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Tocs used to fix painful jaw disorder

It is the first time the operation has been done to repair damage caused by a Teflon proplast jaw implant—a device prescribed for some TMJ disorder patients until 1991 when it was taken off the market

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Role of epidurin in hastening labour

A study was conducted by researchers to know the effect of injection epidurin on cervical dilatation during labour and its side-effects on mother and foetus

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Progestogens in gynaecological practice

Contraception is one area where progestins, either alone or combined with estrogen, are used extensively. OCPs giving the smallest possible dose of E is combined with an ideal progesterin which is tolerated well and has minimum side-effects

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Vaginosonography and colour coded, doppler in tubal evaluation

Endovaginal sonography as a tool for evaluating tubal patency was an expected development in gynaecology. This technique, sonosalpingography is an office

Frittering of utopian WHO'

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Inside World Health Organisation (WHO) today, we have a glaring case of funds and energy being made to fritter away on account of wrong priorities. This is an unfortunate turn of events for an apex body created in 1948 to address the health needs of the post-war world-II period. Its professed objective was to alleviate the appalling health statistics, particularly those of the developing countries.

But somewhere, something went wrong and clouds of doubt have now gathered over the Organisation's objectives of attainment of the highest possible level

of health for all.

Economists, Professor Robert D Tollison and Richard E Wagner of George Mason University of Virginia, have, in a research report entitled, 'Who benefits from WHO', seriously criticised WHO's spending patterns. An article in the report--The **decline of 'the World Health Organisation--** has indicted WHO as it, has failed to be an effective promoter of health throughout the world.

According to the report, WHO's objectives had failed to live up to its reputation on three main issues:

a. WHO has not been providing the best of health care services it can. It has been interfering in matters better left to individual

nations or markets.

b. The agency is not helping the poorest and unhealthiest countries.

c. There is the worst form of bureaucratic indulgence on the part of WHO.

Professor Tollison points out that of the WHO's total budget allocation of **1.8 billion dollars (1994-95), three-fourth of the amount will go** to paying the salaries of its own staff. The average earning of a WHO employee is US \$1,60,000 per year, dollar 304.2 million is allocated for specific activities within countries that often have little to do with saving the lives of the poorest of the poor.

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Frittering . . .

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WHO meetings, not programmes, alone cost dollar 15 million. The cost of the World Health Assembly alone for 1994-95 is US \$6.3 million, and the Executive Board meet adds another US \$4.5 million. Budget meetings cost US \$2.5 million. The paperwork generated by WHO requires a budget of US \$5.6 million for stationery and office supplies, compared to US \$3.7 million for combatting diarrhoeal diseases, US \$2.5 million for acute respiratory infections and US \$4.8 million for tuberculosis.

Surely these statistics cut a sorry figures and do not do justice to WHO's objectives. The report hints that WHO proposes to spend more on 'Tobacco or Health' pro-

that are being allocated to campaigns on anti-smoking, safety belts and for issues like 'psychological health' than to adopt a humanitarian approach towards third world nations whose people continue to suffer' from preventable and curable communicable diseases like malaria. Besides, the Organisation spends huge resources to endless meetings, conventions and coordinating sessions. Scarce dollars spent on 'talking' in pleasant, fashionable cities like Geneva represent resources unavailable to defray the expenses of doing in desperately poor places like Somalia or the Sudan.

Bureaucratic and political options are only to be blamed for the current situation in which WHO pursues an inconsequential array of unrelated tasks. It is believed

A research report seriously criticizes WHO's spending patterns and points out that it has failed to be an effective promoter of health throughout the world.

grammes. It has allocated \$ 11,884,300 out of WHO's regular 1994-95 budget for this purpose.

Criticizing the allocation of country-wise spending, appropriations from WHO for Ethiopia and Bangladesh, two of the world's poorest nations are a pathetic of seven and nine cents per capita. Meanwhile, Fiji, with a per capita income about double than these two nations receives \$4.22 per person from WHO.

While WHO was reducing funds for immunisation in South East Asia, it was irrationally devoting resources to develop lists of drugs needed in 'isolated circumpolar areas' - that is, drug lists for the North and South Poles.

Reflecting to the priorities of the main donor countries, the report is critical on larger budgets

that the situation could be improved provided WHO guides itself into adopting radical policy changes. Instead offrittering away its energies on peripheral issues, it should concentrate on developing nations where thousand of people continue to suffer and die from preventable diseases.

It must be emphasised that a major impediment to improving the health of the poor is not that of fund but of unrelated needs.

While WHO has failed to help the poorer nations, it has at the same time got itself entangled in the self-inter& of 7 nations who are the major donor nations, and seemingly have put their firm grip over its activities. As the report says: "WHO is ...fundamentally owned by the first world nations, and its activities should be expected to promote their interests."

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