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Southall loses appeal against being struck off

Clare Dyer BMJ

The paediatrician David Southall has lost his legal challenge to a decision to strike him off the UK medical register for accusing a mother without justification of drugging and murdering her 10 year old son.

At the High Court in London Mr Justice Blake said that Dr Southall's conduct was "truly shocking" and "an abuse of the role of consultant and expert instructed in ongoing litigation."

Dr Southall was appealing against a finding of serious professional misconduct by a General Medical Council fitness to practise panel and an order striking him off the register in December 2007 (*BMJ* 2007;335:1174).

Described by the judge as "a consultant paediatrician of national and international renown," Dr Southall was a leading specialist in the field of child protection in the 1980s and 1990s. But he faced a barrage of complaints by parents, who accused him of overzealousness.

In a separate GMC case he was found guilty of serious professional misconduct in 2004 and barred from child protection work for accusing Stephen Clark of murdering two of his baby sons after seeing him interviewed on television (*BMJ* 2004;329:366). Mr Clark's wife, Sally, was serving a life sentence at the time for murdering the boys but was later cleared on appeal.

In the latest case Mr Justice Blake upheld the

GMC panel's finding that in 1998 Dr Southall had accused Mandy Morris, whose 10 year old son Lee was found hanged in an apparent suicide, of drugging and hanging him herself. He was interviewing her as the basis of a report for care proceedings involving her surviving son, and he argued that he had not been accusing her but outlining a possible scenario for what might have happened.

Dr Southall said he was "disappointed." The organisation Professionals against Child Abuse warned that the judgment would have "further serious and negative effects" on the willingness of doctors to do child protection work.

Cite this as: *BMJ* 2009;338:b2144

NICE recommends early management of persistent low back pain

Susan Mayor LONDON

People with persistent non-specific low back pain should be managed early and much more actively than often occurs to reduce their risk of long term pain and disability, recommends guidance for the NHS in England and Wales published this week.

The National Institute for Health and Clinical Excellence (NICE) guideline is designed to improve the early treatment and management of persistent or recurrent low back pain, which is defined as non-specific low back pain that has lasted for more than six weeks but for less than a year.

Low back pain is a common disorder that affects about one third of the UK adult population a year. About 20% of people consult their GP about it. There is a generally accepted approach to the management of back pain of less than six weeks' duration, based on keeping active and taking analgesics to relieve the pain.

"Most people with low back pain find that their problem settles within a week or two. The really big problem is for those whose pain continues

for more than a few months," said Martin Underwood, professor of primary care research, Warwick Medical School, and chairman of the guideline development group.

The new guideline suggests that a key focus should be helping people with persistent non-specific low back pain to self manage their condition, which starts with providing them with advice and information. They should also be offered a structured exercise programme tailored to the individual patient; manual therapy, including spinal manipulation and massage; or a course of acupuncture needling, depending on the patient's preference. Doctors should consider offering another of these options if the first treatment does not achieve satisfactory improvement.

Professor Underwood acknowledges that access to these treatments varies and is poor in some areas, but he considers that the guideline will improve availability where it is lacking.

Patients who continue to have high levels of disability or notable psychological distress despite receiving at least one of the



TONY ANDERSON/GETTY IMAGES

Patients should be offered a course of manual therapy or acupuncture

recommended initial treatment options should be considered for referral to a combined physical and psychological treatment programme, with about 100 hours over a maximum of eight weeks, the guideline advises.

Low back pain: Early Management of Persistent Non-specific Low Back Pain (NICE clinical guideline 88) is available at www.nice.org.uk. The *BMJ* will be publishing a summary of this guideline in two weeks' time.

Cite this as: *BMJ* 2009;338:b2115

IN BRIEF

Emergency pill goes over the counter in Spain:

Emergency postcoital contraception will soon be available from Spanish pharmacists without a prescription. From September the pills will be sold over the counter, including to minors without the need for parental consent, to reduce the number of teenage pregnancies.

WHO takes the lead: The World Health Organization and the United Nations Environmental Programme plan to improve awareness of the toxicity of lead in paint. WHO estimates that 800 000 children each year are affected by exposure to lead, which can adversely affect their learning ability. Lead exposure is said to account for 2% of the world's burden of ischaemic heart disease and 3% of the burden of cerebrovascular disease. Lead based

paints are still widely available in some countries.

