minimise the risk of importation of communicable diseases, particularly those with outbreak potential, into the EU, or is it morally defensible. A global threat calls for an equitable global response.

Globalisation has resulted in the unparalleled passage of people, animals, and goods across national borders, which in turn has fuelled the international spread of infectious diseases. The liberalisation of trade and movement, with attendant economic migration, political instability, diminished employment opportunities, and social unrest has further widened the chasm between wealthy and deprived communities, and catalysed inequalities in health. Rapid global communication has penetrated the consciousness of privileged nations with stark images of cholera in southern Africa and Latin America, pneumonic plague in India, diphtheria in eastern Europe, and Ebola haemorrhagic fever in Uganda and the Democratic Republic of the Congo. The resulting concern prompted several key international and regional initiatives, most notably the Global Outbreak Alert and Response Network (GOARN). GOARN was established in 1997 and now has over 120 partners around the world that identify and assist in responses to more than 50 epidemics, predominantly in developing countries each year. The draft revision of the international health regulations places emphasis on effective sharing of epidemiological information on transboundary spread of communicable diseases and rapid assistance to member states to support responses.

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The epidemic of severe acute respiratory syndrome provided many lessons for our global village, but none more pertinent than that “inadequate surveillance and response capacity in a single country can endanger national populations and the public health security of the entire world”. Early detection requires functional sub-national surveillance capacity, and it is time to invest in strengthening sub-national outbreak surveillance and response capacity in developing countries. The value of training key health-personnel at district level to actively monitor the occurrence of a limited number of clinical syndromes and appropriately respond, while sustaining the surveillance system through regular training, networking, and feedback to reporters, weekly zero-reporting, and defined action on all reports, has been convincingly shown in several developing settings. Recently, encouraging evidence has been gathered in west Africa to confirm what appears obvious, that strengthening health services to effectively detect and control epidemics of measles, cholera, and meningococcal meningitis is cost-effective.

Investments in improving communicable disease surveillance and response capacity are certainly required beyond the leading eastern edge of the expanded EU, and must extend to all developing countries with poor sub-national capacity. We have no conflict of interest to declare.

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**Pilates to pit**

England’s Andrew Flintoff was named among the prestigious five cricketers of the year in the 141st edition of the *Wisden Cricketers’ Almanac*, published earlier this month. His all-round success with the England cricket team greatly contributed to their recent test series victory against the West Indies in the Caribbean. How different it might have been for this particular cricketer, who had had a chronic back condition for most of his early career and more recently a series of groin injuries.

Flintoff seemed to be another of those talented cricketers lost to injury, who would never quite deliver his true potential. In fact, Flintoff could have been used as a metaphor for the state of English cricket—overweight, overbowled, and overworn. It seemed that every English bowler selected in recent years would almost immediately break down, and interviews would turn straight from the joy of selection to the despair of injury. It was not so much: “Has the player got the right stuff?” but “Is the stuff strained, fractured, or prolapsed?”

What has changed recently for Flintoff, and England, has arguably been the introduction of pilates and yoga into their training regimen. Pilates was the brainchild of Joseph Pilates, born in Germany in 1880. Often sick as a child, Pilates decided to train himself using gymnastics to improve his health. By targeting the body’s core muscles, his method improves strength and posture, helping to prevent injury.

First used by dancers, pilates may have cricketers of an older generation choking on their pints of ale. But perhaps they have more in common with the training methods of today than they might think. Many of the great fast bowlers of yesteryear came from backgrounds of hard physical labour. For instance, Harold Larwood—the English bowler from the infamous “bodyline” series—spent his formative years down a coal mine, increasing his core strength.

Today’s cricketers could be at greater risk of injury due to the tendency of modern generations to have a more sedentary early life. This begs the question that, although pilates and yoga might help prevent injury, perhaps young cricketers might consider working on the farm or down the pit.

As Peter Roebuck, the former Somerset captain and now an influential cricket writer, suggested: “Pick those young players who had shown genuine promise. Send them to the Australian outback where they might cut trees or shave sheep for a year and come back with the physical resources to play professional cricket without constant fear of breakdown.”

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