

a number of organisations and individuals Philip Morris International aims to use as “media messengers” in its campaign.<sup>2</sup> One such organisation is the think tank, the Institute of Economic Affairs.<sup>3</sup> The Institute of Economic Affairs refuses to disclose publicly who funds it, but it has received funds (through membership fees) from the tobacco industry.<sup>4,5</sup> Its director Mark Littlewood has appeared in videos<sup>6</sup> developed by tobacco industry-funded group Forest and at tobacco industry meetings<sup>7</sup> to oppose standardised packaging.

However, when Littlewood appeared on the BBC Radio 4 Today programme (Nov 28, 2013) as Director of the Institute of Economic Affairs to argue against the introduction of standardised packaging, the tobacco industry's funding of the Institute of Economic Affairs was not mentioned. Similarly, on Jan 29, both Christopher Snowden from the Institute of Economic Affairs, and Simon Clark of Forest appeared on Radio 5 Live to debate on smoking in cars with no mention made of either organisation's tobacco industry funding.

The BBC's editorial guidelines require it to provide the credentials of contributors so that audiences can judge their status. In these recent instances, questions must be asked as to whether the guidelines were inadvertently broken and listeners misled because they were not told that the Institute of Economic Affairs and Forest had received money from the tobacco industry.

The UK Government's recently announced independent review of the evidence for standardised packaging reports at the end of March, 2014, and will inevitably prompt media coverage. Given the overwhelming evidence of the industry's intended use of third parties,<sup>2</sup> it is crucial that this media coverage is accurate and transparent. We therefore call on the BBC Trust to ensure its guidelines are fit for purpose and to give an undertaking that it will disclose the funding of commentators in smoking and health debates.

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## Maternal and child mortality in China

Maternal and child mortality is an important indicator of a country's health and development. In 2000, 189 governments committed to eight development goals for 2015.<sup>1</sup> The

target of Millennium Development Goal (MDG) 4 was to reduce mortality in children younger than 5 years by two-thirds between 1990 and 2015, and the target for MDG5 was to reduce the maternal mortality ratio by three-quarters during the same period. In 2008, the Countdown to 2015 initiative identified 68 priority countries (including China) for accelerated action on maternal, newborn, and child health.<sup>2</sup>

During the past decades, China has made substantial progress in reducing maternal and child mortality.<sup>3,4</sup> In June, 2013, China National Health and Family Planning Commission released the 2012 data from the National Maternal and Child Mortality Surveillance System.<sup>5</sup> Mortality rates in pregnant women, neonates, postneonatal infants, and children younger than 5 years are shown in the table. These data suggest that China has achieved MDG4 ahead of schedule and is expected to achieve MDG5 in 2015.

The dramatic reductions in maternal and child mortality rates are undisputedly attributed to China's economy and health-care services. For 2012, national health expenditure was estimated to be ¥2.89 trillion, and health costs per head was about ¥2135.8. Effective interventions including antenatal care, hospital delivery, neonatal visits, and management of pregnant women and children younger than 3 years have greatly improved. Notably, in 1991, the rate of hospital births in China was only 50.6%, but raised 99.2% 20 years later.<sup>5</sup>

Since 2000, the Chinese Government adopted many measures to improve the health of women and children, such as the project

For more on **Tobacco Tactics** see <http://www.tobaccotactics.org>

See **appendix** for a full list of signatories

For the **BBC Radio 4 Today programme** see <http://www.bbc.co.uk/programmes/b03jdy3m/live>

For the **Radio 5 Live programme** see <http://www.bbc.co.uk/programmes/b03s68c9>

For BBC's **editorial guidelines** see <http://www.bbc.co.uk/editorialguidelines/guidelines/>

	All		Urban		Rural	
	1991	2012	1991	2012	1991	2012
Pregnant women (per 100 000 livebirths)	80.0	24.5	46.3	22.2	100.0	25.6
Neonates younger than 1 month (per 1000 livebirths)	33.1	6.9	12.5	3.9	37.9	8.1
Infants younger than 1 year (per 1000 livebirths)	50.2	10.3	17.3	5.2	58.0	12.4
Children younger than 5 years (per 1000 livebirths)	61.0	13.2	20.9	5.9	71.1	16.2

**Table: Maternal and child mortality in China**



David Gray/Reuters/Corbis

to reduce maternal mortality and eliminating newborn tetanus in 1000 counties in midwestern regions and a safe motherhood programme that encourages hospital delivery. Since 2009, the Chinese Government has launched the reform of the medical and health system, and gradually established the basic medical care system covering both rural and urban residents. Up to now, the basic medical insurance system has covered more than 1.3 billion individuals.

In 2012, obstetric haemorrhage was still the leading cause of maternal mortality irrespective of urban or rural area, accounting for about 25% of all causes of maternal deaths. The leading causes of mortality in children younger than 5 years were preterm birth, low birthweight, and birth asphyxia.

In the next 3 years to achieve MDG5, the Chinese Government should adopt more effective interventions to reduce obstetric haemorrhage. To accelerate the reduction of mortality in children younger than 5 years, the leading causes of deaths (preterm birth, low birthweight, and birth asphyxia) should be prioritised, and rural area should be given more attention.

We declare that we have no competing interests.

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## Shortage of paediatricians in China

At the recruitment for medical staffs for the Dalian Maternity and Child medical centre in 2013, some posts were cancelled because the minimum number of candidates was not reached, and no one applied for the paediatrician positions.<sup>1</sup>

Individuals recruited through open recruitment by public institutions in China had a regular salary and a job there until retirement, irrespective of performance, but even with these conditions, paediatricians still choose to leave.

Like other doctors in China, paediatricians are also under threat of intimidation and violence.<sup>2</sup> In September, 2013, the Paediatric Society of Chinese Medical Doctor Association supported paediatricians at the Xiangtan Central Hospital, denouncing how a patient's parents brutally beat a doctor because they had different opinions about the child's condition, and this was the third violent incident in this paediatric hospital in just 10 days.<sup>3</sup>

According to the Chinese Medical Doctor Association, children account for 20% of the total population in China, but there are only 68 specialised hospitals for children, and about 258 000 beds (which represents only 6.4% of all hospital beds). Compared with developed countries, China is short of at least 200 000 paediatricians.<sup>4</sup> The shortage of paediatric doctors and nurses in China is alarming, and it is becoming usual to wait several hours in paediatric clinics.

This shortage of paediatricians could become worse with the new Chinese child policy, allowing only-child parents to have two children.

We see three reasons explaining the shortage of paediatricians in China. First, paediatric specialisation at medical schools has been cancelled by the Ministry of Education since 1998, as a consequence, the number of paediatricians increased by only about 5000 during the last 15 years. Second, there are increasing difficulties between doctors and parents in the paediatric settings: too many family members accompany children which can double or triple the number of visitors compared with general hospital, and parents' high expectations add more pressure to the doctors. Third, paediatricians tend to prescribe less drugs, do less examinations, charge less money, there are more admissions and discharges, but incomes and fees are usually lower than for doctors in general hospitals. Paediatricians do not receive enough in comparison with what they give.

For decades, Chinese medical communities have called to end this crisis among paediatricians; but leaving paediatrics is still a common choice for many Chinese paediatricians and medical students.

We declare that we have no competing interests.

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