack of activity and indirect costs such as absence from work because of sickness. Sedentary lifestyle is estimated to result in 54 000 premature deaths a year in England.

After reviewing available research, expert advice, comments from stakeholders, and evidence from fieldwork, the NICE guideline committee advised that action is needed at national and local levels to encourage children and teenagers to be physically active for at least 60 minutes every day, ideally spread over the day. At least twice a week this should include weight bearing activities that produce high physical stresses to improve bone health, muscle strength, and flexibility.

Girls and young women should be asked what type of activity they prefer, NICE says

Opposition MPs object to data sharing clause in coroners

Clare Dyer BMJ

The UK government faces vociferous opposition to a measure tucked away in the Coroners and Justice Bill that would open the way for ministers to allow patients’ medical records to be used by researchers without the patients’ consent.

The Conservatives and Liberal Democrats strongly criticised clause 152 in the second reading debate on 26 January and pledged to try to have it thrown out. The Liberal Democrats’ justice spokesman, David Howarth, a Cambridge University law academic, described the provision as “outrageous” and said that its inclusion justified rejecting the bill as a whole.

The far reaching clause would amend the Data Protection Act and allow ministers to make information sharing orders that provide for personal data to be shared across government departments and outside government—as long as the move is in support of a government policy objective, is necessary to achieve that objective, is proportionate to the objective, and strikes a fair balance between the public interest and the interests of the affected individuals.

The bill provides that if a ministerial order was introduced the information commissioner’s office would have to produce a report to parliament on whether the information sharing was proportionate and what effect it would have on individuals’ privacy. The report could specify stronger safeguards to protect privacy.

One objective behind the legislation is to remove legal obstacles to the use of medical records for research, highlighted in the 2008 data sharing review that was commissioned by the government and produced by Richard Thomas,
Breast cancer cases detected by screening have doubled

Susan Mayor | LONDON

The routine breast screening programme in England is detecting twice as many cases of breast cancer each year as it did 10 years ago, the latest figures show.

A report from the NHS Information Centre says that the programme detected 14,110 cases of breast cancer in 2007-8, twice the number found in 1997-8, 6,914 cases. More than three quarters (79%) of the cancers detected last year were invasive, and just over half of these (52%) were less than 15 mm in diameter and not detectable by hand.

The rise in the number of breast cancers detected by the NHS breast screening programme is likely to be a result of its being extended over the past few years to include older women. Before 2001 only women aged 50-64 years were eligible to participate in the programme. It was then extended to include women aged 65-70.

More than 1.7 million women were screened in 2007-8, an increase of 4.3% on the previous year’s figure and 45% greater than the number screened 10 years ago.

Tim Straughan, chief executive of the NHS Information Centre, said, “The report highlights the success of the programme in picking up thousands of cases of breast cancer at an earlier stage.

“Undoubtedly, the programme is saving an increasing number of women’s lives not only as a result of improved coverage but also as a result of its extension to include older women.”


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More spending on NHS has led to highest satisfaction rates in 25 years

Andrew Cole | LONDON

The British public is more satisfied with the NHS than at any time since 1984, concludes the latest British Social Attitudes report.

More than half (51%) of the people surveyed in 2007 said they were now “very” or “quite” satisfied with the NHS, an increase of 9% since 2000 and 17% since 1997. The findings indicate that the extra funding pumped into the service over that time is having an effect on satisfaction, say the authors.

The report, which was based on interviews with more than 4000 people, also says that personal experience boosts satisfaction significantly. People who had had recent contact with the NHS had satisfaction rates at least 18 percentage points higher than people who had had none.

Having a friend or relative who had had recent contact also improved overall satisfaction scores but not by as much as direct contact.

The biggest gap was in dentistry, where 65% of people with recent personal experience and 26% of those with no recent contact were happy with the service. Among outpatients the gap between those with and without direct experience was 27 percentage points.

“This is a good news story for the NHS,” said John Appleby, of the King’s Fund, one of the report’s authors. “The public seems to acknowledge and appreciate the increased spending of recent years, which has enabled improvements in staffing and waiting times.

When people were asked about specific parts of the service, they rated GPs the highest (76%) of respondents were satisfied with their service) then outpatient services (60%). But only 42% were satisfied with dentistry and 49% with inpatient services. Satisfac-

and justice bill

the UK information commissioner, and Mark Walport, director of the Wellcome Trust.

