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## Lancet warns authors about rules of “gift” authorship

Clare Dyer *BMJ*

The *Lancet* has retracted a paper by researchers at the Medical University of Innsbruck in Austria after an official investigation found that the clinical trial it reported had serious ethical and procedural flaws.

Austria’s Agency for Health and Food Safety says that the urologists who conducted the trial of stem cell treatment for stress incontinence in women failed to get proper ethical approval and neglected to adequately inform patients of the experimental nature of the procedures.

“In our view, the conclusions of this official investigation pinpoint so many irregularities in the conduct of their work that, taken together, the paper should be retracted from the published record,” the *Lancet*’s senior executive editor, Sabine Kleinert, and editor, Richard Horton, wrote in a comment in the journal this month (*Lancet* 2008;372:789-90). “In the report, the inspectors raise doubts as to whether a trial as described in the *Lancet* ever existed.”

The study, by Hannes Strasser and colleagues, was published in the *Lancet* in June 2007 (2007;369:2179-86). It recounted the successful use of autologous myoblasts and fibroblasts as an alternative to collagen injections in treating stress incontinence. Doubts about the trial surfaced after patients complained about side effects of the treatment.

Dr Strasser has written an open letter denying wrongdoing.

The saga has reignited the controversy over so called honorary or “gift” authorship. The head of the university’s urology department, Georg Bartsch, told the *Lancet* in July 2008 that he had played no part in the trial and asked for his name to be removed, even though he is one of the named authors and had signed the journal’s contributorship statement confirming a role in the research.

The *Lancet* says in an editorial (2008; 372:778): “Coauthors abrogating responsibility is a recurrent theme in research misconduct cases.” It adds: “Honorary or gift authorship is unacceptable.”

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RODGER BOSCH/AP/PA

Dr Matthias Rath was described by the *Guardian* as “the German vitamin impresario who claims that his vitamin pills are better for AIDS than medication”

## Doctor drops libel action against *Guardian*

Sarah Boseley **HEALTH EDITOR, GUARDIAN**

Matthias Rath, a doctor who promoted nutritional supplements to people with HIV in South Africa and argued that antiretroviral drugs were harmful, has dropped a year long libel case against the *Guardian* newspaper and been ordered to pay costs.

Dr Rath, a German born doctor, sued the newspaper over three articles written by Ben Goldacre in his column *Bad Science*.

In articles published in January and February last year, Dr Goldacre described Dr Rath as the “German vitamin impresario who claims that his vitamin pills are better for AIDS than medication.”

The Dr Rath Foundation sells micronutrient supplements through a website aimed specifically at the United States, the United Kingdom, Germany, the Netherlands,

France, Spain, South Africa, and most recently Russia.

In 2005 Dr Rath began to distribute one of his products, VitaCell, to HIV positive people in Khayelitsha, a shanty town outside Cape Town. At the same time he denounced the antiretroviral therapy that the South African government was under pressure to roll out to its people as toxic and dangerous, attacking the drug industry as profit hungry and unscrupulous.

He seemed to have some support from the government, when the health minister Manto Tshabala-Msimang spoke out in his support, saying that she would not condemn him unless his supplements were found to be poisonous.

The Treatment Action Campaign (TAC), which has led the fight for antiretrovirals in South Africa, supported by Médecins Sans Frontières, says some people who had

been taking the drugs stopped taking them in favour of the vitamin supplement. Medical staff have given evidence that some died.

In June this year the campaign won a ruling from the South African High Court that the Dr Rath Foundation study of vitamins for HIV positive patients was an illegal trial and had to be stopped (*BMJ* 2008;336:1458). Dr Rath has said that he will appeal against the judgment.

The Dr Rath Foundation’s activities in South Africa seem to have died down, but it continues to promote its products and denigrate conventional drugs.

In 2006 the *BMJ* made an out of court payment and apology to Dr Rath after the journal made an error in its coverage of a court action against him in Germany (*BMJ* 2006;333:621).

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## Cosmetic vulvovaginal surgery is being carried out without

**Roger Dobson** ABERGAVENNY

Aggressive marketing by private clinics in the United Kingdom and United States and media coverage have led to growing numbers of women asking for cosmetic genital procedures, a new report says.

