

Disparities in health widen between rich and poor in England

Owen Dyer *London*

Social disparities in health outcomes in England have been widening, not narrowing, in the early years of the government's drive to reduce class inequalities in health by 2010, says a status report commissioned by the Department of Health.

In 2002 the government set a target to reduce by 10% the degree to which the fifth of local authorities with the worst figures in infant mortality and life expectancy fall below the national average, compared with a 1997-9 baseline figure.

But the class gap in health has actually been growing, the statistics show. In 2001-3 infant mortality among the families of "routine and manual" workers was 19% higher—at six deaths in every 1000 live births—than the national average. In 1997-9 infant mortality in this social group had been 13% higher than the national average and in 1999-2001 it had been 17% higher. Infant mortality in this group in 2001-3 was 69% higher than that in the "managerial and professional" group.

The difference in life expectancy between the most deprived areas and the national average also grew in these years. In 2001-3 the average life expectancy in the fifth of local authorities with the worst figures was 74.17 years for men, 2.07 years less than the English average for men of 76.24, and 79.09 for women, 1.63 years less than the English average of 80.72. The differences at baseline were 2.00 years for men 1.54 years for women.

Rod Griffiths, president of the Faculty of Public Health at the Royal College of Physicians, said the efforts undertaken so far showed that "the government's heart is in the right place on this issue."

"But," he continued, "the task is a monumental one, and there's no certainty that they can turn around a longstanding social



Health outcomes—like cash flow—are still relatively poor in England's deprived areas

trend. This gap has been growing for at least 50 years.

"The government is trying to move the things that need to be moved, in my opinion. But in other areas they are working against these ends. All of this spending on shortening waiting lists is effectively shovelling money to the middle classes, who tend to be over-represented on waiting lists for elective surgery."

Michael Marmot, chairman of

the scientific research group that authored the report, said that the absolute difference between social classes in outcomes in circulatory diseases had already narrowed somewhat but that cancer has a longer lead time between exposure and effect.

The report's findings on life expectancy came as no surprise to Professor Marmot's group, but they did note social changes that might be expected to have

an effect on health in years to come, of which the biggest was a dramatic reduction in the number of children in poverty.

The report reviews 12 such "headline indicators" of long term change. Others include smoking cessation, educational attainment, flu vaccination, consumption of fruit and vegetables, and exercise in school.

Rates of smoking have declined in all social classes, but the proportion of smokers is higher in manual workers than in other groups. The "five a day" programme to encourage consumption of fruit and vegetables has had no apparent effect.

The government announced last week that it will deploy "health trainers" to 12 deprived areas to counsel people on healthy lifestyles. The minister for public health, Caroline Flint, said their tasks "might include giving a pregnant woman information about her local stop smoking services or accompanying a woman to a breast screening appointment."

Efforts to encourage healthy lifestyles have been slow to get off the ground, said Professor Griffiths, because changing social culture is much harder than improving health services. "Improving medical knowledge actually tends to widen health disparities," he said, "because the middle classes are amazingly adept at pouncing on every new snippet of information about healthy lifestyles and incorporating it into their daily activities."

The 12 areas to receive health trainers are Bradford, Tameside and Glossop, South East London, Manchester, Gateshead, Hull, Kirklees, Bristol, Birmingham and the Black Country, County Durham and Tees Valley, Derbyshire, and Tyne and Wear. □

Tackling Health Inequalities: Status Report on the Programme for Action is accessible via the search engine at www.dh.gov.uk/

Life expectancy (years) at birth in England and in the fifth of local authority areas with the lowest life expectancy					
		1995-7	1997-9	1999-2001	2001-3
		(baseline)			
England	Men	74.61	75.13	75.71	76.24
	Women	79.69	80.02	80.42	80.72
Lowest fifth of local authorities	Men	72.67	73.12	73.67	74.17
	Women	78.23	78.49	78.84	79.09
Difference	Men	1.94	2.01	2.04	2.07
	Women	1.46	1.53	1.58	1.63

Source: Department of Health, *Tackling Health Inequalities*

In brief

Mumbai floods lead to disease outbreaks: More than 200 people died of suspected leptospirosis and other infections in Mumbai and its suburbs last week, after the severe flooding at the end of July. City officials said that hospitals have also admitted 4000 patients with symptoms of leptospirosis, gastrointestinal infections, malaria, and dengue fever.

