

G2H2 Advocacy Platform 2021-2022

Building an independent civil society voice for global health that places people's rights at the centre

The preamble of the World Health Organization (WHO)'s constitution declared the highest attainable standard of health as a fundamental right of every human being. While there have been significant public health gains, the realization of this right has been an unfulfilled aspiration for most, and an actionable entitlement for few since the founding of the WHO. A vibrant global health civil society movement has an important role to play towards the universal realisation of the right to health.

The establishment of WHO signalled the need for governments' concerted efforts to build a better world based on health for all. But cuts in public spending and the commercialization of healthcare undermine the realization of health. This situation is worsened with increasing influence of corporations, market and political practices that support the production and distribution of commodities which contribute to ill-health. We need a clearly rights-based approach to global health, based on universal public health systems instead of projects-based vertical approaches. G2H2 is committed to the challenge of advocacy to win this.

The COVID-19 pandemic has newly projected and relaunched this challenge. World leaders have repeated such phrases as "we are all in the same boat" and "no one is safe if we are not all safe". However, the key reasons why the world has not been able to achieve universal health care, despite the spectacular increase in social wealth and organisational development, are hardly interrogated as much as they should. Where they are, this has happened in a rather episodic and largely ephemeral manner. Health is indeed lagging behind. There was great hope at the 1978 Alma Ata Conference that "Health for All" could be achieved by 2000. Twenty years after that millennial age, we are far away from attaining the *raison d'être*, for institutionalising global health. And barely nine years to the newly set date for achieving "universal health coverage" by 2030, it was clear, even before the pandemic, that this sustainable development goal would not be achieved.

The reasons for this exasperating situation should ordinarily be clear. Among several factors, over the past four decades, the public health system has suffered attacks.

Privatisation, including through outsourcing, contracting out and different forms of Public Private Partnerships (PPPs) has haemorrhaged resources that states could have used to strengthen public health infrastructures and services. The belief that market competition in health would enhance productivity and the capacity to provide effective care has been bitterly defeated in the collision with the SARS-CoV-2 virus. The supposed efficiency of private interest expansion in health across the globe has been proved to be false - again.

Global inequalities have been entrenched helping shape a colonialist contour of the global health system, which is doomed to further advance through a top-down digitalization mantra in health. Draconian cuts in public funding of the health sector have contributed significantly to a dearth of health and care workers. Wage ceilings and increasing precarious work undermine the provision of safe and effective staffing for health. This has been brought to the fore, once again, with the "vaccine apartheid" that that holds sway.

The funding of WHO has faced a similar fate as that suffered by public health systems in the hands of Member States. With the blessing of the UN system, and of governments, corporations and philanthropic organisations which are not democratically accountable to the people wield increasing

influence on global health policy and governance. Global health companies, insurance firms and big pharma continue to reap ever increasing profits whilst billions of people, particularly in the Global South, are denied the fundamental right of enjoying “the highest attainable standard of health”.

Health is continually treated as a commodity and not a fundamental human right. The health and social care sector is considered one of the fastest growing “economic sectors”, with a compound annual growth rate of 7.3% from 2014 to 2019 and a value of almost \$8.5 trillion by 2018. But access to quality health has not grown in a likewise manner, as people are not squarely put before profit in practice, despite the recommendations of high-level commissions and resolutions of multilateral bodies like the United Nations and the World Health Organization.

The world now sits on a precipice. The destitute state of global health is intertwined with the worsening environmental crisis and trade rules that prioritise intellectual property rights (IPRs) of corporations over the lives of human beings, the financial industry that speculates on extracting revenues from the health of the earth, and conflicts that continue to rage the planet. Meanwhile, hunger and malnutrition have risen sharply in a world whose wealth has never been so abundant. We are, as the pandemic has shown, in a state of syndemic crisis.

Now more than ever, public interest civil society organisations need to stand up and speak out as vocally as they can for the kind of world we want and deserve. There is a generalised public appreciation of the need for far-reaching steps to be taken by governments and the multilateral system to address this syndemic crisis. But the forces that benefit from the current state of affairs are entrenched.

We need robust advocacy, and evidence-based campaigns to effectively influence public opinion with evidence and contribute to a post-COVID-19 world where “building back better” means putting people and the commons, such as universal healthcare and public health services, first.

The Geneva Global Health Hub (G2H2) is positioned and poised to serve in providing such a collective voice and united platform of action, for civil society organisations.

G2H2 was formed in 2016 as a hub of various civil society organisations interested in contributing to strengthened global health systems and governance. It has been a forum for facilitating debate and discourse. Our flagship pre-World Health Assembly and pre-WHO Executive Board sessions have provided a space for public interest CSOs, WHO Member States and representatives of the World Health Organization to discuss a wide range of issues of strategic global health importance.

We will vigorously continue to build a space for discussion on global health, and we shall equally boldly advocate for:

- Universal public health care, and global commitment to governments’ provision of the required funding for this,
- Safe and effective staffing for health, with concrete steps taken to address the envisaged 18 million shortfalls of health and care workers by 2030 with particular attention to halting the brain drain from the Global South
- Decolonising global health; with evidence-based arguments to WHO and other relevant multilateral organisations for addressing the abysmal state of health inequities between countries which puts the lives of billions of people at stake,
- Transforming development assistance for health from a neocolonial model to one based on global solidarity, justice and equity
- A syndemic view on pandemic which informs policies that grasp and address the connections between health, environment, food, trade, and life,, with arguments for a “Structural One Health” approach, which integrates ecological, nutrition and social human rights dimensions in analyses and policy process
- Enhanced public funding for health at the national level, increased member state funding of WHO, to strengthen its institutional capacity in providing leadership for global health, as well as heightened transparency and accountability in the use of these funds.
- Multilateralism that is not usurped by multistakeholderism, and curtailment of the intrusive and unaccountable influence of philanthrocapitalism in global health including the WHO.

- A thorough contextualization concerning the development and use of digital tools for health, with special reference to the use of precision medicine (PM) and prioritising the individualized biomedical approach in the care response, as well as the threatening challenges in the current governance of digital development.

To this end, G2H2 shall:

- Organise inclusive and participatory action-oriented fora for advocacy, consensus building and strategizing about engagements with WHO and other global health actors,
- Conduct quality research through its Working Groups to come up with solid research-to-policy linkages that will inform G2H2 policy work with its members and with Member States delegates ,
- Issue periodic statements and declarations on selected global health issues and stand in solidarity with the planet, peoples and public interest civil society organisations in the mobilization for the realisation of the right to health.

More specific objectives for the years 2021-2022 and related activities are specified in the [G2H2 work plan 2021-2022](#) that includes, as its major part, a section on "G2H2 leading and coordinating an integrated advocacy agenda for global health".

Moments of crisis such as the one we are living through present us with challenges and opportunities to remake the world. But change will not come on its own. We have to take action to make the world healthier and better.

The current moment calls for boldness in the way we rethink, reflect and act. G2H2 membership across every region of the world is committed, as a body of public-interest CSOs, to rise up with the spirit of undaunted advocacy which the current period demands. If you share our views, join us and let us march forward together for a renewed today and a better tomorrow for the world.

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*"We build a strong civil society space
in Geneva for more democratic global
health governance."*