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Public health versus political frontiers

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See [Comment](#) pages 621 and 623

See [Public Health](#) pages 679 and 691

For more on constraints to communication between WHO and Taiwan see *Lancet* 2006; 367: 1224–25

Rarely has an issue of *The Lancet* so well reflected the lack of respect shown by microorganisms to national and international frontiers. When economies are threatened, motivation to find solutions is increased, as was illustrated by the control of the epidemic of severe acute respiratory syndrome (SARS) in 2003 in China. But the scales of the HIV/AIDS and tuberculosis epidemics, particularly in Asia, warrant an aggressive and committed approach to strengthening health systems and to facilitating international collaboration in disease control.

Take Taiwan as an example. To find out about the impact of HIV/AIDS on Taiwan's people, turn to the Comment on page 623. Writing from Taiwan, Yi-Ming Arthur Chen and Steve Hsu-Sung Kuo state that the estimated number of people with HIV/AIDS in Taiwan is about 30 000 (one in 767 of the population), compared with 650 000 per 1.3 billion (one in 2000) in mainland China. The sharing of needles and of heroin diluents are important risk factors for HIV transmission in Taiwan, and HIV-1 subtype studies show similar patterns along known heroin-trafficking routes in southeastern China, offering

potential for cross-border harm-reduction programmes. But you will find no explicit mention of collaboration with Taiwan, which lies 120 km off the mainland, in the Public Health paper on China's response to HIV/AIDS on page 679. Since 1971, when the People's Republic of China was admitted into the UN, Taiwan has been excluded from WHO, effectively restricting public-health collaboration.

With the rising incidence of HIV/AIDS in many Chinese provinces, mostly in intravenous drug users, opportunities for collaboration across all borders must be taken. Strategies that work, such as needle-exchange or methadone-maintenance programmes, need to be scaled-up, and consistently used along trafficking routes. Whether in Yunnan, Guangxi, or Taiwan, intravenous drug users face similar risks of contracting HIV, and need similar treatment and support. WHO's objective of "the attainment by all peoples of the highest possible level of health" needs to be translated into real collaboration and communication between WHO and the Taiwanese authorities for the sake of the Taiwanese people's health. ■ [The Lancet](#)

Child wellbeing in rich countries

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A recent UNICEF report on the wellbeing of children in rich countries has caused considerable controversy. The report ranked the USA and the UK at the bottom of a league table of 21 developed countries. UNICEF has been accused of being sensationalist, and criticisms have been levelled at the report's methods and data. In a television interview, UK Prime Minister Tony Blair dismissed the results by saying that the findings were out-of-date. This is a familiar response to any report with an unwelcome outcome: if the results are unpalatable, cast doubt on the methodology. So should the report be taken seriously?

Six categories were chosen to measure the wellbeing of children in 21 industrialised countries—material wellbeing, health and safety, education, peer and family relationships, behaviours and risks, and subjective sense of wellbeing. The authors identified three components for each factor, and then used specific indicators to measure each one, some of which are controversial. For example, is it valid to use the percentage of children

living in single-parent families, or in stepfamilies, as indicators of relationship wellbeing? And using as an indicator the percentage of adolescents who reported their peers as 'kind and 'helpful' is open to a huge amount of cultural bias.

As the authors admit, they did omit crucial elements of wellbeing—eg, child care. But there were no adequate data available in each country to do so. They argue that they used the best available information, which is why they relied so heavily on the 2003 OECD Programme for International Student Assessment and the WHO's 2001 survey of Health Behaviour in School-Age Children. Perhaps what the report highlights is the need for better and more contemporary data for measuring child wellbeing. The International Society for Child Indicators established last year might help achieve this goal.

Despite the report's weaknesses, its results cannot be dismissed. The UK and the USA did not make the top ten in any of the six categories. Try explaining that away. ■ [The Lancet](#)

For more on the UNICEF report on child wellbeing see <http://www.unicef.org/media/files/ChildPovertyReport.pdf>