

report submitted to the assembly by the external auditor, Sir John Bourn, United Kingdom Comptroller and Auditor General. It contained disquieting details relating to what US delegate Neil Boyer called "a situation that cannot be allowed to continue". He was referring specifically to WHO operating on borrowed funds, its income deficit in the programme Jan 1, 1992, to Dec 31, 1993, being \$51.2 million. But the report's examples of how the organisation disburses the world taxpayers' money—excluding, that is, those populations of 40 or so countries that have neglected for at least 2 years to pay membership contributions—left many delegates, by no means all of them western, perturbed.

While expressing appreciation for "cooperation and assistance" received from all concerned in WHO, the external auditor's findings include the following points.

- The WHO Secretariat has taken its time in acting on the 17 recommendations made in his report to last year's Assembly (these concerned contract letting and monitoring; employment, by WHO, of Executive Board members or their deputies as consultants; control and access to computer systems; and accountability of programme managers to assistant director-generals).

- During the 2 years, the amount spent on the World Health Assembly and executive board exceeded by \$2.6 million the sum budgeted, and expenditures at the Geneva headquarters went up from 33% to 35% of the WHO budget. Over that period, the amount spent on countries' health programmes fell by no less than \$28 million (from 267 million to 239 million); simultaneously, though there was no cut-back in headquarters spending (budget and finance office itself being several millions overspent), allocations to WHO's six regions were reduced by some 10% from the sums originally budgeted.

- The report also focusses on WHO's employment of retired staff. During the biennium, 80 were on over 200 such contracts, a number having been almost continually employed for as long as 4 years, some drawing both full pay and pensions.

- On the subject of amounts written off, waivers, and fraud, the external auditor is to the point: "I am concerned about the incidence of fraud or improper conduct from regional staff in adequacy of their management review and control of key staff and functions". An example cited was senior staff members submitting false claims for education grants for their children.

- The report questions the advisability of WHO's "voluntary separation scheme" in which \$4.85 million was disbursed in separation payments to secure a \$4 million saving for the 2 years, whereas a number of the posts supposedly abolished were later reoccupied.

- Practices on fellowships are also questioned, the report citing the case of one person who received five awards in 7 years. It mentions, also, that of 50 candidates in the South-east Asia region, 12 were over the age of 50 and 3 over 55. (This, as a delegate commented, "leaving not much time for application of information gained".)

Because of what the report describes as "adverse local security conditions", the external auditor's staff were prevented from completing their investigations at the WHO regional office for Africa. Their audit, therefore, does not cover expenditure of \$122 million, assets of \$20 million, and liabilities of \$21 million contained in WHO's own financial statements.

Well satisfied with the assembly where they were concerned were Health Action International (HAI) and the International Baby Food Action Network (IBFAN). On pharmaceuticals, the former was instrumental in securing passage of resolutions on ethical criteria for medicinal drug promotion, rational use of drugs, and WHO's programme on essential drugs, and on the safety, efficacy, and quality of pharmaceuticals. The latter achieved the same with a clearly worded resolution designed to end free supplies of baby food to hospitals, which have been to the detriment of breast feeding.

Alan McGregor

## Health funding in Australia

A substantial commitment to mammographic screening for breast cancer and a small boost to Aboriginal health infrastructure are the main features of the federal government's budget announced last week. Overall, health expenditure received a far smaller increase in funding than had been promised by Graham Richardson, who resigned as health minister in March (*Lancet*, April 2, p 843).

Richardson had promised that Aboriginal health would receive a boost of Aus\$800 million over 4 years to be spent on health services. Instead, the government announced it would allocate \$490 million over 5 years, with most of the money going to improving housing, water supplies, and transport. The switch in emphasis is a victory for deputy prime minister and former health minister Brian Howe, who has always worked on a social model of health. The Australian Medical Association says that \$410 million is merely a continuation of programmes established several years ago.

Richardson had also promised "the biggest increase in medical research funding ever", and that the proportion of the

health budget allocated to research would increase from the present 1.4% to the WHO-recommended level of 2% by the year 2000. The new health minister, Dr Carmen Lawrence, announced that the National Health and Medical Research Council (NHMRC) would receive an extra \$92.8 million over 4 years, which seems a large increase on a base of about \$115 million. But Dr Christine Clarke, president of the Australian Society for Medical Research, points out that almost \$60 million of that money is a continuation of a programme announced in 1989. She says only about \$8 million per year is new money for medical research, "and in real terms that will only just cover existing commitments". About \$1 million per annum has been provided for the NHMRC to improve its secretariat.

The government has responded to political pressure by increasing funding dedicated to breast cancer, as foreshadowed (see *Lancet* April 30, p 1091). The mammographic screening programme will receive \$236 million over 5 years to allow it to spread outside the capital cities. The government will also provide \$16 million over 4 years to establish a Breast Cancer Centre, which will deal with evaluation of research and promotion of best practice.

The budget also contained formal confirmation of funding previously announced to pursue a national mental health strategy. Before 1992, the federal government spent more than \$2.5 billion on mental health without any formal policy or programme. In 1992 the national mental health strategy came into force, with funding of \$135 million over 6 years. Last year a report commissioned by the government said that many mentally ill people lived in squalor and deprived of basic medical treatment (see *Lancet* Jan 9, 1993; p 107). In response, the government announced last week that it would contribute a further \$168 million over 4 years towards implementing the mental health strategy.

One interesting area is the decision to allocate \$5 million over 4 years to help the survivors of torture and trauma. Among the increasing numbers of immigrants who have arrived to escape the political situation in parts of South-east Asia and South America are some who have been tortured and been through extremely traumatic times. The money will go towards counselling and support. Undoubtedly, some of the money will be spent on people traumatised by the government's decision to hold hundreds of people who claim to be political refugees from Cambodia and Vietnam in detention camps, some in the most remote parts of the country, with inadequate food, facilities, and health services.

Mark Ragg