a percentage of all low income households (n = 704 066). Cumulative proportions for the total number of sectors and the total population contained within those sectors were also calculated.

On the basis of these results, if 20% of the most deprived sectors in Scotland (1 205 833/4 998 202 (24%) of the population) were targeted, 41% of unemployed people and 34% of low income households would be “captured” (figure). By targeting 254 postcode sectors (1 501 569 (30%) of the population), resources could be directed to 48% of unemployed people and 40% of low income households. If 55% of the postcode sectors are targeted (62% of the population), 80% of unemployed people and 74% of low income households are captured, but even then, 20% and 26%, respectively, are excluded. Modest improvements in capture rates (2-6%) were achieved when the analysis was repeated using census enumeration districts (data not shown).

Comment
This analysis reaffirms Townsend's argument that the selective targeting of resources on an area basis would miss more deprived people than it would include. On the basis of Carstairs scores, more than 60% of the population in Scotland would need to be targeted to include 74% of low income households. The poor sensitivity of an area based approach means that the group of people to whom resources are directed includes people who are not poor. There are higher concentrations of poverty in some areas; however, the current increase in area based initiatives ignores the wide spatial distribution of deprived people. Only a small proportion of government spending is directed towards area initiatives, but their high profile implies that deprivation is a problem only within certain areas. However, deprived areas can include people who are not deprived and vice versa. Debate continues about whether the health experience of poor people in deprived areas is worse than that encountered by other poor people. Targeting deprived areas may have merits, but a greater emphasis on national strategies is the key to dealing with poverty and improving the health of the population.

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Details of methods
BMJ continued over

Antenatal detection of HIV: national surveillance and unlinked anonymous survey
Susan Cliffe, Pat A Tookey, Angus Nicoll

In 1999 national targets were adopted for the universal offer and recommendation of a test for HIV during antenatal care throughout England.1 This built on earlier initiatives aimed at enhancing maternal diagnosis of HIV infection and reducing perinatal transmission of HIV with appropriate interventions.2 Substantial improvement in the proportion of maternal HIV infections diagnosed has been reported for much of London, and improvement has been observed more recently for the rest of England.3 We used published estimates of rates of vertical transmission of HIV in the United Kingdom to assess whether the target of an 80% reduction in the proportion of vertically infected infants by December 2002 is likely to be achieved.3

Participants, methods, and results
We used results from the unlinked anonymous dried blood spot survey to estimate the number of births in

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