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NEWS

Government U-turn decision on public health campaigns

Zosia Kmietowicz LONDON

The government has backtracked on its policy to slash spending on campaigns to encourage people to quit smoking and take up healthy living advice after finding that the cuts have led to a substantial drop in the number of people stopping smoking and signing up to a better lifestyle.

Health secretary Andrew Lansley announced last year that spending on non-essential marketing and all social marketing programmes would cease. Findings on the impact of the move, however, have forced the government to rethink.

A new strategy for Public Health England—the body that will be set up within the Department of Health to lead on public health—says the government has “had the opportunity to learn from the freeze and to assess where the loss of mass communications had a negative impact.”

Changing behaviour, improving outcomes: a new social marketing strategy for public health says that, since funding stopped, the number of people joining the government’s lifestyle website Change4Life fell by 80%, visits to the Smokefree website dropped by 50%, and calls to the drug abuse helpline Frank fell by 22%.

It says: “Evidence submitted to the All Party Parliamentary Group on Smoking and Health concluded the cessation of marketing activity has resulted in declining quit attempts and subsequent loss of life from smoking-related illness.”

In the report, the government announces that funding on social marketing will resume this year, although on a smaller scale than previously.

An extra £15m (€17m; \$25m) is being put towards promoting the Smokefree website for 2011-12, and £14m is being made available to promote Change4Life. This compares with funding of £38m and £25m respectively allocated for the two sites in 2009-10 under the last government.

A Department of Health spokesman said: “The marketing freeze was never intended to be indefinite. We have used it as an opportunity to look at what really works.”

The report is at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126409.

Cite this as: *BMJ* 2011;342:d3417



Members of the pressure group UK Uncut demonstrated against cuts in the NHS in north London last week

Changes required to health bill will lead to delays, says Clegg

Nigel Hawkes LONDON

The future of the health bill, and its architect Andrew Lansley, are in question after Nick Clegg, the deputy prime minister, demanded substantial changes.

These are substantial enough, Mr Clegg said, to justify returning the bill to the committee stage in the House of Commons—a stage it has already passed and a reversal that would so undermine Mr Lansley’s position as health secretary that he might resign. Political whispers suggest that No 10 Downing Street is considering a future without him, although formally it has sprung to his defence.

Mr Clegg caused anger in Conservative ranks by making a speech on 26 May that seemed to anticipate the results of the “listening exercise” and lay down conditions for further Liberal Democrat support. Tory backbenchers on the right of the party have sprung to the defence of Mr Lansley, but Cabinet opinion is divided.

Mr Clegg’s speech demanded delays to the reforms, with GP consortiums taking on the role of commissioning only when they are ready rather than by the April 2013 deadline set out in the health bill, published in January (*BMJ* 2011;342:d418).

Speaking at University College London Hospital, Mr Clegg said, “Change won’t happen overnight, and arbitrary deadlines are no good

to anyone. So yes, family doctors should be more involved in the way the NHS works. But they should only take on that responsibility when they are ready and willing, working with other medical professionals too.”

Mr Clegg said the bill should be amended to soften the role of NHS regulator Monitor, with its main role switching from one of pushing competition “above all else” to protecting and promoting the needs of patients, using collaboration and competition as means to that end. This repeated commitments already made by Mr Lansley.

In a speech in which it was difficult to tell which parts were government policy and which were a wish list, Mr Clegg pledged there would be no sudden top down opening up of all NHS services to any qualified provider. “We should be opening up services that patients and communities want to be opened up,” he said, without specifying how that opinion would be expressed.

There will be no privatisation of the NHS, Mr Clegg said. “Providing choice isn’t the same as allowing private companies to cherry-pick NHS services. It’s not the same as turning this treasured public service into a competition driven, dog eat dog market where the NHS is flogged off to the highest bidder.”

Cite this as: *BMJ* 2011;342:d3368

IN BRIEF

Measles increases in England and Wales:

There were 334 laboratory confirmed cases of measles up to the end of April 2011, compared with 33 over the same period last year and 337 in the whole of 2010. Other European countries have also seen increases in recent months (*BMJ* 2011;342:d3161).

