

“There is a ceasefire in Nepal. Now I hope the government and international community would ensure the smooth running of development programs without any hindrance,” de Margerie said.

WFP Nepal is intensifying its program in the north-western part of Nepal and considering providing food assistance in these areas for the next 3 months, he added.

ACF is aiming to gather 15 tons of food to prevent the situation from getting worse. It appealed for 400 000 euros of aid to fund emergency programs. — Dr. Sharan Prakash Sharma, Nepal

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## Darfur on life-support: MSF

“My team in Muhajiriya Hospital is receiving truckloads of wounded. We just received another 44 cases of violent trauma last night [May 8] — most of them civilians,” reports Vanessa Van Schoor, Médecins Sans Frontières head of mission (Dutch section) in Darfur.

The MSF team worked through the

night operating on patients with gunshot wounds; 2 died.

“Tonight we have 84 patients in a 35-bed hospital. There is 1 surgeon.”

Two years into the crisis, morbidity and mortality numbers are down to “manageable levels, but conditions in Darfur are like taking care of a patient on life-support,” stated Van Schoor in an e-interview. “There is almost a complete dependence on international assistance; pull one of the plugs — the food, the medicines, the extra human resources — and it can quickly go critical again,” stated Van Schoor, who has 4 Canadians in her mission.

The food plug may be pulled soon. Due to the on-going conflict farmers have left their property, harvests are small, and the World Food Programme does not have the resources to cover full food distribution. Malnutrition numbers are slowly increasing, confirms Van Schoor. Worldwide, 800 million people are affected by malnutrition (see page 1837).

MSF has been operational in Darfur since February 2004 and currently manages 170 expatriate and 2600 national staff at 10 sites. More doctors are definitely needed, says Van Schoor. MSF’s target patient load is about 350 000, plus emergency responses. Last year, it

treated 450 000, hospitalized 3028, operated on 1568, saw 45 813 in its nutritional centres and treated 310 for sexual gender-based violence.

When Kathleen Skinnider, a Victoria, BC registered nurse, arrived in Shariya in January, her mobile clinic’s team had just evacuated due to fighting. “The first 4 weeks was pretty tense,” she says. She worked in the front line around Shariya until April. The team saw 50 to 100 patients a day; the most prevalent problems were eye infections, coughing (suspected pertussis), diarrhea and malaria. “Generally the population was quite healthy,” she reports, but she wasn’t optimistic about the future.

“Food security and security go hand-in-hand with malnutrition,” says Skinnider, who worked in a Darfur feeding station in 2004. — Barbara Sibbald, *CMAJ*

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## Alberta health reforms shelved, again

Scant months after introducing their controversial plan to allow doctors to practise in the public and private system simultaneously and to allow Albertans to purchase private insurance to obtain quicker health care service, Alberta’s governing Conservatives have been forced to essentially abandon the reforms until they iron out questions surrounding party leadership.

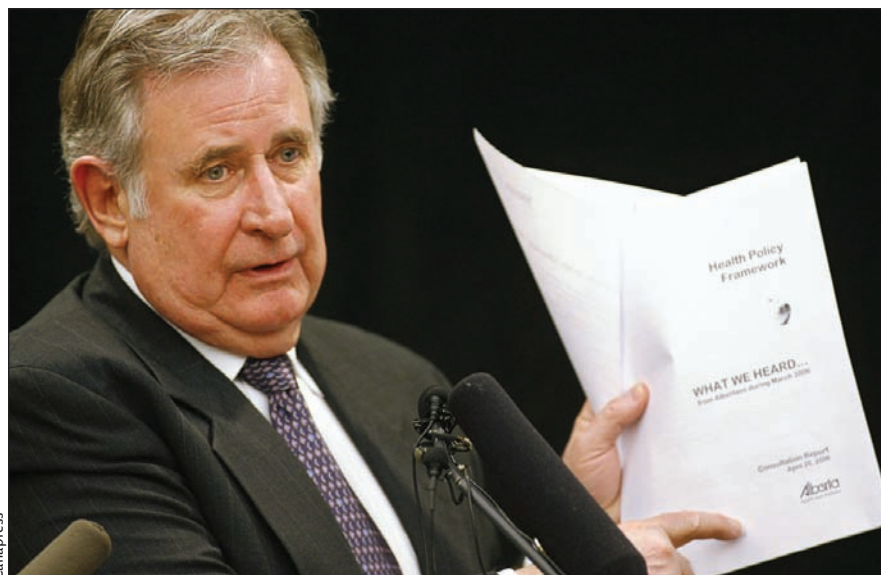
Skepticism about the merits of proceeding with the plan, both within caucus and the party’s rural base; threats from Ottawa to withhold cash transfer payments from the province for violating principles of the Canada Health Act; and the earlier-than-planned retirement of Conservative Premier Ralph Klein combined to sink the proposal to allow simultaneous public and private practice.

