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Swine flu claims first European death, as world cases hit 36 000

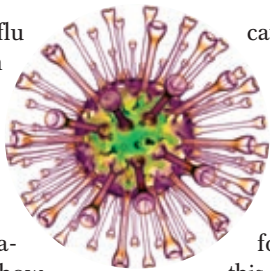
Adrian O'Dowd LONDON

The first death from A(H1N1) flu in Europe has been confirmed in Scotland, a 38 year old woman, as the number of cases of the infection in the United Kingdom rose to 1320.

PASIEKA SPL
The latest global figures from the World Health Organization, as the *BMJ* went to press, show that there were 36 022 confirmed cases of A/H1N1 infection in 76 countries, including 164 deaths.

Last week WHO officially declared the virus as an influenza pandemic—the first since 1968—and raised its alert status to phase 6, reflecting the geographic spread of the virus, not its severity (*BMJ* 2009;338:b2425).

In the United Kingdom, which has by far the greatest number of cases in Europe, NHS Greater Glasgow and Clyde health board confirmed the death of Jacqueline Fleming at the Royal Alexandra Hospital in Paisley. She had underlying health problems and had recently given birth at 29 weeks of pregnancy. Her baby also died on Monday, from compli-



cations, but did not have the virus.

Scotland's health secretary, Nicola Sturgeon, said, "We are continuing to see a significant number of H1N1 cases reported in Greater Glasgow and Clyde. I'd like to pay tribute to the staff for their efforts in dealing with this outbreak. In particular I'd like to thank those who worked so hard to save the patient who sadly died."

Hugh Pennington, emeritus professor of bacteriology at the University of Aberdeen, said that it was almost inevitable that some fatalities would occur in the UK.

"There are undoubtedly more cases in the UK than we know about," he said. "A conservative estimate would be that there is at least double the number of [confirmed] cases."

Roy Anderson, professor of infectious disease epidemiology at Imperial College London, told Radio 4's *Today* programme on 12 June: "This is a mildish infection which is a little bit more severe than seasonal influenza."

"We now understand a fair amount about its severity and its ability to transmit. The case fatality rate is running at between one to two per 1000. That is perhaps three times higher than seasonal influenza. The case morbidity rate is running at about 5-7%."

England's chief medical officer, Liam Donaldson, also emphasised the important role that clinicians had and would continue to have in dealing with the pandemic.

Professor Donaldson said: "General practitioners and hospital and public health doctors are at the heart of the nation's response to the first influenza pandemic in 40 years. Their skills and commitment have helped us to make an excellent response so far and will be the bedrock of future action."

England's health secretary, Andy Burnham, said in the House of Commons that the UK now had enough stocks of antivirals to treat half the population and that orders were in place to increase that to 80%.

Cite this as: *BMJ* 2009;338:b2470

Australia will restrict antiretrovirals to high risk cases

Rada Rouse BRISBANE

Health authorities in Australia are bracing for a fraught winter, as the novel H1N1 influenza A virus spreads alongside seasonal flu.

Although the federal government claims that years of pandemic planning have put Australia among the world's best prepared nations, the roll out of strategies to contain the virus has been marked by anger and confusion in key sectors, including general practice. The response is complicated by the fact that each of Australia's eight states and territories has its own pandemic plan in addition to the national one.

More than 1500 cases (by 15 June) of the H1N1 variant of flu have been diagnosed in Australia, with most in one state, Victoria.

The federal health minister, Nicola Roxon, signalled this week that the national pandemic alert level would soon move from "contain" to "sustain," meaning that the rest of the country will join Victoria in abandoning school closures and distributing free antivirals to combat transmission in favour of quarantine at home and restricting antiviral treatment to high risk cases and healthcare professionals.

Professor MacIntyre, head of the School of Public Health and Community Medicine at the University of New South Wales and a member of the Australian chief medical officer's Scientific Pandemic Advisory Group, said that the containment measures to date "probably delayed the peak of the epidemic and reduced the number of cases."

