Subject: PHA-Exchange> PHM Geneva Report (final)
Date: Tue, 27 Aug 2002 05:30:17 +0700
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To: "pha-exch" <pha-exchange@kabissa.org>

From: "Community health cell" <sochara@vsnl.com>

> PEOPLE'S HEALTH MOVEMENT (PHM) IN GENEVA
>
> A short report of the participation of PHM in the Fifty Fifth World
> Health Assembly,
> at Geneva, 13-17th May 2002
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> [The Peoples Health Movement (PHM) was invited by the World Health
> Organization to participate in the first Technical Briefing session at
> the World Health Assembly, organised by the WHO-Civil Society Initiative
> and to present the Peoples Health Charter. Over 35 members of PHM from
> different countries attended the World Health Assembly, this year from
> 13-17th May 2002 and participated in various meetings, lobbying
> initiatives and in the technical briefing. The initiative was organised
> by the WHO/WHA Circle of the PHM and this is a short report of the
> salient features of the PHM related events in Geneva during that week.
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> 1. World Health Assembly (WHA) : An introduction
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> ? The Fifty Fifth World Health Assembly organised by WHO, Geneva, took
> place this year from 13th to 18th May 2002. The assembly is the most
> important annual meeting of the WHO where delegations from member states
> from all over the world gather to discuss a wide range of world health
> concerns and WHO's organisational challenges through formal procedures
> and informal dialogue.
>
> ? A wide range of topics relevant to world health were covered in the
> agenda during the assembly, including the Report of the Commission on
> Macroeconomic and Health (CMH); Risks to Health (round table);
> Development Goals of the Millennium; Global Fund for
> HIV-AIDS/TB/Malaria; Sustainable Development; HIV-AIDS; Eradication of
> Polio; Quality of Care and Patient Safety; Ageing and Health; Mental
> Health; Diet, Physical Activity and Health; Dengue Prevention and
> Control; Deliberate use of Biological and Chemical agents to cause harm;
> Destruction of Variola stocks; Pan-African Tsetse and Trypanosomiasis
> eradication campaign; Role of contractual arrangements in improving
> health systems performance; Health conditions of Palestinians; Arabs
> under Occupation; Collaboration with UN system and with other
> intergovernmental organizations; International decade of the worlds
> indigenous people, and a few other topics.
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> 2. WHO-WHA lobby circle of PHM
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> ? The WHO-WHA circle convened by Dr. Ravi Narayan of CHC, consisted
> initially of Zafarullah Chowdhry, David Sanders, Pam Zinkin, K. Bala,
> Claudio Schuftan and grew as the process evolved. It encouraged the
> participation of PHM members from all over the world (especially those
> who were able to find their own support or who were anyway attending the
> WHA as members of NGOs in official status with WHO) to show solidarity
> with PHM and participate in an intense and proactive lobby strategy.
> Six letters were circulated in the process of mobilization on - 7th
> December, 25th February, 25th March, 9th April, 18th April and 29th
> April. Through active lobbying, WHO was encouraged to formally support
> two PHM resource persons and the NGO forum also supported (2 persons).
> Other members raised their own funds through various sources.
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> 3. PHM Participants at WHA
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> ? The 35 PHM activists and included Qasem, Zafarullah, Laila, Nouman and Shireen from Bangladesh; Ani from Brazil; Pat from Congo; Christiane and Andreas from Germany; Sunil from Italy; Prem, Unni, Thelma, Ravi, Nupur from India; Satya from Malaysia; Maria from Nicaragua; Ellen from Netherlands; David from South Africa; Bala and Joel from Sri Lanka; Mwajuma from Tanzania; Pam, Mike, Dorothy from UK; Sarah from USA; Halfdan, Eric, Manoj, Uday, Garance, Fawzia, Inez from Geneva-Switzerland; and four members from the International Federation of Medical Students Associations.
> 4. Registration Challenge
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> ? Since WHO-CSI is still to review the mode of linkage and participation of NGOs, movements and campaign groups, the 'PHM' which turned out to be the largest delegation this year (!) to WHA attended it as members of IOCU, World Vision CMC-Action for Health and others. We thank these NGOs for their support and solidarity [Next year we should attempt to increase the participation of PHM activists and supporters by entering as members of country delegations; or getting our specific NGOs to link to WHO in official relations and or to persuade WHO to recognise PHM as an official movement and the largest health network of 'civil society' in the world].
> 5. PHM Community at Mandat
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> ? A large number of the PHM participants stayed at Mandat International - an NGO reception centre for NGO delegates to meetings in Geneva, which is run by a young team of volunteers and residents. With PHM posters, photographs and publications all over the Mandat lobby, and most rooms taken by PHM participants, we converted Mandat International into a temporary PHM community. The accommodation and food was simple and computer facilities were available. In addition, the beauty of the residence (inside a small forest and by the side of grassy lands) and the enthusiastic hospitality of Ms. Bernadita Gonzales and her team made it a memorable experience and our thanks go out to them.
>
> ? On 13th May 2002, the PHM participants attended the special briefing session organised by WHO-CSI for NGO participants. Dr. David Nabarro highlighted the main points of concern and initiatives of WHO and its corporate strategy; Dr. Andrew Cassels reported on the salient features and recommendations of the report of the Commission on Macro-economics and Health; Dr. Pekka Pushka spoke on Diet, Physical Activity and Health and the 'risks to health' that would be discussed at the round tables sessions, during WHA, this year; Dr. Alex Kalache spoke on the evolving policy of Active Ageing and some mention was also made about the Global Health Fund and the WHO-CSI initiative. There was a short discussion after each presentation. The PHM delegation was the largest group in the briefing session and among other concerns raised issues (i) the need for caution in putting not for profit NGOs and civil society in the same group as 'for profit - private sector' in the public-private initiatives; and (ii) the need to look at the relevance of WHO's concerns and activities including themes for WHO day, in the context of the socio-economic-cultural-political-epidemiological situation of the poor and marginalised of the world - the social majority (iii) the continuing importance of the primary health care approach and framework through which technical strategies concerning ageing etc., could be channelised. After the briefing, the PHM delegation had its own first briefing and strategy planning session at the same venue (this was the first of many such meetings throughout the 5 days).
>
> 6. WHA Inaugural Session
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> ? In the afternoon of 13th, the PHM delegation attended the formal inauguration of the World Health Assembly with the presentation of the

> Report of the Director General, WHO for 2001 and a guest speech by Dr.
> Carol Bellamy, Executive Director of UNICEF. We also experienced some
> of the 'politics' of intergovernmental UN agencies by witnessing the
> efforts by Taiwan for recognition as a special member state and the
> spirited and well planned opposition by the head of the Chinese
> delegation supported by the Pakistan delegate.
>
> ? The DG spoke about the four strategic directions of WHO under her
> leadership (a) to address the burden of ill health among very poor
> populations (b) to track and assess risks to health and to help
> societies to take action to reduce them (c) to improve the performance
> of health systems (d) to encourage national policies which promote
> health. This report needs to be analysed carefully from the perspective
> of the Peoples Health Charter but two significant shifts in WHO thinking
> were obvious (a) There was no reference to the 'Health for All' goals or
> comprehensive approaches to health and health care development and only
> very marginal mention of the role of people, communities, civic society,
> campaigns and networks to partnership with WHO's efforts to make health
> for all a possibility. In fact, the so called WHO - civic society
> initiative was conspicuous by absence of any reference to it (b) Except
> perhaps in the Tobacco Free initiative, most of the other initiatives
> supported by International Trusts, funds, etc., were focussed on
> bio-medical determinants of health and showed little concern or
> involvement in tackling the broader determinants of health except for
> passing mentions of poverty and health.
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> 7. NGO Forum for Health
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> ? Every year, the NGO Forum for Health, based in Geneva, organises a
> special session during the WHA. This year, the theme was 'Partnership in
> Action for Health' and the session was on 14th May from 9-12 noon. PHM
> had been requested to be part of the panel and Ravi (India) and Sr. Ani
> (Brazil) presented lessons and case studies from the Peoples Health
> Assembly and Movement. Other panelists included Ms. Eva Wallstam
> (WHO-CSI) and her WHO colleagues Dr. Maria Neira (CDS/CPE) and Dr. Hans
> Hogerzail (EDM/PAR) who spoke on WHO perspectives on Partnerships for
> Health. Dr. Bernard Pecoul of Medicins Sans Frontiers spoke about the
> Action Oriented Approach to Partnership - based on MSF experiences. Dr.
> Judith Richter presented a very thought provoking and critical analysis
> of partnerships between UN agencies and the commercial sector. Dr. Eva
> Ombaka spoke on the Ecumenical Pharmaceutical Network for Essential
> Drugs. Ms. Nance Upham presented some provocative thoughts on the need
> for new partnerships in the fight against HIV-AIDS. Dr. Nils Billo of
> the International Union Against TB and Lung Diseases spoke about
> partnerships between government and NGOs in the DOTS programme. Even
> though the case studies and experiences were very interesting and
> diverse, the presence of too large a number of panelists prevented
> adequate time for discussion. The meeting was followed by a press
> conference and Ravi and Sr. Ani attended it as PHM representatives and
> panellists. The press conference highlighted the concerns of NGOs on WHO
> partnership trends with private sector; and the need for greater
> involvement on Civil Society in WHO policy evolution and organisational
> response.
> 8. PHM Media Strategy
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> ? One of the highlights of the PHM presence at WHA was the two member,
> full time media team, which included Unni from India and Sathya from
> Malaysia (supported by Nupur also from India), who were responsible for
> lobbying with the press and highlighting PHM concerns and PHM responses
> to emerging initiatives of WHO through formal/ informal press briefings,
> interviews and press conferences. A backgrounder on PHM and five press
> releases by them were distributed to the press and many of the delegates

> as well. (a) Peoples Health Movement - a backgrounder on 13th May, with
> quotes from David Werner, Dr. Ekbal and Halfdan Mahler (b) Health Care
> - WHO cares? Poverty, War and Debt - greatest threat to world health
> says PHM, - 13th May 2002 (c) WHO Industry partnership - Who influences
> Who?, 14th May 2002 (d) Global campaign to be launched Revive the vision
> of Alma Ata!, On 15th May 2002 (e) the Peoples Health Movement marches
> on - from Dhaka to Geneva to Porto Alegre, 17th May 2002 (f) Peoples
> Health Movement condemns ongoing attacks on civilians in Palestine and
> the violence in Gujarat- on 17th May 2002.
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> ? The advocacy effort provoked the DG and her senior colleagues to find
> the time and interest to attend the formal presentation of the Peoples
> Health Charter and reports from different parts of the world on post PHA
> initiatives, which in the formal invitation and announcement was to be
> chaired by ED - External relations and WHO-CSI only. It also resulted in
> media reports all over the world recognising, quoting and mentioning
> that PHM and civil society were concerned with some of the directions
> and initiatives of the WHO - moving away from the pro-poor Health For
> All goals. The presence of a pro Health For All goals peoples movement
> was universally acknowledged in many press releases, the Lancet article,
> etc.
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> 9. Mini PHA at WCC
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> ? All the PHM participants attending WHA took time off from WHA on 16th
> May to participate in a full day sharing, reflecting, 'battery charging'
> session on the Peoples Health Movement and post PHA initiatives at World
> Council of Churches on 16th May. The day started with a symbolic
> gathering of participants in the centre of Geneva with Peoples Health
> charters and posters and publications by the side of the special 'broken
> chair' monument dedicated to those people especially children who have
> lost limbs in post-war undetected mine explosions. This was replete
> with slogan shouting and hand waving that was featured on Star TV in
> India on 20th May 2002 and also resulted in a much needed PHM collective
> public presence. The meeting at WCC which followed was facilitated by a
> four member team of Maria, Pam, Mwajuma and Thelma, animated by
> 'circulation stimulating' breathers and refreshers by Sr. Ani, our
> popular educator from Latin America.
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> ? The full day meeting commenced with a self introduction round;
> followed by an exercise to list out through a simple timeline ones
> ongoing involvement in PHM and ones Vision for the PHM and tasks for the
> future. This was followed by sharing by each participant which
> included initiatives and processes from all parts of the world. In the
> afternoon, there was screening of a video 'Hey Ram' on the Gujarat
> violence which lead to great concern and a press statement on 17th
> condemning the attacks in Palestine and Gujarat. This was followed by a
> brain storming session on plans for the next year, especially as the
> 25th Anniversary of the Alma Ata Declaration of September 1978 was
> nearing. Finally, there was a concluding session on future challenges
> and organisational issues chaired by Qasem and Ravi. The Indian,
> Bangladesh and Latin American participants contributed to a poster
> exhibition for the event and all the participants also laid our
> publications and other materials for reference as well as takeaways.
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> 10. Some NGO inspired sessions
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> The WHA is often interspersed with sessions organised by NGO initiative
> on issues and concerns relevant to Peoples Health. Two sessions were of

> particular interest to PHM participants :
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>
> a) Poverty Reduction Strategies and Health: Action & Roles on 16th May at 5.30 p.m.
>
> There was a briefing and a discussion by WHO and Save the Children, UK, in collaboration with Medact and Wemos The speakers included Ms. Dr. N. Traore (Minister of Health, Mali); Mr. Mike Rowson (Director Medact, UK); Mr. Samuel Ochieng (Chief executive Consumers Information Network, Kenya); Ms. Reina Buijs (Senior advisor nutrition and health, Ministry of Foreign Affairs, the Netherlands; Mr. Andrew Cassels (Director, Strategy Unit at the Director General's Office, WHO).
>
>
> b) Consumer improves Quality of Care
>
> Two short seminars on the above topic in connection with the WHO resolution entitled "Quality of Care", "Patient Safety" were organised on May 14th and May 15th by KILEN - Consumer Institute for Medicines and Health, Sweden, which was part of the IOCU (Consumers International) delegation to the 55th WHA. Speakers included : Dr. Mary Couper; Professor Ralph Edwards; Dr. Natalia Cebotarenco; Jan Albinson and Lena Westin
>
> 11. The Technical briefing on Peoples Health Charter
>
> ? This was the much awaited highlight of the PHM presence and participation in the WHA. The briefing on the Charter was one of the six technical briefings at the 55th WHA. The other five were : (a) Diabetes - our failure to deal with a modern epidemic; (b) Guinea worm eradication / African trypanosomiasis intensified control; (c) Traditional medicine : access, effectiveness, safety and quality; (d) Recent developments in access to care of people living with HIV/AIDS; (e) Twenty-five years of essential medicines : achievements and challenges. The briefing was announced in the programme, daily journals and through notices and handouts. PHM participants also actively lobbied with WHA delegates and WHO leadership and staff to be present and to understand the PHM concerns. (See Appendix 1 for the formal announcement).
> ? It had been decided earlier that Zafarullah and Ravi would present the PHA background and the Charter and Maria, Mwajuma and Ellen would share about post PHM concerns and initiatives from Latin America, Africa and Europe. At the suggestion of WHO-CSI and after considering the Venezuelan Health Minister and then the WHO-DG as potential chairpersons, some of us from PHM invited Dr. Manuel Dayrit, the Secretary of Health of Philippines to chair the session. A briefing session was held with Manuel on 14th May in which many PHM participants and the WHO-CSI team were actively involved. He patiently listened to all our concerns about WHO initiatives and its loss of focus, which he understood well from his initial experiences and participation in ACHAN (Asian Community Health Action Network) and other civil society initiatives. Among other things, the need for an urgent Joint Commission on Poverty and Health between WHO and PHM was felt necessary to complete the unfinished agenda of the CMH (Commission on Macroeconomic & Health) which had totally ignored efforts of macro-economic and trade policies on the lives and health of people.
>
> ? As a result of effective lobbying, including the media strategy and the choice of a relevant chairperson, the WHO leadership changed its mind on 16th May and we were glad that the DG - Dr. Brundtland and Dr. David Nabarro, both decided to get away from their busy schedule and appointments and attend the briefing. Dr. Brundtland welcomed the group and presented WHO's key concerns and her interest in Civil Society

> partnerships and attended the whole briefing session including the five
> presentations. Dr. David Nabarro stayed back to answer questions and
> comments after the briefing. The chairperson managed the active
> discussion and comments, that followed the presentations, very well.
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> ? Zafarullah started the briefing by narrating his early morning dream
> in which "WHO along with other agencies had become totally privatised
> with mergers and many staff retrenched. He ended with the hope that as
> in the Bangladesh folk tradition early morning dreams may not come
> true".
>
> ? Ravi presented the background of the PHA mobilization and the key
> elements and concerns of the charter using OHPs that has already been
> widely circulated. With the assistance of David Sander's OHPs - he
> showed evidence about the dismal performance even in the area of
> immunization in the last few years based on WHO and other data. He
> listed out 5 key messages to WHO that emerged both from the charter and
> the PHM and highlighted 14 specific action points (see Appendix 2).
> These had been discussed in a meeting of some PHM participants on 17th
> morning.
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> ? Maria then presented, what was happening in Latin America since PHA;
> followed by Mwajuma who described the concerns and initiatives in the
> African region; followed by Ellen who shared the concerns and
> initiatives from the European region. The chairperson then allowed some
> questions, comments and discussions, which was lively in spite of a time
> constraint . There were two rather supportive comments from a
> Venezuelan delegate and another from a delegate from francophone
> Africa. Someone also asked WHO about what they were planning for The
> Silver Jubilee Alma Ata Declaration in 2003, next WHA. Dr. Nabarro
> answered on behalf of WHO though he was somewhat guarded in his
> reactions about the Alma Ata Jubilee celebrations; the issue of broader
> determinants, the need for a poverty commission, etc.
>
> ? However, the scheduling of another briefing simultaneously and that
> too on the theme. 'Twenty five years of Essential Medicine :
> Achievements, Challenges', which was a topic of great interest to the
> delegates and to NGOs including the PHM, meant that many had to choose
> between the two sessions. Also Friday afternoon was late in the
> Assembly schedule. In spite of these constraints, there was a larger
> group of participants at the briefing session perhaps partly because of
> the presence of the DG.
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> 12. Final Strategy and Follow up Meeting
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> ? After the Technical briefing session, the PHM participants met for the
> last time on 17th late afternoon for an informal final meeting chaired
> by Qasem to identify specific action strategies and volunteers to
> convene or follow up on these strategies and initiatives. There was
> discussion and suggestions on a Communications / Media Circle (to be
> convened by Andy, UK;) some ideas to celebrate the 25th anniversary of
> Alma Ata with reflections by PHM groups including a joint Health
> convention at the next World Social Forum at Porto Alegre in February
> 2003; follow up on special issues of Contact magazine and Development
> Dialogue on Post PHA initiatives; and matters of strategy and
> clarification of procedures for representing PHM at meetings; the need

> for further mobilization and regional meetings to identify the members
> of the evolving Peoples Health Movement Council; need to support the PHM
> Secretariat etc. Further details will be circulated from the
> Secretariat.
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> 13. PHM Dialogue with UNAIDS
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> ? At the special request of Dr. Peter Piot, Executive Director of
> UNAIDS, a dialogue with a small group of PHM participants was held on
> 17th May at 10 a.m. in the office of UNAIDS in the Palais Des Nations.
> A team of seven resource persons from PHM - Maria, Sr. Ani, David
> (Sanders), Thelma, Mwajuma, Dorothy and Ravi met Dr. Peter Piot and some
> of his colleagues to understand the concerns and initiatives of UNAIDS
> and also share the concerns and suggestions of PHM participants on the
> HIV/AIDS problem in their own countries and regions. It was decided
> that since UNAIDS and PHM had many similar concerns and perceptions of
> the problem, such a dialogue should continue. It was decided that a
> 'Poverty and AIDS' circle would be convened as an issue circle that
> could continue this dialogue with UNAIDS. Dorothy volunteered to
> facilitate this circle and the continuing dialogue with UNAIDS. Others
> interested in the AIDS problem could join the circle. Dorothy , Thelma,
> Maria and others met with some of the UNAIDS team after the technical
> briefing as well and further details will be circulated.
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> 14. PHM dialogue with GFHR
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> ? The Global Forum for Health Research (Louis Currat, Executive
> Secretary and Andres de Francisco, Senior public Health Specialist)
> contacted some of the PHM participants to explore how PHM could
> participate in the next Forum 6 at Arusha, Tanzania in November 2002.
> They appreciated greatly Ravi's input on behalf of PHM (presentation of
> research challenges from Charter) at Forum 5 at Geneva in October 2001.
> This had been included in the 10/90 Report on Health Research 2001-2002
> (see Appendix 3).
>
>
> The GFHR team and a few PHM researchers met for a short dialogue and it
> was decided that PHM, as a start would participate in the final plenary;
> in the session on TB and on Access to Drugs and also coordinate a
> parallel workshop on Research by CSUs. David from South Africa agreed
> to be the contact point of PHM for GFHR and Forum 6 and follow up on
> these and further ideas of collaboration. These were just a few
> possibilities. As more researchers in the PHM Circle were identified
> the participation possibilities in Forum 6 sessions could be enlarged.
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> 15. New Contacts and Opportunities for presenting PH Charter
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> ? During the week in Geneva, apart from UNAIDS and GFHR mentioned
> earlier many other organisations met up with some of the PHM
> participants and discussed possibilities of dialogue, working together
> or informed about meetings at which the Charter could be presented.
> All of them were requested to keep in touch with the PHM Secretariat and
> ways and means to follow up on the requests would be evolved by the
> secretariat and its support group. These included :
>
> 1. World Civil Society Forum, Geneva, 2002 - 14-19th July
> (http://www/worldcivilsociety.org Email : forum@mandint.org)
>
> 2. World Organisation of Family Doctors Ltd. (contact person : Dr. Ilse

> Hellemann, Email : mobene@computerhaus.at)
>
> 3. NGO Committee on the Status of Women, Geneva (Email :
> ngocsw@iprolink.ch)
>
> 4. Asia Civil society Forum, 2002 - UN/NGO Partnership for Democratic
> Governance, Bangkok, 24-29 November 2002 (Email : congo.gva@congo.org)
> (Website : www.congo.org)
>
> 5. The AIDS Network - an international network to formulate an
> alternative public health approach to AIDS
> (aidsmanifesto@club-internetfr)
>
> 6. NGO Adhoc Advisory Group on Health Promotion (contact person : Joanna
> Koch. Email : bhg@ibo.org Website : www.ibo.org)
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> 16. In Conclusion
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> ? In the final analysis the first, proactive, PHM participation and
> presence in WHA went better than our initial expectations. It was a
> good opportunity for PHM participants to understand some of the dynamics
> of discussion, policy evolution and dialogue in WHO as an
> intergovernmental, UN organisation and the need for more effective
> lobbying with our own government delegates and WHO leadership. The
> enthusiasm of participants was very infectious and the media team very
> provocative and effective. However, we also understood the complexities
> of the situation both within and without WHO and the need for a more
> planned, better analysed and researched collective strategy to counter
> the 'market economy' trends and the overdose of selective bio-medically
> oriented responses in WHO policy planning and initiatives.
>
>
> ? Much more needs to be done and in a much more rigorous and strategic
> way.
>
> ? But the week in Geneva was a good beginning and a good 'battery
> charger' for all those who made it. A word of thanks to Eric of NGO
> forum, Manoj of WCC, Eva and Margareta of WHO-CSI, Fawzia of UNAIDS, who
> in addition to so many others played key supportive role in arranging
> the local logistics for the events.
>
> Appendix 1:- Technical Briefing Friday, 17th May 2002, 1300-1400 Hrs.
> Room XVI
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> "CIVIL SOCIETY PERSPECTIVES ON HEALTH : THE PEOPLE'S CHARTER FOR HEALTH
> (there will be interpretation in Arabic, Chinese, English, French
> Russian and Spanish)
>
> During the last 20 years, there has been a dramatic growth of civil
> society organizations and a significant increase in their involvement in
> health, both at national and at global level. WHO recognizes that it is
> only by working with a broad range of partners including civil society
> organizations that a lasting difference can be made to improve health.
> The purpose of the briefing is to share the experience of the People's
> Health Assembly, an example of civil society involvement in health in
> recent years, and to offer a forum where issues related to people's
> involvement in health can be debated. Representatives from the People's
> Health Movement will present the processes surrounding the Assembly that
> took place in December 2000 in Bangladesh which brought together
> participants from over 92 countries. One important outcome of the
> Assembly was the endorsement of the People's Health Charter. The main
> concerns and themes outlined in the Charter will be presented at the

> briefing and a panel of speakers representing different regions of the
> world will briefly highlight developments in the People's Health
> Movement since the Assembly".
> Source : WHA Journal
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> Appendix 2. Call to World Health Organization
>
> Be a strong advocate for poverty eradication, eg.,
>
> - Greater equity (in WTO/WB/IMF)
> - Debt cancellation (in WB/IMF)
> - Fairer trade (in WTO/TRIPS)
> - Poverty and Health Commission (WHO & PHM)
>
> Promote comprehensive approaches, eg.,
>
> - Avoid vertical wholly technical initiatives (eg., GAVI)
> - Ensure greater intersectorality (like Thailand-Basic Minimum Needs
> Programme)
> - Involve community and people's organizations in 'evidence and action'
>
> Strengthen public sector for health, since
>
> - No evidence that privatisation leads to equity
> - Prevent agenda setting by corporate interests (be like Tobacco Free
> Initiate not Roll Back Malaria Programme)
>
> Involve people's organizations in WHO work, eg.,
>
> - At national levels (WRs)
> - At regional levels
> - At WHO level (beyond Civil Society Initiative and World Health
> Assembly)
>
> Promote more participatory, relevant transparent public health policy
> processes and initiatives eg.,
>
> - From 'DOTS' to 'Community Oriented TB Services (COTS)'
> - From micronutrients to 'food'
> Source : Technical Briefing by PHM at WHA, May 2002
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> Appendix 3.:- "But there is a more devastating, more direct and
> self-reinforcing effect of poor health on poverty, through the vicious
> circle of poverty, i.e., malnutrition, disease, unemployment or
> underemployment, low income, poor housing, low level of education, low
> productivity, no access to drinking water, no access to health care
> services, larger number of children, unwanted pregnancies, substance
> abuse. In addition, poor people are more likely to suffer from the
> degradation of the environment and from discrimination. Once trapped in
> this vicious circle, the chain of causality is very difficult to break,
> as pointed out by numerous reports, including the People's Charter for
> Health*....."
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> *Ravi Narayan, Community Health Adviser, Community Health Cell, PHM,
> India. Paper presented at Forum 5, Global Forum for Health Research,
> October 2001
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> Source: The 10/90 Report on Health Research 2001-2002, Global Forum for
> Health Research, p4
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> 5th June 2002 Ravi Narayan
> Bangalore Convenor, WHO-WHA Circle of Peoples Health Movement
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Subject: PHA-Exchange> The missionary position: NGOs and development in Africa
Date: Thu, 15 Aug 2002 21:36:59 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Firoze Manji" <firoze@fahamu.org> and Carl O'Coill.
Published in International Affairs, 78:3 (2002) 567-83.

Excerpts:
NGOs today contribute marginally to the relief of poverty/ill health/malnutrition, but significantly to undermining the struggle of the people to emancipate themselves from oppression...Programs delivered by these NGOs do not really seek to redress the social circumstances that cause impoverishment/preventable ill-health and malnutrition.... The development discourse is framed not in the language of emancipation or justice, but with the vocabulary of charity, technical expertise, neutrality and paternalism....
Development as a whole has worked to undermine popular mobilization.... NGOs accept or do not comment on the manner in which the state exercises its power...
NGOs work is limited to project work, armed with manuals and technical tricks rather than seeking justice and standing up against violations of Human Rights (HRs)...
Many NGOs were co-opted by funders to taking up such a role (a typical example is work to set up safety nets for the poor)... Development NGOs have become an integral part of a system that sacrifices respect for justice and rights, instead taking a missionary position...
If NGOs stand in favor of emancipation, then the focus of their work has invariably to be in the equity/HRs/political domain, supporting those social movements that seek to challenge a social system that benefits a few and impoverishes the many.

The full article is available at
> http://www.fahamu.org.uk/downloads/missionaryposition.pdf
or from the author's email address above.

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RN 19/8/02

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RN 19/8/02

Subject: PHA-Exchange> Nurses brain drain
Date: Wed, 14 Aug 2002 23:03:04 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "ProCAARE" <procaare@usa.healthnet.org>
> *Healthlink Bulletin 02-08-2002*
> **********
>
> *The "nursing drain" is a crisis of international proportions - and South* Africa is bearing the brunt of it.
>
> *The ripple effect is that South Africa now has too few qualified nurses to* cope. And those
> *it has are moonlighting to fill in shifts and earn more money - leaving* crucial, sometimes
> *life-saving standards under threat, even at private hospitals.*
>
> *"Sky News" reported this week that last year alone, 2 114 South African* nurses took up
> *posts in British hospitals. South Africa, the international television* agency said, is one
> *of Britain's biggest source countries for qualified nurses.*
>
> *Britain is not the only nurse raider. Australia, America, Canada and Saudi* Arabia, just to
> *name a few, are also involved in the bartering for nurses.*
>
> *In the UK, where they earn up to 15 pounds an hour and just one day's* overtime is
> *equivalent to their month's salary in S Africa.*
> *Netcare has reacted to the nursing shortage by increasing the number of* nursing students
> *trained at its colleges from 1 000 last year to 1 600 this year, and has* plans to double
> *the number of nurses trained every year.*
> *(Source: The Sunday Tribune, 28 July 2002)*

PN
14/8/02

PHM Exchange file

Subject: PHA-Exchange> Child Health and Nutrition Research Initiative (CHNRI)
Date: Wed, 14 Aug 2002 22:55:31 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Le Thi Hop" <hopnin@hn.vnn.vn>
CC: "pha-exch" <pha-exchange@kabissa.org>

From: "Walter Gulbinat" <gulbinatw@who.int>

> Child Health and Nutrition Research Initiative (CHNRI)
> --
>
> Request for Proposals for the Secretariat - Global Forum for Health
> Research
>
> Health research is essential to improve the design of health interventions, policies and service delivery. Every year more than US$ 70 billion is spent on health research and development by the public and private sectors. An estimated 10% of this is used for research into 90% of the world's health problems. This is what is called 'the 10/90 gap'. The Global Forum for Health Research is an independent international foundation established in 1998 in Geneva, Switzerland. Its central objective is to help correct the 10/90 gap by focusing research efforts on diseases, determinants and risk factors representing the heaviest burden on the world's health and by facilitating collaboration between partners in both the public and private sectors.
>
> The Global Forum is supported financially by the Rockefeller Foundation, World Bank, World Health Organization and the governments of Canada, the Netherlands, Norway, Sweden and Switzerland. The Global Forum supports networks in health research bringing together a wide range of partners in a concerted effort to find solutions to priority health problems.
>
> Background
>
> The Child Health and Nutrition Research Initiative (CHNRI) is a recently formed network of interested partners supported by the Global Forum for Health Research. CHNRI is actively working on methodological issues of priority setting on Child Health, Nutrition and Development research, and on a life-cycle approach to child health and nutrition research. It aims at increasing the level of communication and discussion amongst players working on research on child health and nutrition, such as nutritionists, child health specialist, and child development specialists. It further stimulates research and supports the expansion of research into priority child health and nutrition problems on a global basis, especially in low and middle income countries.
>
> The need for a global initiative on child health and nutrition research (CHNRI) is based on the requirement of increased communication among disciplines working on research on child health, nutrition and development. CHNRI provides a platform to initiate and maintain debate on the importance and direction of the research. It brings together scientists and implementing bodies to discuss issues relevant to the current status of knowledge and the requirements for the future. Further, CHNRI allows communication with donors and potential contributors, thereby helping direct funds to the cause. The initiative, therefore, makes an effort to ensure that identified gaps are being highlighted and addressed.
>
> When CHNRI was initiated, the view on its governance was that the Se-

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> cretariat would rotate among developing country partners at regular
> intervals in order to represent all CHNRI partners. In the meantime,
> the Secretariat was hosted by the Global Forum for the last two
> years. This current tenure of the CHNRI Secretariat at the Global Fo-
> rum will come to an end on December 2002. This Request for Proposals
> invites institutions, particularly in low- or middle-income coun-
> tries, to express their interest in hosting the Secretariat for the
> Child Health and Nutrition Research Initiative for an initial period
> of two years, renewable by the CHNRI board.
>
> Objectives of CHNRI
>
> The specific objectives of CHNRI are:
> * To promote priority research discussions within a broadened ap-
>   proach to child health, nutrition and development
>
> * To expand global knowledge on childhood disease burden and the
>   cost-effectiveness of interventions
> * To ensure adequate inclusion of developing country institutions and
>   scientists in the setting of priorities and formulation of plans for
>   child health and nutrition research
> * To promote appropriate research capacity development in low and
>   middle income countries for participation in these activities
> * To stimulate donor participation by proposing clearly defined and
>   focused research activities and a plan of action, and to increase
>   funding for child health and nutrition research.
>
> Governance of CHNRI
>
> CHNRI activities are carried out by three main organizational compo-
> nents: the CHNRI partners, the CHNRI Board, and the CHNRI Secre-
> tariat. "Partners" are defined in the broadest and most inclusive
> sense of the word; all actors working to reduce the 10/90 gap in
> child health and nutrition are already partners in the process. The
> Secretariat provides cohesion between the CHNRI activities and en
> sures coordination through frequent exchange of information between
> various parts of CHNRI. However, the CHNRI Secretariat is the opera-
> tional arm of the network. Governance is the main function of the
> Board. The members of the Board represent organizations/NGOs/Groups
> of Child Nutrition; donors/funding agencies; public sector/networks;
> academia/research organizations in low/middle income countries and
> from high income countries; the Global Forum, WHO; and the secretary.
> The CHNRI Secretariat reports to the Board.
>
> Terms of reference of the CHNRI Secretariat
>
> The Secretariat of CHNRI
> * maintains coherence, collaboration and communication among differ-
>   ent CHNRI activities in compliance with the Board guidance.
> * serves as the spokesperson for CHNRI activities
> * will support the Board and partners generate funds for CHNRI ac-
>   tivities
> * rotates among partners at a regular interval, approximately every
>   two years or as decided by the board, to maintain the equitable na-
>   ture of CHNRI and to represent all CHNRI partners.
> * communicates CHNRI activities to all constituents through the CHNRI
>   email listserve
> * updates the CHNRI section on the Global Forum web site in collabo-
>   ration with the communication's unit of the Global Forum.
> * helps raise the profile of CHNRI by publicizing CHNRI activities,
>   especially for fund raising efforts
> * helps organize and conduct Board and partner meetings at specified
>   times of the year
> * reports to the Board, both financially, scientifically and adminis

> tratively
> * provides regular feedback to all CHNRI partners.
>
> Review criteria
>
> Proposals will be reviewed by the Board. Organizations/institutes/agencies will be considered for hosting CHNRI Secretariat that can demonstrate their capacity to
> * maintain international communication, including easy e-mail access
> * organize and manage international health programmes and projects
> * manage international health research, preferably in the fields of child health and nutrition
> * develop a work-plan for proposed activities to be carried out by the Secretariat over a 2 year period
> * develop and manage a budget for the Secretariat and its activities
> * support workshops, meetings and symposia to promote research and networking of CHNRI
> * maintain the infrastructure necessary for providing support to the Board.
>
> The institution should have a public health mandate from any public, private or academic sector in a low- or middle-income country.
>
> The Secretary will lead the secretariat and should
> * be a national of a developing country
> * be a recognized health researcher and manager
> * have international experience in networking.
>
> Budget of CHNRI activities
>
> Support for the functioning and activities of the CHNRI Secretariat is expected to be available for some staff costs, administrative help, communications, and small meetings. The support will come from several sources:
> * from the host organization as a sign of their commitment (funds, resources, materials)
> * seed support for core functions from the budget of CHNRI, approved by the Board and managed by the Secretariat and the host institution.
> * other partners or fund raising efforts initiated by the secretariat under guidance of the Board.
>
> Schedule of work
>
> The deadline for letters of intent is 30 September 2002. Review and selection of groups will take eight weeks and results will be announced by late November 2002. To aid the transfer of knowledge and enable the Secretariat to become functional as soon as possible after the transfer, it is envisaged that the current Secretariat will work with the newly elected Secretariat for a 2-3 month time period. Application process Applicants are requested to send in a proposal of no more than 10 pages (excluding appendices which should also not exceed 10 additional pages) covering the following sections:
> * Letter of intent (detailing mailing and email address)
> * Description of the organization/institute/agency, including its national and international roles
> * Description of internal management processes (e. g. governing bodies or processes, financial control, reporting and approval requirements)
> * Capacity and experience of the institution vis-à-vis the stated requirements
> * Proposed method of work
> * Institutional/government support for the functions of the Secre

> * Estimated budget
> * Résumé of the proposed secretary.
>
> Proposals should be received by 30 September 2002 at the
>
> Global Forum for Health Research
> (Attention Walter Gulbinat)
> c/o WHO
> 20 Avenue Appia
> 1211 Geneva 27, Switzerland
> Tel: +41-22-791-4463
> Fax: +41-22-791-4394
> mailto:gulbinatw@who.int
>
> Please note: institutions are cautioned that there will be no extension on the above-stated time-frames. Applicants should carefully consider their capacity to deliver the products on time.
>

Subject: PHA-Exchange> job announcement WHO
Date: Fri, 16 Aug 2002 08:17:01 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> *We have short-term professional positions at the World Health Organization*
> *in the Department of Health Financing and Stewardship WHO Geneva*
> *e-mail: emeryc@who.int*
>
>

Short-Term Professional Positions at WHO:

Programme of Work on Health Systems Performance and Poverty Reduction

As part of its work to support countries in improving the performance of their health systems, WHO is:

? developing a programme of work on health and poverty reduction. The main objective of this work is analysis, formulation, implementation, monitoring and evaluation of both health policies and poverty reduction strategies.
? developing a programme of work on the function of stewardship. It will cover a wide spectrum of activities: more detailed characterization of the concept of stewardship, the development of practical methods to assess stewardship, and work to link analyses of stewardship to actions to strengthen it.
? working with Member States to generate, synthetize, present and disseminate a substantial amount of new information on different aspects of national and sub-national health systems performance, including health outcomes of the poor. This information consists of quantitative and qualitative data on health system inputs, functions and goals in individual countries.
? developing a programme of work to increase WHO capacity for health policy and systems support to countries, in order to strengthen the design and implementation of pro poor health policies.
? Several positions are likely to be available requiring a range of different skills and different levels of experience. The Department of Health Financing and Stewardship (HFS) is more specifically looking for professionals with a background in political and/or development economics sciences, public health or sociology, with experience in survey design, questionnaire development and techniques for cross-population research, to contribute to instrument analysis and development.

A background in political and/or development economics sciences, public health or sociology, who possess excellent analytical and writing skills, to contribute to the development of policy briefs and country reports on health systems and poverty reduction. A first degree in one of the social sciences, with strong quantitative skills in multi-variate statistics and experience with analysing large data sets, as well as using psychometric and factor analysis, to contribute to the analysis of information on health systems performance. Ability to work in STATA would be an advantage. A background in health policy and systems analysis, especially in less developed countries; experience in organizing cross-country capacity building programmes for a wide range of technical experts and decision-makers, and excellent organizational and managerial skills. Preference will be given to applicants who have excellent knowledge of English or French (with a working knowledge of the other), and good interpersonal skills with a proven ability to work in a team. Initial appointments will be for 11 months or shorter, depending on availability and experience. The successful applicants will work under the guidance of a team coordinator.

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Please send curriculum vitae to:
Dr Abdelhay Mechbal, mechbala@who.int
Director of Health Financing and Stewardship (HFS),
World Health Organization
1211 Geneva 27, Switzerland

Subject: **PHA-Exchange> Correction in the stated Nepali month yesterday - The Kathmandu Rally by Civil Societies for Democracy.**
Date: Wed, 21 Aug 2002 04:30:31 +0530
From: "Mathura P Shrestha" <mathura@healthnet.org.np>
To: "WORT-FM Community Radio" <wort@terracom.net>, "VHAI" <vhai@sify.com>, "Thomas Achard" <thomas.achard@bluewin.ch>, "Stephen Bezruchka" <sabez@u.washington.edu>, "South-South Solidarity" <south@giasdl01.vsnl.net.in>, "Sophie Beach" <SBeach@cpj.org>, "PHANetwork" <pha-exchange@kabissa.org>, "Marv Des Chene" <mdesche@emory.edu>, "Ipshita (ITE)" <ipshita@intoday.com>, "Ian Harper" <ian_harper2000@yahoo.com>, "gk" <gk@citecheo.net>, "Edelina de la Paz" <bdelapaz@uplink.com.ph>, "David F. Kapell" <dkapell@optonline.net>, "anna dehavenon" <adehavenon@mindspring.com>

Dear All
In my yesterday's e-mail there was a serious mistake in the printed Nepali month for the rally organized by Civil Societies for Democracy (CSD). Please correct and read the date as Sunday, 25 August 2002 (9th Bhadra 2059) at 4.30 PM at Kathmandu, Ratna Park. That is, read Bhadra in stead of Shravana.
Sincerely,
Mathura P. Shrestha.

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RN
26/8

Subject: PHA-Exchange> More on The Missionary Position (2)
Date: Sun, 18 Aug 2002 06:36:18 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> *THE MISSIONARY POSITION: NGOS AND DEVELOPMENT IN AFRICA*
> *http://www.fahamu.org.uk/links/resources.html*

> *Development NGOs operating in Africa have inadvertently become part of the neo-*
> *liberal global agenda, serving to undermine the battle for social justice and*
> *human rights in much the same way as their missionary predecessors, argues a*
> *paper in the July issue of International Affairs. The paper says that the*
> *contribution of NGOs to relieving poverty is minimal, while they play*
> *a "significant role" in undermining the struggle of African people to*
> *emancipate themselves from economic, social and political oppression. In this*
> *compromised position, NGOs face a stark choice: They can move into the*
> *political domain and support social movements that seek to challenge a social*
> *system that benefits a few and impoverishes the majority; or they can continue*
> *unchanged and thus become complicit in a system that leaves the majority in*
> *misery.*
>
> *Entitled 'The Missionary Position: NGOs and Development in Africa', and co-*
> *authored by Firoze Manji and Carl O'Coill, the paper traces the emergence and*
> *role of NGOs on the continent from their missionary beginnings through to the*
> *discourse of 'development' that emerged in the post independence period and the*
> *later influence of structural adjustment programmes and globalisation.*
>
> *Beginning in colonial Africa, the paper argues that missionary organisations*
> *played a key role in winning the ideological war that supported the colonial*
> *apparatus. "While colonial philanthropy may have been motivated by religious*
> *conviction, status, compassion or guilt, it was also motivated by fear. In*
> *Britain and the colonies alike, politicians frequently alluded to the threat of*
> *revolution and actively encouraged greater interest in works of benevolence as*
> *a solution to social unrest. In short, charity was not only designed to help*
> *the poor, it also served to protect the rich."*
>
> *In some cases, charitable organisations "actively" helped to suppress anti-*
> *colonial struggles, as was the case in Kenya, where the Women's Association,*
> *Maendeleo Ya Wanawake (MYWO) and the Christian Council of Kenya (CCK) were both*
> *involved in government-funded schemes designed to subvert black resistance*
> *during the 'Mau Mau' uprising.*
>

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> But independence created a crisis for these organisations because they had
in
> many cases opposed nationalistic tendencies. However, instead of dying a
> natural death they were in fact able to prosper - a result Manji and
O'Coill
> argue was due to the emergence of the 'development NGO' on the national
and
> international stage.
>
> Independence, they argue, had forced missionary societies and charitable
> organisations to reinvent their attitude of 'trusteeship' associated with
> colonial oppression. They did this by replacing white staff with black and
> revamping their ideological outlook by appropriating the new discourse
> on 'development' in place of overt racism.
>
> The difference was in name only, say the authors. Development discourse
was
> flawed from the beginning because non-Western people were defined by their
> divergence from Western cultural standards. "While the vision of
'development'
> appeared to offer a more inclusive path to 'progress' than had previously
been
> the case, in fact the discourse was little more than a superficial
> reformulation of old colonial prejudices."
>
> However, during this time period NGOs were regarded by development
agencies as
> playing a peripheral role in development, with the state assuming
overarching
> responsibility for this role. This meant that the role of NGOs in the
post-
> independent period remained marginal.
>
> This was set to change with a new set of political circumstances that led
to a
> boom in NGOs on the continent. The late 1970s saw the rise to power of
Margaret
> Thatcher in the UK and Ronald Reagan in the US, with both leaders
championing
> the concept of the minimalist state. According to this outlook the state
had to
> take a backseat in development and create the economic conditions for the
> accumulation of wealth by a minority. The rest of society would begin to
> benefit when growth "trickled down" from the wealthy. This neo-liberal
> agenda "radically" altered the landscape of development practice say Manji
and
> O'Coill.
>
> African countries were at this time heavily in debt and this gave the
> multilateral lending agencies the leverage they needed to impose their
neo-
> liberal policy demands, something that was not always popular with African
> people. Manji and O'Coill argue that unhappiness with economic adjustment
and
> its polices was often widespread and led to demonstrations that were
sometimes
> violently suppressed. The protests in turn led to an attempt by lending
> agencies to present a "human face" to their policies. What emerged was
> the 'good governance' agenda of the 1990s and the decision to co-opt NGOs
and
> other civil society organisations to a repackaged programme of welfare
> provision.
>
> NGOs suddenly found themselves in the situation where they usurped the

state as
> the provider of social services to the 'vulnerable' and became the
> beneficiaries of funds intended to mitigate the inequalities of adjustment
> policies. This had a "profound" impact on the sector and together with an
> increase in their function as a conduit for government aid led to dramatic
> growth in the number of NGOs in Africa.
>
> Globalisation therefore led to a "loss of authority" by African states
over
> social development and policy. At the same time, Manji and O'Coill point
out,
> social conditions worsened because of external controls over areas such as
> health, education and welfare measures and social programmes, tax
concessions
> on profits, liberalisation of price controls, and dismantling of state
owned
> enterprises.
>
> In fact, development appears to have failed, says the paper, with real per
> capita GDP falling and welfare gains achieved after independence reversed.
Per-
> capita incomes in Sub-Saharan Africa fell by 21 percent in real terms
between
> 1981 and 1989. In 16 other Sub-Saharan countries per capita incomes were
lower
> in 1999 than in 1975.
>
> The situation in which NGOs thrived, was therefore one of continued
poverty and
> an increase in armed conflict. "As African governments increasingly become
> pushed into becoming caretakers of what might be described as the
peripheral
> Bantustans of globalisation, are we seeing a return to the colonial
paradigm in
> which social services are delivered on the basis of favour or charity and
their
> power to placate?"
>
> Manji and O'Coill state that NGOs have come to be preferred to the state
as
> providers of services. "Development NGOs have become an integral, and
> necessary, part of a system that sacrifices respect for justice and
rights.
> They have taken the 'missionary position' - service delivery, running
projects
> that are motivated by charity, pity and doing things for people
(implicitly who
> can't do it for themselves), albeit with the verbiage of participatory
> approaches."
>
> Manji and O'Coill use the example of apartheid South Africa to illustrate
the
> choice open to NGOs. NGOs either supported the emerging movements that
aimed to
> topple the Nationalist regime or they kept quiet - a position tantamount
to
> complicity with a system of exploitation.
>
> "The challenge that both local and Western NGOs face in making this choice
will
> be that funding - at least from the bilateral and multilateral agencies -
will
> not necessarily be forthcoming to support the struggle for emancipation.
But

> *then, one would hardly have expected the apartheid regime in South Africa*
to
> *have funded the movement that brought about the downfall of the regime,"*
the
> *paper concludes.*
>
> *Published in International Affairs, 78:3 (2002) 567-83.*

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Subject: PHA-Exchange> Earth Summit - PRESS RELEASE from the HUAIROU COMMISSION AND GROOTS INTERNATIONAL- ON DISASTERS AND WOMEN 2
Date: Thu, 22 Aug 2002 20:58:11 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@hotmail.com>

Part 1.1 — **Type:** Plain Text (text/plain)
Encoding: quoted-printable

RN 28/8/02

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RN 29/8

HUAIROU COMMISSION
Women, Homes and Community
Email: huairou@earthlink.net New York: Tele: 718-388-8915
www.huairou.org Fax: 718-388-0285

URGENT PRESS RELEASE

Istanbul, Turkey; August 21st 2002 "PLACE WOMEN AT THE CENTRE OF DISASTER RESPONSE STRATEGIES", Huairou Commission urges the planners and the international community to do a 'reality check'.

"Place women at the centre of any initiative to respond to the devastating impacts of natural disasters. The experiences of women in Turkey and India in responding to a series of earthquakes that shook these two countries last decade show that women-centred initiatives alone will help to put the lives of the affected communities back in place." This is the key demand coming out of an international consultation held at Istanbul on the eve of the World Summit on Sustainable Development at Johannesburg (26 Aug -4 Sep, 2002).

The consultation at Istanbul was facilitated by the Huairou Commission and GROOTS International, two international coalitions who have been actively involved in facilitating women-centred disaster response strategies. The consultation brought together a group of disaster-affected communities, grass root women groups, non-governmental organizations, relief agencies, academicians and international experts.

"We need to think differently and act differently. The international community has a collective responsibility to place women at the center-stage of disaster response strategies," said Ms. Jan Peterson, Chair Person of Huairou Commission.

Disasters, despite their devastating nature also provide opportunities for new community equations. " It was only after the earthquake that we came together to take collective action and now we feel more powerful," said Ms.Hamiye, a grassroots leader from Women's Cooperative in Izmit, the industrial province of Turkey.

In 1999, two devastating earthquakes killed over 20,000 people in Turkey. Over 340,000 houses were damaged or destroyed and the industrial province of Izmit was shattered. Another earthquake reconfigured the landscape in Gujarat (India) in 2001 killing over 15,000, leaving a long trail of mortality and morbidity.

"Programmes such as 'Disaster Watch' and 'Community to Community' exchanges have energised women's groups of Izmit (Turkey) and Gujarat (India). Learning from practice is a tool for empowering communities. It further helps to transform a crisis into an opportunity for rebuilding. For better results, International agencies need to invest in building local capacities and community-based disaster reduction initiatives," said Ms. Prema Gopalan, director of Swayam Shikshan Prayog (SSP), India.

"Disaster response and rehabilitation is not just about efficiency. It is also about a better governance and the use of disaster aid in which women can play a critical role. Their experience can help to formulate more pragmatic disaster management policies," said Ms. Sengul Akcar of the Istanbul based Foundation for the Support of Women's Work (FSWW).

The call to place women at the centre of disaster response initiatives comes at the most appropriate time. In the last decade, the total number of people affected by disasters has tripled to 2 billion. There has been a five-time increase in the total direct economic loss during the same period.

These grim statistics remind us about the difficult road the world has travelled since the Rio Summit in 1992. The United Nations' International Strategy for Disaster Reduction is expected to boost its efforts after the Johannesburg Summit. However, the UN strategy needs support and synergy of different constituencies, especially women and grassroots groups.

The World Bank estimates that 97% of the natural disaster related deaths each year occur in developing countries. The percentage of economic loss in relation to the GNP in developing countries far exceeds that in developed countries. The devastation that each disaster causes reverses the social development in these countries by decades. Perennial poverty, bad planning and lack of community-driven strategies further neutralize the recovery.

"It is true that the devastating impacts of disasters have gained visibility since the Rio Summit. But the challenge is to place the affected communities and the most vulnerable, especially women, at the centre stage" said Ms. Sandra Schilen, Global facilitator of Groots International, a coalition of grassroots groups. Schilen and her coalition network partners from Asia, Africa and South America will moot this concept during the Global Summit at Johannesburg.

On the eve of the Johannesburg summit, grassroots groups make 3 key demands;

a.. Be innovative: Initiate disaster response strategies in consultation with the community in general and women in particular.
b.. Invest with vision: The donor agencies and the UN must make a long-term commitment to disaster response programmes.
c.. Ensure synergy: The UN, Government, Non- governmental and private sectors must find common grounds for collaboration. This will help to optimize the scarce resources that often miss the target.

Jan Peterson Prema Gopalan

For media enquiries : India : +91 (0) 98450 91319 & New York: +1 9175327055

During the Earth summit, the Huairou Commission and GROOTS International representatives can be contacted at Johannesburg :

Mobile phone : 027.82.858.9440 (Sandra Schilen or Prema Gopalan);

Phone - 011-615-9744 : Email: GROOTSss@aol.com

Message forwarded by :

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: + 91 (0) 98450 91319

++++++++++++++++++++++++++++++ CONTACT DETAILS ++

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Vijaya Shree, 4th A Main, Near Baptist Hospital, (off) Bellary Rd, Hebbal, Bangalore-560 024 - INDIA
Ph: 91 (80) 363 2964, 363 3274 ; Fax : 91 (80) 391 4508 (attn: Oxfam India)
E-mail: oxfamindia@vsnl.com Web-site: www.oxfamindia.org

Subject: **PHA-Exchange> Earth Summit - PRESS RELEASE from the HUAIROU COMMISSION AND GROOTS INTERNATIONAL- ON DISASTERS AND WOMEN 2**
Date: Thu, 22 Aug 2002 20:58:11 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@hotmail.com>

Part 1.1	**Type:** Plain Text (text/plain) **Encoding:** quoted-printable

RN
27/8/02

PHA-Exchange →

RN
30/8

HUAIROU COMMISSION
Women, Homes and Community
Email: huairou@earthlink.net New York: Tele: 718-388-8915
www.huairou.org Fax: 718-388-0285

URGENT PRESS RELEASE

Istanbul, Turkey; August 21st 2002

"PLACE WOMEN AT THE CENTRE OF DISASTER RESPONSE STRATEGIES", Huairou Commission urges the planners and the international community to do a 'reality check'.