But Mr Howarth accused the government of going further than the recommendations made in the review.

In its response the BMA said: “The association considers that the explicit consent of the patient should normally be sought for the disclosure of identifiable data and this would include the disclosure of identifiable data to an information custodian.”

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Cite this as: BMJ 2009;338:b374

The 25th Report

Miranda Philips appears in “The NHS: Satisfied Now?” by John Appleby and Andrew Cole in “The 25th Report” (see www.natcen.ac.uk/bsa/).

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News and justice bill

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NEWS
Obama drops funding from bill, alarming family planning

Janice Hopkins Tanne NEW YORK

The Planned Parenthood Federation of America and other organisations have registered their disappointment as Barack Obama and fellow Democrats removed funding for family planning services from a proposed $819bn (£560bn; €640bn) legislative package to stimulate the US economy.

President Obama asked that the family planning provision be dropped after pressure from the Republicans (Time, 29 Jan, www.time.com/time/nation/article/0,8599,1874683,00.html, “Behind the family-planning flap”). John Boehner, an Ohio Republican who is minority leader in the House of Representatives, complained that spending money on family planning services would not stimulate the economy and would “fund the abortion industry.”

The legislation was passed in the House of Representatives without a single Republican voting in favour. A different version, also lacking family planning funding, will be voted on by the Senate in the next few days. Both houses will reconcile the legislation and send it to the president to sign into law.

The Planned Parenthood Federation of America said that the dropped provision would have saved money and would not cost millions, as Representative Boehner claimed on television. It quoted statistics from the Congressional Budget Office saying that the government would save $700m over 10 years.

The March of Dimes charity, which works to increase access to prenatal care, said it remained “optimistic that provisions to expand access to family planning services to low income women through Medicaid [the federal healthcare insurance programme for people on low incomes and some disabled people] will be included in other legislation that Congress will consider later this year.”

The family planning provisions that were removed would have made it easier for states to include family planning services in care provided by Medicaid. President Obama has proposed expanding Medicaid to cover people who have lost their jobs in the recession.

At present, poor women of child bearing age do not become eligible for Medicaid until they become pregnant or have children who are enrolled in a programme to help needy families. However, states can request waivers so that they can provide family planning services such as contraceptive advice (but not abortion). Many (26 or 27) of the 50 states have already received waivers so that they can provide health services for low income women.

Trust introduces programme to prevent heart disease

Oona Mashta LONDON

The health minister Ara Darzi has unveiled an innovative community based programme to prevent cardiovascular disease, which he hopes will be replicated throughout the United Kingdom.

The programme, called Healthy Hearts and Minds is the most comprehensive cardiovascular disease prevention programme in England, according to the commissioning body, NHS Westminster, and will cost it about £7m (£8m; $10m) over three years.

The trust says that the programme offers unique benefits, by saving lives, saving money by preventing expensive hospitalisation, and tackling health inequities.

The programme includes three initiatives—checks to assess vascular risk to be carried out at general practices and extended to pharmacies from April; a programme to prevent vascular disease; and a new community cardiac team. The trust says that it is in line with the government’s commitment for the NHS to focus more on prevention rather than treatment and cure.

The risk assessment will identify people with a higher than one in five chance of developing cardiovascular disease.

People identified as being at high risk will be referred to the vascular prevention programme, called MyAction, which will help them make lifestyle changes to reduce their chances of having a heart attack or stroke.

Patients recruited to the programme will be offered one to one assessments and health advice from a team of cardiologists, nurses, dietitians and physiotherapists, in a range of community venues, such as local leisure centres.

In regular sessions they will take part in supervised exercise classes and workshops on healthy eating, diabetes and blood pressure management, and smoking cessation.

The programme is based on the findings of the Euro- action cluster randomised controlled trial, which was led by David Wood and the cardiovascular academic team at Imperial College, London (Lancet 2008;371:1999-2012). The findings provide evidence that improvements in lifestyle can reduce risk factors for health.

Healthy Hearts and Minds is a partnership between NHS Westminster, Imperial College Healthcare NHS Trust, MyAction, and Central West London Community Services.