However, the Australian Medical Association criticised the federal response for being too slow, with fever clinics being set up at major hospitals only when GPs' surgeries were overrun.

And despite a national pandemic stockpile of personal protective equipment, free masks and gowns have yet to be distributed to doctors.

Chris Mitchell, president of the Royal Australian College of General Practitioners, recently warned members against "heroics," saying that if they did not have the recommended type of mask they should not take nose and throat swabs.

Cite this as: *BMJ* 2009;338:b2448



Police outside the home of Jacqueline Fleming, the first person to die from swine flu in Europe

IN BRIEF

Bankruptcies from medical bills in US rise by 50%: Nearly two thirds of bankruptcies in the United States in 2007 were linked to illness and medical bills. The number rose by 50% from the 2001 figure, a study in the *American Journal of Medicine* found (doi:10.1016/j.amjmed.2009.04.012). More than three quarters of people were insured at the start of the bankrupting illness, the study says.

Number of specialist doctors in Iraq falls: A study of doctors who left 12 tertiary hospitals in Iraq shows that the number of specialists in the hospitals fell from 1243 in 2004 to 1166 in 2007, 94% of the original number (*Social Science & Medicine* doi:10.1016/j.socscimed.2009.05.021). Of the specialists leaving for whom details were available, 61% left the country and 39% went elsewhere in Iraq.

FDA is to regulate tobacco: The US House of Representatives and the Senate have voted to give the Food and Drug Administration the power to regulate the production, sale, and marketing of tobacco products. The bill requires the tobacco industry to reveal ingredients in its products, to expand warning labels on packaging, and to restrict tobacco advertising and promotion.

EU issues guidelines to improve patient safety: European Union health ministers adopted a series of recommendations on 9 June to improve the safety of patients and minimise healthcare associated infections. The non-binding guidelines addressed to national governments and health authorities cover issues such as hygiene, training, information for patients, and blame free reporting systems (<http://consilium.europa.eu>). Healthcare associated infections affect up to 5% of hospitalised patients in the EU and kill 37 000 patients a year.

Five governments pledge \$1.5bn for pneumococcal vaccine: The governments of Italy, the United Kingdom, Canada, Russia, and Norway and the Gates Foundation have set up a \$1.5bn (£0.9bn; €1.1bn) "advance market commitment" to expand access in the world's poorest countries to vaccines against pneumococcal disease, a leading killer of children. Although a vaccine has existed since 2000, it is not suitable or affordable for developing countries.

Cite this as: *BMJ* 2009;338:b2438

NHS is told to think radically to

Caroline White LONDON

The time has come for some radical thinking and nimble footwork if the health service is to survive the squeeze on public spending without compromising the quality of care, NHS leaders have warned.

Speaking in Liverpool last week at the annual conference of the NHS Confederation, the representative body for most NHS organisations, Mike Farrar, chief executive of NHS North West, said that the NHS faced a "very, very difficult" future with the enforced contraction of public sector spending.

"If the recession has any benefit, it's that it can be a great catalyst for doing things differently," he said. "Arguably, we should have been doing for the past five years what we are going to have to do now, but we have been cushioned by the large amounts of money invested."

Barbara Young, chairwoman of the Care Quality Commission, agreed that the recession was "a chance to be really radical" but warned that this did not mean simply taking the cheapest option.

"We need to watch that we are not eroding standards of care," Baroness Young said, adding that the commission would produce six-monthly reports on the effects of the recession.

Karen Jennings, national secretary for



SALLY AND RICHARD GREENHILL/ALAMY

health at the public sector union Unison, said that there was a "risk of fragmentation, with everyone bunkering down in their own organisations."

She added: "We need to work closely with staff, looking at productivity and areas to make savings." But she warned against local pay bargaining or cuts in staff pensions in a bid to save cash.

"National bargaining and partnership are key to keeping the focus on quality," she said. "Public sector pensions are sacred cows."

