A fractious issue Public health professionals in the USA have called for a comprehensive investigation into the health effects of hydraulic fracturing ("fracking") used in shale gas production. Participants at a conference on Jan 9, in Arlington, VA, expressed concern that not enough is known about the health effects of the technology, particularly with regard to possible water and air pollution.

Circumcision for all As part of large-scale HIV prevention efforts, Rwanda aims to medically circumcise 2 million men, half of the male population, by June, 2013. With Global Fund support, all district hospitals have received kits to provide the service free of charge. The HIV prevention package also includes promotion of condom use and counselling.

Investing in the future The Canadian Paediatric Society has called for more to be done to protect and promote children's health and welfare across Canada. In its latest biennial status report, the society warns that too few improvements have been made since the previous report. New indicators for this iteration were neonatal screening for hearing loss and 18-month well-baby visits.

AFP/Getty Images

Marching for rights Disability campaigners in Bolivia are marching from the city of Trinidad to La Paz, demanding state benefits to support people living with disabilities. The 120-strong group, which includes disabled people, non-governmental organisations, and supporters, began the 1400 km journey on Nov 15 and is expected to arrive in mid-February.

Corbis

Homicides drop In 2010, pneumonitis replaced murder on the US Centers for Disease Control and Prevention's annual list of the top 15 killers in the USA. A drop in crime rates forced homicides (16 065 killings) to 16th place for the first time in 45 years. The country's biggest killers were heart disease (595 444 deaths) and cancer (573 855 deaths).

Hepatitis E vaccine China has approved a new hepatitis E virus (HEV) vaccine, which was shown to be efficacious in a trial published in *The Lancet* in 2010. The incidence of hepatitis E has increased substantially in China in recent years, making HEV the most common cause of hepatitis in adults. The Government plans to vaccinate vulnerable groups and export the vaccine to other nations.

Not bearing fruit Most Europeans do not consume the recommended daily amount of fruits and vegetables, according to the European Food Information Council. Of 19 countries with survey data available, only in Poland, Germany, Italy, and Austria did inhabitants eat at least 400 g per day, as advised by WHO. Icelanders were the worst offenders, with an average intake of only 196 g per day.

Middle East NCD strategy Ministers of health from countries of the Gulf Cooperation Council have launched a regional strategy to address non-communicable diseases (NCDs). The announcement, made by ministers from Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates, was hailed by WHO Regional Director-Elect Ala Alwan as a "major landmark".

Stemming the tide China has ordered a halt to unapproved stem-cell treatments and clinical trials. The 6-month ban on new treatment applications comes as China begins a 1-year pathway to better regulation. Patients have been offered experimental stem-cell therapies by increasing numbers of hospitals, often paying thousands of dollars for treatments advertised online.

US pill mix-up Some prescription painkillers might have been packaged incorrectly, warns the US Food and Drug Administration (FDA). The mix-up occurred at a Novartis manufacturing site in Lincoln, NE, where stray opiate pills were found in packages labelled for another product. The FDA has also stated that there is no immediate danger to the public.

Alliance against cholera The presidents of Haiti and the Dominican Republic joined representatives of UNICEF, the US Centers for Disease Control and Prevention, and the Pan American Health Organization on Jan 12, to call for investment in water and sanitation. An estimated US$1·1 billion will be needed to end the cholera epidemic in the region since the earthquake in 2010.

Putting out the khat The Government of the Netherlands has announced plans to ban khat—a stimulant drug usually taken in the form of chewed fresh leaves. A statement on the Government website claimed that "research shows that its use does cause problems among some 10% of its users. In such cases it leads to damage to the health of users and to major social problems".