Most people who died from flu had not been vaccinated:

A total of 602 people in the UK were reported to the Health Protection Agency as having died from confirmed flu during the 2010-11 season; 70% of them were aged 15 to 64.

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Most people who died (373 out of 555) were in an at risk group for vaccination; 75% of those for whom information was available had not been vaccinated.

WHO delays decision on smallpox virus for three years:

The World Health Organization has agreed to resume discussions on when to destroy the last known stocks of live smallpox virus until 2014, after debate at the World Health Assembly.

Hospital admissions for alcohol problems rise in England:

More than a million people were admitted to hospital in England in 2009-10 for alcohol related problems—12% more than the previous year and double the number in 2002-3, show figures from the NHS Information Centre's annual report (www.ic.nhs.uk/pubs/alcohol11). Nearly two thirds of admissions (63%) were for men, and more adult admissions were in the older age groups than in the younger age groups.

GSK supports health workers in Africa and Asia:

As part of its commitment to reinvest 20% of profits made in the least developed countries back into projects that strengthen their healthcare infrastructure, GlaxoSmithKline has formed a partnership with three leading charities to improve health outcomes by supporting frontline health workers who operate in these countries: AMREF in east and southern Africa, CARE International in Asia Pacific, and Save the Children in West Africa.

Chlamydia is most prevalent STI in Europe:

The European Centre for Disease Prevention and Control has produced data on five sexually transmitted infections (syphilis, congenital syphilis, gonorrhoea, chlamydia, and lymphogranuloma) for the period 1990-2009 in Europe. Chlamydia is the most prevalent and on the increase with nearly 344 000 notified cases in 2009. See <http://ecdc.europa.eu/en/publications/Publications>.

Cite this as: *BMJ* 2011;342:d3393

Poor accountability could damage NHS, says King's Fund

Zosia Kmiotowicz LONDON

Accountability arrangements under the government's proposed health reforms are weak and unproved and risk undermining the performance of key NHS organisations in England, says the health policy think tank the King's Fund.

The reforms set out in the Health and Social Care Bill are designed to cut top-down management by shifting the responsibility for checking how NHS organisations perform away from centralised control and instead making GP commissioning consortiums and local health and wellbeing boards more accountable for the services and the health outcomes of their local population.

But the arrangements as they are currently proposed are "a significant cause for concern," says the King's Fund's report on accountability. Unless these arrangements are strengthened, the new national NHS Commissioning Board, which will oversee the outcomes of the NHS when GPs take full responsibility for commissioning in April 2013, may be forced to intervene to improve the performance of consortiums, undermining the government's aim of reducing its steer of the NHS.

Anna Dixon, director of policy at the King's Fund and one of the report's authors, said, "This

report highlights weaknesses in the accountability arrangements set out in the Health and Social Care Bill. The pause in the legislative process provides an opportunity to look again at these issues and strengthen accountability in the health system to drive improvements in performance and ensure that public money is well spent."

The report calls for more robust governance arrangements for GP consortiums, including a properly constituted board, with a chief executive or a finance director, and more transparency. The call echoes recommendations by the parliamentary select committee on health in its report on commissioning published in April, in which MPs said that commissioning bodies needed to have a more formal structure to improve their legitimacy and accountability (*BMJ* 2011;342:d2180, 5 Apr).

The report says that the proposed health and wellbeing boards, which will oversee the health-care and social care services that consortiums plan to commission, should also have greater powers and be able to call on the NHS Commissioning Board to intervene if boards are not satisfied with commissioning plans.

In addition, measures should be put in place to strengthen the boards of foundation trusts and to support trust governors in overseeing the performance of hospitals and holding senior staff to account.

The report concludes that, with the reforms introducing far reaching changes to the health landscape, much will depend on how relations develop among the various bodies in the system.

Accountability in the NHS: Implications of the Government's Reform Programme is at www.kingsfund.org.uk/.

For other articles on the changes to the NHS in England, visit the *BMJ*'s NHS reform microsite at bmj.com/nhsreforms.

Cite this as: *BMJ* 2011;342:d3210



MARK THOMAS

Anna Dixon, of the King's Fund, says better accountability of public funds is necessary

Rise in abortions reflects poor links between contraception and abortion services

Jo Carlowe LONDON

The number of abortions in England and Wales is far higher than a decade ago—despite improved contraception uptake.

