

Isabelle Sutherland, as a “stunning achievement”.

Doll, now 91, set out in 1951, with Bradford Hill and other colleagues, to recruit British doctors to the study. They chose doctors because they thought doctors would describe their own smoking habits accurately, and because they would be easy to trace through the UK medical register, so long as they continued to practise. In addition, they thought that as doctors would be likely to have access to good medical care, their causes of death would be relatively accurately documented.

Doll said: “We planned it to last five years, which would give us enough data on lung cancer, but after that we began to see one or two other diseases associated with smoking, most notably coronary thrombosis. So we decided to continue and the longer it went on, the more it was clear that there were yet other diseases due to smoking.”

By 1954, the initial findings had pinned down the link between smoking and lung cancer. The papers that followed, after 4, 10, 20 and 40 years of follow-up, showed that smoking was associated with mortality from many different diseases, but that lung cancer accounted for less than half of the excess mortality among smokers.

The 2004 paper adds even more detail about the health risks of smoking. Its findings show that someone aged 70 who had never smoked had, between 1951 and 1961, a 12% chance of living to the age of 90. Between 1991 and 2001, this probability rose to 33% demonstrating improved health care. But for someone who was a cigarette smoker, this figure declined from 10% between 1951 and 1961 to 7% in the decade up to 2001 when the ill-effects of smoking began to take their toll on long-term smokers.

Dr Vera da Costa e Silva, Director of WHO's Tobacco Free Initiative said that the quality of the research and its time frame — it is the longest-ever study of smoking and health — adds much weight to the findings. “This study is an important contribution to the overwhelming body of evidence regarding the harmful effects of tobacco,” said da Costa e Silva. “Being able to quantify not only the dramatic difference in average life expectancy between smokers and non-smokers but also the benefits of smoking cessation at every age, has

a positive impact on public debate and on the decisions of individuals.”

Governments and nongovernmental organizations in several countries have already been using earlier data from the Doll study in health education and anti-smoking campaigns. “We can expect the publication of the 50-year results to reinforce the global move towards implementation of comprehensive tobacco control measures, as laid down by the WHO Framework Convention on Tobacco Control,” said da Costa e Silva. (See related news article, *WHO tobacco convention set to become law by year's end*, on p. 635.) ■

Sharon Kingman, *London*

In brief

Compensation for Africa's medical brain drain

A new report on Africa's medical brain drain, released on 15 July, calls on rich nations to reimburse African countries for the loss of medical professionals and to train more doctors and nurses domestically rather than recruit them from abroad. The 121-page report, *An action plan to prevent brain drain*, by US based advocacy organization, Physicians for Human Rights, demands reimbursement for the losses incurred by countries that have paid for the education of doctors, nurses and pharmacists only to lose them to countries offering higher wages. The Nobel Peace Prize-winning group also wants wealthy countries and international organizations to send money to boost salaries of African health workers. (See related news feature, *Should I stay or should I go?*, in this month's *In focus* on p. 634).

WHO drops two generic AIDS drugs

WHO has removed two antiretroviral products from its list of approved AIDS drugs used to treat people with the disease in developing countries. The decision followed a routine inspection in May which found that the manufacturer — the Indian company Cipla — could not provide evidence that lamivudine

and zidovudine were biologically equivalent to their patented counterparts. Since then, four new AIDS medicines have been added to the prequalification list, including lamivudine from a newly prequalified generic manufacturer. This drug represents an alternative to the delisted Cipla version.

Nigerian state announces resumption of polio immunization

The Governor of the northern Nigerian state of Kano has informed WHO that polio immunization campaigns will resume in July. This announcement follows the Governor's acceptance that the oral polio vaccine is safe and effective. Rumours circulating about the safety of the vaccine had previously led to the suspension of polio immunization in the region late last year. Ten previously polio-free countries across Africa have now been re-infected, most recently in the Sudan. “If the campaigns were not resumed in Kano, a twenty-year, three billion dollar effort involving 20 million people to eradicate polio would be in jeopardy,” said WHO Director-General, Dr LEE Jong-wook.

Red AIDS ribbon banned from Zimbabwe television

The internationally recognized awareness symbol of HIV/AIDS — the red ribbon — is no longer allowed to appear on Zimbabwean state television, according to a report by Zimbabwe News Service. Zimbabwe's Ministry of Information and Publicity has ordered the state broadcaster not to show the colour. Producers of Zimbabwe's weekly HIV/AIDS discussion programme, *Perspectives*, ordered participants to remove their red ribbons before filming could begin. The colour red is associated with the opposition party, Movement for Democratic Change. Zimbabwe Television employees told the UK newspaper, *The Independent*, that they had received instruction not to give unnecessary publicity to the opposition by using the colour red on screen. ■