For more on **the health effects of shale gas extraction** see http://psehealthyenergy.org/resources/view/198838

For the **Canadian Paediatric Society report on children's health policies in Canada** see http://www.cps.ca/english/Advocacy/StatusReport.htm

For the **CDC data on causes of death in the USA 2010** see http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf

For the **hepatitis E vaccine trial** see **Articles** *Lancet* 2010; **376:** 895–902

For the **review of fruit and vegetable consumption in Europe** see http://www.eufic.org/article/en/expid/Fruit-vegetable-consumption-Europe/

For more on **the Gulf Cooperation Council's NCD strategy** see http://www.who.int/mediacentre/news/statements/2012/ncds_20120106/en/index.html

For the **FDA warning about opiate mislabelling** see http://www.fda.gov/Drugs/DrugSafety/ucm286226.htm

For the **call for investment in water and sanitation in Haiti** see http://new.paho.org/hq/index.php?option=com_content&task=view&id=6320&Itemid=1926

For the **Government of the Netherlands' statement on the banning of khat** see http://www.government.nl/news/2012/01/10/ban-on-khat.html

Tim Smith/Panose

Global health in 2012: development to sustainability

In 2012 there will be a major strategic shift in global health, away from development and towards sustainability. Since 2000, the Millennium Development Goals (MDGs), driven by a macroeconomic diagnosis of global poverty, have focused on investment in a small number of diseases as the most effective approach to decrease poverty. Institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, Roll Back Malaria, and GAVI have been created to respond to that diagnosis.

But this approach is now delivering diminishing returns. The AIDS epidemic has peaked, both in terms of deaths and new infections, non-communicable diseases (NCDs) are increasing, and the climate change crisis is an ever present threat. India is a good example of a country facing these new challenges. It has an NCD epidemic and yet still endures the highest number of maternal and child deaths in the world. The old macroeconomic approach to solving poverty-related disease is simply insufficient to meet the demand of countries. At the same time, institutional tensions are growing—the Global Fund is in difficulty and WHO is facing a financial emergency. And there are new concepts forcing their way into global health agendas—such as integration and accountability. There is a view among some development experts that health has had its decade. It is time now for other sectors to take centre stage, such as agriculture or energy.

All these issues will come into sharp focus later this year at Rio+20, the UN Conference on Sustainable Development in Rio de Janeiro, Brazil (June 20–22). The summit marks the 20th anniversary of the 1992 UN Conference on Environment and Development and the tenth anniversary of the 2002 World Summit on Sustainable Development. World leaders, stakeholders from the public and private sectors, as well as representatives from environment and development communities will convene to define a new roadmap towards economic growth, social equity, and environmental protection. The objectives of Rio+20 will be to review progress on sustainable development from previous summits, identify gaps in implementation, renew political commitment on past action plans, and find ways to safeguard the planet from future destruction from emerging threats. The two core themes will be a move towards a green economy (in the context of sustainable development and poverty eradication) and strengthening the institutional framework for sustainable development, which to date has not fulfilled its potential because of a lack of coordination and coherence. The zero draft outcome document published last week lists seven priority areas for Rio+20. They are: job creation, food security, water, energy, sustainable cities, oceans, and disasters. There will be ten new sustainable development goals to be decided by governments just before the meeting—and introduced in 2015 as part of the post-2015 UN development agenda. There will be no legally binding agreements and countries will set their own targets, working voluntarily towards them. Disappointingly, health is hardly mentioned in this draft.

It is vital that this major shift from development to sustainability is governed by a clear set of principles and values. One report to draw from is *The Lancet*'s 2010 Commission titled: *The Millennium Development Goals: a cross-sectoral analysis and principles for goal setting after 2015*. The authors of this multidisciplinary analysis represent many different sectors, and explain that much more could have been achieved if the MDGs were better integrated. They conclude that future goals should be built on a shared vision of development across the lifecourse, and suggest five principles: holism, equity, sustainability, ownership, and global obligation. Their report exemplifies the positive contribution the health community can make to sustainability after 2015.

The health sector has a vital part to play during the next 12 months. We need to make a strong case for health as part of sustainable development and future sustainable development goals—to protect the gains of the past decade and ensure that the unfinished agenda of the past decade is continued. However, we also need to embrace a new and emerging health agenda—one that includes NCDs and climate change. And we must sharpen our advocacy for health as we rightly integrate other sectors into this broader vision. We have an extraordinary opportunity to re-vivify global health. But we are unprepared to do so. We must identify the lessons learned from the MDGs, as well as bringing to the fore evidence for new threats and emerging challenges. *The Lancet* plans to be a strong partner in shaping this future health and sustainability agenda—towards finding equitable solutions to improve the health and lives of people worldwide. ■ *The Lancet*

