

In this month's *Bulletin*

Glaucoma now second leading cause of blindness (pp. 844–951)

The number of people globally with impaired sight in 2002 was more than 161 million, including some 37 million who were blind. In their paper, Resnikoff et al. report that new estimates for the prevalence of blindness and its causes show that glaucoma is no longer the third, but the second leading cause after cataracts. The authors estimate the prevalence of visual impairment and its causes in 2002 based on recent studies. This paper is accompanied by an *In focus* news feature in which Sharon Kingman reports how glaucoma has become more prevalent as populations grow older, in general, and examines a Swiss charity and its eye health care work in India and Africa.

Gender inequalities in the fight against HIV/AIDS (p. 812)

Africa is the only part of the world where the prevalence of HIV and the number of AIDS deaths are higher for women than for men. In this month's leading editorial, Olive Shisana & Alicia Davids argue that gender and women's heightened vulnerability to the disease is vital to understanding how HIV is spread and how to control it. They contend that most harmful sexual practices have their origin in societies that promote the superiority of men over women and in which national legislation is not sensitive to gender. They propose that the AIDS epidemic cannot be halted unless women have better legal protection.

Do countries make the most of TRIPS?

(p. 813 and pp. 815–821)

Over the past two decades governments worldwide have increased spending on health care as the prices of pharmaceutical products have soared. Anthony So, in his editorial (p. 813), and Oliveira et al. in their paper (pp. 815–821) examine whether the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement of the World Trade Organization has produced national patent legislation that responds to public health

needs and whether the agreement has put least developed countries at a disadvantage. So argues that flexibilities in the TRIPS Agreement which may allow for better access to essential drugs for poor countries are being curtailed by free-trade agreements the United States is pursuing with its trade partners. Oliveira et al. analysed legislation in 11 Latin American and Caribbean countries from 2000 to the present.

Improved reporting of adverse vaccine reactions in Europe (pp. 828–835)

Immunization has made great advances for public health but, as the incidence of vaccine-preventable diseases decreases, these have been undermined by recent safety scares, for example in the United Kingdom and France. In their paper, Lankinen et al. identify gaps in systems for reporting adverse reactions and other unintended effects of immunization in Europe by using an interactive database which was constructed for the study. They did a comparative survey of the 15 pre-2004 European Union states plus Norway and Switzerland in 1999 and 2000 using structured questionnaires addressed to governments. The authors concluded that most problems related to reporting could be solved through standardization and improved international collaboration.

Is decentralization good for public health? (pp. 822–827)

Decentralization is a central tenet of health system reform across the world. In their paper, Atkinson et al. report that the Brazilian state of Ceará, which is strongly committed to decentralization, has benefited from this trend but that it has not necessarily led to improved public health outcomes. The authors surveyed 45 district health systems in the state, gathered data and analysed them using three methods: analysis of variance, Duncan's post-hoc test and multiple regression. They found that decentralization was associated with improved performance in only five of their 22 performance indicators and that it did not necessarily have a direct

effect on better public health outcomes. They conclude that other factors, such as management style and local political culture were also important factors when assessing health system performance.

Closing the treatment gap in mental health care (pp. 856–866)

Many people with mental disorders and illnesses receive no care although effective treatments are available. In this paper, Kohn et al. attempted to measure the treatment gap. The authors reviewed community-based psychiatric epidemiology studies of people aged 15 years and more in 25 countries and regions across the world which had been published since 1980. These included data on the proportion of people receiving care for schizophrenia and other non-affective psychotic disorders, as well as depression, and other disorders. They found that the median treatment gap ranged from 32.2% for schizophrenia and 56.3% for depression to 78.1% for alcohol abuse and dependence. The authors conclude that this gap is universally large, but varies across regions.

Uganda's forgotten conflict, aid for Caribbean storms and insecticidal malaria nets (p. 811)

In this month's News, Clare Nullis-Kapp reports from Cape Town that, while world attention has focused on the unfolding tragedy in Sudan's Darfur region, little attention has been paid to the victims of a conflict in neighbouring Uganda. Theresa Braine in Mexico City reports that donors have pledged more than US\$ 120 million in aid after a series of hurricanes devastated swathes of the Caribbean, leaving health-care systems struggling to cope. Jacqui Wise in Cape Town reports that efforts are under way to step up production of new long-lasting insecticidal mosquito nets to meet massive demand particularly in Africa. ■