But many such procedures are being carried out without adequate evidence of either safety or psychosocial benefits, say the authors (*Obstetrics, Gynaecology and Reproductive Medicine*, doi:10.1016/j.ogrm.2008.07.008).

"There are very significant gaps in our understanding of these types of procedures. Given the political and ethical controversy, the onus remains on the surgeons who perform such

surgery to demonstrate both safety and efficacy," wrote the authors, Rufus Cartwright and Linda Cardozo, from King's College Hospital, London.

They add, "In the absence of clear evidence, surgeons must tread cautiously, choosing to operate only as a last resort."

The authors say that no area of elective gynaecology is currently more controversial than cosmetic vulvovaginal surgery, which includes reduction labioplasty, augmentation labioplasty, vulvar lipoplasty, G spot amplification, and hymenorrhaphy and perineorrhaphy for vaginal laxity, also known as vaginal rejuvenation.

They say that genital cosmetic surgery in women may represent a dangerous medicalisation of

female sexuality: "A comparison can be also made with female genital mutilation. There are clear distinctions, most notably that female genital mutilation is typically performed without adequate consent upon a minor, and has clearly established physical harms.

"However, the similarities with procedures now being performed in western nations for cosmetic reasons have led to the suggestion that any distinction is only a Eurocentrist fallacy.

"There is a genuine concern that female genital cosmetic procedures are not justified on medical grounds, and are being performed without adequate evidence of either safety or psychosocial benefit."

## Myeloma patient wins fight for drug not yet approved by NICE

**Clare Dyer** BMJ

A primary care trust's refusal to fund a terminally ill cancer patient's treatment with lenalidomide (Revlimid) was damned by the High Court last week as a decision that "no reasonable authority could have made on the application before it."

Judge Simon Grenfell described West Sussex Primary Care Trust's exceptional funding policy and its decision not to pay for the treatment for Colin Ross, 55, who has multiple myeloma, as "logically flawed" and unlawful.

The judge, sitting at the High Court in London, quashed the trust's decision and granted Colin Ross an interim injunction, pending any appeal. This allowed him to start receiving treatment immediately at London's Royal Marsden Hospital but did not guarantee continuing treatment.

The trust could have elected to amend its policy on exceptional cases, making it lawful, and to review Mr Ross's case again. But it has decided to let him have the four treatment cycles his doctors had asked for.

"The PCT [primary care trust] has difficult commissioning decisions to make and accepts that the judge has made an interim order providing that we should

commission funding for an initial course of treatment for Mr Ross which will include the drug lenalidomide (Revlimid). In light of this judgment the PCT has decided to fully fund all four courses of treatment," said a spokeswoman.

"There are some difficult and complex issues which the judge has asked us to review, and we will now consider the full impact of his judgment."

Lenalidomide has not yet been approved by the National Institute for Health and Clinical Excellence (NICE), which is expected to give its decision next year, so some trusts are providing it only for exceptional cases.

The judge said that West Sussex's policy was unlawful and "a contradiction as defined by its own terms," because in effect it required patients to be unique rather than exceptional. It was impossible in cases like Mr Ross's to show uniqueness, so the policy was "incapable of fulfilment."

The decision in Mr Ross's case was unlawful, the judge added, because the panel had made a series of mistakes when deciding that the drug was not cost effective, including misunderstanding the results of clinical trials.

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## Groups reluctantly come out in support of top-up payments

**Zosia Kmietowicz** LONDON

A number of leading medical organisations have concluded that a system where patients are able to pay privately for drugs without losing their right to NHS care is inevitable.

In its response to a consultation currently being carried out by Mike Richards, the government's national cancer adviser for England, the health policy think tank the King's Fund described the current system in which paying for top-up treatments (copayments) is prohibited as "untenable."

It conceded, "after much consideration of what is undoubtedly a complex issue," that patients should be able to pay privately for some drugs that are not available on the NHS while retaining their right to NHS treatment, even though it would mean inequity of health care, with wealthier patients being able to access more treatments.

The NHS Confederation (an association of NHS bodies), the BMA, and the Royal College of Nursing have also come out in support of top-up payments, though with some reluctance.