But Michael O'Higgins, chairman of the

US health reform "will take a lot more than a popular president," says expert

Caroline White LONDON

The battle over healthcare reform in the United States has reached a critical phase, says Simon Stevens, former adviser to the former British prime minister Tony Blair and now president of global health at UnitedHealth Group.

Mr Stevens, who also chairs the United Centre for Health Reform, was speaking in Liverpool last week at the annual conference of the NHS Confederation, ahead of a key meeting between the US president and the American Medical Association on 15 June.

The complexities of the current systems in the US meant that "widespread system change will take a lot more than a popular president," he said.

Barack Obama has set out eight key principles for reform, including cost containment;



Obama's chance of success has been put at 50:50

affordable healthcare coverage for all; guaranteed choice; and an end to barriers to insurance coverage for pre-existing medical conditions.

Earlier this month the former majority leader in the Senate, Tom Daschle, put President Obama's chances of success at no more than 50:50.

"The problem has been defined as cost rather than coverage or quality," said Mr Stevens, "but there is less alignment beyond that about what needs to change" and an "increasing mismatch" in public and expert opinion. There is also little agreement on what is driving up increased costs. The public thinks that drug companies are to blame, while experts think it's technology and public expectations.

Cite this as: *BMJ* 2009;338:b2458

survive public spending squeeze



"Is it better for some to take 100% of the pain or everybody to take 3%?"

Audit Commission, said, "There are no sacred cows. The trade-off is: is it better for some to take 100% of the pain or everybody to take 3% of the pain?"

Many savings could be made by integrating care pathways, Mr Farrar suggested. "But more care outside hospitals only solves the problem if you can release fixed costs."

However, wholesale redundancies were not needed, he said. "We can't continue to grow, but if [staff are] redeployed to manage better what we need, and with better workforce planning, there could be a massive

benefit and no need for huge job losses."

Michael O'Higgins added, "It's not that there are too many [managers]. We need very skilled managers. But they need to manage with clinicians, not to them."

As well as warning last week that the NHS could expect a shortfall of £15bn (€18bn; \$25bn) after 2011 (*BMJ* 2009;338:b2400), the NHS Confederation concluded in its report *Commissioning in a Cold Climate* that primary care trusts should plan for a drop of at least 3% in resources.

But Nigel Edwards, the confederation's director of policy and communications, feared that cutting costs by 3-4% in individual organisations would "barely keep the wolf from the porch, let alone the door—the big wins are when you look across the whole system."

He was worried that the NHS would not be able to move fast enough, he said. "The adoption cycles that have traditionally taken the NHS 20 years will have to be done in the next 18 months."

Baroness Young said: "If we are thinking about major reconfiguration, it's got to be planned. It's crucial that the commissioning process gets to grips with that now. But I don't see who could do that. Health and social care are littered with the careers of people who have tried to reconfigure services."

Cite this as: *BMJ* 2009;338:b2450

Salaried GPs should not be exploited, annual conference of LMCs hears

Deborah Cohen *BMJ*

The matter of salaried GPs has the potential to "divide the profession," a member of the BMA's General Practitioners Committee said at the annual conference of local medical committees (LMCs) this week.

Nigel Watson, chief executive of Wessex local medical committee and chairman of the commissioning and service development subcommittee of the BMA's general practice committee, called on partners to offer posts to salaried colleagues that were valued and not "tantamount to exploitation."

However, he also cautioned that salaried GPs "need to be realistic about what it means to be part of a profession and recognise the additional commitment, workload, employment responsibilities, and financial risks that are taken on by partners."

He also added, "It is unhelpful that GMS, PMS, and APMS [types of contract] provid-

ers have different restrictions on the contracts they have to offer. We need salaried GPs, but as an integrated workforce, not as a way to increase the incomes of a few GPs."

Several other GPs spoke about a two tier system developing in general practice.

Penny Ackland, a GP from Southwark in London, said that the number of sessional doctors has increased and that there is a "chasm in working conditions" between different practices.