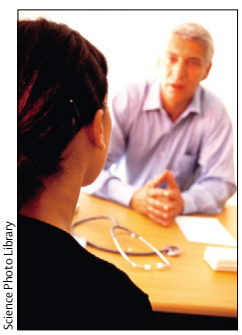
Science Photo Library

For more on **Rio+20** see http://www.uncsd2012.org/rio20/index.html

For the **zero draft outcome document** see http://www.uncsd2012.org/rio20/index.php?page=view&type=12&nr=324&menu=23

For more on ***The Lancet*'s 2010 MDG Commission** see http://www.thelancet.com/mdgcommission

Public health in England: from nudge to nag



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Last year, the UK Government decided that gently "nudging" people to change their unhealthy behaviours was the key to public health—a strategy that many public health experts and a report by the House of Lords Science and Technology Sub-Committee criticised as ineffective. Now the government is backing something that could easily be called the nag approach. According to the latest report by the NHS Future Forum, a strangely composed group that acts as a cover for the government's efforts to privatise the NHS, health service staff should "use every contact with patients and the public to help them maintain and improve their physical and mental health and wellbeing". All general practitioners (GPs) need to "make every contact count" and talk to patients about their smoking, drinking, exercise, and eating habits when they come in for a consultation.

Is this a realistic, sensible, and effective recommendation? We would say not. The average GP consultation time is 11·7 minutes in the UK. So, if a patient comes in with stomach pain, for example, a GP would have just over 10 minutes to encourage and let the patient talk, listen, establish a good relationship, communicate effectively, and make an accurate diagnosis. Lecturing the patient on their lifestyle choices during this time is likely to appear rushed and inappropriate, especially if doctors see the task as a box-ticking exercise. There is a high risk that such an approach will leave the patient feeling frustrated, resentful, and reluctant to return.

Effective, evidenced-based public health measures do not include nudging people into healthy behaviours or getting NHS staff to lecture patients on healthy lifestyles. They include measures such as raising taxes on cigarettes, alcohol, fatty foods, and sugary drinks, reducing junk food and drink advertising to children, and restricting hours on sale of alcoholic drinks. The government should show true leadership and make effective legislation the cornerstone of their public health strategy. Focusing on other approaches is foolish. The nudge and nag approaches need one thing: the firm elbow. ■ *The Lancet*

For the **report by the House of Lords Science and Technology Sub-Committee** see http://www.publications.parliament.uk/pa/ld201012/ldselect/ldsctech/179/17902.htm

For the **NHS Future Forum report** see http://healthandcare.dh.gov.uk/forum-report/

Global surgery—the final frontier?

Royal College of Surgeons of England

The greatest burden of surgically treatable diseases falls on people in developing countries, but the poorest third of people receive only 3·5% of operations and have the lowest numbers of surgeons per head of population. These statistics, combined with the emphasis on reducing global deaths from infectious diseases, make surgery feel like a neglected specialty in the current global health arena.

The Royal College of Surgeons of England is working towards ensuring surgery gains greater recognition as a public health specialty. They made an excellent start by bringing surgeons and aid organisations together at their inaugural conference—Global Surgical Frontiers—on Jan 13, 2012. They have also developed a coordinated programme of education and training in tune with the needs of developing countries. But, as the conference showed, reducing the disparities in surgery between developed and developing countries will take a massive, coordinated, worldwide effort.

Making progress towards reducing surgically treatable diseases in developing countries first requires more detailed epidemiological research into disease burden and treatment costs. The move away from the paternalistic approach of parachuting in Western surgeons on brief missions and towards teaching skills to local surgeons needs to continue, although the need for skilled surgeons to take part in sustainable programmes is still great. Coordination needs to exist between surgical institutions in developing and developed countries so that skills taught are appropriate to requirements. In addition, coordination between and within countries needs to increase to ensure that qualifications have no borders; organisations like the College of Surgeons of East, Central and Southern Africa (COSECSA) will go a long way to achieving this goal. It is also essential that efforts continue to plug the brain-drain from developing countries.