The third initiative of the programme will move diagnostic and outpatient services for patients with cardiovascular disease into the community.

NHS Westminster estimates that 90% of care currently delivered at hospital outpatient departments will be delivered by the new community cardiac team, which will be led by consultants and supported by new specialist nurse posts.

The cardiovascular health prevention programme also aims to narrow the marked health inequities in Westminster.

Lord Darzi said, “This strategy from NHS Westminster sets a gold standard for the prevention of heart disease and stroke.”

Alan Maryon-Davies, president of the faculty of public health of the Royal College of Physicians, said, “This cardiovascular disease prevention programme sounds good especially if it addresses health inequalities between the rich and less well off. But if more people than they expect are identified as high risk, costs might increase quite dramatically.”

See www.westminster-pct.nhs.uk.

Cite this as: BMJ 2009;338:b377
Hospital treatment target of 18 weeks is incompatible with “choice” agenda, says BMA

Zosia Kmietowicz LONDON

The electronic hospital appointments system that was meant to increase choice for patients does not have the capacity to fulfil its promise, says the BMA.

The electronic Choose and Book referral service, part of the government’s choice strategy for patients in England, is intended to give NHS patients a choice of place, date, and time for their first outpatient appointment.

But a BMA survey of Choose and Book in one London primary care trust found a mixed response. Interviews with 19 GPs, consultants, managers, and administrative staff from Hammersmith and Fulham Primary Care Trust who used Choose and Book found that although some doctors were very positive about the system, others found it unworkable.

Doctors reported problems with the system’s reliability, saying that it crashed or was slow or that they were unable to find clinics on the system. Some said that appointment slots that appeared available on the system were not free when the end of the booking procedure was reached.

Part of the problem is the target that patients should wait no longer than 18 weeks from referral by a GP to the time they receive hospital treatment, says the BMA. This has led to only a limited number of appointments appearing on the system for GPs to book, the BMA says, and is a problem with the system in general, not just the trust studied.

Some appointments are held back to give consultants some flexibility to prioritise referrals or to take tertiary referrals, while other appointment slots get booked up very quickly, often by people from outside the area, says the BMA.

The report can be seen at www.bma.org.uk

Cite this as: BMJ 2009;338:b346

More medical students should be educated in the community instead of “high tech” hospitals

Bob Roehr WASHINGTON, DC

Output of medical schools in the United States is lagging behind the country’s rapidly evolving healthcare needs, says a report published on 29 January. But projected growth in medical education offers an unprecedented opportunity for reform, it adds.

The report, which drew on a number of research papers and a conference last October, calls for more education to be carried out in the community and for a greater emphasis on preventive health.

“Medical schools must reduce significantly their dependence on high tech hospitals and find ways to educate their students in community settings, where patients receive the vast majority of their health care,” said the study chairman, Jordan Cohen, former president of the Association of American Medical Colleges.

Prevention must become an equal partner with cure, he added. This includes an expanded understanding of the “behavioural, environmental, and social determinants of disease, which often are more important than the strictly biologic” causes, he said.

Barriers between different parts of the educational system, particularly in the transition from undergraduate work to medical school and from medical school to residency, must be reduced and the educational parts better integrated, the study concludes.

The report cites the example of a new medical school created by Hofstra University, on Long Island, New York, in partnership with a major regional healthcare system. The programme will focus on a team approach to delivering health care and will provide training for all levels of medical and technical personnel, integrating training from undergraduate education through to residency programmes.

When asked by the BMJ how the content of medical education could be expanded at the same time that the duration of training within medical schools was cut, Dr Cohen said that it might be done by making measurable end objectives clear to students and giving them more flexibility to choose what they needed to learn at particular times. Other possibilities included moving some academic training back into undergraduate studies or forward into integrated clinical practice.

George Thibault, president of the Josiah Macy, Jr Foundation, which funded the report, said, “We hope to unleash the creativity that exists in our schools and in their faculties, to create this kind of permissive environment for innovation. We have made no attempt to describe what the ideal school or curriculum is; there may be many different routes, so long as we have outcome measures and standards.”

The report is at www.josiahmacyfoundation.org.

