be safe, immunogenic, and effective at reducing clinical attacks (albeit at varying levels) raises hopes that antimalarial vaccines will become part of future antimalarial measures. Thirdly, the fact that hopes are being raised about potential antimalarial vaccines also raises concerns and echoes of the past. The failure of the global malaria eradication in the 1950s and '60s has left a legacy of pessimism and caution as well as the problems of resistance, which now need to be overcome.

A new generation of malaria researchers are offering much needed hope. The steps from the laboratory to clinical field

trials to worldwide acceptance and delivery of a vaccine for those most in need will not be easy. We continue to wait and hope that Edward Jenner's successors will, in time, be able to develop positive host (human or mosquito) resistance to malaria, but, meanwhile, alternative methods of control should not be abandoned.¹³

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Labour's draft election manifesto

A triumph of style over matter?

For those hoping that Mr Tony Blair's draft election manifesto¹ would set out a blueprint for the future of the NHS, or indeed of Britain's welfare state, the document will prove a disappointment. It is visionary in style, but short of specific commitments. It is eloquent in its aspirations for a more cooperative, equitable society but parsimonious with the details about how to achieve it. In this, it reflects the Labour party's acceptance that idealism must be tempered by realism about the limited scope for manoeuvre that any future government will have, for both political expediency and economic necessity point to the same conclusion: any future government that deviates from the path of fiscal austerity—by raising taxation or increasing public spending—is likely to be punished both by Britain's voters and by global markets.

Central to Labour's draft manifesto therefore is the determination to lay the ghost of its own past: to dispel the fear that it is the party of profligate public spending, inflation, and high taxation. "In government, ministers will be asked to save before they spend." No doubt this emphasis reflects a desire to reassure voters and markets. But, equally, it can be seen as an attempt to avoid arousing excessive expectations doomed to inevitable disillusionment—the fate of previous Labour administrations.

The implications of so doing are, however, bleak. In the case of the NHS, it means a refusal to make any commitment to higher spending. Whereas Labour's 1992 manifesto² promised an immediate injection of an extra £1 billion, the draft document makes no such pledge. Money for service development is to be found by cutting management costs. However desirable this may be in its own right, it is marginal to the NHS's funding problems. Moreover, it is not self evident that using any released funds to reduce waiting lists, as the draft manifesto proposes, should be the top priority: waiting lists for elective surgery may well have great political salience but do not necessarily indicate the areas of greatest need.

The proposals for the NHS also underline another characteristic of the draft manifesto: its acceptance that many of the changes of the Thatcher era have irrevocably changed Britain's institutional landscape. The mimic market, like fundholding, is to be abolished. However, it seems likely that most of these changes will be largely cosmetic. The purchaser-provider split is to remain but is to become more collaborative in character: a direction in which health authorities are already

moving.³ Fundholding is to be replaced by general practitioner commissioning, a nebulous concept which may turn out to be a euphemism for collective fundholding. Freedom of referral is to be restored to general practitioners, cutting out the bureaucratic costs of extracontractual referrals but raising a question about the ability of health authorities to control their budgets.

In the case of the NHS, lack of radicalism may provoke a sigh of relief after years of turbulence. In the case of the causes of ill health, however, new Labour's policies are rather less reassuring. There is a pledge to ban tobacco advertising; and a proposal to appoint a minister with responsibility for coordinating all government policies bearing on the health of the population. But overall the emphasis is on the investment state rather than the redistributive state. There is a commitment to invest in skill which may bring down the unemployment figures—and a rather vague nod in the direction of making it easier for people receiving benefit to enter the labour force without incurring penal tax rates. However, it is far from clear how a Labour government would reduce poverty or deal with other conditions, like inadequate housing, that affect people's health.

This reticence may be justified by the economic and political constraints under which any Labour government would operate. The best that can be hoped is that, given constrained choices between alternative ways of spending or raising money, a Labour government would always give preference to the claims of the least well off. If this principle were to be applied over time, it would mark an important change of direction. And consistent nudges over a period of years—in line with the general philosophy set out in the draft manifesto—might achieve more than instant policy drama. If nothing else, Mr Blair's missionary eloquence provides a benchmark against which his performance in office—should he become prime minister—can be assessed.

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