Poorer countries will not meet health targets, warns WHO

Susan Mayor *London*

Many of the world's poorer countries will not meet the health millennium development goals without concerted effort. This was the warning of a report published last week by the World Health Organization, just ahead of the G8 summit (a meeting of the leaders of the world's most industrialised nations).

The report, *Health and the Millennium Development Goals*, concluded that most poor countries would not meet the goals if the trends seen during the 1990s continued. The goals, agreed in the 1990s by 189 countries, include reducing child mortality, improving maternal health, and combating infectious disease.

No region of the developing world was currently on track to meet the child mortality target of cutting death rates in children younger than 5 years by two thirds by 2015. The data showed that countries with high child mortality had not improved and death rates had even worsened in some. Sub-Saharan Africa achieved only a 3% reduction, for example.

The report predicted that if current trends continued, death rates among children younger than 5 would fall by only 25% by 2015—far short of the goal.

But the proportion of women with a skilled medical person in attendance during labour had increased rapidly in some regions, particularly in Asia. Overall, this figure had risen from 42% in 1990 to 53% in 2000. But in sub-Saharan Africa, the figure had remained static at about 40% over the decade.

Use of effective tuberculosis treatment and case finding had expanded, but too slowly to meet the target of 70% case detection.

The establishment of fully functioning and equitable health systems is a prerequisite for reaching the health goals, the report found, but “in too many countries, the health systems either do not exist or are on the point of collapse,” it says.

Andrew Cassels, director of health and development policy at WHO, said, “The real priority is to encourage countries to develop better health systems, with the

right skill mix, staff numbers and in service training—particularly in... southern Africa.” Countries needed to put political muscle behind health improvement measures, he added.

Africa and measures to

improve retention of healthcare professionals and reduce “poaching” by wealthier countries are key topics that will be discussed at the G8 summit. □

The report is at www.who.int.

American Medical Association rejects proposal to ban consumer adverts for prescription medicines

Jeanne Lenzer *New York*

The American Medical Association (AMA) has turned down a proposal to support a ban on advertisements for prescription drugs aimed at consumers. Instead, the organisation voted at a meeting of its House of Delegates for more research.

Advertisements for prescription medicines have provided a constant revenue stream for print and broadcast media since 1997, when the Food and Drug Admin-

istration lifted restrictions on promotions of prescription drugs to the public. In 2004, drug companies invested \$4bn (£2.2bn; €3.3bn) in direct to consumer advertisements, according to IMS Health, a market research company. A 2003 Harvard Public Health study, commissioned by the Kaiser Family Foundation, showed that the investment paid off handsomely: for every \$1 spent on direct advertising, drug

companies reaped an additional \$4.20 in sales.

Jeff Trewhitt, a spokesman for the Pharmaceutical Research and Manufacturers of America, told the *BMJ*, “The AMA has made exactly the right call. When done right, direct to consumer advertising is a powerful educational tool. Marketing and promotion help address the significant problem of underdiagnosis and undertreatment of serious diseases and medical conditions that afflict millions of Americans.”

He added, “A recent nationwide poll by *Prevention* magazine and *Men's Health* showed that between 1998 and 2004, 28 million American patients talked to their doctor for the first time about health conditions they had

after seeing [direct advertising].”

Cyril Hetsko, a trustee of the AMA said, “Research clearly indicates that direct to consumer advertising increases the demand for specific medication. We will study the overall effect of this advertising on patient care and consider strategies that could minimise its potential negative impact.”

Robert Solomon, chairman of the American College of Emergency Physicians' ethics committee, said he believed the AMA should take a firm position opposing the advertisements. He said, “There are already guidelines... on direct to consumer advertising, and they appear to be either ignored or ineffectual.” □