"Place women at the centre of any initiative to respond to the devastating impacts of natural disasters. The experiences of women in Turkey and India in responding to a series of earthquakes that shook these two countries last decade show that women-centred initiatives alone will help to put the lives of the affected communities back in place." This is the key demand coming out of an international consultation held at Istanbul on the eve of the World Summit on Sustainable Development at Johannesburg (26 Aug -4 Sep, 2002).

The consultation at Istanbul was facilitated by the Huairou Commission and GROOTS International, two international coalitions who have been actively involved in facilitating women-centred disaster response strategies. The consultation brought together a group of disaster-affected communities, grass root women groups, non-governmental organizations, relief agencies, academicians and international experts.

"We need to think differently and act differently. The international community has a collective responsibility to place women at the center-stage of disaster response strategies," said Ms. Jan Peterson, Chair Person of Huairou Commission.

Disasters, despite their devastating nature also provide opportunities for new community equations. " It was only after the earthquake that we came together to take collective action and now we feel more powerful," said Ms.Hamiye, a grassroots leader from Women's Cooperative in Izmit, the industrial province of Turkey.

In 1999, two devastating earthquakes killed over 20,000 people in Turkey. Over 340,000 houses were damaged or destroyed and the industrial province of Izmit was shattered. Another earthquake reconfigured the landscape in Gujarat (India) in 2001 killing over 15,000, leaving a long trail of mortality and morbidity.

"Programmes such as 'Disaster Watch' and 'Community to Community' exchanges have energised women's groups of Izmit (Turkey) and Gujarat (India). Learning from practice is a tool for empowering communities. It further helps to transform a crisis into an opportunity for rebuilding. For better results, International agencies need to invest in building local capacities and community-based disaster reduction initiatives," said Ms. Prema Gopalan, director of Swayam Shikshan Prayog (SSP), India.

"Disaster response and rehabilitation is not just about efficiency. It is also about a better governance and the use of disaster aid in which women can play a critical role. Their experience can help to formulate more pragmatic disaster management policies," said Ms.

Sengul Akcar of the Istanbul based Foundation for the Support of Women's Work (FSWW).

The call to place women at the centre of disaster response initiatives comes at the most appropriate time. In the last decade, the total number of people affected by disasters has tripled to 2 billion. There has been a five-time increase in the total direct economic loss during the same period.

These grim statistics remind us about the difficult road the world has travelled since the Rio Summit in 1992. The United Nations' International Strategy for Disaster Reduction is expected to boost its efforts after the Johannesburg Summit. However, the UN strategy needs support and synergy of different constituencies, especially women and grassroots groups.

The World Bank estimates that 97% of the natural disaster related deaths each year occur in developing countries. The percentage of economic loss in relation to the GNP in developing countries far exceeds that in developed countries. The devastation that each disaster causes reverses the social development in these countries by decades. Perennial poverty, bad planning and lack of community-driven strategies further neutralize the recovery.

"It is true that the devastating impacts of disasters have gained visibility since the Rio Summit. But the challenge is to place the affected communities and the most vulnerable, especially women, at the centre stage" said Ms. Sandra Schilen, Global facilitator of Groots International, a coalition of grassroots groups. Schilen and her coalition network partners from Asia, Africa and South America will moot this concept during the Global Summit at Johannesburg.

On the eve of the Johannesburg summit, grassroots groups make 3 key demands;

a.. Be innovative: Initiate disaster response strategies in consultation with the community in general and women in particular.
b.. Invest with vision: The donor agencies and the UN must make a long-term commitment to disaster response programmes.
c.. Ensure synergy: The UN, Government, Non- governmental and private sectors must find common grounds for collaboration. This will help to optimize the scarce resources that often miss the target.

Jan Peterson Prema Gopalan

For media enquiries : India : +91 (0) 98450 91319 & New York: +1 9175327055

During the Earth summit, the Huairou Commission and GROOTS International representatives can be contacted at Johannesburg :

Mobile phone : 027.82.858.9440 (Sandra Schilen or Prema Gopalan);

Phone - 011-615-9744 : Email: GROOTSss@aol.com

Message forwarded by :

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: + 91 (0) 98450 91319

++++++++++++++++++++++++++++++ CONTACT DETAILS
++

OXFAM INDIA
Vijaya Shree, 4th A Main, Near Baptist Hospital, (off) Bellary Rd, Hebbal, Bangalore-560 024 - INDIA
Ph: 91 (80) 363 2964, 363 3274 ; Fax : 91 (80) 391 4508 (attn: Oxfam India)
E-mail: oxfamindia@vsnl.com Web-site: www.oxfamindia.org

Subject: PHA-Exchange> R.A.P. (Rita - Action - Philippines)
Date: Fri, 23 Aug 2002 04:56:49 -1200
From: "Bert De Belder" <bert.debelder@wanadoo.be>
To: "Nederlands-Filippijnse Solidariteitsbeweging (NFS)" <n.f.s@hetnet.nl>

Part 1.1.1	**Type:** Plain Text (text/plain) **Encoding:** quoted-printable

No Philippine organizations on EU list of terrorist organizations.eml	**Name:** No Philippine organizations on EU list of terrorist organizations.eml **Type:** Outlook Express Mail Message (message/rfc822) **Encoding:** 7bit

* lettre à la présidence danoise de l'EU.doc	**Name:** lettre à la présidence danoise de l'EU.doc **Type:** Microsoft Word Document (application/msword) **Encoding:** base64

* brief aan Deens EU-voorzitterschap.doc	**Name:** brief aan Deens EU-voorzitterschap.doc **Type:** Microsoft Word Document (application/msword) **Encoding:** base64

* In French

RA 23/8/02 km

PHA Exchange
RA 30/9

Rita Vanobberghen
Huisarts bij Geneeskunde voor het Volk, Schaarbeek (Brussel)

English:

Dear,

May I invite you to join us in our action against the criminalisation of the Philippines liberation struggle. Last August 9, US President Bush added the Communist Party of the Philippines (CPP) and the New People's Army(NPA) to the list of terrorist organisations. The US has requested the European Union to do the same and enact repressive measures against progressive Filipino's and their supporters in Europe. I propose that together, through this E-mail campaign, we demand from the Council of Justice and Home Affairs of the European Union not to push through with said measures.

I have been a doctor in the squatter areas of Manila for some eight years. At present, as a doctor in Brussels with Medicine for the People, I daily have Filipino patients. They have a job as nanny or maid, as cook or driver, they are often undocumented and deprived of rights. A big chunk of their meager earnings is sent to their family in the Philippines. For the majority there, poverty, exploitation and injustice is daily fare. But there is also a growing people's movement, fighting for 'another world'.

In the Philippines I had several friends who belonged to that movement. Individuals who gave their utmost in the people's struggle for national liberation and democracy, even to the extent of putting their lives at stake. Bush now wants to make us believe that those are all terrrorists.

This is sheer hypocrisy. The US is the real terrorist. I know wat I am talking about. In 1985, as a doctor active in a guerilla area in El Salvador, I had been seriously wounded after a helicopter attack of the Salvadoran Army. That was trained, armed and commanded by the US. And who bombed and strafed a marriage banquet in Afghanistan? Who announces without blinking the next war against Iraq? Who supports and finances Israel's terror against the Palestinians?

Together we can prevent that the CPP and NPA land on the list of "terrorist organisations" of the European Union. Mail to Mrs. Lene Espersen (jm@jm.dk) and Mr. Bertel Haarder (info@inm.dk),

the Danish ministers who preside the Council of Justice and Home Affairs of the European Union. May I ask to forward me a copy (ritaphilippines@hotmail.com, so that I can better keep track of our common campaign.

In solidarity, accept my thanks,

Dr. Rita Vanobberghen
Medecine for the People, Brussels

Français:

Cher(e) Ami(e),

Subject: PHA-Exchange> Report tracks a decade of sustainable development in six countries
Date: Fri, 23 Aug 2002 09:07:52 -0500
From: "George(s) Lessard" <media@web.net>
Organization: http://mediamentor.ca
To: creative-radio@yahoogroups.com, devmedia@listserv.uoguelph.ca, pha-exchange@kahissa.org
CC: cyberculture@zacha.org

Part 1.1
Type: Plain Text (text/plain)
Encoding: Quoted-printable
Description: Mail message body

PHA-Exchange →
RN
30/8

Reports from six countries
on progress towards
Sustainable development

India Japan South Africa Tanzania Uganda United States

The Report is available online only. Visit the Panos London™s website -
http://www.panos.org.uk/environment/roads_to_the_summit_cover.htm
The Report
http://www.panos.org.uk/Earth%20Summit%202002%20Report.pdf

This requires Adobe Acrobat Reader to be installed on your computer,
which can be downloaded here.
http://www.adobe.com/products/acrobat/readstep2.html

For online version clickhere.
http://www.panos.org.uk/environment/roads_to_the_summit.htm

For a "text-only" [Actually a 343 kb MS Word... ed.] version clickhere.

http://www.panos.org.uk/environment/Earth%20Summit%202002%20-
Roads%20to%20the%20summit.doc

[Please copy & past all lines of the URL into your browser
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if you are having problems accessing the site. ed]

Click here for News Release.
http://www.panos.org.uk/environment/PR_roads_to_the_summit.htm

------- Forwarded message follows -------

For immediate release
Newspeg:
World Summit on Sustainable Development, Johannesburg, South
Africa
26 August " 4 September 2002
Roads to the Summit

Panos London and LEAD international have published a joint new report, which explores what six countries have achieved in sustainable development since the 1992 Earth Summit in Rio. The report, called Roads to the Summit, also looks at their preparations for the upcoming World Summit in Johannesburg. The countries in focus are: India, Japan, South Africa, Tanzania, Uganda, and the United States.

The report shows that each country has enacted an array of new mainly environmental legislation, but has largely failed to go the extra mile to integrate environmental protection with development. Most of the countries being reviewed, moreover, do not appear convinced by the

concept of sustainable development.

The report shows that the poorer countries lack the physical infrastructure, ideas and human capacity to integrate sustainability into their development planning. Richer countries, on the other hand, perceive sustainability to be expensive to implement.

However, most of the countries analysed in this report have established environment ministries and signed or ratified the main Rio environment conventions. And many " particularly the US " have successful local-authority initiatives in sustainability.

In addition, the decade since the Rio summit has seen a flowering of new environmental NGOs and new business initiatives in sustainable development. Both business and NGO groups -- who were new to Rio -- are now more mature and play an important role in their countries™ sustainable development policymaking.

Agendas for Johannesburg

Poor countries and development organizations want to put poverty reduction at the top of the summit agenda, according to the report. The richer governments on the other hand, are pushing for the Summit to focus on concrete results on a broader range of issues, which they see as urgent and dangerously neglected " such as water, energy, health, agriculture and biodiversity.

Predictably, Japan and the US are more lukewarm about the Summit than the other countries. The US, in particular, does not want the summit to encroach upon other international initiatives, such as climate change, biodiversity, desertification, international trade and development finance, which are all discussed in separate and comprehensive international meetings.

Environmental organisations will use the summit to call countries to account; to praise positive initiatives, and to shame those that have taken little action. Other issues that some governments want to see discussed include insecurity, the failure of some states, the underlying causes of terrorism, technological progress in communications, and the role of science and technology in sustainable development.

- ends -

The Report is available online only. Visit the Panos London™s website - www.panos.org.uk/environment/roads_to_the_summit_cover.htm <http://www.panos.org.uk/environment/roads_to_the_summit_cover.htm>

Notes Panos-London™s mission is to work with media and other information actors to enable developing countries to shape and communicate their own development agendas through informed public debate. Panos particularly focuses on amplifying the voices of the poor and marginalized.

Leadership for Environment and Development (LEAD) is a global network of 1200 professionals and 14 NGOs committed to sustainable

development. LEAD™s mission is to create, strengthen and support networks of people and institutions promoting change towards sustainable development. More from www.lead.org <http://www.lead.org/>

*** Via / From / Thanks to the following :

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****

Subject: PHA-Exchange> Launch of Source - International Information Support Centre
Date: Tue, 27 Aug 2002 05:04:41 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Victoria Richardson" <richardson.v@healthlink.org.uk>

> Launch of Source - International Information Support Centre
> ---
> A unique resource centre, designed to meet the information needs of
> those working in health, disability and development worldwide, opens
> in London in September 2002.
>
> Source is an innovative collaboration between two international NGOs,
> Healthlink Worldwide (formerly AHRTAG) and Handicap International UK
> and an academic institution, the Centre for International Child
> Health (at the Institute of Child Health, UCL).
>
> Source is aimed at health workers, researchers, rehabilitation work-
> ers, non-governmental and governmental organisations and disabled
> peoples' organisations worldwide and has a unique collection of over
> 20,000 health and disability related information resources. These in-
> clude books, manuals, reports, newsletters, posters, videos, and CD-
> ROMS. It also links to an increasing number of electronic resources
> including on-line databases and full-text documents on the Internet.
>
> Source has a valuable collection of both published and unpublished
> materials documenting a wealth of practical experience from develop-
> ing countries. Subject areas include adolescent and child health,
> disability, evaluation, health communication, HIV/AIDS, information
> management, primary health care, reproductive & sexual health and
> more. SOURCE is the only regular outlet in London where books and
> other teaching materials published and distributed by TALC (Teaching-
> aids at Low Cost) are sold.
>
> Materials in Source are fully referenced on the Source database which
> can easily be searched from the website, http://www.asksource.info
> Source is different from other databases because the majority of ma-
> terials are relevant to developing countries and not recorded else-
> where. The database also gives details of how to get hold of materi-
> als including price, publisher and distributor.
>
> Soon to be available from the website are a Contacts database of in-
> ternational health and disability organisations, and a Newsletters
> and Journals database describing over 150 free of low-cost newslet-
> ters and how to subscribe.
>
> Oona King, Member of Parliament in the UK, said "the launch of Source
> is welcome news for the thousands of campaigners like myself who have
> been engaged in the fight against poverty".
>
> For further information, contact:
> Marina Waddington
> Assistant Librarian - Source
> Tel: +44-20-7242-9789 (ext. 8698)
> mailto:source@ich.ucl.ac.uk
>
> Victoria Richardson
> Source Coordinator (Information Systems)
> Healthlink Worldwide
> 40 Adler Street
> London E1 1EE, UK

PHA Exchange→

RN 30/8

> Tel: +44-20-7539-1576(direct line)
> Tel: +44-20-7539-1570(reception)
> Fax: +44-20-7539-1580
> mailto:richardson.v@healthlink.org.uk
> http://www.healthlink.org.uk
> http://www.asksource.info

Subject: PHA-Exchange> AFRICA: POORER COUNTRIES PRESS FOR CHANGES TO AIDS FUND
Date: Thu, 30 May 2002 21:20:14 -0500
From: "George(s) Lessard" <media@web.net>
Organization: http://mediamentor.ca
To: creative-radio@yahoogroups.com
CC: pha-exchange@kabissa.org

AFRICA: POORER COUNTRIES PRESS FOR CHANGES TO AIDS FUND
Several developing countries on Wednesday urged changes to the newly launched Global Fund against AIDS, malaria and tuberculosis to give states with the most patients more of a voice in its activities. Further details: http://www.pambazuka.org/newsletter.php?id=7771

--
:-) Message Ends; George(s) Lessard's Keywords Begin (-:
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- 30 -

PHA-Exchange is hosted on Kabissa - Space for change in Africa
To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Rob
6/6/02

PHM website terribly behind...

Subject: PHM website terribly behind...
Date: Wed, 19 Jun 2002 15:55:07 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Community health cell" <sochara@vsnl.com>

Dear Ravi,
I went in again.... Last update was 21 Sept 01....Cannot work like this.
Any suggestions?
Clau

P.1Ls don't forget to resend those attachments of last week in Word.

19/6/02

Dear Claudio

I think we need to discuss this with Andrew Chelley in a supportive exploratory sort of way. Are you free to join us in a e-health consultation conference in London from 18-20th Sept. Thanks to Halfdan, Thelma and I have been asked to chair a Symposium in the conference of International Health and Globalisation. We could all spend a day with Andrew and others and explore how to take this over or support its updating. We could take it over in Bangalore since the secretariat is not moving soon but at Geneva we formed a Communication circle with Andrew, Unni, Sathya and others and they should get a chance to work this out. We both could offer to join as participants of the circle since apart from Qasem we have been doing most of the communication. But this has to be done cautiously without hurting sentiments.

DR 19/6/02

Best wishes
Ravi, CH

Subject: Claudio
Date: Mon, 17 Jun 2002 11:10:15 -0700
From: "Aviva" <aviva@netnam.vn>
To: "Community health cell" <sochara@vsnl.com>

Ravi, I read Dr Banerji's ppr. Is long. Found it irregular in its messages and somewhat repetitive. I would only excerpt a few pieces of it for the list. What do you think?
C

Pl send me again in Word or text those attachments I could not read Fri.

Dear Claudio
Whatever you do - make sure
Ref Banerjis seen it first and approves
He is old and touchy even though very inspiring.
You can explain length as a real constraint for
Ne exchange. Best wishes

RN
17/6

RN
17/6

Sent
on 17/6/02

RN
17/6

RN
17/6/02

> Ravi Narayan,
> CHC / PHM.
>

From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>
Copies to: "afro-nets" <afro-nets@usa.healthnet.org>,
"ideal" <ideal@lists.ccs.carleton.ca>
Subject: PHA-Exchange> A follow-up on Globalization
Date sent: Wed, 19 Jun 2002 15:51:21 +0700

This is a quote from Fidel Castro's opening address to the South Summit, Havana, April 14-20, 2000. It is excellent to use in your debates:

Underlying Globalization is the fact that we are all passengers on the same ship. But passengers on this vessel are traveling in very different conditions. A tiny minority travels in luxurious cabins; the overwhelming distressed majority travel in conditions that resemble the terrible slave trade... This vesel is carrying too much injustice to remain afloat and it pursues such an irrational and senseless course that it cannot call on a safe port. Heads of state have not only the right, but the obligation to take the helm and correct this catastrophic course. Neoliberalism has put Globalization in a straight jacket, globalizing poverty rather than development.; it has been applied dogmatically. World trade continues to be a means of domination by the rich countries. The world economic order worksto the advantage of 20% of the population, but leaves out, demeans and degrades the remainig 80%. The world could be globalized under the rule of neoliberalism, but it is impossible to govern billions of people who are hungry for bread and justice...

Either we unite and cooperate closely, or we die!

In the same meeting, President Mahatir Mohamad of Malaysia added these interesting insights: While it is easy to meet, it is not so easy to act together. Therein lies our weakness. The rich are apparently more united; they close ranks very rapidly if their dominance is challenged. (Since money equals force in the market, those with money dominate). The South mostly reacts. But reacting limits the choices and is less rewarding and less effective. The rich interpret Globalization as the right of capital to cross and re-cross borders at will. Why should not workers move across borders freely as well? If money is capital for the rich, labor is the capital of the poor.

sent on 16/7/02

Reena Luke Ecuador

Reena Luke Ecuador

VNR/DGS

Send all these to Reena as her items for Contact Special Issue after you have sent the 10 articles and my letter on 15th July

RN 13/7/02

Rajaram 29/6/02

From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>
Subject: PHA-Exchange> Critique on Macroeconomic Commissiom on Heali
Date sent: Tue, 18 Jun 2002 16:12:49 +0700

From: Prof D Banerji <nhpp@bol.net.in>
April 14, 2002

THE MACROECONOMIC COMMISSION ON HEALTH

A Critique

Debabar Banerji,
Professor Emeritus,
Centre of Social Medicine and Community Health
Jawaharial Nehru University,
B-43 Panchsheel Enclave,
New Delhi 1i00i7

Abstract

WHO has been able to interest some of the top economists of the world to join the MCH to study macroeconomics of health services for the poor people of the world, who account for more than two-thirds of the population. The approach followed by the CMH is disturbing. They have been ahistorical, apolitical and atheoretical. They have not succeeded in making contributions from economics to enrich the interdisciplinary method of health service development to ensure optimal use of the very scarce resources. They have adopted a selective approach to conform to a preconceived ideology. They have ignored the earlier work done in this field. They have pointedly ignored such major developments in the health services as the Alma Ata Declaration, failure of the Universal Programme of Immunization and the numerous WHO Resolutions, promising Health for All by AD2000, using the approach of Primary Health Care. They have made frequent references to the relevance of what they call `operational research', but they made different interpretations of this approach in different patrs of the Report. The experience of application of this method in other countries from as early as 1951 were simply ignored. This attitude of developing massive blindspots in their vision has brought the quality scholastic work to almost the rock-bottom level. It is not surprising that the CMH has developed a tube vision in making recommendations on so important a sublect.

21/6/02

Dr. Ra 20/6/02

Close to Client (CTC) institutions, a 100-bedded with a single doctor and some paramedical staff institution, undertaking a wide range of responsibilities to attend to the requirements of the patients, putting in place organisational and management superstructure to lend support to the CTC-Hospital complex, are the major recommendations for action. The lack of understanding in conceptualising such a plan of action is startling. Even more starling is the emphatic assertion by the CMH to perpetuate vertical or categorical programmes against major communicable diseases like Tuberculosis, AIDS and Malaria. That the CMH justifies such already discredited approaches on the grounds that vertical programmes have proved to be convenient in a number of ways to the `donors' lets out the real motivations for undertaking such an
almost openly ideological driven agenda. This is a serious danger signal for scholars of the world who would like to have a scientific attitude towards programme formulations for the poor to get the maximum returns from the limited resources. The concept of DALYs is rife with gross infirmities. The WHO generated data used for DALY calculation and convert them into dollars terms are patently invalid, unreliable and not comparable between and even within countries. The figures churned out from the patently defective models and mathematical discourses are obviously meaningless.

There appears to be a nexus between WHO and the type of scholars represented in the MCH. A hint of this link up emerged when the WHO was impelled to ask for consultative advice to examine the managerial process through which the organisation has planned and monitored its performance. The consultants evealed a shocking state of affairs within the organisation. `Cruelty and nflexibility of senior managers and policymakers' and `a range of igh-profiie actions and interventions that are clearly not sustainable' and short-term results are justifiable at any cost to satisfy external takeholders', are some the indictments made by the consultants. These idictmentsalso apply to the MCH.

If you want a full copy of this 18 pp document order it directly from Prof Banerji at email adress above.

Subject: Your message to PHA-Exchange awaits moderator approval
Date: Fri, 28 Jun 2002 13:39:53 +0530 (IST)
From: pha-exchange-admin@kabissa.org
To: sochara@vsnl.com

Your mail to 'PHA-Exchange' with the subject

Support to Campaign for Justice in Bhopal

Is being held until the list moderator can review it for approval.

The reason it is being held:

Post to moderated list

Either the message will get posted to the list, or you will receive notification of the moderator's decision.

2N
28/6

RM

286

The following come from several issues of UNRISD News and the South Letter: Use them!

1. Globalization is a non- territorial form of imperialism, imposed by legally binding obligations of compliance with rules favoring capital, enforced by trade sanctions and by a denial of access to finance.

2. We need to be absolutely clear: through the Globalization process, the quest of the North is for control of global space; and when we talk about financing development, we are talking about furthering the capitalist model that furthers such a quest --for it is the only model accepted by the financers.

3. Globalization and its companion structural adjustment leave behind poor economies and weaker strata in strong economies. This has fueled a rise in income inequality both across and within countries thus making the reduction of poverty difficult to achieve.

4. When engaging in structural adjustment measures, fiscal deficit reductions can be achieved through higher taxation rather than expenditure cuts in the social sector!! Yet the former approach is rarely espoused by the IMF. Rather, with Globalization, the non-poor benefit disproportionately from public spending, their benefits far exceeding the taxes they pay.

5. Pro-poor structural reforms we so much talk about are yet off-limits for the macro policy establishment.

6. At the macro level, 'the social' continues to be an afterthought. But macroeconomic policies should add on to social policies if they are to achieve poverty reduction. But the macroeconomic agenda is not open for such a debate... Ironically, 'open' capital markets lead to an 'absence of openness' in socioeconomic policy discussions. Therefore, macroeconomic policies tend to be quite unsound in human terms: Globalization treats social welfare as an optional extra.

7. The discovery of 'the social' by international financial institutions is happening mainly at the micro level. At the macro level, attention to social questions is still very much an afterthought: 'sound' macroeconomic policies are designed and then social 'band-aids' are applied in order to achieve acceptable outcomes.

8. Resulting targeting policies suggest that the social exclusion inherent in neoliberal growth models should simply be attenuated, not rejected. Amelioration of exclusion is not inclusion. We should accept nothing less than social inclusion of the poor.

9. With Globalization, the trend is thus toward a drastic reduction of state-based entitlements and their replacement by market-based, individualized entitlements... But the invisible hand of the market has no capacity to create a decent society for all. The law of supply and demand can fix the market price of bread, but it does nothing to alleviate hunger, famine and ill-health.

10. Moreover, with Globalization priority is granted to efficiency over other values such as social justice or environmental sustainability.

pla - excerpt

RH RS 9/4/16

11. Local level participation, while important in building communities' organizational and individuals' personal capacities, should not be overemphasized as the major strategy for change.

Often, local participation begins to challenge the status-quo at the macro level and those in power tend to react strongly. This forces the experience back into the micro level and sometimes even threatens any gains that had been made. We no have to think globally and act both locally and globally.

12. Following the Globalization orthodoxy, recommendations are made these days to privatize social protection (but privatizing basic social services and social insurance is antithetical to redistribution and equity... With increasing vulnerability to global economic forces, the development of adequate social insurance mechanisms is a must). The idea that any pivatization is better than no privatization should be rejected.

13. Effective redistribution involves gaining the support of the middle class: services have to be paid for, made accessible and used by all citizen -not only the poor. The current emphasis on targeting and privatization goes in exactly the opposite direction; it makes the needed solidarity with the middle class more difficult.

14. In sum, Globalization is reversing some of the social gains already made; it is lessening the likelihood that developing countries will have the necessary policy autonomy and fiscal capacity to carry out and finance comprehensive social policies.

15. Developing countries cannot afford to remain in a reactive mode less they lose strategic ground. They need to fight for a different system of trade-offs where market access is exchanged for concrete market access and not for 'policy space' and promises.

16. Although NGOs have enjoyed a high profile in recent years they have mostly remained in the reactive mode. There are signals that their heyday is over. Many stand accused of complacency and self-interest on the one hand, and of being ineffectual and irrelevant on the other.

Claudio

Subject: PHA-Exchange> BATA protest rally against BAT'S programme
Date: Mon, 22 Jul 2002 18:39:35 +0600
From: wbb <wbb@pradeshta.net>
Organization: Work for a Better Bangladesh (WBB)
To: Pha-exchange@kabissa.org

Part 1.1.1	**Type:** Plain Text (text/plain) **Encoding:** 7bit

coffin.jpg	**Name:** coffin.jpg **Type:** JPEG Image (image/jpeg) **Encoding:** base64

BATA protest rally against BAT'S programme

Bangladesh Anti-Tobacco Alliance (BATA) with symbolic coffin and chanting anti-tobacco slogans held a rally and demonstration in front of Jahangir Tower at Kawran Bazar in the Dhaka 21 july Sunday protesting a programme of British-American Tobacco (BAT), Bangladesh.

The alliance leaders urged intellectuals and policy planners to boycott BAT'S farcical programme like " Corporate Social Responsibility Dialogue Between British American Tobacco, Bangladesh and Stakeholders." "What issues can be discussed with a business organisation, which deals in death-commodity?" they asked.

The leaders referred to various diseases caused by smoking and tobacco leading many people to death every day and said the tobacco companies with no care for that were pursuing their efforts for more and more business.

Those actively participated in the demonstration included Bangladesh Paribesh Andolan, Dhaka Ahsania Mission, Council Against Drug Abuse, Institute of Allergy and Clinical Immunology of Bangladesh, Hunger Free World, Adventures Association of Bangladesh, UCEP, Welfare Association for Cancer Care, Law and Society Trust of Bangladesh, Hunger Project and Work for a better Bangladesh.

Syed Mahbubul Alam Tahin
--
Work for a Better Bangladesh
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Dhanmondi, Dhaka-1209, Bangladesh
Ph- 880-2-9669781 Fax-880-2-862927l
E-mail-wbb@pradeshta.net
website: http://wbb.glocalink.org

RN 24/7/02

PHA Exchange file →

RN 31/7

Subject: PHA-Exchange> from moderator, in Cambodia
Date: Thu, 18 Jul 2002 08:23:45 +0700
From: "aviva" <aviva@netnam.vn>
To: pha-exchange@kabissa.org

Dear friends,
Was in the interior without email for 2 weeks. Now, back in Phnom Penh I have problems accessing Kabissa. That is why quite a few messages have accumulated and are late.
Cordially,
Claudio

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

PHA Exchange file →

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2018

RN
22/7/02

RN
22/7

Subject: PHA-Exchange> Generics,prices and access to AIDS medicines
Date: Wed, 17 Jul 2002 15:23:54 +0700
From: "aviva" <aviva@netnam.vn>
To: pha-exchange@kabissa.org

From: mksmith@Oxfam.org.uk

10 July, 2002

Generic competition leads to dramatic drop in price of AIDS medicines

Research published today by Oxfam clearly shows that the availability of cheap generic medicines in developing countries plays a significant role in cutting the price of patented antiretrovirals (ARVs) and in increasing the number of patients who have access to the lifesaving medicines.
The research tracks the price of brand name drugs in Uganda from May 2000 to April 2002 . Despite the fact the big five pharmaceutical companies had agreed under the Accelerated Access Initiative to reduce the prices of ARVs, it was the introduction of generic equivalents from India in October 2000 that led to an dramatic fall in the price of the brand name medicines in the country.
"We had been promised price cuts since May 2000 and didn?t see them until we started to import generics in October", says Dr Cissy Kityo, Deputy Director of the Joint Clinical Research Council in Uganda.
Prices fell by as much as 78% within a couple of months and up to 97% over the two years. The largest decreases were for Stavudine/ D4T. A 40mg monthly dose fell from $173 in May 2000 to $23 in February 2001 and then eventually to $6 in April 2002.
At the same time, the numbers of patients taking ARVs at one treatment centre alone increased by 200 per cent within a year.
"28 million people in the developing world are HIV positive and 6 million need treatment with ARVs now. This research shows that with generic medicines, more people can afford the life-line that antiretrovirals already provide to AIDS sufferers in richer countries. Any plans to combat AIDS in some of the world?s poorest countries must include the use of generics and we must ensure that countries are allowed to continue to import them", says Dr Mohga Kamal Smith of Oxfam.
Under WTO rules, Uganda will no longer be able to import generic versions of newly patented medicines after 2005 because countries that manufacture generics such as India will no longer be allowed to export them. Rich country trade ministers committed themselves at Doha in November last year to find a solution to this problem by the end of 2002 but they are backsliding on this pledge by putting forward temporary, impracticable and highly restrictive solutions.
Ends

PHM Exchange file → RN 3018

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For media enquires and copies of the report in Barcelona contact Adela Farre, +34 626 992 057, or Dr. Mohga Kamal Smith, + 44 77762 55884. In UK,
contact Tricia O?Rourke on 01908 233 273 or 07989 965 359.

Oxfam Briefing Paper No. 26: Generic competition, price and access to medicines ? The case of antiretrovirals in Uganda available on : http://www.oxfaminternational.org

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Subject: Re: PHA-Exchange> PHM 8th News Brief
Date: Tue, 23 Jul 2002 17:34:04 -0700
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: "Qasem Chowdhury" <gksavar@citechco.net>
CC: "Community Health Cell" <sochara@vsnl.com>, "Satya Sivaraman" <satyasagar@yahoo.com>

Dear Dr. Qasem

Thanks for all the communications.

Just two corrections that may be required in the news brief.

Please delete Nupur's name from the media team. She came representing WHO and not PHA.
Of course, she helped a lot. But it may be counter productive if we profile her as a PHA rep.

Sathya is from Thailand and not Malaysia.

We is ok with what (where) ever the news brief has been circulated till now. But please make this correction in future communications. Please make this correction in the PDF version of the newsletter as well.

I hope you are fine. I am in Bangalore this week. Will be going to Turkey again on August 3rd for a week.

Thanks for processing the travel claim.

Best

unni

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: 91 (0) 98450 91319

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! CONTACT DETAILS
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Ph: 91 (80) 363 2964, 363 3274 ; Fax : 91 (80) 391 4500 (attn: Oxfam India)
E-mail: oxfamindia@vsnl.com Web-site: www.oxfamindia.org

RN

----- Original Message -----
From: Qasem Chowdhury <gksavar@citechco.net>
To: pha-exchange-kabissa.org <pha-exchange@kabissa.org>
Sent: Thursday, July 11, 2002 3:02 AM
Subject: PHA-Exchange> PHM 8th News Brief

PHA Exchange

Also keep us GK Savar Secretariat in the →

Hello,

Here is the PHM 8th News Brief.

PHM at the World Health Assembly - 2002

The Peoples Health Movement (PHM) was invited by the World Health

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Organization to participate in the first Technical briefing session at the World Health Assembly, organised by the WHO-Civil Society Initiative and to present the Peoples Health Charter. Over 35 members of PHM attended the World Health Assembly, this year from 13-17th May 2002 and participated in various meetings and lobbying initiatives and also participated in the technical briefing. The initiative was organised by the WHO/WHA Circle of the PHM.

On 13th May 2002, the PHM participants attended the special briefing session organised by WHO-CSI for NGO participants. The PHM delegation was the largest group in the briefing session and among other concerns raised two issues (i) the need for caution in putting not for profit NGOs and civic society in the same group as 'for profit - private sector' in the public-private initiatives; and (ii) the need to look at the relevance of some of WHO's concerns including themes from WHO day from the socio-economic-cultural-political-epidemiological situation of the poor and marginalised of the world - the larger majority. After the briefing, the PHM delegation had its own first briefing and strategy planning session at the same venue (this was the first of many such meetings throughout the 5 days). In the afternoon, the PHM delegation attended the formal inauguration of the World Health Assembly.

On 14th May 2002 from 9 - 12 noon, PHM delegates participated in NGO Forum for Health Session at WHA on 'Partnership for Action in Health' and presented the People's Charter for Health as an alternative approach to health. The main messages from the PHA event were shared including that Health for All and Comprehensive Primary Health Care should be the fundamental principles which guide international health policy and that there was great concern about the ability of WHO to respond to the forces of globalisation, in terms of analysing the health impact of global economic change and in terms of the role of WHO in relation to other global institutions such as WTO, the World Bank and International Monetary Fund. The meeting was followed by a press conference and Ravi and Sr. Ani attended it as PHM representatives.

One of the highlights of the PHM presence at WHA was the presence of a three member, full time media team, which included Unni and Nupur from India and Sathya from Malaysia, who were responsible for lobbying with the press and highlighting PHM concerns and PHM responses to emerging initiatives of WHO through formal/ informal press briefings, interviews and press conferences. As a PHM media strategy a backgrounder on PHM and five press releases were distributed to the press and many of the delegates as well. (a) Peoples Health Movement - a backgrounder on 13th May, with quotes from David Werner, Dr. Ekbal and Halfdan Mahler (b) Health Care - WHO cares? Poverty, War and Debt - greatest threat to world health says PHM, - 13th May 2002 (c) WHO Industry partnership - Who influences Who?, 14th May 2002 (d) Global campaign to be launched Revive the vision of Alma Ata!, On 15th May 2002 (e) the Peoples Health Movement marches on - from Dhaka to Geneva to Porto Allegre, 17th May 2002 (f) Peoples Health Movement condemns ongoing attacks on civilians in Palestine and the violence in Gujarat- on 17th May 2002.

All the PHM participants attending WHA took time off from WHA on 16th May to participate in a full day sharing, reflecting, 'battery charging' session on Peoples Health Movement and post PHA initiatives at World Council of Churches on 16th May. The day started with a symbolic gathering of participants in the centre of Geneva with Peoples Health Charters and posters and publications by the side of the special 'broken chair' monument dedicated to those people especially children who have lost limbs in post-war undetected mine explosions. The full day meeting including a self introduction round; followed by an exercise to list out ones ongoing involvement in PHM and ones contribution to a Vision of PHM and some tasks for the future; then time for sharing by each participant which included initiatives and processes from all parts of the world. In the afternoon,

Re: PHA-Exchange> PHM 8th News Brief

there was screening of some videos including 'Hey Ram' on the Gujarat crisis which lead to great concern and the press statement on 17th condemning the attacks in Palestine and Gujarat. Finally, there was a concluding session on future challenges and organisational issues chaired by Qasem and Ravi. PHA participants also attended other sessions organised by NGOs to express our solidarity. One was a briefing and a discussion session by WHO and Save the Children, UK, in collaboration with Medact and Wemos on 'Poverty Reduction Strategies and Health: Action & Roles' and the other one was on 'Consumer improves quality of care' organised by KILEN - Consumer Institute for Medicines and Health, Sweden, which was part of the IOCU (Consumers International) delegation to the 55th WHA.

The Technical briefing on Peoples Health Charter was the much awaited highlight of the PHM presence and participation in WHO. The session was held on 17th May and chaired by Dr. Manuel Dayrit, the Secretary of Health of Philippines and was attended by senior officials of WHO including DG of WHO. Dr. Brundtland welcomed the group and presented WHO's key concerns and her interest in Civil Society partnerships. Dr. David Nabarro stayed back to answer all the questions and comments after the briefing. Zafarullah and Ravi presented the background of the PHA mobilisation and key elements and concern of the Charter and Maria, Mwajuma and Ellen shared about post PHM concerns and initiatives from Latin America, Africa and Europe.

After the Technical briefing session, the PHM participants met for the last time on 17th late afternoon for an informal final meeting chaired by Qasem to identify specific action strategies and volunteers to convene or follow up on these strategies and initiatives. There was discussion and suggestions on a Communications / Media Circle (to be convened by Andrew, UK) some ideas to celebrate the 25th anniversary of Alma Ata with reflections by PHM groups including a joint Health convention at the next World Social Forum at Porto Allegro in February 2003; follow up on special issues of Contact magazine and Development Dialogue on Post PHA initiatives; and matters of strategy and clarification of procedures for representing PHM at meetings, the need for further mobilization and regional meetings to identify the members of the evolving Peoples Health Movement Council; need to support the PHM Secretariat etc.

During the WHA several contacts were made with individual and organizations. A team of seven resource persons from PHM - Maria, Sr. Ani, David (Sanders), Thelma, Mwajuma, Dorothy and Ravi met Dr. Peter Piot and some of his colleagues to understand the concerns and initiatives of UNAIDS and the concerns and suggestions of PHM participants on the HIV/AIDS problem in their own countries and regions.

The Global Forum for Health Research (Louis Currat, Executive Secretary and Andres de Francisco, Senior public Health Specialist) contacted some of the PHM participants to explore how PHM could participate in the next Forum 6 at Arusha, Tanzania in November 2002. Many other organisations met up with some of the PHM participants and discussed some possibilities of dialogue, working together or informed about meetings at which the Charter could be presented. All of them were requested to keep in touch with the PHM Secretariat and ways and means to follow up on the requests would be evolved by the secretariat and its support group.(Detail report on WHA-2002 will be available on request shortly from PHM Secretariat)

Post-PHA Activities
ASIA

In Philippines, Health Workers Day was celebrated May 7 and they had a motorcade from the Lung Center of the Philippines up to the House of Representatives where a Congresswoman who supports campaign for people's health gave a privilege speech on the plight of health workers and how they are also very much affected by the onslaught of globalization. The PCH and the PHM was also highlighted.

In Nepal, PHA participants met and formed the National Circle. They call it as People's Health National Coordinating Committee. The Executive Board meeting of the Peoples' Health National Coordinating Committee unanimously elected Prof. Mathura Prasad Shrestha and Mr. Shanta Lall Mulmi as link person of Nepal National circle for PHA. The Board also constituted a programme planning committee under the convenorship of Mr. Shanta Lall Mulmi. The members have voiced that PHA is a concept, a movement. Hence PHA should not be involved in short term project. They also translated the Charter in Nepalese language and brought out a beautiful poster on the Charter.

In Bangladesh 2nd National conference of People' Health Movement was oraganised on the theme "Towards implementation of People's Charter for Health". Besides PHA participants, the conference was attended by Minister of Health and State Minister for Environment of Bangladesh. This meeting was preceded by six divisional meetings in Bangladesh. Besides discussion on Charter, workshops were held on Globalisation and Poverty Reduction Strategy Papers- Bangladesh perspective. The participants also formed a National Circle of PHM to take the movement forward. They also printed an adopted popular version of the Charter in Bangla and brought out a beautiful poster on the occasion of the conference.

MIDDLE EAST

In Iran PHA participant Dr. Mohamad Ali Barzgar arranged meeting with like minded people and discussed the content of the Charter. All of them are in agreement with its content and support it. The participants requested Dr. Barzgar to act as contact person of PHM in Iran till they elect a link person. The group likes to extend their activities at different provinces and grass root levels. Dr. Barzgar met with the Minister of Health of Iran and briefed him about PHM with relevant papers. They also translated and printed the Charter in Farsi language for wider distribution through discussion meetings at various levels.

EUROPE

In Europe, PHA participants from the region met on 4th and 5th December 2001. On 4th they arranged a conference on 'Health for All: A Question of Social Justice'. It was wonderful because of the diversity of speakers and the breadth of experience, knowledge, energy and clear commitment to achieving 'Health for All' by the participants. It was a great opportunity to share ideas, network and galvanize more support for the PHM. The day was divided roughly into three areas looking at both domestic and global perspectives.

1. the impact of trade rules of health
2. the impact of privatisation of health services
3. Democracy, civil participation and influence in shaping health.

Usefully the UK press were interested with deliberations and a wider audience was introduced the PHM which is vital if PHM is to continue raise its profile to strengthen the work.

On the second day the participants had in depth discussion on the Proposed structure of PHM and welcomed the document. They also developed some joint action plan with International Federation of Medical Students Association (IFMSA), WEMOS- Netherlands and Public Service International Research Unit (PSIRU) on various issues. Participants from different countries and organizations expressed their interest to initiate and coordinate issue based circles.

In Italy, more than 6000 persons have signed the Charter and more signatures are pouring in. The Charter was translated in Italian and printed in 1500 copies. A slightly edited version of the Charter was

printed in AIFO's monthly magazine in Italian (AdL) in September 2001, distributed in 80,000 copies. In December 2001, AIFO used the Charter as the theme for its calendar for 2002, printed in 10,000 copies. Since then, the Charter has been in many other forums - like as annex to the magazine of Italian workers union, as a supplement with a monthly magazine Vita, in the Italian Journal of paediatricians, etc. The Charter was also put on the AIFO web page in both Italian and English versions. Networking with other organizations and movements: The Charter has been seen as part of the struggle in which many other organizations and movements are involved like cancel the debt campaign, anti-mine campaign, healthy cities campaign, anti globalization forums, ATTAC Italy, essential drugs campaign, etc.

In October 2001, AIFO organized an international workshop on Poverty & Development, during which the Charter was also presented to persons coming from different countries.

In the beginning of November 2001, the biannual AIFO national conference was organized in Assisi, which focused on PHA Charter. Many Italian NGOs and movements participated.

THE AMERICAS

In Latin America, Shortly after the PHA, the Spanish-speaking participants, mostly from Latin America, set up an electronic list serve to continue to share with one another. It is called REDLATINAMERICANASALUD or Latin American Health Network. Many people in Latin America, in those countries that had representation at the PHA, have been involved in discussions about the event, and especially about the People's Charter for Health. These events have taken place in local communities and in national and regional events. Documents and press reports have resulted from these events. Many people know about the PHA and about the Charter and are looking for ways to make it relevant to their local situations.

One significant result of some of these activities and discussions, is that health activists have decided to work on building awareness of the effects of the Free Trade Agreement for the Americas (FTAA) on the health of the people. The FTAA goes beyond the WTO!

Two people represented the PHA at the Social Forum in Puerto Alegre, Brazil. They were able to distribute the Charter at the Forum and make many contacts at different workshops and events. Julio Monsalvo from Argentina has written an inspiring report that is being translated into English at present. It will be available very soon.

AFRICA

In East African region, PHM participants from the region organized a meeting in Tanzania as a Post People's Health Assembly activity. The focus of the meeting was:

- reflect on the experience of the Assembly (by those who attended or were involved in the preparations)
- share that experience with others who were not involved
- briefly explore the ideas for developing a global People's Health Movement, including explaining the concept of interlinking circles of interest as a structure for such a movement
- brainstorm health issues that are critical for people in Africa
- introduce the framework of the People's Charter for Health and
- explore whether it provides a useful tool for people in Africa to organise around or to use within their activities
- plan a focus for joint future work in Africa, including ideas on how to carry it out
- explore what role participants from Africa could play in the forthcoming WABA Global Forum meeting and related events planned for Tanzania at the end of September 2002

At the end participants form a Regional Circle of PHM for the East African Region with Mwajuma Saiddy Masaiganah as their link person to PHM.

Few Future events PHM is going to be represented

1. WABA Global Forum II - Arusha, Tanzania - 23-27 September 2002. Contact WABA Global Forum 2, WABA Secretariat, PO Box 1200, 10850 Penang, Malaysia Tel: 604-6584816 l Fax: 604-6572655 ,
Email: secr@waba.po.my,
Website: www.waba.org.br l www.waba.org.my

2. The Global Forum for Health Research next Forum 6 meeting at Arusha, Tanzania 11-15th November 2002.

3. Asia Civil society Forum, 2002 - UN/NGO Partnership for Democratic Governance, Bangkok, 24-29 November 2002 (Email : congo.gva@congo.org) (Website : www.congo.org)

4. Asian Social Forum 2003 from 2 - 7 January 2003 at Hyderabad, India,
Contact: Meena Menon, WSF-India Secretariat, Working Women's Hostel,
G-Block, Saket, New Delhi 110017, India,
Tel: +91 11 6569943
Email: wsfindia@hotmail.com

5. World Social Forum at Porto Allegro in February 2003; Contact: David Sanders,
Public Health Programme, University of Western Cape, P Bag X17, Belville 7535 Cape, South Africa
Tel.: Fax: +27-21-959-2872 / 27-21-959-2809
E-mail: lmartin@uwc.ac.za

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Pha. Ex

Subject: PHA-Exchange> Human Development Report 2002
Date: Thu, 25 Jul 2002 07:30:26 -0700
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@yahoo.com>

Part 1.1	Type: Plain Text (text/plain) Encoding: quoted-printable

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UNDP 2002 Report

http://www.undp.org/hdr2002/

Press Kit: Download in one big file (1MB)

. Letter from Mr. Djibril Diallo, Director, Communications Office, Office of the Admini
. New wave of democracy-building urgently needed
. War on terror must not put democracy on the backburner, says HDR
. International Institutions need injection of democracy
. Human Development Report examines country by country progress on Millennium Developme
. Norway, still first, US sixth in human development
. Human Development Report 2002 - About UNDP
. Human Development Balance Sheet
. Gender Empowerment Measure
. UNDP's strengths in supporting democratic governance
. Human Development Index
. Progress over time in Human Development Index
. Progress towards Millennium Development Goals

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Chapters

Foreword, Acknowledgements, Contents (83KB)

Overview (56KB)

Chapter 1 - The state and progress of human development (681KB)

Chapter 2 - Democratic governance for human development (157KB)

Chapter 3 - Deepening democracy by tackling democratic deficits (172KB)

Chapter 4 - Democratizing security to prevent conflict and build peace (135KB)

Chapter 5 - Deepening democracy at the global level (393KB)

Notes and Bibliography (100KB)

Human Development Indicators (539KB)

Calculating Human Development Indices (939KB)

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Memo

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Subject: PHA-Exchange> from your moderator
Date: Mon, 29 Jul 2002 08:35:43 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Dear PHM colleagues,
Some of you have started posting on pha-exchange, but only very few (we are over 500). Few of you react to pieces posted. That is the spirit of a list! The easiest way is to forward to the list interesting pieces you get in the email: you just push 'forward' and address to pha-exchange@kabissa.org and that's all....
Letting us know what your organizations are doing, what is happening in your country, calls for people's solidarity, upcoming meetings...all that would interest us. So, get active, OK?
Cordially,
Claudio

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Exchange
PHM-2001 file

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30/7/02

Subject: PHA-Exchange> global fund again
Date: Mon, 29 Jul 2002 08:26:46 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Lancet Editorial
>
> *Time to make the Global Fund global*
>
>
http://www.thelancet.com/journal/vol360/iss9328/full/llan.360.9328.editorial_and_review.21861.1
>
>
> *Since the first International AIDS Conference in 1985, researchers have*
> *come to accept that there is no "magic bullet" to combat this modern*
> *plague. But as the fifteenth AIDS conference drew to a close in*
> *Barcelona, Spain, last week, it was clear that there is something akin*
> *to a magic bullet--money. How to finance the response to AIDS turned out*
> *to be one of the main themes at this meeting. The fiscal atmosphere in*
> *Barcelona was thus an appropriate backdrop to Richard Feachem's first*
> *speech as Executive Director of the Global Fund to Fight AIDS,*
> *Tuberculosis, and Malaria, since he used this opportunity to announce*
> *the development of the Fund's long-awaited financial plan. In October,*
> *the Fund's board will publish and widely disseminate the Fund's*
> *financial projection estimates and resources needed over the next*
> *several years. Pledges to the Fund--almost all of which are from the*
> *public sector--currently total just over US$2 billion. The US Government*
> *has given $500 million, and Japan, Italy, and the UK have pledged $200*
> *million each. The total amount is, of course, derisory in view of the*
> *task in hand. Jeffrey Sachs, chairman of WHO's Commission on*
> *Macroeconomics and Health, estimates that the Fund requires $5.5 billion*
> *in 2003, with $2.5 billion coming from the USA alone. Feachem promised*
> *that the Fund's financial projections will be open to public scrutiny.*
> *While this pledge towards transparency and openness in the Fund's*
> *activities is welcome, it seems odd that the topic chosen for public*
> *dissection is financial planning. To be sure, the resource requirements*
> *of the Fund are important issues, but surely they are of less immediate*
> *public interest than the way in which the resources are to be spent? The*
> *call for the second round of proposals is already well underway, but, as*
> *the Fund's guidelines make clear, only limited information on successful*
> *proposals will be disclosed, contrary to earlier statements from the*
> *Fund. The Fund states that proposal-specific deliberations will be*
> *confidential and information on the reasoning behind the different*
> *decisions taken on proposals will be shared only with the authors.*
> *Details of the review process may be shared with some other*
> *"stakeholders". It is unclear whether these stakeholders include the*
> *management consultancy firm who might eventually be charged with*
> *overseeing the Fund's disbursements, McKinsey & Company, whose Managing*
> *Director Rajat Gupta is the private-sector member of the Fund's board.*
> *It is clear, however, that the public, who have provided almost all the*
> *money so far, will not be able to see how it is to be spent. Is there a*
> *chance that the Fund will embody a genuinely new approach to health*
> *financing? It certainly seems likely that, with its focus on AIDS and*
> *the high profile of its supporters, the Fund exists within the right*
> *conditions to have some degree of success. Ironically, this may work*
> *against the wider range of Millennium Development Goals that the world*
> *has set itself to achieve by 2015. Although AIDS has pushed health up*
> *the international political agenda, it risks eclipsing the*
> *poverty-related health issues that needed to be tackled long before AIDS*
> *appeared. For example, the United Nation's Economic and Social Council*

PHA Exchange file →

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> *was recently told of deep concern at the slow progress towards the*
> *Millennium Goals, notably in reducing child mortality. Maybe it is time*
> *to accept that AIDS is a special case and as such should have a single,*
> *separate fund. Many of the interventions likely to be successful in AIDS*
> *prevention--such as education--have little to do directly with medicine*
> *or public health. Sectioning off AIDS would allow another fund--a truly*
> *Global (and transparent) Fund--to finance all other health-related*
> *aspects of the Millennium Development Goals. There is a further issue.*
> *Whatever happened to the proposal from last year's Commission on*
> *Macroeconomics and Health to establish a Global Health Research Fund?*
> *Without supporting biomedical and health sciences research on the*
> *problems facing the world's poor, the long-term value of these global*
> *funds will be severely compromised.*
>
> *The Lancet*
>
>
>
>

Subject: PHA-Exchange> Recent articles from the Guardian
Date: Mon, 5 Aug 2002 08:14:56 -0200
From: "Maria Hamlin Zuniga" <iphc@cablenet.com.ni>
To: <PHA-Exchange@kabissa.org>,
"IPHCWORLDWIDE" <IPHCWORLDWIDE@yahoogroups.com>

Comment & Analysis / Africa's economic problems have a medical solution /

Regina Rabinovich Diseases cost the continent billions a year

Africa's economic problems have a medical solution

Malaria kills three children per minute. This amounts to a quiet global catastrophe. Quiet, because it has been taking place for millennia and become a fact of everyday life. Its impact is especially felt in Africa. In Mozambique, which I recently visited, malaria patients occupy 40% of the nation's hospital beds. And these are just the people fortunate enough to make it to a health centre.

