## Medical News & Perspectives

Mobile technology is poised to revolutionize the way medical care and health information are delivered, particularly in the developing world.

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## Viewpoints

Building primary care in low-income countries

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Health equity and global policy

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Achieving equity in global health

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Noncommunicable diseases: a global crisis

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## A Piece of My Mind

"Maybe medicine is also about relationships, the building of trust, a narrative, the ability to understand and empathize . . . " From "A Train of Hope, and a Chance to Train."

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## Editorial

Health, economics, and 2012 G8 Summit

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## Editor's Audio Summary

Dr Bauchner summarizes and comments on this week's issue.

www.jama.com

## Author in the Room

Join Mary Whooley, MD, Wednesday, June 20, from 2 to 3 PM eastern time to discuss treatment of depression. To register, go to http://www.ihi.org/AuthorintheRoom.

## JAMA Patient Page

For your patients: Information about neonatal hyperbilirubinemia.

SEE PAGE 2115

## Multifaceted Intervention for ACS Therapy—Brazil

Treatment of acute coronary syndromes (ACS) in low- and middle-income countries is often not evidence-based. In a cluster-randomized trial that involved 34 urban, public hospitals (1150 patients with ACS) in Brazil, Berwanger and colleagues found that patients who were treated at hospitals randomly assigned to receive a multifaceted intervention—including reminders, checklists, educational materials, and case management—were more likely than patients treated at control (usual care) hospitals to receive evidence-based ACS therapies. In an editorial, Berwick discusses principles for health care improvement.

SEE PAGE 2041 AND EDITORIAL ON PAGE 2093

## Prenatal Nutrition and Child Health—Bangladesh

In a randomized trial that involved 4436 pregnant, poor women in Bangladesh, Persson and colleagues found that prenatal multiple micronutrient treatment and early (~9 weeks) food supplementation was associated with lower rates of child mortality and comparable infant birth weight as a standard program of iron and folic acid treatment and a later (~20 weeks) onset of food supplementation. In an editorial, Christian and Black discuss prenatal food and micronutrient supplementation and birth outcomes.

SEE PAGE 2050 AND EDITORIAL ON PAGE 2094

## HIV Aid and Adult Mortality—Africa

Bendavid and colleagues analyzed nationally representative survey data (1998-2008) from 27 African countries to examine changes in adult mortality associated with receipt of US Emergency Plan for AIDS Relief (PEPFAR) funds. The authors found greater decreases in adult all-cause mortality from 2004 to 2008 in 9 PEPFAR-focus countries compared with nonfocus countries. In an editorial, Emanuel discusses PEPFAR's success and the challenge of maximizing the effect of global health assistance.

SEE PAGE 2060, EDITORIAL ON PAGE 2097, AND AUTHOR VIDEO INTERVIEW AT www.jama.com

## Air Pollution and Inflammatory Biomarkers—China

Air pollution is a risk factor for cardiovascular disease (CVD); however, the underlying mechanisms are not understood. Using a quasi-experimental opportunity offered by reduced pollutant emissions during the 2008 Olympics in Beijing, China, Rich and colleagues assessed levels of biomarkers related to CVD pathophysiology in 125 healthy young adult Beijing residents before, during, and after the Olympics. The authors report that changes in air pollution levels were associated with acute changes in biomarkers of inflammation and thrombosis. In an editorial, Dominici and Mittleman discuss air quality standards, economic growth, and health.

SEE PAGE 2068 AND EDITORIAL ON PAGE 2100

## A Framework Convention for Global Health

Innovative approaches and increased funding have failed to redress global health inequalities. Gostin discusses the structure and key components of an international framework convention-protocol approach for achieving global health justice.

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## CLINICIAN'S CORNER

## Malaria and STI Prevalence in Pregnancy—Africa

Chico and colleagues analyzed 1990-2011 data from 171 studies (including 340 904 women) to estimate the prevalence of malaria and sexually transmitted infections/reproductive tract infections (STIs/RTIs) among women attending antenatal care facilities in sub-Saharan Africa. The authors found that the dual prevalence of malaria and STIs/RTIs is considerable, with the combined prevalence of curable STIs/RTIs equal to, if not greater than, the prevalence of malaria.

SEE PAGE 2079 CME

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