

April 30, 1986

## FOR THE WORLD HEALTH ORGANIZATION, THE MOMENT OF TRUTH

### INTRODUCTION

The World Health Organization was established decades ago to fight disease and make the world a healthier planet. It by and large has tried to do so and rightfully can claim many successes. In recent years, however, politics seems to be replacing medicine and health on the WHO agenda. This regrettably seems to be the script for the key WHO two-week meeting which convenes May 5 in Geneva. There the 166 states belonging to WHO will gather as the World Health Assembly (WHA), the policy making body for the World Health Organization. It is expected that, as in the past few years, many of the WHA resolutions and actions will ignore health and instead will attack the free world, especially the U.S. and Israel, will ridicule free market approaches to health care, will welcome the Palestine Liberation Organization, will promote one-sided disarmament, and will call for technology transfer to the Third World and the Soviet bloc.

At the 1985 WHA meeting, U.S. delegate Neil Boyer of the State Department condemned this politicization of WHO, warning: "If the Assembly can adopt [resolutions] with no concern for the divisive political attacks made in the debate then we see little hope for the future of WHO." WHO Director-General Halfdan Mahler also warned at that meeting against "spending precious time of the Assembly on extraneous political issues."

In view of the explicit warnings, this May's meeting is the World Health Organization's moment of truth. The Assembly will have to decide whether the WHO will return to the admirable and laudable vision of its founders and of its early decades, or whether it will

slide down the sorry slope to irrelevance and waste along with so many other United Nations agencies.

In Geneva next month, the U.S. should try to rescue the World Health Organization from politicization. The U.S. delegates must attempt to prevent WHO from becoming still another propaganda forum. In particular, the U.S. should 1) oppose any extension of the Infant Formula Code to apply to the advertising of other foods consumed by children; 2) oppose any further attempts to regulate advertising and promotion of pharmaceuticals; 3) oppose attempts to ban tobacco advertising; 4) insist on a stronger role for free enterprise approaches to health care delivery; 5) submit documents outlining the flaws of WHO studies on nuclear war and disarmament; 6) vote against double standard resolutions aimed at undermining Western defense in the name of "health and development"; 7) demand that Israel be allowed to participate in WHO's Eastern Mediterranean region activities; and 8) continue to oppose inflammatory anti-Israel resolutions.

If the Assembly fails at its moment of truth--as other U.N. organizations such as UNESCO have failed--then the U.S. must consider withdrawing from the World Health Organization. It should urge other nations to do so also if they truly are concerned about improving the planet's health. They and the U.S. could take the money they now spend on WHO and transfer it to other international health organizations more serious about fighting for health than scoring political points.

#### GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000

The 1978 Alma-Ata WHO meeting, entitled International Conference on Primary Health Care, adopted the so-called "Strategy for Health for All by the Year 2000." This is essentially a blueprint which tilts far against successful private sector health care systems in favor of state-run systems which, experience painfully teaches, fail to deliver medicines or care. The "strategy" states that basic health services must be "a network of institutions run by the government as part of the country's administrative system."<sup>1</sup> WHO has used this blueprint to push beyond its strict mandate, seeking worldwide redistribution of wealth and a vigorous anti-West disarmament program.

Washington's response to this campaign so far has been weak. Not only has the U.S. failed to repudiate the goals of the Global Strategy (which, ironically, was inspired in part by some Americans), it has supported it. Example: A 1985 report to WHO from the U.S., entitled

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1. Glossary of Terms Used in the "Health for All" Series No. 1-8, World Health Organization, 1984, p. 11.

Evaluating the Strategies for Health for All by the Year 2000, states that "there are no overt obstacles that have impeded the development of national health strategies in line with the strategies for Health for All" (page 5).

Nowhere does WHO note the plethora of evidence regarding the pitfalls of national planning in health care. And the U.S. has not brought this material to WHO's attention.<sup>2</sup>

## THE PALESTINIAN ISSUE

The U.S. delegation has warned WHO that its involvement in the U.N.'s campaign against Israel will undermine the organization's credibility. Since 1976, WHO repeatedly has adopted resolutions condemning Israel for its occupation of "Arab territories" and for "its illegal exploitation of the natural wealth and resources of the Arab inhabitants." These are hardly health issues. Indeed, a U.N. Special Committee generally has confirmed Israeli claims that the Arab population in the territories occupied by Israel have adequate health care.<sup>3</sup> WHO ignores those findings and instead passes anti-Israeli resolutions.

