IN THIS ISSUE

Global health

We know that enormous health inequalities exist throughout the world and that resource-poor countries are most vulnerable to some of the current global problems like war, drought and the HIV/AIDS epidemic. A series of articles in this issue seek to gain an Australian perspective on some of the challenges in our own region and beyond.

WHO's in trouble?

Not really, but there are big changes afoot as the World Health Organization elects a new Director-General and considers how best to maintain its mandate of achieving the highest possible level of health for all people. Reid and Pearse (*page 9*) consider this, and explain the recent phenomenon of public–private partnerships.

Show me the money

Li and Eastman (*page 13*) have achieved much combating iodine deficiency in the Asia Pacific region. Adequate financing and a knowledge of how to work with funding agencies are essential for such projects. They provide encouraging evidence that small investments can produce large health gains.

Local round-up

If reading about some of the initiatives being undertaken by Australians in resource-poor settings has made you curious about what's going on in your own field, turn to *page 26*. We asked the medical schools and colleges around the country to give us a few examples of their current activities. Decide for yourself whether you could add something to the list.

Of primary importance

The concept of Primary Health Care (PHC), adopted by a WHO conference in Alma Ata, USSR, in 1978, in which essential, equitable and affordable healthcare would be available to all people, has not been implemented. Hall and Taylor (*page 17*) say there are many reasons for this, but that the current enthusiasm for "Health Sector Reform", based on market forces, may not be doing people in resource-poor countries any favours either.

Capacity [building] crowd

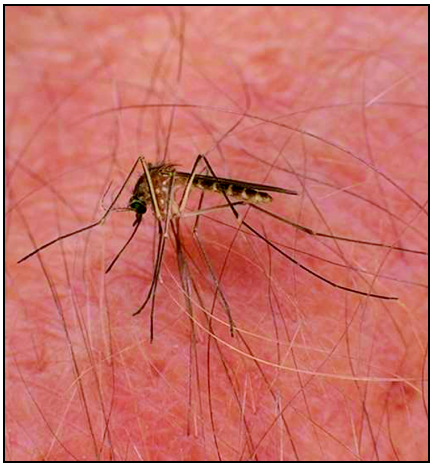
So we could name people in the mould of Morgan and Deutschmann (*page 21*), who help train and educate healthcare workers in resource-poor settings. They give some valuable insights into why some training strategies do work and others don't and some heartening examples from their own experience.

Neighbourhood watch

Globally speaking, Papua New Guinea is certainly in our neighbourhood and Australia has strong links with this country. Are we doing enough? Naraqi et al highlight some of PNG's major problems on *page 7*.

Blowing in the wind

Virologically speaking, West Nile virus is a fast worker. It first made its way from its traditional territory — parts of Africa, the Middle East, Europe and Asia — to New York in 1999. By late last year nearly 4000 cases and over 200 deaths had been reported in 43 US states. Will migratory birds, wind-blown insects and the constant shuttle of air traffic ensure that the mosquito-borne virus visits Australia in the future? Mackenzie and colleagues consider the threat on *page 5*.



Burning issues

How good are we at first aid for minor burns? Sadly (considering how common this injury is in children), not very, say McCormack and colleagues (*page 31*) after their investigations at a Sydney children's hospital.

And on your next camping holiday, don't forget that campfires are another source of burns in children. Fraser and colleagues (*page 30*) conducted a novel experiment to work out the safest way to extinguish these.

Marine menaces

Two recent highly publicised deaths from Irukandji syndrome have fuelled speculation that other species of jellyfish (apart from *Carukia barnesi*) may cause this syndrome. Huynh and colleagues (*page 38*) took skin scrapings from patients with marine stings to identify the causative jellyfish and studied the outcomes for such patients.

Meanwhile, Bailey et al (*page 34*) review our current knowledge of jellyfish envenoming syndromes and their treatments. The truth is out there, somewhere…

Clubbing bad for health

Not necessarily the recreational sort, but clubbing associated with lists that we learnt to recite obsessively as medical students. The patient described in this issue's *Snapshot* from Nepal (see Das and colleagues, *page 25*) will test your powers of recall.

Another time … another place …

…while it is perfectly true that most native races have members mentally capable of qualifying in medicine, that would not solve the problem, for then there would be men educated to the point where they could be paid little less than a qualified European. They would also have little taste for bush life.

In Papua and New Guinea they attempt with some success to work a change with "small doctors", laymen who are taught simple medicine. …

S M Lambert (MJA 1928; 2: 362-378)