Hamish Meldrum, chairman of the BMA, said, "We have always expressed compassion for patients seeking to self fund part of their care, and at our annual conference doctors voted that patients should be able to do so without losing their right to free NHS treatment. However, because NHS resources will always be finite, and governments might be tempted to use this as an excuse to limit NHS expenditure, this must not be a route



**Colin Ross was expected to show that his case was unique**

## evidence of benefit

The paper says that the best established female genital cosmetic procedure is reduction labioplasty, which women usually seek either because of aesthetic dissatisfaction or discomfort during exercise or sexual intercourse. Women, it says, may perceive their labia to be abnormal in size or shape but may be unaware of the wide range of normal sizes for labia.

The authors say the level of evidence of success for even the most studied procedure, reduction labioplasty, is low.

Hymenoplasty is even more controversial than labioplasty, they say, perhaps because it is seen to perpetuate misogynist myths about virginity.

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to a further extension of user charges.”

The King's Fund and the Royal College of Nursing argued that inconsistencies over charging of patients already existed in the NHS, with patients being able to pay for some care such as hearing aids, mobility aids, eye care, dental care, and nursing care without jeopardising their NHS treatment.

But the current law did “not provide clear direction to patients or the NHS about why these top ups are allowed but others, for example the use of non-NICE approved drugs, are not,” said the King's Fund.

It added that the “situation is unlikely to be publicly acceptable, and examples of the health service forcing vulnerable patients to lose out on their NHS funded treatment because they wish to pay for a drug themselves risks damaging the reputation of the NHS as a caring and compassionate service.”

Although the King's Fund accepted that copayments would become inevitable, it said that the government should specify the circumstances in which top-ups are allowed not just for drugs—which is the remit of Professor Richards's present review—but also for other procedures and treatments. At its annual meeting the BMA voted for a royal commission to be set up on the issue, which would allow the public to be involved in the debate.

In its submission the King's Fund also said that patients who buy top-up drugs should pay any additional costs associated with the treatment, such as administering the drug. The King's Fund response can be found at [www.kingsfund.org.uk/publications/consultation\\_responses/index.html](http://www.kingsfund.org.uk/publications/consultation_responses/index.html). The national cancer adviser's consultation on copayments in the NHS is due to be published in October.

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MAURO FERRARELLO/SPL

Forty per cent of mortuaries were told by the Human Tissue Authority they had to improve their premises

## Pathology departments are still holding human tissue

Michael Day MILAN

Seven years on from the public inquiry into the retention of organs at Alder Hey, pathology departments are still routinely holding on to human tissue because they are unsure of what to do with it, a report by the Human Tissue Authority said this week.

In the first comprehensive review of the 2004 Human Tissue Act—introduced in response to concerns about inappropriate retention of organs after postmortem examinations—the authority's report said that disposal of human tissue remains a major problem.

The review was based on site visits to 49 mortuaries in NHS hospitals and local authorities—targeted because initial administrative checks indicated that they might be high risk sites—carried out between 1 April 2007 and 31 March 2008. The authority also visited a random sample of low risk sites as a control check.

It found that nearly a third of pathology departments visited “continue to retain material because they simply have not received instruction from the family on whether or not they would like it retained, and they are uncomfortable disposing of material without the knowledge of the next of kin.” This is despite the Human Tissue Act saying that human tissue should not be “deliberately retained indefinitely, without consent, for future use.”

Sandy Mather, director of regulation at the Human Tissue Authority, said, “We found

that in 16 of the establishments we visited, pathologists were telling us they didn't know what to do because they were not getting the information they needed from the coroner.”

Where necessary, the report said, the authority has “encouraged improved communication with coroners and their officers and, on occasion, changes to standard operating procedures.” Nevertheless, Dr Mather, said pathology services had responded “extremely well and positively” to the guidelines that the authority introduced at its inception two years ago. “In the postmortem sector we have seen many examples of good practice and a genuine commitment by staff to care for the deceased and bereaved families.”

In another report the authority warned that mortuaries in England and Wales were run down and understaffed. It said that 19 (40%) of the establishments the authority visited had been ordered to improve their premises or the condition of their equipment and that three were “unfit for purpose.”

The report added that many organisations were too slow in reporting serious systems failures that compromise the quality of human tissue prepared for clinical use. It said that clinicians also seemed to be under-reporting adverse reactions provoked by donated tissue such as heart valves and corneal implants.

The summary inspection reports *Human Application and Post-mortem* are at [www.hta.gov.uk/about\\_hta/publications.cfm](http://www.hta.gov.uk/about_hta/publications.cfm).

