

In this month's *Bulletin*

Russian women live longer but less healthy lives than men (pp. 778–786)

Life expectancy and healthy life expectancy for men and women were compared in the Russian Federation and in countries of Eastern and Western Europe. Using WHO mortality data and data on self-reported health from the World Values Survey and the Russian Longitudinal Monitoring Survey, the study found that healthy life expectancy both for men and women in the Russian Federation was reduced. It also found that although Russian men lived shorter lives than Russian women, the lives of the latter were less healthy. Self-reported health was recognized as a limitation and is the subject of the accompanying commentary.

Pesticide ingestion still a major cause of death in Sri Lanka (pp. 789–798)

Although admissions for poisoning in Sri Lanka hospitals doubled between 1986 and 2000, the case fatality proportion fell. The regulations for pesticide use introduced during that period therefore appear to have had a good effect. They were aimed at restricting the availability of those that seemed to be major causes of death by self-poisoning. However, detailed examination of one hospital's records revealed switching to other highly toxic pesticides, with little difference in the total number of pesticide deaths. Poisoning from pesticides is still the most common cause of death in many rural districts of Sri Lanka.

Tuberculosis prevalence in peri-urban Uganda much higher than national average (pp. 799–805)

Tuberculosis control strategies depend on a sound grasp of the burden of the disease. But in poor peri-urban areas in many developing countries, there is no reliable information about the burden of tuberculosis. A survey conducted in

Kawempe division, a peri-urban part of the Ugandan capital, Kampala, revealed case rates nearly five times higher than the estimated national average. The findings support the assertion that national average notification figures may not reveal the disparity in case rates between poor urban and other parts of the country. In these areas extra efforts to control tuberculosis transmission and improved strategies for case detection are needed.

Training improved pharmacy workers' contribution to the prevention of STDs (pp. 806–814)

Patients with symptomatic sexually transmitted diseases (STDs) in developing countries often seek health care initially in pharmacies. But pharmacy workers in Lima, Peru, had difficulty recognizing STD syndromes, offered medications that weren't recommended and rarely referred clients to clinicians or counselled on risk reduction or measures for partner treatment. Fourteen districts of low socioeconomic status were randomly selected for a training and support programme in the recognition, management and prevention of STD syndromes. Following visits at one, three and six months after training, standardized simulated patients reported better recognition and management by pharmacy workers of STD syndromes.

Health systems can make better use of research (pp. 815–820)

Knowledge produced by health research should positively contribute to the performance of health systems and to the improvement of populations' health. But this has not always been the case. Health research has often been too fragmented with little communication between the producers of research and the end-users. To address this shortfall, a conceptual framework is proposed for health research systems that defines their boundaries, components, goals

and functions. Adopting a systems perspective, the framework aims to enable research stakeholders to work in collaboration with national health research systems in order to improve health outcomes and health equity.

Better methodology needed to determine additional benefits of childhood vaccines (pp. 821–826)

A review of 782 English language articles on vaccines and childhood mortality was carried out. Many of the articles contained problems in their study design and quality of methods and could not be used. The few articles that met the criteria for methodological rigour suggested that measles vaccines deliver the expected reduction in mortality. The data however were insufficient to demonstrate benefits other than protection against measles, as had previously been suggested by other researchers. One of the conclusions of the study is that there needs to be post market surveillance for unexpected beneficial effects as well as adverse effects of vaccines.

Osteoporosis prevention strategies should emphasize physical activity (pp. 827–830)

National and local policies promoting physical activity are urgently needed to address the world's increasing osteoporosis burden. Evidence that exercise maintains or even increases bone mineral density and enhances coordination and muscle strength justifies its inclusion in programmes aimed at alleviating the risks and symptoms of the disease. Policy-makers and health professionals should consider the economic and public-health implications of a projected rise in osteoporotic hip fractures to six million by 2050. Physical activity is both cost-effective and beneficial and should therefore be a major priority in the implementation of national prevention strategies. ■