PART F | Conclusions

Global Health Watch 2005–2006 was initiated by a group of civil society organizations to challenge and act upon the failure of governance, policies and programmes to improve health for large sections of the world's population.

The preceding chapters have revealed a litany of broken promises and empty declarations by governments and the international health community as a whole. Failure to achieve, or to make substantial progress towards achieving, the latest set of targets – the Millennium Development Goals – will only increase cynicism, fatigue and despair. Keeping a 'watch' on governments, international institutions and the large and powerful corporate sector is therefore vital – so that current and future promises are not allowed to be broken so easily; so that current and future efforts directed at alleviating poverty and injustice are implemented in ways that are effective, efficient and sustainable; and so that those who block or prevent the fulfilment of basic human rights can be identified and held up to account.

Keeping a 'watch' is also important in and of itself. The capacity of civil society organizations who represent the poor and the marginalized (especially those located in the South), to hold national, international and corporate institutions of power to account is a vital component of democracy and development; a key element of a system of checks and balances required within national and global systems to enhance fairness and accountability and to prevent corruption, exploitation and autocracy.

Whilst the voices heard in this report are diverse, there a number of shared central concerns:

- Intolerable and worsening inequalities;
- A deep democratic-deficit in global governance which underpins repeated policy failure;
- Insufficient global health leadership;
- The need to focus on rebuilding the public sector in the face of widespread commercialization;
- The need to strengthen synergies between public actions in a diversity of fields which benefit health.

This final chapter summarizes some of the major concerns expressed earlier in the *Watch*, whilst drawing out some cross-cutting themes. Focusing

on the institutions of global governance, it sets out a menu of actions around which civil society, and in particular the global community of health professionals, can mobilize. Political mobilization – especially of those affected most deeply by globalization and the political and economical inequities described here – is at the heart of calls for 'health for all'. Without mobilization, change will not happen.

Intolerable and worsening inequalities

An intolerance of avoidable and unfair inequalities underlies all the chapters in this first edition of the *Global Health Watch.* These inequities, and the fact that poverty is deepening in many parts of the world, are a vivid indicator of the way societies organize themselves politically and economically, and the way the global political economy is structured.

There is plenty of scope for national governments to take action on global inequalities. Appeals to morality, social values and fundamental human rights are key points of leverage. The chapters on globalization and the international movement of health workers point to another emerging pressure point – increased economic interdependency between the people of the world. Acknowledging this interdependency blurs the boundaries between ourselves and others, and can act as a force for change.

However, the *Watch* shows how often the terms of this interdependency are skewed in the interests of rich nations and a global elite: the developing world supplies credit, cheap commodities and human resources which help the developed nations to grow and their people to live comfortably. And in return? Inadequate amounts of development assistance are sent, and actions to cancel unfair and inhumane debt burdens or to implement trade reforms that would assist the development of poor countries remain short of ambition and commitment.

If the developed world is serious about its political commitments towards the world's poor, it can take action to ensure that finances are available. Indeed G8 leaders have explicitly stated that there should not be a failure to meet the MDGs through lack of finances. Efforts to cost the achievement of the goals on a country-by-country basis show that many low-income countries will require complete debt cancellation and substantial increases in aid in order to meet their MDG targets.

Yet, as the chapter on aid shows, whilst the rich countries have more than doubled their wealth in the last forty years, their spending on development assistance has remained stagnant, and most of them are far from achieving the UN target to devote 0.7% of national income to development assistance. The

current debt relief mechanism – the Highly Indebted Poor Countries initiative – is slow and its debt sustainability targets unhelpful. Replacing them with 'human development targets' would lead to a more appropriate framework for debt cancellation.

A huge amount of wealth is also created and traded at the global level, with much of it effectively exempt from tax. According to the Tax Justice Network and New Economics Foundation (2005), corporate wealth held in tax havens is costing governments around the world up to US$ 255 billion annually in lost tax revenues. This is not acceptable. An international tax authority could help eliminate cross-border tax evasion and help reduce the outward flow of investment capital from countries most in need of economic development. The World Commission on the Social Dimension of Globalization, convened by the International Labour Organization, has raised the profile of the need for an international tax authority within the United Nations, but there is too little progress in taking this idea forward.

