Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@hst.org.za>
Sent: Tuesday, March 02, 2004 5:37 PM
Subject: Re: [ghw] Comments from Paula Braveman

Dear Patricia,

Greetings from PHM Secretariat (Global)!

As I have been reading some of the comments, I am begining to feel we are reinventing the wheel. A group of us in the late 1990s began a process to look at the concept of a Global Health Watch. It started as an offshoot of a WHO dialogue with NGOs and the NGO Forum for Health coordinated the process. There were several small meetings, a study of all the current watches and then an extensive dialogue in India organized by CHC and in other parts of the world.

Eric Ram of NGO Forum (eric_ram@wvi.org) coordinated all this as a NGO Forum project, produced a small organge booklet on the idea, but because it proved to be an initiative requiring lot of technical competence and access to data, the NGO forum gave up. But we can build on it. I shall try and send you hard copies of all that we have through Amit on this. Soft copies for circulation can be traced from the NGO Forum for Health in Geneva. Eric has moved on but perhaps Manoj Kurien of WCC (mku@wcc-coe.org) or Ann Lindsay (roger.cashmore@cern.ch) may be able to track the soft copies. The clarity between a process of watching and the role of alternative reports will emerge if we also link into this historical process and dialogue.

PHM-GHW

RN
3/3

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
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Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: GHW mailing list <ghw@hst.org.za>
Sent: Monday, March 01, 2004 4:04 PM
Subject: [ghw] Comments from Paula Braveman

Dear All

A few comments re ideas for GHW being circulated:

General comments:
This is a very exciting and important effort. But I think it needs to come through better exactly what the Watch is. The name makes it sound like an ongoing monitoring and advocacy effort. But then the description sounds like a book. And a good book takes more than 2 years to generate.

I think it would be more valuable to propose a monitoring + advocacy effort. And to use the monitoring data to stimulate debate/discussion about policy implications. So the Watch would include support for a series of forums to do that. Then people could publish the dense analytic pieces (which I think are crucial) as separate articles in journals. Maybe the Watch could summarize and translate for the public one analytic paper per issue. But to do that with several analytic papers strikes me as creating something so dense that only academics will want it.

Approximate size of the report 100,000 words is 200 pages and this seems very long. Does this need to be the case? Fewer people will download it from the web and/or pick up a copy if it is so long.

Chapters and structure of the report My reaction to the list of topics is that this is a book, not a report. If the point is advocacy, I don't think what's needed is more dense analytic writings. What is required is very crisp, simply presented evidence with minimal and very clear discussion. It's the evidence that people need for their advocacy. They have the theoretical arguments and the generalities. They need timely information with good examples.
Gender
I would be careful about "mainstreaming gender". Many activists for gender equity have seen being mainstreamed really means being swept under the rug. If gender is taken seriously there should be a chapter on it, given the topics for the other chapters. (SIDA has a major focus on gender and people experienced with the struggle for gender equity).

--best wishes,
Paula Braveman

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

PN 2/3/04

I shall try and send you hard copies of all that we have on this. Soft copies for circulation can be traced from the NGO Forum for Health in Geneva. Eric has moved on but perhaps Margaret Lindsay may be able to track down copies. The climate of collaboration between watchdog and the role of civil society reports will emerge if we also link into this process and document it.

Dear Patricia
As I have been reading some of the comments I am beginning to feel we are reinventing the wheel. A group of us in the late 1990s began a process to look at the concept of a Global Health Watch. It started as an offshoot of the WHO Peoples Charter dialogue with NGOs and the NGO Forum for Health conducted the process. There were several small meetings, a study of all the current watches and then an extensive dialogue in India organised by the end is often parts of the world

Eric Ram of NGO forum coordinated all this as a NGO forum project. Produced a small orange booklet on the idea but because it proved to be as intensive resource lot of technical competence and seems to add- the NGO forum gave up. ... can build on it...

PN 2/3/04

PN 2/3/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <patriciamorton@medact.org>; <david.mccoy@lshtm.ac.uk>
Sent: Tuesday, March 02, 2004 5:43 PM
Subject: some clarrifications

Dear Dave and Patricia,

Greetings from PHM Secretariat (Global)!

Please let me know urgently

(a) What are the dates of the GHW meeting, time, venue and other details, since there may be a possibility to suggest a smaller PHM discussion on other than GHW matters, as follow up to Mumbai discussion. If possible, also met me know who all have confirmed.

(b) You had mentioned some meetings in South Africa in June 2004, when GHW group may be able to meet again. Could you send further details of those Equinet and other related meetings - dates and venues, since I need this urgently for some PHM coordination.

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
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PHM-GHW

RN
3/3

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ctddsf@vsnl.com>; <amit@phmovement.org>
Sent: Tuesday, March 02, 2004 3:05 PM
Subject: re: Mumbai Declaration & GHW

Dear Amit,

Greetings from PHM Secretariat (Global)!

Total silence since IHF - WSF! I had sent you all the Mumbai Declaration for comments, but no response. Will send a report on IHF for JSA including accounts etc, through Prasanna, who will attend Delhi rally and meetings.

Please let me know when you will be leaving for London for GHW meeting. I need to send some papers through you for Dave McCoy and Patricia. I do not have soft copies, so the material is being photocopies and will be couriered to you before you leave. You must have been tracking all the dialogue about GHW and PHM. Hope you have recovered fully from WSF.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
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PHM-GHW

RN
3/3

Sent the following to Dr. Amit by Courier on 02.03.04.

(1) A Global Health watch initiative initial Overview of NGO initiative (Pre for GFHR)

(2) Draft Concept paper for GHW.

(3) Status Report of NGO forum for Health - GHW (Jan 2003)

(4) Proceedgs of GHW (India meeting) 3/2/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Dave McCoy <dave.mccoy@haringey.nhs.uk>; <david.mccoy@lshtm.ac.uk>; PHM Secretariat <secretariat@phmovement.org>
Sent: Tuesday, March 02, 2004 7:07 PM
Attach: GHW Discussion List.doc
Subject: Re: some clarrifications

Dear Ravi

Information as follows:

a- GHW meeting is on the 18th and 19th March from 9am to 5pm at the Medact office (The Grayston Centre, 28 Charles Square, London N19 3RE- Old Street tube). So far Amit Sengupta, Armando de Negri Filho, Samer Jabbour, Olle Nordberg, David Sanders, Andy Rutherford, Andy Chetley, David McCoy, Mike and me from PHM are coming to this meeting. Maybe Marjan and Jose from Wemos also (not confirmed yet).

b- Equinet, ISeQH and GEGA/GHW meetings will be held between the 8 and 15 of June in Durban. GHW meeting will be over 14 and 15. Dave or Lexi will have to give you more details on these meetings.

Regarding who is on the GHW list- see attached document.

Regards
Patricia

RN
3/3/04

PHM - GHW

(D) 5/3/04

Dear David, Rene, Dave

I just saw the interesting conference of meetings in Durban between 5 and 17th June that Dave sent me. Are you planning something related to PHM South Africa or PHM-Africa because we are all concerned about regional capacitation all over and the paradox of such strong and relevant capacity in Southern Africa and how to make it support even further evolution of PHM circles in rest of Africa needs dialogue and discussion. Everyone is PHM talks about PHA-III in 2005/7 in Africa but perhaps we should all be doing something collectively about the mobilization first. If you have any definite ideas I am willing to mark it into the schedule perhaps around GEGA conference or around PHASA/IAPHA Conference. The whole period is too much but one in involved to join and learn might from all

(13-16th) 3/3/04

Sw
5/3/04 ok networkers. I have been so deeply involved in South Asia and know about all that you are doing on peripherally so this may be an opportunity to share Asian experience but learn from Southern Africa as well

and begin to appreciate the nuances of Africa

best wishes
Ravi

GHW Discussion List

> > > > > > > abaysema@pn3.vsnl.net.in Abhay Shukla

> > > > > > > lexi@qeqa.org.za Lexi Bambas

> > > > > > > fran.baum@flinders.edu.au Fran Baum

> > > > > > > pbrave@itsa.ucsf.edu Paula Braveman

> > > > > > > chetley.a@healthlink.org.uk Andrew Chetley

> > > > > > > ant@hst.org.za Antoinette Ntuli

> > > > > > > maria@iphcglobal.org Maria Zuniga

> > > > > > > LMARTIN@uwc.ac.za David Sanders

> > > > > > > David.McCoy@lshtm.ac.uk David McCoy
Dave.McCoy@haringey.nhs.uk

> > > > > > > olle.nordberg@dhf.uu.se Olle Nordberg

> > > > > > > phmsec@touchtelindia.net Ravi Narayan

> > > > > > > mikerowson@medact.org Mike Rowson

> > > > > > > arutherford@oneworldaction.org Andy Rutherford

Marjan Stoffers -

ctddsf@vsnl.com - Amit Sengupta-

> > > > > sjabbour@aub.edu.lb - Samer Jabbour-

Patriciamorton@medact.org- Patricia Morton

armando@hmv.org.br; armandon@portoweb.com.br - Armando de Negri Filho-

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <dave.mccoy@haringey.nhs.uk>; <patriciamorton@medact.org>; <secretariat@phmovement.org>
Sent: Tuesday, March 02, 2004 11:27 PM
Subject: Re: some clarrifications

Ravi

This is the timetable for the confluence of meetings happening in Durban.

Equinet writers' workshop: June 5-7
PHASA/IAPHA (international association of public health associations): June 6-8
GEGA Research to action course: June 7-9
Equinet meeting: June 8-9 (equity, health and southern africa)
ISEqH conference: June 10-12
GEGA conference: June 13-14
GEGA business (CC) meeting + GHW meeting: June 15-16
GEGA Research to Action Course (2nd presentation): June 15-17

I will be in the medact office together with MIke and Pat on thursday.
Let us know if you would like to speak by phone!

Dave

PM
3/3/04

PHM - GHW

Main Identity

From: <rene@tarsc.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: <lmartin@uwc.ac.za>; <david.mccoy@lshtm.ac.uk>; <masaigana@africaonline.co.tz>
Sent: Saturday, March 06, 2004 4:13 PM
Subject: Re: Fw: some clarrifications

Hi Ravi and all
Thanks for your email. Im not sure what the IAHP or GEGA folks have planned and they will no doubt get back to you directly. In the EQUINET conference June 8-9 in Durban we have agreed in our southern African civil society workshop in November to hold a special session on health civil society and have provided for a plenary report back on that session. That will take forward the planning for the regional conference on health civil society planned for November 2004 (hosted by our organisations collectively including PHM), and bring the priorities of health civil society to the wider health equity community. We had a chance to discuss it a little further with Mwajumah in Dar in Feb and will be taking forward some planning for it. We have some funds to bring the southern Africans in the health civil society planning group together so we will have a number of the health civil society delegates at the conference. If you are able to attend we'd be delighted and in the plenary feedback you may be able to give an input on the global PHM. If you can meet your travel costs we could meet your local costs for the days of the conference.
Mwajumah and Dave Sanders with whom this southern /east African process is being planned may comment further. I hope you got the report of the civil society meeting in November - let me know if not and Ill forward it to you.
Regards!
Rene

Main Identity

From: hari_krishna4u <hari_krishna4u@indiatimes.com>
To: <secretariat@phmovement.org>
Cc: <hari_krishna2@rediffmail.com>
Sent: Friday, March 05, 2004 10:10 AM
Subject: Re: fare

"hari_krishna4u" wrote:

Dear Dr.Ravi

Kindly find enclosed fares and flight details as per your requirements

22nd April 20 Hrs - 23rd April Friday 2.10 am → 6.40 am

1.Routing :-Chennai-Mauritius-Chennai

Fare valid for 14 days :-Rs.17500 +Tax 1800 on Air Mauritius

Valid for 45 days :- Rs.21600 + tax " "

18500 - Approx fare
2000 - Taxes
500 - 3 days ready April
21000

Flight Operates :- Every Tuesday

2.Routing :-Mumbai-Nairobi-Mauritius on Kenya Air

Mumbai - Nairobi
Air India - 19740 + 2500
22050 + 2600 (M)

Fare :-Rs.39470 plus taxes Rs.3000 Approximately

Flight Operates :- Daily

3.Routing :-Bangalore-Frankfurt-Newyork-Frankfurt-Bangalore

Fare on Lufthansa :- Rs.67500 plus taxes Approx rs.4.500

Flight Operates :- Daily via,Mumbai-Chennai and thrice weekly from BLR

4.Routing :-Newyork-Quito(ecuador)-Newyork

Fare :-Rs.29300 Plus taxes Approx is rs.3000

Airline :-Continental Airlines

Please Feel Free to call for Further clarifications.

N.Harikrishna

PN 5/3

PN 5/3/04 Mauritius Plan - Travel

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <lmartin@uwc.ac.za>; <rene@tarsc.org>; <david.mccoy@lshtm.ac.uk>
Sent: Friday, March 05, 2004 4:07 PM
Subject: Fw: some clarrifications

Dear David, Rene, Dave,

Greetings from PHM Secretariat (Globabl)!

I just saw the interesting confluence of meetings in Durban between 5th and 17th June that Dave sent me. Are you planning something related to PHM South Africa or PHM Africa? We are all keen about regional capacitation all over rest of Africa and the paradox of such strong and relevant capacity in Southern Africa and the need to explore how it support further evolution of PHM circles in rest of Africa needs dialogue and strategic planning. Everyone in PHM talks about PHA – III in 2008 / 9 in Africa, but perhaps we should all be doing something collectively about the mobilization at country level first and your networks have probably the widest connections in Africa. If you have any definite ideas I am willing to mark it into my schedule, perhaps around GEGA conference or around PHASA / IAPHA conference. To be there, the whole period is too much, but one is tempted to join and learn more from all of you and begin to appreciate the nuances of Africa networking. I have been so deeply involved in South Asia and know about what you are all doing only peripherally. So this may be an opportunity to share Asian experience, but learn from Southern Africa as well.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
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PHM - Sri Lanka Africa
GHW / GEGA / Equity

RN
9/3/04

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <secretariat@phmovement.org>; <rene@tarsc.org>; <lmartin@uwc.ac.za>
Sent: Sunday, March 07, 2004 12:34 AM
Subject: Re: Fw: some clarrifications

Dear Ravi,

There has been a day and a half set aside during the GEGA meeting for the Global health Watch. Although organised under the banner of GEGA, this would essentially be a platform jointly for GEGA, Medact and PHM. Mike Rowson will be there from Medact. And I hope you will be able to be there along with others from PHM. There is definitely an opportunity of developing southern african involvement in PHM, through the GHW. As you know we need to PHM to actively support the global health watch and give the watch its legitimacy, but we also see the watch as a vehicle for developing the PHM networks in different parts of the world.

What we organise and arrange for the June meeting will be discussed at the march meeting in London.

In short, please come to Durban and please arrange to overlap with the GEGA / GHW meeting.