Agency issues safety guide on drugs for children: The European Medicines Agency has launched safety guidelines on the use of drugs in children, after finding that more than 50% of prescribed drugs are unlicensed or off-label for this use. See www.emea.eu.int/pdfs/human/p/hvwp/23591005en.pdf

Patients need to be warned of codeine addiction risk: The UK Medicines and Healthcare Products Regulatory Agency has asked manufacturers of over the counter painkillers that contain codeine and dihydrocodeine to update their information leaflets and include a warning that taking codeine regularly and for a long time could lead to addiction.

NHS services for drug misusers, smokers, and children to be reviewed: The Healthcare Commission, which monitors standards of health care in England, is to launch major reviews of NHS services for drug misusers, smokers, and children in hospital. After reviewing the data it will develop action plans to help improve performance in the organisations with the weakest assessments. See www.healthcarecommission.org.uk

Avian flu is still spreading: H5N1 avian flu continues to spread among birds, with cases detected on chicken farms in Tibet, China, and Siberia, as well as other eastern parts of Russia. Mongolia has reported an outbreak in migratory birds, and Kazakhstan has reported confirmed outbreaks in domestic geese and suspected outbreaks in wild geese. See page 413.

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Charity challenges US "anti-prostitution" restriction

Bob Roehr *Washington*

A US charity is to challenge the US government's requirement that international non-government organisations must explicitly oppose prostitution and sex trafficking if they are to receive government funds for family planning and HIV prevention activities.

DKT International, which is based in Washington, DC, filed a lawsuit against the US Agency for International Development (USAID) on 11 August. It claims that the provision is a gag order restricting its right to free speech and is therefore unconstitutional.

The law was enacted by Congress in 2003, with the strong support of the Bush administration, and is only now being enforced.

DKT is a non-profit organisation that implements programmes to market family planning and HIV prevention services to nearly 10 million people in 11 countries around the world. It uses commercial marketing techniques and private sector networks to distribute family planning services at an affordable, subsidised price. About 16% of its total funds come from the US government, either directly or indirectly through grants and contracts. It also receives money



CHRIS STEELE-PERKINS/MAGNUM PHOTOS

DKT claims that state opposition to prostitution restricts free speech

from the governments of the United Kingdom, Australia, and Germany, as well as from the Bill & Melinda Gates Foundation.

In July another charity specialising in work on HIV and AIDS and family planning, Family Health International, said it could not renew a USAID subcontract with DKT for ongoing work making lubricants and condoms available in Vietnam unless DKT signed the anti-prostitution pledge.

"DKT has no policy on prostitution and does not wish to adopt one," DKT argued in its lawsuit. "It believes it has a first amendment right not to do so." It said it strongly believes that it can best achieve its goals "by maintaining neutrality on the controversial question of how to handle the complex problems that arise at the intersection of the HIV/AIDS epidemic and prostitution."

"The government can tell us what to do with their money—that is not in question," said DKT's president, Philip Harvey. "But it is reprehensible and, we believe, unconstitutional to tell us what to do with private money."

The issue has been building for some time. Many organisations involved in AIDS services believe that sex workers are a key group in AIDS prevention activities and that the anti-prostitution pledge undermines the organisations' trust and credibility among sex workers.

"The extent of the consternation among non-governmental organisations doing this work in the field is enormous. Some have simply held their noses and signed it, while others have signed under protest or refused to do so," said Mr Harvey. □

US drug industry's guidelines on advertising too limited, say critics

Bob Burton *Canberra*

In the face of growing support for tighter regulations on advertising directly to consumers, the US drug industry's trade association has released voluntary guidelines of its own.

However, the guidelines fall short of a proposal by the leader of the Republican Senate majority, Bill Frist, for a two year waiting period before any new drug can be advertised directly to consumers. In July Dr Frist told the Senate that "if drug companies don't clean up their act, I believe Congress will need to act in this."

The 15 point guidelines released by the Pharmaceutical Research and Manufacturers of America (PhRMA), which are scheduled to take effect in January

2006, propose that signatories "should spend an appropriate amount of time to educate health professionals about a new medicine or a new therapeutic indication before commencing the first DTC [direct to consumer] advertising." Bristol-Myers Squibb has opted for a one year waiting period and Pfizer six months.

The trade association will refer any complaints over compliance with the code to the sponsoring company. PhRMA says it will release "periodic" reports on the "the nature of the comments and the signatory companies' responses."

While Dr Frist said the guidelines should have "gone further," Rob Schneider, the director of a

prescription drug reform project of the Consumers Union, said they were designed "to pre-empt Congress requiring the Food and Drug Administration to do significantly more on safety and transparency and consequently requiring more disclosure in any advertising."

