


bitter pills

Medicines and the Third World poor
by DIANNA MELROSE



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INTRODUCTION

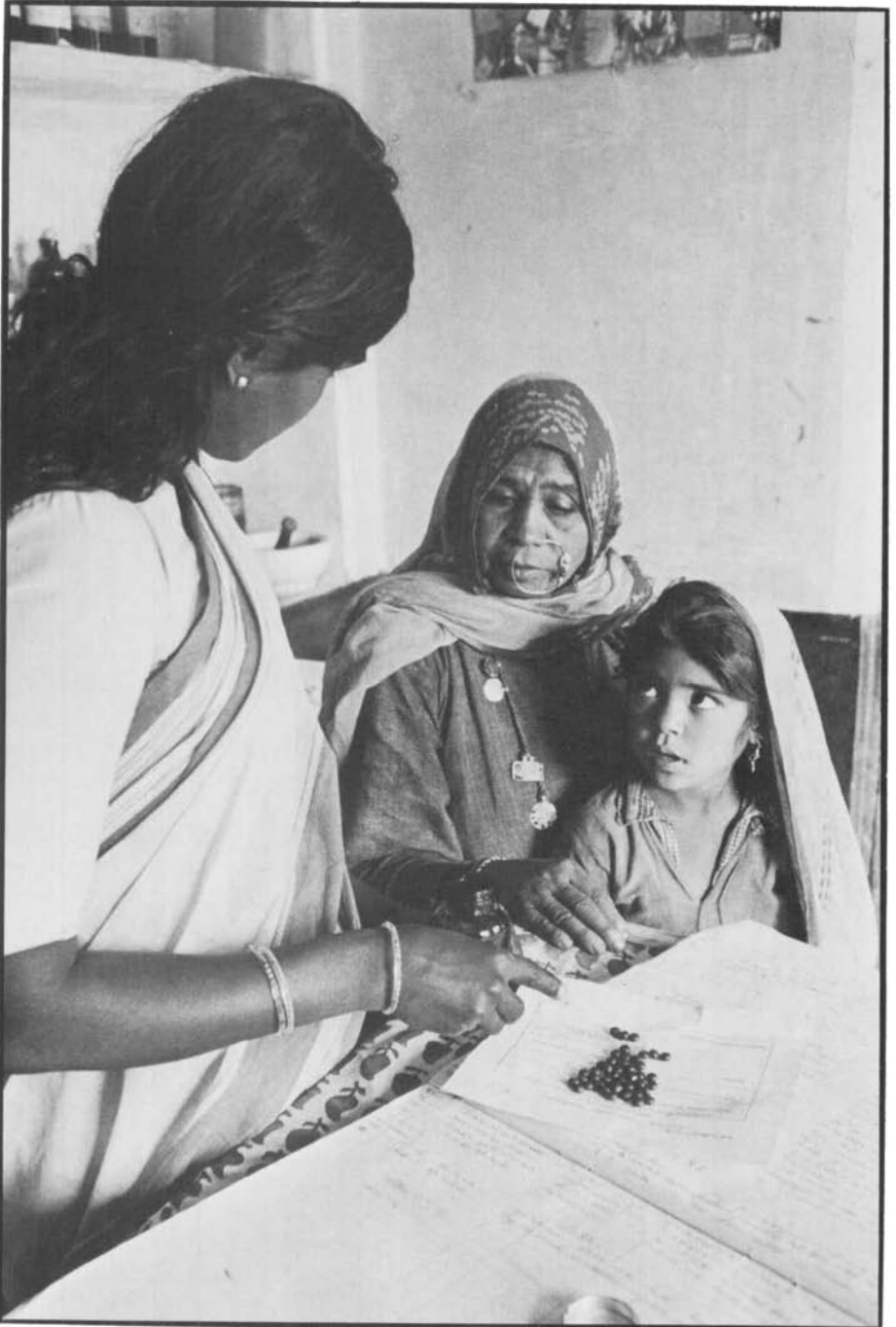
AS THE BOAT drew into the shore we heard a strange sound from the bank. A woman was crying. We found her with a dead baby in her arms and a collection of medicine bottles beside her. She had spent all her money on these expensive drugs. She could not understand why they had not saved her baby. This Bangladeshi woman had never been told what was obvious to the doctor who found her. The baby had become severely dehydrated from diarrhoea. Her death could have been prevented with a simple home-made solution of water, salt and sugar. No amount of medicine could have kept her alive.