Hope this helps!

keep well

Page 1 of 1

dave

DGS
Send earlier letter to Abbey as well

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <secretariat@phmovement.org>; <rene@tarsc.org>; <lmartin@uwc.ac.za>
Sent: Sunday, March 07, 2004 12:53 AM
Attach: Proposal for GEGA org mtg in June 3.3.04.doc
Subject: Re: Fw: some clarrifications

See attached for draft programme of GEGA meeting

PS. I just saw Renes suggestion about joining the Equinet conference on 8/9th and making a input on Global PHM 8th to 15th June seems a long haul. while I think RN about it perhaps you all may need to dialogue what is the best time of input & I need to reduce the duration. Best wishes Dave

4/3/04

CC Rene Abbey

8/3/04

Dear Dave

Greetings from the PHM Secretariat. Just this morning Abbey called about the same matter requesting me to keep the period 11-15th June for joining you all at events around the GEGA conference. With PHMs funding position still quite precarious I will need to explore some travel support so if you need to have me report on Global PHM or IHF-WSF and follow up etc at any of these events to qualify for travel support just add it to the programme and confirm at the earliest

PHM - GHW

Its possible that David and Rene and others may meet up at WHA-May2004 in Geneve. in which case we can explore other possibilities of how to use these events to also build PHM Networks in the region. I look forward to getting any suggestions you all have on this. I too shall summarise the situation from my perspective

3/8/04

Proposal for GEGA organisational meeting, June 13-14

Purpose: Strengthen the work of the *Alliance* through building coalitions and sharing of experiences

Objectives:

1) Promote the Health Equity Gauge Approach as an effective country-level strategy for evidence-based, pro-equity change;
2) Develop the Global Health Watch by expanding a coalition of partners; and
3) Provide a forum for exchange among those working at the country level.

Desired outcomes:

- a stronger coalition for the GHW
- a defined advocacy focus for the GHW
- Sharing of lessons for promoting equity through the Equity Gauge Strategy
- Presentation of work of possible new Gauges
- strengthened interface between national and international processes and health equity in country-level work
- Networking between Gauges and NGOs for national/local level work and for regional priorities

Day one:

Promoting GEGA and GHW: presentation on GEGA, the Equity Gauge Approach, and what we're doing; open discussion of GHW (the purpose, focus, plans), strengthening ties with coalition partners, and defining an advocacy platform and strategy.

Target participants: GEGA, PHM, MedAct, and national level and international partners; donors

Day two:

Strengthening national-level promotion of equity: full day for meeting of Gauges and potential Gauges/partners for exchange, networking and planning;

Target participants: current Gauges, potential new Gauges, and similar groups

GHW Steering Committee Meeting: (smaller) parallel morning meeting of GHW partners and key players for planning an advocacy strategy (as described by Dave)

Target participants: GHW steering committee, donors and key external partners

PROGRAM

	Day 1	Day 2	(Day 2 Parallel)
Morning Session 1	Intro/Welcome/etc; intro to GEGA, EG Strategy, what we're doing;	Introduction to the day's focus: national level work Regional discussions on current pro-equity work (short presentations by Gauges and potential Gauges, partners, grouped by region)	Planning meeting for GHW advocacy strategy (ask GHW secretariat to coordinate this)
Morning Session 2	Overview of GHW purpose, focus, and plans, as well as the global decisionmaking environment	Exchange panels (parallel sessions) on these topics: ○ Breadth vs. depth of equity research for advocacy ○ Building local and national networks and alliances ○ Working with/within government	
Afternoon Session 1	Small group (parallel) discussions on advocacy and action responses to specific topics within the GHW, e.g.: ○ Health systems ○ Health financing ○ Determinants of health ○ Monitoring needs	Exchange panel (parallel sessions) on these topics: ○ Linking health equity to the macro-economic policy context and PRSPs, PPIs ○ Exploring the linkage between ministries of health and ministries of finance ○ Intersectoral interventions	
Afternoon Session 2	Plenary: short presentation on the role of Civil Society in this work (15 minutes); presentation of small group discussions from previous session; identification of priority issues and strategies for an advocacy campaign centered on the GHW	Plenary discussion on how national level work could feed into the GHW advocacy campaign and into future Watches, and how the campaign might best support national level work of Gauges and partners	

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <secretariat@phmovement.org>
Cc: <abaysema@pn3.vsnl.net.in>; <rene@tarsc.org>; <lmartin@uwc.ac.za>
Sent: Tuesday, March 09, 2004 2:05 PM
Subject: Re: Fw: some clarrifications

Dear Ravi
It's a long stretch of meetings and it will be difficult for many people to spend the whole time there. Basically a PHM input from the global secretariat would be useful at both the GEGA / GHW and Equinet meetings. The GEGA / GHW meeting will be to some extent strategic and more global, and I think the equinet meeting will be more open and regionally focussed. I would encourage you to try and attend the GEGA / GHW meeting as much as possible. Rene, how crucial will ravi's presence be at the equinet meeting?
Dave
PS. In terms of travel arrangements, these are being coordinated by lexi and rene as I understand.
PPS. what is the programme for WHA - Geneva? Is there a possibility for having a time where we can use GHW as a platform?

RN 10/3/04

RN 10/3/04

PHM - South Africa Time Meetings

PHM + GHW +

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: David McCoy <David.McCoy@lshtm.ac.uk>
Cc: <lmartin@uwc.ac.za>; <rene@tarsc.org>; <abaysema@pn3.vsnl.net.in>
Sent: Tuesday, March 09, 2004 1:15 PM
Subject: Re: Fw: some clarrifications

Dear Dave,

Greetings from PHM Secretariat (Global)!

Just this morning Abhay called about the same matter, requesting me to keep the period 11th to 15th June for joining the GEGA conference. With PHMs funding position still quite precarious, I will need to explore some travel support, so if you need to have one report on Global PHM or IHF – WSF and follow up etc, at any of these events to qualify for travel support, just add it to the programme and confirm at the earliest.

Its possible that David and Rene and others may meet up at WHA - May 2004 in Geneva, in which case we can explore other possibilities of how to use these events to also build PHM networks in the region. I look forward to getting any suggestions you all have on this. I too shall summarize the situation from the secretariat.

Best wishes

Ravi Narayan

PS: I just saw Rene's suggestion about joining the Equinet conference on 8th / 9th and making a input on Global PHM. 8th to 15th June seems a long haul. While I think about it, perhaps you all may need to dialogue what is the best time of input if I need to reduce the duration of stay.

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
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PHM-GHW
PHM South Africa

RN
9/3/04

EQUINET/ IPHC/PHM / CWGH REGIONAL MEETING OF CIVIL SOCIETY ORGANISATIONS ON HEALTH
November 26 2003

1. BACKGROUND

The proposal to hold a southern African meeting on civil society and health was made in late 2002, to exchange experience and information and strengthen health civil society networking. The initial discussions held between EQUINET, PHM, IPHC and CWGH identified the need for dialogue between civil society to shares evidence and increase knowledge, awareness and analysis within civil society and health professionals on key health challenges and on options for policy responses. This took note of the existing strong civil society responses on issues such as health rights, treatment access, globalisation and health, privatisation, and economic policy and health. In the background discussions a need was identified to

- prepare, synthesise and present background documentation by and for civil society on these and other challenges to health
- review the major civic responses to the challenges
- better understand individual civic platforms and build combined platforms on common concerns.
- propose a co-ordinating mechanism to enhance ongoing information flow and analysis and strengthen networking and strategic action

It was agreed that a planning meeting be held to review with representatives from the major civil society networks working in health these aims and the approaches to strengthening health civil society in Africa, particularly southern Africa. The planning meeting was held on November 26 2003. The programme and delegates are shown in Appendix 1 and 2 respectively. A background document of the much wider number of civil society organizations prepared by the hosts indicated the significant number of organizations working in health, many networked with or known to the participating organizations in the meeting.

EQUINET, IDRC, Dag Hammerskjold and PHM South Africa contributed towards the planning meeting. This report has been prepared by Rene Loewenson, TARSC with input from Bridget Lloyd PHM (SA).

2. INTRODUCTIONS

The delegates introduced themselves, their organizations and the work they do. The information is summarized in the Table overleaf:

CIVIC ORGANISATION	Constituency	Goals and scope of work
Southern African Regional Network on Equity in Health (EQUINET)	Researchers, civil society, professionals, students, parliamentarians, government, academic, regional institutions and networks in the Southern African region	To advance equity and social justice in health through production and exchange of knowledge, shared analysis, networking, informing policy, advocacy and support of actions. Working in all areas of health equity, especially trade, economic policy and health, equity in health financing and health personnel, equity in treatment access and HIV/AIDS; governance and community participation in health; health rights.
International Peoples Health Council (IPHC)	Small group of activists working globally	Health development taken up during political struggle
Peoples Health Movement (PHM)	Civil society and community based groups, academics, research and networks of existing civil society groups working in health. In South Africa draws from the history of NPPHCN and SAHSSO and now networking wider civil society organizations (CSCs)	A global social movement for health as a people's alternative to the intergovernmental WHO. Taking up health as a human right, equity and justice. A voice for the unheard and to make authorities accountable Advancing Primary Health Care (PHC), health for all, a million signature campaign for health for all, and the People's Charter for Health Lobby at World Health Assembly, link to World Social Forum In SA strengthening health civil society to take forward the peoples charter, and specifically addressing issues of -Globalisation-GATS, privatization -Poverty related health issues –eg water -HIV/AIDS-equity, health personnel -Human rights, gender and poverty Making input to policy issues Advocacy, networking, informing

South African Municipal Workers Union (SAMWU)	An affiliate of COSATU in South Africa. Covers workers in municipal services. Has 120 000 members. Networks with other Community Based Organisations (CBOs) and Non government organizations (NGOs)	Advancing the interest of workers –incomes (living wage) -resist privatization of services especially water -work on public-public partnerships in water -watchdog of government performance -with TAC/COSATU on treatment access
Anti Privatisation Forum (APF/SECC)	Community members, SECC especially in Soweto South Africa	Mobilize on rights to electricity, water Taking up HIV/AIDS Giving community voice on service provision
Community Working Group on Health (CWGH)	Civic organisations (not just those in health) and community based organisations organized nationally and at district level in Zimbabwe	Enhance community participation in health; Strengthen networking, voice of communities in health policy Negotiate with authorities in health, including parliament; Dialogue with health worker organisations Join mobilization with trade unions on workers health; taking up issues of PHC, drug access, watchdog on public funds and HIV/AIDS funds
Malawi Health Equity Network (MHEN)	Networks Community Based Organisations (CBOs) academics, professionals, health professional associations, trade unions, health providers, government representatives, CBOs and NGOs, nationally in Malawi	Voice on people's health, equity issues. Monitor budgets and pressure on budgets; Monitoring Health care, particularly the essential health care package. Also taking up issues of health worker training and retention, HIV/AIDS; trade and health. Use evidence for policy pressure on equity, especially linking to parliament
Treatment Access Campaign (TAC)	Activists, Civil society organbisations (CSOs), communities, more focused in urban areas of South Africa but widening to rural areas.	Pressure for treatment access as part of HIV responses; Influence government policy and national response; Monitoring performance at primary care level as well as drug prices; Support building the public health system; Community treatment literacy. Have joined inside the broader coalition for a basic income grant
SADC AIDS Network of Nurses and Midwives (SANNAM)	SADC countries (14) nurses (working on AIDS); nurses associations	Taking HIV/AIDS as a national and regional concern and supporting the nursing response to AIDS; Building nurse capacities and systems for dealing with AIDS through training; taking up the issue of brain drain from

		health services; Government support to nurses activities on AIDS; Caring for carers
Pan African Treatment Access Movement (PATAM)	TAC/COSATU and African country NGOs working on AIDS and treatment access; . African activists on treatment access	Care of carers; Strengthen networks and focus on access to treatment within the wider environment of health system and governance issues
Equity Gauge Zambia (EGZ) & the Centre for Health, Science and Social Research (CHESSORE)	Researchers, civil society, professionals, students, parliamentarians, government, academics, Other NGOs and CBOs in Zambia.	To advance equity and social justice in health through production and exchange of knowledge, shared analysis, networking, informing policy, advocacy and support of actions, esp with parliament. Work on health squity, especially economic policy and health, health financing and health personnel, in treatrnent access and HIV/AIDS; governance and community participation in health; health rights. Equity monitoring and accountability on the health budget
SEATINI	Professionals and activists working with government, parliament, civil society and the public	Strengthen African's position in world trade by taking up the governance, social and imperial factors in trade. Particular current focus on GATS, TRIPS, Trade impact on water services and on trade agreements such as Cotonou, AGOA Seek to build policy alternatives and to set a political economy framework for evaluating differences
Gender and Trade Network (GATN)	Researchers, activists, communities	Aim to advance gender equity in world trade and in economic systems. Carry out research, dialogue, policy intervention and public literacy on WTO agreements and the impacts and alternatives in relation to women; Promote rights to participate in decisions on trade and build public opinion, analysis, literacy and voice on gender equity in trade. Aim to take trade in services out of WTO and to give visibility to the informal economy

3. COMMON GOALS AND SCOPE

After hearing from each groups the meeting explored the common nature of the constituents, goals and scope of their different areas of work.

In terms of **constituents,** there is a common overlap in the networking of *progressive* researchers, academics and professionals with *disadvantaged* communities, people, workers, and the civic organizations that represent or service them. The interface between these two groups is generating activism and activists who come from both the research/ professional and from the worker/ community level. The common target of both is primarily the institutions of the state and government, including parliaments.

