

BOOK REVIEWS

WHO EMERGENCY HEALTH KIT

Standard drugs and clinic equipment for 10,000 persons for 3 months. Geneva, World Health Organization, 1984. ISBN 92 4 154174 1. 58 pages. Price. Sw. ft. 5.—.

Much of the aid provided when large-scale emergencies or disasters occur consists of quantities of drugs and health supplies furnished by donor agencies, governments, international and voluntary organizations, and others. Their usefulness, however, is often lessened by lack of assessment of the real needs, unrealistic requests, inappropriate donations, inessential or needlessly expensive items, unsorted shipments, unintelligible labelling, perishable and out-dated goods, customs restrictions, and late arrival.

After several years of study and field testing, the World Health Organization, in conjunction with the Office of the United Nations High Commissioner for Refugees and the University of London, has developed the WHO Emergency Health Kit, which can significantly help to reduce these difficulties and ensure a well-ordered response to an emergency. The kit has been accepted by the United Nations System and many organizations and national authorities as a reliable, inexpensive, and quickly available source of standardized essential drugs and equipment needed in a disaster situation. The contents are calculated for the needs during three months of 10,000 persons.

The kit is composed of two drug lists (List A and List B), one equipment list (List C), and re-order forms. The 28 drugs in List A are for use by auxiliary and basically trained health workers. List B has 32 additional drugs for use by doctors and senior health workers. List C comprises 68 items of generally available, basic laboratory and clinic equipment. The material is prepackaged ready for immediate dispatch throughout the world from the UNIPAC depot in Copenhagen, Denmark. Its cost has been kept to a minimum.

This new WHO publication, which is itself included as an item in the kit, details the contents of each list and — for drugs in List A — provides tables showing the likely symptoms and standardized treatment schedules corresponding to them. The last part gives examples of re-order forms for each list bound firmly into the book for permanent reference, followed by the same forms on perforated pages so that they may be easily torn out and used when a new supply of drugs or equipment is required.

Apart from its usefulness after disaster has struck, the book provides essential guidance to governments and organizations that wish to stock-pile drugs and equipment as part of their emergency preparedness programmes. It can also serve as a baseline for essential drugs in primary health care.

LYMPHATIC FILARIASIS

Fourth report of the WHO Expert Committee on Filariasis. World Health Organization Technical Report Series, No. 702, 1984. ISBN 92 4 120702 7. 112 pages. Price: Sw. Ft. 9.—.

Lymphatic filariasis is a disease that affects people in rural areas in many tropical countries as well as an increasing number of those living in urban areas with poor sanitation. In this report, a recent WHO Expert Committee estimates that more than 90 million people are infected and that 905 million live in endemic areas where they run a direct risk of infection. China, India, and Indonesia account for about two-thirds of the estimated total of infections, but there are extensive endemic areas elsewhere in the world.

Although much is known about the disease, including the parasites and their animal reservoirs and insect vectors, the Expert Committee emphasizes that there are still many unresolved problems. The report

reviews all these aspects and considers in some detail the drugs available for chemotherapy and the present recommendations for their field use. Information is given on several newer filaricides that are under development and on the use of experimental animal models for further studies in this field.

Several successful programmes to control lymphatic filariasis have been conducted, but they have mainly been vertically-structured mass treatment and vector control programmes. The Expert Committee considers that the time has come to devise methods of control that can be integrated into primary health care systems and an important section of the report is devoted to this subject. The concepts of primary health care that are discussed in relation to filariasis control include:

- the use of methods and technology that are acceptable to, and can be carried out by, individuals and families in the community, and which permit their full participation at an acceptable cost;
- the development, through appropriate education, of the desire and ability of communities to participate;

- the involvement, in addition to the health sector, of all related sectors and aspects of community development;
- the provision of essential drugs;
- the application of relevant results of social, biomedical, and health services research and of public health experience.

This section is completed by accounts of experiences of community participation in control efforts in China, Egypt, India, Indonesia, Samoa, and Vietnam.

Summarizing what is known on every aspect of lymphatic filariasis, suggesting what further studies are needed, and looking forward to new methods of control, the Expert Committee has produced a report of immediate value to everyone concerned with this disease, from the administrator of health services through the chemotherapist and the parasitologist, to the research worker and the vector control officer.

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