

## Hungarian university starts first migration medicine course

Carl Kovacs, *Budapest*

The world's first postgraduate programme in migration medicine is planned to start later this year at Hungary's University Medical School of Pecs.

The one year course has been developed in partnership with the Geneva based International Organisation for Migration (IOM) and leads to a master of science degree in migration medicine. It is designed for clinicians and medical administrators participating in the health assessment of migrants and in the development of programmes and policies affecting the health of people in transition as well as the populations of the recipient countries. The programme is planned to recruit 20-40 students.

Dr Andrea Capusan of IOM's Regional Medical Office in Budapest said: "There are graduate courses at various universities in such specialties as tropical medicine and travel medicine, but until now there's been no such programme for migration medicine." Dr Brian Gushulak, IOM's medical director, pointed out that the annual human mobile population last year, including migrants, asylum seekers, refugees, migrant workers and travellers, totalled nearly 780 million. "If one looks at the popu-

lation based epidemiology of any disease, as more people move, more disease will move with them," he warned.

The new programme will cover five core areas of skills: clinical sciences; environmental health sciences; epidemiology, statistics and applied research; organisations, organisational systems and institutions; and social and behavioural sciences. The faculty will include instructors from the Pecs medical school and international experts from various foreign universities and institutions such as the IOM, the World Health Organisation, and the United Nations High Commis-

sion for Refugees. The programme's starting date is still tentative because it depends on funding and the number of students, according to Dr Capusan, but she confirmed that it will begin either this September or in January 2000.

The programme is being funded initially by Pecs Medical University, IOM's existing donors, and the Canadian government. Other supporters, including the Open Society Institute, have expressed an interest. "We expect that it will become self funding in two years," said Dr Capusan. Information about the course may be obtained from: The Centre for Postgraduate Education, University Medical School of Pecs, 12 Szigeti u., H-7624 Pecs, Hungary. Tel/fax: +36 72 212335; email: MigHealth@iom.int; website: www.pote.hu □



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The new postgraduate course aims to improve refugees' health care

## Research shows optimal spacing for healthy babies

Scott Gottlieb, *New York*

Conceiving a subsequent child 18 to 23 months after a live birth may provide the ideal conditions for having a healthy, full term baby, according to a study published in the *New England Journal of Medicine* (1999;340:589-94).

The study, conducted by the United States Centers for Disease Control and Prevention, found that although having babies too close together may be associated with an adverse effect on an infant's health, hav-

ing them too far apart may be even worse.

Compared with babies conceived 18 to 23 months after a live birth, babies conceived within six months had a 40% greater chance of being premature or undersized at delivery. Women who waited 10 years before having another child were twice as likely to have a small baby and 50% more likely to deliver prematurely.

Dozens of studies have linked short interpregnancy intervals with a higher risk of small and premature infants but none has determined the optimal interval. In the latest study, researchers evaluated interpregnancy interval in relation to low birth weight, preterm birth, and small size for gestational age in 173 205 singleton infants born alive to multiparous mothers in Utah from 1989 to 1996. They

controlled for 16 factors that could affect outcomes including smoking, drinking, prenatal care, and mother's age.

The relation between short intervals and adverse outcomes has been attributed to maternal nutritional depletion, damage to the reproductive system, and postpartum stress. It is unknown, however, why a long interpregnancy interval is also associated with adverse perinatal outcomes.

The authors of the study suggested that the mother's body becomes primed for birth during the earlier pregnancy, with enlargement of the uterus and an increase in blood flow to the uterus but these benefits decline over time. Informing mothers about these findings could help reduce health complications in babies, they said. □

## China cracks down on counterfeit medicines

Richard Tomlinson, *Beijing*

China is implementing a new crackdown on the manufacture and sale of counterfeit medicines, a problem which is widespread on the mainland. Eight pharmacies have been closed down; this is the first time retail outlets have been punished in China's ongoing attempts to stop counterfeit and substandard medical products from reaching the market. Twelve factories have been stopped from producing seven different categories of medicine.

Stopping the production and marketing of counterfeit medicine is a growing challenge in China. According to the State Drug Administration, a nationwide survey on the quality of medicine, which was carried out in the last quarter of 1998, found that 13.1% of the 20 000 batches tested were either counterfeit or fell below minimal pharmaceutical standards. No details of specific findings were given. The administration has now stepped up inspections of companies suspected of intentionally manufacturing or selling counterfeit products and those producing substandard medicines.

The attempted clean up is part of a much wider overhaul of China's medical services, which includes efforts to deal with the problem of overprescribing. Many hospitals make large profits from the sale of medicine, which often accounts for more than half of a hospital's total annual income. The Ministry of Health plans reforms later this year that will end the practice of "lengthy prescriptions," whereby inflated sales of medicine make up for the low fees charged for hospital consultations. This results in huge costs for the central government and for patients. From this year, profits at hospitals from the sale of medicine must be handed over to health administrative departments, which will allocate the money according to a hospital's performance. □