However, with an audience made up of mainly GP partners, the conference stopped short of condemning the split between principal and sessional doctors, which one motion said is "detrimental to the future of the profession." Instead they voted to condemn the "current attitude of certain employing practices which are offering unfair and unfavourable working conditions for salaried doctors."

Cite this as: *BMJ* 2009;338:b2442



JOHN BEHETS/BMA NEWS

Braunold and Buckman talk to GP representatives

Sharing patient data should not be based on implied consent

Andrew Cole *LONDON*

GPs' representatives voted overwhelmingly this week for a system in which patients opt in to any sharing of medical data with third parties—rather than one in which their consent is assumed unless they opt out, the system favoured by the Department of Health.

Clinical confidentiality depends on GPs being the prime data holder of their patients' medical records, said the BMA's annual conference of local medical committee representatives in London. It also strongly opposed using implied consent as justification for releasing information on named patients.

Proposing the motion, John Doyle from Surrey said that computerisation had enabled doctors to improve delivery of health care by improving access. "But appropriate access can only occur with appropriate safeguards," he said. These include adequate consultation and a simple mechanism to allow patients to opt in or opt out.

Chris Woods from Bolton, the first primary care trust to pilot summary care records, which place basic patient information on a national database, reported that only 13 out of 55 practices in the area have so far agreed to go ahead, because of concerns about confidentiality. The government cannot be trusted to keep patients' information secure, and the number of clinical groups allowed access to the data seems to be growing, he said.

But Gillian Braunold, clinical director for the summary care record, said that making summary records nationally available was already bringing big benefits, especially for doctors who work out of hours.

Earlier, Laurence Buckman, chairman of the BMA's General Practitioners Committee, attacked the government's £8m (€9.4m; \$13m) national survey of GPs' patients as a "waste of money." "Do we want to know what patients think, or do we want a survey that unfairly punishes GPs?" he asked.

Cite this as: *BMJ* 2009;338:b2441

Clinic of murdered Kansas abortion doctor will not reopen

Janice Hopkins Tanne NEW YORK

The family of George Tiller, the murdered Kansas doctor who provided late abortions, have said that they will not reopen his clinic in Wichita.

Now only two doctors in the United States and a small number of hospitals, which do not want their names mentioned, treat US women who need late abortions, usually after 21 weeks, for fetal abnormalities or their own severe health problems.

Dr Tiller, aged 67, who operated Women's Health Care Services, was shot to death on 31 May (*BMJ* 2009; 338:b2237). He was serving as an usher at his Reformed Lutheran Church in Wichita while his wife was in the choir in another part of the building.

Police arrested an antiabortion activist, Scott Roeder, and charged him with Dr Tiller's murder and with two counts of aggravated assault for menacing other church members with his gun.

The federal Department of Justice began an investigation. Dr Tiller's clinic had asked the department to investigate after vandalism at the clinic for potential violations of an act guaranteeing freedom of access to such clinics, the *New York Times* reported (www.nytimes.com, 6 June 2009, "Killing of Kansas doctor becomes a federal case, too" and 7 June 2009, "Kansas doctor remembered as devoted to family and women").

Dr Tiller's clinic had been picketed by antiabortion protesters for at least 20 years. The clinic was bombed in 1985 and damaged several times by vandals. Dr Tiller was shot in both arms in 1993. He also faced many legal challenges in Kansas.

See **OBITUARIES**, p 1501

Cite this as: *BMJ* 2009;338:b2437



Dr Iain Chalmers (right) said the school's attempt to brand Professor Marusic as mentally ill was reminiscent of the KGB in Soviet Russia

University's attempt to discredit one of its staff is condemned

Nataša Škaričić ZAGREB

A Croatian court's indictment of the attempt by a medical school to undermine the authority of one of its professors, after he spoke out about corruption in academia, was upheld last month by the Croatian office of the International Helsinki Federation for Human Rights.

