

# Global Health Watch

## Mobilising Civil Society around an Alternative World Health Report

### GHW Update 5 – October 2004

Welcome to our fifth edition!!!

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#### Plans for Peoples' Health Assembly II well underway

The People's Health Assembly 2, to be held in Cuenca, Ecuador in July 2005, promises to be an event as significant as the G8 meeting it follows!

Events planned include the launch of the Global Health Watch, and a large programme covering the challenges, gaps and potential links to be made in global health today. PHA2 will also feature a youth conference, photo exhibitions, events for children, an indigenous healing ceremony, an anti-war march and many other cultural events. 1000 participants are expected, including a large delegation from Africa, delegations of indigenous people from around the world, youth and children as well as a range of high-profile speakers.

One of the members of the GHW secretariat, Pat Morton, attended the first meeting of the international organising committee in Cuenca last week. It was agreed that the GHW chapters would be used as position papers at the Assembly.

For more information about the conference visit [www.phmovement.org/pha-II/](http://www.phmovement.org/pha-II/)

#### GHW at first 'MAKEPOVERTYHISTORY' meeting in Johannesburg

**MAKEPOVERTYHISTORY** is a broad coalition of aid agencies, trade unions and campaigning groups and individuals who are coming together to demand the UK Government and world leaders to make 2005 pivotal year to change the rules and practices of **trade**, cancel poor countries' **debt** and deliver more and better **aid**.

Antoinette Ntuli represented the GHW at the first **MAKEPOVERTYHISTORY** international meeting held in Johannesburg on September 20-21, 2004. This meeting brought together people from throughout Europe, Africa, Asia, North and Latin America and pooled ideas and energy to start shaping this global campaign that aims to bring together millions of people all over the world.

For more information on the campaign visit [www.makepovertyhistory.org](http://www.makepovertyhistory.org)

#### News on GHW Report 2005 – A taste of Globalisation and Health

*"The current path of globalisation must change. Too few share in its benefits. Too many have no voice in its design and no influence in its course."*

We are pleased to share with you some extracts from the chapter “The politics and economics of health in the era of globalisation” by Ron Labonte, Ted Shrecker (Saskatchewan Univ. Canada) and Amit Sengupta (Peoples’ Health Movement).

The central argument of this chapter is that specific aspects of globalisation increasingly limit the ability of many governments to redistribute wealth, finance public goods and services or regulate market-based enterprises – all being important health-promoting policies.

One of the biggest governance challenges is the asymmetry between enforceable economic market-based rules (i.e. WTO and other regional or bilateral trade agreements) and unenforceable social and environmental obligations (i.e. human rights treaties), by which countries have largely failed to abide.

Case studies from China, Zambia, northern Mexico and Canada are used to illustrate the complex interactions between globalisation and health in low, middle and high income countries. Here is a taste of some of the contents of the Chinese case.

- China is increasingly cited as a model for what global market integration can do for a developing country. It has experienced phenomenal economic growth since introducing market reforms in the late 1970s and now produces much of the world’s factory-manufactured goods.
- Export processing zones (EPZs) have mushroomed in China in the past two decades and China holds 6<sup>th</sup> place in the world in terms of foreign investment. This is for the single reason that it is more profitable to produce goods in the world’s largest supplier of cheap labour than it is anywhere else.
- Cheap labour in China comes to a price: open disregard of workers’ rights. Hours of work and wages are effectively unregulated; many in the EPZs work twelve to eighteen hour days, seven days a week, for months at a time. By one estimate, approximately 1 in every 250 EPZ workers was killed in an industrial accident in 2003.
- On the other hand, China’s market reforms led to the collapse of its once vanguard systems of public and community-based health insurance. The government share of health expenditures fell by over 50 per cent between 1980 and 1998, almost trebling the portion paid by families.
- The result was a surge in the number of people who fell into poverty by exhausting their income and savings to pay for medical treatment– 27 million rural Chinese in 1998 – and a dramatic slowdown in China’s population health improvements, particularly infant mortality and life expectancy.

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