As the G8 countries continue to deliberate a new blueprint for lifting African nations out of poverty, and as the 14th international Aids conference takes place in Barcelona, leaders must look beyond the standard fare of discussions on increased aid and trade. They must also seriously consider the impact that infectious diseases such as malaria, Aids and tuberculosis have on African economies.

Infectious disease is much more than a health issue. Fighting disease must be a central, not ancillary, part of the economic strategy for Africa if countries there are to achieve the significant boost in economic growth that all sides agree is critical to reducing extreme poverty.

Infectious disease has crippled African efforts to achieve economic self-sufficiency for at least the last half-century - predating the debt crises, corruption and trade matters that dominated so much of the recent G8 discussion of the continent's economies. In closing the first malaria summit two years ago, Nigeria's president, Olusegun Obasanjo, asserted: "We are made poor by malaria."

Other infectious diseases, especially Aids and TB, also exact a heavy toll. And this toll goes beyond the pain and suffering that victims of these diseases endure. The

damage also manifests itself in a significant and quantifiable drag on Africa's GDP.

Currently, 300m-500m cases of malaria occur every year. Symptoms include fever, shivering, pain in the joints, headache, repeated vomiting, generalised convulsions and coma. Death can result in severe cases. Of the estimated 2.7 million people killed by malaria every year, 75% are African children under the age of five.

While visiting a local hospital in Gambia, I encountered a young girl aged about 10 suffering from severe malaria. She had been brought to the hospital already in a coma, her mother watching anxiously as her oldest child lay unresponsive. Though she might not have known the statistics, the mother probably knew of children in that state who did not survive. In fact, 50% of cerebral malaria cases result in death, even with treatment in hospital.

If G8 leaders and their counterparts in Africa want to boost GDP, they should consider that diseases such as malaria exact an enormous price not only in lives, but also in medical costs and lost labour, harming the economic wellbeing of entire families, communities and nations. Malaria shackles the poor to a continuous cycle of poverty. The economic, social and development burden is staggering. According to a Harvard University study published in 2000, Africa's annual GDP would be $100bn more than it is today if

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malaria had been eliminated 35 years ago - many times more than all the development aid provided to the continent in a year.
Meaningful economic development in Africa cannot occur if addressing infectious disease is seen as a secondary goal rather than a critical part of the new vision for economic stability. This will require those responsible for implementing a new economic plan for Africa to broaden their notion of what constitutes a successful core macroeconomic strategy.
The Malaria Vaccine Initiative is working to accelerate the development of malaria vaccines and to ensure that, once a vaccine is licensed, it will be available in Africa and elsewhere. However, such vaccine development becomes more and more expensive as products move further down the pipeline. Making sure that there is funding for large-scale, late-stage trials, sufficient manufacturing capacity, and wide availability of a successful vaccine in poor, malaria-endemic regions will involve investments of the magnitude that require the financial participation or nations.
No one would argue with the need to reduce the human suffering caused by malaria, Aids and TB. But it is doubtful that infectious diseases will receive the attention they merit in the effort to lift African nations from poverty unless world leaders firmly link disease burden to economic development. Failure to do so means that infectious disease will continue to rob Africa - a continent of more than 800 million people - of its economic potential.
Dr Regina Rabinovich is director of the Malaria Vaccine Initiative at the Program for Appropriate Technology in Health, Rockville, Maryland

The Guardian Weekly 11-7-2002, page 14

Comment & Analysis / Failing Aids victims /

Failing Aids victims

That Aids is quietly but lethally seeping across the globe has just been exposed by the United Nations agency, Unaids. Its report calculated that more than 2 million people died of Aids in Africa alone last year. Unaids also points out that some of the world's largest countries - among them India and China - are on the edge of outbreaks that may dwarf the scale of the current global crisis, which affects 40 million people. This is not an unstoppable pandemic disease. There was a groundswell of world opinion that led the UN to launch a global fund for Aids, malaria and tuberculosis this year. But there have been many fine words and not much action from rich countries.
There are drugs available to enable sufferers to live with Aids. Cheap copies of these drugs are manufactured in some developing countries, but big pharmaceutical firms have resisted attempts to promote these generics for fear of forgoing profits. These obstacles mean the price of these treatments remains beyond the reach of poor nations. We must not deny life to poor people infected with HIV while offering their rich counterparts a future.

The Guardian Weekly 11-7-2002, page 14

Subject: PHA-Exchange> International intervention needed: humanitarian crisis
Date: Mon, 5 Aug 2002 21:50:55 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Palestine Monitor" <palmon@hdip.org>

> Urgent Appeal
> August 5, 2002
>
>
> The situation in the Occupied Palestinian Territories is rapidly developing
> into a complete humanitarian crisis created by the Israeli occupation. The
> isolation of Palestinian towns and villages has created a pressing shortage
> of food and basic supplies threatening the health and even lives of the
> Palestinian population. The city of Nablus is the most telling example of
> this dangerous development. For 17 consecutive days the city has been under
> 24 hour strict curfew: the entire population of the city has been locked up
> inside their houses unable to ensure sufficient food and other necessary
> supplies for their families. The situation is most severe in the Old City of
> Nablus which has been under siege for three days. There is extensive damage
> to infrastructure and Israeli troops have cut the water supply to the Old
> City. Currently 30,000 people living inside the Old City are threatened by
> the ongoing military operation in the area.
>
> Dr. Mustafa Barghouthi appealed to all humanitarian organisations: "Sharon
> has created a situation of slow death for the Palestinian population. The
> Israeli tactics of isolating communities in the West Bank and denying basic
> food to people, create a situation that is particularly threatening to
> children, the elderly and pregnant women. In Nablus, the Palestinian Medical
> Relief has broken the curfew in the Old City in order to provide medical
> care and distribute basic food supplies and milk to the besieged population.
> However, the movement of ambulances is hindered by Israeli troops and we are
> running out of supplies. There is a pressing need for help and support."
> We appeal for you to write to international humanitarian organisations to
> provide urgent help and assistance to the Palestinian people and in
> particular to UN agencies demanding the declaration of the Occupied
> Palestinian Territories as a humanitarian disaster area. We also appeal for
> you to write to the following people demanding an immediate halt to the
> Israeli aggression and to end the siege of the Occupied Palestinian
> Territories.
>
> Write to:
>
> Israeli Prime Minister
> Ariel Sharon
> ronm@pmo.gov.il
> or
> webmaster@pmo.gov.il
>
> Israeli Defence Minister

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> Ben Eliezer
> sgen.sar@mod.gov.il
> or
>
> write to them at:
>
> Office of the Prime Minister
> 3 Kaplan Street, PO Box 187
> Kiryat Ben-Gurion
> Jerusalem 91919
> Fax: +972 2 651 2631

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Subject: PHA-Exchange> Polio Communication (Fwd) SAMPLE The Drum Beat - 157 -
Date: Wed, 7 Aug 2002 09:14:15 -0500
From: "George(s) Lessard" <media@web.net>
Organization: http://mediamentor.ca
To: pha-exchange@kabissa.org
CC: cr-india@mail.sarai.net, creative-radio@yahoogroups.com, wusenet@wuse.ca, devmedia@listserv.uoguelph.ca

------- Forwarded message follows -------
Date sent: Fri, 2 Aug 2002 19:19:28 -0700
Subject: The Drum Beat - 157 - Polio Communication
From: The Drum Beat <wfeek@comminit.com>

The Drum Beat - Issue 157
- Communication for Polio Eradication
August 5 2002

From The Communication Initiative...global forces...local choices...critical voices...telling stories...

Partners: The Rockefeller Foundation, BBC World Service Trust, The CHANGE Project, CIDA, The European Union, Exchange, FAO, Johns Hopkins University Center for Communication Programs, The Panos Institute, Soul City, The Synergy Project, UNAIDS, UNICEF, USAID, WHO.

Chair of Partners Group: Denise Gray-Felder, Rockefeller Foundation dgray-felder@rockfound.org Director: Warren Feek wfeek@comminit.com Website: http://www.comminit.com

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STRATEGIC THINKING

1. Programme Communication for Immunization Plus - a summary presentation from the UNICEF Immunization Plus Retreat, May 2002. Includes current status, goals, activities, challenges, and proposed solutions. http://www.comminit.com/st2002/sld-4922.html Contact Waithira Gikonyo wgikonyo@unicef.org

PHA Exch files RN 9/8

2. Guidelines for Interpersonal Communication Training for Vaccinators & Supervisors A training module developed by partners in Nigeria to enable vaccinators to give the correct response to common questions, to help them in adopting a respectful and patient approach and to encourage vaccinators to seek assistance when needed. Role-plays and additional resources are provided. http://www.comminit.com/st2002/sld-4929.html Contact Steve Stewart znc4@cdc.gov, Jonathan Veitch veitchj@who.int, Thilly De Bodt tdebodt@unicef.org

3. Vaccinator Information Sheet and Q&A In India and Nigeria, the polio partners have developed this information sheet that provides Q&A on the most commonly asked questions by parents. http://www.comminit.com/st2002/sld-4967.html Contact Steve Stewart znc4@cdc.gov, Jonathan Veitch veitchj@who.int, Thilly De Bodt tdebodt@unicef.org

4. Social Mobilisation Supervisory Checklist During the Nigerian Sub National Immunisation Days, social mobilisation monitors use these checklists, developed by the polio partners in Nigeria, to monitor and evaluate efforts in communication for polio eradication at State and LGA levels. [PDF] http://www.comminit.com/pdf/poliosocmobnigcheck.pdf and http://www.comminit.com/pdf/poliosocmobnigcheck2.pdf Contact The Polio Partnership in Nigeria, Noble Thalari nthalari@unicef.org

5. Monitoring House-to-House Immunisation Polio partners in India and Nigeria updated an existing monitoring tool for House-to-House polio vaccination and integrated key questions on social mobilisation. [PDF] http://www.comminit.com/pdf/nigeria reporting me tool.pdf Contact Jonathan Veitch veitchj@who.int, Thilly De Bodt tdebodt@unicef.org

6. Vaccinator Card The polio partners in India and Nigeria produced this small card with key steps/questions they need to remember/ask when entering a house and key actions they need to take when leaving the house. http://www.comminit.com/st2002/sld-4977.html Contact Jonathan Veitch veitchj@who.int, Thilly De Bodt tdebodt@unicef.org

7. Standardised Terms of Reference for Communication Consultants & Consultant Report Outline Provides the generic terms of reference for polio communication consultants and a report outline that is recommended for consultants. This TOR was developed by the polio partners in 2000. Contact Thilly De Bodt tdebodt@unicef.org For the Consultant Report Outline see - http://www.comminit.com/st2002/sld-5002.html

LESSONS LEARNED

8. Communication for Routine Immunisation & Polio Eradication: A synopsis of 5 sub-Saharan case studies 5 case studies were carried out in 1999 in Mozambique, Mali, DRC, Zambia and Nigeria to analyse and document experiences in social mobilisation and communication for polio and routine immunisation. Also available in French. http://www.comminit.com/icimmafrica/sld-2291.html Contact Thilly De Bodt tdebodt@unicef.org

9. Lessons Learned in Communication for Polio Eradication - a summary of the lessons learned during the Mid-Year 2001 Meeting of the Advisory Group of Polio Partners. Provides practical tips for accessing the hard-to-reach, developing communication strategies in conflict countries, organising cross-border/synchronised NIDs, micro planning, dealing with polio outbreaks, community based surveillance and monitoring communication interventions. http://www.comminit.com/st2002/sld-5001.html Contact Thilly De Bodt tdebodt@unicef.org

10. Combatting Antivaccination Rumours: Lessons Learned from Case Studies in East Africa * Tailor immediate and ongoing strategies and respond promptly to questions and rumours. * Build ongoing relations with all communities (religious, social, media). * Disseminate consistent messages. * Lack of information creates questions - leading to apprehension/fears - which in turn lead to rumours. * Take time to deal with rumours. Benefits will accrue to routine EPI. http://www.comminit.com/strumoursvacc/sld-5095.html

11. Areas of Concern: Communication for Immunisation "There is nothing

routine about immunisation..." Need for an integrated plan that includes PE, EPI, introduction of new vaccines & injection safety. Need to address disconnect between "political" advocacy and micro-planning - what happens in between? Communication to address rejection, resistance and rumours. Track impact of social mobilisation (monitoring of communication plan). Need to frame all vertical immunisation interventions as part of one campaign. http://www.comminit.com/st2002/sld-5383.html Contact Heidi Larson hlarson@unicef.org

***

The next issue of DB Classifieds - Training, Consultants, Materials, Events will be August 7. To include your events, workshops, publications or services, contact Janice Innes jinnes@comminit.com

***

RECENT INITIATIVES

12. Polio Quiz UNICEF designed an educational quiz on polio with 25 questions for young people between 9-16 yrs old. The quiz has been field-tested (and modified) with approximately 50 young people from Angola, Egypt, England, Ireland, Nigeria, Pakistan. In English, French, Portuguese or Spanish. http://www.unicef.org/voy/quiz/polio.html Contact Thilly De Boer tdeboer@unicef.org

13. Immunisation in Nepal - Communication Campaign 2002-2003 Launched in June 2002 - addresses parents, health providers and Female Community Health Volunteers (FCHVs) through radio, TV and print advertising, regional outreach through spots in 6 local languages and interpersonal communication - reaching parents through health providers. The theme is: "Full immunisation insures your child's health". Graphic icon with 3 messages were developed. http://www.comminit.com/st2002/sld-5466.html For more about the immunisation situation in Nepal, see - http://www.comminit.com/st2002/sld-5416.html Contact Wing-Sie Cheng wscheng@unicef.org.np

14. Olympic Aid's Sport Health Programme - Ghana - In Dec 2001, a delegation of athletes traveled to Ghana to kick off this campaign to immunise infants against 5 deadly diseases with 1 new vaccine. The campaign was launched at the Sport & Immunisation Festival, whose purpose was to highlight the fact that children's right to play cannot be exercised without good health. Olympic Aid coach/volunteers from the US and Canada are living in Accra and working to disseminate health education messages about childhood immunisation, HIV/AIDS prevention, and physical fitness through sport and play. http://www.comminit.com/odskdv72002/sld-5345.html Contact Orna Dobner ornao@olympicaid.org

REPORTS

15. Mid-Year Consultative Meeting of Polio Partners (New York July 2000) Country, regional and global experiences were discussed in order to assess progress made from 1999-2000 on communication in endemic countries. (PDF) http://www.comminit.com/pdf/mid-year_meeting_report2000.pdf Contact Thilly De Boer tdeboer@unicef.org

16. Meeting of the Polio/EPI Communication/Social Mobilisation Advisory Group (Harare Nov - Dec 2000) Participants discussed issues of coordination among partners, especially at the country and regional level, identified better coordination processes, and reviewed communication support needs in selected countries. Contact Grace Kagondu kagondug@whoafr.org

17. Mid-Year Meeting of the Advisory Group of Polio Partners (New York June 2001) Focused on the remaining challenges of the Polio Eradication Initiative: reaching the hard to reach, communication strategies in conflict countries, communication in micro-planning, cross-border and synchronised NIDs, strengthening communication skills of service providers, communication for community based surveillance, and communicating on immunisation after certification. [PDF] http://www.comminit.com/pdf/polio report.PDF Contact Thilly De Bodt tdebodt@unicef.org

18. Meeting of the Polio/EPI Communication/Social Mobilisation Advisory Group (Harare Nov 2001) Focus was on the remaining communication bottlenecks, mainly in sub-Saharan countries, and the implementation of lessons learned to stop polio transmission by the end of 2002. Participants reviewed the progress of communication strategies in the context of the Global Alliance for Vaccines & Immunisation (GAVI). Contact Grace Kagondu kagondug@whoafr.org

RESOURCES

19. Communication Handbook for Polio Eradication & Routine EPI Developed in 2000, guides readers through the planning, implementation and monitoring of an integrated communication strategy for routine and supplemental immunisation and surveillance. French & Portuguese versions are in draft form. http://www.unicef.org/programme/gpp/communi/communihb.html Contact Thilly De Bodt tdebodt@unicef.org

20. The Facilitator's Guide This draft document is a step-by step guide for organising communication planning workshops for polio eradication and routine EPI. It is a guide for the Handbook above. Contact Thilly De Bodt tdebodt@unicef.org

21. Communication for Polio Eradication & Routine Immunization Checklists & Easy Reference Guides A complement to the Field guide for supplementary activities aimed at achieving polio eradication. The checklists and guides cover communication and mobilisation aspects of routine and supplementary immunisation and disease surveillance. http://www.comminit.com/stepicom/sld-3268.html Contact Mike Favin mfavin@aed.org, Christine Mc Nab Mcnabc@who.int

22. UNICEF Press Center Fact Sheet Questions & Answers on Polio - addresses what, how, why, when, and strategies for prevention, education and eradication. http://www.unicef.org/newsline/poliopkabout.htm

23. End of Polio An informational site about what polio is, the effects it has had globally and what is being done to eradicate it. http://www.endofpolio.org/

24. Polio News A quarterly newsletter that documents the latest news from the global Polio Eradication Initiative. In English & French. http://www.polioeradication.org/news.html

***

Many thanks to Thilly De Bodt for her assistance with this issue.

***
*** Via / From / Thanks to the following :

The Drum Beat seeks to cover the full range of communication for development activities. Inclusion of an item does not imply endorsement or support by The Partners.

Please send material for The Drum Beat to the Editor - Deborah Heimann dheimann@comminit.com

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-------- End of forwarded message ---------
  :-) Message ends, Signature begins (-:
  George Lessard, living @ 61.10N 94.05W
Comments should be sent to media@_no_spam_web.net
[Remove _no_spam_ from addresses to e-mail]
"Only those who will risk going too far can possibly
find out how far one can go." T.S. Eliot...
"If you think you are too small to make a difference,
try sleeping in a closed room with a mosquito..." African Proverb
****
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Semi-random signature quotes follow:
Life is what happens while you are busy making other plans.
-- John Lennon

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Subject: PHA-Exchange> Military versus health expenditures: a response
Date: Sat, 10 Aug 2002 11:41:08 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: <Marcella.DeSmedt@cm.be>

Dear Mr. Malachi Opule Orondo,

Congratulations for the good article you made about different African countries.
If you agree I will use it in meetings of the European Union !....

Marcella De Smedt
Member of the AIM (=association internationale de la mutualité)
pharmaceutical expert group
Clinical pharmacist § Adviser
Medical Direction

Chaussée d'Haecht 579 1031 Bruxelles
Tel. 00-32-2 2464477
Fax 00-32-2 2464649
E mail marcella.desmedt@mc.be

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12/8/02

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14/8/02

Subject: PHA-Exchange> Global Fund stalls
Date: Tue, 13 Aug 2002 22:36:16 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> *Politics and Policy; Infectious-Disease Fund Stalls Amid U.S. Rules for Disbursal*
>
> *Wall Street Journal* *5 August, 2002*
>
> **********
>
> *By MICHAEL M. PHILLIPS, Staff Reporter of THE WALL STREET JOURNAL*
>
> **********
>
> *A highly publicized fund set up at the behest of the United Nations has raised $2.1 billion to fight AIDS and other infectious diseases in the developing world. It has announced $1.6 billion in grants aimed at life-saving projects in 40 countries.*
> *But it has yet to give away a single penny.*
>
> *That is largely because of demands led by the Bush administration that the new fund set up a world-wide aid-delivery system from scratch -- instead of relying on established agencies the administration distrusts, such as the U.N. and World Bank.*
>
> *The Global Fund to Fight AIDS, Tuberculosis & Malaria was created in January in response to U.N. Secretary-General Kofi Annan's call. Its establishment stirred great hope that rich countries would finally spend enough money to defeat diseases that together kill six million people a year, mostly in developing countries in Africa and elsewhere. Now, however, it is caught in a dilemma between poor nations' need for immediate help and donors' antipathy toward agencies set up to provide it the fastest.*
>
> *Tanzania, for example, was promised $25 million for AIDS and malaria projects in April when the first round of grants was announced. "We're now awaiting a reply from them as to when we can have these funds," says Maj. Gen. Herman Lupogo, head of the Tanzanian Commission for AIDS. "We needed them yesterday."*
>
> *It is a quandary that exemplifies the pros and cons of the Bush administration's war on what it considers wasteful foreign aid. The administration is openly dubious that past aid funneled through established agencies has had any positive effect -- a topic Treasury Secretary Paul O'Neill has repeatedly stressed, including during his much-ballyhooed African jaunt with Bono, the rock star.*
>
> *The administration vows to resist any efforts to increase foreign assistance unless it can deliver quick, measurable improvements in the lives of the poor and sick, and it repeatedly has placed conditions on U.S. largess toward that end. The Treasury Department promised $300 million in extra funds for the World Bank's loan program for the poorest nations, but only if it can demonstrate results. President Bush proposed a $5 billion-a-year aid fund aimed strictly at countries that can meet objective standards for economic and political reforms.*
>
> *And the U.S. pledged $500 million to the global AIDS fund. But the administration insisted -- joined by Britain and some other donors -- that the fund shun existing aid agencies and build its own system. That*

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> means it has to line up its own procurement, administrative, auditing
> and other services in each country for each grant.
>
> "I can't tell you how much resistance we've had to this" from some
> global-fund recipients and donors, said one senior U.S. official. "We're
> anxious for quick victories, [but] better that it be done right and
> later, than early and wrong."
> The fund and its backers face mounting pressure to get the money
> flowing. Some 40 million people world-wide carry the virus that causes
> AIDS; an additional 20 million have died of the disease since it first
> surfaced in the 1980s, and a quarter million more are dying each month.
> The spread of the AIDS virus has made vast numbers of people in the
> developing world and former East Bloc nations more vulnerable to TB,
> which claims two million lives a year. And as many as 500 million people
> contract malaria annually.
>
> The fund approved 58 project applications in its first round. Among the
> winners are a Nigerian campaign to widen access to AIDS drug cocktails
> and a Tanzanian project to increase the use of bed nets impregnated with
> insecticide to combat malaria. Another approved project is an effort in
> Madagascar to promote the use of condoms, mosquito nets and other
> health-related items by using marketing techniques and local retailers
> such as street vendors and market stalls.
>
> Although the fund has a new executive director, Richard Feachem, it is
> still advertising for many senior positions -- another holdup in
> distributing funds.
>
> "Of course the recipients are impatient -- they want to get started,"
> says Dr. Feachem, on leave from his post as director of the Institute
> for Global Health at the University of California.
> "Equally, the countries are understanding that we have to put new
> arrangements in place."
>
> Dr. Feachem hopes to get money to a handful of projects by the time his
> board next meets in October. But even that goal remains up in the air.
> And the vast majority of grant winners probably won't see any funds
> until the end of the year, if not later.
>
> "I don't see any justification for that kind of excess precaution," says
> Milly Katana, a Ugandan AIDS activist who represents private charities
> on the fund's board. "Personally I don't want to just light the money on
> fire and burn it, but at the same time lives are being lost."
>
> Dr. Feachem and U.S., British and many other donors say the fund is
> making quick progress for a brand-new aid program. Nonetheless, tension
> has emerged among donors and recipients over how fast to go, versus how
> careful to be. "There's simply a higher level of attention being paid,
> and it's [angering people] who are used to having large amounts of money
> given to them," said the U.S. official. "Some of the Europeans don't
> feel as strongly about that -- they just dish the money out."
>
> The fund was set up as a Swiss foundation after a spat among donors
> early on; Italy and others were aligned against the U.S. and those who
> didn't want it run by either the U.N. or World Bank. "We would have
> favored a stronger role for the World Bank in the whole disbursement
> procedure," says Claudio Spinedi, a senior aid official in the Italian
> Ministry of Foreign Affairs.
>
> Initially, despite the U.S.'s discomfort, the fund tried to negotiate
> with the World Bank, the world's largest economic-development lender, to
> take responsibility for the money and its use.
>
> Bank officials, however, refused to accept that role unless they also

> had input into how the projects were selected and implemented -- a
> condition unacceptable to the fund and the U.S. The issue is still in
> limbo, but for the moment the bank has agreed only to hold the fund's
> money and wire grants to the recipients the fund designates.
>
> The fund quickly set up a panel of technical experts who reviewed
> 300-plus applications and chose the first recipients. But the fund still
> has only a vague outline of how it will distribute money, monitor its
> use, and judge its effectiveness. Dr. Feachem promises that the fund's
> staff will number no more than 50, meaning it likely will have to hire
> outsiders to monitor projects in what could ultimately be 100 or more
> countries.
>
> According to the current plan, each project will involve:
>
> o A principal recipient -- perhaps a foreign health ministry, local
> government, company or private charity -- that will implement the
> project, assess its success and report its conclusions to the fund.
>
> o A local fund agent -- such as an accounting firm, bank, or charity --
> that will audit the money's use. The agent won't examine whether the
> project succeeds.
>
> o A third independent agent that will periodically verify the principal
> recipient's assessment of the project's impact on public health.
>
> U.S. officials acknowledge that their approach means somewhat slower
> delivery of the aid, and risks a crescendo of criticism. But, they say,
> if the fund doesn't prove its merits by financing effective health
> projects, the donors won't refill the kitty when it runs dry.
>
> Write to Michael M. Phillips at michael.phillips@wsj.com3

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To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Subject: PHA-Exchange> UGANDA: HOW BEHAVIOUR MODIFICATION HELPED STEM HIV/AIDS INFECTION
Date: Thu, 30 May 2002 21:20:14 -0500
From: "George(s) Lessard" <media@web.net>
Organization: http://mediamentor.ca
To: creative-radio@yahoogroups.com
CC: pha-exchange@kabissa.org

UGANDA: HOW BEHAVIOUR MODIFICATION HELPED STEM HIV/AIDS INFECTION
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=11323
The May 27 issue of the New Republic examines how Uganda's "ABC" HIV/AIDS prevention program has primarily used behaviour modification to lower HIV infection rates and how that model could be applied to the rest of Africa. ABC, which began in 1987 after President Yoweri Museveni became aware that many soldiers in the army were HIV-positive, stands for "Abstain, Be Faithful, or wear a Condom." The program focuses primarily on abstinence before marriage and fidelity inside of marriage, and has "little to do" with condoms.
--
:-) Message Ends; George(s) Lessard's Keywords Begin (-:
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On location: TV / Radio / Production / ENG / EFP / Editing
Interests: Access / Activism / Communities / Cultures / Arts
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media@_no_spam_web.net
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& (c) information may be found @
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please check ALL sources & subjects.
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To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Lib
10/6/02

Subject: PHA-Exchange> DGH 2002 General Assembly August 2-4: Health and Justice: For All or "Just US"?
Date: Fri, 07 Jun 2002 19:47:09 -0400
From: DGH Info <dghinfo@dghonline.org>
To: DGH Info <dghinfo@dghonline.org>

Doctors for Global Health
2002 General Assembly

Health and Justice: For All or JUST US?

Doctors for Global Health is pleased to invite you to the 2002 General Assembly. This annual event is a chance to come together and meet others working to advance health and human rights, to learn, to support one another, and to have fun. Come participate in lively discussions, listen to world-renowned speakers, and re-energize yourself to continue working for social justice around the world.

The General Assembly will include a keynote address by Dr. Jack Geiger, a champion of health and human rights over the past five decades and a founding member of both Physicians for Human Rights and Physicians for Social Responsibility. This year's featured Social Justice Speaker is Dr. Juan Romagoza. A Salvadoran torture survivor and Director of La Clinica del Pueblo in Washington, DC, he will motivate and inspire everyone.

Friday night will feature a special musical celebration and fundraiser with local Afro-Latin ensembles Sol y Canto and Sumaj Chasquis. Tickets will be available at the General Assembly.

WHEN: August 2 - 4, 2002

WHERE: Lesley College in Cambridge, Massachusetts

HOW MUCH: Doctors for Global Health offers a sliding scale. Higher amounts will help others who cannot afford the full amount. Please pay what you can afford.

**On Campus: $100 - $200 (Anything above $200 would be a much appreciated tax-deductible donation to DGH)
Includes all conference fees, 2 nights accommodations in a shared double room at Lesley College, meals all day Saturday, and breakfast on Sunday.

**Off Campus: $50 - $100 (Anything above $100 would be a much appreciated tax-deductible donation to DGH)
Includes all conference fees and meals all day Saturday and Sunday breakfast.

HOW TO REGISTER: Please go to our website at www.dghonline.org. There you can complete print out the registration form and mail it in.

To obtain more information or to register, please contact Mollie Williams, Development Coordinator, at 979-774-4079 or development@dghonline.org

*^
DOCTORS FOR GLOBAL HEALTH
Promoting Health and Human Rights
"With Those Who Have No Voice"
PO Box 1761, Decatur, GA 30031 USA
Tel. & Fax: 1-404-377-3566
dghinfo@dghonline.org
http://www.dghonline.org
*^

PHA Exchange →

RN 10/6

RN

RN 10/6

Subject: PHA-Exchange> International Women and Health Meeting (Aug 12-16 2002) - Toronto, Canada
Date: Mon, 10 Jun 2002 17:47:41 -0500
From: "George(s) Lessard" <media@web.net>
Organization: http://mediamentor.ca
To: mediamentor@yahoogroups.com
CC: creative-radio@yahoogroups.com, pha-exchange@kabissa.org

International Women and Health Meeting
(Aug 12-16 2002) - Toronto, Canada

The 9th IWHM will focus on the following three themes: sexual and reproductive rights, violence against women (state and family) and environmental health. Focus is on action and on developing strategies and solutions for a comprehensive approach to health in the context of globalisation.

http://www.comminit.com/events_cal/2002/1057-event.html
Contact: iwhm@lefca.com

--
(-) Message Ends; George(s) Lessard's Keywords Begin (-:
Freelance Media Arts, Management, Training, Mentoring & Consulting
On line: Internet / Workshops / Research / Presence / Content /
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PHA Exchange →

RN 11/6

RN 11/6

the context of an increasingly globalized world, improvements in health for privileged groups should suggest what could, with political will, be possible for all.
Further details:
http://www.equinetafrica.org/newsletter/newsletter.php?id=663

Subject: PHA-Exchange> On privatization of social services
Date: Mon, 10 Jun 2002 02:27:19 +0700
From: "aviva" <aviva@netnam.vn>
To: pha-exchange@kabissa.org

From:"Equinet Newsletter" <EQUINET-Newsletter@equinetafrica.org>
NEWSLETTER 07 June 2002
1. EDITORIAL
Rene Loewenson/Thumida Maistry, Equinet
(excerpts)
A recent conference hosted by the Municipal Services Project in Johannesburg highlighted a growing tide of defiance from people around South Africa over privatisation and its impact on access to basic services. People travelled from all parts of South Africa to testify in the workshop on their experiences of hardship as a result of privatisation and unaffordable service costs, noting stories of evictions, and water and electricity cut offs. Most of these testimonies articulated the view that basic needs, such as water and electricity, are basic rights. Many highlighted the negative impact of reduced access to basic services such as water supplies on health and quality of life.

Participants consistently raised the constraints to service delivery under globalisation, privatisation and cost recovery measures, and their negative health impacts. During the workshops, delegates discussed strategies to address the issue.
Would a rights based approach or one centred on claiming legal redress for deprivation of basic rights be successful? The meeting identified the need for a new wave of social mobilisation as being more important than legal battles in achieving constitutional rights around basic services.

The impact of foreign intervention in basic services was also explored. It was noted that the world’s water management continues to be taken up by foreign companies.
Globalisation, privatisation, and centralised management of the world’s natural resources makes humanity itself one of the greatest threats to itself.

Patkar and others noted that the response to such challenges called for a social movement, able to strategise, resisting co-option by international agencies and able to resist neoliberal policies.

The conference explored how such social forces for health are organised and growing. Community struggles around access to basic services were seen to be snowballing, particularly when they have support from social movements around the world. More well established movements, like the youth activists and organised labour all noted their roles internationally in targeting access to serves and in building alliances with other community based organisations.

A growing social movement to pressure for basic services was thus seen as the greatest predictor of service cover. This was particularly the case as neoliberal forces have grown.
Market policies and inequitable development were viewed as primary threats to increasing cover of basic services.

ALSO IN EQUINET:
Equity in health and its determinants need to be placed higher on the policy and research agendas of both international and national organizations in low-, middle-, and high-income countries. International agencies can strengthen or undermine national efforts to achieve greater equity. The Primary Health Care strategy is at least as relevant today as it was two decades ago; but equity needs to move from being largely implicit to becoming an explicit component of the strategy, and progress toward greater equity must be carefully monitored in countries of all per capita income levels. Particularly in

PHA Exchange --

RN 10/1

RN 10/1

Subject: PHA-Exchange> Some breastfeeding news
Date: Mon, 10 Jun 2002 03:15:15 +0700
From: "aviva" <aviva@netnam.vn>
To: pha-exchange@kabissa.org

From: ted.greiner@chello.se

Breastfeeding: Healthy Mothers and Healthy Babies is the topic of this year's World Breastfeeding Week. You can read about it on WABA's website http://www.waba.org.br/wbw2002.htm and contact WABA for the action folder, exhibit kit, etc.

Recent studies have further refined our knowledge on the association between breastfeeding in intelligence. Rao et al (Acta Paediatr. 2002;91 (3):267-74.) conclude: "Duration of exclusive breastfeeding has a significant impact on cognitive development without compromising growth among children born SGA [small for gestational age]." Similarly, Mortensen et al. (JAMA 2002;287:2365-71) found slightly higher intelligence scores in adults who had been breast-fed longer, with many confounders controlled for.

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

RN 10/6

RN 10/6

Subject: PHA-Exchange> Israeli army is rampaging Palestinian cities breaking all laws and rules
Date: Tue, 11 Jun 2002 17:54:42 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: Palestine Monitor Alquds <palmon@upmrc.org>
> *Palestine Monitor*
> *10 June 2002*
>
> *The situation in Ramallah is currently one of brutal occupation and*
> *widespread destruction.*
>
> *In the afternoon Apache helicopters shot indiscriminately in wide-range*
> *areas without any apparent reason and several buildings have been*
bombarded
> *and badly damaged.*
>
> *The Israeli army has surrounded two hospitals preventing ambulances and*
> *medical workers to reach the hospitals in order to give life-saving*
edical
> *treatment. Troops are also obstructing delaying the movement of ambulances*
> *within the city with severe consequences for the sick and injured.*
>
> *There is also an increasing shortage of medicine, milk, food and other*
> *supplies as the whole community was unprepared for this invasion. The*
strict
> *curfew makes it impossible for people to obtain the necessary supplies.*

> *Eyewitnesses in Ramallah report that the Israeli army has conducted*
> *collective arrests of large numbers of young men, handcuffing and taking*
> *them into buildings for interrogation.*
>
> *For further information please contact the Palestine Monitor*

RN 12/6

PHA Exchange →

RN 12/6

Subject: Request to mailing list PHA-Exchange rejected
Date: Thu, 13 Jun 2002 21:25:40 +0530 (IST)
From: pha-exchange-admin@kabissa.org
To: sochara@vsnl.com

Your request to the PHA-Exchange mailing list

Posting of your message titled "Gujarat Assessment Report-Oxfam"

has been rejected by the list moderator. The moderator gave the following reason for rejecting your request:

"Your message has been deemed inappropriate by the moderator. Sorry, Ravi, server does not take attachments. can you put in body of email? All or a summary. ordially Claudio"

Any questions or comments should be directed to the list administrator at:

pha-exchange-admin@kabissa.org

VNR - Please follow up

Sent another attachment on 21/6/02 separately.

RN 14/6

RN 14/6

THE 'CIVIL SOCIETIES FOR DEMOCRACY, NEPAL' APPEALS ALL SOCIAL AND HUMAN RIGHTS ADVOCATES TO PARTICIPATE IN THE PROTEST RALLIES OF AUGUST 25, 2002.

Kathmandu, August 20, 2002

Civil Societies for Democracy, Nepal (CSD) is the alliance of civil societies and individuals advocating human rights, civic rights and democracy formed recently to press for an immediate end to the 'state of emergency' which blatantly eroded civil and human rights of the people of Nepal, for the ceasefire from the both conflicting parties, and for the initiation of dialogue between the government and Maoists. It recognizes that power chauvinism of 'the barrel of gun' is shamelessly attempting to gag 'the barrel of pen' along with the voices and organized moves of all people of Nepal. Their eyes, ears, mouths and senses are virtually blocked by force. Nepal itself has become a virtual prison. No body can feel safe or free. All aspects of civil, social and political life of all peoples are shrouded. Arbitrary arrests, abductions of all descriptions, torture, rape, derogatory behaviors of law enforcing forces, extra-judiciary killings, impunity have become every day phenomenon. Because of emergency the economy of Nepal is collapsed, all social and political activities are severely restricted, media and press is subdued and threatened. Even medical profession is dictated against its own ethical norms and Geneva Convention. People in villages are especially terrorized. Three-fourth of the population lives in villages of Nepal. Therefore today's meeting of CSD decided to organize a silent protest rally in Kathmandu, Ratna Park on the Sunday of August 25, 2002 at 4.30 P.M. with following banner and slogan.

Banner: All will rally under a single banner of Civil Societies for Democracy.

Slogans:

1. End to the State of Emergency, Reinstate Civil Rights (; + s 6 s f n e G t u/, g f u l / s c l w s f / a x f l n u / _.
2. End to the Civil War: Declare Ceasefire (u [x o ' 4 a G b u/, o ' + l j / f d s f] 3 f] i f 0 f f u/ _.
3. Initiate National Consensus; Start Dialogue between the Government and the Maoists (/ f l i 6 [o ; x d l t s f o d u/, ;/s f/ d f c f] j f l b j f t f { u/ _.
4. End the Interventions against Press, Fulfill the Demands of the Federation of the Journalists (k | j z d f l y s f] x : t + l f] k j G b u/, k q s f/ d x f, + 3 s f] d f u k " / f u/ _.

The CSD appeals the people of all walks to participate in the silent and peaceful rally to express solidarity to the causes. Similarly, the members of political parties and their affiliates are welcome to participate in the rally without however bringing their flags or slogans.

International friends and societies are requested to continue to provide their moral support, concern and solidarity.

Subject: PHA-Exchange> Participate in the 25 August ralley for the democracy in Nepal
Date: Tue, 20 Aug 2002 21:19:46 +0530
From: "Mathura P Shrestha" <mathura@healthnet.org.np>
To: "WORT-FM Community Radio" <wort@terracom.net>, "VHAI" <vhai@sify.com>, "Thomas Achard" <thomas.achard@bluewin.ch>, "Stephen Bezruchka" <sabez@u.washington.edu>, "South-South Solidarity" <south@giasdl01.vsnl.net.in>, "Sophie Beach" <SBeach@cpj.org>, "PHANetwork" <pha-exchange@kabissa.org>, "Mary Des Chene" <mdesche@emory.edu>, "Ipshita (UE)" <Ipshita@intoday.com>, "Ian Harper" <ian_harper2000@yahoo.com>, "gk" <gk@citechco.net>, "Edelina de la Paz" <bdelapaz@uplink.com.ph>, "David E. Kapell" <dkapell@opnonline.net>, "anna dehavenon" <adehavenon@mindspring.com>

Dear All
As you know how pitiful or rather disgraceful life is forced over the people of Nepal. In order to put an end to the State of Emergency, and for democracy please participate in the protest rally of 25 August 2002 (9th Sravana, 2059). Please circulate the attached file and this e-mail to maximize the participation. For those who are not able to participate, please disseminate these for the solidarity and moral support.
Professor Mathura P. Shrestha.

Solisdarity raly for democracy.rtf	**Name:** Solisdarity raly for democracy.rtf **Type:** Microsoft Word Document (application/msword) **Encoding:** quoted-printable

RN
23/8/02

PHA Exchange →
file

RN
26/8

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: 91 (0) 98450 91319

++++++++++++++++++++++++++++++ CONTACT DETAILS ++

OXFAM INDIA
Vijaya Shree, 4th A Main, Near Baptist Hospital, (off) Bellary Rd, Hebbal, Bangalore-560 024 - INDIA
Ph: 91 (80) 363 2964, 363 3274 ; Fax : 91 (80) 391 4506 (attn: Oxfam India)
E mail: oxfamindia@vsnl.com Web site: www.oxfamindia.org

Subject: WSSD: Meeting was a sellout, charities say
Date: Thu, 5 Sep 2002 15:29:27 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@yahoo.com>

Meeting was a sellout, charities say

John Vidal and Paul Brown in Johannesburg
Wednesday September 4, 2002
The Guardian

The earth summit was last night breaking up in bitter disagreements as governments and business declared the largest meeting ever convened a resounding success, while charities lined up to declare it the "worst political sellout that the world has seen in decades".

Environment secretary Margaret Beckett, Britain's lead negotiator at the 10-day meeting, which was attended by more than 100 world leaders, said that the result was a "victory for everyone".

"The overall result of the summit is truly remarkable. We had to give it our best shot to get the best deal we could and we did. I am in no doubt that our descendants will look back on this summit and say we set out on a new path."

But Oxfam said the outcome fell far short of what was needed to address global problems of poverty and environmental degradation. "After nine days of bluster the world gets some gains on a few issues and on sanitation for the poor. But overall the deal is feable. It is a triumph for greed and self interest, a tragedy for poor people and the environment," said Andrew Hewett.

Charles Secrett, director of Friends of the Earth, said the summit was a damning indictment of world leaders. "They publicly preached the message of sustainable development but instructed their negotiators to do trade deals above all else. This is the worst political sellout in decades."

The most significant achievement is recognised as the target of halving the number of people - 1.2 billion - who lack access to safe water and sanitation. This is expected to save millions of children who die each year from diarrhoea and malaria.

Other achievements are recognised to be targets for reversing the extinction of species and restoring fish stocks. Both have been hailed by governments, but criticised by environment groups for being weak and unenforceable.

Andy Atkins for Tearfund, a church-based charity, summed up the disappointment of many British groups: "In the race to tackle worsening global poverty and environmental destruction, the summit merely inched forward when a giant leap was needed. Some politicians have played poker with the planet and the poor, trading progress in areas such as sanitation against other areas like energy".

However, there was good news last night from China and Russia, which both answered Tony Blair's challenge of the previous day to ratify the Kyoto agreement on climate change. This means the treaty is on course to become law by the end of the year and further isolates the US, now with Australia the only rich country to refuse to sign up.

The EU, which fought hardest for a binding agreement on renewable energy, but was finessed by a coalition of Opec and US industry interests, said last night it would rally like-minded countries to increase the use of renewable energy and set strict deadlines.

Early analysis suggests that no new money has been pledged for aid or debt relief, two of the issues that have most exercised leaders of developing countries.

"This summit has delivered absolutely nothing of any substance that will offer hope to the half of the planet that lives on less than $2 a day," said Barry Coates of the World Development Movement.

However business, which has been promoted to a central position in world development by the UN, was cheerful about its new role. "Business and industry is determined to play its part in making the priorities for action and targets on sustainable development work," said a spokesman for Business Action for Sustainable Development, a grouping of the world's largest companies.

++++++++++forwarded by.

RN 5/9/02

PHA-Exchange →

RN 11/c

Above all, Brundtland looks set to be remembered for her crusade against smoking. The Framework Convention on Tobacco Control –scheduled for completion next August just after she leaves office–will likely be weaker than she wanted, but will be the first international treaty against a product which currently kills 4 million people a year.

"She has done a tremendous job on tobacco. She single-handedly put tobacco control back on the agenda", said Amanda Sandford, research manager at ASH. "That will be a lasting legacy to Brundtland."

Behind-the-scenes jockeying to take up the reins has already begun. Governments have until November to submit nominees. The 32-member Executive Board decides next January and this is, in theory, endorsed by the full World Health Assembly in May.

With the exception of Nakajima's 10-year tenure, Europeans have traditionally held the post. Brundtland's closest challenger in 1998 was Sir George Alleyne of Barbados. Next year, developing countries may feel that it is their turn.

Clare Kapp

++++++++++++++++Forwarded by:

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: 91 (0) 98450 91319

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Vijaya Shree, 4th A Main, Near Baptist Hospital, (off) Bellary Rd, Hebbal, Bangalore-560 024 - INDIA
Ph. 91 (60) 363 2964, 363 3274 , Fax . 91 (60) 391 4506 (attn: Oxfam India)
E-mail: oxfamindia@vsnl.com Web-site: www.oxfamindia.org

Subject: WHO chief announces surprise move to stand down (The Lancet: 31 August 2002)

To
PHA
Exchange →

Sent
7/9/02

Subject: WHO chief announces surprise move to stand down (The Lancet: 31 August 2002)
Date: Thu, 5 Sep 2002 20:41:07 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@yahoo.com>
Date: Thu, 5 Sep 2002 20:41:07 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@...>

WHO chief announces surprise move to stand down

The Lancet: 31 August 2002

WHO Director-General Gro Harlem Brundtland dropped a bombshell on Aug 23 by announcing that she will not stand for re-election when her 5-year term expires next July. The former Norwegian prime minister said she had informed the chairman of the Executive Board-- Burma's deputy health minister Kyaw Myint--that she would "not be a candidate for nomination" when the board makes its choice in January.

"My decision to complete my work as Director-General at the end of my current term reflects the fact that I have had leading positions in political and public office for nearly 30 years, and would be 69 at the end of a second term", she stated.

The news shook the UN community in Geneva out of its summer slumber and set WHO corridors abuzz. The US diplomatic mission to the UN lauded Brundtland for bringing "new strategic direction". The British Medical Association (BMA) lamented her departure as premature. "Identifying the problems was the first achievement, implementing them is the second thing, and you need more than 4 or 5 years to achieve that", said BMA spokesman Nigel Duncan.

Brundtland associates said she wanted to spend more time with her three children and nine grandchildren in Norway, and has become weary with the travel. She is currently in southern Africa to discuss the humanitarian crisis and for the World Summit on Sustainable Development. She then attends meetings in Jakarta, Copenhagen, Washington, Cairo, and Brazzaville.

Some WHO officials speculated that their boss was tired of being criticised and was bogged down by reforms. These were intended to make WHO more efficient and open but have led to low morale and constant changes in senior management, disparagingly called the "Harlem Shuffle" by insiders.

Brundtland took office in July, 1998, when the agency was at an all-time low. She replaced Japan's Hiroshi Nakajima, who was widely criticised for poor management and lack of direction. She vowed to place health on the international development agenda, to find new partners to reduce the reliance on governments, and to make WHO more responsive.

"WHO is solidly on track to fulfil the many demands being placed on it", said Brundtland in her resignation notice. "The critical role of health in development has gained wide acceptance. The world has turned its attention to our priorities", she declared.

There is widespread agreement that Brundtland successfully combined her political savvy from her 10 years as prime minister with her zeal as a clinician to catapult health up the international agenda. This was not least through her Commission on Macroeconomics and Health, which reinforced the view that health is a prerequisite for, rather than the result of, development.

But away from the declarations at summits and in policy documents, WHO struggled to improve its infamously ineffective country representation and aid national health systems.

Brundtland ushered in new initiatives such as Roll Back Malaria and pioneered partnerships, such the Global Alliance for Vaccines and Immunization, with private organisations such as the Gates Foundation.

This opened up new sources of funding, but weakened WHO's grip. "There are other powerful partners in health these days, from the Gates Foundation which has injected welcome resources into the health sector, to the pharmaceutical companies who are making donations of drugs--all of whom are influencing international policy", commented Gill Walt, professor of international health policy at the London School of Hygiene and Tropical Medicine.

Brundtland's embrace of the drug industry has proved most controversial. Health activists charge that WHO has sold its soul to big business and has hidden in the shadow of non-governmental organisations (NGOs) such as Médecins Sans Frontières on access to essential medicines. Brundtland allies counter that WHO's quiet negotiations with pharmaceutical companies have done as much to slash the price of antiretrovirals as the more confrontational tactics of NGOs.

RN
7/9/02

WHO-WHA file →

RN
9/9/02

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Environment secretary Margaret Beckett, Britain's lead negotiator at the 10-day meeting, which was attended by more than 100 world leaders, said that the result was a "victory for everyone".

"The overall result of the summit is truly remarkable. We had to give it our best shot to get the best deal we could and we did. I am in no doubt that our descendants will look back on this summit and say we set out on a new path."

But Oxfam said the outcome fell far short of what was needed to address global problems of poverty and environmental degradation. "After nine days of bluster the world gets some gains on a few issues and on sanitation for the poor. But overall the deal is feeble. It is a triumph for greed and self interest, a tragedy for poor people and the environment," said Andrew Hewett.

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The most significant achievement is recognised as the target of halving the number of people - 1.2 billion - who lack access to safe water and sanitation. This is expected to save millions of children who die each year from diarrhoea and malaria.

Other achievements are recognised to be targets for reversing the extinction of species and restoring fish stocks. Both have been hailed by governments, but criticised by environment groups for being weak and unenforceable.

Andy Atkins for Tearfund, a church-based charity, summed up the disappointment of many British groups: "In the race to tackle worsening global poverty and environmental destruction, the summit merely inched forward when a giant leap was needed. Some politicians have played poker with the planet and the poor, trading progress in areas such as sanitation against other areas like energy".

However, there was good news last night from China and Russia, which both answered Tony Blair's challenge of the previous day to ratify the Kyoto agreement on climate change. This means the treaty is on course to become law by the end of the year and further isolates the US, now with Australia the only rich country to refuse to sign up.

The EU, which fought hardest for a binding agreement on renewable energy, but was finessed by a coalition of Opec and US industry interests, said last night it would rally like-minded countries to increase the use of renewable energy and set strict deadlines.

Early analysis suggests that no new money has been pledged for aid or debt relief, two of the issues that have most exercised leaders of developing countries.

"This summit has delivered absolutely nothing of any substance that will offer hope to the half of the planet that lives on less than $2 a day," said Barry Coates of the World Development Movement.

However business, which has been promoted to a central position in world development by the UN, was cheerful about its new role. "Business and industry is determined to play its part in making the priorities for action and targets on sustainable development work," said a spokesman for Business Action for Sustainable Development, a grouping of the world's largest companies.

++++++++++forwarded by:

RM 9/9/02 9/9/02

PHA Exchange →

Subject: PHA-Exchange> Israeli army prevents medical services in Nablus
Date: Sat, 7 Sep 2002 23:08:44 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Palestine Monitor" <palmon@hdip.org>

> The Palestine Monitor,
> A PNGO Information Clearinghouse
>
> Information Brief
> Israeli army prevents medical services in Nablus
> September 6, 2002
>
> The humanitarian situation in Nablus is growing increasingly critical as all
> medical services are currently paralyzed by the Israeli army. Since this
> morning, tanks are surrounding and blocking all access to the Rafidia
> hospital (the regional hospital), the Palestinian Red Crescent and the
> Palestinian Medical Relief. One of the Palestinian Medical Relief ambulances
> is stuck inside the premises of the Rafidia hospital unable to move.
>
> Nablus has been under curfew for 77 continuous days; the population has only
> been allowed to leave their houses for few hours during this period. Five
> internationals who were in Nablus yesterday were arrested by the Israeli
> army and taken to the Ariel settlement. The army announced that the five
> will be deported and so will all other internationals they find in the city.
>
>
> Dr. Mustafa Barghouthi, President of the Palestinian Medical Relief said
> today: "The situation is very critical in Nablus; people have been living
> under constant curfew for almost three months and are now being denied
> access to medical treatment. The arrest of five internationals in Nablus
> yesterday shows that the Israeli army wants to hide its actions. We demand
> immediate international intervention to stop these dangerous and inhuman
> actions of the Israeli army".
>
> For more information contact The Palestine Monitor
www.palestinemonitor.org
>
> Palestinians killed this week: 17
> Total number of Palestinians killed since September 2000: 1872

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RM
9/9/02

PHA Exchange →
9/9/02

Subject: PHA-Exchange> Africa GM Food Controversy Heats Up
Date: Sat, 7 Sep 2002 23:23:16 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

--From: "Mark Covey" <MarkC@panoslondon.org.uk>

> New Panos Information Resources on GM Food aid and GM policy in southern Africa
>
> On August 16th 2002 the Zambian government announced that it would not
> accept 27,000 tonnes of food aid from the US to feed about two million of
> its people threatened by famine, because the food contained genetically
> modified (GM) grain.
>
> Zambia's rejection of the food aid resulted in a stormy international
> debate. International organisations including the Food and Agriculture
> Organisation, the World Health Organisation and the World Food Programme
> urged Zambia to accept the aid, while the EU, UK officials and many NGOs
> including a grouping of African civil society organisations criticised the
> US for putting such pressure on Zambia.
>
> The issue throws a spotlight on the crucial question of whether countries
> can make their own decisions about introducing GM crops - and make their
> decisions freely after a process of discussion, weighing benefits and risks
> in the national context and consulting the wishes of their people.