Nigerians settle over Pfizer suit:

Nigerian officials have tentatively agreed to settle a lawsuit against Pfizer for \$75m (£47m; €54m). The suit charged the company with testing an experimental antibiotic, trovafloxacin, on 200 children without proper consent during an outbreak of meningitis in Kano in 1996 (*BMJ* 2009;338:b458). Eleven children died. Nigerian officials say that effective and proved treatments were readily available at the time.

Dutch courage?: Nearly a third of Dutch doctors have said they won't allow their own medical records to be added to the planned national electronic database. A survey in the Dutch Medical Association journal found the refusal rate among doctors to be 10 times the national average.

Israeli doctor is given eight year sentence:

The harshest ever sentence for manslaughter of a patient by an Israeli doctor has been handed down in the Tel Aviv district court, which sent anaesthetist Svetlana Russo to prison for eight years. The victim was a 3 year old who underwent surgery at Tel Aviv's private Assuta Medical Centre in 2005 for routine surgery. The anaesthetist fell asleep, and the girl died after a cardiac arrest.

London school wins Gates award:

The London School of Hygiene & Tropical Medicine has won the \$1m (£0.6m; €0.7m) Gates award for global health. The school is the first academic institution to win the award and the first British winner.

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NHS exceeds targets on waiting times,

Jacqui Wise LONDON

The NHS exceeded targets on reducing hospital acquired infections, cutting waiting times, and extending general practice opening hours, the NHS chief executive said in his annual report.

David Nicholson thanked staff for their hard work and said that everyone should be proud of what the NHS has achieved for patients this year. But he warned, "The NHS is well placed but there is absolutely no room for complacency. We must accelerate the pace of reform. It is time now to go further and faster."

The report, which covers NHS performance during the financial year 2008-9, stated that the target of halving meticillin resistant *Staphylococcus aureus* (MRSA) infections was achieved in

September and had reached 62% below the baseline by the end of the year. There was also positive progress on tackling *Clostridium difficile*, reaching in one year the reduction in infection rates sought over three years.

The report also states:

- Extended opening hours were provided at 71% of general practices, exceeding the target of 50%.
- The target to treat all patients within 18 weeks from referral to hospital treatment was met five months early.
- An additional 1195 midwives will be employed by the end of 2009, exceeding the target of 1000.
- During the year both staff morale and public confidence in the NHS rose to the highest levels on record.

Scientists fear that libel ruling on chiropractic

Deborah Cohen *BMJ*

Leading academics, journalists, science writers, libel lawyers, and MPs have spoken out in support of the science broadcaster and writer Simon Singh—against whom the British Chiropractic Association has launched a libel action—at a public meeting hosted by the Index on Censorship on Monday 18 May.

Writing in the *Guardian* on 19 April 2008 during chiropractic awareness week, Dr Singh made various claims about the treatments offered by chiropractors. The claims also appeared in a book he coauthored with Edzard Ernst, professor of complementary medicine at Exeter University, *Trick or Treatment? Alternative Medicine on Trial*.

In his article (which the *Guardian* has removed from its website) Dr Singh said that the British

Chiropractic Association "claims that their members can help treat children with colic, sleeping and feeding problems, frequent ear infections, asthma and prolonged crying, even though there is not a jot of evidence. This organisation is the respectable face of the chiropractic profession and yet it happily promotes bogus treatments."

The association asked Dr Singh to retract the statement, which it said was wrong, defamatory, and damaging to its reputation. He refused, so the association launched an action for libel against him.

A pretrial hearing was held at the beginning of May to determine the meaning of the relevant passages. Presiding over the case, Mr Justice Eady said that what the article conveys is that the association "itself makes claims to the public as to the efficacy of chiropractic



Dr Simon Singh may appeal the ruling

SUTTON-HIBBERT/REX

DH lists indicators for use in quality accounts in NHS in England

Jacqui Wise LONDON

The Department of Health and the NHS Information Centre have published 232 quality indicators that healthcare professionals working for the NHS in England can use to assess their performance in the accounts of quality that they will be required to publish from next year.

The aim is for doctors to select the indicators that are most relevant to their work and to use these as benchmarks to measure quality of care. The Department of Health states that these are not compulsory indicators for performance management, but it is possible that some might be specified as core indicators to be used in quality accounts.