Figures released by the Department of Health, show that 189 574 abortions took place in 2010—0.3% more than in 2009 and 8% more than in 2000 (175 542).

The rise has alarmed sexual health experts

who point out that contraception rates had been improving. They are now calling for the government to shake up reproductive health services.

Responding to the figures, Paula Franklin, director of clinical development at Marie Stopes International, said: "With improvements in contraception rates last year, these figures come as a particular surprise . . . Although the rise is small, these abortion figures send a warning for

Four in one polypill halves predicted cardiovascular risk

Susan Mayor LONDON

A combination pill containing aspirin, two blood pressure lowering agents, and a statin halved the predicted risk of heart disease and stroke in a randomised study of people with raised cardiovascular risk but no indications for any of these medicines.

The international trial randomised 378 people with an estimated five year cardiovascular disease risk of more than 7.5% to a polypill or placebo. The polypill contained 75 mg aspirin, 10 mg lisinopril, 12.5 mg hydrochlorothiazide, and 20 mg simvastatin. None of the participants had any indication for the individual components.

Results reported on 26 May showed that 12 weeks' treatment with the polypill reduced mean systolic blood pressure by 9.9 mmHg (95% CI 7.7 to 12.1) and LDL cholesterol by 0.8 mmol/L (95% CI 0.6 to 0.9) compared with placebo (*PLoS ONE* 6:e19857).

On the basis of these reductions in blood pressure and LDL cholesterol, the researchers calculated that taking the polypill in the longer term would reduce the risk of coronary heart disease and ischaemic stroke by about 60%.

"The results show a halving in heart disease and stroke can be expected for people taking this polypill long term," said Anthony Rodgers, professor of global health at the George Institute, Sydney, Australia, and chair of the international consortium that conducted the study.

"We know from other trials that long term there would also be a 25-50% lower death rate from colon cancer, plus reductions in other major cancers, heart failure, and renal failure," he added.

Over five years of treatment, the research group estimated that about one in 18 people taking the polypill would benefit in terms of avoiding a major event.

Cite this as: *BMJ* 2011;342:d3355



The commission criticised hospitals for leaving fluids out of reach of elderly patients

Three out of 12 hospitals fail to meet standards of care for older people

Helen Mooney LONDON

Older patients in some NHS hospitals are being left to go hungry and thirsty, and are not being shown the respect they deserve, according to a series of damning reports by the Care Quality Commission (CQC).

The first 12 reports into care of older people by the CQC examine whether older people receive essential standards of care in NHS hospitals throughout England. They found that three hospitals were failing to meet the essential legal standards. CQC inspectors also had less serious concerns about three other trusts, but found the other six were performing as they should.

At Worcestershire Acute Hospitals NHS Trust, the Ipswich Hospital NHS Trust, and Royal Free Hampstead NHS Trust the commission found "a bleak story of people not being helped to eat and drink, with their care needs not assessed and their dignity not respected."

Many older people were not being given the assistance they needed to eat. It also found that the nutritional needs of older patients were not being assessed and monitored making it impos-

sible to determine if they were losing weight.

Older patients were also going thirsty with water either left out of reach or no fluids given for long periods of time.

Health secretary Andrew Lansley said the reports showed "appalling levels of care" in some hospitals.

"The inspection teams have seen some exemplary care, but some hospitals are not even getting the basics right. That is unacceptable," he added.

Jo Williams said, "People not spoken to with respect, not treated with dignity, and not receiving the help they need to eat or drink. These are not difficult things to get right—and the fact that staff are still failing to do so is a real concern."

She will be writing to the chair of every hospital where poor care has been identified.

Keith Pearson, chair of the NHS Confederation, said: "The failings in this first batch of CQC inspection reports are simply unacceptable."

"Getting it right for every patient, every time is a big challenge, but it can be done."

The reports are at www.cqc.org.uk/reviewsandstudies.

Cite this as: *BMJ* 2011;342:d3346

the government's family planning strategy. There are three key areas that need to be focused on: education, access, and choice."

Natika H Halil, director of information for the sexual health charity FPA, described the rise as worrying and called for greater investment in contraception services.

