The 2017 Alternative World Health Report

Understanding the Global Health Crisis to take decisive actions
The Global Health Watch, now in its Fifth edition, is perceived widely as the definitive voice for an alternative discourse on health.

It integrates rigorous analysis, alternative proposals and stories of struggles and change to present a compelling case for the imperative to work for a radical transformation of the way we approach actions and policies on health.
Global Health Watch

• 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, through new analysis.


• GHW5: Co-ordinated by six civil society organisations
GHW 5: Structure

- **Political and economic architecture of the Globe**: structure of global power relations and economic governance

- **Health systems**: current issues and debates on health systems

- **Beyond health care**: social, economic, political and environmental determinants of health.

- **‘Watching’**: scrutinises global processes and institutions that impact on peoples’ health and health care

- **Alternatives, Action and Change**: stories of struggles and how people are already making change happen
Section A: Global political and economic architecture

- Sustainable Development Goals in the age of Neoliberalism
- ‘Leave No One Behind’ -- are SDGs the way forward?
- Advances and Setbacks towards a Single Public Health System in Latin America
- Structural roots of Migration
A.1: Sustainable Development Goals in the age of Neoliberalism

- The SDGs represent a fundamental contradiction: propose strategies that seek to perpetuate the current model of ever-increasing levels of extraction, production & consumption.

- The headline intent of the SDGs, poses an inherent opposition to the premises of global capitalism. As activists mobilize around the SDGs, it is imperative that they continuously expose this contradiction.
A.2: ‘Leave No One Behind’: SDGs the way forward?

- Realizing the SDG goals is ‘impossible’ without changing fundamental flaws in the current economic and political architecture of the globe.

- Change will not occur by itself or by a mechanical application of the SDGs. It can only result from the clash of opposing forces, in which the Watch clearly position itself on the side of ‘well-being for all’ and a healthy planet, and against profit for a few.
A3: Advances and Setbacks towards a Single Public Health System in LA

• Health is an arena of struggle: Progressive movements and governments were unable to complete the task of dismantling the power of the old oligarchies which were remnants of the previous neoliberal regimes

• Among the first acts of neoliberal governments that replaced progressive governments in Paraguay, Argentina and Brazil were those aimed at reversing the redistribution processes that led to the improvement of living conditions ... In the health sector the goal is to again promote a market-based health system
A.4: Structural roots of Migration

- Globalization and neoliberal economic policies have become one of the most significant forces fuelling migration.

- Migrants face a triple burden of victimization: they suffer consequences of a model of development that dislocates them; they are affected by the experiences of precariousness, exclusion, isolation and detention; and they are hurt by the misconceptions, biases and hypocrisy of the current debate on global human displacement.
Section B: Health systems

B1 Universal Health Coverage: Only About Financial Protection?
B2 Revitalizing Community Control in Primary Healthcare
B3 Healthcare in the USA: Understanding the Medical-Industrial Complex
B4 Struggle of Health Workers in South Africa
B5 The ‘New’ Karolinska Hospital: How PPPs Undermine Public Services
B6 Access to Healthcare of Migrants in the EU
B7 Informalization of Employment in Public Health Services in South Asia
B.1: UHC - Only About Financial Protection?

- Universal health coverage (UHC) is the *slogan de jour* in global health systems policy but its meaning is contested.
- What lies behind the World Bank’s wilful exclusion of quality, efficiency, equity and prevention, from their analyses of healthcare financing?
B.2: Revitalizing Community Control in Primary Healthcare

• The Alma-Ata Declaration “requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care”.

• In Australia, one of the pre-Alma-Ata pioneers of comprehensive PHC and community control has been the Aboriginal Community Controlled Health Organizations (ACCHOs).
B.3: Healthcare in the USA: Understanding the Medical-Industrial Complex

- In November 1969, Health/PAC first used the phrase ‘medical-industrial complex’ (MIC) as a way of characterizing the US health system. The term was a spin-off from President Eisenhower’s farewell address in 1961, during which he discussed the dangers of the “military-industrial complex”.

- The US experience as a cautionary tale: Despite all claims to the contrary healthcare does not make a good commodity and ‘market place solutions’ have been a failure in the USA.
B.4: Struggle of Health Workers in South Africa

The current health system mirrors inequalities in society: a modern, urban-based and specialist-dominated private sector accounting for 50 per cent of total spending, and with approximately 50 per cent of general practitioners and over 70 per cent of medical specialists serving about 16 per cent of the population.

The optimal arrangement, given South Africa’s burden of disease and its size, would be a combination of CHWs who would undertake the more complex tasks of curative care and personal prevention.
B5: The ‘New’ Karolinska Hospital: How PPPs - Undermine Public Services

- Neoliberal reforms in restructuring healthcare services, such as Public Private Partnerships (PPPs), are inherently flawed and represent a transfer of public resources to the private sector and do not lead to any increased efficiencies.

- The Stockholm County Council (SCC), unveiled plans for a ‘world class’ hospital in the city – the new Karolinska Hospital -- conceived as a PPP.

