Abstract
Guidelines are usually developed with evidence raised by research developed in wealthier countries and by experts that most of the times do not know the reality that health workers face in underdeveloped countries. These countries, mainly the African Sub Saharan countries, have a very young population and a major part of it living with less than 2 USD a day, being in an earlier phase of the epidemiologic transition. This determines a different pattern of diseases and a different pattern of aetiology of the diseases, that sometimes also compromises the strict application of the international guidelines. Scarcity of skilled health personnel and of diagnostic facilities and the shortness of drugs are also constraints to the applicability of general guidelines in these settings. Most of the times, in these settings, the objectives of the guidelines must be much more modest.

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