Although Klein had vowed to implement the plan before retiring, the tepid endorsement he received as his party’s annual general meeting advanced his retirement plans, leaving the thorny issue of whether to proceed with “Third Way” reforms to his successor.



Juan Carlos Tomasi

An MSF worker at the Zam Zam internally displaced person camp’s therapeutic feeding centre in 2004.



Canapress

Ralph Klein's retirement puts "Third Way" health reforms on the shelf.

In the meantime, Alberta Health and Wellness spokesperson Howard May says some reforms must proceed. "It's evolution, not revolution. It's a constant process regardless of whether certain items are on or off the table. . . . We're not innovating for the sake of innovation. Pressures will continue to grow so we have to innovate."

Alberta Health Minister Iris Evans insisted that the "Third Way" isn't dead. Evans told reporters that the government has merely "created an opportunity for Albertans to give us even more feedback." In the interim, the government plans to move with an "aggressive" workforce policy to recruit more health care workers to help alleviate lengthy wait lists.

Alberta Medical Association President Dr. Tzu-Kuang Lee says human resources measures are desperately needed to address Alberta's estimated shortfall of 1000 specialists and general practitioners. Lee also expressed concerns over the fate of other desperately needed reforms, including measures to promote more rapid computerization of Albertan's medical records. "The big fear we have is that the good parts that will benefit patients, they will be dropped along with the controversial parts."

Others were elated by the shelving of controversial elements of "Third Way" and hopeful that they'll be forever jettisoned by Klein's successor.

"If you can't make politicians see the light, make them feel the heat," said Harvey Voogd, co-ordinator for Alberta's Friends of Medicare lobby group, who spent weeks touring rural communities and mustering opposition to privatization. "These politicians felt the heat."

In a speech March 28, Lee said, "It is only when Medicare fails that physicians are prepared to consider private options," he said. "The growth of privately funded health care will be determined by the success or the failure of the public health care system." — Barbara Sibbald, *CMAJ*

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## News @ a glance

**International child growth standards:** The WHO's new international child growth standards provide for the first time evidence and guidance about how every child in the world should grow ([www.who.int](http://www.who.int)). Using these standards, physicians and others will know when the nutrition and health care needs of children are not being met. The standards are the result of a study of more than 8000 children from Brazil, Ghana, India, Norway, Oman and the US that began in 1997. "The WHO Child Growth Standards are a major new tool

for providing the best health care and nutrition to all the world's children," said Dr. Adenike Grange, president of the International Pediatric Association. The IPA encourages all its members to adopt and use the standards. The first set of the new growth charts includes weight-for-age, length/height-for-age and weight-for-length/height, plus a BMI standard for children.

**Governance panel:** Montréal lawyer and chartered accountant Richard Pound replaced former Supreme Court chief justice Antonio Lamer as head of the CMAJ Governance Review Panel on May 8. Lamer resigned May 3 due to illness. Pound is the chair of the World Anti-Doping Agency and a partner with the law firm Stikeman Elliot, as is Lamer. The panel was created earlier this year to recommend a new governance plan for CMAJ and its publisher, CMA Media Inc. Its report is due July 14.

**WHO Director-General dies:** Dr. Lee Jong-wook died on May 22, 2 days after surgery for a subdural hematoma. Dr. Lee, a 61-year-old national of the Republic of Korea, worked at WHO for 23 years and began his 5-year term as Director-General of WHO in July 2003. During his tenure, he announced the HIV/AIDS "3 by 5" initiative, and led global efforts to tackle avian influenza and prepare for a pandemic. "We lost a great man and a devoted fighter for the human health rights," stated WHO's representative in Syria, Dr. Fouad Mojallid. The Acting Director-General is Dr. Anders Nordström, the former assistant director-general for general management.

**CMAJ wins award:** The Canadian Association of Journalists presented its award for investigative journalism in a magazine to *CMAJ* in Halifax, May 13. The award was for the journal's news article, "Privacy issues raised over Plan B" (*CMAJ* 2005;173:1435-6), by Barbara Sibbald and Laura Eggertson.

**More MDs:** The US is increasing first-year medical school enrolment by as much as 4500 students by 2015. First year enrolment in 2002 totalled 19 567. In Canada, enrolment will rise by about