



People's Health Movement



Global Health Watch

Introduction

Global civil society does not participate strongly and consistently in international health advocacy. Whilst high-profile success has recently been achieved with the campaigns on access to medicines and the past twenty years have seen positive achievements due to pressure from civil society (for example, on breastfeeding and smoking), there is a striking lack of involvement and pressure from health campaigners on broad health and health systems issues. Where such pressures exist, they are inadequately drawn upon by the institutions of global health governance – notably the World Health Organisation – whose legitimacy and accountability to the world's population would be enhanced by more vigorous engagement with civil society.

A fragmented, disease- and issue-specific approach to health dominates research, advocacy and governance agendas. Calls on policy-makers to address fundamental causes of ill-health and failing health systems are weak and uncoordinated: a dangerous situation in a world where these issues need to be addressed more than ever. In addition, the growing disparities in health care consumption between the rich and the poor have grown alarmingly within and between countries, leaving society and the public health movement with a major ethical and moral challenge.

In response to this, the People's Health Movement, the Global Equity Gauge Alliance and Medact – each with excellent technical expertise in research and advocacy – propose to mobilise a fragmented global health community around values which stress the need to tackle the fundamental causes of ill-health and inequity in our societies. The vehicle for this advocacy is the publication of an annual **Global Health Watch** which will combine outstanding research and policy analysis with a commitment to bringing the views of poor and vulnerable groups to the attention of international and national policy makers.

The Global Health Watch will be used to shift the health policy agenda away from a technocratic approach to delivering health, to one that recognises the important political, social and economic barriers which prevent the achievement of better health. We want the Watch to be a tool which:

- Legitimises and strengthens the calls for a broad approach to health amongst policy-makers, health professionals, campaigners, researchers and others concerned with health;

- Can be used by advocates to strengthen their existing work whilst drawing them into broader debates about international health and in the process creating a more vibrant global civil society in health;
- Acts as a reality-check for those formulating health policy by providing a forum which magnifies the voice of the poor and vulnerable and those who work with them.

The rationale, values and contents of the Watch are sketched below.

Background

Every day 30,000 children die of preventable causes. The HIV/AIDS epidemic continues to escalate, with the situation in sub-Saharan Africa already tragic, and large parts of Asia about to follow suit. Worldwide, poverty remains the most important underlying cause of morbidity and premature death. Over a billion people, mostly women and children, live on less than US\$1 a day, and this number has grown over the past twenty years.

Perversely, growing poverty exists with growing wealth. The world's 25 richest people now have incomes and assets worth US\$474 billion – more than the entire GNP of Sub-Saharan Africa. In both developing and developed countries we have witnessed increasing inequalities in income over the past two decades, coupled with the persistence of other types of disparity and social division such as gender and ethnic inequalities.

The failure of the global community to achieve “Health for All by the Year 2000” is the result of this situation. New targets – such as the Millennium Development Goals – have come to the fore more recently. However, whilst overseas development assistance declines, and the trade and investment environment becomes even more unfriendly to poor countries, there is a great danger that these objectives too will not be met, increasing cynicism and discontent in the world.

The global health institutions of the UN system have become increasingly weak. The influence of the World Health Organisation has declined in a global policy arena which is now dominated by the World Bank, International Monetary Fund and World Trade Organisation. As a result, international health policy is dominated by a market-led development paradigm which is leading to fragmentation of health systems, privatisation and a gross lack of emphasis on the underlying causes of ill-health.

To counter these trends, the People’s Health Movement, Medact and the Global Equity Gauge Alliance, have proposed the development of an annual global health report to be known as the Global Health Equity Watch. The following section describes its objectives and values.

