

THE WORLD HEALTH ASSEMBLY SHOULD GET BACK TO HEALTH

The Forty-First World Health Assembly will convene in Geneva next week. As the policy-making body of the 166-member World Health Organization, the Assembly will consider a broad range of legitimate health-related questions. The trouble is, as in past years, delegates also will be forced to waste time discussing political issues that have no legitimate link to health. Such political issues will include "assistance to the front-line states" in southern Africa, the medical consequences of nuclear war, and Israeli policies in the West Bank and Gaza. As usual, most of the nations pushing this politicization of the Assembly's agenda have dubious to dismal health records of their own.

It is particularly disappointing that the World Health Assembly will have to take the time to consider these perpetual agenda items. They will divert the Assembly from concentrating on what have been several hopeful developments at the World Health Organization (WHO) during the past year. Most important, Dr. Hiroshi Nakajima of Japan has been nominated for the post of Director-General of WHO. He is a well-respected public health official with experience in many different areas of international health policy.

Also encouraging has been the WHO response to the system wide pressure in the U.N. for more input from major donors in the formation of budgets. WHO has adopted a new procedure whereby major donors will be consulted fully on budget priorities at all stages of the budget's development. As a result of this, the WHO has been certified by the Reagan Administration as complying with congressional requirements; this contrasts with the United Nations General Assembly, which has been clearly violating congressional requirements. With its certification, WHO is entitled to full funding from the U.S., some \$75 million this year or 25 percent of the regular WHO budget.

Full U.S. funding, however, should be delayed until Congress closely examines WHO policies and management in three key areas:

Budget Reform and Management. Despite progress in budget process reform, the proposed WHO program budget for 1988-1989 still raises troubling questions about the organization's priorities. For example, WHO had budgeted \$2.7 million for World Health Assemblies in 1988 and 1989. This represents an increase of 38 percent from the amount budgeted for 1986-1987 and is more than the proposed regular WHO budget's worldwide expenditure for the elderly and three times the proposed worldwide expenditure for blindness. (The largest single growth item within this Assembly's budget is "salary costs," up 48 percent.)

Questionable too is the \$40,000 budgeted for the WHO Management Committee overseeing the organization's "Peace Efforts"; an undisclosed amount to open two new offices in the Eastern Mediterranean in 1988-1989 — in Libya and Syria; and \$10.6 million over two years proposed for "External Coordination," namely, public relations efforts. The U.S. and other Western countries should carefully scrutinize these and other questionable spending priorities before committing more resources to the organization.

Regulation of Industries and Private Health Care Providers. The WHO long has appeared to be ideologically hostile to the private sector's role in providing health care, preferring to emphasize public sector models and approaches, and frequently proposing stringent and harmful international regulatory schemes. A particular focus of WHO's hostility has been the research-based pharmaceutical industry. Most recently, WHO has been developing a so-called Revised Drug Strategy, which aims at global regulation of virtually all aspects of pharmaceutical production, distribution, and usage. This would be dangerous since such activity may detract from the constructive role of WHO in assisting developing countries to construct primary health care pharmaceutical infrastructures.

Equally troublesome would be a "marketing code" on pharmaceuticals. While the WHO has not adopted this yet, many of the goals of this code are being implemented by WHO staff under the "Revised Drug Strategy" label. This includes pushing so-called medical needs criteria in drug approval, criteria which would have the effect of discouraging research into new and better medicines. The WHO thus is going far beyond its initial mandate to advise governments on primary health care policies and seems to be seeking a role as a full-fledged international regulatory authority. Ironically, such WHO activities may actually have the effect of impeding access to essential drugs in developing countries.

Politicization. As in many other U.N. agencies, the grim shadow of politicization looms ever larger over WHO activities. From endorsing Soviet-inspired disarmament initiatives to injecting itself into contentious regional issues, the WHO has shown that even such a relatively noncontroversial subject as health care can be used for political purposes. The U.S. delegation to the Assembly should continue to oppose the injection of extraneous political issues on the WHO agenda and should emphasize longstanding congressional concerns that WHO stick to health-related subjects.

The WHO is one of the oldest and most valuable agencies in the U.N. system. Over the years it has done exemplary work in many areas, and it continues to function more efficiently than most U.N. organizations. Yet in a world confronted by a wide and dangerous variety of health care deficiencies, the WHO can better serve its purpose by spending its money prudently, avoiding contentious political issues, and establishing a better dialogue with private health care providers.

Thomas E.L. Dewey
Policy Analyst

For further information:

World Health Organization, "WHO's Revised Drug Strategy," Report by the Director-General, EB81/25, Annex 1, December 22, 1987.

Juliana Geran Pilon, "For the World Health Organization: The Moment of Truth," Heritage Foundation *Backgrounder* No. 507, April 30, 1986.