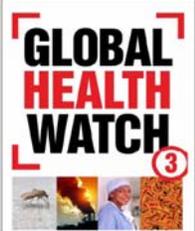


### Global Health Watch 3

a short voyage exploring its content




### Global Health Watch an Alternative World Health Report

- ✚ Conceived in 2003 as a collaborative effort by activists and academics from across the world
- ✚ Designed to question present policies on health and to propose alternatives
- ✚ Previous editions published in 2005 and 2008
- ✚ Global Health Watch 3 co-ordinated by five civil society organisations – the Peoples Health Movement, Medact, Health Action International, Medico International and Third World Network




### Proposing Analysis, Alternatives, Action

- ✚ GHW3 provides analysis of contemporary issues that impact on health and health care -- not just in the health sector, but in a range of human activities
- ✚ GHW3 is tool for analysis and action for activists, academics, agencies and policy makers
- ✚ GHW3 argues on behalf of types of action that can catalyse change
- ✚ GHW3 is a call for action to those who believe that things need to change, and that change needs to start now
- ✚ GHW3 seeks to inspire through interwoven stories about how people are already trying to change their situation in diverse settings

### Global Health Watch 3: Contents

- ✚ **Global political and economic architecture:** analysis to locate the decisions and choices that impact on health
- ✚ **Health systems - current issues and debates:** view of current issues and debates on health systems across the world
- ✚ **Beyond health care:** discusses multiple social, economic, political and environmental determinants of health
- ✚ **'Watching' section:** scrutinises global processes and institutions which are crucially important for health and health care in the globe
- ✚ **Alternatives, Action and Change**

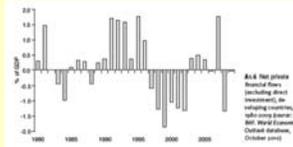
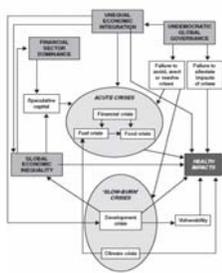
### Global Political and Economic Architecture




### Global Political and Economic Architecture

Multiple crisis facing the globe:

- ✚ The recent **financial, food and fuel** crisis (the 'three Fs')
- ✚ Two 'slow burn' crises – the **climate** crisis and the **crisis of development**

### Global Political and Economic Architecture

- Not transient crises but indicate a deep 'systems failure' that plagues the practice of capitalism informed by neoliberal theory and practice



- Manifest in persisting and increasing global economic inequality, in the dominant role played by finance capital, in unequal and asymmetric global economic integration and in a system of ineffective and undemocratic global governance

### Global Political and Economic Architecture

*If we want to achieve social goals ... and to do so while simultaneously tackling climate change and achieving true environmental sustainability, then we need to redesign the global economic system to realise these aims. We cannot simply assume that these goals will somehow magically be achieved under an economic model designed to achieve a fundamentally different and, in many respects, contradictory goal – the maximisation of total production and consumption – implemented through the distorted lens of grossly undemocratic decision-making processes in the interests of those with the greatest power and the greatest resources.*

Chapter A1. GHW3

### Health Systems: Current Issues and Debates



### Primary Health Care

- Reviews of current debates on primary health care (PHC) in the context of the renewed interest in PHC
- There remains confusion, disagreement, and controversy around PHC in terms of its content, emphasis and application
- Sustained and deliberate departures in present articulation from its original vision in the Alma Ata declaration of 1978



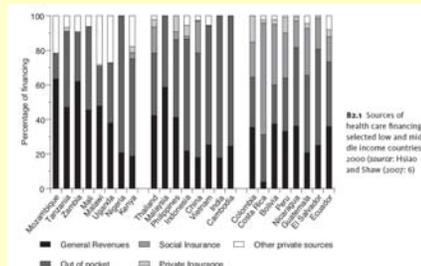
### Primary Health Care

*More recent evidence for the role of power, politics and policies... comes from Sri Lanka, Costa Rica and Kerala in India, as well as examples of Rwanda, Thailand, Iran and Brazil. All of these examples demonstrate that investment by the state in the social sectors, and particularly in education, health and welfare, has a significant positive impact on the health and social indicators of the whole population. These examples provide further evidence that a strong, organised demand for government responsiveness and accountability to social needs is crucial in securing healthy public policies*

Chapter B1. GHW3

### Financing for Health

- Need a coherent vision on health financing predicated on a tax based system that is most sustainable and likely to promote equity and access to health care