This year Israel anticipates more attacks than in previous years. And if not for the U.S. law requiring that the U.S. withdraw from any organization that expels Israel or denies it participation,<sup>4</sup> Israel might be denied participation in WHO on baseless charges regarding health conditions in Israeli occupied territories. Attempts to do so occurred in 1979 and 1983. Israel already has been denied participation in WHO's Eastern Mediterranean

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2. For example, the study by Henry Aron and William Schwartz The Painful Prescription: Rationing Health Care (Washington, D.C.: The Brookings Institution, 1984), documents the advantages of the free market. See also Matthew J. Lynch and Stanley S. Raphael, eds. Medicine and the State (Oakbrook, Illinois: Association of American Physicians and Surgeons, 1973), a comprehensive critique of state-run health care delivery systems.

3. To be sure, the report does conclude with the obligatory promise that "whatever observations the Committee has made concerning the health conditions in the occupied territories, the problems of the population's health in the sense of the WHO definition can be resolved only as a result of political action, for there can be no health without peace, liberty, and justice." A/38/10, April 15, 1985, p. 9.

4. P.L. 99-83, Sec. 142.

region because the Arab states refused to allow Israel to be invited to the regional meetings.<sup>5</sup> Last year, WHO Director-General Mahler allowed Israel to join the European region so that Israel can benefit from at least some WHO activities.

The PLO, which has had observer status in WHO since 1974, directs the campaign against Israel. Dr. F. Arafat, brother of PLO boss Yassir Arafat, heads the PLO delegation to the WHO and urges the Assembly to support Palestinian national rights at the expense of Israel. And the majority invariably votes in favor of the PLO-inspired anti-Israel resolutions.

The WHO resolutions are then used by the PLO in its broader campaign against Israel throughout the U.N. system. The United Nations' Palestine Committee<sup>6</sup> advertises those resolutions in its Bulletin and disseminates it worldwide through the U.N.'s Department of Public Information.

#### DISARMAMENT

In the past few years, the issue of disarmament has been promoted in WHO with increasing vigor and sophistication. This effort escalated in 1981 when the International Committee of Experts in Medical Sciences and Public Health was asked to do a report on the effects of nuclear war on health. The Committee report is seriously flawed and biased against Western defense. It in effect bans any kind of missile defense system by stating that "the only approach to the treatment of the health effects of nuclear explosions is primary prevention."<sup>7</sup> The effect of such a report is, of course, completely one-sided, since health professionals in Soviet bloc states cannot get involved privately in activities opposing nuclear weapons.

The WHA is required to distribute the report widely, its impact thus reaching far beyond the meetings of WHO bodies. The U.S. only

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5. Israel's exclusion from regional U.N. bodies violates Article 1, Paragraph 3, of the U.N. Charter, which calls for international cooperation in economic, social, cultural, and humanitarian matters "without distinction as to race, sex, language, or religion," as well as Article 2, Paragraph 1, which states that the U.N. "is based on the principle of the sovereign equality of all its members."

6. Full title: Committee on the Exercise of the Inalienable Rights of the Palestinian People, Established in November 1975, this is a pro-PLO body. See Juliana Geran Pilon, "The PLO's Valuable Ally: The United Nations," Heritage Foundation Background No. 473, December 17, 1985.

7. "Effects of Nuclear War on Health and Health Services," A36/12, March 24, 1983, p. 7.

mildly has protested the inappropriateness of discussing disarmament in WHO, but never actually has attacked the report on the effects of nuclear war on health. Rose Belmont, Associate Director of Multilateral Programs at the U.S. Health and Human Services Department and principal speech writer for the U.S. delegation to WHA, apparently does not understand the resolution's usefulness to the Soviet Union and the danger it poses to the U.S. nor does she seem to appreciate how much such WHA activities divert attention and resources from the battle against disease in the world. She told The Heritage Foundation that the report is a fine "scientific document."

