givers who work as individuals rather than as groups, and this lack of communication means that care is often duplicated or second-rate. The report calls for health care providers to make greater use of information technologies, such as the internet, to better coordinate patient care and increase efficiency. Other priorities include keeping providers informed about current scientific knowledge and providing health care for the nation's 40 million uninsured citizens.

In addition, the committee urges US government agencies to identify at least 15 of the most common chronic conditions and develop strategies for managing them over the long term. "We need to shift the focus to managing chronic disease instead of merely treating single episodes in isolation," Leape says. "The obvious question now is: Who is going to make this happen? We've asked for the allocation of funds to begin making these changes. But whether that happens or not is a political decision. It's unclear what will happen in the current political climate."

WHO's Tan-Torres Edejer adds that all countries would like to have a health system that provides seamless top-quality service wherever the patient accesses the system, from the family physician to the high-tech hospital. "However, I don't know of any country that has reached that ideal. Perhaps the US, with its capability and penchant to use management models from other sectors, like the error reporting system in the aviation sector, and to take advantage of the latest technology, has the potential to get close to that ideal. But as the IOM reports, even the US system has still a long way to go."

Christie Aschwanden, Nederland, Colorado, USA

In Brief

New partnership boosts work on malaria vaccine for children

The pharmaceutical giant GlaxoSmithKline (GSK) has teamed up with the US-based Program for Appropriate Technology in Health (PATH) to develop a malaria vaccine for use in children. PATH will inject US\$ 6.7 million into the partnership's work on the vaccine, which GSK initiated in 1983. The vaccine consists of a malaria parasite protein fused to a fragment of the hepatitis B virus. In a field trial in 1998–99 in West Africa, it conferred short-term protection on adults: about two-thirds of the vaccinated volunteers were protected for up to 8 weeks after vaccination.

Further information from Anne P. Walsh, GSK, Rixensart, Belgium: tel +32 (2) 656 9831; PATH Malaria Vaccine Initiative, Rockville, MD, USA: tel: +1 (301) 770 5377, fax: (301) 770-5322, email: <info@malariavaccine.org>, web site: www.MalariaVaccine.org

Update on depleted uranium tests

A group of experts reported in March to the European Commission that exposure to depleted uranium could not result in detectable damage to human health. Another report, however, issued in the same month by the UN Environment Programme (UNEP), said that although tests had shown "no significant risks... of contamination to air or plants", depleted uranium ammunition buried in the soil could produce a 10- to 100-fold increase in uranium levels in drinking water that might exceed WHO health standards.

Further information from Melinda Henry, WHO: tel: +41 (22) 791 2535; fax: +41 (22) 791 4858; email henrym@who.int; web site: www.who.int

Multiple sclerosis and hepatitis B vaccine — no evidence of link

Two large US studies that since 1976 and 1989, respectively, have monitored health-related events in a total of about 140 000 nurses, have found no association between hepatitis B vaccination and the development of multiple sclerosis. Rumours of such a link were mooted several years ago in France and more recently in the US.

Further information from http://www.nejm.org/content/2001/0344/0005/0327.asp