Other potential new sources of revenue include a currency transaction tax; an arms trade tax; a global environmental tax; and an airline tax. President da Silva of Brazil proposed a tax on the arms trade at the G8 Summit in Evian in 2003, and President Chirac of France has been advocating a small tax on airline travel to help combat the AIDS epidemic. Currency transaction taxes, such as the Tobin tax, have received a great deal of attention from academics and policy experts (Simms, Tibbett and Willmott 2005). Other suggestions from chapters in this report include a global Marshall Plan for the developing world (part A) and financial restitution for the migration of health workers from low-income countries with staff-shortages (part B, chapter 3). A global resource dividend – under which governments would be required to share a small part of the value of any resources they decide to use or sell – highlights the idea that the global poor own an inalienable stake in all limited natural resources and can be used to ensure 'that all human beings can meet their own basic needs with dignity' (Pogge 2002).

These ideas require continued creative thought and campaigning pressure. They should no longer be considered unthinkable or unrealistic. They offer a stark contrast to the picture of the Global Fund, UN agencies and NGOs scrambling about with a begging bowl for the replenishment of their budgets. These proposals embody a principle of redistributive justice within the international economic order that must precede the concept of charity that is inherent in 'aid' and ideas such as 'debt forgiveness'. Arguments that redistribution amounts somehow to a punishment on 'success', 'innovation' or 'bold enterprise' must no longer be given any credence in the face of clearly evident

political and economic inequities. Such proposals are not anti-globalization, but are requirements of fair globalization.

Furthermore, aid often brings further problems for developing nations. Described in this report are the ways in which health systems suffer from fragmented aid from multiple donors (see part B, chapter 1); and the loss of national sovereignty that accompanies donor demands. The latter can be addressed by restricting conditionalities on the use of aid to those that deal with financial management and accountability. Donors should work towards sector-wide approaches in the allocation of aid and indicators could be developed to assess levels of national capacity and ownership and government control over decision-making and resource management (LaFond 1995). Conditionalities that further the political and economic interests of donor nations (witnessed recently in the use of aid for privatization and for efforts in the 'war on terror') must be ended.

Fair and just global governance

The vast inequality in economic power between countries results in differential political influence. Richer countries are able to shape international policies and global governance in a way that suits them.

Chapters across the *Watch* reveal the problems this causes – trade agreements skewed in favour of richer countries and multinational corporations, domination of global institutions, interference in poorer countries' social and economic policies. The list goes on. In the absence of major changes to developing countries' economic fortunes, what can be done about this?

Firstly, there needs to be reform of the major economic and trade-policy making institutions, namely the International Monetary Fund, World Bank and World Trade Organization. Part E, chapter 2 gives a comprehensive breakdown of reform measures that must be applied to the first two institutions – increasing representation and accountability are the key measures. The example of the World Trade Organization – ostensibly an institution ruled on the principle of one member-one vote, but where decisions are made by consensus with lots of behind the scenes arm-twisting – points to the need to increase developing countries' capacity to negotiate and for increased coalition-building between poorer countries.

Secondly, some of the existing rules governing world trade need to be revisited. The chapters on globalization, medicines and genome technology have raised the problems caused by global regulatory agreements on intellectual property rights and trade in services. There are strong opinions expressed in this volume about the desirability of renegotiating or abolishing the TRIPS

agreement, and taking health and health-related services out of the General Agreement on Trade in Services. Further international accords negotiated under the auspices of the World Trade Organization – such as the Agreement on Agriculture – need to be revisited to assess their impact on food security (see part D, chapter 3). Indeed all international economic policies and agreements should be subject to a health impact assessment.

The UN as a whole needs to be strengthened too. The total annual budget of the entire UN system, including its Fund, Programmes, Specialized Agencies and peacekeeping operations is $12 billion – less than the annual budget of the New York City Board of Education (WCSDG 2004). Reforms to the Security Council to dilute the influence of the US and the other 'big four' powers are critical.

Health leadership

A strong, democratic and effective World Health Organization is important. The same can be said for UNICEF. However, these global health institutions also need democratic reform – for a start, the appointment of their leaders. Leadership elections must be made more transparent and protected from being captured by those representing the rich and powerful, as is the case with the current incumbent of UNICEF. The relationship between the global health institutions with national parliaments, especially those in developing countries, and civil society (who could exercise a monitoring role) could also be strengthened as a strategy for improving their democratic governance. The funding of these global health institutions must also be reformed so as to permit more independence from the political control of the major donors.

At the same time, the management of global institutions must be improved. This edition of the *Watch* describes internal problems facing WHO leading to a range of recommendations (part E, chapter 1), including a renewal of collective ownership by staff, a clarification of priorities, the strengthening of leadership and management skills, a broader representation of staff – from the developing world and beyond the medical profession – and support from donors to ensure that WHO's programmes are functioning and effective.