### Financing for Health

*Of the three regions of the developing world, only in the case of Africa is the inflow of aid higher than the outflow due to trade deficit*

*For poor, and often rural, households, the expenditures associated with accessing health services can be catastrophic, and plunge families into poverty... making health care free at the point of use is a vital first step to increasing coverage*

Chapter B2. GHW3

### Building Sustainable Health Systems

- Country case studies from **Costa Rica, Sri Lanka and Thailand** reflect experiences in building sustainable health systems that are premised on public financing and provisioning

*The countries operate in a global environment where their endeavours are seen as 'swimming against the current'. ...Clearly there is a need to defend these systems, learn from them (and also from their mistakes!) and make this a basis for the articulation of equitable and accessible health systems in other situations across the globe. This requires, apart from national action, global solidarity.*

Chapter B4. GHW3

### Why Health Systems Fail to Deliver

- Case studies from India, China and the US analyse the underlying reasons for a 'systems failure' in the health sector in three of the largest countries of the world.
- Evidence from Ghana contests recent optimism about the sustainability of community based health insurance scheme

Separation of health financing and provisioning can mean public financing of the private sector



### Why Health Systems Fail to Deliver

*Paradoxically, three of the largest countries in the world – China, India and the US – are clear examples of health systems that are dysfunctional, in large measure owing to unsustainable financing systems. The cases are instructive also because they involve two countries (China and India) that are proclaimed the 'success stories' of neoliberal economics and the third (the US) is by far the richest country on the globe.*

Chapter B4. GHW3

### Women face the brunt of failing health systems..

- Distressing evidence of the very high cost being paid by women as a consequence of dysfunctional health systems and the neglect of social determinants
- Context of the persistence of very high levels of maternal mortality



### Women face the brunt of failing health systems..

- Require an approach that locates the problems associated with high maternal mortality and morbidity in a framework that is sensitive to women's concerns and vulnerabilities



### Research for Health

- Research heavily skewed in favour of biomedical interventions, to the almost complete neglect of research on health systems and the social determinants of health
- Need to contest the present reward and review systems for research, located in concerns that are often far removed from concerns of local communities.
- Need to reorient the entire research cycle, with changes in the way research is prioritized, funded, reviewed and conducted

### Research for Health



### Pandemic Influenza Preparedness and Inequity

- Deep inequities persist in access to available tools that can control the spread of diseases
- Developing nations are exhorted to share their biological material but are denied access to health products developed from such material

*In the absence of reciprocal benefits, the International Health Regulations (2005), for instance, which impose mandatory disease-reporting obligations on signatory member states, could reduce poorer front-line states to the role of pandemic 'canaries' in an early warning system for emergent flu pandemics*

Chapter B8. GHW3

### Mental Health and Inequality

- Attention towards growing numbers of those who need care for mental health problems
- Too little attention to mental health problems rooted in structural problems of inequality, rising consumerism and the marginalization of whole communities

*In addition to drawing attention to the need to address the social and economic determinants of mental health, including inequality, it can also assist individuals who suffer from mental health problems in realising that some of their problems are rooted in issues over which they have very little control*

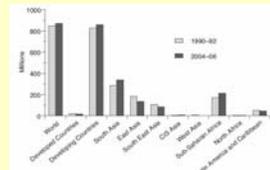
Chapter B9. GHW3

### Beyond Health Care



### Global Food Crisis

- Almost entirely a result of human greed and not of limitations on resources or capabilities.
- Crisis linked to huge increase in speculative trading of food grains
- Also related to disastrous policies that replacement of food crops with biofuels



Number of undernourished people worldwide

## Global Food Crisis



Financial firms and other speculators increasingly entered the market in order to profit from short-term changes in price. At the height of the boom, such investors owned 35 per cent of corn futures contracts, 42 per cent of soybean contracts, and 64 per cent of wheat contracts in April 2008

Chapter C1. GHW3

## Health work in conflict situations

- Major concern in conflict situations is the very poor availability of information that is vital to the planning of relief and rehabilitation work
- Health workers face enormous challenges while attempting to collect and disseminate this information, often in the face of hostile opposition from the military and civil establishments

## Health work in conflict situations

In November 2009, residents of Korkhashien village drove dead bodies, including the bodies of two children, in a convoy of vans and station wagons to the governor's office in the provincial capital, Lashkar Gah. The residents claimed that a NATO rocket attack had killed nine people, including the children. They wanted the governor to see the bodies as evidence of this claim. NATO said the rocket was fired because they believed people were planting a bomb. A week later, a letter from the Permanent Joint Headquarters in the UK said that one of the reasons it was difficult for NATO to estimate civilian casualties was because of the local custom of burying the dead within 24 hours.