"Legislation before the house proposes much tougher restrictions on new drugs and drugs with outstanding post-market approval studies that have not yet been completed," Mr Schneider said. A Food and Drug Administration spokesperson told the *Washington Post* that the agency would review its current policy on drug advertising. The American Medical Association was unavailable for comment. □

PhRMA's *Guiding Principles: Direct to Consumer Advertisements About Prescription Medicines* is accessible at www.phrma.org

UK government responds to call for change in reproduction technology

Roger Dobson *Abergavenny*

Internet based sperm donation services do need to be regulated, the government has accepted, in launching a consultation on its review of the Human Fertilisation and Embryology Act.

It plans to consult on the extent of regulation needed for such online services, as well as on a wide range of other controversial reproduction issues, including the sex selection of embryos, use of preimplantation genetic diagnosis, and welfare of children born through assisted reproduction.

In its response to the House of Commons Science and Technology Committee's report on human reproductive technologies and the law (*BMJ* 2005; 330:745), the Department of Health confirms the government's support for creating embryos for research but rejects any idea of reopening the debate on reproductive cloning, which it describes as unsafe.

"The government concurs with the committee that research using human embryos, including

where necessary the creation of embryos for research, can be undertaken subject to appropriate ethical oversight," it said.

In its responses to the 104 recommendations of the select committee's report, the health department says it plans to consult on a wide range of issues affecting regulation and human reproduction technology.

The select committee had raised concerns about the need for regulating sperm donation services to ensure their quality. In its response the health department said, "The government accepts that there is a case for regulating internet sperm donation services to ensure their safety and quality, and in view of anomalies with the legal status of donors and children conceived within licensed services. The government will consult on the extent to which these services should be brought within the scope of regulation."

On sex selection the health department said it is aware of public concerns about the possi-

ble use of sex selection techniques for social reasons. "We will seek wider public views on whether sex selection for family balancing purposes should be permitted," it said.

The government will also seek wider public views on acceptable uses of preimplantation genetic diagnosis (PGD) and preimplantation tissue typing and on the appropriate scope and nature of regulatory intervention. "We agree with the committee that it would be preferable if the parameters for PGD were more clearly set out in law," it said.

It adds that it has no plans to bring forward any proposals that would alter the legal status of the human embryo. Nor are there any plans to remove the ban on placing human embryos in animals.

Whether the age at which people conceived from donated gametes or embryos can ask for information on the donors should be reduced from 18 to 16 years will also be a subject for consultation.

The European Union's tissue directive—aimed at standardising quality and safety requirements in assisted reproduction across all EU countries—will also be introduced into the United Kingdom.

Other issues covered by the consultation, which ends on 25 November, include rules on screening and selecting embryos for medical purposes, the scope for what the government describes as the "lighter touch" regulation of in vitro fertilisation, and the best way to safeguard the welfare of children born after assisted conception.

Launching the consultation, the minister for public health, Caroline Flint, said: "The consultation raises many complex issues on which there are many different and strongly held views. There are important matters of reproductive freedom and responsibility, professional autonomy, and how best to safeguard the welfare of the children." □

See www.dh.gov.uk/Consultations/fs/en

Reading the bones

More than 30 experts in palaeopathology from countries including China, Egypt, Argentina, and Peru were at a two week course at Bradford University this month to study ancient human bones, to find out what they can tell us about diseases such as leprosy, tuberculosis, rickets, and scurvy.

Among the specimens were the remains of archers recovered from a mass grave dug after a battle that took place in 1461 in Tadcaster, Yorkshire, during the War of the Roses. Their bones show the effects of their activity and general wear and tear.

"We are examining human bones to get a better understanding of what diseases they may have suffered from, how they might have contracted them, and how diseases migrated across continents," explained the course leader, Dr Christopher Knüsel, senior lecturer in biological anthropology at the university.

Lynn Eaton *London*



GUZELIAN

Aid agencies ignored special needs of elderly people after tsunami

Ganapati Mudur *New Delhi*

Elderly people who survived the Asian tsunami on 26 December last year were unable to get health care, food aid, or cash support because relief packages were not specially designed for them, the non-profit agency HelpAge International has said.

Despite attempts in the past to highlight the vulnerability of elderly people during emergencies, the tsunami relief effort did not take into account the special needs of this group in its initial phase, the agency said in a report released last week.