From April 2010 all healthcare providers in England will need to publish quality accounts just as they publish financial accounts.

Announcing the quality indicators, the health minister Ara Darzi said, "This initial list is just the start of an NHS-wide resource

GP hours, and MRSA

The NHS has 11% growth in funding guaranteed for the next two years but after that there is a possibility that investment will be frozen. Mr Nicholson warned that the NHS is likely to have to make efficiency savings between 2011 and 2014 of between £15bn (€17bn; \$24bn) and £20bn across the service over three years.

Mr Nicholson said that it was vital to invest the growth of the next two years in plans that will benefit patients over the next 5-10 years. And the best way to do that is by focusing on quality, as outlined in *High Quality Care for All*.

The report is at [www.dh.gov.uk/en/](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099689)

[Publicationsandstatistics/Publications/](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099689)

[PublicationsPolicyAndGuidance/DH_099689](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099689).

Cite this as: *BMJ* 2009;338:b2114

will inhibit debate

treatment for certain ailments even though there is not a jot of evidence to support those claims." This, he said, would be an irresponsible way to behave, and it is an allegation that is "plainly defamatory" of anyone identifiable as the culprit. He also said that the article alleged that despite the association's outward appearance of respectability it was happy to promote bogus treatments.

Concern has been raised about what the ruling implies for scientific debate. The Liberal Democrat MP Evan Harris said that the ruling may undermine "free scientific discourse in peer reviewed journals and in the mainstream media."

Dr Singh said that he will announce by 8 June whether he intends to appeal against Mr Justice Eady's decision.

A podcast of an interview of Dr Singh by Deborah Cohen can be heard at <http://podcasts.bmj.com/bmj/2009/05/22/libel-science-and-the-polypill/>.

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that will challenge and stimulate NHS staff to drive up the quality of care they deliver."

The 232 indicators cover three main areas, patient safety, effectiveness of care, and patient experience, and are all existing indicators such as those found in the quality and outcomes framework and Vital Signs (measures to inform local operational plans against national plans).

The indicators have been produced in consultation with five royal colleges and the British Cardiovascular Society.

The quality indicators are at www.ic.nhs.uk/mqi.

Cite this as: *BMJ* 2009;338:b2089



A worker disinfects a bus in Hyattsville, Maryland, as notices advise passengers how to avoid infection

Number of confirmed swine flu cases could be "tip of iceberg"

Adrian O'Dowd LONDON

Fred Charatan FLORIDA

Almost 13000 people around the world have now been confirmed as having been infected with the A/H1N1 flu virus, but experts in the United States are warning that the actual figures there could be much higher.

As the *BMJ* went to press on 26 May the World Health Organization said that 12954 cases of A/H1N1 flu had been confirmed in 46 countries and that 92 people had died from the virus.

Numbers of confirmed cases have continued to rise slowly in the United Kingdom, which now has 137.

In the US, however, which now has the greatest number of cases of any country at 6764, the Centers for Disease Control and Prevention warned that many more people than official figures show could be infected.

At the CDC's most recent press briefing, Anne Schuchat, director of the National Center for Immunization and Respiratory Diseases, said that the official figure for the US was probably the "tip of the iceberg" and estimated that more than 100000 people in the US were now infected with the virus.

"The new virus continues to circulate in the US and appears to be behaving a lot like seasonal flu, except it is circulating so late in the spring," said Dr Schuchat, who also said that an estimated 60 schools were closed in the US, affecting 42000 students.

At the close of last week's World Health

Assembly in Geneva, Margaret Chan, director general of the World Health Organization, said, "For the first time in history we are watching the conditions conducive for the start of a pandemic unfold before our eyes. On the one hand this gives us an unprecedented opportunity: the world is alert and on guard as never before.

"On the other hand this gives us a dilemma. Scientists, clinicians, and epidemiologists are capturing abundant signals. But we do not have the scientific knowledge to interpret these signals with certainty. We have clues—many clues—but very few firm conclusions."

Dr Chan outlined how she thought the situation might develop in the coming weeks and months.

"First, this is a very contagious virus. We expect it to continue to spread to new countries and continue to spread within countries already affected.

