

**VOLUNTARY SERVICE OVERSEAS (VSO), 9 Belgrave Square, London SW1X8PW** *“Health Care in the Third World; a new policy for VSO”. April, 1979.*

This is a 9-page, A4 paperback, describing an interesting and in some ways fundamentally new approach for this organization. *The Guardian* Newspaper (UK) of April 23rd, 1979, has kindly granted permission for a reprinting of their article:—

ECONOMIC and political awareness is as important as medical training for all health personnel recruited by Voluntary Service Overseas for the Third World. This is the conclusion of a policy paper\* just issued by VSO, the British organization which has over 80 health personnel working in 18 countries.

Diseases in Third World countries are rarely “tropical” in the accepted sense, claims the paper, but largely caused by poverty. They “would virtually disappear if people had access to land, employment, adequate housing, water supply, sanitation, and education.”

The most fatal illnesses in developed countries today — heart disease, strokes, and malignancies — cause very few deaths in the Third World, where the chief problems are malnutrition and communicable diseases.

The paper points out that in fact the disease spectrum almost exactly mirrors that of nineteenth-century Europe which was dogged not only by epidemics of plague, cholera, and typhoid, but also by a high incidence of kwashiorkor and even malaria.

As in Europe, where poor health was a symptom of poverty, “the health status of a Third World population will ultimately depend far more on the decision of the people in power than the provision of prevention and curative health institutions,” says the paper.

In most developing countries health care systems have been inherited wholesale from the West. But there is a growing awareness that these models are inequitable in their distribution of resources, perpetuating a system of dependency, and are inappropriate for the actual disease problems which occur.

It has been estimated, for instance, that a well-trained primary health worker can adequately cope with up to 97 per cent of health problems encountered, leaving only 3 per cent to be referred onwards.

This analysis has major implications for VSO, and its new policy paper states that it will now only support projects which are involved in the promotion of more equitable and appropriate systems of health care.

“This means continuing the move to rural rather than urban projects, backing low-cost systems such as health centres rather than hospitals, and training village health workers rather than doctors or pharmacists. It

means participating in ongoing health education, public health, and immunisation programmes and sometimes supporting or working alongside the practice of traditional medicine.”

The British doctors, nurses, and paramedical workers who can be involved in such schemes must have, in addition to the personal and professional qualities which VSO has always sought, an awareness of the political, social and economic factors affecting health in the Third World.

The skills most needed will be those of nurse midwives, nutritionists, and community physicians. Pharmacists, dentists, general medical laboratory technicians, remedial therapists, and certain other doctors will also be recruited to fill a small number of specific requests.

*\*Health Care in the Third World—a new policy for VSO. Voluntary Service Overseas, 9 Belgrave Square, London SW1.*