In 1985, the International Physicians for the Prevention of Nuclear War was officially admitted as a nongovernmental organization (NGO) affiliated with WHO. This group, strongly supported by a Soviet front group, The World Peace Council, was established in 1980. The IPPNW has already become an influential participant in WHO, pressing for further WHO involvement in promoting disarmament.

In a 1981 resolution, the WHO has specifically called for "the reduction of military expenditures." In an attempt to provide some justification for WHO to address this issue, the resolution called for "the allocation of the resources thus released to socioeconomic development and also to public health, especially in developing countries." A similar resolution is expected to pass in 1986.

#### TRADE EMBARGOES

At the 1985 WHA meeting, Nicaragua introduced a resolution condemning the U.S. for its trade embargo against Nicaragua. The specific references to the U.S. and Nicaragua were deleted from the resolution eventually passed by the WHO, which condemned "developed" countries that "apply economic measures that have the purpose of exerting political coercion on the sovereign decisions of developing nations." Its slap at the U.S. nevertheless was unmistakable. This language in fact was adopted directly from U.N. General Assembly resolution 39/210. The WHA resolution, WHA38.17, added a request that WHO member states increase collaboration with those developing countries. This resolution was adopted even though it has nothing to do with health issues.

The U.S. anticipates a similar resolution to be introduced at May's meeting.

#### NATIONAL LIBERATION MOVEMENTS

At the 1985 WHA meeting, a resolution was passed supporting the liberation struggle in Southern Africa. It requested WHO

Director-General Mahler to help the countries "negatively affected" by South Africa and named Angola, Botswana, Lesotho, Mozambique, Swaziland, Tanzania, Zambia, and Zimbabwe. It also requested assistance to national liberation movements.

The report of the WHA by Director-General Mahler indicates, for example, that during 1984-1985, \$22,600 from the WHO regular budget has been used for the African National Congress and the Pan African Congress of Azania. The multinational training center in Tanzania for national liberation movements is funded through \$21,000 from WHO's regular budget and \$512,028 from "extrabudgetary sources." \$547,500 was provided from WHO's regular budget to Namibians in Angola and Zambia.<sup>8</sup> The U.S. contributes 25 percent of the outlays.

#### INFANT FOOD REGULATION

One of the best known WHO activities in the past decade is the infant formula controversy. And the issue of worldwide regulation of infant feeding will be on the agenda of the upcoming World Health Assembly meeting.

At a December 1985 meeting of WHO in cooperation with the U.N. Children's Fund (UNICEF), a document was produced entitled "Guidelines for Determining Circumstances Requiring Breast Milk Substitutes." This is expected to be the focus of the Assembly's discussion in Geneva. These "guidelines" strongly favor breast feeding to the exclusion of everything else. Several radical leftist groups are expected to raise the issue of infant formula regulation at the WHA meeting in Geneva. Among them: Health Action International, the Interfaith Center for Corporate Responsibility, the International Baby Code Negotiating Council (the former Nestle Boycott Committee), and the International Organization of Consumer Unions.

The 1981 WHO resolution urging governments to adopt the Infant Formula Code has become a perennial WHO issue. The long-range aim of WHO, according to an industry spokesman, is to curb the activities of the free market in the area of infant health. He estimates that WHO activists intend to take two approaches: 1) to make the guidelines more binding than they are now, and 2) to expand the guidelines to include not only standard infant formulas but also formulas which contain cereals. According to the "U.N. Report" of March 31, 1986, published by the U.S. Council for International Business, the Code might also be extended to regulate advertising of foods intended for consumption by children. In 1984, the WHA adopted a resolution asking governments to examine the promotion and use of foods unsuitable for

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8. A38/15, April 15, 1985, p. 3.

foods unsuitable for infant and young child feeding and calling for a report to its 1986 session. The report has not yet been circulated.