The Administrative Court of the Republic of Croatia had ruled last October that the Zagreb School of Medicine's decision to seek a psychiatric opinion of the work of the scientist Matko Marusic set a "dangerous precedent according to which anyone making critical statements about specific interest groups, communities, or individuals could be subjected to a review of their mental soundness."

Last month's decision by the Croatian office of the Helsinki federation to uphold the court's ruling has been welcomed by the academics and scientists who have been campaigning for almost three years on behalf of Professor Marusic, founding coeditor of the *Croatian Medical Journal*.

Iain Chalmers, editor of the James Lind Library, welcomed the office's decision

and said: "Nada Cikes [dean of the Zagreb School of Medicine] and other officials at the medical school . . . have behaved outrageously to both editors in chief of the *Croatian Medical Journal*."

"Their character assassinations appear to have been attempts to divert attention from my published challenge to them to respond publicly to evidence of serial plagiarism by one of their senior colleagues."

"Professor Marusic had nothing to do with the preparation or publication of my article. The attempt by the medical school at Zagreb to brand him as mentally ill brings to mind similar tactics used by the KGB in Soviet Russia."

The decision by the Croatian office of the International Helsinki Federation for Human Rights is probably the final move in an acrimonious dispute that began in September 2006. In that month Dr Chalmers published an article in the *BMJ* demonstrating—as subsequently confirmed by a ministerial inquiry in Croatia—that a Croatian obstetrician, Asim Kurjak, had committed serial plagiarism and that the Zagreb School of Medicine needed to take appropriate action (*BMJ* 2006;333:594-6).

Under media pressure, the medical school initiated disciplinary procedures against Professor Kurjak and set up an inquiry to be run by the school's court of honour. But at the same time the school informally accused Professor Marusic of having contributed to Chalmers's article in the *BMJ*.

In the course of the inquiry, Professor Marusic criticised the school for failing to take action in relation to Professor Kurjak.

After advice sought by Professor Marusic from the World Association of Medical Editors and the Committee on Publication Ethics, the editors of the *Croatian Medical Journal* retracted two articles by Kurjak and his colleagues.

In 2007 Zagreb School of Medicine resolved the "plagiarism affair" by retiring

UK's largest hospital for children opens in Manchester to 35 000 patients a year

Zosia Kmietowicz LONDON

The Royal Manchester Children's Hospital opened this week to become the United Kingdom's largest hospital for children on a single site. The development, which took five years to

complete, is part of a £500m (€590m; \$820m) private finance initiative scheme commissioned by Central Manchester University Hospitals NHS Foundation Trust. It will take over the work of five hospitals in the area,

delivering care to an expected 35 000 patients a year. The hospital specialises in renal transplants, metabolic care, and complex spinal care and will offer transfer from hospitals throughout the UK.

Cite this as: *BMJ* 2009;338:b2401



Dr Kurjak from his position at the school, and in October 2007 it stopped the court of honour's investigation of his work on the grounds that it was no longer necessary, as he had retired.

At the same time the school's leaders formally started misconduct proceedings against Professor Marusic, alleging that his statements about corruption in academia and the health-care system had damaged the prestige of the school and academic community.

Confrontation between the two sides of the dispute came to a head in March 2008, when the school's disciplinary committee asked for a psychiatric opinion of Professor Marusic's writings and statements to the media.

Despite support for Professor Marusic from the international community, he was reprimanded publicly in May 2008, on the grounds that he had damaged the reputation of the medical school's employees. Dean Cikes categorically denied in the media that the school had ever requested a psychiatric opinion of Professor Marusic and his work.

But the ruling of the Administrative Court of the Republic of Croatia on 21 October 2008 overturned the medical school disciplinary committee's "public reprimand" of Professor Marusic. The judges' council decided that the committee's misconduct proceedings did not respect Professor Marusic's freedom of speech.

In their long judgment the judges commented on the ethical and social consequences of the school's request for a psychiatric report on Professor Marusic, stating that the medical school had set a "dangerous precedent according to which anyone making critical statements about specific interest groups, communities, or individuals could be subjected to a review of their mental soundness.

