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# GPs in A&E could help tackle “unsustainable” rise in emergency hospital admissions

**Adrian O’Dowd** LONDON

The NHS is struggling to meet an almost 12% rise in emergency hospital admissions in the past five years that is costing an extra £330m a year, according to a report.

GPs and community services could be the answer to reducing this expensive trend, says the report, published on 5 July by health policy think tank the Nuffield Trust.

The report shows that the number of emergency admissions in England rose by 11.8% between 2004-5 and 2008-9 (from around 4.4 million to 4.9 million admissions)—resulting in a cumulative total for five years of around 1.35 million extra admissions.

Treating these extra patients in emergency hospital care is estimated to cost the NHS an additional £330m (€398m, \$499m) per year, says the report. Emergency admissions now make up 35% of all hospital admissions in England, at an overall cost of around £11bn to the annual NHS budget.

The Nuffield Trust analysis found that the rise in emergency admissions was linked to a dramatic increase in the number of short stay admissions caused partly by a lowering of the clinical threshold for emergency admissions.

Advances in medical care and management had reduced the length of time patients stayed in hospital, which freed up more beds and allowed doctors to admit more patients. This cycle could



IAN MILES/FLASHPOINT PICTURES/ALAMY

The increasing numbers could be due to the effect of target waiting times and an ageing population

be broken by creating better out of hospital care and preventive care, said the authors.

Jennifer Dixon, director of the Nuffield Trust and co-author of the report, said, “Reversing this unsustainable rise in emergency admissions must be the number one priority for the NHS in England. “This cost could be avoided by preventing ill health through better care by GPs, community care services or social care, and better co-ordination of care between doctors in hospital and general practice.”

Reasons for the dramatic rise in emergency

admissions could include the effect of NHS targets, the ageing population, and variations across different hospitals, said the authors.

The report recommends that managers review how clinical decisions to admit patients to hospital are made and improve them—for example, through greater use of primary care doctors in accident and emergency.

The report *Trends in Emergency Admissions in England 2004-2009: Is Greater Efficiency Breeding Inefficiency?* is at [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk).

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## GPs need better incentives to reduce health inequalities, audit finds

**Jo Carlowe** LONDON

The Department of Health for England is on course to miss a public service agreement target set in 2002 to reduce health inequalities by 10% by 2010 as the gap between the richest and the poorest widens, an audit has found.

The latest report from the National Audit Office found that because the department was slow to set up initiatives to tackle inequality, with most implemented in the mid 2000s,

it was impossible to determine if its approach provided value for money, although it did think this “likely.”

Moreover, although life expectancy overall had increased, the gap in life expectancy between the national average and the government’s dedicated “spearhead areas” (72 local authorities in the bottom fifth nationally for deprivation indicators) had continued to widen.

In 1993-2003 there was a seven year difference in life expectancy and

17 year difference in disability free life expectancy between the poorest and richest wards in the country.

The audit office reports that between 2006 and 2008 men in Blackpool lived 10.7 years fewer and women 10.1 years fewer between 2006 and 2008 than their counterparts in affluent Kensington and Chelsea in London.

And while life expectancy in the spearhead areas had improved year on year since 1995 it did not improve

as fast as the whole population. The gap for men was now 7% wider and for women 14% wider.

Karen Taylor, director of health value for money studies at the audit office, said it was estimated that these inequalities added in excess of £5.5bn (€6.6bn; \$8.2bn) a year in associated healthcare costs. The audit office report is available at [www.nao.org.uk](http://www.nao.org.uk).

See **OBSERVATIONS**, p 76

Cite this as: *BMJ* 2010;341:c3558

## Italian auditor criticises contract for H1N1 flu vaccine

**Fabio Turone** MILAN

The contract between the drug firm Novartis and Italy's health ministry over the purchase of 24 million doses of the H1N1 flu vaccine Focetria raises "many perplexities," a report from the Italian court of audit (Corte dei Conti) has said.

The court is an autonomous and independent judicial body charged with conducting financial and legislative audits of most public institutions, including the government.

The contract for the swine flu vaccine, worth €187m (£154m; \$234m), was signed in August 2009. It was submitted for approval to the court, which raised several objections about the unusual procedure that was followed and many clauses that seemed too favourable to the industry. However, the contract was approved in September in consideration of "the exceptional-ity and extreme urgency of the intervention."