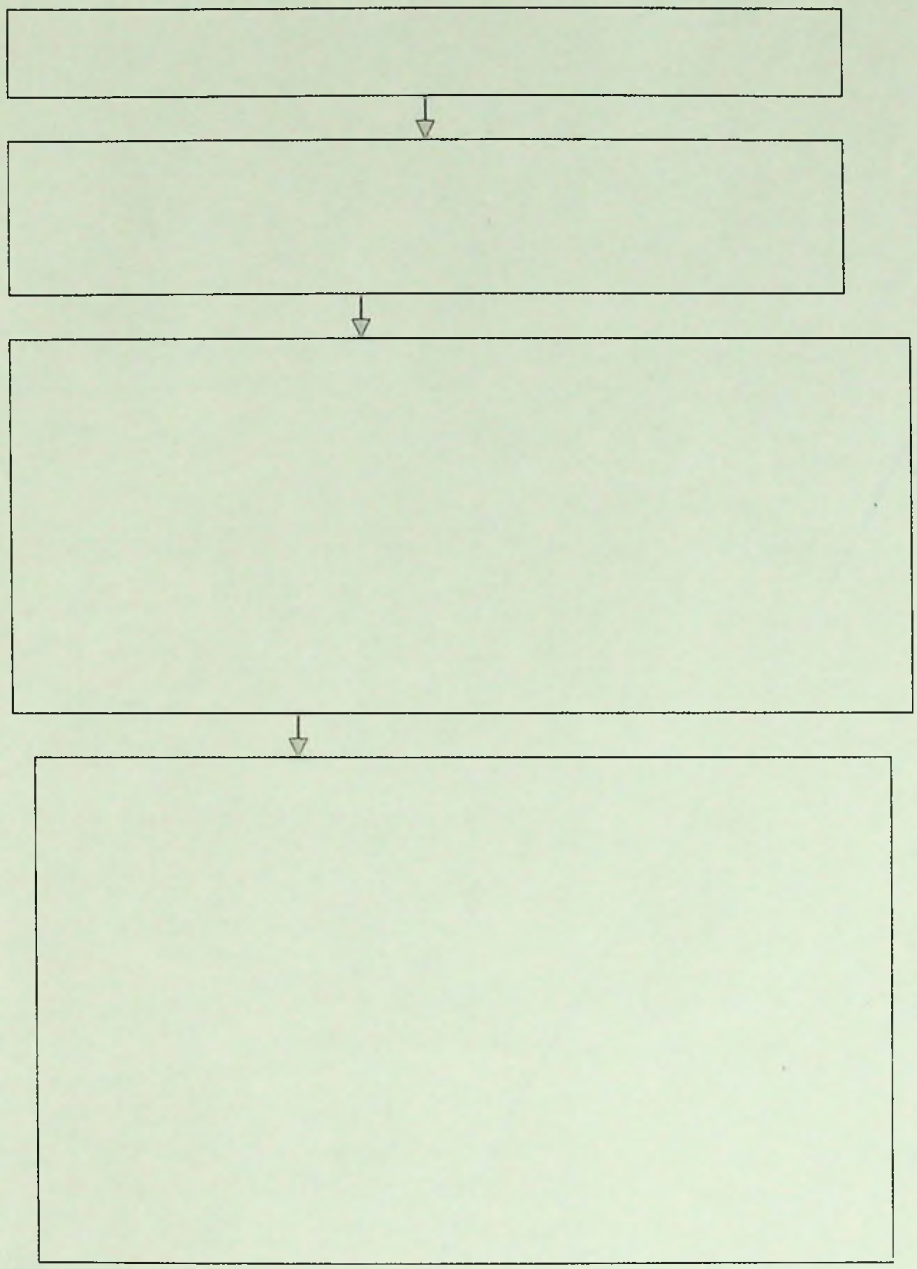
While the specific areas of work and advocacy targets differ, the meeting was able to identify common underlying goals and values informing the work of civil society organizations in the region.

- We all aim for various forms of equity and justice and to realize the right to health
- We all seek to bring power to the people and to strengthen people's voice in decision making at various levels. CSOs organize, unite and build public consciousness in support of these aspirations.
- We all work within an area that has an impact on health, and that touches on the wider health system
- Many of us seek to define and shape an alternative vision of a system based on solidarity, equity and justice, including global justice, in contrast to the current neoliberal system
- Many of us act as a people's watchdog and monitor government and private sector performance, and hold government and private sector accountable for rights and policies

The civil society organizations identified that while we do have to resist policies that threaten communities and members, we also seek to proactively build an alternative vision guided in health by goals of

- health for all
- health as a right, and
- equity and social justice

Within these common areas of action, the range of health related concerns covered varies. The diagram overleaf summarises the huge range of issues covered by those CSOs at the meeting. These are at different levels of engagement around health, from direct health concerns, to issues within the national political economy, to global level policies and processes. All levels of engagement are however all informed by similar common goals of equity, justice and health rights.



4. REGIONAL MEETING OF CIVIL SOCIETY IN HEALTH

The meeting proposed to consolidate civil society dialogue and linkages on health and strengthen joint analysis and action, including towards shaping policies that better reflect our values and goals.

It was proposed to hold a regional meeting in late 2004 with wider representation of CSOs from east and southern Africa as one target activity within this longer term process.

Each of the CSO delegates identified what they expected to have achieved through the meeting, with common interest in

- Strengthening action networks, building solidarity and sharing experience
- Strengthening the visibility and recognition of the role of civil society and people's voice and evidence in health
- Building evidence, analysis and positions on health issues
- Debate, review of and support for the People's Health Charter
- Identifying the issues around which to strengthen civic monitoring and watchdog activities
- Taking up specific issues of trade and health, resistance to privatization of services, equity in health services, treatment access, youth and health and primary health care but within wider civic platforms.

Accordingly, the goals of the regional meeting were proposed, ie to

- Strengthen civil society linkages and dialogue
- Build shared analysis, vision and goals
- Widen and deepen participation of civil society in health
- Focus on particular strategies for civil society to take forward health goals
- Strengthen supporting linkages and resource sharing between CSOs
- Define a clear common message and strategy that unifies health civil society in east and southern Africa

It was proposed that we hold the meeting in late 2004 so that the outcome feeds into national and regional processes, but also into the January 2005 World Social Forum. It was suggested that

- Before the meeting in 2004 background papers be prepared in the core areas led by the CSO with direct work in that area working with relevant professionals
- The papers and issues be discussed at country level meetings and through email networking and website postings to enable wider public and CSO inputs
- The meeting itself include a range of inputs from analytic presentations to testimonials, debate of resolutions and positions and more focused discussions of strategic goals and actions
- The meeting aim to define at least one common goal, message and campaign that can unite all health civil society across each different campaign

The meeting will be hosted by all the CSOs in the planning group, once their executives approve. An organizing committee comprising

- Equinet
- PHM SA
- TAC
- CWGH

volunteered to co-ordinate the follow up work towards the regional meeting. This includes:

- Setting up a Mailing list for the organizations
- Adding to the background document on CSOs to provide the organisation profiles
- Identifying critical groups not yet included to bring into the process and meeting
- Ensuring the pre conference papers and processes are prepared and implemented
- Fundraising
- Identifying a suitable venue
- Setting up the programme, facilitators/presenters, theme activities
- Setting up the meeting logistics with the local organizers.

7. CLOSING

The meeting agreed that an important step had been taken to consolidate and strengthen the influence of civil society in health towards advancing health equity, justice and health rights. It should be an irreversible step in a process of persistent focus and strengthening of CSOs. The experience and victories of the CSOs in the room indicated that vision, persistence and strategy were all needed to achieve these goals. Delegates were thanked for their participation and inputs and wished a safe journey home.

APPENDIX 1:

Network for Equity in Health in Southern Africa

People's Health Movement

EQUINET/IPHC/PHM/CGWH
Meeting Of Civil Society In Health
Johannesburg, November 26 2003

Meeting Agenda

- **8.30-10.45AM Introductions and common issues/ goals**
  Background and introductions
  Introduction from civic groups on their goals and work
  Discussion on overlaps, common positions, differences

- **11.15AM-3.00PM Proposed civil society health meeting in 2004**
  Objectives
  Programme and processes
  Hosting organisations
  Participating organisations
  Documentation
  Linkages to other processes and events
  Timing, venue
  Financing and resources

- **3.45-4.45PM Follow up**
  Actions and roles
  Co-ordination
  Information sharing and documentation

APPENDIX 2: LIST OF PARTICIPANTS

Delegate	Institution	email address	ADDRESS
Rene Loewenson	EQUINET Programme Manager	rene@tarsc.org	TARSC, 47 Van Praagh Ave, Milton Park, Harare, Zimbabwe Ph 263-4-708835 Fax 263-4-737 220
David Sanders	UWC	dsanders@uwc.ac.za; lmartin@uwc.ac.za	UWC School of Public Health P Bag X17, Belleville 7535, SA Ph 27-21-95932132
Adamson Muula	Malawi Health Equity Network	amuula@medcol.mw	Dept Community Health, College of Medicine Ph 265-1-671911 Fax 265-1-674700
Siphiwe Secodi Joyce Mkhonza Eunice Mthembu	Anti Privatisation Forum APF	c/o trevorngwane@hotmail.com	28-822576936 Ph 27-11-3394123 Fax 27-11-3394121
Mwajuma Masaiganah	PHM	masaigana@africaonline.co.tz	PHM, Box 240, Bagamoyo, Tanzania Ph 255-23 2440062 / 2440316 255 744281260
Njogu Morgan	TAC Gauteng	njogu@tac.org.za	135 Smit street, Braamfontein Jbg Ph 27113398421 Fax 27114031832
Winstone Zulu	PATAM	zuluwin@zamnet.zm; hopekara@zamnet.zm; kara"zamnet.zm	Box 37559 Lusaka Zambia 260-5-221718
Bridget Lloyd	PHM	bridgetl@mweb.co.za	
Soraya Elloker	SAMWU (SA Municipal Workers Union)	Soraya.Elloker@capetown.gov.za	47 Beverley Road, Athlone CT Ph 27 21 6332002/2050
Leslie London	UCT	ll@cormack.uct.ac.za; ll_pph_staff_health_med_uct@mail.uct.ac.za; london@telkomsa.net	UCT School of Public Health and Family Medicine Rondebosch, Cape Town Ph 27-21-4066524 Fax 27-21-406 6163
Riaz Tayob	SEATINI	riazt@iafrica.com	SEATINI Box 1558, Crown Mines 2025 SA 27-8377787222
Itai Rusike	CWGH	cwgh@mweb.co.zw	114 McChlery Ave, Harare, Zimbabwe Ph 263-4-776989 Fax 263-4-788134
Brenda Ndlovu Makhabiso Ramphoma	Gender & Trade Network in Africa Secretariat SADC AIDS Network of Nurses and Midwives	brendandlovu@sn.apc.org Sannamco"denosa.org.za	Ph: 27-11-8380449 27-11-8322665 605 Church St, Pretoria 001 27-12-334 6135

TJ Ngulube	CHESSORE	CHESSORe@zamnet.zm	CHESSORE Box 320168 Woodlands, Lusaka Fax 260-1-228359
Olle Nordberg	DHF	Olle.Nordberg@dhf.uu.se	Dag Hammerskjold Foundation Ovreslotsgatan2 75310, Uppsala, Sweden Ph 4618127272 Mob 46-18-5673051

Main Identity

From: Samer Jabbour <sjabbour@aub.edu.lb>
To: Global Health Watch <ghw@hst.org.za>
Sent: Tuesday, March 23, 2004 2:13 AM
Attach: Concept document-Feb 27 2004 with edits by Samer Jabbour.doc → Attachment to be taken
Subject: [ghw] Concept document

Friends, I have done some minor editing of the concept document of Feb. 27. I am sure many of you will also have edits to add after our meeting. Let us all contribute and have a final (contributed to and approved by all) version for dissemination. Please see attached. What is most confusing is when to report to what we are doing as the "report" vs. the "watch." S

Samer Jabbour, MD, MPH
American University of Beirut
Van Dyck Hall
Beirut, Lebanon
Tel: +961-1-374-374
x4640 (Sec.) x4642 (Direct)
Fax: +961-1-744-470
http://www.aub.edu.lb

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RM 23/3/04

Phm_GHW

Main Identity

From: Samer Jabbour <sjabbour@aub.edu.lb>
To: <ghw@hst.org.za>
Sent: Monday, March 15, 2004 7:02 PM
Subject: [ghw] Arriving in London

Dear Patricia, after 5 visits to the British consulate and the usual dose of humiliation in consulates I got the visa today. If there is a need to meet again, I hope we can do that in a place where we can all get to without as much difficultly. Can you please inform me how to get to the hotel and the meeting place from the airport? Very much looking forward to the meeting. Regards, Samer

---

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN
16/3/04

Plan GHW

RN
16/3/04

Main Identity

From: Dr Ashtekar Shyam <ashtekar_nsk@sancharnet.in>
To: PHM Secretariat <secretariat@phmovement.org>
Sent: Thursday, March 11, 2004 11:27 AM
Subject: Re: is15th fixed?

thaks ravi
I will do bookings accordingly, but 3 days wil be rather tough
shyam

----- Original Message -----
From: PHM Secretariat
To: ashtekar_nsk@sancharnet.in
Cc: chc@sochara.org
Sent: Tuesday, March 09, 2004 2:38 AM
Subject: Re: is15th fixed?

Dear Shyam,

Greetings from PHM Secretariat (Global

11/3/04

Dear Shyam

If you are present while of 15th even that is okay. Runs incase you want to reconfirm before booking. The complete programme follows

Best wishes
Ravi
For CH Fellowship Workshop

RM
10/3/04

Phan. Fellow

Main Identity

From: UNNIKRISHNAN P.V. (Dr) <unnikru@yahoo.com>
To: <phmsec@touchtelindia.net>
Cc: Chandran P <pchandran2000@yahoo.com>
Sent: Wednesday, March 10, 2004 9:48 AM
Subject: Accounts- IHF press meeting

Dear Ravi/ Prasanna

Greetings from Bangkok !
Mr. Chandran is the person who organised the press meetings in Mumbai. He works with SSP. In my mail on January 9th, I have indicated to you and Sarojini that a non-PHM person is taking care of the logistics involved in booking the press club , sending out the invitations, making the follow-up calls etc to ensure media participation on the press meet on Jan 13th.

Chandran did an excellent work of doing all of the above.

He will be visiting you to settle the bills. The cost of booking the press club, sending out fax invitations and alter three press releases through press club, local transportation etc needs to be reimbursed. Chandran paid it directly from his pocket.

He is in Bangalore and will come and submit the bills for reimbursement. I hope you can do the needful.

ATTN: Chandran, pelase call Dr. Ravi Narayan / Mr. Prasanna before you visit them. Pelase carry all the receipts and bills and kindly prepare a short note explaining the details. You can reach them at PHM at 5128 0009.

Regards

Unni

Dr.Unnikrishnan PV
Fellow: Humanitarian Action
ActionAid - Asia Regional Office, Bangkok, THAILAND

Tel: +66 2 651 9066-9 ; Fax: +66 2 651 9070
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Yahoo messenger: unnikru@yahoo.com / MSN Messenger: unnikru@hotmail.com
Website: www.actionaid.org

fighting poverty together actionaid

++++++++++++++++++ IN THE NEXT 24 HOURS, OVER 30,000 CHILDREN WILL DIE world wide from preventable diseases. Join www.TheMillionSignatureCampaign.org a campaign demanding Health for All Now ! ++++++++++++++++

RM
10/3/04.

Phm- Media
JSA Rally

Main Identity

From: Rene Loewenson <rene@tarsc.org>
To: 'PHM Secretariat' <secretariat@phmovement.org>; 'David McCoy' <David.McCoy@lshtm.ac.uk>
Cc: <lmartin@uwc.ac.za>; <abaysema@pn3.vsnl.net.in>; <masaigana@africaonline.co.tz>
Sent: Tuesday, March 09, 2004 1:51 PM
Attach: civic mtg nov 2003 report.doc
Subject: RE: Fw: some clarrifications

Hi Ravi and all

Yes, 8-15 is a long haul with a lot of time in between.

The wider global process will as Dave indicated come through the GEGA meetings so you will not find this on 8-9 June and if you need to engage with this its better to be there for the GEGA meeting 11-15 June. This will no doubt link with the Global Health Watch and other PHM support processes that Dave describes.