This month Professor Marusic was elected dean of the School of Medicine at the University of Split.

Cite this as: *BMJ* 2009;338:b2455



Deaths from road traffic crashes will double without better laws

John Zarocostas GENEVA

About 1.3 million people die each year in road traffic crashes around the world, a number that is expected to reach 2.4 million a year by 2030 unless measures to curb them are put in place, says a report from the World Health Organization.

WHO predicts that by 2030 road traffic injuries will become the fifth leading cause of death, up from the current ninth place, and will account for 3.6% of all deaths, up from 2.2% in 2004.

Almost half (46%) of the people who die on the roads each year are pedestrians, cyclists, or users of motorised two wheeled vehicles—collectively known as "vulnerable road users"—says the report.

WHO's report is based on data collected in a standardised survey on road safety conducted last year in 178 countries and covering 98% of the world's population. It found that low income and middle income countries have higher rates of road traffic deaths (respectively, 21.5 deaths and 19.5 deaths per 100 000 population) than high income countries (10.3 deaths per 100 000). In addition, between 20 million and 50 million people each year suffer non-fatal injuries, an important cause of disability.

Margaret Chan, WHO's director general, said, "We found that in many countries the laws necessary to protect people are either not in place or are not comprehensive. And even when there is adequate legislation, most countries report that their enforcement is low."

The report points out that injuries from road traffic crashes place a huge strain on healthcare services in terms of financial resources, bed occupancy, and the demands placed on healthcare professionals. In India, for example, road traffic injuries "account for 20-50% of emergency room registrations, 10-30% of hospital admissions, and 60-70% of people hospitalized with traumatic brain injuries," says the report.

WHO's report says that much more can be done to lower the burden of death and disability from traffic crashes, "by strengthening trauma care services across the spectrum from pre-hospital care to rehabilitation."

The study reviewed how well nations are doing in implementing key road safety measures, such as reducing the incidence of drink driving and increasing the use of seatbelts,



Motorcyclists in Vietnam ignore calls to wear a safety helmet, which they deride as the "rice cooker"

child restraints, and motorcycle helmets.

Wearing of seatbelts, says the report, reduces the risk of death by 40% to 50% among front seat passengers and by 25% to 75% among rear seat occupants.

Child restraints also reduce the risk of death among infants by about 70% and of small children by 80%, it says.

Motorcyclists who wear a safety helmet, says the report, can reduce their risk of death by almost 40% and their risk of severe head injury by more than 70%.

The report also argues that laws that set lower limits on blood alcohol concentrations—for example, between zero and 20 mg/100 ml (4.35 mmol/l) for young or novice drivers—can lead to reductions of between 4% and 24% in the number of crashes involving young people.

However, the study conceded that only 88 countries (49% of those surveyed) have a drink driving law on their statutes that use a blood alcohol concentration limit of less than or equal to 50 mg/100 ml (10.9 mmol/l).

The report is available at www.who.int.

See also this week's Practice section (*BMJ* 2009;338:b1994), "Advise use of rear facing child car seats for children under 4 years old."

Cite this as: *BMJ* 2009;338:b2464

Images plus text warnings work best to put people off smoking

Annette Tuffs HEIDELBERG

Health warnings on cigarette packs that combine strong pictures with written warnings are most effective in motivating smokers to quit smoking and deterring those who have never smoked or who have quit. The warnings should cover at least half of the packet and be part of a mass media campaign.



Only 10% of the world's population live in countries that require picture warnings

This is the conclusion of a report from the German World Health Organization tobacco control centre in Heidelberg, which presents the results of 20 international studies as evidence for combined warnings.

Unlike 30 countries worldwide, among which in Europe are the United Kingdom, Switzerland, Romania, Latvia, and Belgium, Germany has not yet introduced combined warnings; there cigarette packs just carry mandatory text warnings about the health risks of smoking.