The latest updates published by Italy's higher institute of health show that fewer than 900 000 people were vaccinated against H1N1 in Italy, just 4% of those in the at risk categories for whom vaccination was recommended. In total, 259 deaths were linked to swine flu.

Mario Ristuccia, the general prosecutor of the court of audit, says in his annual report that "even if it would be too easy to come to simplistic conclusions about the uselessness of the measures adopted in the face of a danger that showed itself to be non-existent," some aspects deserve closer scrutiny.

Mr Ristuccia points his finger at the way decisions were made, opting for mass vaccination without considering other alternatives, and delays in distributing the vaccine. These may have resulted in a waste of resources and could warrant investigation to determine who had administrative and financial responsibility.

Pasquale Iannantuono, the regional prosecutor of the court of audit of Latium, who has legal jurisdiction for audit of government business taking place in Rome, has opened a preliminary investigation to try to establish the events leading up to the contract being signed.

He said, "We are evaluating the behaviour of all people involved in the decision [concerning the purchase of the swine flu vaccine] taken in Italy to ascertain whether there was malice or serious wrongdoing, which are the only cases in which the court is entitled to intervene. We have no jurisdiction over the decisions taken by officials at the international level, since they are protected by diplomatic immunity.

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SHAUN CURRY/REUTERS/IMAGES

Chief medical officer Liam Donaldson shows a school child how to wash her hands to avoid catching flu

## UK response to H1N1 pandemic was highly satisfactory, review says

**Jacqui Wise** LONDON

The United Kingdom's response to the 2009 H1N1 flu pandemic, which cost £1.2bn (€1.5bn; \$1.8bn), was highly satisfactory and good value for money, concludes an independent review. But any purchasing for future pandemics should allow greater flexibility, it adds.

The review, by Deirdrie Hine, a former chief medical officer for Wales, says that preparations, including stockpiling drugs and plans to buy up to 132 million doses of vaccine, were "soundly based in terms of value for money, reflecting the inherently low cost of vaccination in relation to the value of lives saved."

Around £1bn was spent on pharmaceuticals, including antivirals, antibiotics, and vac-

cines. More than 30 million doses of vaccine are believed to be left over, as the swine flu pandemic virus proved far milder in its effects than expected.

Dame Deirdrie said that lessons needed to be learnt. She said that UK health departments should negotiate advance purchase agreements that include "break clauses" allowing less vaccine to be bought. This is particularly important now that it has been shown that one dose of vaccine was enough to provide protection, rather than the two doses originally thought. One vaccine supplier, Baxter Healthcare, agreed to a break clause in its contract, but the second supplier, GlaxoSmithKline, did not.

The review, which looked at more than 700

## Obesity among over 65s in UK reflects "lifetime of gaining weight"

**Anne Gulland** LONDON

The prevalence of obesity among elderly people in the United Kingdom is higher than among young people, with almost three quarters of those aged between 65 and 74 years classed as obese or overweight.

The 40th edition of *Social Trends*, published by the Office for National Statistics, shows that in 2008 in England more

than three quarters (77.1%) of adults aged between 65 and 74 were obese or overweight, whereas a third (33.5%) of those aged 16 to 24 were. In Scotland and Wales in 2008 those aged between 55 and 64 were most likely to be overweight or obese, standing at 79% and 68% respectively. However, in Scotland almost four in 10 (38%) 16 to 24 year olds were obese.

David Haslam, chairman of the National Obesity Forum of England and Wales, said that the "stereotype of a comfortable retirement is valid."

He added: "We tend to gain weight gradually year by year up to a peak of about 70, and then we start to lose it again. This figure reflects a lifetime of gaining weight."

Professor Haslam said that an

documents and interviewed almost 100 individuals, makes a total of 28 recommendations.

Summing up the findings Dame Deirdrie said, “The planning for the pandemic was well developed, the personnel involved were fully prepared, the scientific advice provided was expert, communication was excellent, the NHS and public health services right across the UK and their suppliers responded splendidly, and the public response was calm.”

