Comment

particularly through the implementation of the evidence-based interventions incorporated in the Framework Convention on Tobacco Control. More than 175 countries are already Parties to the Framework Convention on Tobacco Control, but the USA is not yet counted among them. As Husten and Deyton rightly underline, the FDA’s regulatory authorities will be most effective at reducing tobacco-caused death and disease only within a context in which evidence-based population health strategies are also implemented to their maximum potential.

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I was recently appointed to a 4-year term on the FDA’s Tobacco Products Scientific Advisory Committee. I declare that I have no conflicts of interest.

1 Husten CG, Deyton LR. Understanding the Tobacco Control Act: efforts by the US Food and Drug Administration to make tobacco-caused morbidity and mortality part of the USA’s past, not its future. Lancet 2013; 381: 1570–80.


Linking child survival and child development for health, equity, and sustainable development

Considerable progress has been made over the past decade towards Millennium Development Goal 4. The number of deaths among children younger than 5 years has declined from 12 million in 1990 to 6·9 million in 2011.1 But do the surviving children have an equal chance to realise their human potential, achieve social justice, and contribute to sustainable development? The global community has an obligation to ensure that all children develop to full capacity, not only as a human right but also for equitable prosperity and sustainable progress of societies.

Three areas are critical foundations for healthy child development: stable, responsive, and nurturing caregiving with opportunities to learn; safe, supportive, physical environments; and appropriate nutrition. These foundations include many familiar best practices: planned, safe pregnancy and childbirth; exclusive breastfeeding in the first 6 months of life with appropriate complementary feeding and responsive feeding; preventive interventions such as vaccines for the treatment of infections and diseases; and protection from toxins, violence, and other environmental hazards. A stable and engaged family environment in which parents show interest and encourage their child’s development and learning is the most important of these foundations. Such supportive human relationships promote and protect a child’s physical and mental health, behaviour, and learning across his or her lifetime.

The reason we have to ensure that child development stays on a healthy track is because we now know much more about the consequences of it being off course. Adverse early experiences—eg, unstable caregiving, deprivation of love or nutrition, and stresses associated with neglect and maltreatment—greatly increase the likelihood of poor health across the entire life course. The more numerous these experiences, the greater the health risks. Adverse experiences in early childhood increase poor social and health outcomes: low educational attainment, economic dependency, increased violence, crime, substance misuse, and depression, and a greater risk of non-communicable diseases, such as obesity, cardiovascular disease, and diabetes.4,5

In 2008, when WHO’s Commission on the Social Determinants of Health envisioned a new era of global health equity, one of the key factors identified was support for children’s early development.6 In recognition of the need to establish a strong early foundation for health, sustainable development, and equity—and in an effort to spark a global action agenda—WHO hosted
Tocilizumab versus adalimumab for rheumatoid arthritis

In The Lancet, Cem Gabay and colleagues report the results of the ADECTA study. This study shows the overall superiority of monotherapy with the biological disease-modifying antirheumatic drug (DMARD) tocilizumab compared with monotherapy with the biological DMARD adalimumab for treatment of patients with very active rheumatoid arthritis who are intolerant to the non-biological DMARD methotrexate, or for whom continued methotrexate treatment is inappropriate.

Treatment of rheumatoid arthritis with biological DMARDs before attempting treatment with non-biological DMARDs is not advised by the European League Against Rheumatism. However, since non-biological DMARDs cannot be given to some patients, monotherapy with a biological DMARD might be the only treatment option available. Previous studies indicate that tocilizumab monotherapy is significantly better than methotrexate monotherapy, whereas adalimumab...