"Second, this is a subtle, sneaky virus. It does not announce its presence or arrival in a new country with a sudden explosion of patients seeking medical care or requiring hospitalisation. In fact, most countries need a sudden explosion of laboratory testing to detect its presence and follow its tracks."

The charities Oxfam, World Vision, and Save the Children have warned that millions of people around the world facing the prospect of a flu pandemic won't have access to potentially life saving health care.

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Workplace initiatives can reduce heart disease



DIMA.GAVRYSHAPPA

Workplace health initiatives helped reduce the percentage of people smoking from 39% to 29%

Ganapati Mudur NEW DELHI

Advocating healthy lifestyles in the workplace can reduce the risk of cardiovascular disease in staff and in their families, a new study from India indicates. Such interventions cost only about \$7.30 (£4.60; €5.30) per person per year, it says.

The study on cardiovascular disease refutes concerns in medical circles that workplace initiatives relating to health are ineffective or too expensive to pursue, the investigators say.

The researchers, from the Public Health Foundation of India, the Centre for Chronic Disease Control in New Delhi, and other institutions selected five workplaces representing various industry sectors and one agricultural workplace for the intervention.

Each workplace provided educational material on healthy lifestyles, altered lunch menus

Researchers get EU green light to develop innovative drugs

Rory Watson BRUSSELS

The European Commission and the European Federation of Pharmaceutical Industries and Associations have taken their first combined step to try to speed up the process of placing innovative drugs on the market.

They have given the go ahead to 15 research projects that will receive €246m (£215m; \$339m) in funding. They will improve understanding of several health matters and tackle bottlenecks in research that can delay the development of drugs.

They are also expected to increase the safety and efficacy of drugs, promote the exchange of data among researchers, and improve education and training in the sector.

The projects, selected out of 150 applications, are the first to be funded under the European Union's innovative medicine initiative, a public-private partnership between the commission and the drug industry. The work will be carried out by consortiums that contain drug companies, research organisations, patient groups, and other interested parties.

The EU research commissioner, Janez Potočnik, said, "Our objective is for Europe to become a champion's league for biopharmaceutical research. In times of crisis, such a model of cooperation is proving well suited to answering both EU competitiveness objectives and public health needs."

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Senate finance chairman sees progress on US healthcare reform

Bob Roehr WASHINGTON, DC

Healthcare reform is "on track," the chairman of the Senate Finance Committee told reporters at a briefing on 21 May. Max Baucus, a Democrat senator for Montana, said he anticipates introducing and finalising language in the legislation in mid-June and passing the bill this summer.

He said his colleagues are troubled by the continuing rise in health spending, now about 17% of the national economy and projected to surpass 20% within a decade. The senators see the legislation as their "opportunity to get it right."

Senator Baucus asserted: "Everything is on the table, all proposals, and they are going to stay on the table—we are going to discuss them."

But when pressed as to whether that included a single payer system similar to that in Canada he backtracked, saying, "It is not on the table because it cannot pass... We can't waste capital on

something that is impossible."

He repeated the mantra of the Obama administration that regardless of the final shape of reform legislation, everyone will be able to keep their existing health insurance coverage. However, that pledge applies only to the consumer: it does not guarantee that the insurance market will continue to offer such policies in the wake of broader reform.

Senator Baucus said that reform would also preserve the right of patients to choose their doctor and would "get rid of all of that discrimination" on the basis of pre-existing medical conditions that companies currently use to deny health insurance coverage to some people.

"For me, the really exciting part of this is delivery system reform, with evidence based medicine, a focus on quality, reimbursing on the basis of quality not quantity or volume," he said.

The goal remains universal health insurance coverage, but

in reality coverage will be about 95%. Undocumented aliens residing in the country account for a major part of this shortfall. Covering them "is too politically explosive," the senator said.

The question of a "public option"—a government run insurance programme for people aged under 65—remains one of the more contentious issues. The senator believes that "there are ways to do this in a way that is acceptable, but I'm not going to tip my hand on exactly what I think the solution might be."

"Because this is so big and so complex there are going to be a lot of trade offs," he said. He rated the likelihood of bipartisan support in passing the final bill as "very high, about 75% to 80%. Moderate Republicans know it is the right thing to do."

The moment of truth will come in mid-June when what have been broad discussions are finally pared down into draft legislation.