"We've seen overall abortion numbers go up since 2000. Clearly there needs to be a much better relationship and tighter integration between local contraceptive and abortion services," she said, calling for reproductive health services to be redesigned.

Shadow public health minister Diane Abbott MP (right) accused the coalition government of not protecting provision of contraception services.

"Abortion rates were falling under the Labour government because of its investment in contraceptive services and sexual health campaigns.

"Abortion rates have levelled off and will now undoubtedly rise further because contraceptive services are being slashed nationwide," she said.

The figures showed a

reduction in abortions among young teenagers.

Abortion was highest for women aged 19 and 20 (33 per 1000). But rates for girls under the age of 16 fell (from 5 per 1000 to 3.9 per 1000) as did those for women under 18 (from 18.3 per 1000 to 16.5 per 1000).

The Department of Health commended the fall in teenage pregnancies.

"Abortions are traumatic and stressful and should never be seen as a form of contraception," said a spokesperson.

Cite this as: *BMJ* 2011;342:d3320

German *E coli* outbreak linked to cucumbers from Spain

Annette Tuffs HEIDELBERG

An outbreak of severe bloody diarrhoea and potentially lethal kidney failure from infection with enterohaemorrhagic *Escherichia coli* (EHEC) in Germany has been traced to fresh cucumbers grown in Spain, and possibly to other raw vegetables.

On 19 May health officials in Hamburg said they had isolated the bacterium from four cucumbers, three of which came from a Hamburg market that sells to grocery stores, restaurants, and caterers. The cucumbers were traced back to two organic farms in Spain.

One of the two Spanish farms has denied any responsibility and claimed that contamination had taken place during transportation or at the central market in Hamburg.

So far, the epidemic has caused 14 deaths in Germany and at least 700 cases, an unusually high proportion of them severe. The epidemic may also be spreading to other European nations. *E coli* infections possibly linked to the outbreak have also been reported in Denmark, the Netherlands, and the UK.

First detected a week ago in Hamburg and in other cities in northern Germany, the infectious

agent has been tracked as an unusual strain of bacteria, *E coli* O104:H4, which has many of the same effects as the more common *E coli* O157:H7.

The outbreak has resulted in a high proportion of lifethreatening cases of haemolytic uraemic syndrome, a complication of *E coli* infection that results in kidney failure; a third of the known victims have been hospitalised with the syndrome. Most *E coli* outbreaks affect young children, but in the recent outbreak adults have also been severely affected.

Vegetables were suspected as the cause of the outbreak because most of those infected were women, who are more likely than men to be involved in preparing food.

The German population was advised not to eat unwashed raw vegetables. Germany's national disease centre, the Robert Koch Institute, also suggested avoiding eating raw tomatoes, cucumbers, and lettuce for a while.

The European Commission and the British Health Protection Agency have warned visitors to Germany to watch for symptoms, including bloody diarrhoea, and follow the advice given by the German authorities.

Cite this as: *BMJ* 2011;342:d3394



Destroyed cucumbers in a greenhouse in Balerma, Spain, following an *E coli* outbreak

Trial of niacin alongside statin is stopped early

Jacqui Wise LONDON

The US National Institutes of Health has stopped a clinical trial studying a combination of niacin (nicotinic acid) and a statin 18 months earlier than planned because of poor results.

The AIM-HIGH trial found that adding high dose, extended release niacin to a statin in patients with heart and vascular disease did not reduce the risk of cardiovascular disease and stroke. In fact there was a small and unexplained increase in ischaemic stroke rates among those receiving the combination treatment.

The randomised controlled trial involved 3414 patients in the United States and Canada with a history of cardiovascular disease who were already taking a statin drug to lower low density

Fewer tests for cancer can help reduce costs, say US doctors

Ingrid Torjesen LONDON

Certain screening tests for detecting cancer in healthy people should be abandoned and more controls put in place on the use of chemotherapy in the United States, argue two senior cancer doctors.