However, Sabine Bätzing, the German commissioner on drug misuse, announced in an interview with the German newspaper *Die Welt* on 31 May that combined warnings will be introduced next year when examples of combined warnings from the European Union have been tested. The pictures show, for instance, large tumours or an embryo but are less severe than images used in other countries such as Canada.

About 19 million people in Germany, or 29% of the population, smoke, and an estimated 110 000 die each year from the

health consequences.

The report suggests that these numbers could be reduced by using combined health warnings. "A picture says more than a thousand words," said Martina Poetschke-Langer, head of the Heidelberg centre. The illustrations of severe health consequences attract more attention, trigger nega-

tive emotions, and emphasise the health risks, she said.

WHO has also pointed out the need to use illustrated warnings. A press release, highlighting this year's world no tobacco day, on 31 May, says that studies have shown that the general health risk of smoking is well known but that specific health risks are understood by only a few.

"Health warnings on tobacco packages are a simple, cheap, and effective strategy that can vastly reduce tobacco use and save lives," said Ala Alwan, WHO's assistant director general. The agency has urged governments to include pictorial warnings to show the disease caused by tobacco use on all tobacco packaging. Only 10% of the people in the world live in countries that require such warnings.

The report is at www.tabakkontrolle.de/pdf/Band_10_Kombinierte_Warnhinweise_2009.pdf. See www.tabakkontrolle.de/pdf/Methodische_Anmerkungen_Warnhinweise_Bd10.pdf for details of the studies.

Cite this as: *BMJ* 2009;338:b2415

Agencies combine

Adrian O'Dowd MARGATE

Six of the world's leading health agencies have formed a groundbreaking alliance in an attempt to tackle diseases such as cancers, cardiovascular diseases, and type 2 diabetes.

The newly formed Global Alliance for Chronic Diseases is a collaboration between the United Kingdom's Medical Research Council; Australia's National Health Medical Research Council; the Canadian Institutes of Health Research; China's Ministry of Health in association with the Chinese Academy of Medical Sciences; and the US National Institutes of Health's National Heart, Lung, and Blood Institute, and Fogarty International Center.

The sixth organisation that will be invited to join the alliance is the Indian Council of Medical Research; other agencies and private funders might be invited to join in a second wave of recruitment for the alliance.

Collectively, the six agencies manage an estimated 80% of all public health research funding.

The alliance wants to set common priorities to reduce the impact of chronic non-communicable diseases such as cardiovascular

Famine threatens

Peter Moszynski LONDON

Millions of people in the Horn of Africa are again facing a major food crisis, the United Nations World Food Programme has warned. The agency blames the crisis on a "deadly mix of persistent drought, poor seasonal rains, conflict, and the cost of food, which remains high in many developing countries."

It also says that "the impact of the global financial crisis is threatening to exacerbate levels of hunger and desperation."

High food prices are increasing the number of people worldwide going hungry, warns the UN Food and Agriculture Organization, which is raising its estimate of the total number of undernourished people to more than one billion. In 2008 the world's hungry numbered 963 million, and the agency believes that another 105 million people have been pushed into hunger in the first half of 2009.

The World Food Programme is providing food assistance to 17 million people in Somalia, Ethiopia, and Kenya. But it is concerned that it faces a shortfall in funding for its operations in the region of almost \$450m (£275m; €325m) over the next six months.

Doctors must do more to promote men's health

Deborah Cohen BMJ

Health professionals need to talk to men about their problems in the sort of language they use, a balloon debate in London organised by the Men's Health Forum heard this week.

To see a video of the debate go to bmj.com.

Cite this as: *BMJ* 2009;338:b2471



From left: Ian Banks, president of the Men's Health Forum; Phil Hilton, of *Shortlist* magazine; Jonathan Mason, national clinical director of primary care and community pharmacy; and Steve Boorman, chief medical adviser to Royal Mail

to tackle world's chronic diseases

disease, several cancers, chronic respiratory conditions, and type 2 diabetes. It is concerned that the health impact and socioeconomic cost of these diseases, which are largely preventable, are too large and growing.

