

## Book Review

Nitsan Chorev

*The World Health Organization between North and South*  
Ithaca: Cornell University Press, 2012

Reviewed by Howard A. Doughty

The United Nations is in trouble ... by definition ... in principle and in practice. For one thing, the member “nations” are not “united.” They attack one another with hideous weapons. They swindle one another with nefarious trade practices. They denigrate each other’s cultures. They can’t even agree to protect the air that they all breathe. What’s more, the UN is inefficient and corrupt. It is a bloated home for bloviators. It passes pompous resolutions which no one takes seriously and, when a critical problem arises, it almost never finds a solution. Depending on the specific issue in question, it is either in the hands of a half-dozen or so major powers that treat it as a private club for their own benefit, or it is in the hands of irresponsible extremists including terrorists and terrorist sympathizers who use it as a platform to make outrageous statements mainly for propaganda purposes back home. It is worse than useless because it makes everything worse. What’s even worse than that is the fact that it is now coming under the sway of overarching international corporations and regulatory organizations which thwart its nobler ideals and take advantage of its nepotism, cronyism and bureaucratic inertia.

... or so it is said by critics who have been skeptical of the project at least since the dominant powers ceased to control the majority in the General Assembly, and probably long before. Even if this assessment were more false than true, however, it displays a level of frustration and pessimism that must be taken seriously by anyone who supports the UN’s high-minded ideals in theory and in practice. For a moderately revealing account of UN statics, dynamics and political intrigue, see Kofi Annan’s *Interventions: A Life in War and Peace* (2012) which, while plainly seeking to consolidate (or rescue) the UN Secretary-General’s legacy, occasionally displays a measure of candor about the inherent limits of the United Nations as a political forum, an instrument of diplomatic intervention in conflict and an organization capable of making a difference in social, economic and humanitarian problems; but, we will get to such matters in due course.

First, it is necessary to remind ourselves that, ever since the Peace of Westphalia (1648) forged a consensus among European powers about the nature and rights of sovereign nation-states, these generally well-defined political entities have been suspicious of alliances with friends and fretful of impending attacks by foes. They live in a largely lawless quasi-Hobbesian world. They fear domination by others, even as they seek to impose their influence on their neighbours, their regions and, in some obvious cases, the entire world. Despite the perils presented by other sovereign countries or alliances of countries, they are nevertheless frightened that a congress of large and small nations will

conspire to violate their independence by imposing rules governing everything from ocean fishing to criminal law and presenting health care alternatives (birth control being only the most obvious) that various religions and cultures refuse to countenance. The countries that comprise the United Nations, whatever their ideologies, interests and b, commonly believe that they have indispensable rights as sovereign nations, and they are reluctant to compromise them even in what is demonstrably their own self-interest.

Worries about foreign influence and about the potential power of an overriding international legislature, executive and judiciary is noticeably galling to the United States of America, which regularly affirms that it is “exceptional” and somehow above and beyond external control. Whether dealing with procedures to deal with “crimes against humanity” or eminently humane attempts to afford basic rights to the disabled that was based on its own *Americans with Disabilities Act*, US lawmakers are loathe to allow any international body to interfere with its citizens or its sovereign authority, no matter what the cause.

Make no mistake, however, when it comes to the UN, the USA is not the most obviously hypocritical or the most delinquent member, for at least it takes great pains to explain why it finds deference to international bodies to be unacceptable. Former American presidential hopeful Ron Paul put the point bluntly when he said: “The United Nations ... [is] inherently incompatible with national sovereignty. America must either remain a constitutional republic or submit to international law, because it cannot do both.” For the “libertarian” Mr. Paul and the majority of Republican lawmakers, submission to international law is an insult to the integrity of their nation.

Rather than put forward a principle, no matter how ill-advised, many other countries simply ignore UN edicts, defy UN standards and abuse their own citizens with impunity. They refuse to admit their misdeeds and carry on debasing their natural environments or denying women, children, ethnic and religious minorities and others the most basic human rights regardless of stated international norms. Some of these countries are governed by tyrants. Many are poor and, even so, spend as much or more on police, military and other repressive agencies than they do on public health, education and fundamental social services. Most exist in what is, sometimes in defiance of elementary geography, commonly called “the south.”

Recent skepticism about the United Nations has seldom been more clearly demonstrated than when former President George W. Bush appointed (without the normal advice and consent of the US Senate) Mr. John Bolton, one of the United Nations’ most vehement critics, to the post of American Ambassador to the UN. It seemed like a calculated insult. In any case, once in place, Mr. Bolton used his relatively short time in the position to scorn the institution as he had done before and has done relentlessly ever since. Such right-wing ideologues, of course, are not alone. For instance, *The Wall Street Journal* argued on July 22, 2012, that President Obama was paying the price for deferring to the United Nations in the attempt to resolve the crisis in Syria (which has not, at this writing, improved). It declared that even Susan Rice, Obama’s Ambassador to the UN, had begun

to “channel” John Bolton in his view that on this, as on other matters, the UN had “failed utterly.”