Thomas Smith and Bruce Hillner from the Massey Cancer Center at the Virginia Commonwealth University claim that a dramatic overhaul is needed in the way that cancer care is delivered in the US because of escalating costs (*New Engl J Med* 2011;364:2060-65). The cost of cancer care is projected to rise from \$104bn (£63bn; €73bn) in 2006 to over \$173bn by 2020, a trend that is unsustainable, they say. Many treatments cost more than \$5000 per month and do not deliver outcomes within commonly accepted cost effective thresholds.

Last year Howard Brody, director of the Institute for the Medical Humanities at the University of Texas Medical Branch (www.nejm.org/doi/full/10.1056/NEJMp0911423), challenged all medical specialties to develop a top five list of commonly ordered diagnostic tests and treatments that are expensive and have not been shown to provide any meaningful benefit to at least some categories of patient. Partly in response to this, Professors Smith and Hillner developed such a list for oncology. The list says:

- Regular scheduled surveillance testing with serum tumour markers and imaging

Funders agree to increase access to research

Ingrid Torjesen LONDON

Research Councils UK and the Higher Education Funding Council for England have agreed to work together to ensure greater open access to published research.

Most journals already make selected articles available free of charge over the internet, but retain some papers behind the subscriber wall.

The mechanisms of achieving open access will include increased support for the pay to publish model, where the author or research institution pays a fee for the paper to be made available to non journal subscribers once published. In addition, grant holders will be encouraged to deposit research papers in repositories within an agreed time.

Cite this as: *BMJ* 2011;342:d3358

lipoprotein (LDL) cholesterol levels. The average age of the participant was 64 years, and more than half had had a heart attack before entering the study. Those participating in the trial were deemed to be at substantial risk of future cardiovascular events as they had low high density lipoprotein (HDL) cholesterol and high triglyceride levels.

Niacin is known to raise HDL and lower triglycerides. Many observational studies have shown that low HDL cholesterol increases the risk of cardiovascular events, independent of high LDL cholesterol.

The *British National Formulary* states that nicotinic acid is indicated as an adjunct in dyslipidaemia or may be used alone if a statin is not tolerated. Current guidance from the National Institute for Health and Clinical Excellence states that nicotinic acid should not be used for the primary prevention of cardiovascular disease. But it can be considered if statins are not tolerated for secondary prevention.

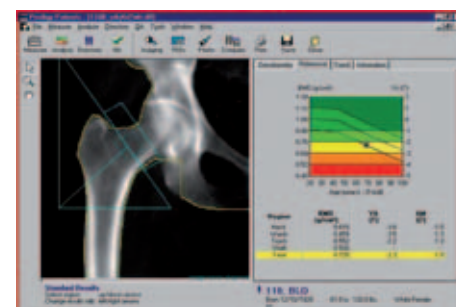
The AIM-HIGH trial randomised patients to either gradually increasing doses up to 2000 mg a day of

niacin (Niaspan) or placebo. All patients were also prescribed simvastatin, and 515 were additionally given a second LDL lowering drug ezetimibe so that LDL cholesterol levels were maintained between 40 mg/dL and 80 mg/dL.

During the 32 months of follow-up, patients who received niacin plus a statin had higher HDL cholesterol and lower triglyceride concentrations compared with those who took only a statin. However, the combination did not reduce fatal or non fatal heart attacks, strokes, hospitalisations for acute coronary syndrome, or revascularisation procedures. And there were 28 strokes (1.6%) in those taking the niacin compared with 12 strokes (0.7%) in the control group.

"The lack of effect on cardiovascular events is unexpected and a striking contrast to the results of previous trials and observational studies," said Jeffrey Probstfield, one of the study leaders and a professor of medicine and epidemiology at the University of Washington, Seattle.

Cite this as: *BMJ* 2011;342:d3400



Doctors should not screen for osteoporosis in women younger than 65 years

US doctors identify best ways to cut costs without harm

Bob Roehr WASHINGTON, DC

Doctors in the US could cut back on many common medical activities, such as imaging and routine antibiotics, without adversely affecting patient care to save substantial costs, says a survey by the National Physicians Alliance. The group now plans to educate doctors and patients on why this constitutes good medical practice.

