

Prostitutes are people too

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Last week the UK Royal College of Nursing called on the Government to decriminalise prostitution in an attempt to limit associated negative health consequences. After a vote strongly in favour of decriminalisation, Maura Buchanan, the Deputy President of the College said “Stop making criminals out of prostitutes and instead target the men who abuse them”.

Prostitution, credited with being the oldest profession, will, in all likelihood, be part of cultures around the world for the foreseeable future. In addition to its enduring place in history and global distribution, prostitution is notable for the diversity with which different societies react to its presence. Punishable by death in some Islamic countries, in other parts of the world it is a legal source of income and an important tourist attraction.

Prostitutes also face a diverse array of occupational hazards. Sexually transmitted infections, physical violence from their clients and pimps, psychological disorders, and a life style associated with substance

abuse are all common. It is hardly surprising that the standardised mortality ratio for US prostitutes is over three times that of the general population. Compounding these dangers is a propensity to be excluded from routine preventive and therapeutic health care. The complexity of providing adequate health care for prostitutes is increased further by their ethnic diversity and age range; many continue working into their seventh decade.

In decriminalising prostitution the UK Government would be taking a fundamental step to help these often vulnerable people. However, that step is insufficient on its own. What is often lost in debates about groups of people such as prostitutes is that they are just that—real people. They suffer real illness and experience real pain from circumstances often forced on them. Prostitutes, be they men or women, require tailored medical care and treatment with the same respect afforded to other members of the community.

■ [The Lancet](#)

Ridding the world of infection

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The global eradication of smallpox, officially announced at the 33rd World Health Assembly 25 years ago, was one of the most significant achievements in public health. 21 years in the making, this milestone proved an important point—that disease eradication is feasible—and showed that money spent on the project (US\$313 million) was a worthwhile investment. Savings on immunisations and treatment in the USA alone surpassed the cost of eradication after just 2 months. But extending eradication efforts to other vaccine-preventable diseases has proved a difficult challenge.

Eradication is a formidable task, but it has distinct advantages over disease control. Not only does it reduce or eliminate infections, but it also avoids the need for vaccinations. In 1997, WHO drew up a list of seven key diseases that could be eradicated or eliminated by the year 2030: dracunculiasis, poliomyelitis, leprosy, measles, onchocerciasis, Chagas’ disease, and lymphatic filariasis.

The cost of ridding the world of these diseases was estimated to be in the region of \$7.5 billion. Almost half this amount has since been spent on the campaign to

eradicate poliomyelitis, which, despite setbacks, looks set to achieve its goal, although there is certainly no room for complacency. The campaign has yielded undeniable benefits: it should leave a legacy of stronger immunisation programmes, improved disease-surveillance activities, a global laboratory network, and the momentum to tackle other major public-health problems—not to mention an estimated \$1.5 billion in annual savings. But support for other, less high-profile, elimination programmes that are already underway—among them a campaign to eliminate leprosy by the end of this year—seems to be lacking.

Eradication targets have proven a useful ploy to win political commitment for improving global health, but past failures have shown that this approach can also be damaging if expected results do not materialise. Missing the targets for existing initiatives may threaten efforts to combat the next likely subject for a high-profile eradication campaign: measles. This month’s anniversary of the triumph over smallpox should serve as a useful reminder of the huge benefits of projects that are seen through to the end. ■ [The Lancet](#)

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