But she added: “It is important that the experience of 2009 does not lead to complacency. It’s a bit like childbirth: when it’s over we tend to forget how painful it was. There will be another pandemic, and that one may be more severe.”

Worst case scenario figures for England estimated that there could be 65 000 deaths. But the latest figures show that 457 people died as a result of the pandemic.

Dame Deirdrie dismissed as “fallacious” criticisms that the response to the pandemic was a fuss over nothing. “The costs may seem enormous, but it is clear that lives were saved by the action taken.” She added that health ministers told her they would rather be criticised for doing too much than too little.

The swine flu pandemic was the first major health emergency since devolution, and the review concluded that the four devolved administrations had worked well together. But it says that even more flexibility is needed in planning and response.

The report also calls for the four UK health departments to review their use of language during pandemics to ensure that it accurately conveys the levels of risk.

*An Independent Review of the UK Response to the 2009 Influenza Pandemic* is at [www.cabinetoffice.gov.uk/ukresilience/ccs/news/100701-flu-pandemic-review.aspx](http://www.cabinetoffice.gov.uk/ukresilience/ccs/news/100701-flu-pandemic-review.aspx).

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## NICE issues the first of 150 quality standards for the NHS

Deborah Cohen *BMJ*

Patients who have had a stroke should be offered at least 45 minutes of active therapy for at least five days a week, new guidance to drive up the quality of care in dementia, stroke, and venous thromboembolism has said.

The guidance, from the National Institute for Health and Clinical Excellence (NICE), is the first of 150 evidence based quality standards in different areas of health care, developed as part of NICE’s new Quality Standards Programme. Its guidance on neonatal care is expected in the autumn.

Other measures include ensuring people with dementia receive care from health and social care staff who have been adequately trained in dementia care. And patients and carers receive verbal and written information and advice on venous thromboembolism prevention at the time of admission and discharge.

Andrew Lansley, the health secretary, broadly welcomed the guidance. “Quality standards give an authoritative statement on what high quality NHS health care should look like in relation to dementia, stroke, and venous thromboembolism. It will, in future, support a service that is focused on outcomes and looks for the evidence on how to achieve continuously improving outcomes,” he said.

Nevertheless, he denied that these were a new set of targets and he said he would not tell clini-

cians how to achieve the outcomes.

The guidelines will form a “consistent set of measures” that will be the basis—rather than volume and price—of commissioning led by the soon to be formed GP commissioning consortiums. They will also be used in designing incentives and for inspection by the Care Quality Commission. Guidance about commissioning using these measures is being drafted.

Although he admitted activity was still relevant and waiting times might still be important as part of a quality measure—for example, the time taken for a fractured neck of femur being operated on when someone presents to the emergency department—Mr Lansley said quality had been overlooked.

Even though Mr Lansley denied that the government was going to set process targets, he did concede that doctors and commissioners of health care had to be clear about what processes were needed to drive up quality. Specifics in the guidance include receiving brain imaging within an hour of arrival at hospital if a stroke is suspected; and follow-up by specialist stroke rehabilitation services within 72 hours after discharge.

Not only should commissioners be “performance managing” to look for improvement of services, patients will also be able to hold the NHS to account, he said.

Cite this as: *BMJ* 2010;341:c3536



Quality standards show what “high quality NHS health care should look like,” said Lansley



More than three quarters (77%) of the UK’s 65 to 75 year olds were obese or overweight in 2008

older person would carry more fat than a younger person with the same body mass index, as less of their body weight would be made up of muscle.

Researchers are looking at the link between weight and diseases other than those that are usually associated with obesity, such as diabetes and heart disease, he said.

“There’s been quite a bit of work on Alzheimer’s and weight gain in mid-life, especially among women. Macular degeneration can also be made worse by weight gain in that

group,” he said.

The statistics on obesity, which go back to 1994, show a marked increase in the proportion of obese adults in England, from 15.7% in 1994 to 24.5% in 2008.

The proportion of obese children in England has risen more slowly, from 25% in 1995 to 30% now. Despite the nation getting fatter, its diet has actually improved, with fruit consumption, for example, doubling from 1954 to 2008. Vegetable consumption rose over the same period from 894 g

per person each week to 1118 g. The consumption of sugars has fallen.