Chapter C2. GHW3

## Trade and Health

- A second push, after the WTO agreement, to expand the scope of activities that would be covered by trade – largely through the 'free' trade agreements and also through a slew of international treaties such as the Anti-Counterfeit Trade Agreement (ACTA).
- Continuing concerns related to the agreements under the WTO, such as the Trade related Intellectual Property (TRIPS) agreement,

## Trade and Health



Philip Morris sued the Uruguayan govt. for its regulation that requires tobacco companies to cover 80 per cent of their cigarette packs with pictorial warning labels

Chapter C3. GHW3

The multinational water infrastructure company AdT sought \$25 million from the Bolivian government as compensation for its lost investment, including expected profits, after the government reversed a disastrous water privatisation attempt in Cochabamba

Chapter C3. GHW3

## Biotechnology and Speculative Finance

- Gap between the promise of biotechnology and the actual delivery of useful health products
- Deep links between the biotech industry and speculative finance, both premised on a 'future' that is illusory and often false



## Biotechnology and Speculative Finance

*'The future' is key in biotech R&D. Since the 1980s, biotech scientists and their supporters have promoted visions of the future in which disease, hunger, pollution, biodiversity loss, and industrial waste will all have been vanquished by new biotechnology products and processes.*

Chapter C4. GHW3

*Questions need to be asked about genetic research. Is the science of human cells and genes there to fulfil the promise of a better life for all, or to serve the ends of some speculators?*

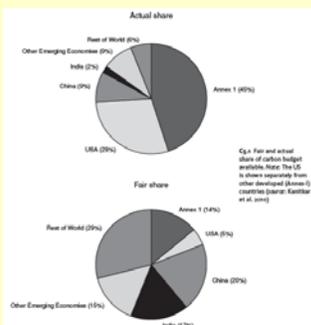
Chapter C4. GHW3

## Climate Crisis

- Climate crisis in the backdrop of global negotiations in Copenhagen and Cancun.
- 'Carbon debt' owed by rich countries to the rest of the world
- Need an approach based on 'carbon budgeting' balances the requirements for decreasing greenhouse gas emissions and servicing developmental needs of the South



## Climate Crisis



*Despite the grave warnings by the IPCC about the depth of the climate crisis, the developed nations of the global North led by the US cynically manipulated the international negotiations in such a way as to shift the onus for tackling the climate crisis on to the already over-burdened shoulders of the global South*

Chapter C5. GHW3

## Population Control Bogey

- Renewed focus on 'population control' that seek to fundamentally link the climate crisis with population increases in developing countries
- Further attempt to link conflicts with the climate crisis and the characterization of those displaced by conflicts and developmental crisis as 'climate refugees'
- Deflects attention away from the contribution of over-consumption by the global elite and resurrects the 'victim blaming' approach to the global crisis

## Watching Global Institutions and Processes



## World Health Organization

- Two case studies to understand better the situation that confronts the WHO:
  - Negotiations in the intergovernmental working group on Intellectual Property and Public Health
  - Continuing ambiguity regarding WHO's association with the International Medical Products Anti-Counterfeiting Task Force (IMPACT) – a body with very strong presence of the pharma. industry
- Both raise concerns regarding influence of large corporations and of a few developed countries, that seeks a shift in WHO's constitutional mandate

## World Health Organization



The skewing of WHO's finances in favour of voluntary contributions places the organisation's role as an independent body at risk.

Chapter D1. GHW3

*It cannot be consistent with WHO's mandate to withhold commentary on the large donors because they also provide tied funds to WHO. Health is a political as well as a technical subject. WHO must accept the responsibility of engaging in the politics of health as well as advising on technical issues*

Chapter D1. GHW3

## UNICEF

- ✚ UNICEF's role in promoting an extremely narrow and essentially biomedical approach to the problem of malnutrition in children – specifically in its promotion of 'Ready to use therapeutic foods' (RUTF).
- ✚ Concern over UNICEF's association with platforms of agribusiness corporations and private corporations manufacturing RUTF
- ✚ The Vitamin A story – technocratic fixes that fly in the face of current evidence

## UNICEF

*There is a race to the middle between pharma and food. The opportunity is big. The risk is big. The reward is big.*  
... Luis Cantrell, head of business, Nestlé SA

