

BRITISH MEDICAL JOURNAL

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SATURDAY 26 MAY 1984

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We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Medicine in the Third World

SIR,—Dr J K G Webb (14 April, p 1141) discussed well the suffering caused by malaria, schistosomiasis, and other preventable diseases, but his analysis of the economic relation between North and South led to a false conclusion. Hundreds of millions of people are affected every year but, as we know from Chapter 6 of the Brandt report (first issue), malaria, schistosomiasis, sleeping sickness, and river blindness could be eradicated by what is in global terms a small investment. Brandt estimated that if only two days' world expenditure on armaments and defence was diverted to the World Health Organisation sufficient funds would be available to implement satisfactory eradication programmes for these diseases.

It is astonishing that Dr Webb suggests that the world can be safeguarded from these diseases by an increase in the voluntary sector because "governments of all complexions, whether Thatcher or Mitterand will be forced to reduce expenditure and draw back from commitments undertaken in easier times." In these presumably "difficult" times the proportion of resources allocated to the military sector still expands every year. A freeze of military budgets in the developed world, linked to increased support for the WHO and other agencies would enable a programme of control to be implemented.

The money needed to develop the Trident

first strike nuclear weapon system in the United Kingdom (more than £10 000m) is more than three times that required by the WHO to implement its programme to eradicate malaria, schistosomiasis, and other major diseases. The development of first strike weapon systems is not linked to deterrence or any other defensive concept of military strategy. We must reverse such policies and use some of these squandered resources to reduce the enormous burden of suffering due to preventable diseases in the developing world.

MARY E BRENNAN

Harborne,
Birmingham B17 9UD

SIR,—Professor J K G Webb's article (14 April, p 1141) is a sobering reminder of the weighty burden of disease in the Third World particularly among its children. Professor Webb appears, however, to have relied on selective data to produce his profile. We would like to fill in the picture with particular respect to the efforts of the World Health Organisation not only to alleviate disease in the Third World but also to promote an approach to health that is suited to its current realities.

Firstly, Professor Webb's article should not have been titled "Medicine in the Third World" but

rather "Health in the Third World." WHO has increasingly recognised in the past few years that diseases affecting the Third World cannot be eradicated through vertical campaigns but only through a broader, integrated approach that treats "health" in the wider context of economic and social development.

Accordingly, WHO adopted primary health care as the focus of all its activities at the WHO/UNICEF jointly sponsored international conference on primary health care held in Alma Ata, USSR, in 1978. WHO is therefore tackling the control of tropical diseases and the reduction of morbidity and mortality among Third World children—the two problems focused on by Professor Webb—through primary health care. The key to this approach is the use of appropriate health technology and the participation of families and communities in the health services.

In a very real sense, the major health problem facing the Third World today is even broader than the morbidity and mortality rates among young children that Professor Webb singles out. The Third World's biggest health problem is figuring out how best to manage its always limited health resources. This in no way minimises the need for better international cooperation. The primary health care approach faces the problem of resources head on. Its eight essential elements are: education on health matters including preventive care; promotion of proper nutrition, an adequate supply of safe water, and basic sanitation; maternal and child health care including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and