

# Global Health Watch

Mobilising Civil Society around an Alternative World Health Report

GHW Update 10 – June 2005  
Welcome to our June edition!!!

Please pass on this newsletter to anybody that might be interested in the GHW.  
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## Cover and Commendations of the GHW from Leading Public Health Figures

We have just received very complementary commendations from a number of notable people. Read for yourself.

Ilona Kickbush, senior health policy advisor: The global health arena needs more transparency, more accountability and more political analysis. This new initiative clearly contributes in a significant way to all three of these challenges. It will become required reading for anyone active in global health.

Andy Haines, Director, London School of Hygiene & Tropical Medicine: This report combines academic analysis with a call to mobilize the health professional community to advocate for improvements in global health and justice. I hope it will be read by many health professionals in rich and poor countries alike.

Martin Khor, Third World Network: It is very good to see the issues of trade and globalisation reflected prominently in a report on the state of health. The biggest health epidemic facing the planet today is poverty - it underlies the existing and unacceptable pattern of disease burden and the inadequate health systems response. This report provides a resource for enabling health professionals to engage in debates about these determinants.

Fran Baum, Commissioner on the WHO Commission on the Social Determinants of Health: The Watch will become the essential guidebook for health activists who want to campaign for a kinder, more equitable, healthier and people centred world. I will certainly be reading it avidly to help me in my role as a Commissioner on the WHO Commission on the Social Determinants of Health.

Vicente Navarro, Editor-in-Chief, International Journal of Health Services: This is a very good reference for people working in areas affecting the health of populations. It deals with some of the most important issues in today's world. I highly recommend it.

Help us spread the word about the GHW and hold a launch in your city! For more information on what this involves please contact us at [gwh@medact.org](mailto:gwh@medact.org).

An advocacy document highlighting the key messages from the Watch will be posted on the GHW website on the 20th of July. It will be available in Arabic, French, German and Spanish. If you can help translate this document into other languages please contact us at [gwh@medact.org](mailto:gwh@medact.org).

## **GHW features at the World Health Assembly**

At the 58th World Health Assembly in Geneva, health ministers from 192 countries discussed key global issues. David McCoy of the GHW secretariat was asked to speak at a high level panel to discuss the World Health Organisation's 11th Global Program of Work (GPW). The GPW is a 10 year framework for action for the world as well as a WHO planning document.

David's response covered many of the issues that the Global Health Watch discusses and he was also able to plug the Watch itself. Here is an excerpt of his response:

".....the dominant development paradigm is one which focuses on the delivery of medical technologies and pre-determined packages of interventions without considering adequately the process of health development, and without considering how health interventions can simultaneously change the political and social landscape in which are constituted the fundamental social and economic determinants of health.

In spite of being explicitly pro-poor or centred on poverty reduction there are current issues affecting the work of many existing health interventions and programmes. These include:

- \* Reinforcement of dependency and disempowerment;
- \* Too much publicity and credence given to institutions and actors that do not share a commitment to equity or healthy for all- actors and institutions that may actually be part of the problem but which are positioning and portraying themselves as being part of the solution;
- \* Undermining of government and undermining of mandates and capacity of the public sector within health care systems.

So, first point, the GPW must give attention to the process of health development, so that it incorporates and advocates health interventions that will also shift the imbalances in decision-making power; increase the transparency and accountability of governments, global initiatives and public-private partnerships; and shape global initiatives to fit in with the needs of health care systems, rather than shaping health care systems to fit in with the needs of global initiatives. We must not have the tail wagging the dog.

Second point, the GPW should discuss and respond to the environment within which WHO operates. This means:

- Looking at global governance and the effectiveness of the UN system as a whole;
- Strengthening the ability of WHO to influence the form and rules of globalisation so as to be able to promote and protect public health
- Improving the funding environment of WHO, and reducing the ability of donors to unduly control the WHO agenda through extra-budgetary support
- Limiting the undue influence of certain countries on the actions of WHO – for example, looking to see how the WHO can be protected from pressure to stop considering macro-economic and trade policies as being health issues
- Bring some sense of coordination and coherence to the proliferation of global initiatives and partnerships.

Finally, the third point: we would like to see the GPW also reflect and comment on the internal environment of WHO. In two months, we and others, will be launching the production of an alternative world health report. One of the ideas behind this is to develop a mechanism for "writing a report on the people who normally write the reports". In other words, to find a mechanism by which we can scrutinise the work and actions of key global health institutions such as WHO (but not limited to WHO).

## Highlights from the GHW Report 2005– UNICEF

The survival gap between rich and poor children around the world is increasing, though the causes of mortality in 42 countries could be prevented 60% of the time.

UNICEF which formed after World War II in an effort to relieve Europe's children from disease and famine has since extended its mission to include: girl's education, immunisation, HIV/AIDS, early childhood development and child protection.

Over the leadership of different UNICEF's executive directors there has been gradual shifts from focus being placed on reducing child mortality rates to the current broader more developmental children's issue, among which are violence, abuse, exploitation and discrimination.

Because UNICEF was formed to address an array of children's issue, many are outraged by the recently appointed UNICEF executive director, Ann Veneman, who they feel will not address adequately UNICEF's concerns for children's well being. Overall what people are looking for in an executive director is a person that is a friend to children above other things.

Though at the centre of UNICEF is the well being of children, the chapter proposes that UNICEF alongside other organisations like the UN and WHO need to jointly tackle children's issue to maximise efficiency by supporting each other's missions rather than working parallel to them.

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