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## IN BRIEF

**Public are asked their views on data storage:** NHS Connecting for Health has begun a 12 week consultation with patients and the public on how the NHS uses their health information. It includes questions on who should have access to data, who should manage the information, and what safeguards should be in place. It will also look at using data for research and public health planning. The consultation is available at [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk).

**WHO meeting carries on despite Russian troops:** The annual meeting of the World Health Organization's Regional Committee for Europe is taking place in Tbilisi, Georgia, this week as planned, despite the presence of Russian troops. Discussions include the governance of health systems, health promotion, non-communicable diseases, and the social determinants of health.

**London to have more community doctors:** The proportion of doctors providing care outside a hospital setting will rise significantly over the next 10 years, says a report on workforce strategy for the NHS in London. Nearly half (47%) of the doctors employed in the capital will be based in the community, it says, nearly double the current 25%. (See [www.london.nhs.uk](http://www.london.nhs.uk).)

**Contaminated milk formula affects Chinese babies:** At least 14 babies in China's northwestern province of Gansu have developed kidney stones and one has died after being fed with formula contaminated with tripolycyanamide, used to make plastics and fertiliser. The manufacturer, Sanlu Group, has recalled all its products. Cases have since emerged in nine other provinces. See [www.reuters.com/article/worldNews/idUSPEK33470220080911](http://www.reuters.com/article/worldNews/idUSPEK33470220080911).



**Too few Dutch GPs are available for urgent phone calls:** The availability of GPs in the Netherlands for urgent telephone inquiries is too low, concludes an investigation by health inspectors and the Dutch Patients Association. They found that more than a quarter of people who called with urgent inquiries during clinic opening hours received no answer. GPs now have a year to ensure that all urgent calls are answered within 30 seconds.

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## Doctors must do more to identify child abuse, Dutch association says

**Tony Sheldon** UTRECHT

The Dutch Medical Association is urging its members to speak out if they suspect child abuse. Between 100 000 and 170 000 cases, resulting in at least 50 deaths, are believed to occur in the Netherlands each year. But only about 2% of reports in 2007 originated from doctors.

Peter Holland, the association's chairman, said, "There are far too few reports of child abuse by doctors, and there must now be a real change." The association argues that doctors, through their special contact with families and children, bear a great responsibility and can make an important contribution in identifying children who are at risk.

It has unveiled a new child abuse reporting code that puts the emphasis firmly on reporting abuse. Its previous code, drawn up in 2002, followed the principle that doctors should keep silent unless they had good reason not to; the new code urges them to speak out unless they have good reason not to ([www.knmg.nl](http://www.knmg.nl)).

The association decided that its former code was too "informal," allowing doctors too often to hide behind medical confidentiality. The new code puts the interests of the child above confidentiality.

The code offers doctors a step by step plan. They are obliged, firstly, to investigate suspicions and then to build up a file and



MICHEL WIJN

**Dutch doctors' leader Peter Holland said there were too few reports by doctors of child abuse**

seek advice, anonymously, from the Advice and Reporting Centres for Child Abuse and Neglect and from other colleagues. Doctors should then, if possible, talk with the parents and with other professionals involved. If they believe there to be a real chance of abuse they must inform the reporting centres, which will then decide what action to take.

Alternatively, if the family accepts help and the doctor believes that the risk of abuse has been averted, the doctor should instead monitor the situation. Doctors always have the option of going directly to the Child Protection Council or the police if they consider that a child is in acute danger.

The new code stops short of being a legal obligation to report abuse and recognises disadvantages in the system, such as parents who avoid their doctor. But it does emphasise doctors' legal "right" to report possible cases to a third party so that reasonable suspicions can be investigated.

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## Health minister says Spain may legalise

**Tiago Villanueva** LISBON

Spain may see the legalisation of assisted suicide in the near future if proposed reforms of the law are carried out, the country's health minister has said.

End of life care in Spain is due for a major overhaul, said the minister, Bernat Soria, in an interview in the daily newspaper *El País* ([www.elpais.com](http://www.elpais.com), 7 Sep, "Tu cuerpo es tuyo, eso es socialista" ("Your body is yours—that is socialist")). The reforms, which may include the legalisation of assisted suicide, are intended to reduce unnecessary suffering among patients, Dr Soria explained.