In 2008, households in England ate the most fish each week (169 g) and fruit (1277 g), while households in Scotland consumed the most saturated fat. Life expectancy in the UK in 2008 stood at 81.9 years for women and 77.8 years for men. In 11 years it is projected to rise to 85.1 for women and 81.5 for men.

*Social Trends* edition 40 is at [www.ons.gov.uk](http://www.ons.gov.uk).

Cite this as: *BMJ* 2010;341:c3585

## IN BRIEF

### Birth complication rates vary widely

**in US:** The best performing hospitals in the 19 states that make maternity information available had 51% fewer complications among women who had vaginal births and 74% fewer complications in caesarean section deliveries than in the poorest performing hospitals. Top hospitals had the highest number of deliveries and the highest rates of episiotomy and vacuum assisted delivery but the lowest of forceps assisted delivery ([www.healthgrades.com](http://www.healthgrades.com)).

### Hospitals in Wales ban sugar in tea and coffee:

Health officials in Wales have announced that sugar will no longer be provided in hot drinks from vending machines because it offers no nutritional value and can be harmful to dental health.



### Law aims to end free drug pricing

**in Germany:** The German government has passed a new law that requires drug manufacturers to prove the therapeutic value of new drugs and insurance companies to negotiate the price of prescription drugs. If it is approved by the lower house of parliament, the Bundestag, the law should reduce prices and save about €1.7bn (£1.41bn, \$2.12bn) a year.

### Bowel cancer screening less accurate

**in summer:** Screening using faecal occult blood testing is 17% less sensitive in summer than in winter months, an analysis of haemoglobin levels in almost 200 000 test results in Florence, Italy, has shown. The authors warn that these discrepancies could significantly increase the risk of interval cancers (*Gut* 2010; doi:10.1136/gut.2009.200873).

### NHS publishes whistleblowing guide:

*Speak up for a Healthy NHS* has been launched to help NHS employers create a culture that ensures staff feel secure about reporting bad practice ([www.hsj.co.uk/Journals/2/Files/2010/6/28/SpeakupNHS.pdf](http://www.hsj.co.uk/Journals/2/Files/2010/6/28/SpeakupNHS.pdf)).

### Pact clears the way for trade in

**generic drugs:** Negotiators from the EU, the US, Japan, and eight other nations, said the controversial Anti-Counterfeiting Trade Agreement will exclude patents from the scope of border measures and will not hinder the cross-border transit of legitimate generic drugs ([www.ec.europa.eu](http://www.ec.europa.eu) and [www.ustr.gov](http://www.ustr.gov)). But Oxfam International said that the draft text "still erects numerous new barriers" to legitimate trade in generic drugs.

Cite this as: *BMJ* 2010;341:c3604

## Campaigners hope a vote for a smoking ban in Bavaria will spread to other German states

**Ned Stafford** HAMBURG

The people of Bavaria, Germany's largest state, voted in a referendum on 4 July for a complete ban on tobacco smoking in restaurants, pubs, and other enclosed public areas where food is consumed. This would include the huge, world famous tents erected for Oktoberfest, the annual beer festival held each autumn.

The new law, due to take effect on 1 August but with a one-off exemption for the 2010 Oktoberfest, will be the strictest non-smoker protection law of the 16 states in Germany. Supporters are now hoping their success in Bavaria will provoke similar initiatives in other German states or encourage the German Bundestag to take action at the national level.

Friedrich Wiebel, chairman of the German Medical Action Group and medical coordinator for the Bavarian initiative, told the *BMJ* that the referendum was the first of its "kind and size" in Europe. "In the EU, we have never had a referendum like this," he said. "We hope other German states will follow our lead."

Professor Wiebel, retired former head of the Institute of Toxicology at the Helmholtz German Research Centre for Environmental Health in Munich, said that all state medical associations and the national German Medical Association contributed financially to support a total smoking ban.

Supporters of the smoking ban spent nearly €130 000 (£107 811, \$162 739) campaigning

## Call for change in law on assisted suicide is defeated in a debate

**Clare Dyer** *BMJ*

Graeme Catto, former president of the UK General Medical Council, has called for parliament to legalise assisted dying "in some shape or form" for a small number of people experiencing unbearable suffering.