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IN BRIEF

Preterm deliveries banned from private hospitals in Portugal: Ana Jorge, the Portuguese health minister, has announced that the government intends to restrict premature deliveries to public maternity hospitals. She claims that it is only possible to achieve safety levels in institutions that perform between 70 and 80 preterm deliveries a year, which is beyond the reach of private institutions.

Alcohol leads to death and blindness in Nepal: One person has died in Nepal and at least three others have lost their sight after drinking contaminated alcohol. The government has said that it will investigate the incident, the second in the country in the past three months. Four months ago the government limited the sale of alcohol to people older than 18 for the first time.

US recalls peanut butter: Eight people have died and more than 500 fell ill after eating peanut butter and paste from a Georgia production plant contaminated with Salmonella. More than 800 products, including sweets, snacks, and pet food, were recalled, some from Canada and Europe. The Food and Drug Administration asked the Justice Department to begin a criminal investigation. President Barack Obama said that a review of FDA food safety operations was planned.

Premature births cost the UK £1bn a year: The cost of caring for all the premature babies in the UK in 2006 for the first 18 years of their life was £939m (£1037m; £1331m) a year, researchers from the Oxford Centre for Health Economics have calculated. The costs included health care and education and the cost for parents’ time off work. Delaying premature births by one week could save £260m a year.

Woman with multiple sclerosis appeals decision on attempt to clarify law on assisted suicide: Debbie Purdy, from Bradford, is to appeal against a decision by the High Court, which ruled that the current guidance on assisted suicide is inadequate. Ms Purdy, who was diagnosed as having multiple sclerosis in 1995, is considering travelling to Switzerland to end her life, but is concerned that her husband will be charged for his involvement. She had argued that the lack of clarity on the law infringed her human rights.

UN launches appeal for life saving aid for civilian population of Gaza

John Zarocostas DAVOS AND GENEVA

The United Nations secretary general, Ban Ki-moon, has launched an appeal for $613m (£432m; €480m) to provide immediate life saving humanitarian aid to help the civilian population of the Gaza Strip after the three week military onslaught by Israel.

“Help is needed urgently: food, clean water, shelter, medicine, restoration of basic services,” Mr Ban told reporters at the launch of the appeal on Thursday 29 January at the annual world economic forum in Davos, Switzerland. The appeal includes $46m specifically for health care.

Without urgent action, the UN chief said, Gaza faces “an even greater humanitarian calamity.”

He said, “People have lost their families. They have lost their homes, belongings, and livelihoods.” Schools, clinics, factories, and businesses have been destroyed, he said. The funds sought are meant to help meet humanitarian needs for nine months.

The UN says that “specific concerns exist for the chronically sick.” It is estimated that about 40% of chronically ill people had their treatment interrupted, as life threatening injuries had a higher priority.

The appeal’s priorities are to strengthen public health functions, rehabilitate damaged health facilities, and address other urgent needs such as vaccination coverage, disability and trauma rehabilitation, and other specialist services, such as those for people with injuries and disabilities or chronic diseases.

Mr Ban also called for all border crossings to be opened to allow for the free movement of people and goods.

However, the UN’s emergency relief coordinator, John Holmes, told delegates at a donors’ conference in Geneva on Monday 2 February that consolidation of the fragile ceasefire and much freer access of humanitarian goods and staff were needed if the formidable humanitarian challenges were to be met.

Sir John told delegates that many humanitarian workers, including those from international non-governmental organisations, are still being refused regular entry to Gaza. Essential items such as construction materials, equipment, and spare parts now need to be allowed in, he said.

He said that 21 000 homes are reported to have been destroyed or badly damaged and that health facilities, schools, farms and factories, and power, water, and sanitation installations had been “destroyed or seriously damaged” in the hostilities.

A preliminary health needs assessment by World Health Organization staff based in Jerusalem and Gaza said that 14 of the 27 hospitals and 38 primary care clinics in the Gaza Strip were damaged during the conflict and that 29 ambulances had been damaged or destroyed.

During the Israeli military campaign 1366 people had been killed, of whom 430 were children and 111 women, and more than 5380 people had been injured, including 1870 children and 800 women. The casualties included 16 healthcare staff killed and 22 injured while on duty, WHO said.

Cite this as: BMJ 2009;338:b446

Bill and Melinda Gates foundation pledges

John Zarocostas DAVOS

The Bill and Melinda Gates Foundation and private businesses have separately pledged new funds to combat, respectively, neglected tropical diseases and malaria.