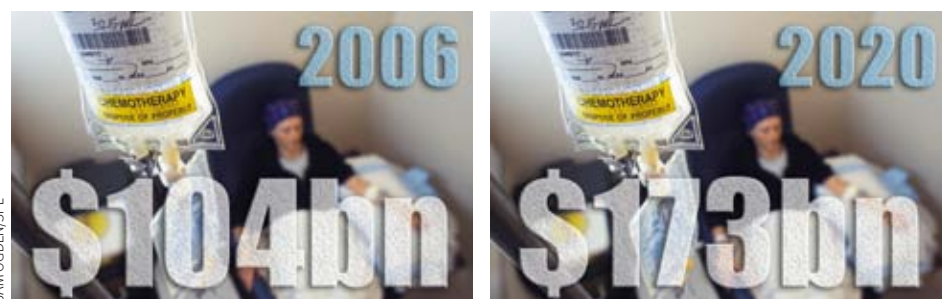
The alliance, whose aim is to achieve high quality affordable healthcare for all, set up working groups in family, internal, and paediatric medicine to evaluate common medical activities. The alliance's survey was sent to 22 000 doctors.

On the basis of the survey findings, the National Physicians Alliance issued the following recommendations for family medicine:

- Don't do imaging for lower back pain within the first six weeks unless red flags are present
- Don't routinely prescribe antibiotics for acute mild to moderate sinusitis unless symptoms—which must include purulent nasal secretions and maxillary pain, or facial or dental tenderness to percussion—last for seven days, or symptoms worsen after initial clinical improvement
- Don't order annual electrocardiograms or any other cardiac screening for asymptomatic, low risk patients
- Don't perform Pap smear tests on patients younger than 21 years or in women post hysterectomy for benign disease
- Don't use DEXA screening for osteoporosis in women younger than 65 years or men under 70 years with no risk factors.

The Good Stewardship Working Group. The "top 5" lists in primary care: meeting the responsibility of professionalism. *Arch Intern Med* 2011; doi:10.1001/archinternmed.2011.231.

Cite this as: *BMJ* 2011;342:d3345



Many cancer treatments cost \$5000 a month and are poor value for money, the report says

for most cancers, including those of the pancreas, ovary, or lung, should be avoided, unless prompted by symptoms, because such screening does not alter prognosis.

- Cancer drugs should be given as sequential monotherapy rather than as combined treatment unless there is the need for rapid symptom or disease control. Combination treatment offers few benefits for most patients, is more expensive, and causes more toxic effects.
- The decision to offer chemotherapy to patients with advanced metastatic solid tumours should take into account the patient's performance status. General wellbeing is a major predictor of treatment response and survival in many types of cancer. As a general rule the patients should be able to walk unaided into the clinic to receive chemotherapy. "Implementation of such a simple threshold could dramatically decrease the use of chemotherapy at the end of life," the two professors said.
- Haematopoietic colony stimulating

factors (CSFs) should be avoided or lower doses used. CSFs do not treat cancer but help stimulate white cell growth after chemotherapy, but improved survival has not been shown when using CSFs in two of the most chemotherapy sensitive cancers—lymphoma and small cell lung cancer.

- Patients with progressive disease should be switched to palliative care after three consecutive regimens of chemotherapy because the chances of success are minimal with subsequent courses.

Professors Smith and Hillner also say that the reimbursement system for oncologists needs to be changed to ensure that there is no profit to be made from prescribing chemotherapy. "Some oncologists choose chemotherapy in order to maximise income for their practice. A system in which over half the profits in oncology are from drug sales is unsustainable," they say.

Possible alternatives include a monitored care pathways approach where central approval would be needed for interventions including a fourth course of chemotherapy.

Cite this as: *BMJ* 2011;342:d3381



Slow intravenous maintenance fluids proved better than rapid fluid bolus resuscitation

African clinical trial ends early due to high mortality in children

Nayanah Siva LONDON

A large African trial testing the routine use of rapid fluid bolus resuscitation in children with shock has been stopped early because of the number of deaths in children during the two year study.

Doctors have reacted with surprise at the high mortality seen during the FEAST study (Fluid Expansion as Supportive Therapy) in which 3170 children in shock caused by severe infection were assessed in hospitals in Uganda, Kenya, and Tanzania over two years.