The southern and east African civil society process is being organized on the 8-9th so if your intention is to get a better sense of that specific aspect then that's the time when it will be happening. The workshop in the EQUINET conference is when the issues, proposed themes and planning of the work for the Nov southern and East African PHM meeting will be consolidated. (See report of the Nov meeting) and consolidated within the wider regional processes

I have copied this to Mwajumah Masaiganah and Dave Sanders who are involved in both and represent the African PHM as it seems they can best comment on where the wider PHM input and networking would be best gained. Its difficult for me to comment so I leave this to them.

Regards

Rene

PHM-South Africa
June Meetings

RN
11/3/04

3/10/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <derek.yasmin@wanadoo.fr>
Sent: Saturday, March 27, 2004 12:05 PM
Subject: Global Health Watch

Dear Derek,

Greetings from PHM Secretariat (Global)!

It was great to hear from you and glad to find that you have noted the launch of GHW. I recall all the discussions with you and Eric and others, years ago but it needed the development of PHM and then the partnership with GEGA to get it off the ground. There's still a lot of conceptual work to be done around reports / watches and their processes, so we would be very glad to have you join the advisory group. Some of us hope to be in WHA. This May (17^{th} – 24^{th}). Will you be there? Are you arranging any session, where PHM could input and that would also be an opportunity to link you in with PHM Geneva for now and then PHM USA, when you move to Yale?

I think exposing embedded bureaucrats and making Member States accountable to pledges are important challenges and we should discuss this further as soon as possible. Your experience with FCTC will be a great source of understanding, I am sure. When can we meet?

Incidentally, would you, by any chance, have access to some of the documents that a researcher produced on GHW with your unit in cooperation with Eric? I am trying to trace soft copies to help newcomers understand the post dialogue. Eric has moved to USA and so does not have access to these. Do you? If so, can you forward them to me?

Actually its your invitation to present perspectives from the Charter to a Research meeting of NCD unit – then set me going on this evolving. WHO - PHM dialogue and there are some new openings developing. Lots to discuss, when we meet.

cc To Mike / Dave
GEGN

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

RN
31/3/04

Actually it's very interesting to receive the perspectives from the Chairs of a Research meeting of NGO unit - Nice Get me some of the WHO-PHM dialogue evolving and some new and relevant slogans we are developing can we speak by phone Best Derek

I think exposing embedded bureaucrats and making member states accountable to pledges are important challenges

Some of the documents received from Eric has moved dialogue. Eric does not in USA and so does Dr Lin however can you forward it to me

In connection with your visit to Kuala Lumpur I am trying to help newcomers understand the past

Thanks

Mail - Print

Page 1 of 1

<!--[if !MAIL gte mso 10]>

FROM: "yach" <derek.yasmin@wanadoo.fr>

DATE: Thu, 25 Mar 2004 23:12:18 -0800

TO: "'yach'" <derek.yasmin@wanadoo.fr>, <secretariat@phmovement.org>

SUBJECT: RE: Global Health Watch

Just to add...best to use my WHO address as well in replying...yachd@who.int

-----Original Message-----
From: yach [mailto:derek.yasmin@wanadoo.fr]
Sent: Thursday, March 25, 2004 11:11 PM
To: 'secretariat@phmovement.org'
Subject: Global Health Watch

Dear Ravi

Congrats on the launch of the Global Health Watch...you may recall I called for just an entity in my AJPG reviews of globalization. Now, on the eve of leaving WHO, I am even more convinced that we need a strong GHW that keeps WHO and others accountable. I would be very keen to provide input to the work as you move ahead from a new base initially in Geneva but later from Yale. I leave WHO at the end of May. I have seen so many good ideas and plans be killed by embedded beaurocrats...time this was exposed...and time Member States were also held accountable for pledges made in resolutions.

With regards, Derek

SSP

This is an important letter

Please proof read before despatch

Re advisory group. Some of us hope to be in WHA - Rio May (17-24). Will you be there? Are you arranging any session where PHM could/should also be an opportunity to link up and have a session where PHM could/should also be an opportunity to link you in with PHM Geneva for now and Yale USA when you move to Yale

Dear Derek It was great to hear from you and glad to find that you have noted the launch of GHW. I recall all the discussions with you and Eric and others years ago but it needed the development of PHM and then the partnership with GEGA to get it off the ground. There still a lot of conceptual work to be done around reports/watches and then processes so we would be very glad to have you join

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@hst.org.za>
Sent: Friday, March 26, 2004 10:05 PM
Subject: [ghw] post london meeting

Dear friends,

The minutes of the meeting from the london meeting will be posted to you all today by Pat. For those who weren't at the meeting in London, the minutes will hopefully reflect the positive nature of the meeting including the very positive response to the Watch from the UK-based NGOs.

We have been working hard on a number of follow-up issues. The most important tasks are:

1) identify individuals/institutions/projects to lead on each chapter - Pat will be circulating the structure of the report which includes a list of the people who have already been approached. We need your suggestions on filling in the gaps. **We have to finalise this in the next two months**

2) Identify individuals who can represent the following regions on the coordinating committee:

Eastern Europe

South East Asia

China / Far East

Central Asia

West Africa

East Africa

North Africa

Caribbean

Please can you think of people we can approach. We will also be putting out a message on PHA-exchange.

3) It was decided that we need to maintain the communication and discussion between individuals on the CC. We will have an opportunity for some face to face meeting in June in Durban, but I would like to propose that we try and organise 2-3 telephone conferences before then.

I suggest that the secretariat will set out some possible dates and times - if you can respond with a phone number and your preferences, we will take it from there.

RA
30/3/04

Phar---GHW

RN
31/3

Main Identity

From: Mike Rowson <mikerowson@medact.org>
To: Global Health Watch <ghw@hst.org.za>
Sent: Friday, March 26, 2004 10:14 PM
Subject: [ghw] British Medical Journal piece on Global Health Watch

News roundup

New regular report will monitor global health issues

BMJ Vittal Katikireddi

RJ 31/3

A new regular report will monitor important global health issues and the actions of international health institutions, a coalition of three global health networks announced last week.

The scheme to produce the reports, called *Global Health Watch*, is being coordinated by the People's Health Movement, the Global Equity Gauge Alliance, and Medact, all non-profit organisations working to improve health across the world. The scheme will recruit authors and organisations from developed and developing countries to write the reports, which are planned to be published every two years. The first is due in May 2005. The reports will cover a range of international health issues, including the health needs of indigenous peoples, the "brain drain" of health workers from poor to rich countries, the privatisation of health care, and the role of global organisations in health, including the World Health Organization, the World Trade Organization, and the World Bank.

David McCoy, a member of the scheme's steering committee, said: "Health is influenced by many institutions, at the national and global level. The *Global Health Watch*, because it's a global level report, will primarily be aimed at trying to highlight some of the key issues arising from the policies and agreements made by some key international institutions, like the World Trade Organization. The policies of those institutions have to be monitored.

"An important feature of this report is that it deliberately brings a number of organisations from other sectors to discuss the problems of poor health. The report includes contributions from development groups on the state of global poverty reduction and from environmental campaigns on climate change."

The director of Medact, Mike Rowson, said: "Many parts of the world have seen health reversals rather than improvements in the last 20 years. We decided to launch this initiative to get decision makers to confront the issues that keep people poor and unhealthy."

The reports are aimed at national healthcare policy makers and systems. Mr McCoy explained: "We're not trying to reach policy makers sitting in existing global health institutions. We are trying to educate, inform, and mobilise the health community about the alternatives that exist in the health policy debate."

RJM 30/3/04

Phm. GHW BMJ report

The scheme plans to obtain support from a wide alliance of independent groups and charities to help write and fund the reports. Fund raising is still in progress for the scheme, which has been budgeted at $200 000 (£110 000; €160 000).

"We're hoping to get smaller donations from a wide variety of non-governmental organisations to avoid being compromised by funding coming from only one or two sources," Mr McCoy said. He added: "This budget is tiny in comparison to the production of other major reports on global health, such as the *Human Development Report* or the *World Health Report*. Part of the reason why it's relatively small is that we are relying on the work of people who are already working on these issues."

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

Main Identity

From: <ctddsf@vsnl.com>
To: <secretariat@phmovement.org>
Cc: <abhayseema@vsnl.com>
Sent: Friday, March 26, 2004 2:49 PM
Attach: BMJ.DOC
Subject: Global Health Watch meeting in London

Dear Ravi/ Abhay,

Attached is a small report in this week's BMJ on the GHW meeting.

Amit

RN
30/3/04 Am

PHM - GHW

RN
31/3/04

BMJ 2004;328:728 (27 March),
doi:10.1136/bmj.328.7442.728-b

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News roundup

New regular report will monitor global health issues

BMJ Vittal Katikireddi

A new regular report will monitor important global health issues and the actions of international health institutions, a coalition of three global health networks announced last week.

The scheme to produce the reports, called *Global Health Watch*, is being coordinated by the People's Health Movement, the Global Equity Gauge Alliance, and Medact, all non-profit organisations working to improve health across the world. The scheme will recruit authors and organisations from developed and developing countries to write the reports, which are planned to be published every two years. The first is due in May 2005. The reports will cover a range of international health issues, including the health needs of indigenous peoples, the "brain drain" of health workers from poor to rich countries, the privatisation of health care, and the role of global organisations in health, including the World Health Organization, the World Trade Organization, and the World Bank.

David McCoy, a member of the scheme's steering committee, said: "Health is influenced by many institutions, at the national and global level. The *Global Health Watch*, because it's a global level report, will primarily be aimed at trying to highlight some of the key issues arising from the policies and agreements made by some key international institutions, like the World Trade Organization. The policies of those institutions have to be monitored.

"An important feature of this report is that it deliberately brings a number of organisations from other sectors to discuss the problems of poor health. The report includes contributions from development groups on the state of global poverty reduction and from environmental campaigns on climate change."

The director of Medact, Mike Rowson, said: "Many parts of the world have seen health reversals rather than improvements in the last 20 years. We decided to launch this initiative to get decision makers to confront the issues that keep people poor and unhealthy."

The reports are aimed at national healthcare policy makers and systems. Mr McCoy explained: "We're not trying to reach policy makers sitting in existing global health

institutions. We are trying to educate, inform, and mobilise the health community about the alternatives that exist in the health policy debate."

The scheme plans to obtain support from a wide alliance of independent groups and charities to help write and fund the reports. Fund raising is still in progress for the scheme, which has been budgeted at $200 000 (£110 000; €160 000).

"We're hoping to get smaller donations from a wide variety of non-governmental organisations to avoid being compromised by funding coming from only one or two sources," Mr McCoy said. He added: "This budget is tiny in comparison to the production of other major reports on global health, such as the *Human Development Report* or the *World Health Report*. Part of the reason why it's relatively small is that we are relying on the work of people who are already working on these issues."

Main Identity

From: <ctddsf@vsnl.com>
To: <secretariat@phmovement.org>
Cc: <abhayseema@vsnl.com>
Sent: Friday, March 26, 2004 2:42 PM
Subject: Global Health Watch meeting in London

Dear Ravi/ Abhay,

The Global Health Watch meeting in London (18th-19th March) was very useful. I am sending a brief report - a detailed report will be circulated by Patricia. The meeting was attended by:

David Sanders
Samer Jabbour (American University, Beirut)
Armando Di Negri (from Brazil)
Dave McCoy (Medact)
Mike Rowson (Medact)
Patricia Morton (Medact)
Antoniette Ntuli (GEGA)
Amit Sen Gupta

>From the PHM family, Olle Nordberg (Dag Hammerskjold) and Marjan Stoffers (WEMOS) were also present in the interaction with funders/partners.

In addition to this group meeting involving Medact, GEGA and PHM, there were two sessions of interactions with: 1) Potential funders/ partners 2) British NGOs who would be interested in the endeavour.

There was extensive discussions, mainly centred around :

1) the structure of the Report and the authors.
2) who "owns" the report
3) target audience of the report
4) Structure of editorial group, co-ordinating group
5) Publicity and dissemination of the report

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Based on the discussions a revised structure of the report was finalised. It was also decided that this structure would be circulated and suggestions would be sought about possible contributors (Patricia from the GHW Sectt. would be circulating this). Only a few contributors have actually been approached, so that there's a scope for suggestions to come in. The report will need to be ready to go to the publishers (Zed Books) by December 2004. for it to be ready for publication by March/April 2005, around the time that the World Health Report is published.

Medact would continue to act as the Sectt. and GEGA and PHM would be the other sponsoring organisations. But the idea would be to ensure that this is

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PHM - GHW

not seen just as a report that is being brought out by three organisations.

There should be a small editorial group (3-4) and a slightly larger co-ordinating group (this already exists) formed by people from Medact, Gega and PHM.

The earlier proposal was to have 3-4 authors for each chapter, and a referring group for each. It was felt in the meeting that this would not work and a lead author or authors who have collaborated before would be given responsibility for a chapter. The referring group can be larger.

It was also felt that the Report would be enriched and generate larger interest if country/regional experiences and reports formed part of the report. This, it was felt would help activists find "themselves in the report".

The main points which PHM needs to consider are the following:

1) How do we, as PHM, get involved in the ownership of the report. PHM needs to follow up on the suggestion that the report also contain country/region reports health watch. It is possible that all PHM regions (circles) may not be able to organise such reports, but we can start with a few. We can definitely do this for India, and Armando has promised that it can be done for Brazil. We need to explore othere regions who can put together Regional Reports. For this PHM may need to put together a separate circle for the GHW.

2) Once the list of chapters is circulated, the PHM needs to respond with our suggestions for authors.

3) Decide who from PHM would be on the editorial group (1-2) and who would be on the co-ordinating group (2-4). The people can be common or different.

We need to discuss the GHW in the PHM and the JSA i guess. Any suggestions how we go about it?

Best,

Amit

3/30/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Maria Hamlin Zuniga <iphc@cablenet.com.ni>; Maria Zuniga <maria@iphcglobal.org>; Baum <fran.baum@flinders.edu.au>; HST <ant@hst.org.za>; Braveman <pbrave@itsa.ucsf.edu>; Armando De Negri Filho <armandon@portoweb.com.br>; Samer Jabbour <sjabbour@aub.edu.lb>; Lynette Martin <LMARTIN@uwc.ac.za>; McCoy <David.McCoy@lshtm.ac.uk>; PHM-Ravi <phmsec@touchtelindia.net>; Rowson <mikerowson@medact.org>; Amit Sengupta <ctddsf@vsnl.com>
Sent: Monday, March 29, 2004 6:30 PM
Subject: Teleconference calls for the Global Health Watch

Dear All

Here are some dates that I propose for tele-conference calls:

22/23 April
6/7 May
27/28 May

To accomodate time zones and availability I have included two dates for each session. Could you please let me know, in the next week, whether you are available for teleconference calls on these dates.