- From the inception of the project it was clear that the council’s decision was driven by a neoliberal ideological bias which had ‘faith’ in the ‘efficiency’ of the private sector.
B6: Access to Healthcare of Migrants in the EU

- Migration has emerged as a fundamental and defining factor in European societies; and migrants’ access to healthcare has become a pressing social and political issue.

- The EU is primarily ‘a common market’, and economic, not social, priorities shape the EU. In 60 years the EU has not been able to design health and social policies, to protect the most vulnerable sections of society and promote their rights.
B7: Informalization of Employment in Public Health Services in South Asia

• Given dwindling health budgets, the objective of reduction in results in practices such as: fixed-term work, temporary work, contractual work, and dependent self-employment

• The global health workforce is predominantly female, but women are concentrated in lower skilled jobs, with less pay and at the bottom of professional hierarchies

• The underpaid (or unpaid) work of CHWs in the health system amounts to a hidden subsidy towards society at large.
Section C Beyond healthcare

C1 Climate Change, Environmental Degradation and Health Confronting the Realities

C2 Gendered Approach to Reproductive and Sexual Health and Rights

C3 Health Reforms in Chile: Lack of Progress in Women’s Sexual and Reproductive Health and Rights

C4 Trade Agreements and Health of Workers

C5 Public Health in the Extractive Sector in East and Southern Africa

C6 The War on Drugs: From Law Enforcement to Public Health
C1 Climate Change, Environmental Degradation and Health

• The magnitude of human-induced environmental degradation since the Industrial Revolution, and the attendant impact on climatic conditions, has led scientists to characterize the post-1800 period as a new geologic era: the Anthropocene.

• Even governments that recognize climate change and have publicly committed to the Paris Agreement remain mired in the contradictions of an environmentally degrading, climate change-producing global capitalist system.

• Social movements everywhere will need to participate in a call for a new ethic of a society based not on profits but on caring for one another and the earth.
C2: Gendered Approach to Reproductive and Sexual Health and Rights

• Women’s ability to make choices and exercise autonomy in matters of sexuality and reproduction are conditioned and constrained by social, economic and political structures, responding to a model that prescribes normative behaviour.

• The chapter illustrates issues that are marginal in the public health discourse in the context of SRHR:
  - Discrimination on the basis of non-normative sexuality and gender identities
  - Women in sex work
  - Women’s rights over their own bodies and their reproductive autonomy, viz. decision on abortions
C3 Health Reforms in Chile: Lack of Progress in Women’s SRHR

• In Latin America, reproductive health systems are among the largest contributors to gender inequality in the world.

• Case study on Chile depicts how, even in relatively high income countries, women’s sexual and reproductive health rights are frequently ignored.

• Governments must not only commit to promoting women’s health concerns but must simultaneously address the deeply embedded gendered norms within society and in healthcare systems.
C4 Trade Agreements and Health of Workers

• The chapter looks at the possible risks that free trade agreements (FTAs) pose to the health of workers.

• Trade agreements impact employment and working conditions, and the health of workers.
C5 Public Health in the Extractive Sector in East and Southern Africa

- Countries rich in mineral resources also experience high levels of inequality and poverty—a situation often referred to as ‘the resource curse’.

- While extraction and export of unprocessed raw materials may lead to rapid growth, this is often unsustainable and not accompanied by higher value-added processing activities in African countries.

- Of particular concern is the impact of the extractive sector on the health of workers in the sectors and of communities living in the vicinity of extractive activities.
C6: The War on Drugs: From Law Enforcement to Public Health

• A growing recognition of the failure of the war on drugs and a move towards adopting a public health approach are gathering pace around the world.

• The debate is often polarized between two extremes – prohibition on the one hand and free market legalization on the other – and neither of these simplistic positions provides a viable solution to what is a complex public health problem
Section D Watching

D1 Money Talks at the World Health Organization
D2 Private Philanthropic Foundations: What do they mean for Global Health?
D3 Management Consulting Firms in Global Health
D4 GAVI and Global Fund: Private Governance Structures
D5 Investment Treaties: Holding Governments to ransom
D6 Framing of Health as a Security Issue
D7 Politics of Data, Information and Knowledge
D8 Access and Benefit Sharing: The Pandemic Influenza Preparedness Framework
D9 Total Sanitation Programs and Human Dignity
D1 Money Talks at the World Health Organization

• The WHO, similar to many UN agencies today, faces challenges to its norm-setting activities, given its growing dependence on private donors and funding that is tied to specific programmes.

• This represents a serious erosion of the principles of democratic governance of the organization.

• There is a shift to operational and implementation control by donors and their various ‘stakeholder’ partners, the governing role of member states in the public interest are being undermined.
The chapter argues that actions of philanthropic foundations are aimed at preserving rather than redistributing wealth, and are a way for elites to pursue and legitimate their actions.

International organizations, individual governments and civil society organizations need to weigh the cost of engagement with such foundations against the role they play in undermining the accountability of public institutions.
D3 Management Consulting Firms in Global Health

• The role of management consulting firms, in shaping health related policies has remained by and large hidden from the public eye.