With better and more credible leadership and management, our global health institutions can assert a more appropriate set of relationships with other institutions that have large impacts on health, such as the World Trade Organization, the World Bank and IMF. WHO needs to ensure that health is given a higher priority in negotiations on economic issues which have the potential to affect health. Given the recent increase in new actors in the health field – led by the new wave of public-private partnerships – there is also a case

for asking WHO to lead a global co-ordinating forum which can attempt to resolve differences and avoid duplication between these actors. The example of the Framework Convention on Tobacco Control (part E, chapter 4) proves that health institutions can take the lead effectively.

Strengthening the public sector in the face of commercialization

The history of health care systems worldwide can be read as an ongoing battle to shape and block market forces in the interests of 'health for all'. Cross-national data presented earlier in this *Watch* (part B, section 1) show why: health care systems with greater public financing and provision relative to private financing and provision tend to produce better outcomes. Other chapters such as those on medicines, water and genome technology show the hazards of profit-maximizing behaviour, including the exclusion of poorer households and the destruction of trust and ethical behaviour.

Despite lessons from history about its failures, the rise of private provision and financing in health care and in other health-sustaining services has become one of the most important issues of our time. International organizations such as the World Bank and IMF have facilitated commercialization by cutting or imposing limits on public expenditure and actively promoting privatization. They now need to be lobbied to focus their resources on re-building the public sector.

The chapter on health systems is an attempt to re-focus attention on why and how the public sector should take the lead in health sector development once more. Using the elements of the Primary Health Care Approach as a starting point, it calls for the integrated financing of health systems, special attention to be paid to the plight of underpaid public sector health workers, the development of trust and ethics as a counter-balance to the deleterious effects of commercialization and market-based inefficiencies, and a major investment in strengthening decentralized health management capacity based on the District Health Systems model.

But the public sector must also be kept accountable and constantly galvanized by civil society if it is to perform equitably, efficiently and effectively. This involves structuring appropriate relationships between government and non-government institutions that are able to support and monitor the performance of government bureaucracies. In other instances, explicit social and political mobilization will be required to ensure government accountability or to overcome the barriers towards health equity.

Health care systems do not just 'fall from the sky': they are created through long-term processes of economic change and political negotiation. The major-

ity of the now-developed countries built up universal services from a patchwork of public, private for-profit and charitable providers. This challenge now exists for many developing countries. Whilst resources are constrained, poorer countries do have political and legal muscle with which they can regulate private providers to serve the public interest. They can also mobilize the population to monitor standards of care in all sectors and drive out bad quality, highly-priced providers. The international community should support research which aims to develop strategies for doing this.

The temptation to segment the financing of health care provision – to focus public sector resources on poorer groups, leaving others to buy private care – as recommended by the World Bank, should be resisted. It militates against attempts to create quality universal services, as it takes the money and political voice of better-off parts of the population out of the process of health systems development. Market-led systems tend to force out crucial redistributive mechanisms which protect the poor.

Sympathetic donor governments should put pressure on the institutions that they fund and govern to end support for segmentation and private sector development. WHO should also be encouraged to emphasize principles of fair financing and redistribution. As a first step, the international community as a whole should declare its support for the withdrawal of user charges in health care and for other health-sustaining services.

Most importantly there is a key role for the public in putting pressure on health systems to be more inclusive and effective. Campaigns such as that on the right to health care in India, the participatory budgeting initiated in the Brazilian city of Porto Alegre, and the global advocacy around the rights of those affected by HIV/AIDS are powerful examples – not to mention the multitude of community-based actions around the world. Global impact will only be achieved when a plurality of local actions reinforce the global demands.

Strengthening synergies between sectors

The importance of intersectoral action for health was made clear in the opening paragraph of the Alma Ata Declaration. Yet nearly 30 years later links between ministries of health and other government departments are often weak and concerted action is hard to achieve. So too at the global level, where international agencies tend to represent particular fields of public policy. Even in WHO there is a deep lack of capacity to promote intersectoral action. Part D of the *Watch* re-affirms the need for the health-sustaining services to work together, and also reveals a common set of challenges.

Economic crisis in many developing countries, combined with a pro-

privatization push, has had an impact on a range of public services very similar to that experienced in the health sector. The education and water chapters in this volume show the effects: exclusion of the poor due to high charges; the growth of private-for-profit provision; lack of resources to regulate; and decay in public infrastructure.

