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BIOSOCIAL SOCIETY

The next Annual Workshop of the Biosocial Society will be held on Friday 7 May 1993, at the University of Oxford, Institute of Biological Anthropology, 58 Banbury Road, Oxford. The topic for the Workshop is *Intervention*, and the biological and social effects of various types of development-related interventions on human groups and communities in the developing world will be considered.

Abstracts of papers

Intervention by means of water supply and sanitation projects. M. BELL, *Loughborough University of Technology.*

At the United Nations conference in Mar del Plata (1977) which launched the International Drinking Water Supply and Sanitation Decade it was concluded that 'all peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs'. Implicit in this statement was the knowledge that a shortfall in either quantity or quality could lead to serious impairment of human function and quality of life. Interventions which improve either water supply or sanitation are currently believed to be the most important in attempts to reduce morbidity and mortality rates from diarrhoea in the developing world. Although the aims of such interventions are generally agreed, the approaches and the philosophies behind them have changed with time. This paper examines changing approaches towards water and sanitation interventions, and the reasons for these changes.

Intervention through health improvement and immunisation. J. SEAMAN, *Save the Children Fund.*

At the 1978 Alma Ata Conference on Primary Health Care (PHC), most countries agreed on an approach to improved health which emphasised disease prevention, and a shift in priority of curative services away from costly hospital-based services towards general access to provision for common diseases. These principles are of general application, but in the poorer countries this meant a move to support immunisation, improved water supply and nutrition and to the extension of curative care through decentralisation and community action. It was recognised that the PHC principles could not be met in practice unless sufficient financial resources were available.

Since Alma Ata, PHC has been interpreted by international aid donors in different ways. The United Nations has concentrated on specific technical

interventions, through selective PHC, e.g. growth charts, oral rehydration, immunisation, or the control of specific diseases (diarrhoeal diseases, acute respiratory infections); non-government organisations have emphasised action at community level; others have placed emphasis on improved management and financial control.

This paper reviews PHC in the 1980s with specific reference to the poorer developing countries. It argues that where national and community resources have been insufficient to meet the recurrent costs of maintenance, international assistance has at best produced a transient improvement in health and at worst has been wasted.

Nutrition intervention. S. ISMAIL, *London School of Hygiene and Tropical Medicine.*

Nutrition interventions range from major policy decisions, such as food subsidy programmes, to localised community-based projects. They range also from the traditional interventions with specific nutrition objectives to programmes that have an indirect effect on nutrition.

This paper considers examples of some specific nutrition interventions: the applied nutrition programmes of the 1960s and 1970s, nutrition education, supplementary feeding projects and nutrition rehabilitation centres. Case studies are used to evaluate the problems, effects and, where possible, cost-effectiveness of projects in Haiti, Kenya, Guatemala and India, and whether the activities could be sustained without continued external funding. The planning of nutrition interventions as integral components of national development is assessed. Current thinking on nutrition interventions is discussed, particularly the efforts to involve the community in their design, implementation and monitoring.

Intervention and modernisation. S. ULIJASZEK, *University of Cambridge.*

Two recurrent themes in the medical anthropology literature are that traditional societies with minimal or no contact with industrial societies are well adapted to their environments and enjoy good levels of health and nutrition, and that as soon as such societies have extensive and continuous contact with industrialised societies, this adaptation is disrupted and their health jeopardised. These views have been questioned recently, although protagonists of the former still defend their position. Rapid modernisation through industrialisation or the exploitation of mineral resources has been advocated by some economists and planners in less developed countries as one way by which the people in economically undeveloped regions can achieve improvements in health and physical well-being One such intervention exists in Papua New Guinea, where a gold and copper mine was established in 1984 in a remote part of the country, and this paper examines the claim that rapid modernisation has led to improvements in the health and well-being in the people of this region.