Professor Catto said he was expressing his personal view and not that of the GMC, which as the United Kingdom's regulator for doctors had to support the law of the land and therefore could have no position on assisted suicide.

Speaking at a conference on the ethics of assisted suicide at the Royal Society of Medicine on 30 June, he said, "I genuinely believe that if there were a change in the law it would pose no insurmountable problems for doctors."

He added that he was the only doctor in a multidisciplinary group of 14 that drew up a submission from the Royal Society of Edinburgh on the End of Life Assistance (Scotland) Bill, a private member's bill now before the Scottish parliament. "Of 14 people 13 were in favour of allowing some degree of easing of restrictions," he said.

The conference heard from Bregje Onwuteaka-Philipsen, project leader for the Netherlands' five yearly nationwide monitoring of euthanasia and other end of life decisions. The figures showed

no evidence of a "slippery slope," she said. The proportion of deaths involving euthanasia had not risen.

Personal views for and against legalisation came from Ann McPherson, a former GP dying from pancreatic cancer, and Jane Campbell, a peer with spinal muscular atrophy who chairs the all party parliamentary disability group.

Dr McPherson said, "I would see assisted dying as part of good palliative care . . . I don't want to go somewhere like Dignitas. I want to be able to die in my own home surrounded by my family and friends."

Baroness Campbell said that disabled people were "fearful" of assisted suicide and that not one group for disabled people supported it.

The day ended with a debate on the motion, "This house believes that assisted suicide should be legal in the UK," proposed by Joel Joffe, the human rights lawyer and peer who introduced the Assisted Dying for the Terminally Ill Bill in the House of Lords in 2004. The motion was seconded by Raymond Tallis, a philosopher and former professor of geriatric medicine.

Against the motion were Alex Carlile, the Liberal Democrat peer and criminal lawyer who led the opposition to the bill in the Lords, and Nuala O'Loan, a lawyer, peer, and human rights expert. Both said that legalisation of assisted suicide would be a breach of article 2 of the European Convention on Human Rights, the right to life.

The results of the vote were 52 for the motion and 83 against, with three abstentions.

Cite this as: *BMJ* 2010;341:c3568



**Dr Ann McPherson (left) and Professor Graeme Catto argued for a change in the law**

for a “ja” vote, with about 40% coming from doctor associations and health groups, while the tobacco lobby and other opponents spent around half a million euros, Professor Wiebel said. “It was like David against Goliath.”

The opposition’s campaign included warnings that approving the ban would put freedom in danger, send a signal of intolerance, and would have negative economic effects. Voter turnout was 38% of eligible voters, with 61% of those voting in favour of a complete smoking ban.

The Bavarian smoking ban initiative was founded on 30 July 2008 after the Constitutional Court of Germany struck down portions of newly enacted smoking laws. But in an accompanying statement, the high court for the first time gave legal cover for a total smoking ban, saying, “Lawmakers could totally ban smoking in all bars and restaurants.”

Cite this as: *BMJ* 2010;341:c3631

## US teaching hospitals must develop conflicts of interest policies, leadership group says

Janice Hopkins Tanne NEW YORK

The Association of American Medical Colleges called on US teaching hospitals to set policies regarding financial relationships between doctors and the drug and device industry so that they do not influence patient care.

The association represents all 133 accredited US and 17 Canadian medical schools and nearly 400 teaching hospitals, as well as academic and scientific societies. It represents 128 000 faculty members, 75 000 medical students, and 110 000 resident physicians. The report was prepared by a task force convened last year.

In a teleconference Dr Joanne Conroy, the association’s chief medical officer, said that institutions should develop systems to address conflicts

of interest in clinical care to protect patients. Fewer than 1% of institutions had such policies, she said, although institutions may have policies about faculty relationships with industry.

The association defined a conflict of interest as “a set of circumstances that creates a risk that professional judgment or actions will be unduly influenced by a secondary interest. A clinical practice conflict of interest thus occurs when a secondary financial interest creates the risk that the primary duty to the patient and the delivery of optimal care will be unduly influenced by personal financial interest of the provider or care provider institution.”

The report is available at [www.aamc.org/clinicalcoi](http://www.aamc.org/clinicalcoi).

