

Promoting Health for All and Social Justice in the Era of Global Capitalism

A call to action by the People's Health Movement at the 8th Global Conference on Health Promotion Helsinki, Finland – 14 June 2013

Activists from the People's Health Movement met during the WHO 8th Global Conference on Health Promotion to critique the official Conference Statement and develop a progressive call for action based on strong social justice principles. The draft developed in Helsinki was posted on the PHM website and revised in light of comments received. The Call to Action was then endorsed by the PHM Steering Council.

We note the nature of the contemporary economic and social order as follows:

- Economic 'development' is in crisis, with neoliberalism, consumerism and individualism over-riding the values of community and international solidarity;
- the crises of finance, food, climate change, among others deny hundreds of millions of people the right to decent employment, social protection, food security, liveable communities, housing, water, sanitation and all the social determinants of health;
- conflict and violence, rooted in gross inequalities and corporate greed, plague households, communities, cities and regions and blight millions of lives;
- together with entrenched poverty, these factors contribute to large-scale migration to cities and across national borders; in many cases migrants and refugees are discriminated against and denied their human rights; and
- inequalities in income and wealth within and between countries, and resultant health inequity, are growing rapidly, with complex roots in the dominant global capitalist regime that functions via unbridled competition, obscene greed and undemocratic governance at national and international levels.

As a consequence there is rising popular demand for governments to fulfil their obligations to guarantee social protections and to commit to a sustainable model of societal well-being that is based on equity, human rights and social justice and that emphasises “good living” (buen vivir) as opposed to unquestioned economic growth at the expense of equity.

We underline the urgency of required actions by WHO and its member States on key areas identified in the Declaration by Public Interest Civil Society Organisations and Social Movements at the World Conference on the Social Determinants of Health, held in Rio de Janeiro in October 2011; and we urge participants to refer to

(<http://www.phmovement.org/sites/www.phmovement.org/files/AlternativeCivilSocietyDeclaration20Sep.pdf>)

We applaud the leadership of WHO Director General Dr. Margaret Chan in condemning the economic power of large industries, including food, tobacco, soda and alcohol, and their destructive impact on the health of people around the globe: “In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests,” whose tactics “include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.” (opening statement, 8th GCHP by Dr. Margaret Chan, DG of WHO). Building on Dr. Chan's position, we hold that the translation of capitalist values into political power is overwhelmingly responsible for the inequalities in health faced by poor and marginalized peoples.

We note further that speakers and discussants in this Conference have highlighted the link between the “Health for All” Declaration of Alma Ata in 1978 and the unfinished agenda of health promotion, stemming from the Ottawa Declaration of 1986. We support the calls in this conference for an **approach** that includes all government sectors in implementing a Health in All Policies approach, with a social justice framework in order to monitor and evaluate public policies, to determine the extent to which they support health-related human rights that promote health for all.

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We believe, however, that the Helsinki Statement does not sufficiently translate the analysis of the determinants of health inequities and poor health into specific actions which address the unfair economic system which underpins health inequities. We issue the following call to action, recognising that this entails both short and long term political struggle for social justice:

1. That Health in All Policies be established as a high priority within the WHO so as to enable it to work across sectors and in particular where there are conflicting interests and priorities, such as trade and investment policies.
2. That member states strengthen WHO's leadership role in health to enable it to legitimately guide the work by all international and multilateral institutions, particularly in the UN system and in the World Bank, World Trade Organization and International Monetary Fund.
3. That member states commit more 'assessed contributions' to WHO instead of 'voluntary contributions'. The former kind of funding leaves the governing bodies of WHO in charge of their own budget while the latter is a way for member countries to influence WHO programs through their funding. It goes without saying that the rich countries, on whom the WHO is dependent, are using this mechanism to bias WHO's work toward transnational corporate (especially pharmaceutical, agriculture, chemical, food, alcohol, soda, military and extractive industries) positions and perspectives, over public health.
4. WHO should put in place effective and comprehensive systems to identify and manage individual and institutional conflicts of interest. Such transparency is essential to identifying, addressing and minimizing risks posed by conflicts of interest caused by close interaction between companies and public sector decision makers and institutions
5. That member States that govern global bodies, including the UN, World Bank, World Trade Organization, International Monetary Fund and similar institutions, democratize governance of those bodies, in order to rebalance social considerations alongside the economic and political conditions that shape population health.
6. That governments and international institutions regulate financial, commercial, labour, and resource depletion and contamination practices, including elimination of tax evasion, to ensure sustainable health, environmental and social well-being, including worker protection; and to respect, protect and fulfill health equity and health-related human rights.
7. That all governments– regional, national and sub-national give priority to people's health over corporate profits through transparent processes that involve all branches of government concerned and under the leadership of the head of government.
8. That governments, with the support of public interest civil society, ensure participation in policy-making and processes related to the Health in All Policies approach, through community-led, democratic processes based on equitable gender, racial, and religious/cultural, and social class representation that shape priorities, policies and decisions to ensure accountability in all levels of governance.
9. That WHO implement and be accountable for equity-based, publicly provided and publicly financed systems for social protection and health that address the social, political, economic, environmental and behavioural determinants of health with a particular focus on reducing health inequities.
10. That governments make an absolute priority of the implementation and enforcement of progressive income taxes, fair corporate taxes, wealth taxes and the elimination of tax evasion including appropriate international tax mechanisms to control global speculation, to finance action on the social determinants of health, and further explore and utilise innovative financing, such as financial transaction taxes, so as to finance health in all policies and social determinants of health initiatives.
11. That governments and international bodies regulate finance capital, reduce its dominance of the global economy and protect health and social well-being from financial crises.
12. That governments, WHO, and other UN organisations utilise impact assessments on health, well-being and environment to document the ways in which unregulated and unaccountable transnational corporations and financial institutions constitute barriers to Health for All.

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13. That governments ensure that health considerations are a top priority in the negotiation of international trade and investment agreements and so force the World Trade Organisation to take health considerations seriously.
14. That donors remove conditionalities for development assistance for health, and thereby recognise aid as part of an equal partnership among countries of varied income levels under human rights principles.
15. That all Health in All Policies efforts work to mitigate climate change, resource depletion and contamination, and other environment health concerns that are crucial to human health
16. That governments change the mechanisms through which the present intellectual property regime promotes the interests and profits of TNCs and the countries which benefit from their exports, with the abolishment of the TRIPS agreement being an absolute priority; and facilitate the worldwide development and equitable sharing of expertise, technologies and scientific data as global public goods.
17. Implement fully the Framework Convention on Tobacco Control (FCTC) and develop other international treaties that promote good health and address the social determinants of health, such as access to essential medicines and regulation of the baby food, alcohol and food industry, as well as work with the ILO to ensure decent working conditions and standards across the world.