Cite this as: *BMJ* 2009;338:b2134

risks, Indian study concludes

and snacks in canteens, prohibited the use of tobacco, and provided counselling on health.

The study showed favourable changes in body weight, waist circumference, blood pressure, and plasma glucose and lipid concentrations (except triglycerides) among the more than 5000 people in the study after three to four years of the intervention. All these risk factors, except for high density lipoprotein concentrations, had worsened in a smaller control group of about 900 people at a single workplace (*Journal of the American College of Cardiology* 2009;53:1718).

In the intervention group the percentage of people using tobacco products fell from 39% to 29%, that of people adding salt to their meals fell from 28% to 13%, and the level of physical activity nearly doubled. At the control site use of tobacco products and

salt rose, and levels of physical activity fell.

One of the authors, Kolli Srinath Reddy, president of the Public Health Foundation of India, said, "There has been quite a bit of scepticism about the feasibility and impact of workplace interventions.

"But our results suggest that a low cost programme can have a high impact."

The researchers calculated that the reduced risk from the intervention could prevent 73 cardiovascular events per 1000 people over a 10 year period. "This effect is much better than the effect of drugs in primary prevention," said the study's lead author, Dorairajan Prabhakaran, a cardiologist and director of the Centre for Chronic Disease Control.

The researchers have called for a large,

nationwide workplace programme, saying that the annual cost per person in the study of \$7.30 may be lower if the intervention is extended to this scale.

Experts in public health say that the study could be a model for worksite intervention.

"The workplace is a key setting for improving health," said Eva Jané-Llopis, who leads the chronic disease prevention initiative at the World Economic Forum in Geneva.

In any given year about a third of the world's workforce has some form of preventable disease, costing up to \$1500 per employee, Dr Jané-Llopis said. The study, she said, "highlights the relatively low cost of building health and supporting resilience of employees, which in today's competitive world is a fundamental resource to productivity."

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Aid agencies are concerned at conditions in Sri Lankan camps

Peter Moszynski LONDON

Aid agencies are concerned about the welfare of more than quarter of a million displaced civilians in Sri Lanka, many of whom remain out of reach of aid agencies.

David White, Oxfam's acting country director, said, "Oxfam is very concerned about conditions in the camps. It's been a race against time to get water and sanitation services up and running, and we're worried that people are not getting enough clean water. There are problems with providing food and shelter to the displaced people.

"Now the end of the fighting has led to a massive influx of new people, and we are worried that the camps will not be able to cope.

"These people are extremely traumatised. Many have lost family in the fighting or become separated as they escaped. They are innocent civilians caught up in this conflict."

Meanwhile Amnesty International is worried about the fate of three doctors who were working in the Tamil no fire zone at the end of the siege and who alerted the outside world to the bombardment of their hospital. They have disappeared and are believed to be being held by the Sri Lankan authorities.

Amnesty International fears that "they may be held in reprisal for providing information about civilians in the conflict zone between government forces and the Tamil Tigers", and is now "deeply concerned over their safety."

The three are Thangamutha Sathiyamoorthy, regional director of health services in Kilinochchi, V Shanmugarajah, medical superintendent at Mullivaaykkaal field hospital, and Thurairaja Varatharajah, regional director of health services in Mullaitivu, who apparently sustained bullet wounds to his shoulder. Sri Lankan forces reportedly airlifted him from the Omanthai crossing point to Anuradhapura hospital.

According to Physicians for Human Rights, the Sri Lankan army detained the doctors on 16 May 2009, and a government official stated on 18 May that government forces handed them over to police. They are apparently being charged with "spreading false information" and are in police custody, reportedly at the terrorist investigation division in Colombo.

The group fears that Sri Lankan security forces "will use excessive force or torture in retaliation against them for providing detailed information about government shelling and civilian casualties in the conflict zone to outside media." The Sri Lankan Prevention of Terrorism Act grants security forces broad powers of arrest and detention.

"Physicians for Human Rights is deeply concerned about the arrest and detention under illegitimate charges of our three Sri Lankan colleagues. We have no information on the three men's conditions of confinement, but we fear for their health and safety," said chief executive Frank Donaghue.