People in remote mountain villages in North Yemen are cut off from the country's very limited health services concentrated in the towns. Drug pedlars, known locally as 'health men', have a ready market. They sell a wide range of sophisticated drugs which can have harmful side-effects. Most of these medicines can only be obtained on a doctor's prescription in Europe and North America. Some have even been taken off the market in rich countries because the possible risks outweigh their benefits. But in Yemen the drug sellers are unaware of the hazards or how the drugs should be used. Most have acquired their training working as hospital cleaners, or behind the counter in a drug store.

On open market stalls in Upper Volta red and yellow capsules of antibiotics are displayed for sale alongside equally colourful sweets. Poor people buy just one or two capsules at a time to treat themselves. They have no idea that antibiotics are not fully effective unless you take a complete course, or that tetracycline, left out in the heat and humidity, can become toxic. But the main hazard from the uncontrolled use of antibiotics is that bacteria build up resistance to drugs. A poor community can find itself with no alternatives to the drugs that no longer work.

In 1980 governments and aid agencies all over the world responded to the plight of the Kampuchean people by rushing in a mass of drugs they had well-meaningly scrambled together. But this jumble of medicines, labelled in dozens of different languages, created chaos. In the absence of a team of multilingual pharmacists to sift through them, many potentially useful and useless drugs alike had to be discarded.

Throughout Asia, Africa and Latin America millions of the poorest have no access to life-saving drugs. But drugs are wasted and misused worldwide. In poor countries those that are most needed are often the hardest to obtain, at least at prices the poor can afford. Where the need is for a limited selection of priority drugs at low prices, manufacturers and retailers come under commercial pressure to sell a mass of wasteful, often non-essential products. In some countries the



(Credit) Mike Wells.

market is flooded with an assortment of vitamin tonics, cough and cold remedies, and other expensive combination products, when single-ingredient, basic drugs like penicillin and chloroquine are in desperately short supply.

The first-hand experiences of OXFAM colleagues and friends throughout the Third World have made us forcefully aware of the problems. Very few of the poor benefit from the potential of modern medicines. Valuable drugs developed decades ago could be used to prevent unnecessary suffering and death. But through their uncontrolled sale and promotion in many poor countries, medicines often do little good and can be positively harmful.

OXFAM's commitment to the relief of suffering made it our duty to investigate the problems and publish our findings with the aim of pressing for action to benefit the poor. This report is based on the experience of OXFAM field staff, project workers and friends in many very different countries. But what emerges is a striking similarity in the problems worldwide. The report also draws on a wide range of both published and unpublished material in addition to research carried out by the writer in North Yemen, India and Bangladesh.

A doctor in Bangladesh told OXFAM that he is acutely aware of three contrasting but equally tragic situations. There are patients he cannot help who are dying of diseases for which there is no drug treatment. Secondly, the poorest, who cannot obtain treatment or drugs, die of diseases that are curable, and often preventable. Thirdly, and seemingly paradoxically, some poor families make sacrifices and even go without food to buy unnecessary drugs, when the 'medicine' they need is food.

Rich and poor could benefit from new drugs to treat incurable diseases. But only the poor are denied the life-saving drugs available to the rich. This report attempts to unravel the complexities of the medicines issue. The focus throughout is on the needs of the Third World poor.

Chapter 1 assesses the role of medicines in creating better health. Chapters 2 to 6 highlight the special problems in the distribution, production and marketing of drugs in developing countries. Chapter 7 focuses on traditional medicine which remains the major source of health care for most of the world's population. Chapters 8 and 9 describe constructive initiatives to improve health and the supply and use of essential drugs both at project level and on a wider national and international scale. These and the following chapter are concerned both with attempts to rationalise drug policies to benefit the majority and with obstacles to change. Chapter 10 also examines attitudes and policies in the major drug-producing nations and their impact on drug needs and policies in developing countries. Finally, in Chapter 11, we put forward OXFAM's suggestions on action that is urgently needed to benefit the Third World poor.