> Debate is proving as heated and difficult in Zambia as in many other
> countries: feelings are very intense, and appear to be predominantly against
> GMOs, so that voices arguing in their favour sometimes have difficulty
> getting a hearing.
>

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PHA-Exchange →

RN 9/9

released 9/9/02

Subject: Sept. 11 shedding light on stress : Scientists find millions in U.S. suffer lingering trauma
Date: Mon, 9 Sep 2002 12:39:57 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@yahoo.com>

Sept. 11 shedding light on stress :

Scientists find millions in U.S. suffer lingering trauma

William Booth The Washington Post *(From International Herald Tribune : Monday, September 9, 2002)*

WASHINGTON If the goal of terrorism is to sow terror and its offspring of fear, numbing, anxiety and depression, then the question is: How successful were the Sept. 11 attacks?

Within days, scientists began to probe the mental health consequences of the worst mass trauma the United States experienced since the Kennedy assassination, seeking to learn what happened not only to survivors and rescue workers in New York and Washington, but also to those millions whose exposure came solely through watching television.

Their studies illuminate the impacts of trauma on a culture saturated with disturbing news footage. Their data, still emerging, point to both the resiliency of the human brain and its vulnerabilities: Huge numbers of Americans - as many as nine in 10 - felt symptoms of stress after the attacks, but most of them were feeling normal within a few months. Still, a significant minority remain deeply distressed, and through them scientists are further tracing the arc of shared disaster.

"What we are learning is that the ordinary person is not so ordinary - that people can survive things they didn't think they could," said Dennis Charney, chief of the mood and anxiety disorders research program at the National Institute of Mental Health in Bethesda. "But people also need to understand what trauma can do. Stress changes the brain. Stress changes the body. It is real."

Fran Norris, a psychologist at Georgia State University, reviewed the scientific literature of "disaster studies" published over the last two decades - surveys that included 50,000 victims, of hurricanes and floods, of Three Mile Island and the Exxon Valdez, of school and office shootings, of the Oklahoma City bombing and other calamities. What Norris found is that the trauma created by intentional violence was much more pronounced.

"Mass violence was, by far, the most disturbing type of disaster," she said. Of the population samples that directly experienced mass violence, 67 percent were severely impaired, meaning apparently suffering from clinical anxiety or depression or other mental illnesses, compared with 42 percent from natural disasters. The trauma from the Sept. 11 attacks was penetrating: In the days and weeks afterward, about 90 percent of Americans reported symptoms of stress, and about 40 percent of the population gave answers that suggested "severe" distress, according to work by Mark Schuster, a psychologist with the Rand Corp. And surveys by the National Opinion Research Center at the University of Chicago found a similar post-attack spike in distress symptoms, such as loss of sleep and appetite, crying, inability to concentrate, increased alcohol and tobacco consumption, and feelings of heightened anxiety and emotional numbness.

What is becoming clear is that for those whose trauma of Sept. 11 was direct - who knew someone killed or injured in the attacks - there may be lingering and profound psychological implications, especially among those who were already suffering from anxiety or depression.

Researchers now estimate that these Americans number in the millions.

Last month, a psychologist, William Schlenger, and his colleagues at the Research Triangle Institute in North Carolina published the first post-Sept. 11 study of clinically significant psychological distress and post-traumatic stress disorder in New York, Washington and the nation as a whole.

"We estimate, based on our survey, that more than 10 million Americans knew a friend, a family member or a co-worker who died or was injured in the attacks," said Schlenger, whose study was published in the Journal of the American Medical Association.

"You've got about 2 million of those people in New York, another 500,000 in the Washington area and the other 7 million-plus around the country," he said. "You have an elderly woman in Des Moines. She is watching TV. She's proud of her granddaughter who works in the World Trade Center and sees an airplane crash into the building and sees the tower fall, live, as it is happening.

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"It is an experience we've never had before, and millions of Americans had it." Based on their surveys, Schlenger and his co-authors estimate that more than 500,000 people in the New York metropolitan area may have developed post-traumatic stress disorder as a direct result of the September attacks. About 11 percent of the respondents from the New York area reported symptoms consistent with the disorder, which is about three times the national average. If the researchers' estimates are borne out over the coming months, as measured by visits to doctors and clinics, this incidence will extract a steep price.

Post-traumatic stress disorder is a debilitating and lingering syndrome common among the survivors of rape or sexual abuse, violent attack and combat. Its symptoms include living in dual states of emotional numbing and hyper-arousal. Sufferers may experience intrusive memories and feel the sense of "dissociation," or being outside their bodies. They may be panicky, sweaty, quick to anger. They may be less than fully functional for years, and are more likely to succumb to a host of ailments, such as heart disease and diabetes.

"The numbers of presumed cases in New York of PTSD are significant and disturbing," Schlenger said.

For Washingtonians, however, the aftermath has been surprisingly dampened. By the Research Triangle Institute team's estimates, only 2.7 percent of the Washington-area population reported the same levels of presumed post-traumatic stress disorder. That figure is not statistically different from before the attacks.

Schlenger is not sure why. The Pentagon, he surmised, is more geographically isolated from the city than the World Trade Center towers were from New York; it is a military, rather than civilian, target, and the attack on the Pentagon did not produce the same devastation or the spectacular images of death, injury and destruction.

****

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E-mail: oxfamindia@vsnl.com Web-site: www.oxfamindia.org

Subject: PHA-Exchange> Halving hunger: the numbers
Date: Tue, 10 Sep 2002 03:07:44 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Today, a total of 792 mill people in dvping countries remain chronically hungry.
Around 3/4 live in rural areas, and more than 60% are women.
The cost of halving the No. of the hungry was estimated at U$60 bill over the 18 yrs from 1997 to 2015: just over $3 bill a yr in increased speding.
There are more chronically hungry people in Asia, but 18 out of 23 countries facing the most severe problems are African.
70% of Africans work in agric in some capacity. Aid to African agric has fallen by 40% since 1980.
A 1% increase in crop yields reduces the number of people living on less than $1 a day by between 0.6 and 1.2%.
Armed conflict and civil strife caused agric output losses in devping countries estimated at an average of $4.3 bill a yr between 1970 and 1997.
Between 1968 and 1998, intl trade in major foodstuffs inceased twice as fast as food production.
Agric trade is less than 10% of total world merchandise trade. Most --70% of both exports and imports-- is between developed cuntries (70% by transnationals; a small No. of these dominate major traded agric commodities).

Source: Food for All, Panos Inst., 2001

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PHA - Exchange →

RN
12/9/02

11/9/02

Subject: PHA-Exchange> PANOS - IS THE WB'S STRATEGY TO REDUCE POVERTY WORKING?
Date: Fri, 13 Sep 2002 08:33:16 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Mark Covey" <MarkC@panoslondon.org.uk>

> NEWS RELEASE - 12/9/02
>
> Newspeg: September 25-29 - World Bank / IMF annual meetings, Washington DC,
> USA
>
> REDUCING POVERTY: IS THE WORLD BANK'S STRATEGY WORKING?
>
> Three years after the World Bank and International Monetary Fund (IMF)
> introduced their Poverty Reduction Strategy (PRS) approach as the latest
> template for the world's poorest countries to get out of poverty, a new
> Panos report examines the progress so far and the arguments about whether
> PRS can succeed.
>
> For over 70 countries producing a Poverty Reduction Strategy Paper (PRSP),
> approved by the World Bank and IMF, is either a condition for getting debt
> relief, or a condition for receiving concessional loans and some aid. Since
> their introduction, PRSPs have been widely welcomed as the first serious
> attempt by the international community to put poverty reduction at the
> centre of development planning and finance and for embedding principles of
> countries "owning" their own development strategies. They have also been
> criticised by some non-governmental organisations (NGOs) as being merely a
> new name for Structural Adjustment Policies (SAPs) - the prescriptions of
> the 80s and 90s for opening economies and reducing government expenditure
> which failed to reduce poverty and allowed the gap between rich and poor to
> widen.
>
> Governments are required to develop their PRSPs with the participation of
> civil society. This has led to dialogue between government and civil society
> organisations on priorities for government spending dialogue which in many
> countries has been a new and valuable experience for both sides, even though
> it may be hesitant and imperfect at first. Governments are encouraged by the
> PRSP to commit themselves to poverty reduction and to focus on widely agreed
> basic factors for helping people out of poverty generally education,
> health and rural infrastructure. PRSPs are also starting to establish a new
> transparency, in which government budgeting and expenditure can be
> scrutinised by parliaments and public. The World Bank and IMF believe that
> this is a crucial factor in accountable and democratic governance, in itself
> a necessity for a government committed to reducing poverty.
>
> But some PRSP critics charge that the whole approach is fundamentally
> flawed. It is based on the premises that economic growth is the first step
> towards reducing poverty, and that this is achieved by opening economies to
> world markets and reducing government expenditure. These premises are also
> those of SAPs, which failed in the past. The critics hold that
> liberalisation in fact often increases poverty, and that the evidence that
> it leads to economic growth is unconvincing. Many countries' PRSPs are based
> on predictions for growth which are unlikely to be realised - even the

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World
> Bank and IMF, in their own review of PRSPs earlier this year, admitted
that
> many countries have given little detail about how they expect to achieve
the
> high growth rates needed.
>
> Yet the World Bank and IMF, and governments (under the influence of the
IMF,
> according to critics) are not allowing debate and alternative views on
these
> fundamental questions of economic policy. The participation in economic
> policy-making to which civil society is being invited in the PRSP process
is
> strictly limited.
>
> For PRSPs to succeed, there will need to be a strong sense of commitment
and
> "ownership" by governments and people. This report, which draws on
specially
> commissioned reports from Lesotho, Ethiopia and Uganda, points out that so
> far this sense of ownership is not very strong - partly because countries
> have not paid enough attention to the potential role of the media in
> informing people and stimulating engagement.
> - ends -
>
> The report is available in pdf or text format on the Panos London
website -
> <http://www.panos.org.uk/brieting/reducing poverty front.htm>
> http://www.panos.org.uk/briefing/reducing poverty front.htm.
>

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Subject: PHA-Exchange> The Upcoming PAHO/WHO Election
Date: Fri, 13 Sep 2002 08:58:14 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

>
> The Role and Future of Public Health in the Americas: Ethics versus
Economics
>
> Washington, September 12, 2002-- "The moment of truth for public
> health in the Americas has arrived. Do we remain under the heel of
economic
> determinism or do we value health as the means to enrich, empower and
> enhance our human and social capital?"
>
> That is the issue today, says Dr. Mirta Roses, current Assistant
> Director of the Pan American Health Organization, and one of two
candidates
> in the closely contested election for Director of PAHO that will take
place
> on Wednesday, September 25.
>
> PAHO is the oldest international health institution in the world
> and the World Health Organization's regional office for the Americas.
>
> Dr. Roses, a liberal Argentinian medical doctor, and the first
> female candidate for a major post in any Interamerican Organization in 100
> years, has spent 30 years in the field of public health, the last 18 of
> them at PAHO. Her conservative opponent is Dr. Jaime Sepulveda, a Mexican
> who works in the Institute of Public Health, and has less experience in
the
> delivery of technical cooperation and in United Nations activities.
>
> "For some people, health is an expenditure that has to be
> justified with economic arguments," asserts Dr. Roses. "This is a mistake
> that is too often made by opinion leaders and policy-makers. Economic
> calculations and financial considerations, although they must be
evaluated,
> should not be the driving force and over-riding criteria for the most
> important decisions about health.
>
> "Health programs are the reflection of the ethical decisions of a
> country. They mirror the value scale that is assigned to life and human
> development in general, and more specifically, the value of every person's
> life, particularly women and children, the elderly and the disabled.
>
> "For most people public health consists of giving more years to
> life and more life to the years. This holistic approach is about promoting
> good health and wellness, preventing and controlling risks, and having
> vaccines and drugs available to prevent or cure diseases when they appear.
> Improving the quality of life is the realm of the State. This was the
basic
> philosophy underlying the "Health for All" movement in the late 70s. But
> starting in the 80s it became increasingly necessary to demonstrate the
> economic value of health in order to receive or be allocated the level of
> resources either needed or deserved. I am against this approach."
>
> Dr. Roses went on to say that "almost every country's Constitution
> in the Americas enshrines the view that access to health is a right of the
> people. And yet although everyone knows that water is a basic element for
> the support of life, health and human dignity, it became essential to
[illegible]
> the cost-benefit relationship for communities to get water. But what is
not
> questioned (so long as someone pays for it) is the fact that as much water
> is
> needed to maintain the grass of a golf course in one day as to sustain the

PHA - Exchange>

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> needs of 100 families in one week."
>
> The Argentinian doctor added: "The result of the election for
> Director of PAHO on September 25 will determine whether acces to health is
> considered a fundamental right to be guaranteed for all or is only
> justifiable with the arguments of economic returns. My choice is clear."
>
> Pre-election predictions suggest that Mexico, the United States
> of America, France, Canada, and Colombia will vote for Dr. Sepulveda,
while
> Argentina, Brazil, Uruguay, Paraguay, Bolivia, Dominican Republic, El
> Salvador, Barbados, Jamaica and Cuba are in favor of Dr. Roses.
> Altogether, 38 Ministers of Health will be casting ballots, but many
> countries in Central and South America and the Caribbean have not yet
> indicated their position.
>

Subject: PHA-Exchange> A report from Ani Whibey in Brazil
Date: Sat, 14 Sep 2002 11:11:29 +0200
From: "Maria Hamlin Zuniga" <iphc@cablenet.com.ni>
To: <PHA-Exchange@kabissa.org>, "Qasem Chowdhury" <gksavar@citechco.net>, "Community health cell" <sochara@vsnl.com>, "IPHCWORLDWIDE" <IPHCWORLDWIDE@yahoogroups.com>
CC: "Aviva" <aviva@netnam.vn>, "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>, "Unnikru@Hotmail.Com" <unnikru@hotmail.com>

MPH UPDATE FROM BRASIL

September 10, 2002

For the past four weeks, PHM has doubled its efforts and participation in the National Campaign against ALCA and the use of the Space Base in Alcântara (CLA) Maranhão, by the USA military. The take over by USA military of the Space base would give them full control over all of Latin America, being situated as it is over the equator and at the entrance of the Amazon . Anyone caring for specifics, please write.

All of Latin America is into the Campaign with each country responsible for its own methods. Here in Brasil, PHM is part of the State coordination for Maranhão. Since April, we have worked to prepare the entire population for a PLEBLISCITO scheduled for the "Semana da Pâtria" (National Week), September 1 to 7; the 7th being Independence Day and the "Grito dos Excluidos" (Cry of the Excluded).

Gathering signatures for voting had us working day and night. The 3 questions on the slate were:
Should the Brasilian Government sign the Free Trade Agreement for the Americas (ALCA)?
Should the Brasilian Government continue participating in the negotiations of ALCA ?
Should the Brasilian Government hand over a part of our national territory -the Space Base in Alcântara- to USA military control?
All 3 questions had a "yes" and "no" square to be checked. All returns in the country were due in Monday, September 9th.

During this period, PHM delivered 100 copies of the Charter at various gatherings with explanation of its origin and our movement. Some of these groups included the Federal University, department of Nursing where we distributed copies of the Alma-Ata document also, Law Department, Human Rights Association, Church groups, Women groups and High School Students. We circulated a new flyer informing of our Global Campaign for 2003.

A new PHM committee is being born for Solidarity with Palestine. Study of the charter is stimulating enthusiasm for ACTION. We are in contact with the Palestine Ambassador and other Palestinian organizations here in Brasil, in order to organize for joint actions..

The National Coordinator of MORHAN, Artur Custódio M de Sousa, has sent for copies of the Charter. He received my address from Deolinda of AFIO who was with us at the WHA in Geneva. Artur is also on the Brasilian National Council for Health and a member of the Global Alliance for Eliminating Hansen Disease.
These copies are being sent, both by electronic mail and hard copies that have been printed

Copies of the Charter are in the hands of several National Organizations who are participating in the preparation for the World Social Forum in Porto

RN 18/9

TN/CMF → CM 20/9

PHA-Latin America file

RN 18/9/02

Subject: humanist movement]
Date: Tue, 27 Aug 2002 06:14:53 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Community health cell" <sochara@vsnl.com>

Dear Ravi,
Warm greetings.
In what context did you send me the attachements about the humanist movement?
If I recognize the signer SILO, we should have little to do with it. Silo organized his first groups in Chile in the 70s (if it is the same) and had a more mystic than political outlook on things.
Maybe I am wrong, but is a coincidence..
Hug
Claudio

PS: I need your advice: Should I post the Le Monde Diplmatique piece in pha-exch?

30/8/02

Dear Claudio

I passed on the note from Humanist Movement because they wrote to me out of the blue and my reply is enclosed. Since you know of them and as I have mentioned in my letter their understanding of health is too simplistic, we should ignore it for now / I see no reason why the Le Monde piece should not go into pha-exchange? If you have any doubts write to David Sanders or other reference point as well.

RM 29/8/02 Ravi

Ravi 30/8/02

Best wishes
Ravi

PHM-Claudio →
RN 19/9

Subject: FW: PHA-Exchange> Lancet: Violence against women - global scope
Date: Sun, 15 Sep 2002 14:36:58 +0600
From: Momena.Khatun@bd.britishcouncil.org
To: PHA-Exchange@kabissa.org

To
pha-exch
I would like to be a member of PHA-Exchange distribution list .I Dr. Momena Khatun , working as National Adviser. Nicare/ The British Council Dhaka, Bangladesh office.
Dr. Momena Khatun

-----Original Message-----
From: Peters, Gordon (Bangladesh)
Sent: 15 April 2002 13:02
To: Khatun, Momena (Bangladesh)
Subject: FW: PHA-Exchange> Lancet: Violence against women - global scope

Momena,
You may be on PHA distribution, but in case you are not thought this might be of interest.
Gordon

-----Original Message-----
From: Aviva [mailto:aviva@netnam.vn]
Sent: 12 April 2002 09:39
To: pha-exch
Subject: PHA-Exchange> Lancet: Violence against women - global scope

> *Violence against women: global scope and magnitude*
>
> *Charlotte Watts, Cathy Zimmerman*
> *Health Policy Unit, Department of Public Health and Policy*
> *London School of Hygiene and Tropical Medicine, UK*
>
> *Lancet Volume 359: 1232-37, Number 9313 - April 2002*
> *Available online as PDF at:*
>
http://pdf.thelancet.com/pdfdownload?uid=1lan.359.9313.editorial and review.
> *.20680.1*
>
<http://pdf.thelancet.com/pdfdownload?uid=1lan.359.9313.editorial and review
> *.20680.1&x=x.pdf* &x=x.pdf

> *"....Understanding gender-based violence and the appropriate case management*
> *of women with a current or previous history of violence are now recognised*
> *as core competencies for health workers. In the next six editions of The*
> *Lancet, different authors will discuss current challenges and debates on*
> *violence against women and public health.*
>
> *As an introduction, this article presents an overview of the different forms*
> *of violence against women to convey an idea of its global magnitude, and*
> *discusscharacteristics that distinguish violence against women from other*
> *forms of violence...."*

PHA Exchange → 9/18/02 10:07 AM

RN 18/9

RN 18/9

Subject: Social butterflies : McDonald's, Nestlé et al are rushing to get the latest business fashion accessory: a conscience
Date: Tue, 17 Sep 2002 22:21:26 +0530
From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
To: <unnikru@yahoo.com>

Social butterflies

McDonald's, Nestlé et al are rushing to get the latest business fashion accessory: a conscience

Felicity Lawrence
Monday August 19, 2002
The Guardian

Recent wet weather and the heat generated by preparations for the Johannesburg summit on sustainability have proved the perfect breeding conditions for a new species of corporate creature. Suddenly hatching out like fashionable butterflies at every seminar on development are directors of corporate social responsibility - or CSR, as they might write it on the T-shirt.

The must-have accessory for the CSR pack is a newly published company report on their employers' social performance, dressed up with colour photos of happy poor children in the developing countries where they do business, and arty close-ups of wild flowers which they will most definitely not be endangering by their activities.

The vogue for social responsibility in business has been around for some time - wearing, in the main, environmental clothes. But just going green was so-o-o early 90s. The anti-capitalist protests in Seattle made companies realise that they would have to do more to preserve their reputations.

In the past year, McDonald's, Rio Tinto, Nike, Nestlé and British American Tobacco have all produced "sustainability reviews" or CSR reports covering such issues as human rights, labour conditions and environmental impact.

McDonald's chief executive, Jack Greenberg, in his company's first social report in April, shared his vision of "how McDonald's will make the world a better place". Not much mention of nutrition, but lots of litter initiatives.

Nestlé CEO Peter Brabeck-Lemathe says his initial "sustainability review" is an effort to "describe our impact on the wellbeing of people and the planet".

Sustaining turns out to be a key part of the Nestlé business: "More than one million jobs were sustained by the Nestlé Group." Employment stats may not quite match your definition of sustainability, but how about this for a commitment to development? A large proportion of Nestlé factories are in developing countries even though less than a third of its business is, the report boasts. (Does the phrase "cheap labour" spring to mind?) Nestlé's statement on baby milk, meanwhile, reads like a list of promises not to do all the things campaigners have previously accused them of.

Rio Tinto, controversially included in the British delegation to Johannesburg - not least, according to international development secretary Clare Short, because of its "very bad history" - declares: "We recognise that our business can accelerate social change."

The trendsetters are bold enough to own up to their sins. BP, which has been ahead of the pack on CSR, wants you to know that it has killed five people in Papua New Guinea by mistake but that it "deeply regrets the suffering of all the people involved" and will not rest until it stops killing people by mistake.

A key part of CSR is to subject yourself willingly to the tirades of NGOs and campaigners. This is called dialogue with stakeholders. It may be painful but you can always say you don't agree with them at the end. The most uncool thing is to have to admit that "UK stakeholder inputs cannot be described as fully representative", as BAT's first ever social report did last month. The report declares "there is no such thing as a safe cigarette" and accepts "the popular understanding that smoking is addictive", but this fine display of self-flagellation came even though hardly anyone had spoken to its authors. "There was significant non-participation by government, pressure groups, health organisations and family and youth groups," it notes somewhat ruefully in a section on reporting limitations. Those nonparticipants were, it seems, uncertain about BAT's motives.

It is impossible not to be cynical about this latest fashion. It is no coincidence that the list of companies leading the way with CSR reporting reads like a roll call of the anti-capitalists' pet hates.

But while some of it is clearly greenwash - sophisticated PR aimed at anticipating and then deflecting broader criticism - the notion of CSR reporting represents a genuine effort to consider the wider role of business in civil society.

RM 18/9

To TN/CMF → CM 20/9

SN 18/9. Then PHA. Exchange

And even if companies only start doing it because they see the writing on the wall, then if auditing their performance on the environment or equal opportunities, say, stimulates them into drawing up policies to improve that performance, should we dismiss it completely?

One of the problems is that CSR reporting is so random. Some of it is independently audited, some of it not. Some of it covers a whole gamut of issues, some of it highlights only the areas with which the companies doing the reporting can feel comfortable.

The Department of Trade is in the middle of a major overhaul of company law. Directors currently have a legal duty to put a business's shareholder interests first; any consideration of the social impact of its activities looks likely to remain voluntary. The government could take the opportunity to make CSR reporting mandatory. If it were universal and independently verified, there might not be so much temptation to pull the wings off the butterflies.

++++++++++++++Forwarded By:

Dr. Unnikrishnan PV
Co-ordinator: Emergencies & Humanitarian Action, OXFAM INDIA
E-mail: unnikru@yahoo.com
Mobile: 91 (0) 98450 91319

++++++++++++++++++++++++++++++ CONTACT DETAILS ++
OXFAM INDIA
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Subject: **PHA-Exchange> "The lives of a generatineed to control the indiscriminate use of killer pesticides," warns an international expert.**
Date: Thu, 25 Jul 2002 21:23:56 +0700
From: "aviva" <aviva@netnam.vn>
To: pha-exchange@kabissa.org

From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>
Urgent : PRESS RELEASE
Bangalore, India: 25th July 2002
Greenpeace , Toxics Link, Community Health Cell
CorpWatch India, Thanal, Paryavaran Suraksha Samiti

"The lives of a generation are at stake.
Efforts needed to control the indiscriminate use of killer pesticides," warns an international expert.

Tossing a ball is fun. But if a large number of children fail to catch it, it is not a child's play, especially if the poor coordination is a result of exposure to pesticides. Recent studies amongst the Mayo tribe in the Yaqui valley of Mexico have made startling revelations. "Children are the worst affected. Pesticides, used indiscriminately as a catalyst for the Green revolution have put the lives of a whole generation at risk. We have lessons to learn and it is a costly warning signal," said Dr. Elizabeth A Guillette, a renowned anthropologist and visiting professor at the University of Florida.

Dr. Guillette, perhaps one of the first scientists who studied the fallout of the pesticides poisoning found "mental and physical deficits" amongst children exposed to pesticides and chemicals. "Pesticide-exposed children were not able to play and lead a normal life. The exposed children also had poor co-ordination and balance, memory problems and high infections rates," said Dr. Guillette. She is in town to address a group of health, environmental and labour activists, medical experts and mental health professionals who are coming together for a three day event - CHESS-2 (Community Health Environmental Survey Skillshare) at Bangalore from 26th-28th July, 2002. The skillshare aims to equip people from or working with pollution impacted communities to assess community health, and use the data for planning immediate and long-term health care interventions, stopping pollution, and making the polluter pay.

Her observations and warnings will be the central theme for this national event that will be attended by over 75 people from across the country. A key highlight of this event will be the personal testimonies of common people (pollution-impacted people) from some of the toxic hotspots in India. Studies show that children are among the most vulnerable to chemical poisoning. However, health and environmental policy in India continue to be dictated by commercial interests rather than scientific evidence. According to Dr. Kabra of the Indian Institute of Health Management, Jaipur, an estimated 8,000 babies are born with neural defects each year in Rajasthan just because of the pesticide residues in food.

PHA - Exchange

Concern among environmental activists and public health professionals over the increasing health impacts due to pesticide pollution and its irreversible damage on children's health has been unprecedented. "Today, the medical establishment is incompetent and ill equipped to deal with Bhopal-like scenarios. There is an urgent need to involve local communities in educating and preventing such fallouts, and preparing for disasters in the unfortunate event that they happen," said Dr. Thelma Narayan, a public health expert associated with the

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PHA - Exchange

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People's Health Movement, a global coalition.

For the multibillion-dollar pesticide industry, though, public health and health of future generations has been only secondary to the health of its balance sheets. "The ongoing efforts by the industry to cover up the endosulfan poisoning cases in Kasaragod, Kerala and Kokkada, Karnataka exposes the extent to which pesticide manufacturers are prepared to go to put profits ahead of people," said Dr. Narayan.

The studies and advice of Dr. Elizabeth comes at a most appropriate time when reports from places around the country suggest that we may have many Yaqui valleys in our own backyards.

Three weeks prior to the Earth Summit in Johannesburg, this national event once again highlights the lack of progress made since Rio in preventing pollution, safeguarding public health and holding polluters liable.

Dr. Thelma Narayan Manu
Gopalan
Community Health Cell
Greenpeace

Subject: Re: humanist movement]
Date: Fri, 30 Aug 2002 17:59:13 +0530
From: Community Health Cell <sochara@vsnl.com>
To: Aviva <aviva@netnam.vn>

Dear Claudio,

I passed on the note from Humnist Movement becuse they wrote to me out of the
blue and my reply is enclosed. Since you know of them and as I have mentioned in
my letter their understanding of health is too simplistic, we should ignore it
for now.

I see no reason why the Le Monde piece shoulld not go into PHA -Exchange? If you
have any doubts write to David Sanders or other reference point as well.

Best Wishes,

Ravi Narayan.
CHC / PHM

Aviva wrote:

> *Dear Ravi,*
> *Warm greetings.*
> *In what context did you send me the attachements about the humanist movement?*
> *If I recognize the signer SILO, we should have little to do with it. Silo organized his first groups in Chile in the 70s (if it is the same) and had a more mystic than political outlook on things.*
> *Maybe I am wrong, but is a coincidence..*
> *Hug*
> *Claudio*
>
> *PS: I need your advice: Should I post the Le Monde Diplmatique piece in pha-exch?*

PHM-Claudio?
→
RN
19/9

DGS

Did you send Claudio my reply to Humanist Movt and Ravi reply to that Please check

Sent on 23/8/02 Fri

RN
2/9/02

Gianluca Terrasconi of Association Human Development — wrked CHC on 18/8 — humandvlpp@ychoo.co.in

Subject:
Kind Attn: Dr Ravi Narayan
Date:
18 Sep 2002 05:07:27 -0000
From:
"vasudevan vishnu nair" <nvnair5@rediffmail.com>
To:
sochara@vsnl.com

Dear Dr Ravi

Greetings from Health Action!

May this find you in the best of health and cheer!

Received your email. We have published reflections by Caludio Schuftan under the title "Key Statements" in the December 2000, Vol 13. No.12 issue of Health Action.

Regards

N Vasudevan Nair
Editor-in-charge

Claudio file →

RN 18/9

DGS - Send this to Claudio

Let 20/9/02 Avi

RN 24/9

RN 15/9

Subject: Claudio Schuftan Hanoi
Date: Sat, 5 Oct 2002 14:17:02 +0700
From: "Aviva" <aviva@netnam.vn>
To: <nvnair5@rediffmail.com>
CC: "Ravi" <sochara@vsnl.com>

Dear Vasudevan,
Ravi sent me copy of email re the printing of my reflections (key statements)
in Dec 2000 (13:12) issue of HA. Can you kindly mail me a copy ?
C Schuftan
IPO Box 369
Hanoi, Vietnam.

Cordially
Claudio

Can you put me in the mailing list of HA to get it regularly?

4
5/10/02

RN
5/10

RN
5/10

Claudio fu →

Subject: Schuftan Hanoi
Date: Sat, 5 Oct 2002 15:21:41 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Manthrithilake, Herath (IWMI-HQ)" <h.manthri@cgiar.org>
CC: "Ravi" <sochara@vsni.com>

Dear Hans, Finally back in Hanoi. Unfortunately, I will have to go to Kunming in China on the 13th so will not be able to attend the Conference you kindly invited me to. Let me thank you fullheartedly.
With regrets
Claudio

5/10/02

Claudio file →

RN 8/10

RN 5/10

Subject: PHA-Exchange> Palestine: Two years of Intifada
Date: Sat, 5 Oct 2002 12:25:21 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> Today marks the second year of the current Palestinian uprising against the
> Israeli occupation of the Palestinian territories and the repression of the
> Palestinian people. During the last two years, the Israeli response to the
> Palestinian people's struggle for internationally recognized right to
> self-determination and towards an end to the Israeli colonization of their
> land has grown increasingly violent and aggressive. In September 2000,
> Palestinians were met by Israeli soldiers firing rubber-coated-metal bullets
> and live ammunition, today nearly all the West Bank towns have been fully
> 're-occupied' by the Israeli army and have been placed under strict
> military-enforced curfew. In Gaza, the population is bracing itself for an
> imminent reoccupation.
>
> More than 1,914 Palestinians have been killed by Israeli soldiers, settlers
> or police since September 2000. Also counted among these are those who died
> as a direct result of the Israeli occupation, i.e. those denied access to
> life saving medical treatment when ambulances were stopped and turned away
> at checkpoints, and the unborn babies who died when their mothers could not
> reach hospital because of closure or curfew:
>
> · 71 Palestinians have died after being prevented access to medial
> treatment, 21 of those were children, 13 were newborn babies.
> · 169 have died in extra judicial assassination attacks, of these 31 were
> bystanders at the time and 44 were "unintended" victims killed as they were
> with the victim. 22 were children.
> · 22.5% were aged 18 or younger, i.e one out of every five killed
> · 60% were shot with live ammunition
> · 85% were civilians or not involved in any violent action or attack at the
> time they were killed
> · 17 medical personnel were killed while on duty
>
> An estimated 41,000 Palestinians have been injured in the same period: 2,500
> of those are permanently disabled, 500 of whom are children
>
> The prolonged Israeli closure of the Occupied Territories has destreoyed the
> Palestinain economy and lead to serious damage to infrastructure and civil
> society:
>
> · 75 % of the Palestinian population live in poverty (less than US$ 2 per
> day) and unemployment has reached 65%.
> · 30% of children under 5 years of age suffer from chronic malnutrition, 21
> % from acute malnutrition
> · 45% of children under 5 and 48% of women of childbearing age suffer from
> moderate to mild anemia
> · During the first 15 months of the Intifada the occupation caused physical
> damage amounting to US$ 305 million. During the month long invasion in

PHA Exchange >
RN
10/10

RN
10/10/02 RM

March
> *and April 2002, the Israeli army destroyed and looted US$ 361 million*
worth
> *of property*
>
> *This violent and dangerous occupation regime is now being met by a popular*
> *non-violent resistance, including peaceful marches in the streets with*
> *people protesting the three-month long curfew regime, the siege and the*
> *continued killing of innocent people.*
>
>
> *For more information contact Palestine Monitor, see*
www.palestinemonitor.org

Subject: PHA-Exchange> UN reform right from the top .
Date: Sat, 5 Oct 2002 13:44:55 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

>
> *Kofi Annan calls for reform at the United Nations, asks officials to*
> *simplify their labyrinthine procedures*
>
> *By RANJAN ROY, Associated Press Writer*
>
> *UNITED NATIONS - Countless committee meetings, fat reports written in*
> *dense language, reams of paperwork that tie up a complex web of officials.*
>
> *That's not a critic's cynical view of the United Nations. It's what the*
> *U.N. Secretary-General Kofi Annan himself says about the world body in a*
> *report released Monday on the need for reform. "We must be prepared to*
> *change with the times - constantly adjusting to new conditions and new*
> *needs," Annan told a news conference at U.N. headquarters.*
>
> *Calling on his officials and the 190 member nations to help redraw*
> *priorities, Annan's report to the General Assembly prescribes*
> *streamlining various departments, simplifying labyrinthine procedures,*
> *firing or retraining staff and recruiting more skilled people.*
>
> *"Activities which are no longer relevant must be dropped, while on new*
> *issues ... the U.N. must deepen its knowledge, sharpen its focus and act*
> *more effectively," the 55-page report said.*
>
> *According to the report 15,484 meetings were held by various U.N. bodies*
> *and 5,879 reports were issued in 2000 and 2001. Most U.N. reports appear*
> *in the six official languages of the United Nations.*
>
> *"But it must now be clear to everyone that the international agenda has*
> *become overloaded with such meetings," the report says, warning that*
> *"summit fatigue" had set in both among the general public and governments.*
>
> *"We are not saying conferences are obsolete or should be abandoned. But*
> *there could be other ways of organizing these conferences," Annan told*
> *reporters.*
>
> *He advocated more planning ahead of conferences so that all the*
> *documents are ready before delegates meet. Otherwise, he warned "you*
> *come up with a document with is an agreement on the lowest common*
> *denominator."*
>
> *The report added that even larger countries find it difficult to*
> *participate in and keep track of all such meetings.*
>
> *Annan said U.N. reports, which often run into hundreds of pages of*
> *dense, technical prose, should now have size limits and be written in*
> *"simple, crisp language."*
> *Annan began a major effort to overhaul U.N. operations when he took*
> *office five years ago, a key demand of the United States and other*
> *members. He has continued his effort during his second five-year term*
> *that began in January.*
>
> *Annan also said the fight against international terrorism will remain at*
> *the top of the U.N. agenda, along with the priorities spelled out in the*
> *Millennium Declaration adopted by more than 150 world leaders in*
> *September 2000.*
>

PHA Exchange →

RN
10/10

RN
10/10/02 RN

> The Millennium Summit targets include cutting in half the proportion of
> people living on less than one dollar a day, ensuring that every child
> goes to primary school, and reversing the AIDS epidemic by the year 2015.
>
> To create a leaner organization, the United Nations may for the first
> time start offering golden handshakes for staffers whose jobs are
> redundant, the report said.
>
> It said its Department of Public Information will be trimmed and many of
> the 71 U.N. Information Offices worldwide will be closed and subsumed
> into regional hubs.
>
> As a first step, 13 such offices in Western Europe will be consolidated
> into one regional information center.
>
> More than 5,000 people are employed in the 35-story U.N. headquarters in
> New York. Hundreds of thousands of others work full-time, part-time or
> as consultants worldwide.
>
> However, Annan's plan does not envisage a lower budget, a U.N. official
> said. Money saved in the restructuring would be used to retrain staff
> and improving the organization's information systems, the official said.
>
> For 2002-2003, the regular budget is $2.625 billion, up $90 million from
> the $2.535 billion in 2001-2002.

Subject: PHA-Exchange> Conference on poverty, food and health
Date: Sat, 5 Oct 2002 14:59:11 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "PFH2003 - International Conference" <pfh2003@tvtcl.pt>
http://www.pfh2003.org

Conference Announcement and Call for Papers

Dear Colleague:

Thank you very much for your interest in the International Conference Poverty, Food and Health in Welfare: current issues, future perspectives, which will be held in Lisbon, July 1-4, 2003.

The PFH2003 Conference will be the forum to emphasise the role of poverty on food security and health in welfare. The Scientific Programme has to face the challenge of dramatic socio-economic transformations while leading experts will analyse the burden of poverty, hunger and disease and the challenges to social policy in welfare. This Conference offers an outstanding opportunity for the discussion and dissemination of research findings, reviews and theory in all areas of common interest to researchers, health professionals, social scientist, policymakers, educators and students through plenary sessions, workshops, poster sessions and social gatherings.

We welcome your abstract submissions on a variety of topics related to the Conference themes and related issues. Electronic abstract submission, along with guidelines and instructions is available at the Conference web page:

http://www.pfh2003.org

In addition, feel free to share this email with colleagues who you think may be interested in this Conference.

We are looking forward to meet you in Lisbon.

On behalf of the PFH2003 Conference Organising Committee,

Sofia Guiomar

PLEASE DO NOT REPLY DIRECTLY TO THIS MESSAGE***

PHA-Exchange is hosted on Kabissa - Space for change in Africa
To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Nov. Meeting

PHM participation?
RN
8/10/02

RN
8/10/02

PHA Exchange
RN
18/10 →

Subject: Re: Claudio
Date: Tue, 08 Oct 2002 15:53:33 +0530
From: Community Health Cell <sochara@vsnl.com>
To: Aviva <aviva@netnam.vn>

Dear Claudio,

Greetings from Community Health Cell!

My trip to Hanoi is uncertain since Thelma is still recovering from a nasty attack of vestibular neuritis. If I do attend than it will be from 14th-16th - arriving on 14th late morning and departing on 16th afternoon because of the available flight connections from Chennai. So I shall miss meeting you both even if I do make it. A pity but in the circumstances extending or preponing the dates are just not feasible. CEHAT has also invited us for the Human Rights workshop since CHC and CEHAT have been collaborating on a host of issues in recent years. Thelma is on their Research Advisory Committee and I am the Convener of their Social Accountability group. The dates still not definitive, is unfortunately a month away from the Asia Social Forum 3-6th January, 2003, where we are still hoping some of you may be able to join in. See separate letter. It will be a repeat - but a larger gathering of the PHA-Calcutta type.
Any way whether you can make it or not, please keep Bangalore on your itinerary for the December visit and we can organize some PHM activity locally (also as the new secretariat perhaps by then!).

Best wishes,

Ravi Narayan
CHC / PHM

P.S: Regarding Mocumbi candidacy separate letter to Qasem, Pam, Halfdan and you follows.

Claudia file
RN
11/10

Aviva wrote:

> *Ravi, my firend,*
> *\Are you coming to Hanoi? When?*
> *I have to leave Sun 13 AM and will be back Sun 20 PM.*
> *Can you come a day before my leaving...or stay beyond the 20th? You are welcome to stay with us...or in our house while we are gone.*
>
> *My mtg with OXFAM/CEHAT in Mumbai was postponed to Dec 9-12. I still plan to come to Bangalore before or after that. Will you two be there?*
> *Clau*

Claudio

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From: "Aviva" <aviva@netnam.vn>
To: "Ravi" <sochara@vsnl.com>

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Clau

5/10/02

8/10/02 Ravi

RN 5/10

Urgent

8/10

Dear Claudia

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Anyway whether you can make it or not please keep Bangalore on your itinerary for the December visit and we can organise some PHM activity [illegible] the new secret

P.S. Regarding Mozambi candidacy separate letter to Qasem, Parr, Helpdesk and you follows

perhaps by Ravi
Best wishes from both
Ravi
CHC/IP

Subject: PHA-Exchange> New antiterrorist legislation and human rights
Date: Sat, 14 Sep 2002 00:40:05 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: <pambazuka-news-admin@pambazuka.org>

> *SEPTEMBER 11 - AND ITS IMPLICATIONS FOR AFRICA*
> *ROTIMI SANKORE*
> *(excerpts)*
> *No one in his or her right mind will deny that the key problems facing* Africa today are those of economic underdevelopment, poverty, lack of democracy and
> *human rights. The proportions are different in all countries but the* problems are the same. Without democracy and human rights, the problems of economic underdevelopment and poverty in Africa will never be fully addressed.
> *Prior to September 11, the rhetoric from a significant number of African* governments suggested that even if not fully committed to good governance, human rights and democracy, many of them at least recognised the need to be seen to walking in that direction. After September 11, such rhetoric did not necessarily diminish but became qualified with "recognising the need to fight terrorism". Many governments which for years have resisted the pressure from civil society to enact legislation, or adopt good practice upholding freedom of
> *expression, assembly, association and other key rights, have suddenly* began rushing through "anti-terrorism legislation" curtailing those same rights. In many of cases, the provisions of the laws are so broad that even peaceful and legitimate democratic opposition can be targeted as "terrorists".
>
Some countries have adopted or are at advanced stages of adopting "antiterrorist" legislation that restricts freedom of expression, association and assembly, could define certain peaceful activity as abetting terrorism, erodes the right
> *to a fair and open trial, legitimises arbitrary and prolonged detention,* and increases powers of surveillance. Many more African countries are openly considering similar legislation. Several Amnesty International reports document such an international cover for less democratic countries. In many cases, some of these laws adopted in Africa could have been
> *borrowed almost directly from US or UK laws.*

> *The direct implication of this is an "unholy and unlikely" alliance of a* variety of governments against civil liberties in the name of fighting terrorism.
> *Add to this the contradiction of key EU governments and the US* administration turning a blind eye to "allied" undemocratic governments while condemning others.
> *The war on terrorism should not and cannot be fought outside an ethical* framework. Any policies that sacrifice human rights for this war will only succeed in fuelling the conditions in which terrorists thrive.
> *African civil society needs to make it clear in policy and advocacy that* they are one hundred percent opposed to terrorism, but also one hundred percent committed to democracy. There is no contradiction in this. There is nothing
> *anti-American about upholding democratic rights. There should be* absolutely no doubt that any laws that curtail freedom of expression, association, assembly, and so forth in Africa will be used against democratic opposition and human
> *rights activists.*
It is therefore important to begin now to call for the immediate repeal of all provisions of anti-terrorism legislation that promotes the suppression of human rights and for a halt to such legislation in Africa. Not to do so may plunge Africa into strife and conflict from which it may never emerge.

PHM Exchange-

RN 16/9

RN 16/9/02

Subject: PHA-Exchange> Poor Human right situation - our observation
Date: Sun, 29 Sep 2002 07:33:44 +0530
From: "Mathura P Shrestha" <mathura@healthnet.org.np>
To: <laxmansharma@hotmail.com>, <gurungrb@hotmail.com>, <clerks@23essexstreet.co.uk>, <odelfabbro@aol.com>
CC: <gael@dhsp.wlink.com.np>

Dear All
We had been to Mid and Far Western Regions of Nepal for 3 weeks recently. I want to disseminate some concerns of the local people. These are really shocking:

1. One of the common compulsion the local people expressed - "All victims resulting from the 'actions' of security forces of the Government are labeled as 'Maoist' irrespective of any circumstance, and similarly all victims resulting from Maoist's 'actions' are labeled 'spies'". "Is there any thing like justice and common sense? Does a person have any thing like human rights after death ?" - They ask.

2. "The Maoists are underground in district headquarters and the government and workers and members of other parties are underground outside the district headquarters. We are forced to comply the security forces in the district headquarters and to Maoists outside these. Nobody cares the risks we run. We are used to swallow the insults and pains of human rights violations".

3. " We have cut-short 'justices' and legal aid is extremely difficult if not impossible. We are used to hearing many unpleasant news. It does not matter if these are believed. Who cares?".

4. "Everybody here wants ceasefire and dialogue for peace. Hope for these are the ones helping to keep us alive."

5. "If party workers and possible candidates are not able to visit or do not visit their constituencies how election will be possible?"

Regards,

Mathura P. Shrestha.

RM
11/10/02

Please fax or post by 1st August 2002

Feedback on the People's Health Assembly process

The People's Health Assembly process set out to achieve a number of objectives. The first few questions on this form are designed to get feedback from you about how much you think has been achieved so far. They should take only a few moments to complete.

The second section asks you to think about and reflect on your experience of the PHA process – before the Assembly in Savar, the Assembly itself, and anything that has happened afterwards. This also includes an opportunity to express ideas about what could have been done differently or better. This may take a little longer – five to ten minutes.

The final section asks for your suggestions about what should happen next, what the growing PHA Movement could be doing, what you think would be helpful to enable you to take the process further. Again, this might take five minutes or so. There are also a few optional questions at the end that could help us to better analyse the information.

Please take the time to complete this form and send it back. The feedback we receive will help the PHA Secretariat to plan for any future activities more effectively and will help to identify lessons that can be of use to others.

Part one:
(please mark an x in the box next to the answer that you think most answers the question)
To what extent do you think that the PHA process to date has:

1. helped to hear the voices of the unheard?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

2. communicated the idea of health as a broad cross-cutting issue?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

3. shared and improved knowledge, skills, motivation and advocacy for change?
☐ Very much ☐ Some ☐ Don't know ☑ Not really ☐ Not at all

4. improved communication among concerned groups and institutions?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

5. improved cooperation between concerned actors in the field?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

6. increased media interest in health/equity issues?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

7. increased the involvement of poor people in taking decisions that affect their health and well being?
☐ Very much ☑ Some ☐ Don't know ☐ Not really ☐ Not at all

Please fax or post by 1st August 2002

Part two:

8. How did you first hear about the PHA process?
☐ mailing ☐ e-mail ☐ website ☐ article in a newsletter
☐ word of mouth ☐ brochure
☐ other (*please specify*):

9. Why did you get involved in the process or attend the Assembly? (*If you give more than one reason, please give what you think is the most important reason first.*)

10. What do you think is the biggest achievement of the PHA process?

11. What for you is the most memorable or significant moment of the Assembly itself?

12. Was there anything else that you particularly liked about the Assembly?

13. What do you think was the least successful part of the Assembly?

14. Were there any other aspects of the Assembly itself that you think could have been improved or done differently?

15. As part of the process, have you met with and been able to link with people or organisations doing similar work that was not possible previously? (*If yes, please give an example.*)

16. After the Assembly, did you do any of the following?: (*please put an X in as many boxes as are relevant*)
☐ discussed the Assembly with colleagues
☐ held a meeting/workshop to share the outcomes
☐ translated the Charter (*please send a copy*)
☐ distributed the Charter to others
☐ wrote a report about your experience (*please send a copy*)
☐ wrote an article for a newsletter or journal (*please send a copy*)
☐ provided information to the media about the PHA/Charter
☐ got involved in an ongoing campaign
☐ contributed to an e-mail discussion
☐ put information about the PHA or the Charter on your website (*please provide your website address):*
☐ started a new campaign
☐ wrote/e-mailed or phoned someone you met at the Assembly
☐ other (*please specify*):

Please fax or post by 1st August 2002

17. Are you aware of any activities being carried out by others after the Assembly?

Part three:

18. What do you think is the most important thing for the PHA Movement to do now?

19. What could the PHA Movement do that would most help you in your work?

20. Is there anything that you are doing (or could do) that you think could contribute to strengthening the PHA Movement?

Please add any additional comments:

Optional questions:

O1. Is the organisation you work in/with a: (*please mark an X in as many categories as are relevant*)

- [ ] government ministry/department
- [x] non-governmental organisation
- [ ] academic institution
- [ ] donor agency/foundation
- [ ] health care facility
- [ ] network
- [ ] consumer organisation
- [ ] community based organisation
- [x] media/communications organisation
- [ ] consultancy/self-employed
- [ ] other (*please specify*):

O2. What country are you based in?

O3. Are you?: [x] male [ ] female (*please mark an X in one box*)

Q4. Would you like further information about?: (*please mark an X in as many categories as are relevant*)

- [x] results of this feedback study
- [x] other PHA activities
- [x] the work of Exchange

Please provide your e-mail address, fax number or current postal address if you have selected any of the above choices.

E-mail: sochara@vsnl.com

Fax: 00-91-80-5525372

Address:

Please fax or post this form by 1st August 2002 to:
Andrew Chetley, Exchange: chetley.a@healthlink.org.uk
Or by post or fax to:
Andrew Chetley, Exchange, c/o Healthlink Worldwide, 40 Adler Street, London E1 1EE, UK.
Fax: +44 20 7539 1580

R+I
17/9

Focus Profile

FEEDBACK ON THE PEOPLE'S HEALTH ASSEMBLY PROCESS

Part one :

(Please mark an x in the box next to the answer that you think most answers the question)

To what extent do you think that the PHA process to date has:

1. *Helped to hear the voices of the unheard?*

   Some

2. *Communicated the idea of health as a broad cross-cutting issue?*

   Some

3. *Shared and improved knowledge, skills, motivation and advocacy for change?*

   Not really

4. *Improved communication among concerned groups and institutions?*

   Some

5. *Improved cooperation between concerned actors in the field?*

   Some

6. *Increased media interest in health / equity issues?*

   Some

7. *Increased the involvement of poor people in taking decisions that affect their health and well being?*

   Some

Part Two

8. *How did you first hear about the PHA process? (All three sources in the same month)*

   ✓ Word of mouth
   ✓ Brochure (from Prem John (ACHAN). From Dr. Zafarullah Chowdhury at the South Asian Dialogue on Poverty and Health organized by CHC with WHO-HSD in November 1999 at Bangalore
   ✓

9. ***Why did you get involved in the process or attend the Assembly? (If you give more than one reason, please give what you think is the most important reason first)***

For the CHC team, it was the culmination of one of the long standing objectives of the Society – which was to support a people's health movement and a coalition for health (one of the dreams of the co-initiators of CHC in 1984 (RN & TN) when they moved out of their faculty positions in a medical college in Bangalore to support grass roots community health action.)

CHC was therefore actively involved in

State level
Karnataka / Tamil Nadu / urban community health groups

National level
National Coordinating Committee and National Working Group
+ booklet editor, resource persons

International level
Invitee to core organizational group
Resource persons for workshops at PHA

10. ***What do you think is the biggest achievement of the PHA process?***

The Charter that symbolizes a consensus document evolving out of an interactive gathering of health professionals and health and development activists and members of civil society from 92 countries – the largest consensus document in Health since Alma Ata declaration.

11. ***What for you is the most memorable or significant moment of the Assembly itself?***

Three significant ones:

i. The March to the National Memorial symbolizing the collective – public commitment
ii. The World Bank meets the people as an expression of both democratic dissent and democratic dialogue symbolizing the ability of the movement to take on the globalising force.
iii. The actual ethos of international interaction and collectivity undeterred by the differences of language, culture and perception.

12. ***Was there anything else that you particularly liked about the Assembly?***

Gonoshasthya Kendra (GK) did a fantastic job of hosting the Assembly – the rural ambience, the involvement of women's groups in the bamboo and cane cafeterias – the enthusiasm of local volunteers – the simplicity of arrangements and facilities.

13. What do you think was the least successful part of the Assembly?

a) Planning for documentation, communication and organization for after the event –
b) pre-assembly mobilization in many countries was limited to a few NGOs and individuals. Some proactive efforts by core organizing group and networks should have been thought off.

14. Were there anything else that you think could have been improved or done differently?

i. More space for people's voices even in workshops
ii. More space for 'action in health' initiatives.

15. As part of the process, have you met with and been able to link with people or organizations doing similar work that was not possible previously?

i. CHC works with 23 networks and several NGO partners in PHM Karnataka.
ii. CHC works with 18 National Networks in PHM India (NCC).

In both these situations, we had good working relation with 5-6 health networks but now we work with a large number of non-health networks including science movement, environment movement, women's movement and people's movement.

