

GHW Update 4 – September 2004

Welcome to our fourth edition!!!

Please pass on this newsletter to anybody that might be interested in the GHW
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Hot topic - Watching WHO

The Global Health Watch will not just examine global health policies – it will also look at the performance of those institutions charged with responsibility for health worldwide. The Watch has therefore commissioned work on the World Health Organisation, looking at its core functions, relationships with other organisations and management.

Strengthening the WHO's mandate

Prof. Ilona Kickbusch, formerly Director of Health Promotion at the WHO, recently outlined a vision of a strengthened WHO. Amongst other recommendations, she has called for an organisation that has:

- Constitutional capability to ensure agenda coherence in global health;
- Power to take countries to the international court for crimes against humanity if they clearly refuse to take action based on the best public health evidence and knowledge;

WHO's past record on regulation of drugs, tobacco and infant feeding suggests it has an important role to play as the "health conscience" of the world. But given the multiplicity of actors in today's global health arena is it ever really likely to have the authority that Prof. Kickbusch hopes for.

WHO has other roles to play in surveillance, technical assistance and country co-operation. We want to hear your views on the usefulness of WHO, and how it could be made more valuable at country and global levels. Please write to ghw@medact.org.

The link to Prof. Kickbusch's full article is: <http://www.ilonakickbusch.com/public-health/publichealthinteh21st.pdf>

News on GHW Report 2005 – First two chapters' drafts are ready!!!

We are very excited to announce that the drafts for the chapters "Militarism and conflict" by Vic Sidel (IPPNW) and "The right to food: Land, agriculture and household food security" by Michael Chopra (Univ. Western Cape) have been submitted and are now being revised. Here is a taste of some of the contents:

- 90 percent of deaths during selected wars in the 1990s were among civilians, primarily women and children. For example, in the civil war in the Democratic Republic of Congo, it has been reliably estimated that there have been

approximately three million civilian deaths.

- Many people survive wars, only to be physically scarred for life. For example, in Cambodia one in 236 people is an amputee as a result of a landmine explosion.
- War and conflict destroy the infrastructure that supports social well-being and health. For example, during Gulf War I and the 12 years of economic sanctions that followed, an estimated 350,000 to 500,000 children died, with most of these deaths related to destruction of the infrastructure of civilian society: health-care facilities, electricity-generating plants, food-supply systems, water-treatment and sanitation facilities, and transportation and communication systems.
- The number of chronically hungry people has increased by over 18 million since 1995– 1997. This means that about 18% of the world's population is currently hungry
- The number of undernourished people has increased by 4.5 million per year during the second half of the last decade.
- The growth in the number of people suffering from hunger, food insecurity and undernutrition is occurring despite the fact that food production has doubled in the past 40 years, as has production per capita. Analysis therefore requires an understanding not just of who and how many are suffering from hunger but also focuses on people's ability to access food, rather than just food production or supply.

Get your voice heard in the GHW!

We have received many enquiries from people and organisations eager to get involved by submitting accounts of their local, national and regional experiences. In order to make that possible we have put together a set of guidelines, which are now available on the GHW Website www.ghwatch.org. See below for examples of the issues we are looking for:

- Examples of policies/ actions to secure an equitable access to health care.
- Examples of effective, efficient and inclusive public health care systems.
- Evidence showing the effects of commercialised health care on professional ethics.
- Good and bad practices of donors on public health stewardship and on the performance of health care systems.

Submit your case studies and get your voice in the GHW!

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