Troublesome as these concerns may be, they are only part of the picture. Beyond the cant and rants at the General Assembly and the harping and carping at the Security Council stands the much and rather unfairly maligned bureaucracy and the many instruments through which the world’s business gets done. A speech by a controversial leader such as Mahmoud Ahmadinejad and the stylishly choreographed walk-outs by national delegations eager to earn a few seconds of attention on their national newscasts get noticed; the determined but largely unpublicized work by the International Labour Organization, the United Nations Economic, Scientific and Cultural Organization and the dozens of even less well-publicized agencies is generally ignored.

Among the most prominent of these subsidiary organizations is the World Health Organization (WHO), and it is this institution that is the focus of Nitsan Chorev’s excellent account, *The World Health Organization between North and South*. Her book does not try to make the WHO “political” in the sense of contentious partisanship; like any formal or informal agency that deals with genuinely public issues on a local, national or international basis, the WHO already *is* political in the serious sense of the word, which is to say that it tries to identify public problems and endeavours to solve them.

Since its inception in 1948, the WHO has undertaken the enormous task of improving the health of people in all parts of the world. It has launched public health initiatives from eradicating communicable diseases (smallpox) to urging change in lifestyle choices (smoking) that have lethal effects on individual health. It has done its considerable good works under difficult circumstances: basic matters such as promoting hygiene, providing basic nutrition, ensuring clean drinking water and fending off malaria by installing simple mosquito netting present tremendous practical problems when working among destitute people in already poor countries. Moreover, achieving positive measurable results when confronting both a disease and contumacious cultural attitudes that sometimes deny the mere existence of the malady and often resist efforts to prevent and to treat it, is an excruciatingly frustrating task as ongoing resistance to acknowledging the spread of HIV/AIDS continues to show. And, to do all this in an international climate of neoliberal opinion that automatically thinks ill of large bureaucratic organizations from the outset adds insult to the attempt to treat injury.

In *The World Health Organization between North and South*, Chorev deals with the intricate steps needed to fulfill its mandate and maintain its principles while being buffeted by contrary interests. On the one hand, there are the modern, wealthy, technologically advanced nations which pay the international piper and thereby have the predominant influence in calling its tune. On the other hand are the less prosperous, more traditional and usually technologically challenged nations which can summon the majority of the votes in the General Assembly and who can use their democratic advantage to maximize the benefits to their own populations or at least to their own political elites. Not to be ignored, of course, is the natural self-interest of the WHO itself which must negotiate a clever course between Scylla of northern hypocrisy and the

Charybdis of southern ineffectiveness. Consummate skill in playing to all sides is a basic requirement of institutional survival and, therefore, the ongoing opportunity to live up to its mandate.

On its face, of course, there should be little to contest: disease is disease, health is health and the main problems of a world health policy should be how to obtain proper funding and devise sound public health strategies, how to pay for and to deliver the goods. These *ought* to be technical issues left in the hands of global health care professionals in ongoing dialogue with both the suppliers of aid and those in need of it.

As with all things, however, the obvious urgency of the issues and the importance of rational decisions about how best to get results is complicated. Mere practical knowledge and instrumental choices are insufficient; the matter is more complex. Chorev explains the confrontation between stated health care objectives and the material interests and ideologies of the participating parties—which is to say the providers and the recipients of what should be improved health care.

*The World Health Organization between North and South* does not offer a detailed chronological or thematic history and analysis of the WHO, as much as she concentrates on two specific time frames and deals with two specific issues. The first is “equity” as it became a more salient issue in the 1970s and early 1980s, when the poor nations were empowered or, better, empowered themselves to make compelling arguments against the inequalities in all facets of life—education and economic development as well as health. By that time, the protracted struggle to win independence from European colonial powers had largely been won. The divergence between what Barbara Ward called *The Rich Nations and the Poor Nations* in her own popular and influential book at the beginning of the 1960s was no longer seen as a result of the cultural conditions of “backward societies” as condescendingly described by Edward C. Banfield (1958) or the “culture of poverty,” in the only slightly less patronizing language of Oscar Lewis (1969). Instead, analysts from Andre Gunder Frank (1966, 1975) to Immanuel Wallerstein (1983, 2004) had redefined the problems of disease, malnutrition, hygiene and so on as dependencies and deformities that were direct consequences of neocolonialism or, later, globalization.

