

Global public health services

by domestic regulations. Some researchers predict that these regulatory reforms will initiate a 'new era of compulsion' in international trade.

According to critics, the new regulatory reforms of WTO are a true case of globalization and will be advantageous for the giant multinational corporations, some of which have annual turnover greater than the GNP of many low-income countries. The European countries and USA are also looking forward to benefit from opening up of a major market in health sector. The critical issue is that public health services will become subordinated to pro-trade policies. This will have negative impact on health services in both developed as well as the developing countries. The access to health services will be challenged and it will widen the gap between the poor and the rich, experts argue.

In more affluent countries, where access to health services is considered universal right and is a state responsibility, these policies are feared to raise the question of social justice and hamper the principles of social welfare system. If the health services are open to market competition, inequality may exacerbate. Although in Pakistan and other developing countries the total government expenditure on health is already limited, it is catering to the poor and disadvantaged to an extent. At least there are hopes that these services may be improved for low-income populations with better administrative efficiency. Moreover, as opposed to curative services, a large portion of the pri-

mary and preventive care is being provided by the public sector in most developing countries. With privatization of health services, the accessibility of the poor to these services will be reduced further.

The WTO has denied the criticism on its policies by various analysts. In one of the articles published in *The Lancet*, a representative of WTO, Rudolf Adlung, while disregarding the criticism of health system researchers, Allyson Pollock and David Price, has labelled their work as 'notable only for "researchers' zeal than for objectivity and factual accuracy"'. Adlung denies that no legal tests are being considered under WTO, which will outlaw the use of non-market mechanisms. Furthermore, the WTO representative also shuns the allegation that services that are exempt from GATS are questioned in any sense. However, Pollock and Price of University College London, UK, who have written extensively on these issues criticizing the policies of WTO, reject Adlung's explanation as "unsupported assertions" and provide more evidence for their claims. The researchers further pointed out that USA enjoys disproportionate influence on the policies of WTO, and criticized the "use of its economic hegemony" in various aspects of the working of WTO. The lack of democracy in WTO has been raised as an important issue that needs to be addressed.

The debate, however, continues. The WTO has

responded to common queries on their website as well. Nevertheless, some issues raised by critics still remain unanswered on these web pages. In some cases, although these issues have been addressed to an extent, their denials lack evidence. Many organizations, like GATS Watch, are involved in research and analysis of the role and agenda of corporate lobbies with regards to the WTO/GATS negotiations and are at constant vigil on their activities and process of reform policies.

Whatever may be the true agenda behind WTO's policies, one can clearly observe the gradual emergence of markets for health services around the world. Although, health services have not been privatized explicitly, the critics fear that with incremental government retrenchment and increasing commercialization of health services, the potential for trade is developing gradually around the world. The policies of the International Monetary Fund (IMF), reflected through its programmes, are already implying that government spending on health is not a productive investment for human development and is an avoidable, unnecessary financial burden on governments.

The World Bank (WB) on

the other hand, in its 1993 World Development Report, *Investing in Health*, declared public services a barrier to elimination of poverty. And it is trying to promote through its programmes the ideas of private insurance, privatization of public services, and increased market competition in health services. The

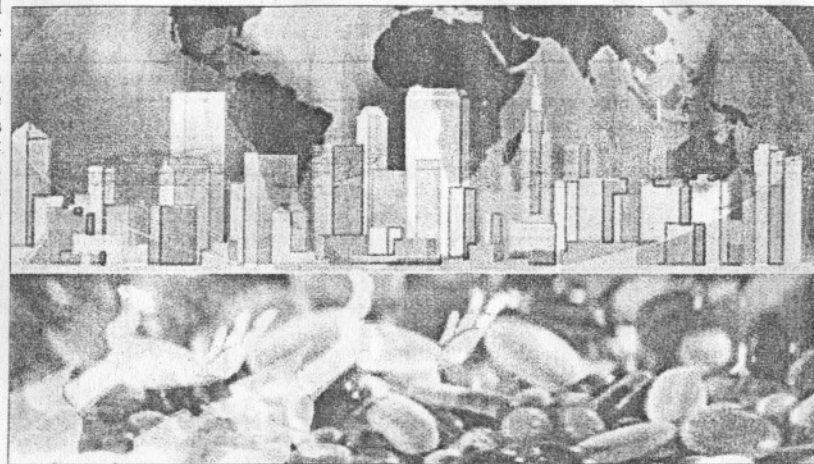
that are well-documented in WB reports, in this respect.