16. After the Assembly, did you do any of the following? : Yes. All the following

- ✓ Discussed the Assembly with colleagues at CHC and related Networks
- ✓ Held a meeting / workshop to share the outcomes –
- ✓ Translated the Charter into Kannada (Language of Karnataka State, India)
- ✓ Distributed the Charter to others – several copies by post, meetings handouts and by email.
- ✓ Wrote a report about your experience
- ~~Wrote a report about your experience~~
- ✓ Wrote an article for a newsletter or journal – several including Health Action, AEMP bulletin
- ✓ Provided information to the medical about the PHA / Charter including a) All WHO-Geneva staff Thru Allison/Eugenio b) Peoples of GFHR Forums (Background Documents) c) National Health Security Meeting (Delhi. d) HEN Meeting - ISHTM
- ✓ Got involved in an ongoing campaign – Female Suicide, Essential Drugs and Health as a Right Campaign (India)
- ✓ Contributed to an e-mail discussion
- ✓ Put information about the PHA or the Charter on your website
- ✓ Started a new campaign
- ✓ Wrote / e-mailed or phoned someone you met at the Assembly (several)
- ✓ Lobbied with WHO to take PHM seriously
- ✓ Presented PHM / charter at Public Health Training Centres in Chennai, Bangalore, London, Bergen, Stockholm, Copenhagen. including Nine

Star TV (NDTV) in India has aired programme here post Dhaka and post PHM Bangalore

several

17. Are you aware of any activities being carried out by others after the Assembly?

a. CHC has presently a file on many states in India (Karnataka, Tamil Nadu, Maharashtra, Kerala, Andhra Pradesh, Madhya Pradesh, Haryana, West Bengal, North East on PHM activities.

b. Through the WHO-WHA Circle of which I am Convenor and as a potential future PHM Secretariat (beyond November 2002), we are now in touch with PHM activities in the following countries : Bangladesh, Sri Lanka, Nepal, Iran, UK, USA, Latin America, Norway, Sweden, Denmark.

In the following countries – Bangladesh, Sri Lank, Nepal, Iran, UK, USA, Latin America, Norway, Sweden, Denmark.

In April 2002 – we did a six country – PHM – advocacy and lecture tour through Bergen, Norway, Stockholm, Sweden, Copenhagen, Denmark, The Hague, Netherland, Aachen and Frankfurt (Germany) and finally PHM Geneva, Switzerland.

18. ***What do you think is the most important thing for the PHA Movement to do now?***

    i. Build active network of networks (not just NGOs and individuals) in as many countries as possible
    ii. Lobby with WHO / UNICEF / GFHR / GFATM / World Bank / Donor governments on People's Health Charter formulations

19. ***What could the PHA movement do that would most help you in your work?***

    Support a good communication network
    - proactive, action oriented, interactive website and e-group.

20. ***Is there anything that you are doing (or could do) that you think could contribute to strengthening the PHA Movement?***

    i. Have offered to him the PHM secretariat from October-November, 2002.
    ii. Would actively promote work of WHO-WHA lobby circle including Alma Ata anniversary meeting
    iii. Support communication efforts at different levels – publications, website, e-groups, video/films etc., with a strong focus on campaigns and people's health action.

Optional Questions

1. Is the organization you work in/with a :

    - ☐ Non-governmental organization
    - ☐ Network
    - ☐ Media / communications organization
    - ☐ Ot6her – Policy research and training support group to community health action initiators among NGOs, networks, governments and civil society (CHC is reaching 20th milestone next year)

2. **What country are you based in?**

   India

3. **Are you Male or female**

   Male

4. **Would you like further information about?**

   Results of this feedback study
   Other PHA activities
   The work of Exchange

Please provide your e-mail address, fax number or current postal address if you have selected any of the above choices:

Email : sochara@vsnl.com

Fax : 0091-80-552 53 72

Address :
Community Health Cell,
367, Srinivasa Nilaya, Jakkasandra I Main, I Block, Koramangala, Bangalore – 560 034, India.

[NOTE : This has been filled both as Ravi Narayan (personal) and as CHC because all our team are involved at various levels of PHM support]

Subject: PHA Feedback
Date: Mon, 23 Sep 2002 16:00:51 +0530
From: Community Health Cell <sochara@vsnl.com>
To: chetley.a@healthlink.org.uk

Dear Andrew,

Greetings from Community Health Center!

We received your PHA feedback form in the mail on 27th August. CHC has been so involved in PHA at so many different levels (see our website www.sochara.com) that it was difficult to keep your 31st August deadline. We are sending the reply by email and posting the original with a bundle of books and papers as well. Sorry about the delay. Perhaps you already have our newsletter and booklets but don't leave us out.

Best Wishes,

Ravi Narayan
CHC / PHM

Attachment sent on 23/10/02 from

RN
24/9

PHM website file>

RN
23/10

exchange
A networking and learning programme on health communication for development

C/o Healthlink Worldwide
40 Adler Street
London E1 1EE
United Kingdom

Tel: +44 (0)20 7539 1591 Fax: +44 (0)20 7539 1580
e-mail: healthcomms@healthlink.org.uk
http://www.healthcomms.org

Hello,
The organisations that were involved in organising the People's Health Assembly have asked the Exchange programme to facilitate an evaluation of the process leading up to it, the Assembly itself, and the activities and events that have been happening since. As part of the evaluation, we are attempting to contact everyone who attended the PHA, and hope that you will be able to give us some feedback on how you viewed the experience.

To help with that, we have enclosed a short feedback form. Please take a few minutes to complete the feedback form and send it back to me by 31st August 2002. You can fax or post it back to me.

Also, if you have written anything about the PHA could you please send it along (even if it is in your own language). Part of the work of the evaluation is to help collect together the various materials that have been produced by different groups all over the world. These will ultimately be housed with the People's Health Movement secretariat as a record of the diversity and creativity that is at the heart of the movement.

Thank you.
Best wishes,

Andrew Chetley
Programme Director, *Exchange*
A networking and learning programme on health communication for development

c/o Healthlink Worldwide , 40 Adler Street, London E1 1EE, UK
Tel: +44 (0)20 7539 1591 (direct)
Fax: +44 (0)20 7539 1580
E-mail: healthcomms@healthlink.org.uk
http://www.healthcomms.org

13/9/02

Dear Andrew We received your PHA Feedback form in the mail on 27/8. CHC has been so involved in PHA at so many different levels (see our website www.cochara.com) that it was difficult to keep your 31/8 deadline. We ~~still~~ are ~~our email our~~ sending the reply early next week ~~if~~ by email and original with a bundle of books and papers as well. Sorry about the delay. Perhaps you already have our newsletter and booklets but don't leave us

Best wishes Ravi

2nd 27/8/02 hr

Subject: UNICEF and McDonald's
Date: Sat, 19 Oct 2002 17:45:35 +0530
From: Community Health Cell <sochara@vsnl.com>
To: Claudio Schuftan <aviva@netnam.vn>, pha-exchange@kabissa.org, wabaforum@pd.jaring.my

Dear Friends,

Greetings from Community Health Cell!

I fully agree with Zafarullah's suggestions. There is enough in the PANA news item to evolve a short, strongly worded letter to Ms.Carol Bellamy and send it out on PHM Secretariat letterhead after circulating a draft and getting WABA, HAI, CI, IPHC, WGNRR, ACHAN, DHF, GK okay - The G8 and PHM must respond immediately.

We have been in touch with UNICEF representatives and staff here over the last few months getting them to understand the UNICEF-anti Alma Ata perspective. We need a UNICEF lobby circle but lets begin with this letter. Who will take the initiative?

Best wishes,

Ravi Narayan
CHC / PHM

PHA Exchange →

RN
21/10

To find out Zafarullah's Ltr

Subject: PHA-Exchange> Report from WSSD, Johannesburg, Correction
Date: Thu, 3 Oct 2002 20:28:56 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Dear Colleagues,

Somewhat belatedly I have noticed that there was an error in this report which went out to you. Appendixes 1 and 2 should be in the opposite order. The current Appendix 1 (WSSD Global Forum: Health Commissions) should be Appendix 2. Current Appendix 2 (NAGNEC Health Declaration) should be Appendix 1.

Sorry for this.
David Sanders

PHA-Exchange is hosted on Kabissa - Space for change in Africa
To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

RM
3/10/02

Subject: PHA-Exchange> Report from WSSD, Johannesburg, South Africa
Date: Tue, 10 Sep 2002 12:10:56 +0200
From: "Lynette Martin" <lmartin@uwc.ac.za>
To: <iphc@cablenet.com.ni>, <PHA-Exchange@kabissa.org>

Dear Colleagues,

Below follows a report on the Johannesburg World Summit for Sustainable Development (WS:

I'm happy to answer any questions although I cannot provide much more detail.

In solidarity,
David Sanders
Southern Africa Coordinator, International Peoples Health Council
Southern Africa focal point, Peoples Health Movement

REPORT FROM WSSD, JOHANNESBURG, SOUTH AFRICA

1) Overview of WSSD politics

Early this year an unfortunate split occurred within the South African Civil Society/NG(
This split undoubtedly contributed to the very last-minute, poor organization of the Gl(
The breakaway group formed the Social Movement Indaba which held its own event (see lat(

2) Very late in the process - in early July - some Civil Society health activists (
The South African civil society grouping took responsibility for organizing the Health (

3) Social Movement Indaba (S.M.I.)

This group, initially a breakaway from the Global Peoples Forum, organized a teach in o(
The teach-in, a two day affair, was held at the University of Witwatersrand and attract(
Mira Shiva spoke on the second day. Although her focus was not primarily on the PHM, sh(

4) The Global Peoples Forum was held in distant, not very comfortable surroundings
On 30th August the health sector met in two commissions, one of which I chaired togethe(
We developed a consensus statement (Appendix 2) which went to the G.P.F. leadership for

5) On 31 August there were 2 marches from Alexandra (a poor black township) to San(
The S.M.I. had had a smaller march on Saturday 24 August during the teach-in. This was !

6) Stakeholder Forum

On the weekend of 24/25 August, at the same time as the G.M.I. I was invited to a very

7) WHO Symposium

On 31 August WHO and the S. African Ministry of Heath held a one-day symposium on "Heal(

After too many lengthy and boring official statements, the meeting - all in plenary - c(
Investing in health: the evidence, the action
Children's health and the environment
Research, human health and sustainable development: innovative partnerships for action

RN 5/10

DGS Rb get a better printout (complete edges) please

Intersectoral action in practice: programmatic examples of health and sustainable devel

In summary then, the WSSD was mostly a failure. The final declaration by Governments wa

I hope that this summary is useful for those who are interested. Others - such as Mira,

APPENDIX 1

WSSD Global Forum: Health Commissions
30th Aug 2002

Feedback to the Drafting Committee on the discussions on:

a) The Role of the State
b) Water, Sanitation and Primary Health Care in the context of Globalisation

Situational analysis

- Debt and globalisation are impacting negatively on the distribution of all reso
- Environmental degradation is increasing the burden of ill health
- Lack of knowledge about environment and health and hygiene are sorely lacking a
- Environmental services are a basic right which every citizen should enjoy
- Privatisation of services, including through public private partnerships, has b
- War and military occupation both severely restrict access to health and basic s

Priority issues

- Globalisation is driving inequity through privatisation of all public services
- Public Private Partnerships may reduce government deficits, but are impacting n
- Local involvement and public public partnerships for provision and governance o

Specific recommendations

- Scrapping of debt is a prerequisite for health improvement in poor countries
- The negative effects of privatisation of public services must be exposed to both
- Governments must be rendered accountable through evidence based advocacy and co
- Communities need to have control over the provision of health and other social
- The importance of the relationship between environment and health and hygiene n
- Learning and advocacy should be promoted at global level through interchange be
- Powerful governments must be called to account for continuing military occupati

Conclusion

- Unfettered globalisation threatens the planets environment and population healt

APPENDIX 2

NASREC HEALTH DECLARATION
C. HEALTH

1. Globalisation has fuelled impoverishment, ill health and marginalisation of the

2. Poverty, unemployment, hunger and ill health constitute a vicious cycle. The gr
Real poverty alleviation requires cancellation of this debt by all institutions, such a

3. The Primary Health Care (PHC) Approach as encapsulated by the Alma Ata declarat

4. Health services must be strengthened through new investments in infrastructure,
5. A focus on equity is required in the development of all health programmes and i
6. Women and girls bear a disproportionate burden of poverty and ill health as a r
7. International efforts to support greater funding for and implementation of HIV/
8. Children's health and particularly the welfare of orphans needs urgent attentio
9. Adoption of adequately resourced and comprehensive programmes must be fast trac
10. Health, reproductive and human rights should be provided for people with disabi
11. The governments of the world must take cognisance of the incidence and impact o
12. The effective role of civil society in health and development must be enhanced thro

APPENDIX 3

The Indaba Declaration
on Food, Nutrition, Health and Sustainable Development

We from Africa, Asia, the Middle East, Latin America, Europe and North America, from go

In the Zulu language 'Indaba' means 'meeting together for a common purpose, to agree on

THE BASICS

- Good health is a vital input to, and outcome of, sustainable development.
- Good health can be achieved only by addressing the underlying and basic causes
- The modifiable causes of health and disease are environmental.
- The nature and quality of food systems, and therefore of diet and nutrition, ar

THE ISSUES

Levels of environmentally determined diseases now amount to a global emergency, project

The triple burden now borne by almost all middle- and low-income countries of: nutritio

- Nutritional deficiencies and infectious diseases persist throughout the world.
- The effect of HIV-AIDS most of all in sub-Saharan Africa is catastrophic.
- Rates of many chronic diseases in middle- and low-income countries are soaring.
- Cancer, heart disease and stroke are now the leading causes of premature death
- Projections show a vast increase of chronic diseases, including obesity and dia
- On a population basis, no country has the resources to treat chronic diseases.
- In general, current political and economic policies are increasing the global b

A key immediate cause of all types of disease is grossly inadequate or inappropriate fo

The underlying and basic causes of disease are social, economic and political. These in

THE APPROACHES

On a population basis, the only rational approach to all types of disease is prevention

This approach must include the protection, development and creation of food systems tha

Information and education, including product labelling, are necessary but insufficient

Successful and accepted public policies for example concerning transport, energy, firea
The protection and creation of healthy food systems, integral to healthy environments a

THE ACHIEVEMENTS

We acknowledge Principle One of the Rio Declaration on Environment and Development, whi

We note that the agenda of the World Summit on Sustainable Development rightly indicate

We accept existing frameworks of understanding of causation of health and disease, such

We endorse the policy on infant and young child nutrition now adopted by WHO and all re

We support the WHO Global Strategy on Diet, Physical Activity and Health, and the draft

We applaud the decision of the International Union of Nutritional Sciences to set up a

THE ACTIONS

Many actions can now be taken that will have the effect of controlling and preventing a

We, the signatories to this document, have the capacity to act as follows. Inspired by

- To support the basic philosophy of the WHO global strategy and the joint FAO/WH
- To disseminate this Declaration on relevant websites and journals, in meetings
- To use our professional and national networks, and the Stakeholder Forum networ
- To advocate that the strategy be amplified, become holistic, and so include all

Signed

Benjamin Alli	International Labour Office	Switzerland
Gordon Baker	Stakeholders Forum	UK
Dolline Busalo	Helpage	Kenya
Geoffrey Cannon	World Health Policy Forum	Brazil
Larry Casazza	World Vision	USA
MK Cham	World Health Organization	Switzerland
Yvonne Clemen	Wellness InfoNet	South Africa
Elizabeth Danielyan	Women for Health	Armenia.
Farida Dollie	Human Rights	South Africa
Timothy Evans	Rockefeller Foundation	USA
Lars Friberg	Stakeholders Forum	Sweden
Christiaan Geldenhuys	Sweetspot	South Africa
John Goss	Cinnabar Global Circle	South Africa
Minu Hemmati	Stakeholders Forum	London
Johann Jerling	Nutrition Society	South Africa

George Kararach	UNICEF	Zimbabwe
George de Klerk	Department of Health	South Africa
Estelle de Klerk	Department of Health	South Africa
Salome Kruger	Potchefstroom University	South Africa
Lam Kok Liang	Consultant	Malaysia
Philip Makhumula-Nkhoma	University of Malawi	Malawi
Paul Rheeder	University of Pretoria	South Africa
David Sanders	University of the Western Cape	South Africa
Louise Sarch	National Heart Forum	UK
Andrew Seiter	Novartis	Switzerland
Tanay Sidki Uyar	Kadcs	Turkey
Marthinette Slabber	University of the Free State	South Africa
Louise Smith	Country Women of the World	South Africa
Peter Smith	Slow Food Movement	South Africa
Nelia Steyn	Medical Research Council	South Africa
Liz Thebe	Massive Effort	South Africa
Pamela Thole	Zamseed	Zambia
Anne Till	Anne Till Associates	South Africa
George du Toit	Society for Obesity	South Africa
Jantjie Tumi	Uthingo Management	South Africa
Hester H Vorster	Potchefstroom University	South Africa
Geroen Warner	Wageningen University	Netherlands

Sandton, South Africa
August 2002

Notes

Stakeholders. The stakeholders in this process include civil society, the health profes:

Food systems. This concept is holistic. Food systems include the whole process of produ

Chronic diseases. These are non-communicable diseases, either debilitating, disabling, «

[not to be printed: includes corrections 3.9 John Goss]

Prof David Sanders/Lynette Martin
School of Public Health
University of the Western Cape
Private Bag X17
Bellville, 7535
Cape, South Africa

Tel: 27-21-959 2132/2402
Fax: 27-21-959 2872
Cell: 082 202 3316

Subject: **Politics over science - Bush administration removed scientific info**
Date: Thu, 24 Oct 2002 13:51:05 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Ravi" <sochara@vsnl.com>

WASHINGTON (AP) - Two Democratic congressmen contended Monday that the Bush administration is putting ideology over science, citing appointments to advisory committees and the removal of information from Web sites.

Reps. Henry Waxman of California and Sherrod Brown of Ohio demanded explanations in a letter to Health and Human Services Secretary Tommy Thompson.

They complained that information about the effectiveness of condoms had been removed from a Centers for Disease Control and Prevention Web site; that experts serving on advisory committees were being replaced because their views do not match the administration's; and that HHS is singling out AIDS groups with probing audits.

In addition, they said, information showing that abortion does not increase the risk of breast cancer was removed from a National Institutes of Health Web site. ``Scientific information ... has been removed, apparently because it does not fit with the administration's ideological agenda,'' Waxman and Brown wrote.

They charged that ``ideology has replaced scientific qualifications'' as HHS chooses members of advisory committees. Among other examples, they pointed to a report on a CDC advisory committee on safe lead levels for children. The report found that nominations of respected academics had been withdrawn and replaced with consultants to the industry.

``We are deeply concerned that stacking advisory committees with individuals whose qualifications are ideological rather than scientific will fundamentally undermine the integrity of scientific decision-making at our leading public health agencies,'' the Democrats wrote.

HHS spokesman Bill Pierce said it is Thompson's prerogative to appoint whomever he chooses for advisory committees. By contrast, he said, Waxman and Brown ``would like all of us to follow their agenda, their liberal agenda, on these issues.''

``They should stop looking for conspiracy theories,'' Pierce added.

10/21/02 10:44 EDT

RN
24/10/02 Ravi

PHA Exchange >

RN
24/10

http://hst.org.za

Subject: PHA-Exchange> Situation in Southern Africa
Date: Wed, 23 Oct 2002 13:30:02 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Second Regular Session of UNICEF's Executive Board
16 - 20 September 2002
ESARO Regional Director's Presentation

Mr. Urban Jonsson

Mr. President

1. Eastern and Southern Africa continues to be plagued by deepening poverty, continued armed conflicts and an increasingly devastating HIV/AIDS catastrophe. Given current trends the Millennium Development Goals will not be achieved in the region, or in sub-Saharan Africa as a whole. And that means that these goals, endorsed by so many conferences, will not be achieved globally. In addition to all this, Southern Africa is experiencing a terrible crisis, manifested by extreme food shortages. It is important to understand that these different crises are interconnected and constantly reinforcing each other. I will come back to that later.

2. This year only two of the smaller countries in the region have submitted new Country Programmes of Cooperation - Botswana and Comoros. Apart from both having a relatively small population they are very different. Botswana is one of the least poor countries in the region with a GNP of US$3,300 per capita, very high primary school enrolment rates and almost universal access to basic health services. It has also had remarkable political stability since independence. Comoros, on the other hand is one of the poorest countries in the region with a GNP per capita of only US$380, very low primary school enrollment rates and low access to basic health services. The country has faced chronic political instability with more than twenty coups or attempted coups during the last 25 years. There is, however another significant and rather surprising difference. Botswana has the highest rate of HIV infections in the world - 38.8% of the adult population is infected, while Comoros has one of the lowest rate of HIV infections in the region - about 0.1%. The fact that the highest HIV prevalence occurs in one of Africa's wealthiest countries, rather than among the poorest raises questions, suggesting causes of HIV infections other than just poor access to services.

3. The new five-year UNICEF Country Programme of Cooperation in Botswana is the first Programme which is almost totally focused on HIV/AIDS. It is the first Country in Africa where a PMTCT Programme is being implemented on a national scale. The orphan care and support project aims directly at improving the lives of orphans and other vulnerable children, while the integrated ECD project and the girls' education project indirectly aim at preventing the spread of HIV. The Programme contributes directly to the UNDAF priorities on HIV/AIDS and poverty reduction and is well integrated with the National HIV/AIDS programme.

RN 22/10/02

RN 22/10

4. The new five-year UNICEF Country Programme of Cooperation in the Union of Comoros addresses all five UNICEF MTSP priorities. The education programme will focus on early childhood development and primary education, particularly for girls. The health and nutrition programmes will address child and maternal mortality, nutrition and the control of STD/AIDS. The child protection programme aims at harmonizing national laws with the CRC for ensuring better protection of children. In both Botswana and Comoros the overarching strategy is community capacity development in a human rights framework.

5. Mr. President,

Already in April this year the signs of an impending food crisis were obvious in several countries in Southern Africa - Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe were at particular high risks. A joint UN Consolidated Appeal (CAP) for the six countries was launched in July. At present only US$38 million have been committed by donors of a total request of US$611 million.

6. The Southern Africa Crisis has been described as primarily a food crisis. It is, however, very important to recognize that the critical shortage of food is only the most visible manifestation of a much larger and deeper crisis. In reality, it is the first significant manifestation of increased vulnerabilities created by the HIV/AIDS catastrophe in Southern Africa. The required response must therefore combine short-term measures of food distribution with health, nutrition, education, WES and protection interventions to mitigate the impact of HIV/AIDS. These are not just 'non-food items'; they are crucial and necessary for reducing the vulnerability to shocks like drought and flooding. Or in other words, these interventions if implemented rapidly and effectively will ensure the survival of millions of children.

7. UNICEF response was rapid and well coordinated with the WFP and government actions. This was possible for two reasons. First, UNICEF was already on the ground before the crisis came, with support to programmes in health, nutrition, education, water and sanitation and protection. Second, as a result of the last two years support form DFID, the region has significantly strengthened its emergency preparedness and response capacity. In five of the six countries contingency plans had been prepared during the last 12 months.

8. In keeping with UNICEF's core commitments during emergencies, all six country offices have conducted rapid assessments of the situation of children and women. UNICEF is supporting therapeutic and supplementary feeding, training of health workers, immunization campaigns, in particular against measles, vitamin A supplementation, teaching materials, sanitation and hygiene. All planning and implementation is done in cooperation with the WFP and other partners.

9. In line with the Policy Statement of the IASC Task Force on the Prevention of Sexual Abuse and Exploitation in Humanitarian Crisis, UNICEF has organized training of

trainers in all six countries to support efforts to prevent sexual exploitation and abuse of children and women. UNICEF promotes strongly a zero tolerance policy.

Mr. President,

10. In the GA debate yesterday all seem to agree that the New Partnership for Africa's Development (NEPAD) provides new hope for Africa. After its endorsement by the OAU Summit in Durban in July 2002 it has become the overarching framework for Africa's future development. But, as we heard, the challenges are formidable. Sub-Saharan Africa with 12 per cent of the world population and only 1 per cent of the world's economy, accounts for 43 per cent of the world's child deaths, 50 per cent of maternal deaths, 70 per cent of people with HIV/AIDS and 90 per cent of all children orphaned by AIDS. I did not hear this reality in yesterday's debate. As a matter of fact, leaders from some of the most affected African countries did not even mention HIV/AIDS in their brief presentations.

11. At the OAU summit in July 2001 in Lusaka an Africa Common Position (ACP) was adopted. The ACP includes specific goals, targets and strategies aimed at creating an 'Africa Fit for Children'. NEPAD is mainly concerned with long-term development. UNICEF believes that NEPAD should include some actions to improve the situation for children and women in the short-term. As the Secretary General stated yesterday, the most urgent actions are to ensure girls' education and to intensify and focus the war against HIV/AIDS. It is very clear that Africa has no future unless this war is won.

12. One of the most serious and tragic effects of the HIV/AIDS pandemic is the large number of children orphaned by AIDS - 11 million in Africa; 90% of the world's total. The African extended family can not extend any more, cannot cope any longer. Masses of orphans are forced to become street children, beggars and thieves and are often targets for abuse and exploitation. And even if new HIV infections would stop today, millions of new orphans would be added over the next ten years. This is a very, very serious problem that needs to be attacked immediately.

13. Last week I attended a consultation called by Nelson Mandela and Graça Machel to discuss and agree on necessary actions to deal with the orphan crisis in the next 24 months. One recommendation was to request all Parliamentarians in Africa to hold formal debates on the situation of orphans. I hope that these debates will take place and that they will be guided by Mandela's statement at the meeting. 'Every moment that is spent on deliberations that does not lead to decisive action is a moment tragically wasted.'

Mr. President

14. The Black Death in 14th century Europe killed about one third of the population and changed Europe dramatically. In the same way, the HIV/AIDS pandemic will transform Africa as we know it. We know the expected impact on GNP from the HIV/AIDS pandemic. For example, by 2010 the South African economy will be 20 per cent smaller

than it would have been without HIV/AIDS; a total loss of about US$17 billions. We know that the private sector will be affected, both through reduced production and a switch in foreign direct investment to less affected countries. We know that the HIV/AIDS pandemic will reduce the number of teachers and health workers, both by death and by immigration. And we know that the number of orphans will double. What we don't know is the future impact of HIV/AIDS on governance, peace and security. Uncontrolled, the HIV/AIDS pandemic may make countries helplessly unprepared to cope with drought and floods and may ultimately break down societies as we know them to-day. This is what some observers call 'Aids-related national crises'. What we witness in Southern Africa to-day is the result of such 'Aids-related national crises'. This will threaten the peace and security in Africa and the whole world.

PHA-Exchange> U.N. Says Essential Drugs Not Sufficient

Encoding: base64

Subject: PHA-Exchange> U.N. Says Essential Drugs Not Sufficient
Date: Thu, 24 Oct 2002 13:58:38 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

U.N. Says Essential Drugs Not Sufficient

A third of all people are unable to obtain life-saving medicines, WHO declares.

> >GENEVA Life saving medicines are not available to one third of
> >the world's population despite a long international campaign for
> >wider access to essential drugs, the World Health Organization
> >said Monday.
> >
> >In the 25 years since WHO drew up its essential drugs and
> >medicines list, the number of people able to obtain those
> >medicines has doubled, but there remains "a huge unfinished
> >agenda," said Jonathan Quick, the head of the U.N. agency's
> >project.
> >
> >"We still have 2 billion people who can't regularly get medicines
> >when they need them, at a quality they trust and at a price they
> >or their community can afford," Quick told health experts at a
> >discussion attended by journalists.
> >
> >The U.N. health agency's list includes more than 300 medicines
> >and aims to guide mainly Third World governments and health
> >bodies on what drugs should be available, at what quality and
> >price and in what dosage.
> >
> >In poor countries, where a daily income of $1 or $2 is the norm,
> >the burden of financing health care often falls on those who are
> >sick.
> >
> >WHO Director General Gro Harlem Brundtland said so-called
> >out-of-pocket payments by patients account for as much as 90% of
> >total health care spending in some poor countries.
> >
> >"For many, the reality is stark: No cash, no cure," she said.
> >
> >Bernard Pecoul of Doctors Without Borders said patents,
> >particularly on AIDS treatments, translate into high prices,
> >"with the direct result that people in developing countries
> >cannot afford to save their own lives."
> >
> >"We cannot accept the sick logic that says he who cannot pay, dies," he said.

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

CMF for info →

RN 28/10

RN 24/10/02 for

Heading is misleading and does not reflect the text

CM 30/X.

Class

Subject: Re: Postal Address
Date: Fri, 8 Nov 2002 09:39:25 +0530 (IST)
From: murlidharv@vsnl.com
To: sochara@vsnl.com

Occupational Health and safety centre,
6, neelkant appts,
Gokuldas pasta Road,
dadar (E),
Mumbai 400 014.
tele fax: 415 0750

residence:
HI, 1/2,
Paradise CHS,
Sector 7,
sanpada,
navimunmai. 400 705.
ph:761 4098
fax: 407 6100: attn dept of surgery.
sochara@vsnl.com wrote
Dear Madam/Sir,

Kindly send your postal address with phone no., fax no. etc.

With regards,

Noreen

class.

Subject: Re: Postal Address
Date: Fri, 8 Nov 2002 09:49:37 +0530 (IST)
From: sujvij@vsnl.com
To: sochara@vsnl.com

dear Noreen my postal ad is vijay kanhere
1347,17 B, M H B Colony,
tata power Road, Borivli (East), Mumbai 400 066.
phone 022-8868329. sincerely,
vijay kanhere.

sochara@vsnl.com wrote
Dear Madam/Sir,

Kindly send your postal address with phone no., fax no. etc.

With regards,

Noreen

Subject: IEHA Annual Events.
Date: Fri, 16 Aug 2002 15:38:53 +0530
From: Community health cell <sochara@vsnl.com>
To: cspanday@mantaonline.com

Dear Panday,

Greetings from Community Health Cell!

It was nice meeting you and your daughter even though a bit rushed as always. Hope your visit to Bangalore was useful for both of you.

There are a few issues of follow up in the context of a potential visit to Delhi in September and I need your advice.

1. An International e-Health Association on the suggestion of Halfden Mahler asked me to help organise an International Health Seminar during their IEHA annual events in London. Now theres a change in plan and I have been invited to be a speaker at a Tele-conference organized by AIIMS and British council on 19th September which will be broadcast to the conference. I have agreed and offered to do a social audit of Telemedicine as a member of the panel. In this context I need more background on

a) Who is Prof. Narendra Mehra, Prof of Transplantation and Immunogenetics?
b) Do you know about this conference?
c) Is there a policy document or report on 'Telemedicine in India' which one could use as a framework for the Social Audit?
d) Does AIIMS have a telemedicine initiative? If so what?

2. If I am in Delhi on 19th I could be willing to stay an additional day on 20th and spend a day at AIIMS to do some 'Reaching the Unreached' activities including

a) Presenting the Peoples health Charter to staff and students (I shall be at CMC-Vellore end of the month on the same mission).
b) Discussing with INCLEN Researchers-socio-epidemiology (if there are a small group of INCLEN researchers or PGs etc on the campus who are interested).
c) Discussing Ethics curriculum or other Medical Education initiatives with your Adjunct Faculty of the ME cell. As an AIMSONIAN its a long time since I gave even a full day to AIIMS. This is just a possibility. Perhaps you and Srinath and Adkol may have ideas.

3. The India Peoples Tribunal are planning to have a Jana Sunvayi on the Mercury problem in Kodaikanal on 25 August. Did you manage to get a copy of the report that Dr.Rajgopal presented to you? He has been using your endorsement for a very 'opportunistic sample' they took and so basing decision for follow up on averages from such a sample is highly suspect. Try and get a copy as soon as possible or if he left notes or OHPs with you send copies by courier immediately. Dr.Francis, Dr.Venkatesh, Dr.RajMohan, Dr.Mohan Issac and I made a short professional critique of what they presented but they never followed it up with a paper.

I think its important that they do not use your credibility in an irresponsible way. If you actually saw the report, you and other researchers may have different comments as well since we are all trained in the same epidemiological principles.

4. I have still to have the final confirmation from IEHA including where they will be putting me up. But if you have a hotline to Prof. Narendra

CHC file → 4.10

RN 19/8

Mehra then follow up that as well - for advance information.

Looking forward to the possible AIIMS interactions.

Best wishes,

Ravi Narayan,
Community Health Advisor,
CHC.

Subject: Re: Visit to bangalore
Date: Sat. 6 Jul 2002 13:54:02 +0530
From: "Mantra" <cspandav@mantraonline.com>
To: "Community health cell" <sochara@vsnl.com>

Dear Ravi
Thank you. I reach Bangalore on the 7th july evening (Sahara Airlines S2 123 reaching Bangalore at 20.15 Hrs). I will be staying at the NIMHANS Guest House. 10th seems fine. Would you mind calling me on my cell phone (Cell No. 9810038423) and we could fix up a mutually convenient time.
Thanks
With warm regards
Chandrakant Pandav

----- Original Message -----
From: "Community health cell" <sochara@vsnl.com>
To: "Dr. C.S Pandav" <cspandav@mantraonline.com>
Sent: Friday, July 05, 2002 3:26 PM
Subject: Re: Visit to bangalore

> *Dear Pandav,*
>
> *Greetings from Community Health Cell!*
>
> *It would be great to meet during your visit. Thelma is leaving for Orissa on 7th and will return on 13th since CHC is presently consultants on a Orissa Health Sector Strategy Initiative. Call as soon as you arrive so that we can meet perhaps for a meal and discussion. 8th and 9th seem rather full but 10th or 11th seem okay. What are you coming for and where will you be staying? My work with Peoples Health Movement has been increasing. I shall be in Geneva the week from 16th. More about all this when we meet.*
>
> *With best wishes,*
>
> *Ravi Narayan,*
> *CHC / PHM.*
>
> *"Dr. C.S Pandav" wrote:*
>
> > *Part 1.1 Type: Plain Text (text/plain)*
> > *Encoding: quoted-printable*
>

Spoke to CSP (who was) in Guru's office on Wednesday 10/7
↓
Meeting me at CHC
on 12/7/02 at 11.30am

RN
6/7/02

RN

Dr. RN
6/7/02

class

Subject: Re: Postal Addresses
Date: Thu, 7 Nov 2002 15:56:42 +0530
From: "Centre of Indian Trade Unions (Central Office)" <citu@vsnl.com>
To: "Community Health Cell" <sochara@vsnl.com>

B T Ranadive Bahawan
13-A, Rouse Avenue
New Delhi - 110002
India
Tel: 00-91-11-322 1286, 322 1306
Fax: 00-91-11-322 1284

----- Original Message -----
From: "Community Health Cell" <sochara@vsnl.com>
To: <Idpd2001@yahoo.com>; <Deogharbiddu@hotmail.com>; <citu@vsnl.com>; <tkjoshi@vsnl.com>; <mmpnorth@vsnl.net>
Sent: Thursday, November 07, 2002 2:32 PM
Subject: Postal Addresses

> *Dear Madam/Sir,*
>
> *Kindly send us your postal address with phone no., fax no. etc.*
>
> *With regards,*
>
> *Noreen*
>
>

8/11/02
Sir

Subject: Re: Postal Addresses
Date: Thu, 7 Nov 2002 01:47:54 -0800 (PST)
From: ARUN MITRA <idpd2001@yahoo.com>
To: Community Health Cell <sochara@vsnl.com>

Dear Noreen.

My Postal Address etc. are as under :

Dr.Arun Mitra

General Secretary,

Indian Doctors for Peace and Development,

E-139, Kitchlu Nagar,

Ludhiana - 141001

Punjab (INDIA)

Phone : 0161 - 470252, 477360, 446906

Fax : 0161 - 470252

Thanking you.

Dr Arun Mitra

Community Health Cell <sochara@vsnl.com> wrote:

Dear Madam/Sir,

Kindly send us your postal address with phone no., fax no. etc.

With regards,

Noreen

Class

Subject: Re: Postal Addresses
Date: Fri, 08 Nov 2002 20:45:41 +0530
From: "bidhan singh" <deogharbiddu@hotmail.com>
To: sochara@vsnl.com, ldpd2001@yahoo.com, citu@vsnl.com, tkjoshi@vsnl.com, mmpnorth@vsnl.net

dear Noreen,

i work with greenpeace india. The postal address of GP will do.

take care

bidhan

>From: Community Health Cell
>To: ldpd2001@yahoo.com, Deogharbiddu@hotmail.com, citu@vsnl.com,tkjoshi@vsnl.com, mmpnorth@vsnl.net
>Subject: Postal Addresses
>Date: Thu, 07 Nov 2002 14:32:57 +0530
>
>Dear Madam/Sir,
>
>Kindly send us your postal address with phone no., fax no. etc.
>
>With regards,
>
>Noreen

Subject: Re: Postal Address
Date: Fri, 08 Nov 2002 11:27:03 +0000
From: "shivalp pawar" <shivalp@hotmail.com>
To: sochara@vsnl.com

Dear Noreen
I had already sent my potal address toyou about a couple of days back I don't know whether you have received it or not. I am sendig it again

Dr. S.L.Pawar M.B.,B.S
Near Head Post office
Ranebennur-581115
Telephone:08436-967427

>From: Community Health Cell <sochara@vsnl.com>
>To: caits@yahoo.com, shivalp@hotmail.com,
>kumbhamsn@rediffmail.com,upendra hosbet@hotmail.com, tide@vsnl.com,
>murlidharv@vsnl.com,sujvij@vsnl.com, srisrikar@rediffmail.com
>Subject: Postal Address
>Date: Thu, 07 Nov 2002 14:33:19 +0530
>
>Dear Madam/Sir,
>
>Kindly send your postal address with phone no., tax no. etc.
>
>With regards,
>
>Noreen

Subject: PHA-Exchange> Conference on "Poverty, Inequality & Malnutrition in Nigeria
Date: Sun, 27 Oct 2002 17:34:57 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Premananda Bharati" <bharati@isical.ac.in>
>
> *Africa Statistical Institute (AFRISINT), Nigeria, is a non-profit*
> *organization of Africa Exchange Programme. We need help from Economists,*
> *Statisticians and other scientists all over the world to achieve its goal.*
> *It is our task to organize a Conference and Seminar on "Poverty,*
> *Inequality and Malnutrition: Experiences From the Developing Countries"*
> *during 25-30 April 2003. The programme will be sent out later. The aim of*
the conference is to
> *introduce Nigeria to the outside world and to show that Nigeria is far*
more peaceful and safe than it is thought of.
We invite abstracts The details of the conference will be sent in due
course.
> *Please give it a wide circulation.*
With best regards,

> *Members*
> *Board of Directors*
> *Africa Statistical Institute*
> *Nigeria*
> --
> *Dr. Premananda Bharati*
> *Associate Professor*
> *Anthropology and Human Genetics Unit*
> *Indian Statistical Institute*
> *203 Barrackpur Trunk Road*
> *Calcutta 700 108*
> *India Tel: (R) 091 (033) 578 0117*
> *(o) 091 (033) 577-8087 Extn. 3210, 578 1834*
> *e mail: bharati@isical.ac.in, bharati35@hotmail.com*
>

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

RM
29/10/02

RM
29/10

Subject: PHA-Exchange> Global Fund Could Dry Up By the Middle of Next Year (2)
Date: Fri, 25 Oct 2002 14:24:13 +0700
From: "Aviva" <aviva@netnam.vn>
To: "afro-nets" <afro-nets@usa.healthnet.org>

From: <Profitinafrica@aol.com>

Re this article you posted::

> *The performance of the GFATM was entirely predictable. The fund is a great*
> *idea, but it has been hijacked by the UN and ODA establilshment so that it*
is
> *now perceived as just another boondoggle of the international community.*
Who
> *needs another black hole to absorb good money?*
>
> *Richard Feacham has responded to the criticism of accounting and*
> *accountability by retaining KPMG, Crown Agents and PriceWaterhouseCoopers*
to
> *"monitor the fund's spending for programs in some developing countries". I*
do
> *not have details of the engagement contract for these three NORTH*
> *organizations, but I am sure that the hourly rates to be paid to the staff*
of
> *these organizations will be substantial. I am also sure that the*
methodology
> *that these organizations will use will be far from the optimum from the*
point
> *of view of maximising information for true accounting and accountability.*
The
> *typical "audit" approach takes an enormous amount of useful information*
and
> *then summarises it into something that has has rather limited incremental*
> *value to the public ..... it legitimizes an organization's accounting*
without
> *providing any incremental transparency.*
>
> *A organization like the GFATM that requires public trust should not need*
KPMG
> *and the Crown Agents and PriceWaterhouseCoopers to legitimize its*
accounting
> *and its processes and the use of its resources ..... it should exude*
> *transparency and be in a position to celebrate its successes objectively*
....
> *and be able to have its celebration independently validated.*
>
> *What the GFATM really needs is a way for the success of its funding of*
> *programs and valuable initiatives to be put into public display by an*
> *INDEPENDENT group that is merely interested in publicizing the performance*
> *..... good and bad ..... associated with the use of development and*
> *humanitarian assistance resources in general .... and the GFATM funds in*
> *particular.*
>
> *Under the present paradigm for oversight and management and monitoring and*
> *evaluation .... the PUBLIC is never going to get to know how much good is*
> *done by the GFATM ..... and unless the PUBLIC gets to know about the value*
> *that is derived from the use of GFATM resources ..... then the GFATM fund*
is
> *doomed.*
>
> *It is not too late ..... but valuable time has been lost*
>

RN 30/10/02

> Sincerely
>
> Peter Burgess
> ATCnet

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To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Subject: Health for all
Date: Mon, 28 Oct 2002 00:10:05 +0000
From: pamzinkin <pamzinkin@gn.apc.org>
To: pha-exchange@kabissa.org
CC: sochara@vsnl.com, uque@bluemail.ch

BMJ 1996;313:316 (10 August)

Editorials

Health for all by the year 2000?

No, and not for many generations without concrete and credible actions to alleviate poverty

"No child in the world will go to bed hungry by the year 2000." This was one of the final statements at the closing of the Food Security Conference in Rome in 1974. According to the United Nations Development Programme, hunger now prevails among at least a quarter of the world's inhabitants.[1] Every day there are 30 000-40 000 child deaths in the world, most of these from diseases related to malnutrition.[2] This means that there are 12 to 14 million child deaths associated with hunger each year. Can we expect this figure to have improved by the year 2000?

The well known phrase "Health for all by the year 2000" was coined at the United Nations Alma Ata conference in 1978. Only four years are left for hunger and disease to be defeated. Objectives are natural when setting targets and are often linked to a change of century or to a historically important date. But what is the use of wishful thinking far away from the bitter reality of widespread poverty? And what are the risks of indulging in lip service—some would call it claptrap—reflected in statements of the kind above, which serve only to undermine people's confidence?

"Health for all by the year 2000" seems less probable today than it did in 1978. The vulnerability of the poorest has increased, as has their number. According to the World Bank, almost 65% of the inhabitants of Africa live in "absolute poverty,"[3] a term used by former World Bank president Robert McNamara to describe a condition of total deprivation of the minimum living conditions essential for human dignity.[4]

One of the foremost mechanisms in this impoverishment is servicing and paying interest on national debt. The "debt trap" is arguably the single most important causative factor in the prevailing morbidity and mortality among women and children, the most vulnerable groups. This "pathology of poverty" in the Third World is associated with increasing scarcity of resources, more hunger, and increasing death rates.[5] The poverty gap has increased by 30% during the past decade.[5] Every year there is a net drain from the Third World to rich countries amounting to $150bn, most of it as debt servicing.[6] From sub-Saharan Africa alone, more wealth is extracted each year than is invested by governments in health and education for Africans.[6]

This is happening in an era in which HIV infections and AIDS related deaths are dramatically increasing, a trend which is only beginning. In parts of central, eastern, and southern Africa today, 30-40% of pregnant women attending antenatal care are seropositive for HIV.[5] Most of them will have died within the next 10 years, as will most of their husbands, leaving behind grandparents without support and orphans without care. We know that the only defences against this disaster are literacy, knowledge, and understanding of measures to decrease transmission among the population at risk. But schools and education cost money, and meanwhile the poverty gap widens and disempowerment increases.

Two mechanisms seem to be prominent as threats to the objective of "health for all," particularly for the two thirds of the African population that live in absolute poverty. The first is the debt trap, reinforced by the so called structural adjustment programmes that the World Bank and International Monetary Fund have devised. The second is the increasing privatisation of health care that has resulted from shrinking public service budgets. If a country is to be "free" to determine its own health policy, it has to accept the shackles of harsh loan stipulations and budgetary constraints, making it impossible to allocate resources for health services to those most in need and most at risk. During 1978-88 Ghana was forced to reduce its health budget by 47%, with corresponding reductions of 43% in the Ivory Coast and 50% in Mozambique.[7] In nearly all the African countries health budgets do not allow for more than symbolic wages to most professional workers. To avoid massive brain drain, these countries must permit doctors to supplement their incomes by private practice. It has been calculated that more than 30 000 university trained staff have left Africa during the 1980s as a direct consequence of vanishing government support for education and research.[7]

It can be argued that it is sound policy that all citizens understand that health care costs money. But the effect can

RN 30/10

RN 29/10/02

be devastating. In some countries a pregnant woman urgently in need of a lifesaving caesarean section has to buy surgical gloves, suture material, and drugs before a doctor will consider operating. In Zimbabwe the number of hospital visits declined drastically after the introduction of fees for patients.[8] There was no evidence that morbidity had decreased or that there was unnecessary consumption of care that could have been avoided. In fact, an increase in maternal mortality parallelled the introduction of fees. The same sequence of events, with rising numbers of maternal deaths accompanying the implementation of structural readjustment programmes, has been reported in Nigeria.[9]

As medical doctors, we have a responsibility to describe, in medical terms, what happens when impoverishment takes its toll among the most vulnerable groups in society. We must make the "pathology of poverty" understandable and show that the widening poverty gap is directly associated with disease and death. This responsibility is a question of medical ethics, unrelated to political beliefs or creed.

Development programmes should focus more on the quality of human resources, on human wellbeing, and on productivity. Access to health services, education, food, security, and safe drinking water are basic prerequisites in this regard. But health for all is a distant dream, and, without concrete and credible actions to alleviate the pathology of poverty, we must expect it to remain a dream for many generations to come.

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Prime minister, Mozambique
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PHA-Exchange

Subject: **PHA-Exchange> Attention Dorothy!**
Date: Tue, 29 Oct 2002 09:50:06 +0600
From: CAAP <caap@citechco.net>
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Dear Dorothy,
I sent you a mail expressing my interest to join the PHM poverty and AIDS circle but the mail failed to reach you.

Regards,

Dr. Mohammad Hossain
Medical Consultant
Confidential Approach to AIDS Prevention (CAAP)
House # 63/D (1st floor), Road # 15, Banani, Dhaka - 1213.Bangladesh.
Phone/Fax: 9884266,
Email: caap@citechco.net

RN
30/10/02

Subject: PHA-Exchange> World Health Report: YEARS OF HEALTHY LIFE CAN BE INCREASED 5-10 YEARS, WHO SAYS
Date: Wed, 30 Oct 2002 10:10:58 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

YEARS OF HEALTHY LIFE CAN BE INCREASED 5-10 YEARS, WHO SAYS

Worldwide, healthy life expectancy can be increased by 5-10 years if governments and individuals make combined efforts against the major health risks in each region, the World Health Organization (WHO) says in its new yearly report.

> >>
The World Health Report 2002 -- Preventing Risks, Promoting Healthy Life -breaks new ground by identifying some major principal global risks to disease, disability and death in the world today, quantifying their actual impact from region to region, and then providing examples of cost-effective ways to reduce those risks, applicable even in poor countries.

> >>
> >> *"This report provides a road map for how societies can tackle a wide range* of preventable conditions that are killing millions of people prematurely and robbing tens of millions of healthy life," says WHO Director-General Gro Harlem Brundtland, MD. "WHO will take this report and focus on the interventions that would work best in each region and on getting the information out to Member States."

> >>
From more than 25 major preventable risks selected for in-depth study, the report finds that the top 10 globally are: childhood and maternal underweight; unsafe sex; high blood pressure; tobacco; alcohol; unsafe water, sanitation and hygiene; high cholesterol; indoor smoke from solid fuels; iron deficiency and overweight/obesity. Together, they account for about 40 per cent of the 56 million deaths that occur worldwide annually and one-third of global loss of healthy life years.

>>
> *These leading risks are comparatively much more important than widely* believed.

> >>
>> *WHO calls the contrast between rich and poor people "hocking." The burden* from many of the risks is borne almost exclusively by the developing world, while other risks have already become global. Some 170 million children in poor countries are underweight, mainly from lack of food, while more than one billion adults worldwide - in middle income and high income countries alike are overweight or obese. About half a million people in North America and Western Europe die from overweight/obesity-related diseases every year.

>>
> >> *WHO warns that the "cost of inaction is serious." The report predicts* that unless action is taken, by the year 2020 there will be nine million deaths caused by tobacco, compared to almost five million a year now; five million deaths attributable to overweight and obesity, compared to three million now; that the number of healthy life years lost by underweight children will be 110 million, which, although lower than 130 million now, is still unacceptably high.

> >>
> *If all of these preventable risks could be addressed as WHO recommends* (which WHO acknowledges is a highly ambitious goal), healthy life spans could increase as much as 16 plus years in parts of Africa, where healthy life expectancy now falls as low as just 37 years (in Malawi). Even in the

richer developing countries, such as Europe, the United States, Australia, New Zealand and Japan, healthy life spans would increase by about five years.

> >>

> *"Globally, we need to achieve a much better balance between preventing* disease and merely treating its consequences," says Christopher Murray, M.D., Ph.D., Executive Director of WHO's Global Programme on Evidence for Health Policy and overall director of World Health Report 2002. "This can only come about with concerted action to identify and reduce major risks to health."

> >>

> *WHO has developed a unique framework for using a wide body of scientific* evidence to comparably assess the impact of different risks in a 'common currency' of lost healthy life years, called the DALY (disability-adjusted life year). This takes into account the impact of the different risks on mortality and on morbidity. A DALY is equal to the loss of one healthy year of life.

> >>

> *Risks that result in death reduce life expectancy. Risks that result in* short or long term morbidity mean that people stay alive, but not in full health. Healthy life expectancy (HALE) is, therefore, lower than life expectancy. For example, overall life expectancy in Japan is 84.7 years for women and 77.5 for men, versus a healthy life expectancy of 73.6 years for men and women.

>>

>> *The report divides the world into 14 different regions on the basis of* geography and health development [see Annex (WHRrelease Oct 24 annex.doc) attached], then analyzes the risks most important in each area and the gains in healthy life span that can be achieved. The top risks vary widely, from being underweight and unsafe sex in most of Africa to tobacco use and high blood pressure in North America, Western Europe and developed countries in the Western Pacific such as Japan.

> >>

> *The major risks reviewed in the report are responsible for a substantial* loss in healthy life expectancy on average about five years in developed countries and 10 years in developing countries.

> >>

> *The amount of lost healthy life years due to these leading risks varies by* region In Canada, the United States and Cuba (highest ranked group in the Western Hemisphere), healthy life expectancy can increase by 6.5 years, from their current healthy life expectancy of Canada, 69.9 years; Cuba, 66.6 years, U.S., 67.6 years. In the wealthiest countries of Europe, including Germany, France, Italy, Spain and the United Kingdom, healthy life expectancy can grow by 5.4 years; in most of Latin America, including Argentina, Brazil and Mexico, 6.9 years; in an Asian group including China, 6 years; in another Asian group including India, 8.9 years. (WHO estimates apply to each region as a whole and may not apply to any given country.)

> >>

> *A considerable part of this burden could be reduced by that of* cost-effective interventions identified in the report. WHO has developed a first-ever system of identifying and reporting cost-effective health interventions consistently across different regions that it calls CHOICE (CHOosing Interventions that are Cost-Effective). Various CHOICE options are contained in a new statistical database that is also a part of the World Health Report 2002, one of the largest research projects ever undertaken by the World Health Organization. These interventions can be implemented on an à la carte basis, depending on each country's individual circumstances.