Experts estimate that, unless action is taken, 388 million people worldwide will die of one or more such diseases within the next decade. Chronic non-communicable diseases are believed to account for over 60% of deaths worldwide.

The alliance will set its priorities for a coordinated research effort to tackle this growing health problem, which it says is now reaching world epidemic proportions.

The initial work of the group will focus in particular on the needs of low and middle income countries and on those of low income populations of more developed countries.

The World Health Organization is joining the alliance as an observer to facilitate the alliance's support for implementation of the *Action Plan for the Global Strategy for Prevention and Control of Non-communicable Diseases*, approved by the World Health Assembly and published in April last year.

The alliance's first scientific meetings will take

place in November. Several research priorities have already been proposed for discussion, including testing ways to prevent cardiovascular diseases and complications of diabetes; identifying and promoting public health measures for controlling obesity; characterising and quantifying the major risk factors for chronic obstructive airways disease and the development of control measures; and advance research into the problem of tobacco use.

Leszek Borysiewicz, chief executive of the Medical Research Council, said, "It is essential that we work in close partnership with colleagues from developed and developing countries to address the challenges posed by the worldwide increase in non-communicable diseases."

Elizabeth Nabel, director of the US National Heart, Lung, and Blood Institute, said, "We look forward to working together to find solutions to diseases that have so stubbornly defied reduction and to learn from innovations in low and middle income countries."

Action Plan for the Global Strategy for Prevention and Control of Non-communicable Diseases is at www.who.int/entity/nmh/NCD%20Action%20Plan%20Resolution.pdf.

Cite this as: *BMJ* 2009;338:b2421

New group aims to detect and expose misuse of statistics

Emily Pull *BMJ*

A new group that aims to detect and highlight the misuse of statistics was launched on 18 June to help promote the public's confidence in statistical information.

Straight Statistics, which is supported by a grant from the Nuffield Foundation, will encourage the appropriate use of statistical data by a range of establishments, including the government and the media. It will report its findings on its website (www.straightstatistics.org) and promote its work through reports and conferences.

Together with the charity Sense about Science, the group is also producing a booklet, *Making Sense of Statistics*, which will be available in September. It is also supporting the establishment of an all party parliamentary group on statistics.

Nigel Hawkes, director of Straight Statistics, said that the group "grew out of a conviction that statistics are often misused and that public confidence in them is low."

Cite this as: *BMJ* 2009;338:b2469

Horn of Africa as number of world's hungry passes a billion

"We are knocking on the door of a major regional crisis," said Ramiro Lopes da Silva, the programme's special envoy for the Horn of Africa. "The situation is not getting better; if anything, we're seeing it get worse. We must all redouble our efforts to protect and assist the weakest."

The programme maintains that humanitarian assistance is "vital for people who are struggling to survive as they sell off assets in a bid to survive the successive years of drought and conflict, combined with the high price of food on local markets," said Mr Lopes da Silva.

He said, "Millions of people across the region are seeing their lives spiral steadily downwards as this frightening confluence of factors—all beyond their control—pushes them closer to destitution."

Seasonal rains in Ethiopia, Kenya, and Somalia have been weak and erratic. In Ethiopia, only 50% to 70% of land planned for planting was sown by mid-April, as farmers awaited the rains. The picture is little different in Kenya's arid and semi-arid lands; and in Somalia cattle are already reported to be dying in large numbers.

Food prices remain unusually high in many



A "major regional crisis" is looming in the Horn of Africa, says the UN, because of drought and poor rains

parts of the Horn of Africa. "Cereal prices in some parts of Somalia at the start of the year were still up to eight times above normal levels. In Kenya maize prices in March were 43% higher than last year," the World Food Programme said in a statement.

Remittances to the region from expatriates—"a vital support system for many"—have

also fallen, "in large part due to the global financial crisis," it adds. Poor people in the cities are battling inflation on many everyday goods, while salaries remain static, and jobs are hard to find. "We are urging donors to step forward quickly and generously, before it is too late," said Mr Lopes da Silva.

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