Thanks and best to all
Patricia

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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Company Reg. No. 2267125

RN 31/3/04

RN 30/3/04 fm

PHM - GHW

Main Identity

From: Antoinette Ntuli <ant@healthlink.org.za>
To: Global Health Watch <ghw@hst.org.za>; <ghw@hst.org.za>
Sent: Monday, March 29, 2004 4:32 PM
Subject: Re: [ghw] Concept document

Dear Sameer and others,
Many thanks for the time you took to edit the GHW concept document. I agree with your changes!
Re the confusion between the 'Report' v. the 'Watch' - we had exactly the same confusion in the Equity Gauge Project - we call ourselves an Equity Gauge, and we also publish 'Equity Gauges'. We have got around this by referring to the work in its entirety as the Equity Gauge Project - I'm not sure what would be the appropriate distinction for GHW work - perhaps the entire strategy and its work is the GHW and the document is the GHW report?
Antoinette

On 22 Mar 2004, at 22:43, Samer Jabbour wrote:

RN 5/4/04

RN 5/4/04

Plan. GHW

Draft Outline of Chapter C4 Climate change/ Carbon dependence

Purpose

It is proposed that the Environment chapter in this first report addresses carbon dependence as the underlying driver of climate change and current greatest environmental challenge to human health.. The relationship between current trading rules/systems and global transportation patterns as major contributing factors to climate change will be an important focus within the chapter.

Lay-out of chapter

Health impacts

- health impact of current dependence on fossil fuels to include near/ intermediate/ long term including impacts of air pollution/ transportation / accidents /global warming/ violent conflict associated with fossil fuel resources.
- inequity in access to current energy technologies -2 billion people still without access to modern energy forms such as electricity.
- health benefits of accelerating towards low carbon economies and the health impact of not doing so.

Analysis of underlying causes

- address political and economic systems perpetuating carbon dependence , including scrutiny of relationship between current trading rules/systems and unsustainable/ unhealthy transportation patterns.
- address barriers to rapid uptake of alternative technologies/ include oil hegemony/ role of US/ China/ resource wars/ World Bank invests much more in conventional energy techologies etc
- renewable energy technologies have potential to meet world energy demand many times over but society still locked into conventional energy by reasons above.

What is being done and what levers exist within the international health community?

- how to unlock - need to recognise health/ environment/ economic (including job creation) benefits of investing in renewables. Roles of protocols/ policies/ targets/ what has worked elsewhere (Germany)/ need to find good egs where renewable technologies are being promoted in developing countries/ links with civil society initiatives etc.
- what is the current position of WHO and other international health agencies in terms of mitigating the effects of environmental problems on health and in terms of underlying paradigms, ideologies and political-economic systems. What action needs to be taken now to protect communities most vulnerable to climate change?

- how can health communities aswell as civil society influence political processes?

Conclusion/ Recommendations

Length of chapter

4,000 words

Production

Authors	Reviewers/ Reference Group	Editorial
Lead: Ian Roberts, Professor of Epidemiology and Public Health, Department of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine One or two co-authors from southern institutions to be identified.	Charlie Kronick, Greenpeace UK Others to be identified from WWF/ FoE / policy, academic community	Cathy Read, Medact

Chapter C2 : Water – The commodification of a basic right for all

Purpose of this chapter

Access to clean and safe water has been a well established public health issue for centuries, and became further codified in public health by John Snow's treatise on the cause of cholera in London. Millions of people across the world, however, do not have access to water, leaving them vulnerable to disease, malnutrition and high rates of mortality.

There are many reasons for the failure to ensure universal access to water. Some of the threats to sustainable and equitable access to water facing us over the next few decades include climate change induced by global warming; deforestation and the resulting disruption of micro-climates and loss of water catchment areas; human interference of water eco-systems such as the construction of dams; growing levels of water pollution; and the effect of heavy industrialised agriculture. These causes of reduced accessibility and availability to clean water are all serious in their own right, and need to be considered as priority public health issues.

This chapter however will highlight another phenomenon threatening the accessibility and availability of water for all, especially the poor. This is the growing commodification of water and the control of water rights to unelected and unaccountable private sector companies. The purpose of this chapter is to highlight this growing trend and to describe the mechanisms by which this affects health. The chapter is also designed to raise issues related to the corporatisation of state functions; the neo-liberal contradictions between the marketisation of water and the right of all citizens to water; and the negative effect this has on notions of democracy and citizenship.

Lay-out of chapter

Background

Importance of water to health

Current state of access to water globally

Overview of the underlying causes of water unavailability and threats to further inaccessibility

This chapter will not be covering all these issues in depth, but should be able to highlight the key issues and provide some reference to other materials to read.

The privatisation and commodification of water

- Trends
- What and who is behind this trend and what is the rationale given

- What is the reality on the ground – case studies from Africa, Latin America and Asia highlighting the effects on health, democracy and citizenship. This would include unmasking the truth about corporatisation – for example, contracts with private companies that are designed to guarantee profits; safety nets that do not work; etc.

What is being done about this and what should socially aware health professionals be doing?

- Which UN agencies are responsible for promoting the principle of universal access to water as a human right, and what are they doing it about this?
- Which NGOs are campaigning on this issue and what are their positions and recommendations?
- What should socially aware health professionals be doing in keeping with the principles of the Alma Ata Declaration?

Conclusion

Length of chapter

4,000 words

Production

Authors	Reviewers / Reference group	Editorial
Lead: Municipal Services Project (Greg Ruiters, David Macdonal, Patrick Bond)	Dr Mira Shiva ?? ?? ??	David McCoy
Contributors from Latin America and Asia		

Chapter Food and Nutrition

Purpose of this chapter

Malnutrition remains the most important single cause of morbidity and mortality globally, accounting for 12% of all deaths and 16% of disability-adjusted life years lost. Approximately 175 million children under five are estimated to be underweight, 32% of preschool children are stunted, 16% of births are below 2,500g (which is associated with a ten fold increase in mortality) and 243 million adults are severely malnourished (BMI <16). If one considers micronutrient deficiencies as well the figures are even more alarming: 2 billion women and children are anaemic, 250 million children suffer from vitamin A deficiency and 2 billion people are at risk from iodine deficiency. Furthermore, despite global reduction in the numbers of children suffering undernutrition this decrease has been disappointingly slow and in sub-Saharan Africa the prevalence has actually increased. At the same time increasing number of adults in the developed and developing world are suffering from the consequences of over-weight and obesity.

There are many reasons for the failure to ensure optimal nutritional outcome. These range from concomitant disease and/or poor water and sanitation through to poor diets. This chapter however will focus upon a few key issues concerning food security and nutrition:

- the changes to food production and consumption as a result of increasing globalisation two aspects will be highlighted;
- how global trade in agriculture is affecting poor farmers (a case study within this will be the issue of genetically modified crops);
- how globalisation is influencing diet and the health impact of this;
- more specifically for nutrition will be an examination of the impact of reforms within the social sector that are leading to the downplaying, narrowing and verticalisation of nutrition interventions

The purpose of this chapter is to highlight how the increasing commodification of food and diet is leading to deterioration in the household food security of many and worsening diets and health for large section of the population. The response to the health impact of these changes has become narrowed and limited, located as it is within the paradigm of health sector reform, an approach driven by cost and efficiency concerns and overwhelmingly focused on technical rather than social aspects of health.

Lay-out of chapter

Background

Importance of nutrition to health and development

Current state of nutrition and food security globally

Overview of the underlying causes of poor nutrition/food security

This chapter will not be covering all these issues in depth, but should be able to highlight the key issues and provide some reference to other materials to read. It will be based upon a conceptual framework based upon the one commonly used by UNICEF.

The impact of increasing globalisation of trade and services on food security

- Trends
- What and who is behind this trend and what is the rationale given
- What is the reality on the ground – case studies from Africa, Latin America and Asia highlighting the impact of current trade relationships and rules on household food security especially amongst the most vulnerable
- Case study of genetically modified crops

The impact of increasing globalisation of trade and services on diet

- How the concentration of food production by globalisation is changing the food supply chain
- Documenting the increasing influence of food retailing supermarkets across the globe
- How the above two combine to influence marketing of food and diets
- Brief description of the public health consequences of this dietary transformation

Muted Responses

- How social sector reform is leading to a demise in importance of broad based nutrition interventions: supplemented instead by technical, vertical approaches (eg. Vit A supplementation)
- Identify possible strategic oppportunities to promote food and nutrition interventions

Conclusion

Length of chapter

5,000 words

Production

Authors	Reviewers / Reference group	Editorial
Lead: University of the Western Cape (Mickey Chopra, David Sanders)	Peter McMichael Tim Lang	
Contributors from Latin America and Asia (Vandana Shiva, Raj Patel, Fkavio Valente, Gopalan		

The Genome: World Health, Equity and Justice

Up to ? 5000 words. The article will be fully referenced.

Chan Chee Khoon, Citizens' Health initiative, Malaysia
Gilles de Wildt, People's Health Movement

The authors presented evidence on this subject at the hearing of the Advisory Committee on Health Research of the World Health Organisation in Geneva 2001 on behalf of their organisations. They continue to work on this subject

The policies of States and blocks such as the European Union and its Commision vis-a-vis human genome research and its applications are very much led by considerations of competitive technological development and possible market shares. They fail to adequately address a number of issues:

- The risks of tampering with nature;
- direct discrimination of individuals and groups on the basis of genetic diagnostics and perceived imperfections, and income based discrimination, when costs for diagnostics, prevention and treatment options are expensive
- Ethical problems related to trustworthiness of health professionals, when they hold genetic information about their patients which can be damaging if disclosed to insurers and employers.
- Moral issues related to cloning and the use of embryos for stem cell research
- The commercialisation of life in general, as shown in allowing patents on human genes, and biopiracy of non-human genes.
- Global and equitable access to useful pharmaceuticals. Current international economic and trade policies, including intellectual property rights, mean that preventative and therapeutic applications are likely to be extremely expensive. They will not benefit poor people and poor countries unless governments intervene.
- "Genohype", resulting in the drawing away of attention and resources for controlling diseases in poverty, including societal interventions. Genohype also encourages policy makers and the public to believe that many health problems can be solved by magic bullets derived from genome research. In reality, public health interventions, including societal measures will probably remain much more important. If useful genome applications are invented, they will be far more effective if embedded in equitable societies with equitable health systems and high levels of education.

Examples from South and North will be given. These will include issues related to insurance and for-profit health care in Hong Kong, insurance issues in the UK, and industrial policy regarding pharmaceutical companies in South Asia.

Global governance and justice

Instruments to try and address these issues include internationally agreed human rights in the field of health and health care, codes of conduct for health professionals, and statements by organisations such as UNESCO and the Association of European Medical Associations.

Recommendations for action

- Organisations focussing on health and equity should insist that national and global equity, human rights and medical ethics become core principles for genome technologies and their applications. Civil society should demand that States and international organisations such as WHO carry out health and equity impact assessments and risk assessments. These assessments should use yardsticks including internationally agreed human rights in the field of health and health care. They should be participatory in nature and include genuine representation of civil society, and be free from pressures arising from international economic and donor policies. Assessments should include the potential effects of different scenarios of genome applications on health and equity, both nationally and internationally, under different social and healthcare systems. If states and international organisations are reluctant to do so, civil society and international groups of interested scientists could initiate this themselves. Regarding risk assessments and the precautionary principle, expertise and experience from environmental campaigns can be taken.
-States and research funders should develop ways by which researchers give up patent rights or selectively forego patent rights to help make useful inventions cheaply available for all.
-Organisations focussing on health and equity should monitor governments and international organisations such as the World Health Organisation that they are not used to lend legitimacy to the commercialisation of human (and other) life and to "genohype", which draws away resources and attention from addressing diseases in poverty and global equity.

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: GHW mailing list <ghw@hst.org.za>
Sent: Tuesday, March 30, 2004 10:34 PM
Attach: Chapter headings and authors, March 25 (2).doc; Chapter B7- Genome.doc; Chapter C1-Nutrition.doc; Chapter C2 - Water .doc; Chapter C4 -Environment.doc
Subject: [ghw] Author's list and some briefs

Dear All

Here is the author's list which we would like your comments on by April 14. Please provide your comments directly on the spreadsheet in the column provided.

I have also attached a number of briefs for your comment.

1. Gene Technology and the attainment of health for all
2. Environment
3. Water and Sanitation
4. The Right to Food: Land, agriculture and household food security

Several of the other briefs have to be amended after our Coordinating Committee meeting. Others are still to be drafted. I will send them out to you for your comment once they are drafted.

Also, we are urgently looking for people to fill the Coordinating Committee regional gaps we identified. They are: **Eastern Europe, South East Asia, China / Far East, Central Asia, West Africa, East Africa, North Africa, Caribbean.** If you know of people who could be potential members for this committee please let me know.

Thankyou and greetings to all
Patricia

RN 2/4/04

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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Phm- GHW

4/1/04

RN 2/4/04

4/1/04

	Suggested Coordinators/ Authors	Approach and confirmation	Suggested Reference Group	%	Numb er of words	Your suggestions for coordinators, authors and reference group
Foreword by eminent global personality	Nelson Mandela Grace Machel Desmond Tutu Arundhati Roy				800	
Introduction *A description of the rationale behind the GHW and what makes it an alternative world health report. It will explain the underlying values and political perspective of the report, including the principles of equity, social justice; redistribution and human rights. It will also promote the principle of global health institutions being more open to public scrutiny and accountability. Finally it will explain the structure and lay out of the report, and the reasons for the chapter headings etc.*	Medact Gega PHM			3-4%	3000-4000	
SECTION A: The politics and economics of health in the era of globalisation	Martin Khor Kok Peng (A political economist and campaigner – very well known – is head of Third World Network) Ron Labonte (North-South Institute, Canada – has been working on globalization and health as well as on G8 commitments to development assistance)	Both approached. Ron has agreed and confirmed but not Martin.		6-8%	6000-8000	
SECTION B: Health care sector						
Approaches to health and health care This is a central chapter that discusses and explains the key principles related to a number of health policy and health systems themes including: ○ *The design and effect of health systems,* ○ *the role of government and public sector stewardship* ○ *An overview of the relevance of the PHC approach today, and how health policies are influencing the shape of health care in ways that diverge from the principles of Alma Ata* ○ *An explanation and critique of health sector reform* ○ *Commercialisation and privatisation of health care* ○ *Threats to equitable health care delivery (medical technology complex; commercial companies; and widening socio-economic disparities creating a demand for segmented health*		Maureen Mackintosh (Open University, UK – has been writing a lot on privatisation and has a good working relationship with Medact) and Imrana Qadeer (based in India; collaborates with Maureen) have been approached to write on commercialisation		12%	12,000	

systems) NOTE: This is a big chapter covering a number of themes – it may be better to separate out into different chapters.						
Big pharma, access to medicines and IPRs *Describes the multi-billion dollar pharmaceutical industry in relation to global health and world poverty and the influences of this industry on health policy. Sets out an argument about the need for more fundamental reform R&D and the need for profits to be regulated. Cross-subsidisation through differential pricing is not sufficient.*	Jamie Love (CPTech, USA – big name in the field of patents, IPS etc) Zafrullah Chowdury (PHM, Bangladesh)			3%	3,000	
Human resources: the lifeblood of health systems *Describes the effect of migration of health personnel and suggests ways to address the problem. Critiques the lack of attention to this urgent health priority*	Rene Loewenson (Network on equity and health in southern Africa, Equinet) Kwadwo Mensah (Ghana) Eric Friedman (Physicians for Human Rights, USA)			3%	3,000	
Responding to HIV/AIDS *A critique of 3x5, the global fund and the world bank's treatment programmes*	Rita Priya (Jawarhlal Univ, India) Paul Farmer (Partners in Health, Haiti) Robert Carr (Jaimaica AIDS Support)			3%	3,000	
Gene technology and the attainment of health for all *The unraveling and exploitation of the human genome leads to important questions in the health sector from an ethical and equity perspective. Emphasis on commercial influences and patents.*	Chan Chee Koon (Univ. Sains, Malaysia) Gilles de Wildt	Approached and confirmed		3%	3,000	
SECTION C: Beyond health care						
Environment *This chapter will focus on carbon emissions and fossil fuel dependence, highlighting the issues of inequity as well as the need to consider this a public health issue*	Cathy Read (Medact) Ian Roberts (LSHTM, UK – lecturer with an interest in transport and environmental health)	Cathy Read (public health specialist and board member of Medact has agreed to coordinate this chapter on behalf of secretariat. Ian has been approached to coordinate, and has agreed	Charlie Kronick (Greenpeace UK) has agreed to provide technical input	4%	4,000	
Militarism and conflict	Ron McCoy (Int. Physicians for the Prevention of Nuclear War) Vic Sidel (Int. Physicians for the Prevention of Nuclear War) Antonio Ugalde (Department of Public Health, El Salvador)	IPPNW (former Nobel peace prize winners) have approached and have agreed.		4%	4,000	
Water	Municipal Services Project Greg	Municipal Services		4%	4,000	