The policies of IMF and WB have severely been criticized for supporting the wealthier in the developing countries and abandoning the poor by strategies such as lifting price controls, freezing of wages, devaluation of local currencies and reduction of

health, it sustains the criticism on its health system for not being as equitable and efficient as in other developed countries where health provision is protected through government monopolies.

The governments of many developing countries may be unable to avoid gradual commercialization of their public health services because of the debt and influence of IMF and WB. Pakistan is on its way of rebuilding its economy through the much-talked about devolution plan. High hopes are attached to this new experiment in the country. Like other developing countries, it would be equally difficult for Pakistan to avoid dictation from the donors.

The GATS' so-called 'liberalization process', about it be initiated recently, in which governments will be requested to expand trade, and therefore, markets in health care. The governments will have to respond to these requests by March 2003. Hopefully, policy-makers in health, in our country, will make conscious efforts to maintain and respect the importance of equity in public health services and carefully assess the probable impact of commercialization of public health services, if such a need seems inevitable.



Hormone replacement therapy

A factor which can increase risk of breast cancer

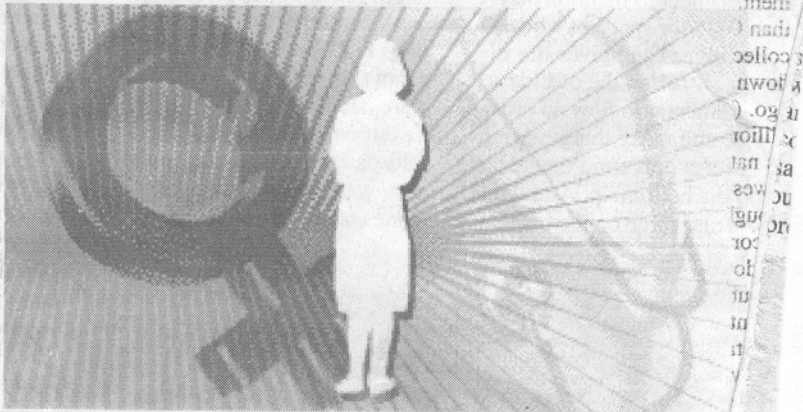
In a move that may affect millions of women, the US government scientists stopped a major study of hormone replacement therapy on the risks and benefits of combined oestrogen and progestin in healthy menopausal women, citing an increased risk of invasive breast cancer.

Researchers from the National Heart, Lung and Blood Institute of the National Institutes of Health also found increases in coronary heart disease, stroke and pulmonary embolism. The study further clouds an issue that already was confusing for many women. Contradicting research about the risks and benefits of hormone replacement therapy has been periodically released for years. The only consensus among experts is

for various reasons, including relief of menopausal symptoms and long-term use for the prevention of heart disease and brittle bones.

The oestrogen and progestin trial study involved 16,608 women ages 50 to 79 with an intact uterus. A major objective of the trial study was to explore the effect of oestrogen and progestin on the prevention of heart disease and hip fractures and any associated change in risk for breast and colon cancer.

"We have long sought the answer to the question: Does postmenopausal hormone therapy prevent heart disease and, if it does, what are the risks? The bottom-line answer from [the Women's Health Initiative] is that this combined form of hormone therapy is unlikely to benefit the heart," said Dr. Claude Lenfant, director of the heart, lung and blood



that the decision is an individual one since every woman's lifestyle issues and risk profile is different.

"Women with a uterus who are currently taking oestrogen plus progestin should have a serious talk with their doctor to see if they should continue it," said Jacques Rossouw in a statement. Rossouw is acting director of the Women's Health Initiative, which sponsored the study.

"If they are taking this hormone combination for short-term relief of symptoms, it may be reasonable to continue since the benefits are likely to outweigh the risks," Rossouw continued. "Longer term use or use for disease prevention must be re-evaluated."

A statement from the institute noted the benefits of oestrogen combined with progestin, "including

institute, in a statement.

"The cardiovascular and cancer risks of oestrogen plus progestin outweigh any benefits — and a 26 percent increase in breast cancer risk is too high a price to pay, even if there were a heart benefit. Similarly, the risks outweigh the benefits of fewer hip fractures.

"Menopausal women who might have been candidates for oestrogen plus progestin should now focus on well-proven treatments to reduce the risk of cardiovascular disease, including measures to prevent and control high blood pressure, high blood cholesterol and obesity," Lenfant continued.

In a statement, Garnet Anderson, a biostatistician who led the analysis at the Fred Hutchinson Cancer Research Center in Seattle, Washington, said, "The trial was stopped at the