#### TOBACCO INDUSTRY REGULATION

WHO's bias against multinational corporations also affects the tobacco industry. The Assembly meeting is expected to consider a ban on the advertisement of cigarettes and other tobacco products. WHO has been conducting an anti-smoking campaign since the early 1970s, under the topic "Tobacco or Health." At its 1986 session, the WHO Executive Board adopted a resolution which "deplores all direct and indirect practices the aim of which is to promote the use of tobacco," calling on governments to adopt strong anti-tobacco measures. According to the U.S. Council for International Business, Director-General Mahler is expected to submit a program of action to implement this resolution. Details of the program are not yet available.

#### REGULATION OF THE PHARMACEUTICAL INDUSTRY

Item 24 on the Assembly agenda for next month is the "Rational Use of Drugs." This indicates that the Assembly may be moving toward a code on "ethical criteria for drug promotion," a concept adopted by the WHA in 1968. In his February 10, 1986, report on "WHO's Revised Drug Strategy," Director-General Mahler commends countries that "have national lists of essential drugs." The "essential drugs list" concept as promoted by the WHO is designed to prevent drugs, not on the list, from being sold on the market. This is a direct attack on the private drugs production and sales industry. Such an attack is particularly dangerous for developing countries. There the only effective provision of pharmaceuticals has been by private companies.

Ernst Lauridsen, who heads WHO's Essential Drugs Program, and some members of his staff, reportedly have been advising governments to introduce "medical needs" clauses in their national legislation. Such laws would keep new medicines off the market unless it could be proved that they are "therapeutically superior" or cheaper than other available medications.<sup>9</sup> The "needs clause" involves the requirement that a new medicinal product must be shown to be superior to existing treatments before that product is allowed to be marketed. It may also require that a new product be cheaper than other existing treatment.

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9. For a thorough discussion of the "medical needs" concept see Roger A. Brooks, "Saving the WHO From a Poison Pill," Heritage Foundation Background No. 471, November 19, 1985.

A product, moreover, cannot be registered and sold on the market unless a "need" can be demonstrated.

This approach to the marketing of drugs is a barrier to the development of new, improved pharmaceuticals, for the true medical significance of a product sometimes takes ten and even twenty years to be established. Among such examples are the now widely used antibiotic tetracycline, the drug metronidazole, and beta blockers. The "needs clause" thus could have devastating effects on the quality of health care in the developing world.

#### SOVIET BLOC USES OF WHO

An amendment to P.L. 99-190, drafted by Representative Bill Lowery (R-CA) last year and passed by Congress and signed by Ronald Reagan empowers the President to eliminate U.S. contributions to those U.N. programs conducted in communist countries. This affects a number of WHO programs, including:

<u>Country Programs</u>	<u>1984-85 Contributions from the Regular WHO Budget</u>
Cuba	\$777,200
Korea	\$1,327,400
Mongolia	\$1,491,100
Albania	\$33,100
Bulgaria	\$92,400
Czechoslovakia	\$24,800
GDR	\$30,400
Hungary	\$36,000
Poland	\$45,600
Romania	\$45,600
USSR	\$60,700
Yugoslavia	\$37,200
China	\$4,242,800

Vietnam \$3,751,400

Total: \$11,995,700

Source: WHO publication PB/84-85.<sup>10</sup>

Of this nearly \$12 million spent by WHO in communist countries, the U.S. contributes \$3 million. Under the terms of the Lowery Amendment, Reagan can hold back this amount from the U.S. contribution to WHO.

WHO publications advance Soviet bloc propoganda. Many of WHO's publications depict the West in the least favorable light. Typical of this is the index of the WHO quarterly World Health Forum Vol. 3 of 1982. Under the rubric "U.S.A.," only one entry is listed, on "streptococcal infections in American Indians," and under "United Kingdom" only one on "inequalities in health care." In contrast to these negative references to the U.S. and Britain, the index lists five entries for the USSR, all positive, ranging from preventive medicine, public health, and medical education. Similarly, for a 1983 WHO study entitled "Depressive Disorders in Different Cultures," the populations studied were in Basle, Switzerland, in Montreal, Canada, in Teheran, Iran (under the late Shah), and in both Nagasaki and Tokyo in Japan. No "depressive disorders" were studied in the Soviet bloc.