Most importantly, the role of surgery as a tool for public health needs to gain global recognition. Governments and aid organisations need to ensure that surgery in developing countries receives adequate funding; the unsung volunteer heroes cannot carry the burden of developing surgical capacity alone. Surgical conditions should not be left as the final neglected tropical disease. ■ *The Lancet*

For more on **COSECSA** see http://www.cosecsa.org/

For more on the **lack of access to surgery in developing countries** see **Articles** *Lancet* 2008; **372:** 139 and **Comment** *Lancet* 2010; **376:** 1027

For more on **surgery as a public health intervention** see http://www.who.int/bulletin/volumes/89/6/11-088229/en/index.html

Knowledge as a key resource for health challenges

The world faces many challenges due to limited natural resources and the environmental and political consequences of using and managing scarce resources. The human consequences of natural disasters, conflict, and climate change look set to worsen. One solution is a resource that is genuinely unlimited and renewable, if well managed: knowledge. In science and technology, knowledge is an indispensable ingredient for progress. Within health care, it is key to the challenges of minimising potential harms and costs, while improving health and wellbeing. Good management of knowledge can be achieved through systematic reviews, and this is the aim of Evidence Aid,[1] which was established by The Cochrane Collaboration after the 2004 Indian Ocean tsunami and is expanding into new areas. A comprehensive, wide-ranging survey has been launched for the humanitarian aid community and others involved in disaster risk reduction, planning, and response. This will bring together views on the role of systematic reviews and identify ways to ensure that relevant knowledge is gathered and made accessible.[2]

That accumulation and assimilation of knowledge is vital to scientific development has been recognised for more than a century.[3] The direct impact of failure to do this in health is that people suffer and die unnecessarily. Health-care decision makers and researchers are crucially dependent on rapid access to unbiased, up-to-date knowledge. This is a need across health, highlighted by such humanitarian crises as the famine in east Africa, and the earthquake and tsunami in Japan in March, 2011. After the tragic events in Japan, Evidence Aid produced special collections of systematic reviews on injuries, safe water, and post-traumatic stress disorder, which have been translated into Japanese.[4] However, much remains to be done. Decision makers need to identify and admit areas of uncertainty; researchers need to undertake the studies that should be made available in systematic reviews;[5] and these reviews need to be packaged with appropriate contextual information so that they can be used in practice.

The need to establish an unbiased knowledge base for health was expressed decades ago.[6,7] The systematic review provides a formidable methodological and logistical base for achieving this through identification, assessment, synthesis, and dissemination of research findings. Creation of clinical guidelines, patient information, and decision aids should be unthinkable without first looking at high-quality systematic reviews. Evidence reports should synthesise the findings from specific reviews to provide a rapid overview of the evidence, as was shown by the Evidence Aid collections after the Japanese earthquake.

Systematic reviews provide rapid access to years of research, contributed to by thousands of patients, worth millions of pounds.[8] They allow knowledge gaps to be identified and future research to be prioritised. Every intervention needs an evidence footprint,[9] alerting stakeholders to the value of evidence and the waste if it is not used wisely.[10] The necessary resources exist. Hundreds of thousands of research studies and systematic reviews provide the means to mine this resource. The next step is the will and the ability to deliver the resource to people who need it.

Knowledge has been called the enemy of disease.[11] We need knowledge centres, such as the Norwegian Knowledge Centre for the Health Services, so that proper recognition is given to this invaluable resource among professionals, patients, and the public. This will require considerable investment and structural changes in the politics of health care and research. The future exploitation of knowledge will require partnerships across departments, ministries, and government. Health needs to work with education and science, and researchers need to work with practitioners, policy makers, and the public. In thinking about the size of the investment, about £20 million has been put into The Cochrane Collaboration in England by the National Institute for Health Research (NIHR) over the past 5 years and, globally, up to £18 million per year of funding supports the infrastructure of The Cochrane Collaboration. The cost of commissioning individual systematic reviews by agencies, such as the UK's Department for International Development and the NIHR Health Technology Assessment programmes, ranges from tens of thousands to hundreds of thousands of pounds per review. Other developed countries need to increase their investments into this field by a factor of at least ten, in many cases considerably above that, to establish structures and funding schemes able to meet the challenges appropriately. The role of systematic reviews in the way forward has been mapped out in position papers, such as the recent *Forward Look* by the European Science Foundation.[12]

For an **Obituary of Alessandro Liberati** see page 214

For **Evidence Aid** see http://www.cochrane.org/cochrane-reviews/evidence-aid-project

For **The Norwegian Knowledge Centre for the Health Services** see http://www.kunnskapssenteret.no/Home

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