He said, "The change will ensure that the patient's right to a dignified death becomes a real right. We know that people die suffering. This cannot be. We are not going to win

the battle against death, but we can win the battle against pain."

The government has been working on a national strategy for palliative care, he said, that would ensure a dignified death and give citizens the right to say no to further treatment when they had had enough.

Dr Soria said, "The Socialist Party [the ruling party] says: in such a matter the owner of your body is yourself. It is you who makes the decisions."

Maite Perea, head of the press office at the Spanish Ministry of Health, said that the reforms would require the establishment of a group of experts to draw up the necessary changes to the current law on patient autonomy, approved in 2002 by José Maria Aznar's Popular Party government.

# Israeli government wants better monitoring of children's welfare, after three murders

Judy Siegel-Itzkovich JERUSALEM

After the murders of three preschool children in the space of a few weeks, Israel's government is to seek better ways to monitor children between the time they finish getting their vaccinations before the age of 2 years and their entry into kindergarten at 5 or school at 6. The mothers of two of the children have been charged with the children's murder, while the grandfather of a third has been arrested and is expected to be charged this week.

Israeli children are not bound by law to attend formal education until the age of 5.5, making it difficult for the authorities to detect possible family, social, or developmental problems.

To help identify children who are at risk of violence or negligence in the home, the welfare and social services ministry wants to require parents to bring their children to a family health centre twice a year. At present taking a child to such centres is voluntary.

The murders all involved alleged intentional drowning. All the children were aged 4, and two of the mothers were single mothers and migrants from the former Soviet Union. In the third case the grandfather of a girl named Rose Pizem allegedly beat her, hid her body in a suitcase, and threw it into a river in Tel Aviv, where it was later found. He was living with Rose's mother, his daughter

in law, and has fathered two more daughters with her.

The ministry's director general, Nachum Itzkowitz, said that services for preschool children have declined since the 1980s and even more seriously since 2000, because of severe cuts in the social services budget.

"They were excellent, and now we want to bring them back," he said. "We know that public 'well baby' services are the best way to keep track of young children before they enter the schools. Although well baby clinic nurses have the training and experience to identify delayed child development, they will need special training to pick up signs of possible abuse."

Well baby services were established in Jerusalem nearly a century ago by Henrietta Szold, founder of the Hadassah Women's Zionist Organization of America, who sent two US nurses to examine poverty stricken infants and to distribute cows' milk from a tank hauled on the back of a donkey. After the founding of Israel, well baby services were taken over by the health ministry and, later, by municipalities and health maintenance organisations. Although use of the services is voluntary and they are considered an important public health service, parents have to pay a yearly fee. The clinics today primarily offer vaccinations and monitor weight gain and hearing.

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RONI SCHUTZER/REUTERS

**Divers find a suitcase containing the body of Rose Pizem in the Yarkom stream in Tel Aviv. The child's grandfather has been arrested**

## assisted suicide

Dr Soria said, "It isn't absurd to say that Spain may end up with legislation similar to that in Switzerland or the Netherlands [where assisted suicide is legal], but we just can't do everything in one day. Our society has demonstrated already on several occasions that it is a modern society, that it is mature, and that it is ready for any kind of debate."

Esteban González Pons, spokesman for the opposition Popular Party, said, in reaction to Dr Soria's proposals: "The Socialists have renounced palliative care. They don't talk any more about a dignified death: they talk about assisted suicide."

"I don't think anyone in Spain supports the murder of people who are receiving care paid by social security."

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## US nurses publicise "health insurance casualty of the day"

Janice Hopkins Tanne NEW YORK

Nurses in the United States are posting daily updates on a website in the lead up to November's presidential election to highlight the plight of people who can't get adequate insurance for medical care.

Every day until the 4 November election a "health insurance casualty" medical history is posted on the website of the California Nurses Association and its national arm, the National Nurses Organizing Committee. It is also posted on a dedicated website ([www.guaranteedhealthcare.org](http://www.guaranteedhealthcare.org)).

The casualties are Americans who have been denied care despite having health

insurance or whose insurance does not cover the care they need.

The nurses' associations are calling for a universal, single payer healthcare insurance plan—something like the NHS. They are in favour of a Congressional bill called HR 676 that would bring about the necessary changes.

Malinda Markowitz, a registered nurse and co-president of the California association and the national organising committee, said that what was needed to fix the US healthcare system was a universal, non-profit, single payer type of system common in Europe and other industrialised countries. She said 59% of US doctors also supported a single payer system.