Objectives and values of the Global Health Watch

- We want to invigorate the international health policy agenda by capturing the perspectives and spirit of civil society, and bringing in the 'voices of the unheard'. We aim to re-connect global civil society with the institutions of global health governance and offer a contrast to the technocratic and dry nature of many other assessments of the global health situation.
- We will promote human rights as the basis for health policy, as a corrective to the market-led policy agenda which tends to fragment and exclude.
- We will place health and health inequities within a broader political economy perspective. There is a tendency for global health problems to be described in isolation from the unfairness of the global political economy. The Watch will promote the idea that the political economy of health should be a central public health priority of all health workers.
- We will place health and health inequities within a multi-sectoral perspective. The Watch will explicitly link health to other sectors such as the environment, international finance, agriculture and food security, war, housing, land rights, conflict and education.
- We will link research and analysis to advocacy. The Watch will provide recommendations and encourage advocacy actions that will help ensure that real change in favour of justice and redistribution takes place and that governments and international institutions are held more accountable to those who are marginalised and impoverished.

Structure and Lay-Out of the Report

The Global Health Watch aims to promote substantial participation of civil society (and others concerned with international health) within the constraints of producing a coherent and well written report.

The intention is for the Global Health Watch to consist of a compilation of chapters (some with discrete with sub-sections) on various global health issues, supplemented with testimonies from the ground and the voices of people who are traditionally unheard. The idea is not to commission new research. Many NGOs and academics have done the research and analysis: the Global Health Watch will provide a platform for the further dissemination and popularisation of this work.

Chapters will be written by different authors, and a special effort will be made for the authors to be representative of all regions of the world. Each chapter would also have designated reviewers. The approximate size of the report will be 100,000 words. The suggested structure and chapter headings of the report are shown below. It is envisaged that the precise scope and size of the report will change slightly from year to year.

Structure and Chapter Headings of the Global Health Watch

Foreword by eminent global personality

Introduction by the co-ordinating organisations

Section A: Introduction to Global Health Inequities

A1: Health in a divided world: socio-economic, health and health systems inequities

Section B: The Political Economy of Health

B1: Politics and economics of poverty and inequity – a global public health priority

B2: Health policy: the privatisation agenda (including JPPIs)

B3: The global brain drain of health personnel

B4: Big Pharma and the Future of Accessible Medicines

B5: Global public health leadership – making it visible, effective and progressive

Section C: Beyond The Health Sector

C1: Nutrition and the right to food

C2: Water

C3: Violent conflict

C4: Environment

C5: Gender

C6: Education

C7: Housing

Section D: Voices of Indigenous Peoples

Section E: Monitoring And Advocacy Section

This section will consist of a number of sub-sections which will highlight a few key institutional case studies (we want a report that is monitoring the performance of key actors) and policy recommendations related to the earlier chapters. The purpose of these sub-sections will be to affirm the notion accountability to civil society, and inform the advocacy of a global progressive health movement committed to a just world and health for all. There would be a number of sections, that may include:

- Trends in financial flows to developing countries
- Trends in health and key health-related expenditures in low-income countries
- Assessment of actions of
 - WHO and other international health agencies
 - World Trade Organisation
 - International Monetary Fund and World Bank
 - Private Sector (e.g. pharmaceutical industry)

Management

The production of the report will be managed and coordinated by the People's Health Movement, the Global Equity Gauge Alliance and Medact, with Medact acting as the secretariat. An editorial committee will be established to help shape and review each chapter and make sure that they are adequately reflective of the 'voices of the unheard' from different parts of the world.

Advocacy strategy

The Report will be used to provoke widespread debate about international health. The co-sponsoring organisations will link with other CSOs to give the publication of the Watch as much of an impact as possible. The launch of the Watch to coincide with the a large and visible global event such as the People's Health Assembly will both enhance the impact of the Report and the Assembly.

There will be two major components of the advocacy strategy:

- An attempt will be made to provoke as much public debate as possible. This will include:
 - summarising the main messages of the Watch in diverse media around the world
 - publishing it on the web will be freely available on the web
 - producing a shortened version (in Spanish and Portuguese at first, because the Assembly will be in Latin America) for dissemination to grassroots organisations and other civil society groupings
- Ensuring that policymakers hear about the report by encouraging, and possibly co-ordinating, civil society groupings to take the Watch to their national decision-makers. Meetings will also be called with heads of the global health institutions such as WHO, and they will be asked to respond publicly to the issues presented in the Watch