

Africa Health subscription information

There is a three-tier price structure:

1. For African-based readers see below for details.
2. For UK and EU-based readers £76 (airmail postage included).
3. For readers in all other countries £108 or \$181 (airmail postage included).

Subscribe locally

Healthcare professionals within Africa can subscribe to *Africa Health* for just £40 per annum. Copies will be sent by airmail from the UK. Payment can either be made by transfer (Western Union is OK) to our UK office with payments made out to FSG Communications Ltd (and email advice to: penny@fsg.co.uk), OR you can pay the equivalent of £30 in local currency to the offices below. Please note, copies of the journal will be posted to you from the office you pay to.

- **Ghana** To: PMB Accra North, Accra, Ghana. Cheques payable to: Knowledge Innovations. Queries to: Mr Kwami Ahiabenu II on +233 244 319181. kwami@penplusbytes.org
- **Kenya** To: Africa Health, c/o Phillips Pharmaceuticals Ltd, Power Technics Complex, Mombasa Road, P O Box 46662-00100, Nairobi, Kenya. Email: ppl@phillipspharma.com_Cheques to: Phillips Pharmaceuticals Ltd
- **Nigeria** To: Africa Health, FSG Communications Ltd, PO Box 7247, Lagos, Nigeria. Queries to: Dr A P Balogun: +234 803 4040009. Cheques payable to: FSG Communications Ltd. Email: a.pbalogun@yahoo.ca
- **Tanzania** To: Africa Health, c/o APHFTA, 55/644 Lumumba Street P.O. Box 13234 Tel: +255 22 2184667/2184508. E-mail: ogillo@yahoo.com_Cheques payable to APHFTA.
- **Zimbabwe** To: Africa Health, c/o USK International Ltd, P O Box 4891, Harare, Zimbabwe. Email: usk@ecoweb.co.zw. Cheques to: USK International Ltd.

Pragmatism: to do or not to do!

Last month aspirin, an Adam and Eve of the drug world, once again hit the headlines following a study saying that in bowel cancer patients a daily tablet can cut their chance of dying from the disease by about a third. In this issue we ask a different though related question: is the evidence now strong enough to indicate that intermittent malaria treatment for infants and children should be recommended for use? Full prophylaxis is problematic, but intermittent treatment? It would be interesting to hear your views.

May is the month for the annual World Health Assembly and once again there will be a convergence of personnel from all parts of the world into Geneva. I usually go as it is a great meeting place, and the supreme networking opportunity of the year in the health sector. But the proceedings? Never easy to really quantify. Subjects come up year by year, resolutions are debated, commitments made, and then it is time for home. It might be the fear of excess baggage, but many delegates appear not to take home all the paperwork detailing the commitments made as on the ground, priorities differ significantly to those adopted at the World Health Assembly. Or is it simply overload of policy? Is it that policy makers just have to be pragmatic to what they think their health system can cope with? Or afford?

Whilst true in fact, this is of course an oversimplification of the issues. Policy, intent, and implementation are very different things with very different dynamics. I spoke recently with a senior policy maker who was animatedly wringing his hands in bewilderment when showing

me some data from his country. Baseline survey work had been completed from the various areas of the country, submitted to centre, collated, and published. It was a box-ticking moment on the MDG roller coaster. The reports were printed, distributed... and everyone got on with their work.

All seemed fine, until my discussant intervened. No one had thought of how to use the data. How to compare it, to benchmark against previous performance, etc. What transpired when he looked at the data was that the previously best-performing area had slid down to being one from the bottom in performance terms. How could this be? Could it be faulty data? If not, what had gone wrong? It needed investigating, but 6 months on the report had already been left behind by those involved in compiling it. That they had to revisit it and work on the outcomes came as a genuine surprise to them.

Pragmatism is an overused term. It is a perfect 'catch all' which encompasses those that carefully choose to do what they think they can complete and sustain successfully... and those that keep falling between stools but ascribe it to their own pragmatism!

All best.



Bryan Pearson
(bryan@fsg.co.uk)