Simply making health insurance more available to people won't solve the problem, the nurses say.

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ABBIE TRAYLER-SMITH/PANOS

Rice prices in Cambodia have soared: the money needed to buy the pile on the right last year would buy only the pile on the left today. Food prices are expected to push 100 million people deeper into poverty.

## New antibiotics are needed as resistance grows, expert says

Philip Wilson LONDON

Drug regulators should ensure that unnecessary hurdles don't prevent the licensing of new antibiotics, a leading expert in treating resistant infections has said. David Livermore, director of the UK Health Protection Agency's antimicrobial resistance monitoring unit, also called on drug companies not to abandon research into an area sometimes seen as unprofitable.

"Antibiotics are a precious resource in fighting infections, and one that we must do everything we can to preserve," he said at a press conference on 10 September. "That is why we need to ensure there is a constant range of options under development."

Public concern over resistance to antibiotics has centred on meticillin resistant *Staphylococcus aureus* (MRSA), but the outlook in this area is positive. The incidence of MRSA bacteraemias has fallen in the United Kingdom, and there is no shortage of treatment options. Four antibiotics are licensed for use against MRSA, five more are filed for licensing, and another two are in phase II or III trials.

Dr Livermore said, "Over the last 10 years the pharmaceutical industry has significantly invested in antibiotic treatments for bacteria such as *Staphylococcus aureus*, including MRSA. There is, however, a big public health threat posed today by multiresistant, Gram negative bacteria, and therefore there is an urgent need for the pharmaceutical industry to work towards developing new treatment options to tackle infections caused by these bacteria."

Gram negative bacteria are becoming

## World still faces big

John Zarocostas GENEVA

The world has made major progress to reduce extreme poverty but won't fulfil the United Nations' eight millennium development goals by 2015, a UN report says. Sustained efforts are needed to ensure that advances in combating hunger, child mortality, and HIV and AIDS and other diseases are maintained, it says.

"The economic slowdown will diminish the incomes of the poor; the food crisis will raise the number of hungry people in the world and push millions more into poverty; climate change will have a disproportionate impact on the poor," said Ban Ki-moon, the UN's secretary general, in the report's foreword.

increasingly problematic. *Escherichia coli* is the most common cause of urinary tract infections and bacteraemias, and the percentage of strains that are resistant to cefotaxime and ceftazidime has risen from 1% or 2% in 2000 to about 12% for each agent in 2007. In rare situations Gram negative bacteria cause infections that are untreatable. The sickest patients, such as those in intensive care or patients who are being treated for chronic lung infections, are often the most vulnerable. *Pseudomonas* and *Burkholderia* are currently a particular problem for patients with cystic fibrosis.

In contrast to the situation with MRSA, few pending drugs show promise against multiresistant, Gram negative bacteria. Doripenem, a new carbapenem, was approved last year in the United States and is awaiting launch in Europe, but no other drugs are further forward than phase I trials.

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## Iran holds two HIV specialists in jail without charge

Peter Moszynski LONDON

Concern is growing for the welfare of two doctors who have been held without charge in Iran for almost three months. The two brothers, Arash and Kamiar Alaei, are both world renowned specialists in HIV and infectious diseases. Kamiar is currently a PhD candidate in New York, while Arash had been scheduled to speak at the recent international AIDS conference in Mexico City, where numerous

demonstrators drew attention to his absence.

For more than a decade the Alaei brothers have fought for the prevention and treatment of HIV and AIDS and sexually transmitted infections and for drug related harm reduction to be integrated into Iran's national healthcare system.

The brothers' work with drug addicts and prostitutes in Tehran featured in a BBC television documentary, *Mohammed and*

*the Matchmaker*, in which Kamiar said: "We face a huge potential HIV problem in Iran, and in order to start to confront it we need to talk about the root causes. It is not easy to talk about sexual matters in what is still a very traditional country."

In addition to their work in Iran the brothers have held training courses for Afghan and Tajik medical workers and have encouraged regional cooperation.

The brothers had been held

incommunicado up to last week, when they were finally allowed to speak to family members and briefly had access to a lawyer, although it is still not clear exactly why they are being held. Speculation in the Iranian media suggests that they have been accused of attempting to undermine national security.

