

# **Global Health Watch**

## **Mobilising Civil Society around an Alternative World Health Report**

### **GHW Update 9 – April 2005 Welcome to our April edition!!!**

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### **Global Health Watch 2005/6 has gone to the publisher!!**

The first ever global civil society report on health has finally gone to our publisher - Zed Books. After 18 months of preparation, the Global Health Watch 2005/6 is around 120 000 words and the GHW Secretariat is proud to say that it is a high quality document that will hopefully catalyse the budding global health movement. See the [www.ghwatch.org](http://www.ghwatch.org) for the final contents of the 2005/6 edition.

### **Global Launch of the GHW 2005/6 - 20<sup>th</sup> July!!!**

Plans for a global launch of the GHW are well underway. So far the GHW will be launched in eight countries around the world on July 20, 2005 and other countries after this date. So far plans have been made for launches in:

- Cuenca, Ecuador at the 2<sup>nd</sup> People's Health Assembly [www.phmovement.org/pha2](http://www.phmovement.org/pha2)
- London, UK hosted by the Royal Society for the Arts and the Lancet
  - France, Paris hosted by Medecins du Monde
  - Switzerland, Geneva hosted by Medact
  - Germany hosted by Medico International
  - Malaysia hosted by Third World Network
  - Belgrade, Serbia and Montenegro hosted by the Institute of Social Medicine of the University of Belgrade.
  - South Africa hosted by the Health Systems Trust
  - India hosted by the People's Health Movement India (August 2005)
  - United States at the American Public Health Association Annual Meeting (November 2005)

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 [ghw@medact.org](mailto:ghw@medact.org)

An advocacy document highlighting the key messages from the Watchwill be posted on the GHW website on the 20<sup>th</sup> 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 [ghw@medact.org](mailto:ghw@medact.org).

### **HIGHLIGHTS FROM THE GHW REPORT 2005 – Education and health systems: common interests, common challenges**

Globally, over 100 million children aged 6-12 are not enrolled in primary school, while 137 million young people will begin their adult lives lacking the basic tools of literacy and numeracy.

Why these facts should concern health sector activists and policy-makers?

A key reason is the fact that education is very strong determinant of health outcomes. Research shows that even a few years of basic education correlate with greater use of health services, increased social status and decision-making power for women, and better health outcomes. For example research on the determinants of HIV/AIDS have shown education levels to be strongly predictive of better knowledge, safer behaviour and, most importantly, reduced infection rates. Similarly, each extra year of maternal education in the developing world reduces under-five child mortality by 5-10%.

Education improves health outcomes for two main reasons. First, education enables households to

access more secure employment and higher incomes, which in turns makes them less vulnerable to the effects of ill-health and disability, price and credit swings, and natural and environmental disasters. Second, even among those with

similar incomes, the educated are generally more healthy. The effect of education is to increase people's ability to acquire and use health-related information and services; and to give them greater bargaining power in household decisions as well as in personal relationships.

Not surprisingly, the burden of illiteracy and the burden of disease are concentrated in the same groups (girls and women, the poor, ethnic minorities and those living in rural areas).

This chapter proposes an alliance between education and health activists. They show how the arguments for large-scale state investment in health and education are essentially the same. Both are fundamental human rights; both are "public goods", meaning that universal coverage of both is necessary to the stability and well-being of society as a whole, but cannot be guaranteed by market mechanisms. And both have the power to transform the life chances of the poor.

The authors propose that, rather than competing for a share of the same tightly constrained and inadequate government budget, health and education activists

need to join forces to question why developing country governments never seem to have enough money to fund quality public services for all. These issues are addressed at length by the first chapter of the GHW 2005 - The Politics and Economics of Health in the Era of Globalisation.

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