>>

>> *"Although the report carries some ominous warnings, it also opens the* door to a healthier future for all countries - if they're prepared to act boldly now," says Dr. Murray. "In order to know which interventions and

HA-Exchange> World Health Report: YEAR...E CAN BE INCREASED 5-10 YEARS, WHO SAYS

strategies to use, governments must first be able to assess and compare the magnitude of risks accurately. Our report gives assessments for each of the major risks."
>>
Selected Major Risk Factors and What to Do About Them

The report shows that a relatively small number of risks cause a huge number of premature deaths and account for a very large share of the global burden of disease. For example, at least 30 per cent of all disease burden occurring in the highest mortality developing countries, such as those in sub Saharan Africa and south east Asia, results from underweight and deficiencies in micronutrients like iron and zinc, unsafe sex, unsafe water, sanitation, and hygiene and indoor smoke from solid fuels, the leading risks examined in those countries.
>>
>> *"Every country has major risks to health that are known, definite and* increasing, sometimes unchecked," says Anthony Rodgers, M.D., Ph.D., of the University of Auckland, New Zealand, and a WHO consultant who is one of the report's main writers. "For each of these risks, we have established effective, but often underused, interventions."
>>
>> *The report also breaks new ground by assessing avoidable death and* disability at a global scale. By incorporating current knowledge in risk factor, demographic and mortality trends, an intriguing picture emerges - an increasingly ageing world facing some major risks globally (such as tobacco), as well as remaining very high mortality regions, particularly sub-Saharan Africa.
>>
>> *"This report brings out for the first time that 40 per cent of global* deaths are due to just the10 biggest risk factors, while the next 10 risk factors add less than 10 per cent," says Alan Lopez, Ph.D., WHO Senior Science Advisor and co-director of the Report. "This means we need to concentrate on the major risks if we are to improve healthy life expectancy by about 10 years, and life expectancy by even more."
>>
>> *Given the risks measured in this Report and other known major risks,* current scientific knowledge has clearly identified causes for most death and disability globally. For example, more than three-quarters of major diseases such as ischaemic heart disease, stroke, HIV/AIDS and diarrhoea were due to the combined effects of risks assessed in the Report. WHO emphasizes that each risk is also a prevention opportunity, and the potential for prevention from tackling major known risks is clearly substantial, and much greater than commonly thought.
> >>
> *"Since many of these risks are continuous, without a threshold, the most* cost-effective interventions are often those that move the entire population to a lower risk zone," says Dr. Rodgers. "A good example would be government- and industry-led reductions of salt in processed foods, which would have major population-wide benefits."
>>
>> *Underweight/under-nutrition -- Childhood and maternal underweight was* estimated to cause 3.4 million deaths in 2000, about 1.8 million in Africa. This accounted for about one in 14 deaths globally. Under-nutrition was a contributing factor in more than half of all child deaths in developing countries. Since deaths from under-nutrition all occur among young children, the loss of healthy life years is even more substantial: about 138 million DALYs, 9.5 per cent of the global total.
>>
>> *Under-nutrition is mainly a consequence of inadequate diet and frequent* infection, leading to deficiencies in calories, protein, vitamins and minerals. Underweight remains a pervasive problem in developing countries, where poverty is a strong underlying cause, contributing to household food insecurity, poor childcare, maternal under-nutrition, unhealthy environments, and poor health care.

>>

>> *Interventions -- The most cost effective strategy to reduce* under-nutrition and its consequences combines a mix of preventive and curative interventions. Micronutrient supplementation and fortification - Vitamin A, zinc and iron - is very cost-effective. It should be combined with maternal counselling to continue breast feeding, and targeted provision of complimentary food as necessary. In addition, routine treatment of diarrhoea and pneumonia, major consequences of under-nutrition, should be part of any health improvement strategy for children.

>>

>> *Unsafe sex -- HIV/AIDS caused 2.9 million deaths in 2000, or 5.2 per* cent of total. It also causes the loss of 92 million DALYs (6.3 per cent of all) annually. Life expectancy at birth in sub-Saharan Africa is currently estimated at 47 years; without AIDS it is estimated that it would be around 62 years. Current estimates suggest that 95 per cent of the HIV infections prevalent in Africa in 2001 are attributable to unsafe sex. In the rest of the world the estimated percentage of HIV infections prevalent in 2001 that are attributable to unsafe sex ranges from 25 per cent in Eastern Europe to 90 per cent or more in parts of South America and the developed countries of Western Pacific.
Interventions -- Most people infected with HIV do not know they are infected, making prevention and control more difficult. Various sexual practices contribute to the risk of sexually transmitted infections. High-risk sex practices include multiple partners, together with lack of condom use and the type of sex acts involved. Treatments include:

>

* Population-wide mass media health promotion using the combination of television, radio and printed media.
* Voluntary counselling and testing.
* School-based AIDS education targeted at youths aged 10-18 years.
* Peer counselling for sex workers.
* Peer outreach for men who have sex with men.
* Treatment of sexually transmitted infections as a way of reducing transmission of HIV infections.
* Treatment of mothers with HIV infection to prevent maternal to child transmission.
* Anti-retroviral therapy has also been evaluated.
* Intervention combinations: WHO says that the best way to address the problem is to apply a combination of the above interventions at a population-wide level.

>>

>> *High blood pressure and cholesterol -- Worldwide, high blood pressure is* estimated to cause 7.1 million deaths, about 13 per cent of the global fatality total. Across WHO regions, research indicates that about 62 per cent of strokes and 49 per cent of heart attacks are caused by high blood pressure.

> >>

>> *High cholesterol is estimated to cause about 4.4 million deaths (7.9 per* cent of total) and a loss of 40.4 million DALYs (2.8 per cent of total), although its effects often overlap with high blood pressure. This amounts to 18 per cent of strokes and 56 per cent of global ischemic heart disease.

> >>

>> *Blood pressure is a measure of the force that the circulating blood* exerts on artery walls. High blood pressure levels damage the arteries that supply blood to the brain, heart, kidneys and elsewhere. Cholesterol is a fat-like substance found in the bloodstream that is a key component in the development of atherosclerosis, the accumulation of fatty deposits on the inner lining of arteries of the heart and brain.

>>

>> *Interventions The World Health Report 2002 urges countries to adopt*

policies and programs to promote population-wide interventions like reducing salt in processed foods, cutting dietary fat, encouraging exercise and higher consumption of fruits and vegetables and lowering smoking. These are the most cost-effective interventions identified to reduce cardiovascular disease. This reflects recent evidence that such therapy benefits all groups at elevated risk, even those with average or below average blood pressure or cholesterol.
>>
>> *When added to this base, a combination of drugs -- statins (cholesterol* lowering), low-dose blood pressure lowering medications and low-dose aspirin (blood thinning) given daily to people at elevated risk of heart attack and stroke, would achieve very substantial additional benefits. This highly effective drug combination is likely to more than halve stroke and heart disease incidence and could be widely used in the developed world, and is increasingly affordable in the developing world.
>>
>> *"Our new research finds that many established approaches to cutting CV* disease risk factors are very inexpensive, so that even countries with limited health budgets can implement them and cut their CV disease rate by 50 per cent," says Derek Yach, M.D., Executive Director of the Cluster on Non-communicable Diseases and Mental Health. "In addition, drug treatments are increasingly affordable in middle and low-income countries, as effective drugs come off patent."
>>
>> *Tobacco Use -- WHO estimates that tobacco caused about 4.9 million* deaths worldwide in 2000, or 8.8 per cent of the total, and was responsible for 4.1 per cent of lost DALYs (59.1 million). In 1990, it was estimated that tobacco caused just 3.9 million deaths, demonstrating the rapid evolution of the tobacco epidemic and new evidence of the size of its hazard, with most of the increase in developing countries.
>>
>> *Interventions -- Countries that have adopted comprehensive tobacco* control programs involving a mix of interventions including a ban on tobacco advertising, strong warnings on packages, controls on the use of tobacco in indoor locations, high taxes on tobacco products and health education and smoking cessation programs have had considerable success. WHO found that for every 10 per cent real rise in price due to tobacco taxes, tobacco consumption generally falls by between 2 per cent and 10 per cent. In addition to national programs, an effective Framework Convention on Tobacco Control will address transnational aspects of the issues.
>
>> *Nicotine replacement therapy (NRT) targeting at all current smokers was* less cost-effective than the other strategies, but affordable in higher income countries. NRT includes nicotine patches, nicotine chewing gum, nicotine nasal sprays, lozenges, aerosol inhalers and some classes of anti-depressants.
> >>
>> *Unsafe Water and Sanitation -- Approximately 3.1 per cent of deaths (1.7* million) and 3.7 per cent of DALYs (54.2 million) worldwide are attributable to unsafe water, sanitation and hygiene. Of this burden, about one-third occurred in Africa and one-third in south-east Asia. Overall, 99.8 per cent of deaths associated with these risk factors are in developing countries, and 90 per cent are deaths of children. Various forms of infectious diarrhoea make up the main burden of disease associated with unsafe water, sanitation and hygiene.
>>
>> *Interventions -- The United Nations has adopted a goal of halving the* number of people with no access to safe water and sanitation by 2015. Improved water supply and basic sanitation, if extended globally, could prevent 1.8 billion cases of diarrhoea (a 17 per cent reduction of the current number of cases) annually. If universal piped and regulated water supply were achieved, 7.6 billion cases of diarrhoea (69.5 per cent

A-Exchange> World Health Report: YEAR...E CAN BE INCREASED 5-10 YEARS, WHO SAYS

reduction) would be prevented annually. Universal piped water is the ideal, but is high cost. In the short term, the most cost-effective strategy evaluated was disinfection of unsafe water at the point of use. This is a simple technology, is of very low cost, and would achieve substantial health benefits.

> >>

>> *Iron deficiency -- Iron deficiency is one of the most prevalent nutrient* deficiencies in the world, affecting an estimated two billion people with consequences for maternal and perinatal health and child development. In total, 800,000 (1.5 per cent) of deaths worldwide are attributable to iron deficiency, 1.3 per cent of all male deaths and 1.8 per cent of all female deaths. Attributable DALYs are even greater, amounting to the loss of about 25.9 million healthy life years (2.5 per cent of global DALYs) because of the non-fatal outcomes like cognitive impairment.

> >>

>> *Interventions -- Iron fortification is very cost-effective in areas of* iron deficiency. It involves the addition of iron usually combined with folic acid, to the appropriate food vehicle made available to the population as a whole. Cereal flours are the most common food vehicle, but there is also some experience with introducing iron to other vehicles such as noodles,rice, and various sauces.

>>

>> *"We surprised even ourselves in how far-reaching the health benefits can* be if governments and health systems adopt our recommendations," says Dr. Murray. "WHO believes that the wide distribution of this report should become a prime goal of all Member States."

Subject: PHA-Exchange> reference materials
Date: Mon, 4 Nov 2002 21:10:51 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

.From: "Philippine Health Social Science Association" <phssa@mydestiny.net>
.>
> *Health InterNetwork*
> *The Health InterNetwork aims to bridge the "digital divide" in health by*
> *ensuring that*
> *relevant information - and the technologies to deliver it - are widely*
> *available and effectively used by health personnel, researchers,*
> *scientists, and policy makers.*
> *Launched by the Secretary General of the United Nations in September*
> *2000 and led by*
> *the World Health Organization, the Health InterNetwork brings together*
> *public and*
> *private partners under the principle of ensuring equitable access to*
> *health*
> *information.*
> *As the first phase of making vital health content available, the Health*
> *InterNetwork has*
> *provided internet access to a vast library of the latest and best*
> *information on public*
> *health: nearly 1,500 scientific publications. This collection is*
> *available through the efforts of WHO together with the 6 biggest*
> *biomedical publishers: Blackwell, Elsevier Science, the Harcourt*
> *Worldwide STM Group, Wolters Kluwer International Health & Science,*
> *Springer Verlag and John Wiley.*
> *Please visit the Health InterNetwork at: http:/*
> */www.healthinternetwork.net*

> *Media/materials for health communication*
> *The Media/Materials Clearinghouse at the Johns Hopkins University Center*
> *for*
> *Communication Programs has developed a new CD-ROM: "Media/Materials for*
> *Health*
> *Communication" which is a portable version of the M/MC's website: a*
> *resource center with*
> *numerous databases of health communication materials, photographs,*
> *videos, etc., as well*
> *as several M/MC newsletters. Also included is a checklist that walks the*
> *user through the*
> *planning and establishment of a multi-media resource center.*
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> *The International Foundation for Science (IFS)*
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> *Call for Research Grant Applications from*
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>
> *The International Foundation for Science (IFS) provides support to young*
> *scientists of merit*
> *in developing countries by awarding research grants and additional*
> *services such as travel*
> *grants and purchasing assistance.*
>
> *IFS supports research related to the renewable utilisation of biological*
> *resources. In the*

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RN 8/11/02

> health field, research topics supported include nutrition (relating to
> food composition),
> micronutrients, weaning foods, food safety, alternatives to use of
> chemicals in food
> production, zoonotic pathogens (epidemiology, control and prevention),
> water
> quality, and medicinal products, including traditional medicines.
> Proposals for projects
> may address biological, chemical, or physical processes as well as
> social and economic
> relationships important in the conservation, production, and renewable
> utilisation of the
> biological resource base.
> Research grants are awarded up to a maximum value of USD 12,000 for a
> period of one to
> three years and may be renewed twice. They are intended for the purchase
> of equipment,
> expendable supplies, and literature. Applicants must be citizens of,
> and carry out
> the research at, a university or national research institution in a
> developing country
> (see the IFS Website for a list of eligible countries). Candidates must
> be under the age
> of 40 (under 30 for applicants from China), at the start of their
> research career, and have an MSc degree or equivalent.
> Applications in English or French can be submitted to the Secretariat by
> mail or
> electronically.
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> Grev Turegatan 19
> S-114 38 Stockholm
> Sweden
> Fax: -46 8 5458 1801
> Email: info@ifs.se
> Website: http://www.ifs.se
>

Subject: PHA-Exchange> Directory of Training Programs in Health Ser
Date: Fri, 8 Nov 2002 09:32:42 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

2002 Directory of Training Programs in Health Services and Health Policy Research
>
> Website: http://academyhealth.org/directory/index.htm
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RN 11/11/02

1 of 1

Subject: PHA-Exchange> U.S. May Abandon Support of U.N. Population Accord
Date: Tue, 5 Nov 2002 16:09:04 -0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

US MAY ABONDON SUPPORT OF U.N. POPULATION ACCORD

By JAMES DAO

WASHINGTON, Nov. 1 - The Bush administration, embroiling itself in a new fight at the United Nations, has threatened to withdraw its support for a landmark family planning agreement that the United States helped write eight years ago.

The reason for the threat is contained in two terms that the administration contends can be construed as promoting abortion. The terms - reproductive health services and reproductive rights - figure in the final declaration of the United Nations population conference in 1994 in Cairo, which embraced a new concept of population policy based on improving the legal rights and economic status of women. The declaration has since been endorsed by 179 nations.But during a population and development conference in Bangkok this week, the American delegation announced that Washington would not reaffirm its support for the Cairo "program of action" unless the disputed words were changed or removed, United States and United Nations officials said.

The threat startled members of other delegations attending the Asian and Pacific Population Conference and drew immediate criticism from Chinese, Indian and Indonesian officials, who argued that the American position would undermine a global consensus on population policy, according to United Nations officials. The threat has also elicited a sharp response from some Europeans. "I think it is disappointing and incredible," said Agnes van Ardenne, the Dutch minister for development cooperation. "Poverty reduction will not be successful without reproductive health and without women being able to make their own choices."

Congressional Democrats and United Nations officials underscored these concerns today, saying that a decision by the administration to withdraw support for the Cairo program would undermine the efforts of family planning officials in countries that have looked to the United States to take the lead in checking population growth.

"The impact of these public statements is devastating and could undermine 10 years of work," Representative Carolyn Maloney, Democrat of New York, said in a draft letter to Secretary of State Colin L. Powell that she began circulating on Capitol Hill today. "It is likely that repressive countries will follow the U.S. in its decision and the progress that has been made will cease."

The State Department declined to comment on the dispute today. But administration officials acknowledged that the United States might not reaffirm its support for the Cairo program unless the disputed phrases were withdrawn or modified.

The 1994 conference was widely considered a watershed event because it moved away from traditional ideas of family planning and embraced the idea that giving women more control over their lives would provide a check against explosive population growth.

The program of action called for stabilizing the world's population at no more than 9.6 billion by 2050 and it urged countries to make health care widely accessible, reduce maternal mortality, provide universal access to primary education and stem the spread of H.I.V. and AIDS. The program also suggested that where abortion is legal, it should be made safe.

The program's acknowledgment that legal abortion could be part of health care has drawn objections from the Vatican and several Muslim and Latin American countries. But over the years, the United States has consistently

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reaffirmed the Cairo principles.

One of the Vatican's chief negotiators in Cairo, John Klink, was an adviser to the United States delegation in Bangkok, United Nations officials said.

Douglas Johnson, legislative director of the National Right to Life Committee, praised the Bush administration's stand. "We certainly approve of any effort by the administration to make it clear that abortion is not an acceptable method of family planning," Mr.Johnson said. "There is a sort of code used in some of these U.N. documents, and groups that advocate expanded access to abortion do construe these phrases to include abortion."

The dispute over the Cairo program is only the most recent example of administration efforts to withdraw American support from United Nations programs that it contends promote abortion.

In July, the administration decided to withhold $34 million in previously approved aid to the United Nations Population Fund, contending that the agency helps Chinese government agencies that force women to have abortions.

In May, during the United Nations General Assembly's special session on children, the Bush administration, the Vatican and some Muslim countries unsuccessfully pushed for a policy to prevent teenagers from getting abortions. The group also sought to make abstinence the centerpiece of sex education for unmarried teenagers.

Timothy E. Wirth, the under secretary of state for global affairs in 1994, said he expected the Bush administration to reaffirm the Cairo program eventually. If it does not, he said, the United States might alienate important allies just as it is trying to build international support for its Iraq policies.

"The reaction would be very negative," Mr. Wirth added, "at a time when the administration is trying to put together international coalitions on various efforts."

SOURCE:
http://www.nytimes.com/2002/11/02/international/asia/02ABOR.html?pagewan
November 2, 2002

****
US drug makers accused of bullying

Sarah Boseley, health editor
Thursday November 14, 2002
The Guardian

The US government and the giant pharmaceutical companies are continuing to bully poor countries to tighten up their patent rules, hampering efforts to obtain cheap medicines for people with diseases such as HIV/Aids, according to a new report.

One year after the historic Doha declaration of the World Trade Organisation, which said that poor countries could put their public health needs before compliance with patent rules and buy or make cheap copies of brand name drugs, Oxfam's review finds that US bullying is partly responsible for the lack of so many of the vitally-needed medicines.

Each year the US government produces a trade report known as Special 301, in which the trade representative names countries which it considers to have inadequate protection for patents. Being named is a warning of potential trade sanctions.

The USTR named 27 countries in this year's Special 301 report. This is 66% of those that the Pharmaceutical Research and Manufacturers of America complained about, compared with 61% last year, Oxfam found. The complaints were mainly directed against those countries that manufacture cheap generic versions of patented medicines.

"It is now widely accepted that unduly restrictive patent protection raises prices and therefore reduces access for poor people," says the report.

"Price discounts by companies can help but generic competition is the only sustainable way of reducing prices and increasing access. This in turn requires a more flexible application of patent law in developing countries. And for this to happen, the US government and pharmaceutical companies must stop their bullying."

Subject: PHA-Exchange> Generic durg - WTO break throug, US drug makers bully
Date: Sun, 17 Nov 2002 10:08:46 -0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

WTO - AUSTRALIA: WTO MINISTERS REACH BREAK THROUGH DRUGS DEAL AT SYDNEY TALKS

Agence France-Presse - November 15, 2002
Niall Sands
http://www2.aegis.org/news/afp/2002/AF021145.html

SYDNEY, Nov 15 (AFP) - Leading trade ministers agreed on a plan Thursday give the world's poorest nations access to affordable medicines, a breakthrough in the effort to tackle global health crises like HIV/AIDS, malaria and tuberculosis, officials said.

The deal came at a heavily-guarded meeting of trade ministers from 25 nations that was called to kickstart flagging efforts to liberalise global trade and has been marked by sporadic clashes between police and anti-globalisation protestors.

The meeting agreed to back changes that will allow some developing nations to manufacture generic drugs now protected by Western patents and export the medicines to other needy countries on a case-by-case basis.

The agreement topped the agenda at the Sydney meeting, which was attended by a number of African countries such as Nigeria, Senegal and Lesotho which currently have to import expensive AIDS/HIV drugs from the West.

Also attending were ministers from the United States, the European Union and Japan, along with new director-general of the World Trade Organisation (WTO), Supachai Panitchpakdi.

A member of the US trade delegation said the drugs deal represented a success for the meeting, which then moved on to discuss dismantling agricultural trade barriers.

"There is a broad consensus that the concerns of the poor countries are a priority that they will be working to address."

The WTO agreed at a summit in Doha, Qatar, a year ago to let developing nations override patents held by pharmaceutical companies in order to produce cheaper generic drugs in times of medical crisis.

But it barred those countries from exporting the generic drugs, leaving the poorest states which have no pharmaceutical manufacturing capacity in the lurch. The proposal agreed to Friday is a compromise between developing nations that wanted to scrap the export controls on patented medicines and the EU, United States and Switzerland, which have large pharmaceutical industries and fear Western markets would be flooded with cheap, generic medicines.

The plan would grant waivers on drug patents on a case-by-case basis and seek tight controls on trade in the generic medicines.

Outside the meeting, 35 people were arrested as scuffles broke out between riot police and anti-globalisation protestors .

About 1,500 protestors ignored an official ban on demonstrations for the duration of the discussions and marched on the talks venue.

Australian Prime Minister John Howard labelled the protestors a disgrace and said they did not understand that "trade is even more valuable to developing countries than aid".

RN 18/11/02 Pa Patents/WTO RN 19/11 RN 18/11

Subject: PHA-Exchange> Education and Health Expenditure
Date: Sun, 17 Nov 2002 10:56:57 -0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> "Education and Health Expenditure and Poverty Reduction in East Africa: Madagascar and Tanzania"
>
> http://www.oecd.org/EN/document/0,,EN-document-nothemc-7-no-15-36104-0,00.html
> "....In the context of four of the OECD Development Assistance
> Committee's (DAC) development objectives -- reducing extreme poverty;
> providing universal primary education; lowering infant and maternal
> mortality; and transmitting health -- . The authors demonstrate that in the
> case of very poor countries, policies aimed at universal provision of
> education and health services benefit the poor significantly more than more
> expensive targeted schemes. The book draws attention to the absolute need
> for coherence and co-ordination so that schools are not built without
> teachers and dispensaries without drugs. Moreover, national macroeconomic
> policies have to be realistic if the health and education sectors are not to
> be deprived of resources. Finally, the quality of governance is shown to
> have a direct effect on the efficiency of social spending....."
>
> Contact Information:
> Henri-Bernard Solignac Lecomte
> e-mail hbsl@oecd.org

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RM 18/11/02 for.

18/11

RM 18/11

Subject: PHA-Exchange> Bill Gates Foundation donation to India (2)
Date: Sun, 17 Nov 2002 11:15:30 -0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Ted Greiner" <ted_greiner@hotmail.com>

I was at a meeting recently where a senior UNICEF staff member warned that they and other UN agencies are now being starved of cash because all the big money goes to private initiatives such as the ones you mention. We must recognize that this is just one more symptom of the process of neoliberal globalization rapidly transforming the world as we all sit relatively helpless and watch. Money and power are draining away from all forms of public activity, even governments, into private control. Gates and a few other individuals control more wealth than the Rockefellers and their like ever dreamed of. Where is it all leading? Is there any way to avoid a science fiction scenario in which our children live in a world entirely under the control of a few huge corporations and the few males who run them?

PS: Further evidence of the weakening of the UN, both financially and in terms of its ability act independently on behalf of the poor is the recent acceptance of Nestle into the UN Global Compact and the recent announcement of a partnership between UNICEF and McDonalds.

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RW 18/11/02

RW 18/11

RW 18/11

PHA- Exchange>

Subject: PHA-Exchange> PLACE PEOPLE BEFORE PROFITS AND POWER
Date: Sat, 23 Nov 2002 14:16:32 +0700
From: "Aviva" <aviva@netnam.vn>
To: "afro-nets" <afro-nets@usa.healthnet.org>

From: <pambazuka-news-admin@pambazuka.org>

1.EDITORIAL (excerpts)
>
> *PLACE PEOPLE BEFORE PROFITS AND POWER, CIVIL SOCIETY TELLS MINISTERS*
> *Statement to the SADC EU Ministerial Meeting, from the SADC EU Civil* Society Conference, 3-5 November 2002, Copenhagen, Denmark and the Civil Society meeting in Maputo 5-8 November:
>
> *We share a common vision of an equitable society that cares for all its* members, that strives continuously to enhance their socio-economic rights and political freedoms, and that places people not profit or power first. We also share a common vision of meeting in a partnership of equals, not shackled
by exploitative relations.
>
> *We see development as a people-driven and a people-centered process. We* struggle for this development in
> *the context of severe inequalities of economic and political power* inherited from previous colonial relationships and the damage done to regional development and integration by apartheid. This adverse context also includes non-democratic governance, lack of media independence and limitations in the freedom of the civil society in some countries.
>
> *We believe that these unequal relations have been perpetuated by* international institutions such as the IMF, World Bank and WTO and economic structures of dependency, including the debt trap and unfair trade relations. We believe that they are being abused to secure the
> *unilateral imposition of trade liberalisation, privatisation and maximum* repayment of debts. These processes undermine regional efforts to define alternative development frameworks, to pursue regional integration and to address structural problems of production and sustained resource management.
>
The current famine in Southern Africa demands an urgent response. Assistance must be provided with due sensitivity to the danger of reinforcing dependence. In the longer term, lessons must be learned about the local and international policy failures, which have contributed to famine. The
> *right of developing countries to pursue policies aimed at securing food* security must be defended against inappropriate international policy advice.
>
Internationally supervised structural adjustment has failed to promote African development. This has been exacerbated by mismanagement of official development assistance, poor domestic governance of assets and the corrupt practices of
> *public and private officials associated with development projects.*
>
> *Any recovery plan must clearly identify the failures of past*
> *conditions attached to aid, loans and investment and adopt African* proposals for people-centered development. Adjustment policies are mainly concerned with raising external resources, appealing to and relying on external governments and institutions. In addition, they are driven by African elites and drawn up by the corporate forces and institutional instruments of globalisation, rather than being based on peoples experiences, knowledge and demands. A legitimate African programme has to start from the people and be owned by the people.
>
The HIV-AIDS pandemic

PHA Exchange→

RN 26/11

RN 25/11/02

Because HIV/AIDS affects women with household
> *responsibilities and the young and economically active sections of the* population, the epidemic has devastating implications on production and economic growth. It is already putting an unbearable burden on social services
> *and reversing hard-won development gains. The HIV/AIDS pandemic represents* an immense obstacle to reaching the national poverty reduction targets and development goals agreed upon at the United Nations Millenium Summit.
>
> *We call on EU Governments to: (omitted for brevity; see orignal)*
> *We call on the SADC Governments to: (omitted)*
>
> *Debt and reparations*
> *Debt repayments are having a crippling effect on the ability of* Governments of the region to implement development programmes, invest in health and education and cope with the devastating impact of the HIV/AIDS crisis. The failed policies of the structural adjustment do not provide a framework to tackle the special nature of Southern Africa's debt.
>
> *Apartheid-caused debt: (omitted)*
> *Given that these apartheid caused debts served a criminal system we call* on the EU Governments to:
> - *Accept that all apartheid caused debt is illegitimate and illegal;*
> - *Recognise that their corporations and banks aided and abetted apartheid* and reaped profits from it;
> - *Recognise that the peoples of Southern Africa therefore are entitled to* full cancellation and reparation for apartheid-caused debt.
>
> *Structural adjustment caused debt*
> *We call upon the EU to recognize that dependency by SADC countries on* international financial institutions is caused by falling commodity prices of African exports, lack of access to markets in the EU and the USA because of protectionism and agricultural subsidies, and reductions in official development aid.
>
> *Privatisation*
> *We believe that access to essential services, such as health, energy and* water, are basic human rights and should not be subject to privatisation and profit, thus falling outside public control. The privatisation of such services and needs only serves to widen the gap between the rich and the poor,
> *to increase the gender gap and to impact unfairly on women and girls who* are the first to lose education and health services when user fees are introduced.
> *Privatisation ignores the question of people's ownership and control of* resources, while benefiting big capital.
>
> *We call on the EU and SADC Governments to:*
> - *stop using privatisation as a pre-requisite for granting development* assistance and access to trade, especially as applied to the conditionalities imposed through the activities of the IFI's and the WTO.
> - *ensure that any implementation of Public-Private Partnerships (PPPs)* remains under public control and ownership, and ensures access to affordable services
> *by the people;*
> - *stop using development funds to promote private sector delivery of* services;
> - *commit to pursuing, with the full involvement of civil society, >* comprehensive economic and social impact assessments prior to the implementation of any privatisation initiative;
> - *explore alternative strategies to upgrade public services, including* gender budgeting, while keeping them under public control that is accountable and transparent.
> *scrap failed cost recovery policies on basic services and implement*

cross-subsidisation and budget subsidies;
> - recognise that privileged elites, companies and countries are driving
and benefiting from privatisation.
>
> Further details: http://www.pambazuka.org/newsletter.php?id=11585

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha_exchange

Subject: PHA-Exchange> News posted by DailyTimes.com
Date: Sun, 24 Nov 2002 10:16:00 "GMT"
From: Naeem <anaeemkhan@hotmail.com>
To: friends <pha-exchange@kabissa.org>

'New laws to gag Pakistani Press'

By Ahmad Naeem

LAHORE: Three ordinances recently promulgated by the president of Pakistan would exert a chilling effect on the freedom of expression in Pakistan, said ARTICLE 19, a London-based organisation, on Saturday.

The Press Council Ordinance, Registration Ordinance and Defamation Ordinance not only restrict the freedom of expression but also undermine the process of democratic transition. Nothing about them justifies the urgent procedure invoked by the president, and if necessary, that should have been left to the new parliament, the organisation said.

The Press Council Ordinance establishes a press council, largely controlled by government appointees – the chair, for example, is appointed by the president – with responsibility for enforcing an Ethical Code of Practice, binding on all journalists, it said.

The Code contains a number of extremely vague obligations such as to "strive to uphold standards of morality" as well as illegitimate obligations such as to avoid printing material which may bring the country or its people into contempt, it added.

The Registration Ordinance requires all publishers, printers and owners of newspapers and news agencies to be centrally registered, no matter how small their circulation. Registration may be refused if the applicant has been convicted of a criminal offence or, in the case of printers, of a crime involving 'moral turpitude'.

The Defamation Ordinance provides for criminal sanctions for defamation, including a minimum level of compensatory damages of Rs 50,000 – one third of the annual per capita GDP – and up to three months imprisonment.

The ordinance fails to address serious problems with existing defamation laws, preserving existing criminal defamation provisions and the power of public bodies to sue in defamation, ARTICLE 19 said. Toby Mendel, head of ARTICLE 19's Asia Programme, said: "These ordinances are aimed at controlling the media.

The enforcement mechanisms in the Press Council Ordinance and the Registration Ordinance are wide open to political abuse and imprisonment for defamation is clearly contrary to the international law. Together, they are likely to result in significant self-censorship by Pakistani journalists."

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PHA Exchange →

RN 26/11

Subject: PHA-Exchange> The State of the World's Vaccines
Date: Tue, 26 Nov 2002 15:54:03 +0700
From: "Aviva" <aviva@netnam.vn>
To: "afro-nets" <afro-nets@usa.healthnet.org>

> *The State of the World's Vaccines and Immunization*
>
> *Jointly produced by the World Health Organization (WHO), UNICEF and the*
> *World Bank*
> *October 2002*
>
>
> *Available as PDF file [116p.] at WHO website:*
> *www.who.int/vaccines-documents/*
> *or UNICEF website at:*
http://www.unicef.org/noteworthy/sowvi/sowv_en_2002_rev.pdf
> *Related press release: Low Investment in Immunization and Vaccines*
Threatens Global Health
> *<http://www.unicef.org/newsline/02pr61sowv.htm>*
>
. One in four of the world's children are not inoculated against
> *common, vaccine-preventable diseases such as tuberculosis, measles,*
tetanus,
> *and whooping cough.*

.The report points out that while vaccines have saved billions of lives
> *in the past century and are still the least expensive way of controlling*
the
> *spread of infectious diseases, they are not reaching the populations that*
> *need them most....."*

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PHA-Exchange →

RN 29/11

Subject: PHA-Exchange> How many lives is Equity worth?
Date: Sat, 30 Nov 2002 14:40:29 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Barbara Starfield" <bstarfic@jhsph.edu>

Excerpted and paraphrased from:
Intl. J. for Equity in Health 2002, 1:1, 22 April 2002.
(www.equityhealthj.com/content/1/1/1)
Macinko J.A. and Starfield B., 'Annotated bibliography on Equity in Health'

HOW MANY LIVES IS EQUITY WORTH? (borrowed from Lindholm et al, 1998)

1.Inequality is reflected in differences in health between population groups in any given society.

2.Equity is defined as the absence of potentially remediable, systematic, differences in one or more aspects of health across socially, economically, demographically or geographically defined population groups or sub-groups. (IJEH)

3.WHO defines inequity as differences in health status which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust.
[This because not all health differences (inequalities) are considered unfair or unjust... But beware: Despite the fact that members of society have legitimate claims to fairness in health, there is no way to assess fairness without imposing some value judgement].

4.Two types of equity have to be considered:
-Vertical equity, i.e., preferential treatment for those with greater health needs --or 'the unequal, but fair treatment of unequals', and
-Horizontal equity, i.e., equal treatment for equivalent needs --or 'the equal treatment of equals'.

5.In other words, equity implies no differences in health services where health needs are equal (horizontal equity) or enhanced health services being provided where greater health needs are present (vertical equity).
Therefore, from a vertical equity perspective, groups in society that have the lowest starting points require preferential treatment and investments.

6.Overall, the dilemma we are often faced with is whether to provide the greatest good for the greatest number of beneficiaries or rather to improve the health of the most disadvantaged in society.

7.There are three types of responses to health inequities:
a) Increasing or improving the provision of health services to those in greatest need;
b) Restructuring health care financing mechanisms to aid the disadvantaged; and
c) Altering broader social, economic and political structures intended to influence more distal determinants of health inequities. [Note that this influence (the one of politics on inequities in health) has been grossly under-researched....certainly not a coincidence...].

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8.Success of these responses is to be measured by the size of the reduction in the gap between the better off and worse off group --or by the improvements attained by the worst off group relative to where it started from before the intervention.

9.Note that 'individual-based measures of (and responses to) health inequality' do not address differences across population sub-groups and are thus of limited use in policy making since they do not inform us about comparisons between the more and the less disadvantaged groups in society. Individual measures: a) ignore the important social determinants of health inequalities, b) prevent them from being placed in the policy agenda, and c) ignore guiding resources to those with both poorer health and lower

RN 1/12/02 Qer

socio-economic position. Increased individualization also explains the fact that only rarely are structural policy measures being taken to more frontally tackle health inequalities worldwide: the driving force in individualization is mainly utilitarian.

10.An equitable health care system, therefore, is one that assures probabilities of access will be equal across population groups for a given set of health needs and problems.

11.'Distributive justice' focuses on the distribution of health outcomes across groups in society. 'Procedural justice' --needed as much-- emphasizes fairness in the processes followed rather than fairness only in the actual outcomes.

12.'Benchmarks of fairness' can be set to judge these two types of justice in health. Examples are: the existence of financial and non-financial barriers to access, levels of accountability of providers and empowerment of beneficiaries, comparisons of each income group's share of need for medical care with the share of medical care they actually obtain (equity of health benefits).

13.To reiterate, then, equity in health is ultimately concerned with creating equal opportunities for receiving quality health care, and with bringing unfair health differentials down to the lowest levels possible.

14.Six principles of action flow from this, namely: improving people's living and working conditions, decentralizing decision-making/encouraging true participation, enabling healthier lifestyles, assessing health impacts of all major development actions, keeping equity on the agenda, and providing quality services accessible to all.

15.Inequalities in health status attributable to the distribution of income are inequitable, basically because they are systematic and remediable; moreover, income inequality is associated with individual morbidity and mortality risks.

16. Socioeconomic position is the major contributor to differences in death rates. The mortality burden attributable to socioeconomic inequality is large and has profound and far-reaching implications. There is thus a 'social patterning in the causes of morbidity and mortality'. This is as true for differences seen between black and white men in the US as it is for the fact that death rates are highest in the most disadvantaged areas; they also differ by gender, i.e., higher mortality rates are found among lower educated women. [Since gender is a significant marker of social and economic vulnerability (as, for example, manifested in inequalities of access to health care), gender inequality and limited economic opportunities may be two of the pathways through which the unequal distribution of income adversely affects a population's health].

17.Another typical example of inequality in rich countries is seen in the fact that lower income groups are more intensive users of general practitioners and hospitals; the rich have higher rates of use of specialist services. A pro-rich inequity also exits for the total number of physician contacts.

18.Additionally, income inequality within a given society has an independent effect on life expectancy, distinct from the well known association between absolute per capita income levels and a population's health. The greater the income inequality, the greater likelihood that poor individuals will report poorer health.

19. Class at birth and educational attainment seem to be good proxy measures of social position when studying equity. [Nevertheless, how social class is specified makes a difference in drawing conclusions about the magnitude of inequalities]. Occupation, indexes of material living standards, and health expenditures as a proportion of a household's total budget have also been used as proxies. But equity is too complex a concept to be reduced to a single or a couple indicators.

20.The reduction of systematic inequalities in health care is thus seen as an overall strategy for the improvement of a population's health. But the use of generic categories, such as "the poor" or "the very poor" leads to insufficient disaggregation of the impact of changes in financing mechanisms and of regressive user fees.

21.Ultimately, what really matters and counts is the equity aspects of the actual resource-allocation decisions being made. For instance, policy-makers have done or are doing little to reduce current inequality-perpetuating government subsidies to the private sector --which serves a minority of the population. Further, many questions have been raised as to whether public/private partnerships can be expected to explicitly address the health needs of the poor.

22.Despite the above, the most significant reasons for increased inequalities in health today stems: a) from public policies that benefit globalization, and b) from technocratic, humanitarian and apolitical approaches being used by international aid agencies and governments; these approaches disregard the growing inequalities and unequal power relations among and within countries. This, despite the well accepted fact that different power relations in different societies are the most important force that determines the level of well-being and health of their populations. In short: the growth of inequalities is rooted in power relations that are skewed against the poor.
For example, as the world moves towards globalizing free market solutions, equity in health has (ideologically) come to be seen as conflicting with the market system's efficiency goals.

23.Private insurance and out-of-pocket payments have negative redistributive effects (...and user fees only raise an insignificant fraction of revenue for the health sector ...and exemption systems for the poor seldom work). Taxes used to finance health services, on the other hand, are generally pro-poor in their overall redistributive effects. Moreover, it is proven that one gets more health per dollar by aiming at the health of the poor. Tax progressivity (those who earn more paying more) is key though in determining the redistributive effect of public health care investments.

24.Finally, as part of inequality, we see a widening gap in health status between urban and rural residents correlated with increasing gaps in income and health care utilization rates. We also see increased financial barriers to access in rural areas and, more worrisome yet, diminished rural publicly-financed public health services and programs.

25.As a way out, we basically need to promote greater direct community-surveillance of equity issues; the latter can mobilize political forces and strengthen community empowerment. The focus should be on the health status of the most vulnerable --with an eye on acting promptly if equity targets are not being met. Local authorities are to be held responsible/accountable for meeting equity targets. Furthermore, some have suggested that international agencies should condition their aid on the surveillance of equity; therefore, each country should decide on a stepped approach towards achieving health equity targets.

Claudio Schuftan, Hanoi
aviva@netnam.vn

Subject: PHA-Exchange> Do Microfinance Programs Help Families
Date: Fri, 6 Dec 2002 15:12:01 -0700
From: "Aviva" <aviva@netnam.vn>
To: "afro-nets" <afro-nets@usa.healthnet.org>

>*Do Microfinance Programs Help Families Insure Consumption Against Illness?*
>
> *By Paul Gertler, U.C. Berkeley and NBER*
> *David I. Levine, U.C. Berkeley*
> *Enrico Moretti, Department of Economics, UCLA*
> *Institute for Development Research, Boston, (2002)*
>
> *Available online as PDF file [25p.]*
> *at: http://www.cu.edu/econ/ied/seminars/pdf/levine9-30-02Microfinance.pdf*
>
> *Abstract: Families in developing countries face enormous financial risks*
> *from major illness both in terms of the cost of medical care and the loss*
in
> *income associated with reduced labor supply and productivity. Authors*
tested
> *whether access to microfinancial savings and lending institutions helps*
> *Indonesian families smooth consumption after declines in adult health. In*
> *general, results support the importance of these institutions in helping*
> *families to self-insure consumption*
> *against health shocks.*
> *".....the paper concludes that governments should promote microfinance and*
> *microsavings programmes in addition to*
> *traditional tools such as subsidies, mandates, or direct government*
> *provision of health insurance and disability*
> *insurance.*

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RN 10/12/02

PHA Exchange →

RN 14/12

Subject: PHA-Exchange> Various topics
Date: Fri, 6 Dec 2002 15:46:30 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> FORMULA FOR SUCCESS? NEEDS-BASED RESOURCE ALLOCATION IN HEALTHCARE
> A country's policy on healthcare financing can help or hinder access to
> services by poor people. How can different approaches to resource
allocation
> enable poor people to access essential health services? A report from the
UK
> Department for International Development's Health Systems Resource Centre
> presents lessons from Cambodia, South Africa and Uganda. In many
low-income
> countries resources are allocated through a mixture of political
negotiation
> and incremental budgeting based on established patterns. This can result
in
> resources going disproportionately to more vocal and visible urban
> populations, perpetuating pre-existing inequity. Allocation based on need
> would be a significant break with tradition. The report concludes that a
> needs-based approach is not necessarily pro-poor. The definition of equity
> must be consistent with any existing pro- poor health policy. Reallocation
> of resources takes time and should be incorporated into medium-term
> expenditure plans. Using a formula is objective and transparent and
> preferable to more subjective alternatives.
>

> US BULLYING ON DRUG PATENTS: ONE YEAR AFTER DOHA
http://www.oxfam.org/eng/pdfs/pp021112_bullying_patents.pdf
> This paper presents findings from an Oxfam commissioned review of US
> government bilateral policies on patents and medicines, pre and post Doha,
> to find out how far it has lived up to promises made in that agreement. It
> focused on the annual 'Special 301' trade report of the US government
which
> identifies countries it considers have inadequate intellectual property
> rights and which is widely feared by developing countries because of the
> attached threat of sanctions and associated diplomatic and political
> pressures. Some of the findings from the Oxfam review show that, contrary
to
> the spirit and the letter of the Doha agreement: US bilateral policy on
> patents and medicines is still heavily influenced by the narrow commercial
> interests of the giant pharmaceutical companies seeking to stave off
generic
> competition for lucrative patented drugs; The US government continues to
use
> bilateral and regional trade agreements outside the WTO to pressure
> developing countries to implement TRIPS-plus standards. Oxfam argues that
> these continued bilateral pressures against developing countries delay or
> restrict the production of cheaper generic versions of new medicines. This
> not only reduces poor people's access to medicines in these countries, but
> also chokes off the supply of cheap drugs to the vast majority of other
drug
> importing poor countries leaving them entirely dependent on expensive
> patented medicines.
>

> NARROWING THE 10/90 GAP: DIRECTING FUNDING FOR HEALTH RESEARCH TOWARDS
THOSE
> WHO NEED IT MOST
> http://www.eldis.org/cgtw-wpd/exec/
> dbtwpcgi.exe?

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15/12

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9/12/02

> Of the US$73 billion spent globally every year on health research only about
> 10% is actually allocated for research into 90% of the world's health
> problems. This is what is known as the 10/90 gap. This third landmark report
> of the Global Forum for Health Research underlines the crucial role that
> health and health research funding plays in breaking the cycle of
> poverty.The report covers progress towards narrowing this gap over the past
> two years and outlines plans for the coming years. The report stresses that
> prioritisation of health research spending at the global and national levels
> is a necessity if research funds are to have the greatest impact possible on
> the level of world health. However, it also notes that setting priorities in
> terms of individual diseases is not enough and that cross-cutting influences
> such as the capacity of a country to deliver health services, the necessity
> to look at gender differences, behaviour and lifestyles harmful to health,
> and environmental problems like indoor air pollution must also be
> considered.
>
> WHO COMMISSION ON MACROECONOMICS AND HEALTH LAUNCHES ELECTRONIC NEWSLETTER
> The Commission on Macroeconomics and Health (CMH) has created an electronic
> newsletter to provide up-to-date information about national efforts to
> increase investment in health and improve the effectiveness of health
> expenditure. The MacroHealth Newsletter will feature Macroeconomics and
> Health Support Secretariat news, new findings on health investment and
> economic growth, country CMH launches and progress in implementing national
> work in macroeconomics and health.
> Further details:
> http://www.equinetafrica.org/newsletter/newsletter.php?id=943

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> *SciDev.Net was set up with the support of the journals Nature and Science, both of which allow us to provide free access to selected articles each week. One important feature of the website is 'dossiers' - collections of authoritative articles and background information on key science-related issues of direct interest to developing countries.*
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Subject: PHA-Exchange> PHA-Exchange>Amartaya Sen on Globalization
Date: Mon, 16 Dec 2002 10:19:28 +0100
From: sunil.deepak@aifo.it
To: aviva@netnam.vn, pha-exchange@kabissa.org

It's Right To Rebel

The protests against globalisation are often ungainly, ill-tempered, simplistic, frenzied and frantic, even highly disruptive. And yet, they also serve the function of questioning and disputing the unexamined contentment about the world in which we live.
Amartya Sen

The world in which we live is both remarkably comfortable and thoroughly miserable. There is unprecedented prosperity in the world, which is incomparably richer than ever before. The massive command over resources, knowledge and technology that we now take for granted would be hard for our ancestors to imagine.

But ours is also a world of extraordinary deprivation and of staggering inequality. An astonishing number of children are ill-nourished and illiterate as well as ill-cared and needlessly ill. Millions perish every week from diseases that can be completely eliminated, or at least prevented from killing people with abandon.

The dual presence of opulence and agony in the world that we inhabit makes it hard to avoid fundamental questions about the ethical acceptability of the prevailing arrangements and about our own values and their relevance and reach.

One of the questions that we have to face immediately is this: given the gravity and consequences of the contrasts between the comforts and the miseries that we see in the world, how do most of us manage to live untroubled and unbothered lives ignoring altogether the inequities that characterize our world?

Is the avoidance of ethical scrutiny the result of our lack of sympathy for each other - a kind of moral blindness or breathtaking egocentrism that afflict and distort our thinking and actions? Or is there some other explanation that is consistent with a less negative view of human psychology and human values?

This is not an easy issue to settle, but let me begin by arguing that our indifference and complacency may well be connected with a failure of our understanding, rather than reflecting a basic lack of human sympathy. A cognitive failure can arise both from unreasoned optimism and from groundless pessimism, and oddly enough, the two can sometimes unite.

To begin with the former, the obdurate optimist tends to hope, if only implicitly, that things will get better soon enough. The combination of processes, such as the flourishing market economy, that has led to the prosperity of some in the world will presently lead to similar prosperity for all. In this glowing perspective, the doubters tend to appear to be soft in head, whether or not they are kind in heart. "Give us time - don't be so impatient," asserts the voice of contented optimist.

On the other side, the stubborn pessimists acknowledge - indeed emphasize - the continuing misery in the world. But they are, frequently enough, also pessimistic about our ability to change the world significantly. "We should change things if we can, but to be realistic, we really cannot," goes that argument. Pessimism can - and often does - lead to a quiet acceptance of a

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great many ills.

As Sir Thomas Browne put it more than three and half centuries ago (in 1643), "the world....is not an inn, but a hospital." People can learn to live happily in a hospital, full of ailing patients, and manage to avoid thinking about the miserable around them.

There is, thus, a partial but effective congruence between the stubborn optimist and the incorrigible pessimist. The optimist finds resistance unnecessary whereas the pessimist finds it to be useless. As James Branch Cabell put it (reacting to a very different manifestation of this conundrum), "The optimist proclaims that we live in the best of all possible worlds; and the pessimist fears this is true."

The opposing viewpoints unite in resignation. Global passiveness is, thus, fed not just by moral blindness, and by apathy and egocentrism, but also by a conservative unity of radical opposites. Persuaded - or at least comforted - by our alleged inability to do any good (either because it is not needed or because we cannot make any difference anyway), we can lead our own lives, minding our own business, and not see anything morally problematic in quietly accepting the inequities that characterize our world.

Ethics can be killed by premature resignation.

It is in this general context that we have to view the doubts about globalization that we see in the world today, including the protest movements which have made organized international meetings so hard to hold. These protests have many features (some of them rather hard to tolerate, including arrogance and violence), but they can be, at one level, seen as a challenge to the ethical complacency and inaction generated by the coalition of optimists and pessimists.

The protest movements are often ungainly, ill-tempered, simplistic, frenzied and frantic, and they can also be highly disruptive. And yet, at another level, they also serve the function, I would argue, of questioning and disputing the unexamined contentment about the world in which we live.

In this sense, the global doubts can help to broaden our attention and extend the reach of policy debates, by confronting the status quo and by contesting global resignation and acquiescence. That, it can argued, is a creative role of doubts, even if some of the presumptions and many of the proposed remedies that go with the protest movements are themselves under examined and unclear.

It is important to recognise that the question-mongering role of doubts can itself be creative and productive, and we have to separate the disruptive parts of the protest movements from their constructive function.

The Nature of Globalization

The protest movements can, thus, be seen as expressing creative doubts. But doubts about what? There is, I would argue, a serious interpretational issue here. The protesters often describe themselves as "anti-globalization"? Is globalization a new folly? And are the protesters really against globalization, as their rhetoric suggests?

The so-called anti-globalization protesters can hardly be, in general, anti-globalization, since these protests are in fact among the most globalized events in the contemporary world. The protests in Seattle, Melbourne, Prague, Quebec and elsewhere are not isolated or provincial phenomena.

The protesters are not just local kids, but men and women from across the world pouring into the location of the respective events to have their

global voice heard. Globalized interrelations can hardly be what the protests want to stop, since they must, then, begin by stopping themselves.

I should presently come back to the question as to how we may sensibly view what the protests are about, but before that, let me turn to the second question: Is globalization a new folly? I would argue that globalization is neither especially new, nor in general, a folly.

A historical understanding of the nature of globalization can be quite useful here. Over thousands of years, globalization has contributed to the progress of the world, through travel, trade, migration, spread of cultural influences, and dissemination of knowledge and understanding (including of science and technology). To have stopped globalization would have done irreparable harm to the progress of humanity.

Furthermore, even though globalization is often seen these days as a correlate of Western dominance, consideration of history can also help us to understand that globalization can run in the opposite direction as well. To illustrate, let us look back at the beginning of the last millennium rather than at its end.

Around 1000 A.D., global spread of science, technology and mathematics was changing the nature of the old world, but the dissemination then was, to a great extent, in the opposite direction to what we see today. For example, the high technology in the world of 1000 A.D. included paper and printing, the crossbow and gunpowder, the clock and the iron chain suspension bridge, the kite and the magnetic compass, the wheel barrow and the rotary fan. Each one of these examples of high technology of the world a millennium ago was well-established and extensively used in China, and was practically unknown elsewhere. Globalization spread them across the world, including Europe.

A similar movement occurred in the Eastern influence on Western mathematics. The decimal system emerged and became well developed in India between the second and the sixth century, and was used extensively also by Arab mathematicians soon thereafter. These mathematical innovations reached Europe mainly in the last quarter of the tenth century, and began having its major impact in the early years of the last millennium, playing a major part in the scientific revolution that helped to transform Europe.

Indeed, Europe would have been a lot poorer - economically, culturally and scientifically - had it resisted the globalization of mathematics, science and technology at that time. And the same applies - though in the reverse direction - today. To reject globalization of science and technology on the ground that this is Western influence would not only amount to overlooking global contributions - drawn from many different parts of the world - that lie solidly behind so-called Western science and technology, but would also be quite a daft practical decision, given the extent to which the whole world stands to benefit from the process.

To identify this phenomenon with the "Western imperialism" of ideas and beliefs (as the rhetoric often suggests) would be a serious and costly error, in the same way that any European resistance to Eastern influence would have been at the beginning of the last millennium. We must not, of course, overlook the fact that there are issues related to globalization that do connect with the imperialism (the history of conquests, colonialism and alien rule remains relevant today in many different ways), but it would be a great mistake to see globalization primarily as a feature of imperialism. It is much bigger - much greater - than that.

The Well-Frog and the Global World

The polar opposite of globalization would be persistent separatism and relentless autarky. It is interesting here to recollect an image of seclusion that was invoked with much anxiety in many old Sanskrit texts in

India, beginning from about two and a half thousand years ago.

This is the story of a well-frog - the kupamanduka - which lives its whole life within a well and is suspicious of everything outside it. Beginning from about 500 B.C., there are at least four Sanskrit texts, Ganapath, Hitopadesh, Prasannaraghava, and Bhattikavya, that warn us not to be well-frogs.

The well-frog does, of course have a "world view," but it is a world view that is entirely confined to that little well. The scientific, cultural and economic history of the world would have been very limited had we lived like well-frogs. This remains an important issue, since there are plenty of well-frogs around today - and also, of course, many solicitors and advocates of well-frogs.

The importance of global contact and interaction applies to economic relations among others. Indeed, there is much evidence that the global economy has brought prosperity to many different areas on the globe. Pervasive poverty and "nasty, brutish and short" lives dominated the world a few centuries ago, with only a few pockets of rare affluence.

In overcoming that penury, modern technology, as well as economic interrelations, has been influential. And they continue to remain important today. The economic predicament of the poor across the world cannot be reversed by withholding from them the great advantages of contemporary technology, the well-established efficiency of international trade and exchange, and the social as well as economic merits of living in open rather than closed societies.