Cite this as: *BMJ* 2010;341:c3605

## Planned home births are linked with higher rates of neonatal mortality, study shows

Susan Mayor LONDON

Planned home births are associated with a twofold increase in neonatal mortality rate compared with hospital deliveries in developed countries—although both rates are very low, a systematic review has found. The difference may be caused by a lower rate of medical intervention and access to neonatal resuscitation, researchers suggest.

The study found a neonatal death rate of 0.2% (32 deaths in 16 500 births) in planned deliveries at home, compared with 0.09% (32 in 33 302 births) for hospital deliveries (*American Journal of Obstetrics and Gynecology* doi:10.1016/j.ajog.2010.04.041). Neonatal death was defined as death of a liveborn within 28 days of delivery. Perinatal mortality rates, which included stillbirths of at least 20 weeks or 500 g as well as liveborns within 28 days of birth, were similar in the two groups.

“Of concern, this investigation identified a doubling of the neonatal mortality rate in planned home compared to planned hospital births,” warned the researchers, who were led by Joseph Wax, from the division of maternal-fetal medicine, Maine Medical Center, Portland, Oregon, US.

However, Mervi Jokinen, practice and standards development adviser with the UK’s Royal College of Midwives, said, “While it is interesting, comparison of the results is difficult because the study’s authors are looking at systems that are organised differently and using data



Researchers said the lower rates of intervention in home deliveries may explain the increased mortality

collected differently in different countries.”

She said that in the UK, services are delivered by midwives who are experienced in home births and resuscitating newborns, which is not the case in all countries. “Some countries—including the US—do not require, or even allow, registered midwives to take part in home births,” she said, adding that the small numbers of home births also made comparisons difficult.

The National Perinatal Epidemiology Unit is currently conducting a UK study comparing outcomes in hospital and home deliveries with qualified midwife led services that will include sufficient numbers to allow statistically meaningful comparisons, Ms Jokinen said.

The study findings were based on a systematic review of the medical literature on maternal and newborn outcomes that included all English language peer reviewed publications from developed Western countries reporting maternal and newborn outcomes by planned location of delivery. Of 237 studies found, only 12 met all the inclusion criteria for the meta-analysis. The studies included were conducted in Australia, Canada, the Netherlands, Sweden, Switzerland, UK, and US.

The research group suggested that decreased obstetric intervention in the home deliveries may explain the increased neonatal mortality.

Cite this as: *BMJ* 2010;341:c3551

# New meningitis A vaccine is hailed as a “breakthrough” for 430 million people at risk

**Peter Moszynski** LONDON

The approval by the World Health Organization of a low cost vaccine against meningitis has been hailed by the charity Médecins Sans Frontières as a move “full of promise” for the 430 million people at risk of the disease in the meningitis belt of sub-Saharan Africa.

Cathy Hewison, the charity’s medical adviser, told the *BMJ* that the new vaccine, called MenAfriVac, could virtually eliminate the epidemic form of the disease but warned that the full rollout of this “much needed vaccine” depends on sufficient funds being mobilised. Médecins Sans Frontières has been leading the Campaign for Access to Essential Medicines.

Dr Hewison said the existing vaccine “confers very short term protection, limiting the effectiveness of our current response to

outbreaks.” As the new vaccine gives four times greater protection and lasts 10 years, “it’s a game changer to prevent epidemics in the future.”

Dr Hewison said the new drug “works better than existing polysaccharide vaccine, lasts longer and a major benefit is that it can help stop transmission because it eliminates the healthy carrier state and can confer herd immunity, which wasn’t possible with previous vaccines.”

She said, “Previously we had to first identify outbreaks and then send the vaccines from the limited stocks available in Europe. Now we can plan campaigns and prevent the outbreaks caused by the meningococcus bacterium,” which causes the epidemic form of the disease that affects the meningitis belt.

She said that the meningitis belt consists of over 20 countries across north and central Africa, where

epidemics often occur during the annual dry season, when hot, dry winds are thought to irritate the nasal passages and aid the bacteria’s transmission.

