Editorial

In August 1979 the United Nations Conference on Science and Technology for Development took place in Vienna. Naturally, problems of health related to socio-economic advance of the Third World were the subject of much discussion. The World Health Organization set the pace by presenting a document that described the major health problems, the obstacles to solving them, and the possible ways of approaching these paramount issues.

The full text of this document was published in the WHO Chronicle (1979, Nos 11 and 12) but some points of it, together with our own comments, may be of special interest to our readers.

Science and technology are one of the means towards promotion of better health. They range from research at the molecular level through applied investigations on specific diseases and their control, including the organization and management of health services for the individual and the community. Both scientific and social disciplines must be integrated into the plans and execution of the overall strategy in every country concerned. Thus, although science and technology have a crucial role to play in meeting challenges and needs, political commitment and appropriate social organization are also fundamental requirements. An effective blending of these factors into a cohesive national force is essential. Political commitment implies more than formal support from the government and community leaders. In many instances it requires the reorientation of national health development strategies. For developing countries in particular, it implies the commitment of a greater share of health resources for the majority of the population and the need to provide effective access to essential health care.

No one will deny that the present world health situation is precarious. The advanced industrial countries are increasingly concerned with the rising costs of medical care and of the relevant technological methods. Many of these countries are unable to rationalize their health care systems and to satisfy their urban and their rural communities.

At the same time the health situation of four fifths of the population of the world, mainly in the tropical areas, continues to deteriorate. Millions of people have no access to any regular and adequate form of health care.

The document prepared for the Vienna Conference by the World Health Organization presented a formidable list of major obstacles to the early solution of health problems of the Third World:

Communicable diseases: Lack of managerial skills results in low proportions of target populations being reached by preventive vaccinations and even when reached the vaccines often prove to be ineffective because they were previously exposed to high temperatures. Appropriate equipment to store, transport, and administer vaccines is frequently lacking. Many available vaccines are produced according to the needs of the industrialized world, and certain new vaccines, more appropriate for developing tropical countries, must be heat-stable and polyvalent. Some vaccines are expensive to purchase and production technology is largely lacking in the developing countries. Outpatient clinical facilities are inadequate, as are medications for treatment and trained personnel to administer them. Some drugs are toxic and of low effectiveness. Control of intermediate vectors (e.g. mosquitoes and other insects, snails) and environmental measures are often costly and complicated.

Malnutrition: The common infectious diseases of children (e.g. diphtheria, pertussis, measles, diar-
rhoeas) are often associated with under-nutrition and take a much more severe toll in developing countries than elsewhere.

The populations lack the knowledge of proper nutritional requirements. These requirements and methods for their effective provision are not known in many instances and research is needed for their elucidation. There is also a lack of access to basic health services, especially for the most vulnerable population groups (pregnant women and children) in the poorest areas. The non-use of vaccines and effective drugs, and the prevailing unsanitary conditions aggravate the problem.

Environmental health: Contaminated water together with inadequate sewage disposal, poor food hygiene, and inadequate housing are the principal problems in the poor urban and rural areas. Environmental pollution from modern industrial and agricultural practices adds to health hazards; occupational health problems in these areas are on the increase.

There is lack of materials and equipment to provide a clean water supply and waste disposal; their frequent high cost, and a lack of education of the population in simple hygiene are of no less importance. Uncontrolled industrial and agricultural practices add to the burden of environmental damage to health.

Family health and family planning: Uncontrolled population growth greatly increases the problem of achieving minimal health standards. The use of mechanical devices or biological and pharmaceutical interventions for contraception are deficient because of difficult access to services, high cost, and problems of cultural acceptability in many populations, particularly in the poor and uneducated groups.

Essential drugs and vaccines: Some drugs are often inappropriate, unnecessary, and too expensive. In developed countries drug costs represent about 10-20% of total health expenditures, while in developing countries such costs may reach 40-60%. About 200 medications can meet the basic health needs of most people. Varying standards of safety for medicaments are sometimes employed by pharmaceutical firms in different countries, with less stringent standards often applied to those sold in developing countries. Patent rights applied to brand names held by pharmaceutical firms in technically advanced countries further inhibit low-cost availability in developing countries.

These then are the main technological problems related to the better application of science for the improvement of health in developing countries.

There is no doubt that other problems such as health manpower development, health education, community participation, economic advance, and political motivation are equally if not more relevant to establishing a more equitable condition of our world, which rapidly approaches the end of this millennium when the human race will number not less than 6,000 million individuals.

Notes and News

World Health Day, April 1980:
Smoking or Health, the Choice is Yours

The Fourth World Conference on Smoking and Health was held in Stockholm in June 1979. Representatives from 70 countries attended this Conference which was unique in several ways. Earlier conferences had placed emphasis on proving the case against smoking; and they had succeeded. The Fourth Conference placed its emphasis on action—by the individual, by the community, by the government. In addition, the special problems of developing countries, now bearing the brunt of a concerted campaign to spread the cigarette smoking habit, were highlighted for the first time in an international gathering of this kind. The action in both developed and developing countries follow the recommendations of the WHO Expert Committee on Smoking Control.

The case against smoking as a cause of ill health and premature death has been proved. Voluminous evidence shows that in countries where smoking is a widespread habit it is responsible for 90%, of lung cancer deaths, 75% of bronchitis deaths, and for 25% of ischaemic heart disease deaths in men under 65. Smoking presents special risks to women and their children, during pregnancy and afterwards.

It was accepted that non-smoking should be regarded as the normal social behaviour and that all action should be taken to promote this idea. The WHO Expert Committee in its recommendations had presented a plan of action but unless there was "political determination"; something that has been lacking so far, little would be accomplished.

A variety of measures to control the smoking epidemic, based upon the recommendations of the WHO Expert Committee, were endorsed by the Conference, including total prohibition of all forms of tobacco promotion. No one suggested a ban on smoking or the sale of cigarettes but all were agreed that the promotion of smoking had to be curbed especially when appeals are directed to the young and in developing countries.