The USSR reportedly is using WHO officials in Afghanistan to provide intelligence for the Soviet troops which invaded that country. Soviet doctors in Afghanistan ostensibly on WHO business include Georgi Kovacsov in the WHO section on "Malaria Control," Vadim Kodorov in "Drug Policies and Management" and Anatoly Gaygin in "Mother and Child Health Care/Family Planning" section.

Within the WHO Secretariat, the Soviets are a powerful force despite their numerical underrepresentation and their considerably smaller contribution to WHO's budget. While the U.S. gives WHO about \$61 million or 25 percent of the organization's budget, the USSR gives only about \$31 million, or 14.5 percent. According to Dr. Aubrey Outschoorn, the former Chief Medical Officer of Biological Standardization who served at WHO from 1962 to 1975, the Soviets "virtually dictate their nationals who are appointed in the professional posts at WHO." A former high-level employee recalls that expert committees in which he has participated invariably had a Soviet

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10. These figures do not include inter-country programs (\$66,694,400 for the relevant regions, nor expenditures through WHO for these countries with monies from sources other than the regular WHO budget. When those other sources are included, the total is \$14,204,900.

or Soviet bloc representative "to insure Soviet influence" at the meetings.

#### BUDGETARY IMPACT OF U.S. LEGISLATION ON WHO

The Gramm-Rudman-Hollings budget legislation will affect the \$61.146 million budgeted by the U.S. for the total WHO regular budget for FY 1986. That sum, according to the State Department, is to be reduced by 4.3 percent. On October 1, the Kassebaum Amendment--section 143 of P.L. 99-93--will go into effect. That provision requires that unless WHO adopts a voting procedure that reflects to some extent the level of a country's contribution to WHO, the U.S. assessed contribution to WHO will fall from 25 to 20 percent of WHO's budget.

#### CONCLUSION

At Geneva's May 1986 meeting of the World Health Assembly, the U.S. should vigorously oppose the politicization of WHO. It should:

- o Oppose the provisions of the "Global Strategy for Health for All by the Year 2000" that involve national, state-controlled, rather than private sector approaches to health care. The U.S. should disseminate information regarding the pitfalls of socialized medicine and explain the success of the private sector.

- o Oppose the illegal isolation of Israel at WHO, and continue to condemn politically motivated resolutions condemning Israel. The U.S. should demand that Israel be allowed to participate in activities of WHO's Eastern Mediterranean Region.

- o Expose the bias and the faulty premises of the WHO-published report on "Effects of Nuclear War on Health and Health Services." The U.S. should argue against the left's simplistic linking of the economic plight of the Third World to the West's arms expenditures. The U.S. should explain the reasons for Western defense and point out that this issue does not belong on a WHO agenda.

- o Vote against any resolution condemning the U.S., whether explicitly or implicitly, for its use of economic sanctions. Instead, the U.S. should sponsor a resolution banning the introduction of such politicized items on the WHA agenda.

- o Protest any "assistance" to national liberation movements through WHO, and warn that U.S. funds that are used to benefit such movements will be withheld.

o Oppose any attempts to extend the Infant Formula Code to other foods, and oppose any attempts to make the Code more binding.

o Protest overzealous, inappropriate activism by WHO employees. The WHO Constitution requires them to be international civil servants who carry out WHO policies and not lobby member states.

o Oppose any attempts by WHO to regulate advertising by private companies.

o Apply the Lowery Amendment and reduce the U.S. contribution to WHO by the U.S. proportion of funds that is used for the benefit of communist countries.

o Apply the Sundquist Amendment (sec. 151 of P.L. 99-93) reducing the amount of U.S. contribution to WHO by the amount which is the U.S. proportionate share of the salaries of Soviet employees which is used as "kickbacks" to their government.

o Insist on a discussion of the Director-General's report on the "Political Dimension" of the Global Strategy and emphasize that WHO cannot and should not "interfere in the foreign policy of governments."

o Implement fully the legislatively mandated budgetary cuts to force WHO to spend its reduced funds on health rather than politics.

In Geneva, the World Health organization faces its moment of truth. It can veer away from its increasing politicization and rediscover its commitment to improve the world's health or it can continue on its present course. If it continues to become politicized, however, it must know that the U.S. will reconsider its membership in WHO. It is WHO's choice.

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