Chapter D2. GHW3

*UNICEF does not choose its top executive – the executive director – through a transparent and democratic process. Every executive director of UNICEF, since its inception in 1946, has been a US citizen*

Chapter D2. GHW3

*A mapping of UNICEF's partnerships in 2008, reported that a total of 628 different companies worldwide maintain active collaboration, partnerships and contacts with UNICEF*

Chapter D2. GHW3

## Pharmaceutical Industry

- ✚ Diminishing health returns from the activities of the pharmaceutical industry
- ✚ Prospect of a world in which medicines and medicine produce more ill-health than health, and when medical progress does more harm than good
- ✚ Too few new products target health problems of a majority
- ✚ Innovation severely constrained by the intellectual property based model, that directs research in areas where people can pay, not where they are needed

## Pharmaceutical Industry



*Between 1975 and 2004, only 21 out of 1,556 marketed new chemical entities were indicated for neglected diseases. This represents about 1 per cent of output, a figure unchanged in three decades ... MSF estimates that of the \$105 billion spent on medical innovation today, 90 per cent is spent on the health problems of less than 10 per cent of the world's population*

Chapter D4. GHW3

## Philanthrocapitalism and Conflict of Interest

- ✚ Rapid demise of international solidarity premised on participation of sovereign nation states accompanied by rise of 'alternate' centres of power and influence
- ✚ Prominent are private philanthropies, most of them based in the US.
- ✚ 'Philanthrocapitalism' aims to harness the power of the market in order to achieve social outcomes
- ✚ Examines the functioning and priorities of the Bill & Melinda Gates Foundation to explore how corporate interests and philanthropic investment are having adverse effects on health policy

### Philanthrocapitalism and Conflict of Interest

*The links between the Gates Foundation and corporations such as Mc-Donald's and Coca-Cola underpin a wider problem, which is the tendency of private foundations to engage in political or corporate lobbying while appearing to adopt apolitical or non-political stances*

Chapter D3. GHW3

*The aim to ensure that political channels are receptive to the agendas of philanthrocapitalism is evidenced by attempts to disparage tax policies that could bolster the finances of governments that have been depleted by the recent global financial crisis*

Chapter D3. GHW3

### Health and 'global security'

- Globalisation of almost all aspects of human activity has prompted a debate on the need to have global regulations and structures that secure people's health, which faces threats from global influences
- However 'global security' has often come to mean security for the globe's elite against the much larger number of the global poor
- The present concept of security demands total transparency and cooperation on the part of all parties involved, but not equity and solidarity between them

### International Health Partnerships

- International partnerships have rapidly replaced the UN system as the principal driver of health aid and health funding
- Brought, in their wake, huge problems related to the ability of resource poor countries to manage multiple, and often, conflicting demands of compliance from such partnerships.
- The International Health Partnerships plus (IHP+) initiative is designed to harmonise efforts
- However, progress has been very slow and there is still insufficient change in the way that the global health partnerships work

### New Reproductive Technologies

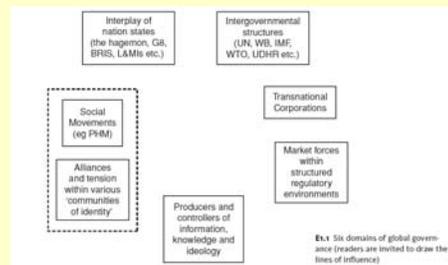
- Biomedical approach to health reduce women's bodies into receptacles for technological experimentation, especially focusing on women's ability to produce children.
- Recent advances in reproductive technologies, have now raised further concerns – technical, legal and social
- These technologies lend themselves to commercial appropriation and the victimization of women, especially women in poor and socially disadvantaged communities

### Resistance, Actions and Change



### Resistance, Actions and Change

- A proposed theoretical framework for movements to intervene and challenge the existing order



### Change and Action

- ✚ Stories of how this is already happening in many parts of the world



### An 'agent of change'

- ✚ GHW3 does not claim to have made all the connections necessary to promote global health, in this one document.
- ✚ But it does claim to aspire to be an agent of change, that is both possible and urgent
- ✚ It is 'work in progress', an effort to give voice to the voiceless
- ✚ Many of the ideas in this book are being explored in greater detail in the website ([www.ghwatch.org](http://www.ghwatch.org))
- ✚ GHW is part of the process to build a global community that believes that change can happen, and we can be part of making it happen