Physicians for Human Rights has been leading a campaign for the brothers' release. Its chief

## challenges in meeting millennium development goals

The mid-term assessment of progress says that the number of people living in absolute poverty has fallen from 1.8 billion to 1.4 billion, and it estimates that the 1990 global poverty rate is likely to be halved by 2015.

But it says that aggregate data “mask large disparities among regions” and adds that most falls in the number of people in poverty have taken place in east Asia, especially China.

The report laments that little progress has been made in sub-Saharan Africa, the number of people living on less than a dollar a day having risen between 1990 and 2015.

UN analysts say that the hike in worldwide food prices is expected to push as many as 100 million people “deeper into poverty,”

with most of the increases likely to occur in sub-Saharan Africa and south Asia.

With regard to child mortality, it says that despite progress on the annual number of deaths in children aged under 5 years, which dipped below 10 million in 2006, “the death of millions of children from preventable causes (pneumonia, diarrhoea, malaria, and measles) each year is unacceptable.”

It says that between 1990 and 2006 about 27 nations, mostly in sub-Saharan Africa, “made no progress in reducing childhood deaths.”

On a brighter note the report says that the number of children under 5 who died from measles fell by 68%, from 757 000 in 2000

to 242 000 in 2006, and by more than 91% in sub-Saharan Africa. This was largely due to better coverage of routine vaccinations and of second doses of vaccine, it says. The UN assessment says that vaccination rates reached 80% in 2006.

Very little progress has been achieved, it says, in saving the lives of mothers during pregnancy and after childbirth. The authors estimate that between 1990 and 2005 maternal mortality fell by less than 1%.

*The Millennium Development Goals Report: 2008 and Delivering on the Global Partnership for Achieving the Millennium Development Goals* are available at [www.un.org/millenniumgoals](http://www.un.org/millenniumgoals).

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## WHO report shows that countries adopting preventive measures see big fall in malaria

Susan Mayor LONDON

Efforts to reduce the incidence of malaria are increasing significantly, says a major report published on 18 September by the World Health Organization. Parts of Africa that have made aggressive use of a combination of preventive measures over the past few years have seen dramatic falls in the number of cases, WHO says.

The World Malaria Report 2008 found 247 million cases of malaria and 881 000 deaths from the disease, mostly among children in Africa, meaning that it remains one of the world's leading causes of death. However, several countries had achieved a sharp fall in the number of people affected by

malaria after increasing control measures.

Eritrea, Rwanda, São Tomé and Príncipe, and Zanzibar (in Tanzania) each reported reductions of 50% or more in the number of malaria cases and deaths between 2000 and 2006 or 2007.

These areas had achieved high coverage of measures to control malaria, including greater use of bed nets treated with insecticide, better provision of antimalarial drugs, and spraying insecticide inside houses.

“The most important finding is that countries achieving high coverage for bed nets, insecticide spraying, and use of drugs are now seeing a larger reduction in the number of malaria cases and deaths, in line

with randomised controlled trials,” said Mac Otten, coordinator for surveillance, monitoring, and evaluation with WHO's global malaria programme.

One of the most striking improvements was wider distribution of insecticide treated bed nets in Africa, particularly long lasting nets that are effective for three years. Figures showed that more than one in four (26%) of the 647 million people in Africa who are at risk of malaria had access to insecticide treated nets in 2006, a major increase from the 3% in 2001.

*World Malaria Report 2008* is available at [www.who.int/en/](http://www.who.int/en/).

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executive, Frank Donaghue, said, “If international media reports are accurate, then these charges are illegitimate and politically motivated. The prosecutor has stated in interviews that the Alaei brothers have participated in a so called ‘velvet revolution.’

“[What is] the evidence he has cited? These doctors have travelled globally to participate in AIDS conferences, drawn the attention of international NGOs [non-governmental organisations], and trained people in public

health. These are not crimes—this is good medicine.”

Mr Donaghue pointed out that Iran's President Ahmadinejad will be in New York on 23-25 September for the United Nations general assembly. He said, “It would be an important signal if the Alaei brothers were released prior to this occasion, when the spotlight will be on progress toward global health and the human rights necessary to achieve these goals.” More information can be found at [www.iranfreethe docs.org](http://www.iranfreethe docs.org).

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Doctors demonstrate at this year's AIDS conference in Mexico