Over the past 20 years the technique of fluid bolus resuscitation has been standard practice in children with shock due to severe infections such as septicaemia or malaria. The technique is indicated in most international emergency paediatric guidelines including those by the World Health Organization (WHO).

However, the FEAST trial, which was funded by the United Kingdom's Medical Research Council, had to be stopped early. It was the first randomised clinical trial to test the effectiveness of fluid bolus rehydration in children with shock as a result of severe infection.

The study found that not only was giving boluses to children not effective, it was harmful.

The children in the trial were randomly assigned to emergency boluses of the blood derivative albumin, or saline boluses, or to a control group in which the children were slowly given intravenous maintenance fluids.

The trial was designed to assess 3600 children, but was stopped early because of safety concerns.

Results showed that 89% of children given boluses survived the first 48 hours in hospital, but those children given fluids slowly did better, and in this group 93% of children survived.

The *New England Journal of Medicine* article is at www.nejm.org/doi/full/10.1056/NEJMoa1101549?query=featured_home.

Cite this as: *BMJ* 2011;342:d3414

WHO processes on dealing with a pandemic need to be overhauled

John Zarocostas GENEVA

The World Health Organization failed to manage possible conflicts of interests between its expert advisers and industry in handling the H1N1 flu pandemic, an independent review panel has found.

The review, chaired by Harvey Fineberg, president of the US Institute of Medicine, concluded procedures were inadequate, should be overhauled, and made more transparent.

The panel found no evidence of "attempted or actual influence" by commercial interests on advice or decisions taken by the WHO concerning the pandemic. But WHO failed to acknowledge legitimate reasons for some criticism, in particular, inconsistent descriptions of a pandemic that "may have inadvertently contributed to confusion and suspicion."

An investigation published last year by the *BMJ* and the Bureau of Investigative Journalism (*BMJ* 2010;340:c2912) found that key scientists advising the WHO on planning for an influenza pandemic had done paid work for drug companies that stood to gain from the guidance they were preparing. These conflicts of interest were not publicly disclosed by WHO.

According to the independent panel report, five members of the emergency committee, which advised WHO on declaring a pandemic, and an adviser to the committee, declared potential conflicts of interest.

However, none of these was determined sufficiently important for the members to be excluded from the emergency committee.

The identity of the committee members was kept confidential to protect them from external

pressures, but it "fed suspicions" that WHO had something to hide, says the report.

"Assumptions" about potential ties between emergency committee members and industry led some to suspect wrong doing.

The names of the members, together with their relationships, were published only when the pandemic was declared over on 10 August 2010.

The independent panel said potential conflicts of interest among emergency committee members were "not managed in a timely fashion by WHO."

The review findings were presented to the 2011 World Health Assembly, WHO's ruling body on 24 May.

Dr Fineberg said better practices were needed for appointment of an emergency committee "particularly with the scope of expertise required and with attention to conflict of interest from the outset." As a safeguard against potential conflicts of interest, the panel said WHO should clarify its standards, and adopt "a more transparent" appointments procedure.

Proposed emergency committee members should be named and details disclosed about their background, experience, and relationships so the public could comment.

A resolution adopted by the assembly called on the WHO director general to report back in two years on progress on the recommendations.

The report of the Review Committee on the functioning of the International Health Regulations (2005) and on pandemic influenza A (H1N1) 2009 is at http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf.

Cite this as: *BMJ* 2011;342:d3378

Women Peace Laureates say rape is being used as a weapon of war on a massive scale



Nobel prize winners Aung San Suu Kyi (top) and Jody Williams

Peter Moszynski LONDON

Rape as a weapon of war is a crime occurring "on a massive scale" and is a threat to peace and security, says a report from Nobel Women's Initiative.

The report says that although the perpetrators of these war crimes often benefit from a "culture of impunity" victims and survivors "suffer long term health consequences," such as psychological trauma—including isolation, fear, feelings of

unworthiness, and suicide—and medical trauma such as gynaecological fistula, sexually transmitted infections, and HIV/AIDS.