• The chapter concludes that there is no evidence that the engagement of consulting firms in the health sector has led to improvement in health outcomes.

• The framing of health as a technical exercise and the related focus on ‘value for money’, ‘efficiency gains’ and rapid results has led to the exclusion of those most in need, the sidelining of systemic long-term solutions and the owngrading of community voices.
Global public private partnerships (PPPs) have emerged as the new medium of global governance, replacing the nation-state driven governance system which was embodied in the UN system.

An examination the two largest PPPs -- GAVI and the Global Fund suggests that their unfettered power represent a threat to the hitherto nation-state driven system of global governance for health.
D5 Investment Treaties: Holding Governments to ransom

• Nearly all developing countries have signed bilateral investment treaties (BITs) with developed countries and increasingly, free trade agreements (FTAs) also feature investment protection chapters.

• Investments treaties shows how they affect social, environmental and health policies of sovereign governments; national polices that promote public interest are being challenged by foreign investors on the plea that they put their investments at risk.

• Investor-State Dispute Settlement (ISDS) mechanisms embedded in trade and investment treaties which often place an onerous burden on countries as they are conducted outside the nation’s own legal systems.
In the last couple of decades, political actors’ perceptions of what constitutes a threat to international security has broadened. The ‘health security’ discourse was extensively articulated in the aftermath of the Ebola epidemic in West Africa. This is symptomatic of how health issues, particularly those related to infectious diseases, have increasingly been presented as security threats. And this encourages feelings of selfishness and fear rather than compassion. It can result in the misallocation of scarce resources in a manner that undermines efforts to secure access to healthcare and improve the social determinants of health.
D7 Politics of Data, Information and Knowledge

• Data, information and knowledge are core resources for policy, practice and activism in relation to healthcare and population health.

• However, they are not simple representations of an objective reality but are produced in social practice and bear the imprint of power.

• This chapter calls for the need to develop a more nuanced understanding regarding the politics of data, information and knowledge.
D8 Access and Benefit Sharing: The Pandemic Influenza Preparedness Framework

• In 2011 the members of the WHO adopted a Pandemic Influenza Preparedness Framework (PIP Framework), linking access to pathogens to fair and equitable sharing of benefits arising from their use.

• The chapter, analysing the framework, argues for extending similar mechanisms to other areas that involve the sharing of biological materials by countries with manufacturers of medicines and vaccines.
D9 Total Sanitation Programs and Human Dignity

- Campaigns on Community Led Total Sanitation (CLTS) are being extensively promoted in a range of resource poor settings.

- An integral part of these campaigns is the ‘naming and shaming’ of errant individuals and households.

- Practitioners of CLTS claim that the ‘shame’ comes from self-critique and not from externally imposed humiliation.

- The chapter, drawing on case studies from India, however, suggests that in practice CLTS programmes appear to thrive on coercive practices that often lead to gross violation of the rights of poor people.
Section E Resistance, actions and change

E1 Social Movements Defend Progressive Health Reforms in El Salvador

E2 Contestations Concerning Management of Severe Acute Malnutrition in India

E3 People living with HIV in India: The Struggle for Access

E4 Community Engagement in the Struggle for Health in Italy
E1 Social Movements Defend Progressive Health Reforms in El Salvador

• The case study on El Salvador shows that a transformation of economic and fiscal structures is required in order to achieve adequate financing for healthcare services.

• Private interests and local elites can take democratic institutions hostage and sabotage reforms that benefit the majority.

• In such a situation, strong and independent people’s movements and organizations have a key role to play to protect and further progressive reforms.
E2 Contestations in Management of Severe Acute Malnutrition in India

• The alarming situation of malnutrition in India demands a comprehensive approach that addresses the needs of children who are malnourished and require treatment.

• Unfortunately, the approach followed has been informed by a biomedical rather than public health perspective, where malnutrition is often treated without considering its broader social determinants.

• The chapter provides evidence about the efficacy and sustainability of comprehensive community-based nutrition programmes that incorporate the use of locally devised solutions.
E3 People living with HIV in India: The Struggle for Access

• A story of consistent struggles waged by People living with HIV (PLHIV) in India, supported by national and international solidarity, lies behind the successes achieved as regards HIV treatment in India.

• The Indian experience shows the benefits of using the legal system for making full use of the flexibilities under the TRIPS agreement.

• The story also illustrates how the struggles of community groups lie at the heart of successful struggles that are challenging unfair trade rules.
E4 Community Engagement in the Struggle for Health in Italy

• The final chapter depicts two struggles from Italy of communities, defending and reclaiming their rights, in the face of the neoliberal onslaught.

• It tells the story of *Genuino Clandestino*, an Italian network of collectives, associations and individuals who advocate and practice the re-appropriation and collectivization of land for autonomous, self-managed small scale farming.

• Also related is the story of citizens’ resistance in Casale Monferrato against asbestos-related health and environmental hazards.
Thank You!