In choosing the theme of North and South, or—more often North vs. South—Chorev acknowledges that there is more to health policy and practice than professionalism and pragmatics. Indeed, there is more than what are ultimately petty squabbles and petulant politicians. North and South refer to vastly complicated questions of power and influence that go far beyond the agendas of this or that leader, party, corporation or economic sector. They include, but are not limited to cultural beliefs and behaviour, major social institutions and, of course, the conditions and contingencies of geography and (of increasing importance because of its apparent instability) climate.

Chorev explicitly addresses the matter of ideology. She is certainly familiar with the neoliberal agenda, having discussed it at length in a previous publication (2007) which examined the political factors that promoted globalization under conditions favourable to free-trade policies and the creation of global institutions and

arrangements that are amenable to the triumph of market economics. That book won the American Sociological Association's Award for Political Economy of World Systems. We should attend to it too.

Despite chronic complaints from the corporate sector and its political advocates in what are amusingly called "conservative" parties to the effect that inflexible and intractable state intervention in the economy is bad for business and bad for public morals as well, the fact is that neoliberal theory has increasingly dominated economic practice throughout the world at least since the days of Margaret Thatcher and Ronald Reagan.

The formula is simple enough: deregulation especially in the areas of environmental sustainability and worker protection, privatization of public enterprises and outsourcing of work in necessary public sector domains, tax reduction especially for capital gains and investment earnings, relaxation of financial and foreign exchange markets, monetarism as the foundation of fiscal policy and the promotion of "free trade." Neoliberalism in Cherev's words amounts to the passage of laws and the implementation of government policies "that attempt to bring about economic growth by minimizing state intervention in the market and otherwise ease capital's profitability and investment."

While this is a valid and substantial point, it is also ever so slightly disingenuous. The protection of private property by the state, the use of "legitimate violence" against dissent, whether spontaneous or organized as in trade union and social justice movements, and the enforced transfer of wealth from the working and middle classes to the rich as, for example, in the reduction of income taxes and the emphasis on consumer taxes, user fees and inflationary expenses for health and other services yielded up to the private sector are all examples of how government is used to tip the economic scales toward the accumulation of wealth at the top and the stagnation or decline of prosperity in all but the wealthiest sectors of society—North *or* South.

The implications of neoliberalism for health care is nowhere more obvious than in the health insurance reforms attempted in the United States by President Obama, which guaranteed the pharmaceutical industry that its profits would be protected, and removed universal single-payer health insurance from the list of proposals *before* negotiations even began; as a result, the price paid for insuring citizens with pre-existing diseases was the maintenance of a private sector monopoly with the added advantage of fifty million publicly subsidized new customers.

The implications for what was once called the "Third World" have not captured as much attention in the global press, but there is much to be learned from the fact that, apart from the "axis of evil" identified by the Bush administration, the most consistent demonization of leadership in the "South" is surely that of Hugo Chavez in Venezuela, who consistently won re-election largely as a result of the popularity of his domestic program (assisted by Cuba in exchange for cheap oil) for health care improvement among the poor.

Plainly, the needs and demands of emerging nations must be taken more seriously into account since actual economic progress—both in terms of overall growth and increased

equity—has come in countries in, for example, Latin America which have chosen to resist, within the limits of their power, the domination of the North through such instruments as the International Monetary Fund and the World Bank.

For Chorev, the asymmetry of power between North and South is a premise that does not yield an inevitable conclusion. She examines the WHO bureaucracy and concludes that it has been successful in subtle ways. Poised between North and South, it has successfully negotiated a consensus on a number of issues which conceded what was necessary to *both* the prosperous North and the populous South, while maintaining its own principles and ambitions.

To arrive at her generally optimistic assessment (which contrasts somewhat with the cranky appraisals of preternatural critics), Chorev focuses on two crucial “moments” in its (postcolonial) history: the 1970s and 1980s, when poor nations rallied against the wide and growing economic gap between them and the Western powers which had previously colonized them; and the late 1990s, when the WHO was forced to adjust to the full implications and ramifications of a triumphant neoliberal hegemony that is not only still in effect, but which has even intensified in light of the 2008 global financial crisis caused by “casino capitalism” and now being addressed by austerity measures that most progressive economics insist be counterproductive, inducing further recession and adding to the burdens upon the poor and the increasingly vulnerable working and middle classes in North America, Europe and throughout the “developing” world as well.