Covers the commodification of water and control of water rights by private companies, looks at case studies from around the globe, discusses responses from UN and recommendations from water NGOs.	Ruiters (Rhodes University, SA), David Macdonald (Queens University, Canada), Patrick Bond (Wits University, SA) Belinda Calagulas (Water Aid)	Project have been approached to take the lead on this chapter. They have agreed and have also been asked to link with collaborators in other parts of the world. WaterAid have expressed a desire to work on the chapter together with MSP.				
The right to food: Land, agriculture and household food security	Vandana Shiva (Research Foundation for Science, Technology and Health) Raj Patel Flavio Valente	Need to ask David Sanders and Mickey Chopra to provide more detail.		4%	4,000	
Education				4%	4,000	
SECTION D: Special Chapter focussed on marginalised groups						
Introduction to this section					500	
Indigenous peoples *Describes the relationship of indigenous people to land and discusses the underlying health effects of displacement of these communities.*	Survival International (UK-based rights group for indigenous people – well established and highly respected) Health Unlimited (UK-based NGO who provide health care to indigenous groups in various countries) Indigenous peoples groups from Peru, Brazil and Australia	Both HU and SI have been approached, and they have been asked to coordinate the production of this chapter in collaboration with indigenous peoples groups from various countries.		4%	4,000	
Disabled people				4%	4,000	
SECTION E: Watching *This section will highlight a few key institutional case studies (we want a report that is monitoring the performance of key actors) and policy recommendations related to the earlier chapters. The purpose of these sub-sections will be to affirm the notion accountability to civil society, and inform the advocacy of a global progressive health movement committed to a just world and health for all*				26%	30,000	
WHO report card	Fran Baum (Flinders University and PHM)	Fran has expressed an interest in writing this.				
World Bank /IMF/WTO report card	Bretton Woods Project					
ODA quantity and quality	Development Initiatives (Reality of					

	Aid)					
ODA Monitoring donor programmes (case study of either DfID or USAID)						
Debt cancellation	Jubilee Research					
Gates Foundation watch – include a general introduction on the growing role of philanthropic foundations						
Global Fund						
Pepfar						
Corporations: a prominent drug company						
SECTION F: Summary and Strategies for Action				10%	10,000	

Main Identity

From: Community Health Cell <chc@sochara.org>
To: <secretariat@phmovement.org>
Sent: Tuesday, March 30, 2004 9:31 AM
Subject: Fw: Global Health Watch

----- Original Message -----
From: yachd@who.int
To: sochara@vsnl.com
Sent: Tuesday, March 30, 2004 7:50 AM
Subject: Global Health Watch

Hi Ravi...hope all goes well.

Was very pleased to read about the Global Health Watch idea becoming reality. You may recall I raised the need for this in an AJPA article way back in 1998...now that I am leaving WHO I would be very keen to work on this with your colleagues with emphasis on monitoring WHO accountability in a few areas...

Look forward to hearing more and how I could help.

With regards, Derek

RN
30/3/04 pm

PHM GHW

RN
31/3/04

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From: Community Health Cell <chc@sochara.org>
To: <secretariat@phmovement.org>
Sent: Tuesday, March 30, 2004 9:31 AM
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From: yachd@who.int
To: sochara@vsnl.com
Sent: Tuesday, March 30, 2004 7:50 AM
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With regards, Derek

RN
30/3/04 pm

PHM GHW

RN
31/3/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: <PHA-Exchange@lists.kabissa.org>
Sent: Thursday, April 01, 2004 8:24 PM
Subject: PHA-Exchange> Global Health Watch - an ALTERNATIVE World Health Report

Dear colleagues and friends,

We are announcing the forthcoming production of the Global Health Watch – a bi-annual production that will represent an *alternative* World Health Report. The report will be launched at next year's World Health Assembly in May 2005 and at the People's Health Assembly in June 2005.

The report is aimed to provide an alternative perspective on health that places equity, human and social rights; the politics and economics of development; and the centrality of health systems development at the forefront of international health debates. In addition, the report aims to act as a monitor of the performance of global health institutions such as WHO and Global Fund; development and multi-lateral agencies such as the World Bank and WTO; multi-national corporations; and the nations of the G8/OECD.

The Global Heath Watch is also being seen as an opportunity and vehicle to strengthen links between different regional health networks (both north-south and south-south links) as well as between progressive health networks and other social and political networks.

The production of the report has been initiated by the Peoples Health Movement, Medact and the Global Equity Gauge Alliance. More detail on the purpose and structure of the report can be found on the PHM, Gega or Medact websites.

This is a call to all individuals and NGOs who share our perspectives and values on health to participate in the production of the report, as well as in the development of advocacy processes in different parts of the world. This includes using the Global Health Watch to strengthen YOUR own campaigns for equitable health and social justice.

In order to ensure that the production of the report reflects a global perspective and results in global ownership, we are calling for partners from different parts of the world to contribute in the following ways:

- Raise the profile of the Global Health Watch as an *alternative* perspective on current health debates, focused around the strengthening of equitable and inclusive health systems, the accountability of global health institutions, and bridging health concerns with the politics and economics of development;
- Contribute to the production of the Global Health Watch through the submission of testimonies and case studies from different parts of the world (guidelines for writing these will be developed soon)
- Contribute to the Global Health Watch by reviewing and contributing to chapters
- Organise the simultaneous launch of the report in different parts of the world in May/June 2005

RN 5/4/04

PM 5/4/04

PHM - GHW

We are especially looking for individuals and organisations from Eastern Europe, South East Asia, China / the Far East, Central Asia, West Africa, East Africa, North Africa and the Caribbean.

If you have any interest in supporting this initiative, please send an e-mail to: ghw@medact.org

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

Medact
The Grayston Centre
28 Charles Square
London N1 6HT
United Kingdom
T +44 (0) 20 7324 4739
F +44 (0) 20 7324 4734
www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

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

Main Identity

From: Claudia Lema <claudialema@medact.org>
To: GHW e-list <ghw@hst.org.za>
Sent: Thursday, April 01, 2004 8:35 PM
Attach: Global Health Watch, March 30.ppt
Subject: [ghw] GHW presentation

Dear friends,

Please find attached the power point presentation of the GHW.

With kind regards,

Claudia Lema
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment.

MEDACT
The Grayston Centre
3rd Floor
28 Charles Square
London N1 6HT

Tel: +44 (0)20 7324 4736
Fax: +44 (0)20 7281 5717
E-mail. info@medact.org
Web: www.medact.org

Registered charity 1081097
Company registration no. 2267125

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN
5/4/04

RN
5/4

PHRU - GHW

Main Identity

From: Antoinette Ntuli <ant@healthlink.org.za>
To: <ghw@hst.org.za>
Sent: Thursday, April 01, 2004 6:52 PM
Subject: [ghw] (Fwd) Advocay strategy

From: Antoinette Ntuli <ant@healthlink.org.za>
To: ghw@hst.org.za
Subject: Advocay strategy
Date sent: Wed, 31 Mar 2004 09:16:08 +0200

Dear Colleagues,
As we develop the Global Health Watch, an integral part of which is the advocacy strategy and the activities linked with this, I want to ask us to keep in the back of our minds the need to monitor the balance of our own activities. Given the imbalance of resources (of all kinds) between the North and the South, we are going to have to be
sensitive to the possibility that Watching could fly in the North and limp in the South. Since many of the target institutions are North-based I am definitely not suggesting that there is no need for us to be very active in the North. I am concerned though, that this is balanced with appropriate concentration of resources to the South for
awareness and consciousness raising, skills building, and facilitation for the South to speak for itself. We know that those who are active in the South are often incredibly overstretched so we will have to be very strategic as to how we strengthen capacity and bring in new people to this important work. What do others feel about this issue?
Antoinette
------- End of forwarded message -------
Antoinette Ntuli,
Director, HealthLink
Chair, GEGA Co-ordinating Committee
2731-307-2954 (tel)
2731-304-0775 (fax)
ant@hst.org.za
www.hst.org.za

RN 5/4/04

Global Health Watch discussion list
List address: ghw@hst.org.za
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This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN 5/4/04

PHM - GHW

Main Identity

From: Mike Rowson <mikerowson@medact.org>
To: <ghw@hst.org.za>
Sent: Friday, April 02, 2004 9:39 PM
Subject: Re: [ghw] Advocay strategy

Agreed. Let's try and think how we could strengthen Southern advocacy processes in this. PHM has a very important role to play as well as some of Gega's partners. If we need to build some money into the budget to strengthen their role then let's think about activities and financing.
mike
----- Original Message -----
From: "Antoinette Ntuli" <ant@healthlink.org.za>
To: <ghw@hst.org.za>
Sent: Wednesday, March 31, 2004 8:16 AM
Subject: [ghw] Advocay strategy

> Dear Colleagues.

RN 5/4

RN 5/4 6.40pm

Phm. GHW

Main Identity

From: <yachd@who.int>
To: <secretariat@phmovement.org>
Sent: Wednesday, April 07, 2004 2:37 PM
Subject: RE: Global Health Watch

Hi Ravi

Will be here between 16th and 19th May and still at 791 2736 or on mobile 41 79 217 3404 but traveling late April.

Move to Yale from about September where my focus will be global health governance issues ...and would be able to intellectually support GHW as part of that mandate; and also chronic diseases and risks (tobacco, diet, alcohol) from an international perspective.

Superb human rights law, and environmental law experts who will be very useful as resources for GHW too at Yale.

Derek

From: PHM Secretariat [mailto:secretariat@phmovement.org]
Sent: 07 April 2004 09:42
To: yachd
Subject: Re: Global Health Watch

RM 8/4/04

PHM - GHW

RM 8/4/04

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@hst.org.za>
Sent: Wednesday, April 07, 2004 1:41 PM
Subject: RE: [ghw] Advocay strategy

Dear all.

Thankyou for the comments paula and ant

I am sure all the comments strike a chord with all of us who continue to see broader social and political inequities perpetuated in the health sector - witness the lack of Africans presenting papers at the Barcelona AIDS conference.

It is essential that we quickly identify individuals, organisations and networks in west, north and east africa: central asia; the far east; and the carribean and ... pro-actively engage with them and invite them into the GHW tent.

We have started making some inquiries into possible contacts, but your suggestions and especially your personal contacts will be really helpful.

We will let you know the outcome of this in due course.

I hope we can all connect soon by phone
have a good easter break everyone!

Dave

RM 8/4/04

>>> Braveman@fcm.ucsf.edu 04/06/04 10:06 PM >>>
Antoinette, it is so important that you called attention to this. It illustrates how easily it can happen-- that inequities could get perpetuated even within initiatives dedicated to eliminating them!

I doubt there is an easy answer, however. Because the idea of GHW, if I understand it correctly, is to add something that isn't currently part of organizations like, e.g., PHM, whose mandate clearly is to empower. The added element is creating and disseminating information and analysis from an equity perspective, that will be a useful tool in the hands of PHM and other organizations focused on empowering/giving voice. I also understand that GHW aspires to "give voice" to the voiceless, also, including these voices with quantitative and more traditional information.

PHM - GHW

RM 8/4/04 for

It seems that wherever it is possible to have organizations in the South take the lead in producing and disseminating this information and

analysis, that should have highest priority. But are there some functions that can be performed by NGOs whose focus is on equity for the South, but who are located in the North, that can't be performed by those in the South, at least not right now? If so, in those cases, it seems justified to depend on those organizations as an interim approach. But there should always be an energetic search for an organization based in the South that could perform a given function, before falling back on the "old boys' networks".

Do these remarks make any sense?

--Paula

-----Original Message-----
From: Antoinette Ntuli [mailto:ant@healthlink.org.za]
Sent: Tuesday, March 30, 2004 11:16 PM
To: ghw@hst.org.za
Subject: [ghw] Advocay strategy

Dear Colleagues,
As we develop the Global Health Watch, an integral part of which is the advocacy strategy and the activities linked with this, I want to ask us to keep in the back of our minds the need to monitor the balance of our own activities. Given the imbalance of resources (of all kinds) between the North and the South, we are going to have to be sensitive to the possibility that Watching could fly in the North and limp in the South.
Since many of the target institutions are North-based I am definitely not suggesting that there is no need for us to be very active in the North. I am concerned though, that this is balanced with appropriate concentration of resources to the South for awareness and consciousness raising, skills building, and facilitation for the South to speak for itself. We know that those who are active in the South are often incredibly overstretched so we will have to be very strategic as to how we strengthen capacity and bring in new people to this important work.
What do others feel about this issue?
Antoinette
Antoinette Ntuli,
Director, HealthLink
Chair, GEGA Co-ordinating Committee
2731-307-2954 (tel)
2731-304-0775 (fax)
ant@hst.org.za
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This list is hosted by the Health Systems Trust: http://www.hst.org.za

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>
Sent: Monday, April 05, 2004 5:29 PM
Subject: Re: GHW Teleconferences

Dear Patricia,

Greetings from PHM Secretariat (Global)!