Bill and Melinda Gates, in a press conference at the annual world economic forum in Davos, Switzerland, announced that they were giving a grant of $34m (£24m; €27m) to the Global Network for Neglected Tropical Diseases to help curb, by 2020, the most prevalent diseases that affect about 1.4 billion of the world’s poorest people.

The network confirmed receipt of the grant to the Sabin Vaccine Institute to

Bill Momoh Jongo, aged 7, is seen inside a mosquito net in a mud hut in Mallay, Sierra Leone
Hospital is caught in cross fire in Sri Lanka’s northern war zone

Ben Bland SINGAPORE

At least nine people were killed and many more wounded when a hospital in Sri Lanka’s northern war zone was hit by artillery fire, international aid agencies have reported.

The International Committee of the Red Cross and the United Nations have said that on Sunday 1 February several artillery barrages hit Puthukkudiyirippu Hospital, which is caught in the middle of a fierce battle between the Sri Lankan army and the separatist Tamil Tiger rebels.

The aid agencies said that it was not immediately clear which side had fired on the hospital or whether the attack was deliberate. “After the initial rounds came into the hospital, we and the Red Cross contacted both sides and made it clear that the hospital was under attack,” Gordon Weiss, a UN spokesman, told the BBC. “Nevertheless those attacks continued.”

A local health official claimed that the shells had been fired by the Sri Lankan army, the Associated Press news agency reported. But the Sri Lankan government, which has repeatedly denied claims that its offensive against the Tamil Tigers has caused widespread casualties among civilians, blamed the attack on the rebels. With journalists barred from entering the war zone, it is impossible to obtain any independent verification.

“We’re shocked that the hospital was hit,” said Paul Castella, a Red Cross official in Colombo, “and this for the second time in recent weeks. Wounded and sick people, medical personnel, and medical facilities are all protected by international humanitarian law. Under no circumstance may they be directly attacked.”

Morven Murchison-Lochrie, a Red Cross medical coordinator who is working at Puthukkudiyirippu Hospital, said that the staff remained committed to caring for the more than 500 in-patients, many of whom are seriously wounded.

“The staff are under acute stress, surrounded as they are by the sound of the ongoing fighting and the influx of new patients,” she said. “Ambulances are constantly arriving, but people are also being brought in by wagon, pick-up truck, tractor, and even motor scooter.”

The Red Cross, which is the only international aid organisation still active in the war zone, warned last week that a “major humanitarian crisis” was unfolding, with around a quarter of a million civilians trapped in the far north of the country between the advancing Sri Lankan army and the retreating Tamil Tiger forces.

The Sri Lankan government, which has sworn to eradicate the Tamil Tigers, has dismissed suggestions of a humanitarian crisis and insists that the number of civilians caught in the fighting is much smaller than the aid agencies claim.

new funds to fight neglected tropical diseases and malaria

step up global efforts to prevent and treat neglected tropical diseases.

“We’re living in very difficult times,” said Melinda Gates, “but we must not lose sight of the fact that those investments are achieving real results and are needed today more than ever. Simply put, aid works. It’s saving millions of lives in the developing world.”

The seven most common neglected tropical diseases are trachoma, soil transmitted helminths (such as hookworm, *Ascaris*, and *Trichuris*), onchocerciasis (river blindness), schistosomiasis (snail fever), and lymphatic filariasis (elephantiasis).

Experts estimate that for about $0.5 per person per year the seven most common neglected diseases, which represent about 90% of the global disease burden, can be effectively treated.

Meanwhile a group of business leaders announced the launch of the malaria capital campaign, which aims to raise $100m to help provide everyone at risk in Africa with antimalaria tools, such as treated bed nets and drugs, by the end of 2010.

“It’s right that we focus on the global financial system, but we must not ignore other global challenges, such as malaria,” said Peter Sands, chief executive of Standard Chartered Bank and vice chairman of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (www.gbcimpact.org).

The chairman of the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Rajat Kumar Gupta, said that the $100m—which of which $40m had already been pledged by two oil companies—will augment the public money going into the campaign, which has increased from tens of millions to now roughly $2.5bn to $3bn a year.

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