In light of the world-wide economic conditions, Chorev’s account allows for some minimal confidence in the future, at least as far as the inner workings of the WHO are concerned and in terms of many of its on-the-ground programs. While not glossing over some of its problems, she reminds us both of its challenges and of its significant successes. She also reminds us that, to paraphrase Brendan Behan, in some circumstances, “to survive is an achievement, but to do some actual good is a complete victory.” She allows us to recall, as well, that grandiose claims and malicious (and self-serving) attacks both ignore the fact that most of the practical benefits that the WHO has provided rely upon dedicated researchers, health care providers and supportive individuals and institutions which are distanced by choice or necessity from the overtly “political” (in the bad sense) quarrels in the upper ether of global economics and politics.

While she does not ignore it by any means, it is worth mentioning that a third critical “moment” may be upon us. It is not a well-known fact, but when the WHO was established and given the conflated task of fighting disease and promoting wellness, its funding came entirely from the obligatory contributions of member states. Today, 30% of its roughly \$5 billion (US) budget comes either from the private sector or from voluntary donations from national governments. No forensic accountant is needed to discover that the primary sources are from countries with the most powerful and profitable pharmaceutical industries.

The WHO is the largest United Nations agency. It’s the single most important health policy organization in the world. It not only provides important services itself but, more

importantly, it serves as the main guiding light for nations that are involved in both the supply and the consumption of health services. It is true that, like most UN agencies, its authority is mainly moral. It cannot enforce even its least controversial recommendations, much less prevent UN members from acting badly domestically or abroad. According to Thomas Gebauer, head of Medico International, a member of the People's Health Movement and an international German-based non-government organization, such private and "voluntary" contributions "are earmarked for specific purposes, allowing donors to directly influence WHO's work."

As well, some commentators have noted that, although the WHO and its 8000 direct employees constitute the main international force in health care policy and practice, the role of the agency is being challenged by other organizations and institutions, not least pharmaceutical companies whose human and fiscal resources are quickly catching up with or surpassing those of the WHO.

Lacking enforcement authority, being burdened with an extraordinarily broad mandate, compelled to assuage almost two hundred interested governments and negotiate a path among conflicting ideologies and interests, the future of the WHO is, perhaps, more uncertain now than at any time in the past. What Chorev or a successor author will have to say about that in a decade or two remains an unanswered and an unanswerable question.

As part of its review of multilateral aid, the Government of the United Kingdom (2011) produced an assessment of the WHO. While not subscribing to its conclusions, the topics it covered provide a sensible first summary of the main issues which would necessarily be on the agenda of anyone (friend or foe) interested in the future of the WHO. It considered, among other things:

- weakness in transparency and accountability;
- flaws in internal performance assessment methods;
- problems with performance evaluation in meeting international objectives;
- fiscal needs and resources, especially when operating in "fragile contexts";
- financial resources management;
- inadequate focus on poor countries (the WHO allegedly spends 43% of its resources in countries in the top quartile of developing nations);
- gender equality (noting slow progress in producing sex disaggregated data crucial to advances in women's health issues);
- climate change and environmental sustainability as factors influencing health outcomes;
- quality of partnership arrangements with other organizations and governments;

That is quite a load for any organization, much less one like the WHO (if, indeed, there *are* any organizations quite like the WHO). As well, however, potential critics would do well to spend as much time examining the context in which the WHO functions including competitors and contumacious critics whose interests lie in limiting the scope and influence of any and all authorities with the capacity to alter the "business of health."

### **About the Author**

**Howard Doughty** teaches political economy in the Faculty of Applied Arts and Health Sciences at Seneca College in Toronto, Ontario. He can be reached at [howard\\_doughty@post.com](mailto:howard_doughty@post.com).

### **References**

Banfield, Edward C. 1958. *The Moral Basis of a Backward Society*. Glencoe, IL: Free Press.

Chorev, Nitsan. 2007. *Remaking U.S. Trade Policy: From Protectionism to Globalization*. Ithaca, NY: Cornell University Press.

Frank, Andre Gunder. 1966. *The Development of Underdevelopment*. New York: Monthly Review Press.

Frank, Andre Gunder. 1975. *On Capitalist Underdevelopment*. New York: Oxford University Press.

Government of the United Kingdom. 2011. Multilateral Aid Review: Assessment of the World Health Organisation (WHO).

<http://www.dfid.gov.uk/Documents/publications1/mar/WHO.pdf>

Lewis, Oscar 1969. "Culture of Poverty." Pp. 187–220 in Moynihan, Daniel P. (Ed.) *On Understanding Poverty: Perspectives from the Social Sciences*. New York: Basic Books.

Wallerstein, Immanuel. 1983. *Historical Capitalism*. London: Verso.

Wallerstein, Immanuel. 2004. *2004: World-Systems Analysis: An Introduction*. Durham, North Carolina: Duke University Press.