is the first step in the process that will allow Third World governments the necessary breathing space to establish their own national mechanisms for ensuring a more rational approach to drugs.

Perhaps the most important argument highlighted by the report is the staggering waste of resources in the pharmaceutical market. Study after study has shown that the drugs on the market do not match up with the diseases prevalent in developing countries—or even in some industrialized countries. This, coupled with the failure of the industry to be innovative, has led one group of health experts to suggest that as many as 70% of the drugs available are unnecessary and/or undesirable. By any criteria, such a level of irrelevancy is intolerable. It makes for bad health care, and, ultimately, for bad business.

I have no objection to any company or industry that is trying to get “good medicines at a reasonable cost to the poorest in the world”, as Coenen puts it. The sad fact is that the pharmaceutical industry is not doing this. One of the most respected companies, Wellcome, which devotes considerable time and expense to tropical disease research—and deserves to be highly praised for this—also deserves to be severely criticized and condemned for developing and marketing an anti-diarrhoeal preparation in East African containing kaolin and pectin—described by authoritative sources as no more effective than a controlled diet. Worse, that as many as 70% of the drugs available are unnecessary and/or undesirable. By any criteria, such a level of irrelevancy is intolerable. It makes for bad health care, and, ultimately, for bad business.

Finally Coenen implies in his concluding sentence that there is a political motivation behind the report. Yes, there is. But it is no dark, secret ideology to be feared, but rather the honest desire to encourage open debate on this issue, leading to the encouragement of governments, health workers and the industry to have the political will to change those aspects of the trade in pharmaceuticals which are so blatantly irresponsible, irrelevant and unjust.

The pharmaceutical industry is motivated first and foremost by profit, not by philanthropy. There is no sin in that. But it is no dark, secret ideology to be feared, but rather the honest desire to encourage open debate on this issue, leading to the encouragement of governments, health workers and the industry to have the political will to change those aspects of the trade in pharmaceuticals which are so blatantly irresponsible, irrelevant and unjust.

The survey of literature convincingly shows how drug distribution is connected to a considerable number of economic and political factors at the local, national and international level. An important caveat against the need for private sector from an essential drug policy. In support of this position there is ample evidence to demonstrate that private health care becomes a disruptive factor wherever essential drug policy is applied only in the public sector.

In their conclusion the authors point out that with improvement of the drug supply and subsequent enhancement of the health care system, governments will have to face a substantial increase in public health costs. They call for further quantitative studies of the need and demand for essential drugs, so that realistic estimates can be made of projected costs. I would add that research into qualitative aspects of drug utilisation also seems urgently needed. This review of the literature makes it only too clear that anthropological micro-study of the use of pharmaceuticals in developing countries has hardly begun. Drafting policy about drugs, even for essential ‘ones’, does not make much sense unless we know how people perceive and use those drugs. An important ‘side-effect’ of the bibliography is that it expresses our lack of qualitative insight into drugs in the Third World.