Mass vaccination campaigns will start this autumn with support from GAVI (Global Alliance for Vaccines and Immunization) and WHO. The campaigns will initially target everyone between one and 29 years old, after which each year’s cohort of one year olds will be targeted.

Dr Hewison said that the development of this new product is “proof that innovative models for vaccine development can deliver.” WHO, in collaboration with the non-profit health organisation PATH (Program for Appropriate Technology in Health), have “put medical needs and final product affordability at the forefront of the development process.”

An Indian manufacturer, the Serum Institute of

## Spanish abortion law comes under threat as groups win judicial review

**María de Lago** MADRID

A new law that legalises abortion on demand in Spain for the first time and came into force on July 5 could be suspended and delayed for months or years as opposition groups demand a judicial review.

Two appeals have been lodged with the Spanish Constitutional Court, which has the power to abolish laws it finds unconstitutional. The appeals are from the conservative Popular Party—the strongest group in opposition—and the regional government of Navarre. The court has agreed to review the law and has set a two

week deadline for the government, the congress, and the senate to oppose the review.

The Popular Party has asked for the law to be suspended as a precautionary measure until the court delivers its judgment.

If the request is granted the law could be delayed for months or years, even if the judicial institution decides that the law is constitutional.

The Socialist government has declared that the law is constitutional. Bibiana Aído, minister of equality, said the law had been “thoroughly



**Santiago Cervera, Federico Trillo, and Sandra Moneo from the Popular Party, oppose the new law**

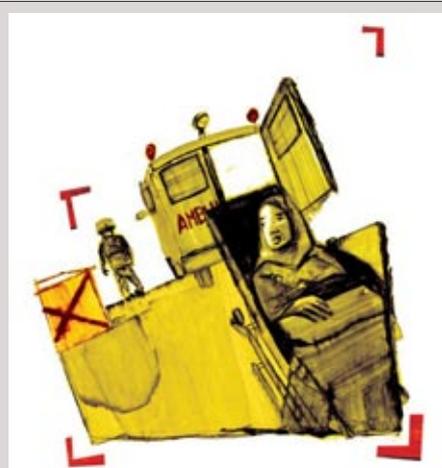
discussed” and was “well balanced and full of guarantees.”

The law, which allows women to have an abortion without restrictions during the first 14 weeks of pregnancy, was approved in the senate in February (*BMJ* 2010;340:c140). It was described as a “historic step” by representatives of the Socialist Party and women’s

groups for replacing a law that criminalised women who had an illegal abortion.

However, the Popular Party and Catholic groups have voiced strong opposition to the law from the start.

Cite this as: *BMJ* 2010;341:c3606



## Lives that hang in the balance in Gaza

**Susan Mayor** LONDON

The Beaten Track, an exhibition by Moran Barak illustrating the difficult journey that patients from Gaza need to make to get medical treatment elsewhere, opened on 3 July in the Al-Motran Square art gallery, in Nazareth’s old city. After undergoing security checks patients must wait for final approval, which can take several hours. Even critically ill patients must wait.

A new report from three human rights organisations—Physicians for Human Rights-Israel, Al-Mezan, and Adalah—argues that Israeli policy distinguishes between life threatening cases and others in deciding who may leave Gaza, “in violation of the principles of medical ethics and international law.”

In the past two months Physicians for Human

Rights-Israel has received 80 applications from patients whose conditions were not life endangering and whose requests to leave Gaza to receive medical treatment had been rejected by the Israeli security authorities.

An exhibition catalogue is at [www.phr.org.il/uploaded/HolimAzaEng\\_a.pdf](http://www.phr.org.il/uploaded/HolimAzaEng_a.pdf). The report is at [www.phr.org.il/](http://www.phr.org.il/).

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The new vaccine is initially being rolled out in Niger, Burkina Faso (above), and Mali

India, acted as the development partner and will manufacture the vaccine at an agreed starting price of \$0.40 (£0.27; €0.33) per dose.

WHO estimates it will cost \$475m to supply the vaccine in the 22 countries with the highest need.

Tido von Schoen-Angerer, director of the Campaign for Access to Essential Medicines, said, "This is a complete revolution compared to the usual patent based, profit driven model."