I am available in Bangalore on all three days at 3pm London time (8.30pm IST) to participate in the teleconferencing and have noted in the dairy. This is also advance information that I may be in London twice in the next two months - both times at One World Action, ie,. 27th / 28th April and 14th - 15th May 2004, working on PHM funding and related issues - but it will also be possible to meet Dave, Mike and you at least during the earlier visit. I await confirmation of a research meeting that will make this visit possible. But keep the opportunity marked in your dairy.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

----- Original Message -----
From: Patricia Morton
To: PHM-Ravi ; abay ; Armando De Negri Filho ; Lynette Martin ; Samer Jabbour ; Amit Sengupta
Sent: Thursday, April 01, 2004 4:58 PM
Subject: GHW Teleconferences

Dear All

Could you please confirm your availability for a GHW teleconference for the following times and dates:

3pm London time on 22 April, 6 May and 27 May.

The teleconference will be well structured so that they can be finished in 30 minutes.

Please let me know as soon as possible.

Thankyou and Best to all
Patricia

Patricia Morton
Global Health Watch

PHM-GHEW London

RN 16/4

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM-Ravi <phmsec@touchtelindia.net>; abay <abaysema@pn3.vsnl.net.in>; Armando De Negri Filho <armandon@portoweb.com.br>; Lynette Martin <LMARTIN@uwc.ac.za>; Samer Jabbour <sjabbour@aub.edu.lb>; Amit Sengupta <ctddsf@vsnl.com>
Sent: Thursday, April 01, 2004 4:58 PM
Subject: GHW Teleconferences

Dear All

Could you please confirm your availability for a GHW teleconference for the following times and dates:

3pm London time on 22 April, 6 May and 27 May.

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Thankyou and Best to all
Patricia

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

RM
2/4/04

2/4/04
PHM - GHW

But keep the opportunity marked in your diary.
Best wishes
Ravi

2/4/04

Dear Patricia

I am available in Bangalore on all three days at 3 pm London time (8.30pm IST) to participate in the tele conferencing and have noted in the diary. This is also advance information that I may be in London twice in the next two months - both times at OWA. ie 27/28th April and 14-15th May 2004. working on PHM pending and related issues - but it will also be possible to meet Dave, Mike and you atleast during the earlier visit. I await confirmation of a research meeting that will make this visit possible

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: <secretariat@phmovement.org>
Sent: Thursday, April 08, 2004 2:51 PM
Subject: automated response

I will be on holidays from 2nd to 12th of April. I will be checking my mail periodically but may not reply as often. I will reply to your message on my return to work at the very latest.

PHM GHO
RA
12/9/04

Main Identity

From: Lynette Martin <lmartin@uwc.ac.za>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Thursday, April 08, 2004 5:47 PM
Attach: RE [ghw] Advocay strategy.eml
Subject: [PHM_Steering_Group_02-03] Fwd: RE: [ghw] Advocay strategy

Dear All,

I am forwarding this to the PHM e discussion list, so that contacts in "the South" may be identified. Unfortunately, PHM's network in Africa and the far East are poorly developed.

David

Prof David Sanders/Lynette Martin
School of Public Health

PHM-GHW

RJ
12/4/04

4/12/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <yachd@who.int>
Sent: Wednesday, April 07, 2004 1:11 PM
Subject: Re: Global Health Watch

Dear Derek,

Greetings from PHM Secretariat (Global)!

We will definitely meet up between 16th - 19th May 2004. On 29th / 30th April, I may be in Geneva for some discussions with COHRED / PHM Geneva group in preparation for WHA input. Will you be there? Some coordinates - telephone number etc would be helpful, so that we could at least meet for a short discussion. What will you be doing when you move beyond WHO? New base Geneva? Yale?

Looking forward to meeting

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
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Website: www.phmovement.org
Join the "Health for all. NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

----- Original Message -----
From: yachd@who.int
To: secretariat@phmovement.org
Sent: Tuesday, April 06, 2004 12:04 PM
Subject: FW: Global Health Watch

PHM GHW

Hi Ravi

RN 16/4

I will be at the WHA except for 20th and 21st. Could meet before if possible.

Very keen to join your advisory group am will search for the piece we commissioned on a GHW way back! Thanx for reminding me ..

Best regards, Derek

From: yach [mailto:derek.yasmin@wanadoo.fr]
Sent: 05 April 2004 21:53
To: yachd
Subject: FW: Global Health Watch

Main Identity

From: <yachd@who.int>
To: <secretariat@phmovement.org>
Sent: Tuesday, April 06, 2004 12:04 PM
Subject: FW: Global Health Watch

Hi Ravi

I will be at the WHA except for 20th and 21st. Could meet before if possible.

Very keen to join your advisory group am will search for the piece we commissioned on a GHW way back! Thanx for reminding me...

Best regards, Derek

From: yach [mailto:derek.yasmin@wanadoo.fr]
Sent: 05 April 2004 21:53
To: yachd
Subject: FW: Global Health Watch

RV 7/4/04/lm

PHM- GHW

7/4/04

Dear Derek

We will definitely meet up between 16-19th May. On 29/30th April I may be in Geneva for some discussions with COHRED/ PHM Geneva group in preparation for WHA input. Will you be there? Some coordinates - telephone number etc would be helpful so that we could atleast meet for a short discussion. Which will you be doing when you move beyond WHO? new base Geneva? Yale?

Looking forward to meeting you soon

Best wishes

Ravi.

7/4/04

From: Braveman, Paula <Braveman@fcm.ucsf.edu>
To: <ghw@nst.org.za>
Sent: Saturday, April 10, 2004 2:51 AM
Subject: [ghw] possible contacts for GHW in other regions

4/12/04

Hi. Some contacts who may either be appropriate to participate in GHW or who could at least suggest appropriate contacts in the regions where more participation is sought:

North and West Africa:
Adriano Cattaneo <cattaneo@burlo.trieste.it> (directs an Italian NGO that supports a large network of equity-oriented projects in a range of AFrican countries, including in North and West Africa. Their contacts may be primarily clinical/service types, but I think it's worth asking if there are any activists with interests in GHW themes)

SE Asia:
Supasit Pannarunothai, Bangkok, Thailand supasitp@nu.ac.th
has been studying health equity for many years; action-oriented
founded a center on health equity research several years ago: knows the networks in SE Asia

Eastern Europe:
I gave a couple of possible contacts in Lithuania (who will know others in other countries) to Dave McCoy;
I would also suggest asking Stig Wall in Umea, Sweden (stig.wall@epiph.umu.se); and Finn Diderichsen of Karolinka Institute in Sweden (finn.diderichsen@phs.ki.se) for suggestions re people in eastern Europe because I think they both have collaborated with colleagues in eastern Europe

Caribbean:
Elsie LeFranc-- U. of West Indies, Kingston, Jamaica (sorry I don't have e-mail -- hopefully could find her on the web)

A range of regions:
ask Yvo Nuyens of COHRED yvo.nuyens@free.fr COHRED has a vast network -- Yvo would know who would be relevant to GHW, if you give him the necessary background. He is very interested in work on equity himself.
put out a specific call to all GEGA members to suggest contacts OR people who would know the right contacts

that's all for now.
--Paula
****

Paula Braveman, MD, MPH
Professor of Family & Community Medicine
Director, Center on Social Disparities in Health
University of California, San Francisco
telephone 415-476-6839
fax 415-476-6051
e-mail braveman@fcm.ucsf.edu
http://www.ucsf.edu/csdh

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: Dave McCoy <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>
Sent: Tuesday, April 13, 2004 7:26 PM
Subject: Re: GHW Teleconferences

cc Dave
Mike
Andy
Ashley
Narendra

Dear Ravi

I forgot to mention that we will be at the WHA this year to hold a session on the GHW. Will you be going? It would be good to have you present this session.

Best Regards
Patricia

----- Original Message -----
From: PHM Secretariat
To: Patricia Morton
Sent: Thursday, April 08, 2004 10:09 AM
Subject: Re: GHW Teleconferences

Dear Patricia,

Dear Patricia
Just a few points of follow up

i) My trip to London, in the last week of April is still not definite. But if I do make it it will be on 27/28th of this month. with a late evening meeting with all of you on 27th more feasible. Just an alert.

Best wishes Ravi 14/4/03

ii) Marie, Olle, Andy and myself will be meeting as a PHM funding Group at OWA on 14th/15th May for sure. So there may be another opportunity to meet then.

iii) I got your request about WHA. My first detailed communication about WHP must have been received by you all by now. Are you planning a presentation at WHA? or with PHM team members outside WHA. Please clarify

experience & contribution
provoking, and critically
collaborating with a state
Government leaders to
people oriented
health reforms
I am glad
you are
showing
keen interest

PHM - GHW

iv) Narendra Gupta a very active member of PHM-India working in Rajasthan and a long time CHC associate was with us at a CHC workshop this week. He will be attending the World Public Health Congress next week in London I gave your mail to him He is an excellent PHM resource with years of

I shall be happy to participate and join the presentation

Thanks also for the copy of the powerpoint presentation

Best wishes
Ravi

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: David McCoy <davidmccoy@xyx.demon.co.uk>; Dave McCoy <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>
Sent: Tuesday, April 13, 2004 7:16 PM
Subject: Re: GHW Teleconferences

Dear Ravi

It would be a good idea to meet up with you when you are here later this month. Let us know when this trip is confirmed.

Best
Patricia

----- Original Message -----
From: PHM Secretariat
To: Patricia Morton
Sent: Thursday, April 08, 2004 10:09 AM
Subject: Re: GHW Teleconferences

Dear Patricia,

RN 14/4/04

RN 14/4/04

PHM - GHW

PHM-UK

4/14/04

Main Identity

From: Antoinette Ntuli <ant@healthlink.org.za>
To: <ghw@hst.org.za>
Sent: Tuesday, April 13, 2004 1:12 PM
Subject: Re: [ghw] Advocacy strategy

Dear Abhay,
Thanks for your thoughts on this - no one has suggested launching the GHW simultaneously in countries on the day that it is released internationally - and I think this is an excellent suggestion.
With regard to country fact sheets - I like this idea too - especially if we can do it with maps or pictorially somehow. For us in South Africa, and I suspect many others - the critical issue is distilling information from the enormous amount of facts and figures that are available in a persuasive and compelling way. I guess the question for us is if we plan to do this, is do we try to do so for every country or do we provide these fact sheets for countries where we have links and contacts with group and organisations who can assist in compiling and/or checking the fact sheets, and where we anticipate some active use of the report?
Finally with regard to the need for 'ammunition' for countries - I agree that it is critical that we dont just analyse but also have some clear 'recommendations' in the form of policy demands and this was discussed and agreed at the meeting we had at the end of March.
Antoinette

On 12 Apr 2004, at 0:39, Abhay Seema wrote:

> Dear Friends,
> I have been following the discussion on advocacy strategy with some
> interest. Some observations and suggestions:
>
> a. Our response to US/Euro centrism need not be any kind of 'Southern
> essentialism', wherein only persons from the South are considered as
> valid spokespersons for an Equity oriented perspective. Nor should
> activists based in the North suffer from guilt in this regard (though
> they do need to remain sensitive to the need to give space and
> representation to activists from the South.) Equity can be achieved
> only by attacking the problem from both ends - organising the
> underprivileged for their rights and sensitising sections of the
> privileged to support a more equitable order.
>
> b. However, we need a healthy, equitable and strategically effective
> alliance of activists from both North and South, each of whom have
> their unique roles to play in an activity like GHW. As Paula has
> pointed out, those who are working in the 'Belly of the beast' may
> have greater access to information, contacts in global institutions
> and involvement in global networks. On the other hand, those from the

RM 14/4/04

Phm. GHW

> South have not only first hand and continuous experience of the
> problems and issues, they may be involved in more direct struggles,
> campaigns or alternative efforts involving affected people, which can
> give an 'edge' and direction to the whole effort. Alone, neither of
> these is sufficient, but together, they can be a winning combination.
> The 'birds eye view' and the 'worms eye view' can complement each
> other in the process of watching the global health scene.
>
> c. To move towards suggestions, I feel that a major danger in such
> global efforts is the tendency to universalism, and the loss of local
> relevance. I would ask myself - "how could I concretely use this
> report to advocate for health rights and greater health equity in my
> country?" The critical analysis of global processes and institutions
> is of course one important angle. But country case studies
> exemplifying the impact of particular processes in certain individual
> countries should strongly complement this, and would give activists
> from those countries a direct 'link' between the report and their
> situation. They could release the GHW report in their own country,
> with a complementary country press release saying for example "Global
> report notes adverse impact of user fees on utilisation of health
> services in (their country)" etc. (Perhaps it has already been planned
> that the report be released in as many countries as possible on a
> single chosen date, by the PHM or GEGA country units, besides some
> kind of global release.)
>
> d. Also, since this is like an 'Alternative World Health Report' can
> we move towards publishing certain summary country health indicators
> (similar to the annexures in the World Health Report) or series of
> short country fact sheets (a few countries could be covered from each
> region)? This could have information on areas such as health equity,
> public health expenditure, critical health services coverage and
> utilisation indicators, health vs. military expenditure. Fact sheets
> could include a section on "issues of concern" or "policies under the
> equity lens" which could highlight certain critical issues in each
> country. The 'Social Watch' report is a good example of how this can
> be done very effectively. An even simpler way is to have in the end of
> the report, a set of colour coded world maps (like the State of the
> world atlas) which show how various countries on the globe fare with
> respect to health equity, public health vs. military expenditure etc.
> Maybe we can think about this idea not for the immediate issue but for
> subsequent issues of the GHW. Such ideas could significantly boost the
> country-level relevance of the report.
>
> e. Finally, the GHW should give country level activists 'ammunition'
> while dealing with policy makers and international agencies operating
> in their own country. So critiques of global processes should be
> accompanied by specific policy demands that have been raised or can be
> raised, with actual country examples of struggles or initiatives
> wherever possible. Such cross fertilisation of ideas to support
> struggles could be a valuable contribution of the GWH report, helping

> to 'scatter the seeds of resistance' far and wide.
>
> With regards,

> Abhay
>
> ***********
> ****** ********** Abhay Shukla B-1
> Nilgiri Apartments, Karvenagar, Pune 411052 Maharashtra, India Phone:
> 020-2546 5936 e-mail: abhayseema@vsnl.com "None of us is as smart as
> all of us." - Japanese proverb
> ***********
> ****** **********
>
>
>
> _____
> Global Health Watch discussion list
> List address: ghw@hst.org.za
> List information page including list archives:
> http://akima.hst.org.za/mailman/listinfo/ghw
> This list is hosted by the Health Systems Trust: http://www.hst.org.za
>

Antoinette Ntuli,
Director, HealthLink
Chair, GEGA Co-ordinating Committee
2731-307-2954 (tel)
2731-304-0775 (fax)
ant@hst.org.za
www.hst.org.za

_____
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List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RM
14/4

4/14/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>
Cc: <david.mccoy@lshtm.ac.uk>; <mikerowson@medact.org>; <ctddsf@vsnl.com>; <cehatpun@pn3.vsnl.net.in>; <narendra531@rediffmail.com>
Sent: Saturday, April 17, 2004 3:04 PM
Subject: Re: GHW Teleconferences

Dear Patricia,

Greetings from PHM Secretariat (Global)!