Cite this as: *BMJ* 2009;338:b2105



An elderly Tamil woman in a refugee camp near Vavuniya, northern Sri Lanka, where conditions are poor

Inquiry finds that two German doctors gave drugs to cyclists

Annette Tuffs HEIDELBERG

An independent expert committee has concluded that two doctors from Freiburg University Hospital, Lothar Heinrich and Andreas Schmid, were extensively involved in providing performance enhancing drugs to professional cyclists for profit. The committee's report was presented to a press conference earlier this month by Hans-Jochen Schiewer, the rector of Freiburg University, Wolfgang Holzgreve, the director of Freiburg University Hospital, and Hans Joachim Schäfer, the head of the committee.

It found that the two doctors administered performance enhancing drugs, deceived the hospital and the public, and acted against Germany's law on transfusion.

The investigation followed revelations in 2007 in the German weekly magazine *Der Spiegel* about the practices of two Freiburg doctors (*BMJ* 2007;334:1184-5).

Within four weeks of the article's publication Dr Heinrich and Professor Schmid admitted that they had given the blood cell stimulating hormone erythropoietin to the cycling team of the German telephone company T-Mobile. The team has since been dissolved. The Freiburg University Medical



CHRISTOF KOEPEL/GETTY IMAGES

The doctors gave a wide range of drugs, including erythropoietin, testosterone, and corticosteroids

Centre immediately dismissed both doctors from their jobs.

At the same time Freiburg University set up an independent committee to look into the allegations. They examined the hospital's financial records, scrutinised hundreds of files from the public prosecutor's office and thousands of laboratory test results. The 63 page report uncovered acts of deception and manipulation over a period of nearly 12 years from 1995 to 2007.

The committee found that Dr Heinrich and Professor Schmid had been guilty of administering a range of performance enhancing drugs for financial gain and of deceiving colleagues and the university hospital.

In addition, its investigation found that the former director of the Freiburg Sports

Medicine Institute, Josef Keul, who died in 2000, had turned a blind eye to the practices of the two doctors. No other hospital institution was involved, and the drugs had been ordered by an external pharmacy.

The two doctors had financially attractive contracts with cycling teams and also received research grants from the team sponsors and from the government's anti-doping initiative.

The investigation found that they used a wide range of drugs to enhance the cyclists' performance, such as synthetic erythropoietin, human growth hormone, testosterone, corticosteroids, and iron preparations.

The report says that the non-indicated use of iron preparations, which were taken by the cyclists to stimulate erythropoietin induced blood formation, is associated with great risks, such as haemochromatosis.

The committee also concluded that the doctors faked medical certificates to make the treatments plausible and used shady connections to obtain drugs. They deceived their superiors in the hospital and covered up payments. At the same time they appeared in the media as champions of drug free cycling.

Another practice that the committee uncovered was the use of autologous blood transfusions, whereby doctors would take a half a litre of blood from the racing cyclists and then reinfuse it in them at a later date.

The report (in German) is at www.dopingkommission-freiburg.de/Abschlussbericht.pdf.

Cite this as: *BMJ* 2009;338:b2135

US Senate confirms head of FDA as Margaret Hamburg, "an

Janice Hopkins Tanne NEW YORK

The US Senate has unanimously confirmed Margaret Hamburg this week as commissioner of the US Food and Drug Administration.

Dr Hamburg's new boss, Kathleen Sebelius, secretary of health and human services, called her "an inspiring public health leader with broad experience in infectious disease, bioterrorism, and health policy" while also praising Joshua Sharfstein, who has served as acting commissioner and who will be Dr Hamburg's deputy.

During the Bush administration, the FDA was criticised for being too cosy with the drug industry for its handling of outbreaks of food poisoning and contaminated heparin and for delays in approving the morning after birth control pill.

Dr Hamburg, speaking in advance of her confirmation in hearings before the Senate committee on health, education, labour, and pensions, said that as commissioner she would operate an agency that was accessible and transparent.

The agency was facing "new and daunting challenges" she said, adding, "These include the globalisation of food and drug production, the emergence of new and complex medical technologies, and the risk of deliberate terror attacks on our food and drug supplies" as well as the emergence of the new A/H1N1 flu virus.

The new commissioner said that she would strengthen the agency's science base by "hiring and retaining the best and brightest scientists that FDA can recruit, and ensuring that

FDA has the resources and capacity to understand the latest advances in science and apply them to regulatory and public health issues. The FDA must carefully protect scientific integrity as the cornerstone of the regulatory process."