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## Situation on global health targets "is hardly any better" than it was 10 years ago

**Peter Moszynski** LONDON

A concerted effort is needed to put the health related millennium development goals (MDGs) back on track, say participants at the Action for Global Health coalition's UK policy conference.

Representatives from key health and development charities met last week to accelerate progress towards the health goals in the run up to next September's MDG review summit.

Participants heard that, 10 years after world leaders promised action to reduce the number of children dying before their fifth birthday, lower the numbers of women dying in childbirth, and bring the spread of HIV/AIDS, malaria and tuberculosis to a stop, "the situation is hardly any better today than it was then."

Progress on MDG 4, reducing child mortality by two thirds by 2015, has been "scandalously slow." In 2008 28% fewer children under the age of five died than in 1990. Worldwide, some 29 000 under fives still die each day, mostly from preventable diseases.

MDG 5—reducing maternal mortality by three quarters and achieving universal access to reproductive health—"is most off track," with "no measurable change in maternal mortality in sub-Saharan Africa in two decades." The lifetime risk of dying in pregnancy and childbirth in Africa today "is as high as one in 22, compared with one in 120 in Asia and only one in 7300 in rich countries."

The organisers concede that "research published in the *Lancet* in April 2010 (*Lancet* 2010;375:1609-23) does show progress, albeit varied, towards meeting MDG 5 on maternal health on a global level, with over 50% of all maternal deaths found to be in just six countries." The *Lancet* research used secondary sources and new combined methodologies.

The researchers from Action for Global Health said: "We have continued to use figures from the World Health Organization as they are the most commonly cited and the authority in this area."

Access to reproductive health services has scarcely improved: fewer than half of pregnant women in developing countries have "adequate prenatal care." Over half of all births in southern Asia take place without the assistance of trained personnel, and only one in four women in sub-Saharan Africa has access to contraception.

Although there has been "some progress" against malaria, "every thirty seconds a child dies from this disease." More tuberculosis exists in the world today "than at any other time in history" with 9.4 million new cases reported in 2008.

The 2010 target to provide universal access to treatment for HIV/AIDS "has been clearly missed." Only half of the 9.5 million people in need were receiving treatment in 2008.

More information: [www.actionforglobalhealth.eu](http://www.actionforglobalhealth.eu).

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## Danes increase tax on ice cream, chocolate, and sweets by 25%

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The Danish government has imposed tax increases of 25% on ice cream, chocolate, and sweets and will also increase taxes on soft drinks, tobacco, and alcohol in a bid to tackle obesity, heart disease, and other illnesses.

The 25% increase, which came into effect on 1 July, was proposed in November 2009 in the Danish ministry of taxation's paper *Tax Reform 2010* ([www.skm.dk/foreign/english/8013.html](http://www.skm.dk/foreign/english/8013.html)). The paper states that the aim of the tax rises is "to reduce the prevalence of a broad range of illnesses and improve life expectancy."

Taxation on tobacco products will increase by 3 Danish kroner (approximately £0.33, €0.39, \$0.50) per 20 cigarettes. Soft drinks are also being targeted, with an increase in tax for sugary soft drinks, and a decrease in tax for sugar free soft drinks.

Later this year Denmark will also introduce a new tax on saturated fat for margarine, oil (olive, sunflower, and rapeseed oil), animal fats, and high fat dairy products.

The additional taxes on alcohol, fats, and tobacco will be introduced gradually and will be fully implemented by 2019. The Danish ministry of taxation's paper stated that it expects the measures to have a positive effect on lifespan and on "lifestyle diseases."

Denmark has already legislated to effectively eliminate industrially produced *trans* fatty acids with a ban in 2003, and this latest tax is the next step in using national interventions to promote healthier choices and lifestyles.

The European Public Health Alliance has strongly endorsed the use of tax reform to improve public health. Monika Kosinska, secretary general of the alliance, said, "Denmark will not only increase general health amongst the population but will also ease the burden on the public health care system and increase its resources at a time of recession when Member States are cutting public expenditure."

National interventions and legislation were noted as "powerful levers" in guidance on preventing cardiovascular disease from the National Institute for Health and Clinical Excellence published at the end of June (*BMJ* 2010;340:c3378). The guidance recommended speeding up action to reduce public consumption of salt, *trans* fats, and saturated fats.

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