Rather, the main issue is how to make good use of the remarkable benefits of economic intercourse and technological progress in a way that pays adequate attention to the interests of the deprived and the underdog. That is, I would argue, the principal question that emerges from the anti-globalization movements. It is, constitutively, not a question about globalization at all, and the linkage with globalization is only instrumental and contingent.

Non-market Institutions and Equitable Sharing

What then is the main point of contention? The principal challenge, I would submit, relates, in one way or another, to inequality - international as well as intranational. The inequalities that irk concern disparities in affluence, and also gross asymmetries in political, social and economic power. The issue of inequality relates centrally to the disputes over globalization. A crucial question concerns the sharing of the potential gains from globalization, between rich and poor countries, and between different groups within a country.

It is not adequate to understand that the poor of the world need globalization as much as the rich do, it is also important to make sure that they actually get what they need. This may require extensive institutional reform, and that task has to be faced at very the same time when globalization is defended.

Perhaps the most important thing on which to focus is the far-reaching role of non-market institutions in determining the nature and extent of inequalities. Indeed, political, social, legal and other institutions can be critically significant in making good use even of the market mechanism itself - in extending its reach and in facilitating its equitable use. Their overwhelming importance are relevant both for disparities between nations and for inequalities within nations.

Distributional questions are far more complex and far-reaching than the recognition that they typically get in the usual advocacy of globalization and the championing of high rates of economic growth. Consider the on going

debate on the role of economic growth in removing poverty, which if often fought over very a narrow ground.

It is obvious enough that economic growth can be extremely helpful in removing poverty. This is so both because the poor can directly share in the increased wealth and income generated by economic growth, and also because the overall increase in national prosperity can help in the financing of public services (including health care and education), which in turn can be particularly useful for the poor and the deprived.

And yet the removal of poverty and deprivation cannot be seen to be an automatic result of economic growth. The basic problem concerns not merely the obvious point that it must make a difference how the new incomes generated are distributed among the different classes.

But more fundamentally, we have to recognise that deprivation with which we have reasons to be concerned is not just the absolute lowness of income, but different but interrelated "unfreedoms," including the prevalence of preventable illness, needless hunger, premature mortality, unceasing illiteracy, social exclusion, economic insecurity, and the denial of political liberty. The income going to the poor is only one determining influence among many others in dealing with deprivation.

Institutional Bases of Participation and Security

A second issue concerns the process through which income is earned as economic growth occurs. The ability of the poor to participate in economic growth depends on a variety of enabling social conditions. It is hard to participate in the expansionary process of the market mechanism (especially in a world of globalized trade) if one is illiterate and unschooled, or if one is bothered by undernourishment and ill health, or if artificial barriers such as discrimination related to race or gender or social background, exclude substantial parts of humanity from fair economic participation.

Similarly, if one has no capital (not even a tiny plot of land in the absence of land reform), and no access to microcredit (without the security of collateral ownership), it is not easy for a person to show much economic enterprise in the market economy.

The benefits of the market economy can indeed be momentous, as the champions of the market system rightly argue. But then the non-market arrangements for the sharing of education, epidemiology, land reform, micro-credit facilities, appropriate legal protections, women's rights and other means of empowerment must also be seen to be important - even as ways of spreading access to the market economy (issues in which many market advocates take astonishingly little interest).

Indeed, many advocates of the market economy don't seem to take the market sufficiently seriously, because if they did, they would pay more attention to spreading the virtues of market-based opportunities to all. In the absence of advancing these enabling conditions for widespread participation in the market economy, the advocacy of the market system end up being mere conservatism, rather than supporting the promotion of market opportunities as widely as possible. Institutional broadening needed for efficient access to the market economy is no less important for the success of the market economy than the removal of barriers to trade.

A third issue concerns the recognition that the fruits of economic growth may not automatically expand the important social services; there is an inescapable political process involved here. Decisions have to emerge at the social and political level about the uses to which the newly generated resources can be put.

The route of "growth-mediated" advancement may be full of promise and favourable prospects for living conditions and freedoms of human beings, but political and social steps have to be taken to realise that promise, and to secure those prospects.

For example, South Korea did much better than, say, Brazil (which too grew very fast for many decades) in channelling resources to education and health care, and this greatly helped South Korea to achieve participatory economic growth and to raise the quality of life of its people.

On the other hand, South Korea, too, continued to neglect arrangements for social security and for safety nets needed to prevent destitution, thereby remaining vulnerable to downside risks. It had to pay heavily, as a result of this lacuna, when the Asian economic crisis of 1997 came. This was also the time when the voice that democracy gives to the poor was most missed, and democracy became a major political cause in South Korea.

We need provisions for "downturn with security" as well as "growth with equity," and also have to recognise the need for democracy for the provision of political incentives (in addition to the intrinsic importance of democratic rights). The market economy may be highly productive, but it cannot substitute for other important institutions.

International Asymmetries and Institutions

Development of appropriate non-market institutions is important also for tackling inequalities between nations. The need for a global commitment to democracy and to participatory governance can hardly be overstressed. Contrary to an often-repeated claim, there is no basic conflict between promoting economic growth and supporting democracies and social rights, and in fact democratic freedoms and social opportunities can contribute substantially to economic development.

However, as George Soros has pointed out, international business concerns often have a strong preference for working in orderly and highly organized autocracies rather than in activist and less regimented democracies, and this can be a regressive influence on equitable development.

Further, multinational firms can also exert their influence on the priorities of public expenditure in less secure third-world countries in the direction of giving preference to the safety and convenience of the managerial classes and of privileged workers over the removal of widespread illiteracy, medical deprivation and other adversities of the underdogs of society.

These possibilities do not, of course, impose any insurmountable barrier to development, but it is important that the surmountable barriers be diagnosed and actually be surmounted.

Aside from the impact of asymmetries in global economic power, the distribution of the benefits of international interactions depends also on a variety of global social arrangements, including trade agreements, patent laws, medical initiatives, educational exchanges, facilities for technological dissemination, ecological and environmental restraints, and fair treatment of accumulated debts (often incurred by irresponsible military rulers of the past who were in many cases encouraged by one side or the other in the Cold War which was particularly active over Africa).

These issues urgently need global attention. So does the issue of the management of conflicts, local wars and global spending on armament (often encouraged by arms-selling rich countries). For example, as the Human Development Report 1994 of the United Nations Development Programme pointed out, not only were the top five arms-exporting countries in the world precisely the five permanent members of the Security Council of the United

Nations, but also they were, together, responsible for 86 per cent of all the conventional weapons exported during the period studied. It is not difficult to understand why the Security Council has done so little to curb and restrain the merchants of death.

Ethical Challenges and the Future Confrontations

As it happens, the international economic, financial and political architecture of the world, which we have inherited from the past (including institutions such as the World Bank, the I.M.F., and other institutions), was largely set up in the 1940s, following the Bretton Woods Conference in 1944. The main challenge at that time was to respond to what were then seen as the big problems of the post-war world.

In the middle 1940s, the bulk of Asia and Africa was still under imperialist dominance of one kind or another, and was hardly in a position to challenge the institutional divisions of power and authority that the allied powers imposed on the world. Tolerance of economic insecurity and of poverty was much greater then than it is today; the idea of human rights was still very weak; the power of NGOs had not emerged yet; and democracy was definitely not seen as a global entitlement.

The world is a very different place now from what it was then. The force of global protests partly reflects a new mood and a fresh inclination to challenge the world establishment, and it is, to a great extent, the global equivalent of the within-nation protests associated with labour movements and political radicalism.

Indeed, the recent outbursts of global doubts have something in common with the spirit of an old American song - a defiant verse traced to the great Leadbelly:

In the home of the brave, land of the free,
I will not be put down by no bourgeoisie.

In fact, of course, radicalism was not really as powerful in America then as the song suggests, but the determined spirit which it reflected contributed, over time, to many practical changes, and even ultimately to the power of organized labour about which so many industrialists complain so much today.

To some extent, there is a parallel here with global protest movements: they are not particularly powerful yet in organizational terms, but they are, to a great extent, an intimation of things to come. Since the questions they raise are real, adequate answers have to be sought, no matter how unpolished, crude and breathless the protesters may look to the world establishment.

There is a need for change. The world of Bretton Woods is definitely not the world of today, and there is a strong case for far-reaching re-examination of the institutional structure of the international world. Indeed, I do not believe that the constructive possibilities of protest movements can be harnessed, nor their destructive presence removed, without some kind of a clearly characterized institutional response.

To some extent, this has begun to occur in the form of changing priorities within international institutions. For example, even though the removal of poverty and deprivation was not the major object of the Bretton Woods resolutions, it has now become, at least formally, the acknowledged principal goal of the World Bank.

There is more rethinking on the burden of debts of poor countries, and also on the older IMF-World Bank practice of imposing grossly formulated "structural reforms" on poor countries often with damaging consequences on social infrastructure. These are good directions for change, but much more

will be needed, especially in terms of institutional construction (for example, through setting up dedicated agencies to deal with global equity and the environment).

While welcoming what is happening already in the established institutional structure (such as the World Bank), there has to be a clearer recognition of the need for a larger departure from the international architecture inherited from the Bretton Woods.

The United Nations, including the Secretary-General's Office, can play a much bigger part in forcing attention on these broader institutional, as well as policy, concerns, particularly if the U.N. is liberated from the penury in which it has been typically kept by inadequate financial provisions and by the refusal of some member countries to pay their dues. These issues need urgent attention, and doubts provide a better starting point than complacency.

Concluding Remarks

To conclude, there is a compelling need in the contemporary world to ask questions not only about the economics and politics of globalization, but also about the values and ethics that shape our conception of the global world. It is particularly important not to be overwhelmed by the mixture of obdurate optimism and senseless pessimism that leads to global resignation and complacent acquiescence.

We have to think not only about the moral commitments of a global ethics, but also about the practical need for extending the institutional provisions in the world, and also of expanding enabling social institution within each country. It is particularly important to take note of the complementarity between different institutions, including the market, but also democratic systems, social opportunities, political liberties, and other institutional features - old and new.

And newer institutional departures will be needed both to address the substantive issues raised by global doubts, and to halt the cycle of non-communication in which the protest movements have increasingly tended to confine themselves.

The global protests of activists across the world can indeed play an importantly constructive role. However, in order for that to happen, we have to assess these movements and challenges in terms of the global questions they pose, rather than for the apparently anti-globalization answers that their slogans offer. Indeed, the anti-globalization protests are themselves part of the general process of globalization, from which there is no escape and no great reason to seek escape.

But while we have reason enough to support globalization in the best sense of that idea, there are also critically important ethical and practical issues that need to be addressed at the same time. We need global ethics as well as global doubts. What we do not need is global complacency in the inliquitous world of massive comfort and extreme misery in which we live. We can - and must - do better than that..

Amartya Sen is Nobel Laureate in Economics (1998) and Master at Trinity College, Cambridge. This article was adapted from comments he gave at a seminar on globalization arranged by the Falcone Foundation, in memory of Antonio Falcone, on 23 May, 2001.

By arrangement with: Yale Center for the Study of Globalization

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To: "pha-exch" <pha-exchange@kabissa.org>
CC: <community-health-l@www.msh.org>

> *Oxford professor invents self-focusing glasses*
> *----------*
>
> *By Meg Kociemba and Jonathan Thompson*
> *15 December 2002*
>
> *Source: Independent U.K.*
> *http://news.independent.co.uk/uk/health/story.jsp?story=361710*
>
> *An Oxford physics professor is selling 10 million pairs of revolutionary new spectacles to Africa which enable the users to wear them for a lifetime without ever going to an optician.*
>
> *The glasses could help the billion people around the world who are deprived of spectacles but suffer from long or near sight. Joshua Silver's simple invention could in theory help to eradicate adult illiteracy in developing countries.*
>
> *Professor Silver's "adaptive glasses" look like ordinary ones except for the two knobs on either side of the frame that can adjust the curvature of the lens. It means that in countries where opticians are scarce, wearers can simply alter the focus as their eyesight deteriorates over time.*
>
> *Uncorrected poor vision is considered among the most serious problems in the developing world, holding back economics by forcing educated classes to retire early with failing eyesight. The World Health Organisation (WHO) estimates one billion people worldwide need but do not have access to spectacles.*
>
> *The lenses are filled with silicon oil, controlled via a small pump on the frame. This alters the curvature of the lens, allowing the wearer to see clearly with the simple turn of a knob. Through a deal with the WHO and the World Bank, Prof Silver plans to sell up to 400,000 adaptive glasses in Ghana with another deal for 9.3 million pairs in South Africa also in the pipeline. The glasses are sold at about GBP 6 through his company Adaptive Eyecare, based in Oxford, http://www.adaptive-eyecare.com/technology.htm but cost less than that to make. With just 50 opticians in Ghana out of a population of almost 20 million, glasses that last a lifetime will prove a boon.*
>
> *"It would take on average about 200 years to be seen by an optometrist in Ghana," explained Prof Silver. "But adaptive glasses obviate the need for a trip at all."*
>
> *The professor began work on his invention 17 years ago although the technique of using liquid in lenses dates back to the 18th century. "When I first started working with variable power lenses, it was simply to see if they could be made," he said. "Then I realised that if I could build something with the potential to help millions of people, I ought to just go out and give it a go."*
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Subject: PHA-Exchange> U.S. Eases Drug-Patent Rules
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To: "pha-cxch" <pha-cxchange@kabissa.org>
CC: "afro-nets" <afro-nets@usa.healthnet.org>, <community-health-l@www.msh.org>

US EASES DRUG-PATENT RULES

Wall Street Journal (12.23.02)::Michael M. Phillips

The Bush administration scrambled to undo the public relations damage caused when it blocked an international agreement to allow developing countries easier access to generic versions of prescription drugs to combat AIDS, malaria, cholera and other infectious diseases. Just hours after World Trade Organization talks in Geneva broke down late Friday, US Trade Representative Robert Zoellick announced that the United States would temporarily allow nations to override American drug company patents and export inexpensive, generic versions of brand-name pharmaceuticals to help African and other very poor nations.

US trade officials had been working on the backup plan during the last week of negotiations, as it became apparent that Washington might soon find itself in the position of being the sole obstacle to an agreement seen by many as a humanitarian imperative.

WTO members agreed in November 2001 that poor countries should, under international rules, be able to produce their own generics to deal with public health emergencies, without permission from the companies that hold the patents. Many poor nations, however, argued they did not have the industrial capacity to produce quality drugs, and asked that they be allowed to import generics. WTO members pledged to resolve that issue by the end of this year.

The talks collapsed, however, over the issue of which diseases would be eligible for patent exemptions. Major developing nations, such as Brazil and India, said drugs for a vast array of diseases, including cancer, heart disease and asthma, should be covered by the exemptions. The United States, pressed by the pharmaceutical industry, wanted to limit the list to infectious diseases such as AIDS and tuberculosis.

Pharmaceutical companies warned that broader exemptions would cut profits to such a degree that they would reduce their research into new drugs.

The US plan - essentially a unilateral implementation of the American negotiating position - will be in place until an agreement is reached, said Zoellick. WTO members agreed to reconvene next year and try to reach a deal by Feb. 11.

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From: "Aviva" <aviva@netnam.vn>
To: "Ravi" <sochara@vsnl.com>
CC: <lmartin@uwc.ac.za>, "Maria Hamlin Zuniga" <iphc@cablenet.com.ni>, <nadineg@ipas.org.mx>, "mohan" <mohanrao@bol.net.in>

----- Original Message -----
From: "HealthWrights" <healthwrights@igc.org>
To: "Aviva" <aviva@netnam.vn>
Sent: Wednesday, December 18, 2002 10:26 AM
Subject: Re: PHA-Exchange> Amartya Sen's piece (2)

> *Dear Claudio,*
> *Dr. Sen's piece, because it appears toothless to us radicals and takes more of a mainstream middle ground, is far more powerful (and palatable) in terms of reaching mainstream decision makers, as well as the politically undetermined, than is a lot of our more stident "preaching to the choir." If we want to reach a wider audience and win more people to our position, strategically we can learn a lot from Sen. There are a lot of people who will listen to his moderate rebelousness who will simple write off the delightfully iconoclastic writings of Arundrathi Roy (which I love). Both play an important role.*
> *Best wishes,*
> *David*
> *At 11:59 AM 12/17/2002 +0700, you wrote:*
> *>Dear pha-exchangers,*
> *>Am I alone in finding this piece by Dr Sen general and toothless? I think our People's Charter does better.*
> *>I can agree with him that street protests have to go beyond mere slogans and have to build substance around them. There are many groups doing that; ours among them.*
> *>What do you think?*
> *>Claudio*
> *>(your modertor)*
> >
> >
> *>---*
> *>PHA-Exchange is hosted on Kabissa - Space for change in Africa*
> *>To post, write to: PHA-Exchange@kabissa.org*
> *>Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange*
> >

RN
26/12/02

Subject: Re: Amartya Sen's piece (2)
Date: Wed, 25 Dec 2002 18:24:07 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Ravi" <sochara@vsnl.com>
CC: <lmartin@uwc.ac.za>, <healthwrights@igc.org>, "mohan" <mohanrao@bol.net.in>, "Maria Hamlin Zuniga" <iphc@cablenet.com.ni>, <nadineg@ipas.org.mx>

----- Original Message -----
From: "Ipshita" <ipsita@bol.net.in>
To: "Aviva" <aviva@netnam.vn>
Cc: "pha" <pha-ncc@yahoogroups.com>
Sent: Wednesday, November 27, 2002 12:36 PM
Subject: Re: PHA-Exchange> Amartya Sen's piece (2)

> *Dear Dr Claudio*
> *I am fully in agreement with you on your assessment of Amartya Sen's*
> *lecture. This is not the first time that he has presented such half baked*
> *ideas. His lecture to the World Health Assembly after he got the Nobel*
Prize
> *is an example of confused and self contradictory thinking which is*
> *comuiflaged in pseudo-radical rhetoric. Sen perfectly meets the needs of*
the
> *wafer-thin rich of the world, who consume more than four-fifths of the*
world
> *resources. That is why he is so much in demand in the right quarters.*
> *Thanks for your crying out that the emperor has no clothes.*
> *Regards,*
> *Sincerely yours,*
> *D Banerji, New Delhi*
> *----- Original Message -----*
> *From: Aviva <aviva@netnam.vn>*
> *To: pha exch <pha exchange@kabissa.org>*
> *Sent: Tuesday, December 17, 2002 10:29 AM*
> *Subject: PHA-Exchange> Amartya Sen's piece (2)*
>
>
> > *Dear pha exchangers,*
> > *Am I alone in finding this piece by Dr Sen general and toothless?*
> > *Claudio*

Subject: PHA-Exchange> More Than Words to Fight AIDS
Date: Fri, 27 Dec 2002 12:10:05 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>
CC: "afro-nets" <afro-nets@usa.healthnet.org>, <community-health-l@www.msh.org>

December 16, 2002
More Than Words to Fight AIDS
Earlier this month Colin Powell and Tommy Thompson gathered representatives from 86 countries to lecture them on the importance of political leadership in righting AIDS. Make AIDS a global priority, said Secretary of State Powell. Invest in global health, implored Health Secretary Thompson. Their message was important and well timed - but should have been directed at Washington.

The administration is not blind to the catastrophe. The president and his top officials speak about AIDS in the most apocalyptic terms, and Mr. Powell called the disease a more important challenge than terrorism. But when it comes to financing, urgency vanishes. Mr. Bush is likely to visit Africa next month. He should be carrying with him an AIDS initiative backed with real money.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has just started to give out its first grants and is already broke. As Washington and other donors demanded, the fund has designed a rigorous process and has received dozens of well-designed proposals to fight disease. But it must now tell countries there is no money to finance them. The administration makes much of the fact that the United States, which has pledged $500 million over two years, is the largest donor. But when measured by the size of the economy, it is actually giving half as much as Europe. Washington's contribution needs to be $2.5 billion a year to make a difference.

The administration's showpiece program on AIDS this year was an initiative to combat the transmission of the disease from mothers to babies. That has only served to undercut a better proposal within Congress. Mr. Bush's plan superseded a Senate proposal, backed by Jesse Helms, that would have spent $500 million on these programs. Then the president vetoed the appropriation containing the first year's payment. Politicians lament the tragedy of babies with AIDS, but their concern has so far produced not a cent of new money. And shamefully, on the last day of the Congressional session, Senate Republicans killed a bill agreed on unanimously in the House and Senate that would have provided $4 billion over two years to fight global AIDS.

Administration officials and members of Congress argue that there are other things to spend money on. None are more urgent. The Central Intelligence Agency is warning that AIDS in China, India and Russia, as well as in Africa, is a mounting security threat for the United States. AIDS is already destabilizing Africa. It is a major cause of a hunger crisis now affecting 30 million Africans. The world, and the United States, cannot afford to let Mr. Bush go to Africa without a real plan to put cash behind the administration's statements on AIDS. American officials should not be giving anyone lectures while Washington's response to the major catastrophe of our time remains limited largely to words.

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30/12/02

Subject: PHA-Exchange> UNESCAP Plan of Action - US alone on the opposite side
Date: Wed, 25 Dec 2002 18:16:16 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-cxch" <pha-cxchange@kabissa.org>
CC: "afro-nets" <afro-nets@usa.healthnet.org>, <community-health-l@www.msh.org>

Sent: Wednesday, December 18, 2002 8:16 PM

Please note that the most recent UNESCAP's Plan of Action "as approved aims to fight poverty throughout the world by focusing on 12 areas, including family planning, gender equality and HIV/AIDS prevention and treatment". The striking fact is US is the only country reject the plan. But what really amazed the world is that other countries could hold together and to be so strong to oppose the US in this matter.

****
ALL PARTICIPANTS EXCEPT UNITED STATES REAFFIRM FAMILY PLANNING, HIV/AIDS PREVENTION LANGUAGE IN BANGKOK CONFERENCE PLAN OF ACTION

Access this story and related links online:
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=15146

The Fifth Asian and Pacific Population Conference ended yesterday in Bangkok, Thailand, with the reaffirmation of a 1994 international family planning and population agreement by all of the participating countries except the United States, which continued to oppose language in the conference's Plan or Action, the Jakarta Post reports (Yuliandini, Jakarta Post, 12/18). The Bush administration has said that portions of the Program of Action adopted at the 1994 International Conference of Population and Development in Cairo, Egypt -- specifically the phrases "reproductive health services" and "reproductive rights" -- promote abortion (Dao, New York Times, 12/18). The U.S. delegation previously said it would not "reaffirm" provisions from past agreements on reproductive health and family planning and instead would only "take note of, acknowledge, or recall" the commitments agreed to at previous conferences, including the Cairo meeting (Kaiser Daily Reproductive Health Report, 12/17). Conference attendees yesterday rejected the U.S. delegation's proposed changes to the draft in two votes of 31-1 and 32-1, the New York Times reports (New York Times, 12/18). The action was "virtually unprecedented" for a United Nations meeting, which generally operate on consensus. The United States, which abandoned its "demand for extensive amendements" and called for the vote, registered the only opposing vote, Agence France-Presse reports (Agence France-Presse, 12/17). The plan as approved aims to fight poverty throughout the world by focusing on 12 areas, including family planning, gender equality and HIV/AIDS prevention and treatment, the AP/Fort Lauderdale Sun-Sentinel reports. The approved 22-page Plan of Action also calls for "consistent condom use," a phrase the U.S. delegation had asked to be removed, to help reduce the spread of HIV infection. The document states that population policies "must encompass the principle of voluntary and informed decision making and choices, the preservation and protection of human rights, including the matters related to reproductive rights and reproductive health services" (Joshi, AP/Fort Lauderdale Sun-Sentinel, 12/18).

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Reaction

The conference outcome "shows that the countries [participating] have acted independently, looking at their own laws and sovereignty and abiding by their own priorities," United Nations Population Fund Executive Director Thoraya Obaid said. She added, "Even though the U.S. was the only dissenting voice in the meeting it did join the consensus at the end." Assistant Secretary of State Eugene Dewey, the U.S. conference delegate, said, "There should be no inference drawn from the fact that everyone else seems to be very happy with the language -- and the U.S. is trying to improve the language in some cases -- that we have a great gulf between us and the other representatives here who share the objectives that we share" (Agence France-Presse, 12/17). The U.S. delegation lodged a reservation

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with the Plan of Action, saying it was "deeply disappointed," according to the South China Morning Post. "Our proposals were rejected without any serious attempt to bridge the gulf through normal compromises ... these matters reach into the heart of the very nature of life itself," it said (England, South China Morning Post, 12/18). Terri Bartlett, vice president of Population Action International, said, "Delegations came here prepared to strengthen language in the Plan of Action on areas of joint concern -- from women's rights, HIV/AIDS, migration and most of all, the elimination of poverty. Instead, they were met with roadblock after roadblock erected by the U.S. delegation in its singular determination to export a domestic political agenda to a region thousands of miles away." She added, "At the end of five ... days, the U.S. delegation then expressed its reservation about the weakness of the document on several key issues while, in reality, it was U.S. actions that prevented further progress from being made" (PAI release, 12/17).

NPR's "All Things Considered" yesterday reported on the conclusion of the conference. The segment includes comments from Francoise Girard of the International Women's Health Coalition and Lalaine Viado of the Network of Asia Pacific Youth (Wilson, "All Things Considered," NPR, 12/17). The full segment is available in RealPlayer Audio online.

Subject: PHA-Exchange> Food for thought for an agenda in the new year
Date: Wed, 1 Jan 2003 16:08:00 +0700
From: "Aviva" <aviva@netnam.vn>
To: "jamie" <jamie@netnam.vn>

Human Rights Reader 33 (re-started after a long silence and a 2003 new year's resolution).

Human Rights are very much on the agenda of development work:

"The sovereignty of States must no longer be used as a shield for gross violations of Human Rights". (Kofi Anan, Nobel lecture, Dec 2001).

1. Betting on the invisible hand of the market and ignoring the needs and rights of the socially excluded is just dangerous and morally unacceptable.

2. It is therefore that the macroeconomic policies insisted-on by the IMF do not simply have a negative social impact; their design embodies a profoundly unjust social content giving the financial rights of creditors priority over Human Rights of the people; the IMF chooses to prioritize the interests of the creditors.

3. Rights can be usefully seen as the codification of needs. Reformulating needs as ethical and legal norms implies a duty on the part of those with the power to provide all the means necessary to make sure those needs are met.

4. Without Political and Civil Rights, there is no guarantee that other rights --even when they are inscribed in laws and constitutions-- will be made effective; the lack of citizens' power to make governments accountable and responsible to them is perhaps the greatest obstacle to all rights-based agendas.

5. But democratic elections (allegedly giving citizens off-and-on, periodic power) do neither guarantee state responses to collective needs, nor the participation of civil society in decision-making, nor, for that matter, guarantee greater social and political accountability.

6. On the other hand, claims are sometimes wrongfully made that universal rights are a form of Western hegemony; the caveat in this assertion is that a right is a right only when it is universal; otherwise it is a privilege.

7. There is also the wrong belief that the Human Rights approach is 'political' while the humanitarian approach is not...and is therefore 'safe' ; others phrase the same groundless fear saying that applying the Human Rights approach compromises one's 'neutrality'.

8. The reality is that any legal Human Rights system (including humanitarianism) is indeed (and must be) related to political theory and social values.

9. Nevertheless, let us not forget, International Human Rights Law only recognizes the obligations and duties of States (!). To cover the entire web of interrelated Human Rights violations, there is indeed a need to extend the same obligations and duties to other subjects at sub-national level.

10. This, because Human Rights obligations are closely linked to a multi-layered system of accountabilities. For a duty bearer to be accountable, three conditions are needed:
-the person must accept the responsibility and obligation to uphold Human Rights ('should act');
-the person must have the authority to act ('may act'); and
-the person must control the resources needed to act ('can act').
Responsibility/authority/resources are necessary components of a capacity to act. Often, lack of action is due to a lack of capacity rather than negligence or ill-will. It, therefore, behooves us to identify capacity gaps

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of all duty bearers! Where duty bearers are intentionally violating rights, different types of interventions will be required as lack of capacity is not the problem.

Taken from: UNRISD News, CARE's ' Promoting Rights and Responsibilities' Newsletter and SCN News (Jonsson, Levine and Young, The Right to Nutrition in Conflict Situations'

Claudia Gabuthan, now relocated in Ho Chi Minh City since Dec 22nd.

We have to begin thinking in human rights terms; we have to bring HR to a level of everyday impertinent consciousness; collect and share these segments.

Subject: PHA-Exchange> TNCs
Date: Mon, 6 Jan 2003 17:59:06 -0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>
CC: "afro-nets" <afro-nets@usa.healthnet.org>, <community-health-l@www.msh.org>

Fresh info:
In 2001, there were 65,000 transnational corporations (TNCs) ; they had 850,000 affiliates worldwide; they employed 54 million people around the globe; their annual turnover was USD 19,000 billion = >2x the volume of world exports. (D+C, No 6/Nov.-Dec. 2002, p7).
Claudio

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fyi

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Subject: [india-drug] 2003 SEAM Conference
Date: Wed, 8 Jan 2003 05:20:35 -0500 (EST)
From: "Dr. Leela McCullough" <leela@usa.healthnet.org>
Reply-To: india-drug@usa.healthnet.org
To: india-drug@usa.healthnet.org

2003 SEAM Conference: Targeting Improved Access to Essential Medicines

Dar es Salaam, United Republic of Tanzania

June 16 18, 2003

The 2003 Conference for the Strategies for Enhancing Access to Medicines (SEAM) Program will be held in Dar es Salaam, United Republic of Tanzania, June 16-18, 2003. Funded by the Bill & Melinda Gates Foundation and presented in collaboration with the Ministry of Health of the United Republic of Tanzania, the World Health Organizations Department of Essential Drugs and Medicines Policy, the Rockefeller Foundation, the International Network for Rational Use of Drugs, and Management Sciences for Health Rational Pharmaceutical Management Plus Program (funded by USAID), the 2003 Conference will serve as a forum for discussion of a wide range of pharmaceuticals-related intervention strategies that are of concern to developing nations. The conference will also provide the opportunity to share information about the activities of the SEAM Program, which focus on enhancing access to essential medicines through collaboration between the private and public sectors.

The conference will feature plenary and parallel track presentations on six major topics, followed by roundtable discussion groups for each topic.
Poster presentations will provide the opportunity for conference participants to share information about their initiatives, research, and experience. Parallel topic tracks will include

* Pharmaceutical product prices, including country-level determinants, dynamics, monitoring, and policy
* Pharmaceutical procurement, including national and cross-national pooled procurement strategies
* Pharmaceutical product quality assurance, focusing on strategies for resource-limited settings, including prequalification of products and suppliers and the role of identification (screening) tests and pharmacopoeial monograph testing
* Pharmaceutical distribution systems, focusing on strategies for ensuring access to essential medicines in rural and peri-urban areas
* Rational use of medicines, including information access, product selection, and appropriate prescribing and patient use
* Human resources for the pharmaceutical sector, including new approaches to staffing and training in health product supply management

Although the majority of participants will attend the conference by invitation, a number of open registration slots will be available on a first-come, first-served basis. Individuals interested in attending should submit a registration request as early as possible. All registration requests will be placed, in the order received, on the Conference priority list. For further information about the registration process, please visit the SEAM Web site (<http://www.msh.org/soam>www.msh.org/seam) after January 10, 2003.

Information on abstract submissions for poster presentations will also

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be available on the SEAM Web site after January 10. Individuals interested in submitting poster abstracts for consideration by the Program Committee should plan their submissions around one of the six topics listed above and be prepared to submit an abstract by February 28, 2003.

For further information on the conference, please contact John Vivalo (<mailto: jvivalo@msh.org).

Subject: PHA-Exchange> Miscellaneous of interest
Date: Tue, 14 Jan 2003 16:11:52 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-cxch" <pha-cxchange@kabissa.org>
CC: <dahlgren38@telia.com>

From: EQUINET-Newsletter@equinetafrica.org
13 JANUARY 2003

WHAT CAN BE DONE ABOUT THE PRIVATE HEALTH SECTOR IN LOW-INCOME COUNTRIES?
http://www.who.int/bulletin/pdf/2002/bul-4-E-2002/80(4)325-330.pdf
Improving the quality of private health care provision in developing countries is of major importance to the livelihoods of poor people. This article was published in the 'Bulletin of the World Health Organisation' and summarises how the activities of the private health sector in low-income countries can be influenced so that national health objectives are met. The article begins with an overview of the characteristics of the private health sector in developing countries. It continues with a summary of how to improve both the supply and the demand for private health care. To close, the authors list the possibilities available to governments for improved stewardship of the private sector.

DYING FOR CHANGE: POOR PEOPLES EXPERIENCE OF HEALTH AND ILL-HEALTH
http://www.worldbank.org/poverty/voices/reports/dying/index.htm
Poverty and health are closely linked. As people consider disease and ill-health to be a cause of poverty; they also consider good health of themselves and of the family breadwinner to be essential for economic survival and as a route out of poverty. This is one of the findings of a study produced as part of a collaboration between the World Bank and the World Health Organisation (WHO). The Voices of the Poor study also found that poor peoples values, networks and support mechanisms are being eroded by the strain of increasing poverty and urbanisation. In addition, poor people often feel that their voices are excluded or marginalised when considerations are made for improving public health and health services.

HEALTH AND PRSPS: AN EARLY EXPERIENCE
http://www.healthsystemsrc.org/Pdfs/Health_PRSPs.pdf
As Poverty Reduction Strategy Papers (PRSPs) have become a prominent development tool it is important to consider how health is addressed in the PRSP process. This is examined in an issues paper produced on behalf the UK Department for International Development (DFID) by the DFID Health Systems Resource Centre (HSRC). The paper aims to provide a briefing on the PRSP process, discussing their role, the guidance on PRSP preparation related to health, and reviewing some recent experience. The PRSP process has typically been handled at a senior level and has led to a shift in responsibility for poverty issues to the Ministry of Finance. This has improved the potential to link poverty work to broader resource allocation decisions. However, while the PRSP process has high principles for country ownership and the participation of civil society, many civil society organisations (CSOs) and non-governmental organisations (NGOs) are disappointed with the extent and nature of participation. The paper also stresses that the health sections of the PRSPs tend to be brief and contain standard types of statements of policy and strategy but they can have a major influence on health status and health services.

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DO HUMAN RIGHTS HAVE A ROLE IN PUBLIC HEALTH WORK?
http://www.thelancet.com/journal/journal.isa
What role do human rights have in public health work? It has been asserted that public health policies must
incorporate human rights norms and standards. Lack of respect for human rights has hampered development in health care. The underlying assumption is that in a human
rights based approach, individual rights are protected at all costs--even

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despite adverse effects on the public's health. Yet a rights-based approach does not privilege protection of individual rights over the public good. This apparent tension must be addressed to enable the creation of sound public health policies and programmes.

II INTERNATIONAL FORUM FOR THE ADVOCACY OF PEOPLES' HEALTH
Porto Alegre, January 20th - 23rd, 2003
Four hundred participants of the I International Forum for the Advocacy of Peoples' Health, held in Porto Alegre in January 2002, soon before the II World Social Forum (WSF), recommended the accomplishment of a II International Forum for the Advocacy of Peoples' Health preceding the III WSF in January 2003. This will allow a widened participation of all those interested, a preparation of the contributions on health issues for the III WSF, and, at the same time, to raise the health theme to a power in the several activities within the WSF itself. Conclusions of the I International Forum, available through the link below, summarize the objective and the motivation for this II Forum, where we want to build an International Agenda on the Defense of the Health Right, as well as to launch the basis for an international call for the accomplishment of the I World Forum for the Advocacy of Health in Porto Alegre - Brazil, in the first semester of 2004.
Further details:
http://www.equinetafrica.org/newsletter/newsletter.php?id=1025

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Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

Subject: PHA-Exchange> Reproductive Health Outlook 2002-3
Date: Sat, 18 Jan 2003 12:41:46 -0600
From: "George(s) Lessard " <media@web.net>
Organization: http://www.mediamentor.ca
To: creative-radio@egroups.com, pha-exchange@kabissa.org

------- Forwarded message follows -------
Date sent: Thu, 16 Jan 2003 15:35:26 +0100
From: mburns@path.org
To: hif-net@who.int
Subject: [HIF-net at WHO] Reproductive Health Outlook 2002-3

Greetings,

The Winter 2002/2003 edition of the Reproductive Health Outlook (RHO) website has just been published. In addition to many substantive updates, the new edition introduces the Spanish translation of six topic areas. We invite you to explore the site and to share this notice with interested colleagues.

Best regards,

Michele Burns

****

PATH's Reproductive Health Outlook (RHO): Winter 2002/2003 Edition

The RHO website (http://www.rho.org) is designed for reproductive health program managers and decision-makers working in developing countries and low-resource settings. RHO provides up-to-date summaries of research findings, program experience, and clinical guidelines related to key reproductive health topics.

Spanish Edition Now Online

With this site update, the RHO team is pleased to introduce the Spanish edition of six topic areas:

* Adolescent Reproductive Health
* Cervical Cancer
* Contraceptive Methods
* HIV/AIDS
* Reproductive Tract Infections
* Safe Motherhood

To access Spanish RHO directly, please visit http://www.rhoespanol.org/.

Section Updates

Substantive updates have also been made throughout the English edition.

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During the latest update, the following sections have been expanded:

* HIV/AIDS
* Family Planning Program Issues
* Reproductive Tract Infections
* Harmful Health Practices
* Contraceptive Methods
* Men and Reproductive Health
* Refugee Reproductive Health
* Cervical Cancer

Check out the "What's New" page
http://www.rho.org/html/whatsnew.htm
to learn about the many new content areas, program descriptions, and
resources that have been added to the site.

Available on CD-ROM

The Winter 2002/2003 edition of RHO is also available on CD-ROM free of
charge. Find out more at
http://www.rho.org/html/cd_rom.htm.

Visit RHO at www.rho.org!

We invite you to come and explore the site. Send your comments and
suggestions to rho@path.org

RHO is produced by PATH
http://www.path.org

Michele Burns
Publications Officer, PATH

[HIF-net at WHO profile: Michele Burns is the editor of the Reproductive
Health Outlook (RHO) website, produced by PATH (Program for Appropriate
Technology in Health), an international NGO based in Seattle, US. RHO is
designed for programme managers and policy makers working in developing
countries and low-resource settings; the site contains extensive resources
on 12 reproductive health topics, including adolescent reproductive health,
HIV/AIDS, cervical cancer, safe motherhood, and family planning.
<mburns@path.org>]

[Via / From / Thanks to
and / or excerpted
from the following :]

'HIF-net at WHO': working together to improve access to reliable information for healthcare workers and health professionals in developing and transitional countries. Send list messages to <hif-net@who.int>. To join the list, send an email to <health@inasp.info> with name, organization, country, and brief description of professional interests.

PHA-Exchange> Reproductive Health Outlook 2002-3

------- End of forwarded message ---------
:-) Message ends, Signature begins (-:
George Lessard, living @ 61.10N 94.05W
Comments should be sent to media@_no_spam_web.net
[Remove _no_spam_ from addresses to e-mail]
"Only those who will risk going too far can possibly
find out how far one can go." T.S. Eliot...
"If you think you are too small to make a difference,
try sleeping in a closed room with a mosquito..." African Proverb
****
TCQ # 8501081
MediaMentor Weblog
http://www.eGroups.com/list/mediamentor
Homepages http://media002.tripod.com
Caveat Lector, Disclaimers & (c) info
http://members.tripod.com/~media002/disclaimer.htm

Semi-random signature quotes follow:
I have had a perfectly wonderful evening. But this wasn't it.
-- Groucho Marx

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Subject: PHA-Exchange> UNFPA's State of World Population 2002
Date: Wed, 15 Jan 2003 17:53:22 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> *People, Poverty and Possibilities: Making Development Work for the Poor*
>
> *UNFPA's State of World Population 2002*
>
> *December 3, 2002*
>
> *Available online at: <http://www.unfpa.org/swp/swpmain.htm>*
>
> *To reduce poverty in developing countries, urgent action is needed to*
combat
> *poor reproductive*
> *health, help women avoid unwanted pregnancies, and eliminate illiteracy*
and
> *gender discrimination,*
> *warns The State of World Population 2002 report from UNFPA, the United*
> *Nations Population Fund.*

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last page-

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PHA-Exchange

COMMUNICATION – E1

Dear PHM friends,

Greetings for the New Year from the PHM Secretariat, that has moved to CHC Bangalore, India, from GK-Savar, Bangladesh, on 1st January 2003. As the next coordinator of the PHM Secretariat, I look forward to an interesting and meaningful partnership with all of you in the next phase of the People's Health Movement evolution, that begins in 2003 with the Alma Ata Declaration Anniversary year.

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Claudia-
cc Qasem
Prem
Steering
Council
Epstein

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PHM Secretariat,
367 'Srinivasa Nilaya',
Jakkasandra I Main, I Block, Koramangala,
Bangalore – 560 034, India.
Tel : 091 – 80 – 553 15 18
Telefax : 091 – 80 – 552 53 72
Email : sochara@vsnl.com
Website : www. Sochara.org

Subject: PHA-Exchange> All men choices in WHO Director-General race
Date: Wed, 22 Jan 2003 09:37:34 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: <johanne.sundby@samfunnsmed.uio.no>

> *WHO-DG: Gender of candidates? As usual, (exception: Gro Harlem*
> *Brundtland) no women runner ups, or what? So let's at least get a*
> *women's health friendly one. Challenge them on that issue too; refer*
> *to Kofi Annan's statement in New York Times!*

> *Johanne Sundby*

PHA-Exchange is hosted on Kabissa - Space for change in Africa
To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

RN
23/1/03

RN
23/1/03

Subject: PHM Communication - E1
Date: Wed, 22 Jan 2003 17:27:29 +0530
From: Community Health Cell <sochara@vsnl.com>
To: Claudio Schuftan <aviva@netnam.vn>
CC: Qasem Chowdhary <gksavar@citechco.net>, Prem John <hariprem@eth.net>, PHM Steering group <PHM_Steering_Group_02-03@yahoogroups.com>

For PHA Exchange **COMMUNICATION – E1**

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23/1/03

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20th Jan 2003

COMMUNICATION – E1
(PHM-Exchange)

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Email : sochara@vsnl.com
Website : www. Sochara.org

Subject: PHA-Exchange> Health Micro-Insurance Schemes
Date: Fri, 24 Jan 2003 12:01:41 +0700
From: "Aviva" <aviva@netnam.vn>
To: <dahlgren38@telia.com>

From: "Céline Peyron" <C.Peyron@itcilo.it>

> Background
>
> Today, in most African countries, only limited public health expendi-
> tures reach the poor. Decreasing social and health budgets, often in
> adequate and poor quality health services, as well as cultural prob-
> lems, are major constraints for many poor to gain access to health
> care services.
>
> Social protection is, first and foremost, the legitimate right of
> every individual. It is also a condition for social and economic pro-
> gress. In many developing countries formal social security systems
> are often not giving adequate coverage to people working in the in-
> formal economy, even if the legislation promotes social protection
> for all. The issue of identifying ways to extend social protection to
> workers in the informal economy is a new challenge and little practi-
> cal experience in this field exists. There is a need to determine ap-
> propriate mechanisms for providing social protection, especially in
> health, and to test them. Micro-insurance has been identified as one
> of many ways to provide better access to health care services for the
> excluded.
>
> Community-based health micro-insurance schemes combine the fundamen-
> tal principles of insurance, participation and solidarity. They use
> the basic principles of insurance because, by paying contributions,
> the members receive service - from the group as a whole - when they
> fall ill. The micro-insurance concept is also based on the solidarity
> principle as all the members contribute, but only those affected by
> an event covered by the scheme benefit from financial support. These
> schemes promote participation because membership is voluntary and all
> members have the right to participate directly or indirectly, in
> various decision-making bodies and to control the operation of their
> micro-insurance scheme.

PHA Exchange>

RN
28/1/03

> Several micro-insurance schemes have been created in Africa to en-
> hance access to health services for the most vulnerable. Micro-
> insurance refers to the different insurance systems, which can reach
> poor people on the basis of an ethic of mutual aid and the collective
> pooling of health risks, and in which the members participate in its
> management. A number of recent studies confirm their potential to en-
> hance access to health care, which has attracted growing interest
> from the general public, governments and their partners.
>
> There is a need for capacity building on the design and the manage-
> ment of micro-insurance schemes. To strengthen transparency and deci-
> sion making, member's skills, especially those of managers, should be
> reinforced with respect to the management of administrative and fi-
> nancial data.

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To post, write to: PHA-Exchange@kabissa.org
Website: http://www.lists.kabissa.org/mailman/listinfo/pha-exchange

RN
27/1/03

Subject: PHA-Exchange> Food for an obscene thought
Date: Sat, 25 Jan 2003 10:37:25 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

Human Right Reader 35

'CHARITY IS OBSCENE FROM A HUMAN RIGHTS PERSPECTIVE' (Immanuel Kant)

1.In many communities, Human Rights (HR) values still need to be promoted from above, because they have not yet been internalized by unknowing, potential claim holders. This promotion from above is far removed from traditional charity approaches (*) to development though.
[*: Charity is here seen as "love and the right feeling towards one's fellow human being"].

2.Ultimately, HR cannot be imposed; they must be sought/pursued from within, and only be supported from outside.

3.In our work, it is primarily the (majority) deprived/poor people (**) who are the main holders of rights; our HR work with them is to have them empower themselves to claim their rights and to choose their own development path (i.e., circumstances and chance should no longer dominate their lives).
[**: Poverty is here seen as a lack of choice and minimum control of resources].

4.HR are thus to be seen as what they really are, namely, the legal expression of our human dignity. Because of that, HR are universal; they are indivisible; and they are interdependent. There is nothing like 'basic rights'.

5.But HR do not yet feature explicitly (***) in the charters or mission statements of many international private voluntary organizations (importantly those NGOs traditionally involved in mostly charity-type work); we all need to become more vocal in demanding this be done.
[***: Or may have been added lately without those organizations having operationalized these principles in their field work yet].

6.Participation, you may not know, is a HR per-se; it should be treated as a necessary outcome of development work and has to become a necessary part of the process. Charity may share this concept, but definitely does not share the HR perspective that it is inescapable to directly address the basic/structural causes of rights violations (see below).

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7.So, what is then involved in a truly participatory HR-based planning and programming? And who is to do it?

8.To start with, UN and bilateral agencies and NGOs with active programs in the field should already be applying HR-based programming --with the participation of their respective constituencies! National governments should, ideally, follow suit as a way to concretize their commitment to HR (this can, therefore, at the same time, be a test of commitment).

9.Participatory HR-based planning has several recognized steps:

A. Participatory Causality Analysis:
Before anything, communities must first recognize they have problems, and then characterize them; they must then collectively identify the causes of the same. (Without a reasonable consensus on the causes of the problems at hand, it is not likely that there will be a consensus later-on about how to solve the same). Any causality analysis is greatly helped by an explicit Conceptual Framework (e.g., the one UNICEF uses since 1990 for the causes of

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preventable ill-health, malnutrition and deaths). Planning in a HR context requires a full understanding of the causes at all levels (immediate, underlying and basic) with simultaneous attention being given to addressing the causes at different levels. Causes of problems related to the violation of people's rights that are identified with the help of the framework need to be analyzed for each violation at each level of causality; then, a quali and quantitative relationships must be established among them. This is to be followed by reaching consensus regarding the most important determinants affecting the realization of those rights found to be violated.
The Causality Analysis will thus produce a list of rights that are being violated together with the major causes of these violations.

B. Participatory Pattern Analysis:
This step explores the relationships between claim holders and duty bearers; these relationships form a pattern. The work to identify duty bearers for each particular right benefits from the earlier causality analysis in that one can identify duty bearers at different levels. One has to insist that, at this point, it is necessary to focus on priority problems to reduce the analysis to a limited set of claim-duty relationships that are likely to be the most critical in the given situation; if not limited, one risks ending up with a very large number of such relationships that we will not be able to tackle and a number of actors too large to involve and support (i.e., the situation analysis should cover all rights while programming will address the most relevant violations first).
Pattern Analysis thus arrives at a list of the most crucial claim-duty relationships for each particular set of rights violations selected.

C. Participatory Capacity Analysis:
This next step is about analizing why duty bearers do not seem to be able (or capable) to perform their duties as is expected from them. It s about identifying their shortcomings and confronting them with such evidence. As pointed out in HR Reader 33, this analysis looks at the responsibility/authority/resources components of capacity (or about how duty bearers should act, may act, and can act). The importance of two-way communication systems are to be recognized here so as to put resources to really work for the benefit of claim holders.
Capacity Analysis thus ultimately identifies capacity gaps of each duty bearer for each identified rights violation to be redressed (also see HR Reader 33).

D. Participatory Selection of a Strategy and Best Actions:
Here, actions are selected to help close capacity gaps identified in the previous step.
This step thus results in a list of candidate actions organized into a draft strategy.

E. Partnership Analysis:
At this point, discussions are held with key partners/strategic allies with the aim of reaching agreements on who will do what, how, where and when.

F. Programming:
This final step aggregates all activities in the strategy into (a) program(s) and/or project(s). No general advice is sensible enough here to prescribe how best to do this. Groups involved in the planning will have to learn from practice on how to best cluster activities for maximum results (by sector, by theme, by geographical location, by level of causality, etc).

10.As can be seen, HR are thus not to be treated as a 'separate' concern of development planning; they are an integral part of it. Without explicitly addressing HR, the problems of economic underdevelopment and poverty will never be fully solved. (****)
[****:The principle of 'low cost - high impact' pursued in traditional development planning is merely utilitarian; in HR-based planning it must thus sometimes be rejected. Simply put, morality often leads to a different

set of priorities than those of an economic analysis].

11.But, beware, the HR approach is not a magic panacea either. It will not see resources and policies and power instantly transferred to the poor and vulnerable... Keep in mind that --unlike the WTO-- the UN or any other international body have no practicable way of imposing punishment or fines on governments that violate or ignore their internationally sanctioned commitments to HR; we all need to contribute our grain of salt to help empower people to stop these violations.

[Mostly taken from Jonsson U., An approach to HR based programming in UNICEF ESARO, SCN News No.20, pp.6-9, July 2000].

Claudio Schuftan, Ho Chi Minh City
aviva@netnam.vn

Subject: PHA-Exchange> From the IMF?
Date: Sat, 4 Jan 2003 11:11:46 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

The following are statements we could find in any publication coming from a 'progressive' group yet, lo and behold, they come from Finance and Development (June and Sept. 2002), the official publication of the IMF. They may be
cited out of context, but are still mostly verbatim quotes.
Claudio

AGRICULTURAL SUBSIDIES AND THE THIRD WORLD:
In recent years, industrial country leaders have boosted their pledge of aid and debt relief for the poorest countries, but what they have given with one hand they have taken away with the other. For example, industrial countries spent US$50 billion in foreign aid in 2001(*), yet they provided six times this amount in agricultural support (to their own farmers), which depressed world prices and hurt income prospects in poor countries by keeping agricultural exports out of rich countries' markets. ... In agriculture, the industrial countries should lead the way: opening their markets would not only boost trade and global growth --and thus help reduce poverty-- it would also bring greater stability to the global economy, ensuring a healthier international financial system. Opening up of industrial country markets to the products of the developing countries is thus as essential as additional ODA(*).

UNFAIR TARIFFS LEVIED ON THIRD WORLD GOODS:
Although in 2000, clothes and shoes accounted for only 6.5% of US imports, in value terms they brought in nearly half of the US$20 billion of US tariff revenue. Tariffs applied to consumer goods are often higher than those on luxury goods. The US collects more tariffs on imports from Bangladesh than on imports from France. [Ref cited: 'America's hidden tax on the poor', B.Gresser, Progressive Policy Institute Policy Report (Washington), 2002].

ON GLOBALIZATION:
Globalization drives down wages and exports jobs to low-wage economies. Critics see the creation of a global 'sweat-shop economy' in which corporations pit workers around the world against each other in a race to the bottom to see who will accept the lowest wages and benefits.
Most variation in the income of the poor comes as a result of changes in average income, not changes in income distribution. So the trade liberalization associated with globalization may have a positive overall effect on growth, but is most probably not good for poverty reduction since it worsens income distribution. A more egalitarian income distribution has to antecede (or be concomitant with) growth to have an impact on the rate of poverty.
Priority continues to be given to the relationship between economic growth and poverty, but no consideration is being given to income redistribution. Poverty alleviation is thus only attempted by secondary trickle-down effects. It can then be predicted that poverty will not be reduced by the targeted amount (by 2015). (Pro-poor growth addresses neither the political nor the economic causes of poverty).

(*): If industrial countries increased ODA to 0.7% of GNP, financial aid would increase to about US$175 billion, roughly three times its current (2002) level.