The Nobel Women's Initiative was established in 2006 by Nobel Peace Laureates Jody Williams, Shirin Ebadi, Wangari Maathai, Rigoberta Menchu Tum, Betty Williams, and Mairead Maguire to work together for peace with justice and equality. The group's report examines studies of



A UN worker treats a child in Sudan, which has the lowest spending on health in Africa

African governments fail to fulfil promises on child health

Peter Moszynski LONDON

A survey that ranks African governments' performance in budgeting for their children shows not only sharp contrasts in terms of the region's investment in children, but also the wide gap that exists between what governments have promised and what they are prioritising and delivering in their budgets.

The report, released on 25 May in Dakar by the African Child Policy Forum, ranks 52 governments' performance on the basis of their spending in the key sectors that affect children's welfare: health, education, social protec-

tion, and early childhood development.

Despite improvements in spending on health, the report indicates that Africa still has a relatively low level of investment, with most countries allocating only between 4% and 6% of their national budget to health in 2008, well below their commitment to a target of 15%.

In education, although Africa has made "impressive strides both at primary and secondary levels," the region spends less than 3% of the world's education resources, leaving a "significant number" of its children out of school.

The report's purpose is to "measure African

countries' budget performance against the numerous political commitments they have made to children's education, health, and rights, using budgets as a useful barometer of a government's policy priorities and true commitments," the forum's director, David Mugawe, said at the launch.

"Not only do our findings show those countries who are most committed, and those who are desperately failing their children; it also reveals a serious dissonance between policy promises and budgetary allocations for children in many African countries," he added.

The survey indicates that the governments of Tanzania, Mozambique, and Niger are the most committed in terms of using available resources for the wellbeing of children.

Tanzania came out on top because it spends a "significant proportion of its resources on health," as well as "further reducing its already low military expenditure."

Sudan ranks at the bottom, along with Guinea-Bissau, Eritrea, Burundi, Democratic Republic of Congo, Comoros, Sierra Leone, Angola, Burundi, and the Central African Republic. The report suggests they scored low because of lower levels of investment in sectors benefiting children, the decline of these allocations over the years, and their relatively high military expenditure.

Salim A Salim, former prime minister of Tanzania and secretary-general of the African Union, said: "Children's rights and wellbeing are intrinsically linked with public budgets and this scorecard reveals stark differences across Africa in terms of commitment and readiness to translate political rhetoric into concrete budgetary allocations for the benefit of children."

Budgeting for children in Africa: rhetoric, reality and the scorecard is available at www.africanchildforum.org/dakarlaunch.

Cite this as: *BMJ* 2011;342:d3356

sexual violence in five regions of the world, explores their leading causes, and assesses actions taken by the international community.

A recent study published in the *American Journal of Public Health* (2011 101:1054-1055) estimates that 1100 women are raped every day in the conflict-ridden Democratic Republic of Congo.

"Waging war on the bodies of women has got to stop," says Jody Williams, the 1997 recipient of the Nobel Peace Prize for her work in eliminating landmines.

Sexual assault is increasingly being used as a weapon of warfare,

especially in clashes that are tribal or ethnic in nature. "There has always been rape in war, yes," said Professor Williams. "But using it specifically as a tactic of war seems relatively new, on the scale that we're seeing it in the Congo, in Darfur, Rwanda, Bosnia, Burma."

She says it is an effective method of causing the societal breakdown of an opposing tribe or clan. In Sudan, for instance, the Janjaweed militia are "raping women of different ethnic communities to destroy the fabric of the community."

She added, "Where the traditional values or traditional ways of treating

each other as humans break down then people start to do things they wouldn't have done normally. And that is part of the horror of war that is frequently overlooked, ignored, not talked about because it's too uncomfortable."

The report lauds the efforts of advocates who are challenging the impunity enjoyed by perpetrators and notes that rulings at international tribunals and the International Criminal Court make these acts prosecutable.

Experts and survivors meeting in Canada on 23 to 25 May supported the report's key recommendation

that governments provide support to investigations and assist in the prosecution of crimes of sexual violence.

In a video address, Aung San Suu Kyi, pro-democracy leader and recipient of the Nobel Peace Prize in 1991, described how the Burmese military uses rape as "the weapon of choice against those who seek to live in peace."

The report, *War on women: time for action to end sexual violence in conflict*, is at www.nobelwomensinitiative.org/home/article/war-on-women.

Cite this as: *BMJ* 2011;342:d3373