The tsunami killed more than 300 000 people. It displaced about 92 000 people over the age of 60 in India, Indonesia, Sri Lanka, and Thailand. Describing the plight of elderly survivors of the tsunami in the four countries, the report said these people became "almost invisible" when relief material was distributed. Many elderly people reported being pushed out of the way by younger people in the chaotic distribu-

tion of relief. The report has called on government agencies to include elderly people in needs assessment after disasters and to develop relief packages that are tailored to them.

The report said that elderly people in Indonesia and Thailand had difficulty getting cash allowances from the government in the absence of support



HelpAge researchers said that psychosocial services for elderly people after the 26 December tsunami were "totally inadequate"

mechanisms. In Sri Lanka some elderly people reported receiving no monetary compensation to restart livelihoods.

"It's disappointing," said Mathew Cherian, chief executive of HelpAge India. "Neither the government machinery nor the international aid fraternity recognised the vulnerability of the elderly. We had drawn attention to how older people in India suffered after the Orissa cyclone in 1999 and the Gujarat earthquake in 2001."

Many elderly tsunami survivors with chronic illnesses such as diabetes and cancer faced

hardship in resuming treatment, as they had lost their medical papers or could not travel, the report said.

Special diets for elderly people with diabetes or high blood pressure were not available in the relief packages, and relief workers did not know about the dietary problems of elderly people.

"In a crisis situation relief workers usually focus on children and the young, because of mistaken perceptions that the elderly do not need the same level of support," said Indira Jai Prakash, professor of psychology at the University of Bangalore, who has helped train disaster counsellors.

HelpAge researchers said that psychosocial services for elderly people were "totally inadequate" and that the recovery of elderly people was hindered by the lack of special attention. They want governments to recognise elderly people as vulnerable and to begin to outline response programmes that specifically support them. □

The Impact of the Indian Ocean Tsunami on Older People: Issues and Recommendations is available at www.helpage.org

Agencies scale up African relief

Chibuzo Odigwe *Calabar, Nigeria*

The United Nations, aid agencies, and governments of rich countries are scaling up relief efforts to try to bring the food crisis in Niger and neighbouring areas under control.

Khaled Adly, acting regional director of the UN's World Food Programme in west Africa, said: "The generosity of donor countries and individuals has been tremendous over the past three weeks, but we still need more contributions to ensure that the people of Niger have enough food to get them through to the harvest in about 10 weeks' time." The programme's \$58m (£32m; €47m) appeal has so far raised only \$33m.

The World Food Programme and other aid agencies, such as Médecins Sans Frontières and Oxfam, are playing a leading part in the worst affected areas. Together with other

international non-governmental organisations and Niger's government the programme has begun to distribute free food to 2.5 million people.

The programme's public information officer, Stephanie Savariaud, said: "The food crisis in Niger is a consequence of a combination of factors. There has always been a chronic malnutrition problem in Niger, and people live on a thin line, which makes them very vulnerable to shocks. Last year's drought and locust invasion made things worse. People have very little food or no more food in reserve. The prices in the whole subregion have skyrocketed. The problems in Niger are structural: 82% of the population depend on agriculture to survive, and only 15% of the land is suitable for cultivation."

The World Food Programme is running six inpatient nutri-

tional rehabilitation centres in Niger and 33 outpatient programmes to treat children with severe malnutrition. About 16 000 severely malnourished children have been treated since the beginning of the year, it says. These children get specialised food and medical care and when discharged go home with enough food for the whole family.

Some aid agencies have put the blame for the extent of the crisis on the international community. Natasha Kofoworola Quist, Oxfam's regional director for west Africa, said: "If Niger had received the same level of aid as Iraq, a much richer country, this crisis may never have happened."

According to Oxfam, Niger, Mali, Mauritania, and Burkina Faso get \$12, \$19, \$20, and \$13 respectively per person per year in aid, in contrast to Iraq's \$91. The UN estimates that about \$45 per person per year in aid is needed in these countries for its millennium development goals to be achieved.

However, Niger's President Mamadou Tandja, in reacting to the assessment of the situation by the UN and aid agencies, told the BBC: "There is no famine in Niger. The people who are saying there is a famine either have a political interest or an economic interest."

"It has been said that \$45m have been donated to Niger. But we have only received \$2.5m. The rest we only hear about," he said.

He added: "We are experiencing a food crisis due to the poor harvest and locust attacks of 2004."

However, opposition politicians do not agree and say that the crisis reflects the failure of the government's fight against poverty.

Kassoum Issa, head of the Democratic Coordination of Civil Society in Niger, told Associated Press: "This famine... quite simply shows the failure of the programme of the fight against poverty conducted by the president. The people of Niger are dying." □