The forces of globalization and commercialization are facilitating the entry of international corporations particularly in the areas of water and food, where pressures on developing country governments to open space for investments by multinationals are great. Whilst corporations have come up against difficulties in making profits in both the water and health sectors, the food industry appears to be gaining market share year on year, led by vast American and other developed world companies. It is very difficult to reverse such trends, especially when they are accompanied by vigorous lobbying by business and the promotion by developed countries of their own companies' exports.

Two other chapters in the *Watch* are devoted to analysing challenges which demand intersectoral action to guarantee health. They cover two of the most important issues of our time: climate change and war. Conflict already results in a high burden of death, injury and disease, especially in the developing world. Health and health-sustaining services are dramatically affected both by the impact of war and the cost of preparations for war. Essential public services tend to take years to recover after armed hostilities have ceased. Climate change meanwhile appears to be a long-term threat, but new estimates show the impact it has already had on human health and livelihoods (see part D, chapter 1), with the poor affected the most.

Opportunities

How, then, to begin to deal with these enormous problems, and what should the health sector's role be? To start with it is important, from the point of view of advocacy, to highlight the truly integrated nature of the problems. It is estimated that the failure to meet the Millennium Development Goal of gender equity in education will cost the lives of one million children in 2005 alone. The corporate domination of the food industry is leading to expanding distances between producers and consumers and to the worldwide promotion of unhealthy foods, aggravating obesity and climate change simultaneously. The commercialization of water leads to worse health outcomes. The list could go on. But there is plenty of scope for cross-sectoral advocacy to promote healthier futures for all. Potential themes for mobilizing action might be as follows:

Quality public services, free at the point of use Campaigners in health, educa-

tion and water are experiencing similar problems with the growth of commercial markets in their field. Undertaking joint campaigns around strengthening public services, as well as monitoring their effectiveness, could help to magnify the calls for decent government-financed and -provided services in each sector. Advocates could bring joint pressure to bear on governments and international institutions promoting the imposition of user charges for health-sustaining services. They could share information on multinational activities, encouraging each other to inform their respective constituencies; they could also inform each other about the challenges of responding to small-scale 'informal' private provision, and how local initiatives might gradually be built into universal coverage.

Many would agree that essential services and needs should not be commodified. Using the instruments afforded to them at national and international levels, including human rights law, campaigners should demand that public policy in these areas is free from the influence of corporations; and that international institutions provide good guidance for national governments on regulating health hazards.

Demanding action on international inequalities Campaigners lobbying together for debt relief, increased aid and an end to unfair trade have already shown their power. Nevertheless in many countries, cross-sectoral working on these issues is in its infancy. Efforts should continue, strengthened by messages about the effectiveness of strong public services across the board.

Perish or survive? Lastly, health campaigners can work with those in the environmental and peace movements to reveal the costs of climate change and war. Action on important issues has often occurred because people have begun to consider the health effects – advocates learnt this during the campaigns against nuclear weapons in the 1980s and developed messages which had a worldwide impact.

We end the *Watch* with a reminder of the fundamental message of this chapter – progress towards a healthier world is fundamentally underpinned by political action. Whilst NGOs and those already involved in advocacy may find it easier to link into activities on the issues described above, individual health workers and providers and other members of the general public may find this more difficult.

If the *Watch* has moved you to action, but it is difficult for you to be in touch with others, then consider initiating your own dialogue on these issues

locally. Setting up a discussion group on any of the chapters of the *Watch* or conducting small-scale local research on pressing issues in your own locality would be valuable contributions to making change happen. Consider mobilizing people around the production of a local health watch which would embody the principle of holding international and national institutions to account for their policies and actions in your country or region. Without these local actions, global change will never happen.

References

LaFond A (1995). *Sustaining Primary Health Care*. London, Earthscan.

Pogge T (2002). *World Poverty and Human Rights*. Cambridge, Polity Press.

Simms A, Tibbet S and Wilmott E (2001). The Robin Hood Tax: Concrete proposals for fighting global poverty and promoting sustainable development. London, War on Want and New Economics Foundation (http://www.neweconomics.org/gen/z_sys_Publication Detail.aspx?PID=87).

Tax Justice Network and New Economics Foundation (2005). Tax lost in havens. London (http://www.taxjustice.net/e/press/tax_costs.pdf).

WCSDG (2004). *A Fair Globalization: Creating Opportunities for All*. Geneva, ILO.