CMF → Ron
xc/wm

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14/1/03

RN
6/1/03

Subject: PHA-Exchange> Pearls of wisdom on HCF (3)
Date: Sat, 11 Jan 2003 10:30:46 +0700
From: "Aviva" <aviva@netnam.vn>
To: "afro-nets" <afro-nets@usa.healthnet.org>

From: "gerald moore" <gmoore12@compuserve.com>

The "pearls of wisdom" were much appreciated and are very much in line with my own thinking. Some of the principles however are, as you know, difficult to implement in practice, for a variety of reasons.

One problem is that in some developing countries the services which should be provided free, in a fee for service system, often make up the majority of services provided, eg under-5, maternal and child health, preventive, chronic diseases, STD/Aids etc. Then there are exemptions for the very poor. So when one adds all these up, one might find that fees are being collected from a small proportion of the patient population that is not enough to make the service financially viable or to plough back enough funds into improving the system, topping up salaries etc.

Assessing users/payers socio-economic situation and ability to pay is also difficult (points 10,11), particularly in a rural setting. How does one really know? In my experience, sometimes the poorest-looking farmer may have quite a decent income. One possible way is to strengthen the system of indigent-registration by village chiefs, which is utilized in Ethiopia and Laos. This enables the poorest in a village to have a card or letter which guarantees them free health care. (Point 3).
Points 14-18 are very important, as is the need to train health workers in basic planning, accounting, inventory management and budgetary control, a very high workload in addition to their provision of care and health educational activities. Do we expect a nurse or medical assistant in a rural health centre to do too much? Often just caring for the sick and doing the basic recording paperwork is a full-time job for them, not to mention looking after finances, accounts and stock control.
To be efficient, any fee for service, cost sharing or cost recovery system would optimally require trained accounting and stores personnel in every health facility. Even if they could be found and trained, this adds to personnel and administration costs. However if the system works well, they could be provided for out of revenue gained.

Point 25 sums up the basic problem in health care very well.

Much to discuss: Each pearl is almost a topic in itself.

Gerald Moore

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Subject: PHA-Exchange> Training Manual on Effective Writing available online
Date: Thu, 23 Jan 2003 10:38:09 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Patrick Burnett" <patrick@fahamu.org.za>
> Training Manual on Effective Writing available online
> ----------
>
> FAHAMU - Learning for Change
> http://www.fahamu.org
>
> TRAINING MANUAL ON EFFECTIVE WRITING AVAILABLE ONLINE
>
> ** Do you find writing a chore? Do you spend hours looking at a blank
> sheet of paper, wondering how to start? Then Writing for Change can
> help. **
>
> A major training resource designed to help those working in the not-
> for-profit sector hone their writing skills in order to influence,
> persuade and bring about positive social change has been made avail-
> able free of charge on the internet, thanks to the support of IDRC.
>
> "The CD-ROM version has been so popular," said Firoze Manji, Director
> of Fahamu, "IDRC and Fahamu decided to make the resource available in
> the public domain as well."
>
> Writing for Change, originally published as an interactive CD-ROM by
> Fahamu and the International Development Research Centre (IDRC), is
> designed primarily for people working in the not-for-profit sector,
> including researchers, scientists, project managers, team members,
> campaigners, fundraisers, social activists and writers. Available in
> English, French and Spanish from Fahamu's web site:
> <http://www.fahamu.org> the resource is thought to be one of the most
> comprehensive available, running at about 900 pages per language.
>
> Writing for Change is unique as a training resource because it con-
> tains major sections devoted not only to the core skills of writing,
> but also to the two crucial specialised areas of writing - scientific
> papers for publication in journals and documents to help campaign or
> persuade.
>
> People working in research and advocacy organisations need to do lots
> of writing in the form of project documents, articles for magazines,
> papers for publication in scientific journals, proposals and newslet-
> ters - the list can seem endless. Many able and committed people find
> writing time-consuming, boring and difficult. Rather than sitting at
> a desk, they would prefer to be doing the real work of setting up the
> next experiment, conducting the field research, lobbying politicians
> or engaging with communities. Yet the world will only know about the
> quality and significance of their work through the documents that ex-
> plain or promote it. Success depends on the ability to communicate
> ideas to others - often on paper. Writing for Change can help achieve
> that success.
>
> Writing for Change comprises three sections:
> * Effective Writing: core skills, Writing for Science, and Writing
>   for Advocacy. Core skills helps to develop the skills needed to write
>   clearly and purposefully, organise ideas and express them well.
>
> * Writing for Science shows how to produce writing for publication in
>   specialist journals. It teaches how to build on the core skills of

TN
—
Should we buy and get a copy. May be useful for all our technical staff →

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HRM – pl. see how CHC can get it. Can be put on book rack

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> effective writing and add further skills that apply to this specialised type of writing. This section gives a better chance of getting published, discusses the ethics of authorship, how to respond to editors and correct proofs.
>
> * Writing for Advocacy contains a wealth of advice on how to win hearts and minds and how to adapt core writing skills to lobbying or campaigning documents. The section looks at articles, leaflets, newsletters, pamphlets, press releases and posters.
>
> Extra features of 'Writing for Change' include a resource centre with suggestions for further reading and links to useful web sites and resources.
>
> "We supported 'Writing for Change' so that our partners would have a tool to build their capacity to communicate research results in ways that promote action based on evidence and social relevance. The guide focuses on effective writing, important both for communicating science and advocacy work," said Daniel Buckles from the International Development Research Centre. "The combination of guidance on core writing skills, writing for science and writing for advocacy makes this product unique."
>
> "I can honestly say it is one of the best training programmes I have seen. It is very well set out and easy to navigate. It also follows a logical progression, there were no missing steps, and it went into sufficient detail to provide concrete, practical guidance. I was never left thinking, 'But how exactly would I do such and such?' -" Sarah Arnewell, World Vision.
>
> Writing for change continues to be available on CD-ROM; Price GB Pounds 20.00

Subject: Fw: Message from Colin Powell to state department offices
Date: Thu, 23 Jan 2003 10:35:31 +0700
From: "Aviva" <aviva@netnam.vn>
To: "Ravi" <sochara@vsnl.com>

----- Original Message -----
From: "JVNET" <jvnet@netnam.vn>
To: "jvnet" <jvnet@netnam.vn>
Sent: Thursday, January 23, 2003 8:43 AM
Subject: Message from Colin Powell to state department offices

Message from Colin Powell to state department offices

THIS IS AN ACTION CABLE FROM THE ADMINISTRATOR - SEE SECTIONS 4, 5, AND 6.

1. SUMMARY: I CONTINUE TO PLACE A TOP PRIORITY ON IMPLEMENTATION OF HIV/AIDS EXPANDED RESPONSE

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PAGE 02 STATE 267675 301708Z
ACTIVITIES, INCLUDING THE PRESIDENT'S INITIATIVE TO DECREASE MOTHER TO CHILD TRANSMISSION. IN MANY COUNTRIES, HIV/AIDS HAS REACHED SUCH CATASTROPHIC LEVELS THAT IT IS DECIMATING ENTIRE SOCIETIES, DEVASTATING FAMILIES, CREATING MILLIONS OF ORPHANS AND SETTING BACK SOCIAL AND ECONOMIC DEVELOPMENT. IN 2002, USAID MADE GREAT STRIDES AND WE WILL CONTINUE TO STRIVE TO BE A GLOBAL LEADER IN THE FIGHT AGAINST HIV/AIDS.

2. WHERE THERE ARE GENERALIZED EPIDEMICS, A FULLY BALANCED APPROACH TO THE ABC'S ABSTINENCE, BEING FAITHFUL, AND CONDOMS SHOULD BE IMPLEMENTED. EMPERICAL EVIDENCE SHOWS THAT SUCCESSFUL PROGRAMS SUPPORT A STRONG EMPHASIS ON CAMPAIGNS THAT PROMOTE ABSTINENCE, FAITHFULNESS AND REDUCTION OF THE NUMBER OF PARTNERS. IN ADDITION, INCREASED ATTENTION TO SUPPORTING CHILDREN AFFECTED BY HIV/AIDS IS IMPORTANT. FAITH-BASED AND COMMUNITY ORGANIZATIONS SHOULD BE ENGAGED IN USAID'S FIGHT AGAINST HIV/AIDS. (NOTE: ON DECEMBER 12, THE PRESIDENT ISSUED EXECUTIVE ORDERS
13279 AND 13280 TO ENHANCE THE PARTICIPATION OF FAITH-BASED AND COMMUNITY ORGANIZATIONS IN U.S. GOVERNMENT FUNDED PROGRAMS. END NOTE) USAID MISSIONS SHOULD SEEK TO INCREASE THE NUMBER OF NEW IMPLEMENTING PARTNERS BY ENSURING THE COMPETITIVE BIDDING AND REBIDDING OF CONTRACTS AND COOPERATIVE AGREEMENTS.

3. POLICY AND COMMUNICATIONS: WE NEED YOUR ATTENTION
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PAGE 03 STATE 267675 301708Z
FOCUSSED ON IMPLEMENTING OUR HIV/AIDS PROGRAM IN ACCORDANCE WITH ADMINISTRATION AND AGENCY POLICIES. THERE IS CLEAR EVIDENCE THAT THE ACCOMPLISHMENTS TO DATE AND THOSE PLANNED REQUIRE INTERVENTIONS THAT STEM THE TRANSMISSION OF HIV/AIDS AMONG HIGH RISK GROUPS SUCH AS PROSTITUTES AND INJECTING DRUG USERS. THESE ACTIVITIES AND RELATED COMMUNICATIONS MUST BE MANAGED SENSITIVELY. EXISTING USAID POLICY, SET FORTH IN THE AGENCY'S FY 2002 GUIDANCE ON THE DEFINITION AND USE OF THE CHILD SURVIVAL AND HEALTH PROGRAMS FUND, PROHIBITS THE USE OF RESOURCES TO SUPPORT NEEDLE EXCHANGE PROGRAMS. IN ADDITION, ORGANIZATIONS ADVOCATING PROSTITUTION AS AN

To CM 19/1
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For information and comments
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EMPLOYMENT CHOICE OR WHICH ADVOCATE OR SUPPORT THE LEGALIZATION OF PROSTITUTION ARE NOT APPROPRIATE PARTNERS FOR USAID ANTI-TRAFFICKING GRANTS AND CONTRACTS, OR SUB-GRANTS AND SUB-CONTRACTS. (NOTE: USAID'S ANTI-TRAFFICKING STRATEGY WILL BE RELEASED DURING THE FIRST WEEK OF JANUARY. END NOTE).

4. ALL OPERATING UNITS SHOULD ENSURE THAT USAID-FUNDED PROGRAMS AND PUBLICATIONS REFLECT APPROPRIATELY THE POLICIES OF THE BUSH ADMINISTRATION. CAREFUL REVIEW
OF ALL PROGRAMS AND PUBLICATIONS SHOULD ENSURE THAT USAID IS NOT PERCEIVED AS USING U.S. TAXPAYER FUNDS TO SUPPORT ACTIVITIES THAT CONTRADICT OUR LAWS OR POLICIES, INCLUDING TRAFFICKING OF WOMEN AND GIRLS, LEGALIZATION OF DRUGS, INJECTING DRUG USE, AND ABORTION.

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5. WEBSITES: ALL OPERATING UNITS SHOULD REVIEW THEIR OWN WEBSITES AND ANY WEBSITES FULLY OR PARTIALLY FUNDED BY USAID TO ENSURE THE APPROPRIATENESS OF THE
MATERIAL. (NOTE: ADS 557.5.3 REQUIRES THAT MATERIALS FINANCED BY THE AGENCY MUST BE REVIEWED BY LPA PRIOR TO POSTING ON THE WEB. END NOTE) YOU SHOULD ALSO REVIEW THE APPROPRIATNESS OF MESSAGES ON THE WEBSITES OF OUR COOPERATING PARTNERS WHICH RECEIVE SOME PORTION OF THEIR FUNDING FROM USAID.

6. MISSIONS ARE REQUESTED TO RESPOND TO THIS CABLE WITH CONFIRMATION OF ACTIONS TAKEN BY JANUARY 31, 2003.

7. IF YOU HAVE ANY QUESTIONS, OR WISH TO REQUEST ASSISTANCE IN POLICY OR COMMUNICATIONS DETERMINATIONS, PLEASE CONTACT THE SENIOR DEPUTY ASSISTANT ADMINISTRATOR IN YOUR RESPECTIVE BUREAU. FOR LEGAL DETERMINATIONS AND ADVICE, PLEASE CONTACT YOUR COGNIZANT REGIONAL LEGAL ADVISOR.

8. WITH YOUR CONTINUED EFFORTS, USAID CAN SUBSTANTIALLY CONTRIBUTE TO WINNING THE FIGHT AGAINST HIV/AIDS AND FURTHERING INTERNATIONAL DEVELOPMENT.

POWELL

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Subject: PHA-Exchange> George Bush's War on Women
Date: Fri, 24 Jan 2003 11:45:46 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-cxch" <pha-cxchange@kabissa.org>

From: gender-aids@healthdev.net

Bush's secret war
IPPF, 22 January, 2003
****

London - Shielded by the smokescreen of an imminent war, President George Bush is waging another stealth campaign, systematically working to undermine reproductive freedom around the world, claims The International Planned Parenthood Federation (IPPF).

Today marks the third anniversary of the beginning of this cultural battle. On this day in 2001, in one of his first actions on taking office, President Bush reinstated the Global Gag Rule - or Mexico City Policy - which cut off U.S. international aid money from any family planning organization that [redacted]aged, directly or indirectly, in abortion-related activities. The cost to IPPF was devastating - $18 million lost, clinics closed, essential reproductive health denied or delayed. This unjust policy has actually increased the number of unintended pregnancies and illegal, unsafe abortions and consequently needless deaths.

Since then, using every means available to him, Bush has formulated a strategy to stifle reproductive rights and access to reproductive health care services. They include: instituting gag rules that censor free speech; supporting legislation that limits access to family planning and abortion services; sinking large sums of money into medically unproven abstinence-only sexuality education; nominating religious ideologues to important scientific posts and decrying the use of condoms.

IPPF Director General Dr Steven Sinding said: "We are using this, the third anniversary of the Global Gag Rule, to draw
the world's attention to a chronology of events [see separate War on Women Chronology below] which show George Bush's seemingly single-minded determination to strip women of reproductive rights and access to reproductive health services - not just abortion but even family planning and sex education.

[redacted]hese acts are a testament to the Bush administration's war against women and his overall contempt for their fundamental civil and human rights."

For further information contact:
Email: fsalter@ippf.org

TN – for information
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28/1/03

George Bush's War on Women: A chronology

Reducing access to family planning

* On his first day in office, the 28th anniversary of Roe v. Wade, Bush restores the Reagan-era global gag rule on international family planning assistance (See also Censoring free speech) - January 22, 2001
* President Bush moves to increase "abstinence-only" education funding - October 11, 2002
* House passes the "Child Custody Protection Act" - April 17, 2002
* Bush administration representatives fight sexuality education and oppose condoms for HIV/AIDS prevention at the UN Children's Summit (see also Replacing science with right-wing ideology) - May 2002
* President Bush withholds $34 million in funding for birth control, maternal and child health care, and HIV/AIDS prevention from the United Nations Population Fund (UNFPA) (see also Replacing science with right-wing ideology) - July 22, 2002
* President Bush does an about-face on support of women's rights treaty, The

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Convention on the Elimination of All Forms of Discrimination Against Women CEDAW - July 26, 2002
* House passes the so-called "Abortion Non-Discrimination Act" (see also: Building the platform to outlaw abortion) - September 25, 2002
* Bush administration Web sites remove medically accurate information (see also Reducing access to family planning) - October 2002
* HHS announces "abstinence-only" advocate to oversee nation's family planning program (see also Replacing science with right-wing ideology) - October 7, 2002
* Bush administration reverses U.S. position in support of 1994 global agreement that affirms the right of all couples and individuals to determine freely and responsibly the number and spacing of their children and to have the information and means to do so (United Nations, 1994) (see also Censoring free speech) - November 2, 2002

Building the platform to outlaw abortion

* House passes the "Child Custody Protection Act" (see also Reducing access to family planning) - April 17, 2002
* House passes the so-called "Unborn Victims of Violence Act" (see also Redefining the legal status of the fetus) - April 26, 2001
* President Bush does an about-face on support of women's rights treaty, The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (see also Reducing access to family planning) - July 26, 2002
* House passes the so-called "Abortion Non-Discrimination Act" (see also Redefining the legal status of the fetus) - September 25, 2002
* Bush administration gives embryos new status in the HHS Secretary's Advisory Committee on Human Research Protection Charter - October 2002
* Bush Administration Advances position that life begins at conception at regional population conference in Asia - December 11-17, 2002

Replacing science with right-wing ideology

* President Bush considers nominating John Klink - an ardent opponent of birth control and a spokesperson for the Vatican's opposition to condom use - to oversee the United States' global population program - May 23, 2001
* House passes the "Human Cloning Prohibition Act of 2001" - July 31, 2001
* President Bush prevents taxpayer funding for additional stem cells beyond existing stem cell lines, placing severe limits on stem cell research - August 9, 2001
* President Bush moves to increase "abstinence-only" education funding - October 11, 2001
* Bush administration representatives fight sexuality education and oppose condoms for HIV/AIDS prevention at the UN Children's Summit (see also Reducing access to family planning) - May 2002
* President Bush withholds $34 million in funding for birth control, maternal and child health care, and HIV/AIDS prevention from the United Nations Population Fund (UNFPA) (see also Reducing access to family planning) - July 22, 2002
* President Bush withholds more than $200 million in funding for programs to support women and address HIV/AIDS in Afghanistan - August 2, 2002
* President Bush Freezes $3 million in funding to the World Health Organization (WHO) in response to anti-choice objections to the WHO's human reproduction research program - October 2002
* Bush administration Web sites remove medically accurate information (see also Censoring free speech, Reducing access to family planning) - October 2002
* HHS announces "abstinence-only" advocate to oversee nation's family planning program (see also Reducing access to family planning) - October 7, 2002
* Family planning foe Rep. Chris Smith calls on USAID to exclude reproductive health organizations in developing countries from receiving HIV/AIDS funding - October 24, 2002

Censoring free speech

* Bush administration Web sites remove medically accurate information - October 2002
* Bush administration reverses U.S. position in support of 1994 global

agreement that affirms the right of all couples and individuals to determine freely and responsibly the number and spacing of their children and to have the information and means to do so (United Nations, 1994) (see also Reducing access to family planning) - November 2, 2002
* The Centers for Disease Control and Prevention (CDC) Web site posted "revised" fact sheet downplaying condom effectiveness - December 2, 2002
* At an international conference in Bangkok, U.S. officials demanded the deletion of a recommendation for "consistent condom use" to fight AIDS and sexual diseases. One study by the University of California at Berkeley found condom distribution to be astonishingly cost-effective, costing just $3.50 per year of life saved. In contrast, antiretroviral therapy cost almost $1,050. Yet the U.S. is now donating only 300 million condoms annually, down from about 800 million at the end of the first President Bush's term.

*with thanks to Planned Parenthood Federation of America
www.plannedparenthood.org

* IPPF is the largest voluntary organization working towards healthier sexual and reproductive lives for everyone. Founded 50 years ago in India, IPPF now works in 182 countries to fight against poverty, ignorance and misery by providing more people with choices about their lives, offering sexual and reproductive health and family planning information and services, and working to prevent the spread of HIV/AIDS and other infections.

Subject: PHA-Exchange> Davos
Date: Mon, 27 Jan 2003 16:36:03 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

> *Davos again Saturday, repression if anything worse than two years ago.*
>
Let me share with you my thoughts after we got home having been prevented in one
> *of world's most democratic countries from demonstrating against violence* and
> *injustice and even having been attacked by the police regularly throughout*
> *the day and the evening.*

Why What When Where

Because I am safe, well fed and in good health, I can TRY to demonstrate against a system in which half the people in this world of plenty are not safe, do not eat enough, and are in poor health . . . . So much so that 24,000 of them die every day of avoidable causes.

Because political and economic decisions affecting people everywhere in the world are taken in a small mountain resort called Davos in Switzerland. Here leaders of multinational corporations dictate to our "elected leaders" mostly behind closed doors. For example, the UK (represented by British Petroleum) and the Netherlands (represented by Shell) decide how to dispose of Nigeria's oil reserves. Meanwhile Nigerians live (and die) in poverty.

Yesterday, on the 25th of January 2003, I tried with thousands of others to demonstrate for democracy, peace and social justice.

At Landgart and Berne, we were gassed, hosed, sprayed with rubber bullets, herded into enclosures, made to stand for hours in the cold, marched along rail tracks to reach our destination, put on and off trains, chased up and down streets, running, frightened, outraged.

BUT we had the luxury of transport home in a warm, comfortable train where we ate snacks, looked after our headaches and stinging eyes, and thought about what went wrong.

That luxury is the right of every human being on earth.

Next week, hundreds of thousands of Iraqi families may be attacked; they have been bombed senseless since 1991. They will also be on the move but without food, water or aspirins. If this happens, many of them will die.

That is why we go to Davos.

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Community Health Cell

From: aviva <aviva@netnam.vn>
To: <pha exchange@kabissa.org>
Sent: Monday, February 03, 2003 11:19 PM
Subject: PHA-Exchange> bravo Mandela

From: Marc Bombois <mbombois@shaw.ca>
MANDELA ATTACKS GEORGE BUSH AND TONY BLAIR

Nelson Mandela yesterday launched a withering attack on George Bush and Tony Blair, implying they were racists intent on war with Iraq and accusing Mr Blair of abdicating his responsibility as prime minister to America.

Mr. Mandela urged the American people to join protests against their president and called on world leaders, especially those with vetoes in the UN security council, to unite to oppose him.

"One power with a president who has no foresight and cannot think properly is now wanting to plunge the world into a holocaust," Mr. Mandela said in a speech to the International Women's Forum.

"Why is the US behaving so arrogantly?" he asked. "All that [Bush] wants
is Iraqi oil."

Condemning Mr. Blair, he said: "He is the foreign minister of the United
States. He is no longer prime minister of Britain."

The former president of South Africa also accused Mr. Bush and Mr. Blair
of undermining the UN and its secretary-general, Kofi Annan.

"Is it because the secretary-general of the United Nations is now a black
man? They never did that when secretary-generals were white," he said.

Mr. Mandela said the UN was the main reason there had been no third world
war. The US, which callously dropped atomic bombs on Hiroshima and Nagasaki, had no moral authority to police the world.

"If there is a country that has committed unspeakable atrocities in the world, it is the United States of America. They don't care for human beings," he said.

Mr. Mandela also criticised Iraq for not cooperating fully with the weapons inspectors and said South Africa would support any action against
Iraq that was supported by the UN

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His comments drew a strong response from the White House spokesman, Ari Fleischer, who said Mr. Bush "understands there are going to be people who are more comfortable doing nothing about a growing menace that could
turn into a holocaust."

Subject: PHA-Exchange> WHO candidates debate last Sunday in Gva
Date: Fri, 24 Jan 2003 12:12:45 +0700
From: "Aviva" <aviva@netnam.vn>
To: "pha-exch" <pha-exchange@kabissa.org>

From: "Salah Mandil" <salah.mandil@bluewin.ch>

The "Debate" was organised and held on Sunday, 19 January 2003 (at 3 pm
> to 5:15 pm, Geneva time). Invitations went to all the Candidates, all the
> members of the WHO Executive Board, all Geneva-based organisations and
NGO's
> and all Geneva-based WHO staff, to participate on-site. The debate was
also
> broadcast over the Internet, and on all six channels of the WorldSpace
> radio. The topics for the debate were organised under these five main
> headings: Health for All and Primary Health Care; Access to Health Care
> services; WHO Priorities and Structure; Global and other Partnerships;
and
> Health Information and Communication.

> Three of the candidates participated and the other four (one candidate
> withdrew from the race just a day before) apologised. No member of the
> Executive Board took part. About 500 (mostly WHO and NGOs staff) attended
> on-site. The three candidates who participated were (in surname
alphabetic
> order):
>
> Dr Pascoal Manuel Mocumbi, Mozambique
> Dr Ismail Sallam, Egypt
> Dr Joseph Williams, Cook Island
>
> Dr Mocumbi and Dr Sallam were in Geneva, and Dr Williams was on Video
> Conference link from Aukland, New Zealand.
>
> The event was not intended as a debate between the candidates, nor an
> interview of the candidates, but an opportunity for the Global Health
sector
> to and listen to and question the Candidates on their Vision, Priorities
and
> intended method of their directing WHO with particular emphasis on the
> needs and the true involvement of the poor communities and the
industrially
> developing countries. Questions to the candidates were fielded via Video
or
> Audio links, and through the Internet, from over 70 health institutions in
> over 20 countries.
>
> It was an excellent event and the "debate" fully met its objectives,
albeit
> with only three of the seven candidates participating. I had the honour
of
> chairing the Debate at the invitation of the main organisers: the
> International Health Network, Exchange, The People's Health Movement and
The
> Academy of International Health Philanthropy. An archive of the
> video-streaming, together with a transcript and a summary of the event
will
> shortly be available (www.ihn.org).
>
> Salah Mandil
> Geneva

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Law

Community Health Cell

From: Maria Hamlin Zúniga <iphc@cablenet.com.ni>
To: Pha-Exchange <PHA-Exchange@kabissa.org>
Sent: Wednesday, February 12, 2003 12:46 AM
Attach: Dr_ Mirta Roses Sets Commitments as New Director of PAHO.doc
Subject: PHA-Exchange> New Director of PAHO sets Commitments

"We are committed to health for all, to the strategy of primary health care, to health promotion, and to the reduction of inequities and social exclusion" Dr. Mirta Roses.

Dr. Mirta Roses Sets Commitments as New Director of PAHO

News and Public Information

Dr. Mirta Roses Sets Commitments as New Director of PAHO
Washington, January 30, 2003 (PAHO) - Renewing her commitment to work for public health in the Americas, Dr. Mirta Roses Periago was sworn in today as the new director of the Pan American Health Organization (PAHO), becoming the first Argentine and first woman to lead the Organization.

"We are committed to health for all, to the strategy of primary health care strategy, to health promotion, and to the reduction of inequities and social exclusion." Dr. Roses said. She said her commitments would include:

Restore the Pan American Health Organization as the main forum for health in the Americas, opening it to participation by all sectors of society.
Build consensus and forge alliances, strengthening the continental and global solidarity, and gaining new social actors to defend health.
Address the new dimensions of health in the processes of the economic, social and political integration of the continent.
Advocate continuous improvement in health systems, promoting rapid progress in access to health services and extending social protection in accordance with the mandates of the summits of presidents and heads of state.
Renew the commitment and pride of all health workers and organizations, emphasizing the importance of quality of care, accountability, and evidence-based practices.
Convert PAHO into the preeminent health information reference

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center, facilitating access to knowledge using all means available, including modern information systems and mass communication.

The inauguration was held at the headquarters of PAHO, which just celebrated its Centennial, with the children's choir of the Washington International School and the PAHO choir singing folkloric songs of the Americas. In her first address as director, Dr. Roses spoke to health ministers, ambassadors and PAHO staff. But she also addressed indigenous and religious leaders, women who work in assembly plants, and the centenarians of Dominica and other elderly persons, telling them, "This Director and her team will be defending your health"

After thanking outgoing Director Dr. George Alleyne, World Health Organization Director Dr. Gro Harlem Brundtland, the Vice President of Ecuador, Dr. Alfredo Palacio, the Minister of Health of Ecuador, Dr. Francisco Andino, and representatives of the Organization of American States and of the Department of Health and Human Services of the United States, Dr. Roses said that "I reaffirm my commitment with emotion and pride as the first woman to assume the direction of this centenary and prestigious Organization and to guide it at the beginning of this new Millennium."

Dr. Roses said, "The focus of my attention will be working in and with the countries. Faithful to my profession as an epidemiologist, I will seek contact with the communities and observe the projects in the field."

She pointed out the importance of communication and of information exchange, noting that "This will be the century of networks, of connectivity and interdependence, which will make it possible for us to overcome barriers of space and of time and open possibilities that were unimaginable to humankind." She added "If we promote those networks so that they multiply exponentially the available social capital, so they link people and institutions to support and

include
all the people of the continent, we will have taken a
fundamental
step for knowledge and experience in new ways to exchange
technical
cooperation for sustainable human development."
In a diverse continent, she said, the countries face difficult
scenarios, including "Unfavorable economic conditions with
increases
in poverty, aging of populations, rapid and disorderly
urbanization
and environmental degradation, which makes them highly
vulnerable.
Each day more people live below the poverty line, and
differences
between rich and poor are growing in many countries, communities
and
groups."
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Dr. Roses recalled her first paid public health job as a
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of Alma Ata," she said. concluded.

PAHO, established in 1902,works with all the countries of the Americas to improve the health and living standards of all their peoples. The oldest health organization in the world, it also serves as the Regional Office for the Americas of the World Health Organization.

Dr. Mirta Roses Sets Commitments as New Director of PAHO

News and Public Information

Dr. Mirta Roses Sets Commitments as New Director of PAHO
Washington, January 30, 2003 (PAHO) - Renewing her commitment to work for public health in the Americas, Dr. Mirta Roses Periago was sworn in today as the new director of the Pan American Health Organization (PAHO), becoming the first Argentine and first woman to lead the Organization.

"We are committed to health for all, to the strategy of primary health care strategy, to health promotion, and to the reduction of inequities and social exclusion." Dr. Roses said. She said her commitments would include:

Restore the Pan American Health Organization as the main forum for health in the Americas, opening it to participation by all sectors of society.
Build consensus and forge alliances, strengthening the continental and global solidarity, and gaining new social actors to defend health.
Address the new dimensions of health in the processes of the economic, social and political integration of the continent.
Advocate continuous improvement in health systems, promoting rapid progress in access to health services and extending social protection in accordance with the mandates of the summits of presidents and heads of state.
Renew the commitment and pride of all health workers and organizations, emphasizing the importance of quality of care, accountability, and evidence-based practices.
Convert PAHO into the preeminent health information reference center, facilitating access to knowledge using all means available, including modern information systems and mass communication.

The inauguration was held at the headquarters of PAHO, which just celebrated its Centennial, with the children's choir of the Washington International School and the PAHO choir singing folkloric songs of the Americas. In her first address as director, Dr. Roses spoke to health ministers, ambassadors and PAHO staff. But she also addressed indigenous and religious leaders, women who work in assembly plants, and the centenarians of Dominica and other elderly persons, telling them, "This Director and her team will be defending your health"

After thanking outgoing Director Dr. George Alleyne, World Health Organization Director Dr. Gro Harlem Brundtland, the Vice President of Ecuador, Dr. Alfredo Palacio, the Minister of Health of Ecuador, Dr. Francisco Andino, and representatives of the Organization of American States and of the Department of Health and Human Services of the United States, Dr. Roses said that "I reaffirm my commitment with emotion and pride as the first woman to assume the direction of this centenary and prestigious Organization and to guide it at the beginning of this new Millennium."

Dr. Roses said, "The focus of my attention will be working in and with the countries. Faithful to my profession as an epidemiologist, I will seek contact with the communities and observe the projects in the field."

She pointed out the importance of communication and of information exchange, noting that "This will be the century of networks, of connectivity and interdependence, which will make it possible for us to overcome barriers of space and of time and open possibilities that were unimaginable to humankind." She added "If we promote those networks so that they multiply exponentially the available social capital, so they link people and institutions to support and include all the people of the continent, we will have taken a fundamental step for knowledge and experience in new ways to exchange technical cooperation for sustainable human development."

In a diverse continent, she said, the countries face difficult scenarios, including "Unfavorable economic conditions with increases in poverty, aging of populations, rapid and disorderly urbanization and environmental degradation, which makes them highly vulnerable. Each day more people live below the poverty line, and differences between rich and poor are growing in many countries, communities and groups."

Dr. Roses said "environmental risks are more threatening every day, and the current course of globalization is producing unequal benefits that contribute to increasing inequities among the countries. In this framework, those of us who consider health as a social product, can be proud of achieving and sustaining impressive gains in public health and in the extension of life expectancy in most countries, despite successive and prolonged economic and political crises."

"Even in critical periods, such as the so-called lost decade, with ruptures in democracy and economic stagnation, we have achieved the elimination of polio, the near- disappearance of measles, and reductions in infant mortality," she said.

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Community Health Cell

From: Aviva <aviva@netnam.vn>
To: Dolar Vasani <dolar.vasani@novib.nl>
Sent: Sunday, February 16, 2003 7:21 AM
Subject: PHA-Exchange> Food for a powerful thought

Law

Human Rights Reader 36

PERSPECTIVES ON HUMAN RIGHTS: FURTHERING THE DEBATE.

On power and Human Rights:

1.To be a fully empowered claim holder is to have the ability to compel the performance of some obligation; before being empowered, people are unable to compel important others to perform their obligations.

2.This, because in our societies, having a right means having the power to command respect, to make claims and to have them heard and acted upon. Put another way, to have a right is to have a power; to have to obtain a right is to be powerless.

3.That in these same societies some are powerful, dialectically suggests that others are powerless. So, any coherent notion of rights must, therefore, recognize this connection between power, respect and inequality in our societies.

4.Seen from such an angle, our performance in the Human Rights (HR) arena is still largely inadequate, because so far, it has failed to reverse the powerlessness of the poor. This failure of ours is coupled to our continued choice of rather paternalistic interventions. (How many of us are aware that, in our work, rather than empowering the poor, we may be empowering ourselves to intervene in their lives?).

5.Power and powerlessness are fundamental dialectical opposites in society; they regulate the interactions between individuals, the state, and its citizen. It is inconceivable to imagine a world without power --and utopian to believe that such a world might exist.
(A rights theory which envisions what should be, rather than what is, lacks the force and persuasiveness to effect true change): Rights must be tied to the notion of power and powerlessness.

6.What this means is that a HR-based approach will indeed challenge patterns of authority and power. Placing claims does not grant equality per-se, but merely grants equality of attention; it is a first step in challenging existing hierarchies; placing claims is part of a slow historical process that will eventually lead to a better life for the poor.

7.But a caveat is called for: Rights arguments are also increasingly being used to justify particular sets of policies imposed on the poor. HR arguments may actually be used against them.

8.HR can contribute (positively or negatively) to the power struggles of the poor: they can be used as much in defense of privileges and the powerful in society, as they can be used to advance the interests of the poor and marginalized. Economic rights of the haves (e.g., to property) are often used against the interests of the deprived majorities, as much as legitimate rights of people (e.g., to information, to assembly) are not infrequently contested in litigation or simply trampled using brutal repression.

9.If HR-based interventions prioritize the needs of the poor and marginalized, rights can become powerful tools to advance democracy provided they do not ignore the power imbalances that exist between and within countries. This, because rights are easily co-opted to serve those who already benefit from inequity and imbalances of power.

10.So, how do rights-based interventions put the poor first?
An active pro-poor civil society has a key role to play here. Their social mobilization activities have to aim for the structural changes needed for meaningful and sustainable changes that will discriminate in favor of the poor. In some countries, Human Rights Commissions have been put in place, but are no panacea if they ignore tying rights to the notion of power and powerlessness in the country.

11.While Western preoccupation with good governance makes a misnomer of what good governance should be, it is only active grassroots everyday public participation (and not 'democratic', often rigged, elections in which only a minority votes) that can really influence governments. Using a HR approach to foster such an active participation is paramount --remembering that individual rights and group rights are naturally compatible.

12.The success of the HR approach should thus be judged by its capacity to strengthen the least powerful in society to act in their own interest, individually and collectively (indirectly leading to better governance).

13.We have to better understand HR and the role they can play in the context in which each of us works and in which these HR are to be applied; therein lies the immediate challenge.

[Mostly taken from L. London, email, Univ. of Cape Town, Oct.5, 2002, and from K.H. Federle, Rights flow downhill, The Intl J of Children's Rights, 2: 343-368, 1994].

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Community Health Cell

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Cc: Mariska Maurs <mariska.maurs@wemos.ni>
Sent: Thursday, February 20, 2003 1:16 PM
Subject: PHA-Exchange> HPIC

Article from the Guardian Weekly

Hypocrisy that underlines HIPC

Guess who is claiming $73m this year from the famine-stricken Ethiopian government? Nestle? Some big multinational suffering a temporary corporate social responsibility bypass? Guess again. The vulture creditors in question are the World Bank, the International Monetary Fund and the governments of some of the world's richest countries.

Hang on a minute, you're probably thinking. Didn't Western leaders promise three years ago to forgive the unpayable debts of the world's poorest countries? It took years of fierce campaigning by Jubilee 2000 and its hundreds of thousands of supporters, but eventually the leaders of the seven most powerful economies agreed to write off $100bn of the third world's debts.

So how is it that the government of one of the world's poorest countries wrote out a cheque for $100m - nearly 10% of government revenues - last year to its creditors even as its worst famine in 20 years was threatening?

Ethiopia is not alone. Three other sub-Saharan countries facing an epidemic of hunger - Zambia, Mozambique and Malawi - will pay back an estimated $250m to their creditors this year, even as they struggle to feed their people.

Under the debt relief deal reached by G7 leaders in Cologne in 1999, 26 countries were supposed to have had $68bn of their debts written off by now. In fact just over half that amount has been forgiven, and the World Bank admits that for half of those countries the amount of relief granted is not enough to make their debts sustainable, even by the bank and the IMF's limited view of what constitutes sustainable debt.

The basic problem with the Cologne deal is that the West's criteria for sustainability have nothing to do with human needs, and are based on narrow financial parameters.

The terms they offered debtors in Cologne were an improvement on the previous efforts to solve the problem, but it was still an accountant's approach based on how much money can be extracted from a country without it collapsing entirely. In Cologne the West decided that the amount of debt which a country can afford to service is about 150% of its earnings from exports each year.

Britain, the US and several of the main creditors went further and promised

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to cancel all outstanding debts. Their generosity has been betrayed. Originally the relief was to have been on top of the debts forgiven through the HIPC (heavily indebted poorer countries) process. In an unpublicised sleight of hand the World Bank now calculates debt sustainability as including the savings from countries offering 100% debt relief. In effect, the more generous countries are subsidising the meaner members of the creditor community.

Even by the bank's and IMF's view of sustainability, HIPC isn't working. Ten of the 26 countries that have entered the HIPC since Cologne will exit with debts above that level - and that is the bank's own forecast. The problem is that estimates of export earnings by the IMF have proved hopelessly optimistic. G7 promises of an extra $1bn to top up countries sliding back below the sustainability criteria will not be enough to meet the shortfall.

Those countries judged by the bank and the IMF to have sustainable debts are still facing enormous needs that come second to the requirement to pay back their creditors. When Ethiopia graduates from HIPC later this year payments to the West will be reduced by about $30m, but will still be half what it spends on its health system. Even before the harvests failed last year, half of the country's children were malnourished and more than one in 10 died before their fifth birthday.

To put it in perspective, $73m is enough to pay for food for 12 million people for a month, according to the aid agency Oxfam. "There are 11 million people at risk of starvation in Ethiopia, which is transferring 5% of its tax revenues to international creditors," says Kevin Watkins, senior policy adviser at Oxfam. "That raises fundamental questions about what the creditor community think they are doing."

The evidence from 10 countries that have had payments reduced under HIPC is that the limited debt relief on offer is making a difference. Spending on health and education has risen.

Embarrassed by the largest peaceful public protest movement since the Vietnam war, the G7 made some concessions in Cologne. When Jubilee 2000 wound up at the end of the millennium, Western governments breathed a sigh of relief and went back to business as usual - the biannual issuing at G7 summits of platitudes about the importance of debt relief and very little action or extra money.

The World Bank argues that help for the worst affected countries could be provided through bigger aid budgets, and that debt relief is not a well targeted way of providing development assistance: most of the world's poor live in countries that have never stacked up large debts and are thus excluded from the benefits of HIPC.

But cutting debt service payments gives poor countries back their own money to spend, whereas Western aid always seems to come with strings and the burden of explaining to donors how it is being spent.

Instead of the narrow financial criteria, creditors should base efforts to meet the millennium development goals at the heart of their assessment of how much debt these countries can repay. The goals, which include halving the proportion of people living in absolute poverty and getting every child into school, are supposed to be reached by 2015, but the United Nations has warned that most African countries are off track.

Nestle buckled under public pressure when it was revealed the firm was demanding $6m compensation from Ethiopia. The Swiss multinational has pledged that any money it gets from its claim will go into famine relief.

Maybe it is time that Ethiopia's other creditors took a leaf out of Nestle's book.

The Guardian Weekly 20-3-0123, page 23

Community Health Cell

From: Aviva <aviva@netnam.vn>
To: pha-exch <pha-exchange@kabissa.org>
Sent: Friday, February 21, 2003 4:45 PM
Subject: PHA Exchange> ANNAN PUTS UN VOLUNTEERS 'ON STANDBY' IN FIGHT AGAINST AIDS IN AFRICA

> ANNAN PUTS UN VOLUNTEERS 'ON STANDBY' IN FIGHT AGAINST AIDS IN AFRICA
>
> PARIS, 20 February 2003 -- United Nations Secretary-General Kofi Annan today
> called on the United Nations Volunteers programme (UNV) to remain on
> "standby" to help replenish the corps of experienced civil servants in
> African countries hard hit by AIDS.
>
> "The disease [AIDS] is killing the most productive members of society," Mr.
> Annan told heads of state at the Africa-France Summit in Paris. "Schools are
> losing their teachers; hospitals their doctors and nurses; private
> businesses their managers and engineers; government ministries the very
> people responsible for planning and implementing programmes to address
> society's key concerns."
>
> He added that it is necessary to rebuild the capacity of the state to
> provide essential public services.
>
> "Where once we spoke of capacity building, today we have to speak of
> capacity replenishment. I have asked the UN Volunteer Programme to be on
> standby to offer further help," he said.
>
> In addition, the Secretary-General announced that he would establish a
> high-level Commission on HIV/AIDS and Governance in Africa to study links
> between AIDS and governance in various sectors, including agriculture, youth
> and the military.
>
> UNV works with communities to help fight HIV/AIDS and provide care for those
> affected by the disease. More than 160 UN Volunteers have served under 36
> projects and programmes at community, national and regional levels.
> Currently, more than 90 UN Volunteers -- many of whom are HIV-positive --
> work directly with HIV/AIDS, while some 170 combat the pandemic indirectly
> in disease prevention and health care activities.
>
> Following the successful work undertaken by UN Volunteers in Zambia and
> Malawi to enhance greater involvement of people living with HIV/AIDS,
> similar initiatives have been expanded to other countries, including
> Botswana, Burundi, Cambodia, Indonesia, Kenya, Rwanda, Zimbabwe and six
> countries in the Caribbean: Cuba, the Dominican Republic, Guyana, Haiti,

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> Jamaica and Trinidad and Tobago.
>
>
> Based in Bonn, Germany, UNV is the volunteer arm of the UN system supporting
> peace, relief and development initiatives in nearly 150 countries. Created
> by the UN General Assembly in 1970 and administered by the United Nations
> Development Programme (UNDP), UNV works through UNDP country offices to
> mobilize volunteers-two thirds of them from developing countries--and
> promote the ideals of volunteerism around the world.
>
> ###
>
> For more information about this news release, contact:
> Almaz Gebru, tel: (49 228) 815 2206; email: almaz.gebru@unvolunteers.org
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Community Health Cell

From: Aviva <aviva@netnam.vn>
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Sent: Monday, February 24, 2003 1:37 PM
Subject: PHA-Exchange> Food for an urgent agenda's thoughts

Human Rights Reader 37

PUTTING EQUITY AND HUMAN RIGHTS IN HEALTH ON THE AGENDA: THE ROLE OF NGOS.

Introduction:

1.Equity and Human Rights (HRs) are by no means new concepts to NGOs.

2.Moreover, Equity and HRs are inseparately linked since equity is key to the realization of HRs. The question here is what NGOs are doing with/about these two concepts in the realm of their work in health and nutrition.

3.A paradigm shift is clearly in the making in development and in health/nutrition work. New models are more politically driven in a direction that hinders and hampers the resolution of the problems at hand. Therefore, these days, more and more NGOs are discussing and trying to operationalize the 'Equity and Human Rights-based Approach' to apply it to their work.

The background:

4.Underlying the analysis here made are several statements found in a recent publication: they read as follows:

"Most NGOs today have become very specialized and contribute marginally to the relief of poverty/ill-health/ malnutrition, but significantly to undermining the struggle of the people to emancipate themselves from oppression. Programs delivered by these NGOs do not really seek to redress the social circumstances that cause impoverishment/preventable ill-health and malnutrition. The development discourse is framed not in the language of emancipation or justice, but using the vocabulary of charity, technical expertise, neutrality and paternalism. NGO programs have often worked to undermine popular mobilization. NGOs accept or do not comment on the manner in which the State exercises its power. NGOs work is limited to project work, armed with manuals and technical tricks rather than seeking justice and standing up against violations of HRs. Many NGOs were co-opted by funders to take up such a role (a typical example is health and nutrition work done to set up 'safety nets' for the poor). NGOs have become an integral part of a system that sacrifices respect for justice and rights, instead taking a missionary position. If NGOs stand in favor of emancipation, then the focus of their work has invariably to be in the equity/HRs/political domain, supporting those social movements that seek to challenge a social system that benefits a few and impoverishes the many" (Manji and O'Coill, 2002)

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5.Most NGOs tend to work on the issues that are before them, and forget those that are hidden away: such hidden truths have to be brought to the forefront. For example, issues of voice, power, risk and neglect are essential in a HRs discourse --as difficult to surface as they may be.

6.The fallacy that actually needs to be uprooted is that health programs addressing the urgent needs of women and children implicitly address human rights. In the HRs approach, nothing is left implicit; without an explicit retooling to a HRs focus, such claims remain but hot air: they are hollow commitments to HRs that allow controlling hierarchies to persist.

7.NGOs have ample accumulated knowledge of what is going on....and have just begun to realize that, if they do not act on that knowledge, they are not really serving the people of the communities that they work with to the fullest.

8.There is a need, then, for a more determined commitment to pro-poor social policies and programs (including health)and an increase in the funding for such an approach. Activities are to concentrate on institutional capacity building to better promote education and consciousness-raising at the community level. A key question is to give advocacy tasks more prominence so as to hold governments more accountable.

The concept of Human Rights in health and why it is used:

9.In contrast to a 'deficit-filling approach' to poverty and preventable ill-health alleviation, the Equity/Human Rights-based approach (E/HRs-based approach) defines poverty as social exclusion. Instead of focusing on creating an inventory of public goods or services that must be provided and then seeking to fill the deficit via foreign aid, the rights-based approach focuses on trying to identify the critical exclusionary mechanisms. This, because work in health and development is about assisting poor communities overcome obstacles, rather than about the endless pursuit of grant aid for social goods.
The E/HRs-based approach enables NGOs to see much more clearly the kinds of power relations and systemic forces that drive and perpetuate poverty.
But the transition to mainstreaming a rights-based approach into the organizational structure of NGOs is a complex enterprise; it cannot simply be decreed and implemented.

10.The E/HRs-based approach asserts that work in health should be seen as a process that unequivocally leads to people fully realizing all their human rights (and not only their right to health); the approach should thus be reflected both in the processes engaged and the outcomes pursued by NGOs.

11.More importantly, the E/HRs-based approach sees ill-health, malnutrition and poverty as a denial of human dignity, i.e. as an important part of the denial of people's economic, social, cultural, civil and political rights.
And these rights are more than just moral principles and norms governing human behavior ... they are international legal standards.
Poverty itself is seen as an abuse of HRs... The poor and marginalized are

not where they are by accident...

12.Because health is not the exclusive business of governments, this broad approach definitely brings an added value to communities and to NGOs when sitting down among themselves and with government representatives to jointly evaluate and plan local or national health strategies. It brings something different and potentially powerful to existing efforts by all actors in their efforts to overcome ill-health, malnutrition and poverty in a more sustainable manner.

13.The principles of equity in health (and prominently those related to gender equality) are not currently codified in any way to allow monitoring their implementation: more often than not, they are lost when implementing health sector reform or macro-economic corrective measures. Human rights, on the other hand, are enshrined in legal covenants that protect human dignity and place obligations (or duties) on providers and others, mainly but not exclusively the State. While NGOs do have the responsibility to respect the rights of others, it is now widely accepted that states have very specific obligations to respect, protect and fulfill human rights in the realm of health and nutrition.

14.It is thus timely for NGOs to use the equity and human rights-based approach --to apply the internationally agreed human rights standards to health policy and practice-- emphasizing active grassroots participation and the right of people to choose their own path.

15.When doing so, priority is to be given to the poor, the marginalized and the vulnerable --those currently most denied their rights due to their lack of choice, of control and of resources.

16.The conceptual basis that justifies (and prescribes) the use of an Equity and Human Rights-based Approach in the health and nutrition work of NGOs is the following:

? HRs are entitlements all people have, to develop their full potential; they are valid for everyone --they are universal (A right is a right only when it is universal; otherwise, it is a privilege).
? There is a difference between just delivering services and making clear to beneficiaries that they are legally entitled to specific services and can go somewhere to complain if they do not receive what is due them.
? HRs objectives are not to stabilize the problems at hand, but to make them disappear by tackling them at their roots.
? HRs are pre-conditions that must be met for people to have the opportunity to live with full dignity, full health and self-worth.
? HRs lack cultural legitimacy in many parts of the world; communities are traditionally more concerned with needs than with rights; that is why NGOs have to start from people's own initial understanding of their rights (and the issues of power) to then support a bottom-up dialogue that deepens the ownership of HRs by the beneficiaries they work with. (Without concerned citizen action to uphold HRs close to home, we shall look in vain for progress).
? Rights are different from needs; rights are relational: where someone has

a right, someone else has a duty or responsibility to honor and satisfy that right. There are two critical distinctions between health rights and heath needs: first, health rights always trigger duties and responsibilities, whereas needs do not; second, health rights imply standards that can be measured whereas needs do not. Therefore, NGOs need to start thinking in terms of rights rather than needs, of rights-holders (or claim-holders) rather than beneficiaries and of enabling rather than giving.

? In the E/HRs-based approach to health beneficiaries hold claims against those who are responsible (through their actions and omissions) for their health and nutritional wellbeing. People can only realize their rights in health if they are first exposed to the root causes of the marginalization they suffer from, and if they are empowered to claim and fulfill the rights essential to their health/nutrition and livelihood security. Rights, then, have an enormous potential to attract and mobilize people. First and foremost, this means NGO interventions have to transfer ownership to the people served: key actions for this to happen are HRs education and capacity building for community members to claim and defend their rights. Empowerment here is to be understood as generating several forms of power: self-respect (power within), community cohesion (power with), and a clear agenda for action (power to).

? The E/HRs-based approach addresses abuses and/or neglect of HRs in health mostly found in the form of discrimination or exclusion. It brings to the light underlying power relationships between rights-holders and authority structures; it emphasizes dignity, equality, and participation of the former and accountability of the latter.

? Moreover, let it be very clear that advancing gender equity issues is part and parcel of work on girls' and women's rights in relation to health.

? Such an approach means NGOs must stand in solidarity with the poor (women, children and men) whose rights are being denied --holding themselves accountable to them (and in addition ensuring they do not violate people's rights themselves). NGOs must support people's efforts to take control of their own health and lives. This also includes NGOs holding others accountable for fulfilling their responsibilities, as well as opposing discrimination of any sort, addressing the root causes of poverty/ill-health and malnutrition and the corresponding rights denials in their work with rights-holders. Finally, they must work in concert with others embarked in the same endeavor (forming a supportive coalition of NGOs on these issues).

? In short, the E/HRs-based approach calls for a purposeful and transparent de-facto engagement of NGOs in the more structural aspects of the determinants of ill-health while remaining steadfast allies of local communities throughout.

? NGOs will not be alone in this E/HRs-based approach since the paradigmatic (and mindset) shift towards it is growing globally with the force of international law behind it.

? Therefore, NGOs definitely need to take steps now to improve the HRs impact of their current actions in health. This means identifying previously unforeseen gaps and opportunities. But although focusing on health, NGOs have to take into account the whole range of HRs since HRs are indivisible.

? Weighing-in on rights can risk harsh reactions from the authorities. Standing up for communities whose rights are not respected, protected or fulfilled is inevitably being political in the sense of challenging those actors responsible for abuses. So NGOs have no choice but to take a stand

against authorities, policies or practices when the communities they serve are abused, neglected or excluded. The name of the game is: Remain non-partisan, but at the same time take issue.

? Even if the E/HRs-based approach is inherently about confrontation --confronting the injustices of real world situations-- two approaches are possible:

a) denouncing violations (which is often confrontational), and

b) engaging actors in the pursuit of rights, helping them to more fully live up to their responsibilities (which is more related to promotional work).

? Monitoring HRs conditions is also very important for NGOs, and there is a need to share and disseminate information about such violations (making documented grievances public); this information will ultimately strengthen advocacy. HRs-sensitive (and gender and socio-economically disaggregated) data and indicators are critical to keeping aware of gender, equity, HRs and other issues.

? Despite growing clarity about all the issues above, there is no one blueprint for an equity and human rights-based approach to programming in health; each NGO will have to go through its own retreat(s) to revision and remission their mandates to adjust their very own approach and programs to it. (Adapted from CARE, 2002)

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(Part 2 to follow)