Among her priorities, Dr Hamburg listed reviewing the agency's work on the H1N1 flu situation; improving food safety by increasing the agency's attention to import safety; improving the safety of drugs and monitoring them after marketing; fostering innovation; and working with food and drug producers to ensure integrity throughout the lifecycle of their products.

She told the senate committee that she was in favour of efforts to have the agency regulate tobacco.

Dr Hamburg, aged 53, is a

graduate of Harvard Medical School. She worked on AIDS research at the National Institute of Allergy and Infectious Diseases in the late 1980s.

In the early 1990s, she served as New York city health commissioner, where she led a team that successfully fought an epidemic of multidrug resistant tuberculosis. Dr Hamburg then served during the Clinton administration as assistant secretary for policy at the Department of Health and Human Services, where she worked on bioterrorism matters. Most recently she was vice president for biological programmes with the Nuclear Threat Initiative.

See "Obama to name Margaret Hamburg to head FDA" (*BMJ* 2009;338:b1042).

Cite this as: *BMJ* 2009;338:b2079

Maternal mortality remains the same but deaths of children under 5 fall by 27% worldwide

John Zarocostas GENEVA

The number of children dying under the age of 5 worldwide fell 27% between 1990 and 2007, as a result, at least in part, of more interventions and strengthening of health systems, a World Health Organization report says.

Progress is down to several developments, including increased immunisation coverage, use of rehydration treatment, malaria interventions, and improved water and sanitation. But progress has been “uneven.”

Many countries in sub-Saharan Africa are lagging behind in progress towards meeting the fourth millennium development goal, which specified that mortality in children under 5 should be reduced by two thirds between 1990 and 2015.

“There needs to be more effort to strengthen health systems in countries affected by high levels of HIV/AIDS, economic hardship, or conflict,” said Ties Boerma, WHO director of health statistics and informatics.

Pneumonia and diarrhoea still kill 3.8 million children under 5 every year, WHO estimates.

The report, based on more than 100 health indicators from 193 countries, argues that reducing child mortality increasingly depends



A woman gives birth in Kabul, Afghanistan, which has one of the highest global maternal mortality rates

“on tackling neonatal mortality.”

About 37% of deaths in children aged under 5 worldwide occur in the first month of life, and most of them are in the first week, Dr Boerma said. He added that “regions with the least progress are those where levels of maternal mortality are highest.”

The global maternal mortality rate of 400

deaths per 100 000 live births in 2005 was almost the same as the rate in 1990. He added that the mortality ratio in Africa, at 900 per 100 000 live births, was more than double the global average.

World Health Statistics 2009 is at <http://who.int/whosis/en/index.html>.

Cite this as: *BMJ* 2009;338:b2136

inspiring leader”



Margaret Hamburg, the new commissioner of the US Food and Drug Administration

US is told it should double global health aid to \$15bn a year

Bob Roehr WASHINGTON, DC

Structural changes are needed in the way that the United States delivers its international health assistance, together with a near doubling of resources devoted to this area, to \$15bn (£10bn; €11bn) a year by 2012, recommends a study by the Institute of Medicine, the independent adviser to the US government on health.

“We should look at the question of global health as both a responsibility and an opportunity for the United States, for our self interest and for humanitarian reasons as well,” said Thomas Pickering, co-chairman of the institute’s panel, which wrote the recommendations, and a former US ambassador.

The report noted that US expenditure on global health increased by 350% between 2001 and 2008, to about \$8bn. This was due primarily to creation of the President’s Emergency

Plan for AIDS Relief (PEPFAR). The US devotes 24% of its foreign aid to health, considerably more than the 16% average for Organisation for Economic Co-operation and Development countries.

But the US does not fare so well by other measures. Foreign aid as a percentage of gross national income is just 0.18%, far below the average of 0.47%; the UK figure is 0.43%.

The recommended increase to \$15bn would still leave the US with a below average rank.

Mr Pickering said, “We should pay our fair share of the WHO budget.”

The report urged the creation of an interagency committee on global health housed in the White House “to ensure a coherent strategy for our investments in global health” across the full range of activities, including those dealing with the environment, security, and trade.

The US Commitment to Global Health: Recommendations for the Public and Private Sectors is at www.iom.edu/CMS/3783/51303/67183.aspx.

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