

Abortion drugs must become WHO essential medicines



More than 2 months after a WHO expert committee recommended that mifepristone and misoprostol should be added to its Essential Medicines list, the file is still awaiting sign-off. A spokesperson for the Department of Medicines Policy and Standards within WHO told *The Lancet* that it was a “political matter”. We were urged to speak to the Director-General’s office; a spokesperson said she had no idea when a decision would be made.

Every day’s delay results in women dying unnecessarily from complications of surgical abortions or use of unsafe medical methods for pregnancy termination. According to WHO statistics, 19 million women have an unsafe abortion worldwide every year; 18.5 million of these occur in developing countries. Deaths due to unsafe abortion are estimated to number around 68 000 a year.

After reviewing the evidence, including that from 39 trials, the committee concluded that mifepristone followed by misoprostol vaginally is a safe and effective method of terminating pregnancy up to 9 weeks, suitable for use in most settings. WHO’s own reproductive health strategy, approved by the World Health Assembly in 2004, identifies elimination of unsafe abortion as one of five

priorities, which will also help to achieve the Millennium Development Goal for reduction in maternal mortality. So why the delay?

A month ago, the UK’s *Guardian* newspaper reported that “the US department of health and human services has been lobbying the director general’s office at the WHO to block approval of the pills”. Reproductive health experts then wrote to Lee Jong-wook expressing their concern that WHO “may bow to political pressure”, and urging the addition of the abortion drugs to the list. One consultant on the committee, Prof Joe Collier, told *The Lancet* that in his view “WHO was established to be above single-state politics and it would be a gross error if such an influence were allowed to intrude.”

We agree, and support WHO’s wish, expressed through its expert committee, to add these abortion drugs to its Essential Medicines list. All members of the expert committee wrote to the Director-General on May 5 to express their concern about the delay. Dr Lee would command wide support and accolade if he signed these drugs off right now and resisted any individual government’s interference. ■ [The Lancet](#)

The societal value of health research



Funders of medical research in the UK pour millions of pounds into health-related grant programmes every year, but a growing recognition that traditional measures of research output—published papers and granted patents—do not accurately reflect the societal value of this work has led two of the UK’s largest funding institutions to pose the question: what exactly is society getting for its money?

The UK Medical Research Council, the Wellcome Trust, and the Academy of Medical Sciences (AMS; a non-grant-giving body that promotes medical science in the UK) will meet next week to discuss “how UK organisations might better evaluate and demonstrate the outcomes of research relevant to human health”. This move is partly prompted by the UK Government’s recent commitment to raise overall funding for medical research to £1.2 billion a year by 2008. According to the AMS, this extra money puts pressure on grant givers and recipients to show that investment can be justified in terms of tangible benefits to society. Put simply, funders want to be able to prove that

the money should be spent on health research, rather than on extra hospital beds.

Assessment of the overall benefits of investment in health research has several advantages: it would satisfy demands for accountability for research funds, justify the government’s expenditure pledges, and help researchers advocate for more funds. But perhaps most importantly, relating research funding to health outcomes will provide evidence to convince the public that money spent on research contributes significantly to the health of the nation, and is an essential complement to that spent on health care.

Although still at an early stage, this fledgling initiative deserves the full support of both the medical community and the public. The innovative stance the UK research community has taken to assessment of the projects it funds should be applauded. Their analysis will justify wide dissemination to help foster greater demand for research from patients and policymakers alike. ■ [The Lancet](#)