Just a few points of follow up.

1. My trip to London in the last week of April is still not definite. But if I do make it, it will be on 27th / 28th of this month, with a late evening meeting with all of you on 27th more feasible.Just an alert.

2. Maria, Olle, Andy and myself will be meeting as a PHM Funding group at One World Action on 14th. / 15th May for sure. So there may be another opportunity to meet then.

3. I got your request about WHA. My first detailed communication about WHA must have been received by you all by now. Are you planning a presentation at WHA? Or with PHM team members outside WHA? Please clarify.

4. Narendra Gupta (narendra531@rediffmail.com), a very active member of PHM India working in Rajasthan and a long time CHC associate, was with us at a CHC workshop this week. He will be attending the World Public Health Congress next week in London. I saw your mail to him. He is an excellent PHM resource with years of experiecen of confrontation provoking and critically collaborating with a state government leading to people oriented health reforms. I am glad you are involving him.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign

PHM-GHW

RN
19/4

Main Identity

From: Narendra Kumar <narendra531@rediffmail.com>
To: Patricia Morton <patriciamorton@medact.org>
Cc: <david.mccoy@lshtm.ac.uk>; <mikerowson@medact.org>; PHM Secretariat <secretariat@phmovement.org>
Sent: Saturday, April 17, 2004 3.10 PM
Attach: ATT00085.txt
Subject: Re: Re: GHW Teleconferences

Dear Patricia:

Many thanks for your all the mails. I have to very regretfully tell you that owing to inordinate delay in issuing visa I will not be able to participate in the Brighton conference. I do not know for what reason, the U.K. Dy. High Commission in Mumbai put my visa application in the interview category and the nearest date given for it was 6th May inspite of my all the requests.

I was really looking forward to meeting with you and join you in the session on GHW. I had however discussions with Ravi and contribute in GHW as suggested.

Ravi, I am soory.

Best regards.

Narendra

On Fri, 16 Apr 2004 Patricia Morton

RN 19/4/04

Pkm - GHW

RN 19/4/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: <david.mccoy@lshtm.ac.uk>; <mikerowson@medact.org>; <ctddsf@vsnl.com>; <cehatpun@pn3.vsnl.net.in>; <narendra531@rediffmail.com>
Sent: Friday, April 16, 2004 9:23 PM
Subject: Re: GHW Teleconferences

Dear Ravi

Greetings from a gradually getting warmer London.

1. Dave, Mike and myself have your (and Maria's) London dates in our diaries, we will be ready to meet with both of you.

2. We will be doing a GHW presentation at the WHA (with the support of the PHM members attending). We have not discussed it much but when we have we will let you know (we could talk about it when you are here).

3. Thankyou for your information about Narendra, he will definately be a great asset.

Best
Patricia

----- Original Message -----
From: PHM Secretariat
To: Patricia Morton

RN
19/4/04

PHM- GHW

RN
19/4

Main Identity

From: Claudia Lema <claudialema@medact.org>
To: GHW e-list <ghw@hst.org.za>
Sent: Wednesday, April 14, 2004 3:48 PM
Subject: [ghw] GHW Autors List - Reminder

Dear all,

Some days ago Patricia Morton sent the updated Authors List for the GHW report.
It is very important for us to get your suggestions for potential authors as soon as possible.

So please read through the Authors List and send us your commends.

Thank you and best wishes,

Claudia Lema
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment.

MEDACT
The Grayston Centre
3rd Floor
28 Charles Square
London N1 6HT

Tel: +44 (0)20 7324 4736
Fax: +44 (0)20 7281 5717
E-mail: info@medact.org
Web: www.medact.org

Registered charity 1081097
Company registration no. 2267125

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN 15/4/04

PHM-GHW

RN 16/4

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: David McCoy <davidmccoy@xyx.demon.co.uk>; Dave McCoy <dave.mccoy@haringey.nhs.uk>; <rene@tarsc.org>; <cfischer@bukopharma.de>; <wulf@medico.de>; <genejour@hotmail.com>; <halfdan.mahler@bluewin.ch>; <woodwarddavid@hotmail.com>; <mikerowson@medact.org>; <sunil.deepak@aifo.it>; <mku@wcc-coe.org>; <g_upham@club-internet.fr>; <villare@who.int>; <katza@who.int>; <judith.richter@attglobal.net>; <lida.lhotska@gifa.org>
Sent: Wednesday, April 14, 2004 5:36 PM
Subject: Re: PHM evolving Agenda at the World Health Assembly - May 2004

Hi PHM Secretariat

The GHW team is certainly going. Dave McCoy, Mike Rowson and I will be attending and we will have a session on the GHW. We have just started to plan the session. Your assistance (all PHM people attending) will be most appreciated.

Also, Medact together with Wemos will be launching a paper on PRSPs.

PHM WHA - May 2004

RM 16/4/04

Regards to all
Patricia

----- Original Message -----
From: PHM Secretariat
To: lida.lhotska@gifa.org ; judith.richter@attglobal.net ; katza@who.int ; villare@who.int ; g_upham@club-internet.fr ; mku@wcc-coe.org ; sunil.deepak@aifo.it ; mikerowson@medact.org ; patriciamorton@medact.org ; woodwarddavid@hotmail.com ; halfdan.mahler@bluewin.ch ; genejour@hotmail.com ; wulf@medico.de ; cfischer@bukopharma.de ; rene@tarsc.org
Sent: Tuesday, April 13, 2004 1:38 PM
Subject: PHM evolving Agenda at the World Health Assembly - May 2004

Dear Friends,

WHA – May 2004

Communication - 1

Greetings from PHM Secretariat (Global)!

Ref: The PHM evolving Agenda at the World Health Assembly – May 2004.

Greetings from the PHM Global Secretariat and the WHO – WHA Circle. This communication is the first announcement of some evolving PHM strategy for the World Health Assembly – May 2004. It follows a lot of informal communications that have been going on between many of us and the PHM Geneva group.

1. The World Health

RM 15/4/04pm

PHM- GHW

Main Identity

From: Samer Jabbour <sjabbour@aub.edu.lb>
To: Global Health Watch <ghw@hst.org.za>
Sent: Tuesday, April 20, 2004 7:41 PM
Subject: [ghw] FW: [EQ] UNDP: eForum on Match or Mismatch?: Global Reportsand Global Policy Challenges on global public goods Network

Friends, I just received this and it relates to our own work. In peace, Samer

-----Original Message-----
From: Equity, Health & Human Development [mailto:EQUIDAD@LISTSERV.PAHO.ORG] **On Behalf Of** Ruggiero, Mrs. Ana Lucia (WDC)
Sent: Tuesday, 20 April, 2004 2:43 PM
To: EQUIDAD@LISTSERV.PAHO.ORG
Subject: [EQ] UNDP: eForum on Match or Mismatch?: Global Reports and Global Policy Challenges on global public goods Network

From: Vikas Nath [mailto:vikas.nath@undp.org]
Sent: Monday, April 19, 2004

Dear Equity Colleagues,

We invite your participation in the e-discussion forum **"Match or Mismatch?: Global Reports and Global Policy Challenges"** to be held on the global public goods Network (gpgNet) platform from 26 April to 10 May 2004.

Global reports are defined as: studies that present and analyze issues of global concern and reach. Examples of global reports, for instance in the health sector, include the World Health Report, the Infectious Diseases Report, the Weekly Epidemiological Report, the State of the World's Vaccines and Immunization Report, the AIDS Epidemic Update, and the Report on the Global HIV/AIDS Epidemic.

Looking at global reports over time gives us a sense of the various issues that have captured sufficient attention from policy makers and civil society to justify the effort to produce and diffuse a global report. A recently released study shows that not only has the number of global reports increased, the range of issue areas addressed has grown too. One way to interpret the growth in the number and widening range of issues covered by Global Reports is to suggest that this growth in global reporting reflects the fact that an increasing range of Global challenges has emerged.

The point up for debate is: Has there been a match or a mismatch between the two?
To the extent that global reports influence (and are influenced by) policymaking, addressing this question would contribute to giving us a better sense of where the world is headed, where the shortcomings and problems lie, where progress is being made and what needs to be done to ensure a better future. Read the complete background paper at http://www.gpgnet.net/topic06.php

To subscribe to this debate, and to share your views with over 350 people who have registered with this e-discussion forum, send a blank email to:
subscribe-gpgnet-reports@groups.undp.org

RM 21/4/04

Join us for this debate and share with us -and the global public- your observations on this topic. We would very much appreciate it, if you could also forward this message to colleagues within your organization who may be interested in this debate.

Prem. Ghw

Yours sincerely,

Inge Kaul, Director
Office of Development Studies

Vikas Nath, Manager, global public goods Network (gpgNet) Forum

United Nations Development Programme
336 East 45th Street, Uganda House
New York, NY 10017, USA
Email: info@gpgnet.net or vikas.nath@undp.org URL: http://www.gpgnet.net

gpgNet.net intends to serve researchers, policymakers, business and civil society as a platform for information exchange and discussion on issues concerning the theory, policy design and practice of providing global public goods.

26 April to 10 May 2004: e-discussion forum "Match or Mismatch?: Global Reports and Global Policy Challenges."
To join this debate, send a blank email to: subscribe-gpgnet-reports@groups.undp.org

* * * *

This message from the Pan American Health Organization, PAHO/WHO, is part of an effort to disseminate information Related to: Equity; Health inequality; Socioeconomic inequality in health; Socioeconomic health differentials; Gender; Violence; Poverty; Health Economics; Health Legislation; Ethnicity; Ethics; Information Technology - Virtual libraries; Research & Science issues. [DD/ IKM Area]
"Materials provided in this electronic list are provided "as is" Unless expressly stated otherwise, the findings and interpretations included in the Materials are those of the authors and not necessarily of The Pan American Health Organization PAHO/WHO or its country members"

PAHO/WHO Website: http://www.paho.org/
EQUITY List - Archives - Join/remove: http://listserv.paho.org/Archives/equidad.html

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Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN
22/4/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>
Sent: Wednesday, April 21, 2004 4:08 PM
Subject: Re: GHW Teleconference- 22 April, 3pm (London time)

Dear Patricia,

Greetings from PHM Secretariat (Global)!

My telephone number contact at London time, 3.00pm will be 91-80-25533064, which is my residence number.

Incidentally, in the minutes of the London meeting, the section on payement of authors - the second line, I suppose refers to case study compilations and not 'complications'. I am very uncomfortable with payement to authors, especially, if it is a collective exercise, where solidarity is more important than IPR, but we can leave it to the group dialogue. I am open to other interpretations but this definitely will put up the costs :)).

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore

Main identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: McCoy Dave <Dave.McCoy@haringey.nhs.uk>; 'Mike Rowson' <mikerowson@medact.org>
Sent: Wednesday, April 21, 2004 3:16 PM
Subject: Re: London Visit

Hi Ravi

I am also free on the 13th.

Can you please send me your phone number so that we can ring you tomorrow for the teleconference.

Thanks
Best to all in Bangalore
Pat

----- Original Message -----
From: McCoy Dave
To: 'Mike Rowson' ; PHM Secretariat
Cc: McCoy Dave ; Patricia Morton
Sent: Wednesday, April 21, 2004 9.46 AM
Subject: RE: London Visit

4/21/04

RM
22/4/04 Rm

GHW
PHM - London Visit

Main Identity

From: Samer Jabbour <sjabbour@aub.edu.lb>
To: <ghw@hst.org.za>
Sent: Wednesday, April 21, 2004 4:35 PM
Subject: RE: [ghw] FW: [EQ] UNDP: eForum on Match or Mismatch?: Global Reportsand Global Policy Challenges on global public goods Network

Hello Dave, I have already joined the discussion list. However, I think we can, and should, do more to increase the profile of GHW. I would like to propose that we put together a brief piece about GHW for a peer-reviewed journal on what GWH is all about in light of the recent report on reports. Considering that BMJ has already had a small news item about GWH, it would probably be interested in a follow-up article. Once the actual GWH is out next year, a more extensive article can be put together. The piece can serve multiple purposes: inform a constituency that we haven't reached so far (especially considering the wide readership of BMJ), help us present focused summary of what we are doing, and set the stage for future publications on the subject. You and Mike are best suited to take the lead on this although it can also be a collective contribution and sent to BMJ as an output of the CC with names of CC members listed at the end of the piece. What do all think? S

-----Original Message-----
From: ghw-bounces@hst.org.za [mailto:ghw-bounces@hst.org.za] **On Behalf Of** McCoy Dave
Sent: Wednesday, 21 April, 2004 11:39 AM
To: 'ghw@hst.org.za'
Subject: RE: [ghw] FW: [EQ] UNDP: eForum on Match or

RN 22/4/04 Rm

RN 22/4/04

Rem. GHW

4/21/04

Main Identity

From: margaret reeves <margreeves@yahoo.co.uk>
To: <ghw@hst.org.za>
Sent: Wednesday, April 21, 2004 10:44 PM
Subject: [ghw] francophone contributions

Dear all,
I agree with Marjan's comment that there is a lack of Francophone authorship (?and ownership) in the report's author's list as outlined. THis message is just to let you know that I have circulated a request and the concept document to contacts and NGO/CBO networks in Central and west Africa. I still have had no responses and am now going to chase them all again... Additional suggestions of francophone contacts would be most welcome, and I would contact them.
Best wishes
margaret

Margaret's address remains

4 Church Street,

Shipton-under-Wychwood,

Chipping Norton,

OX7 6BP

tel: 01993 830745 or 07941 077483

RN 22/4/04 for

Pthus - Ghw

RN 22/4/04

Main Identity

From: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Wednesday, April 21, 2004 3:08 PM
Subject: RE: [ghw] FW: [EQ] UNDP: eForum on Match or Mismatch?: Global Reports and Global Policy Challenges on global public goods Network

Dear Samer

Thanks for forwarding this. I've had a quick look at the background paper and it makes interesting reading.

It shows that there has been a proliferation of 'global' reports, especially since 1990. The reports address *both inter*-national (between-country) issues, at-the-border issues (e.g. international peace or trade), and behind-the-border issues, such as the translation of economic growth into improved well-being of people (human development) on a country-by-country basis; human rights; the status of women; good governance and economic policy reforms. Initially most reports focused on presenting data, but over time, reports have startyed to analyze data, and to present arguments, alternatives and solutions. Civil society organisations have been involved in producing these reports increasingly in the 1990s, often to perform a watchdog role.

Given that communicating the rationale and motive behind an alternative world health report will be crucial (and will almost be half the message of the report), and that perhaps we ourselves need to be clearer about what sets GHW apart from other reports on health, it could be useful to have someone from the secretariat or CC joining the e-discussion.

Any volunteers?

Dave

RN
22/4/04

Pthr GHW

RN
22/4/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Amit Sengupta <ctddsf@vsnl.com>; PHM-Ravi <phmsec@touchtelindia.net>; HST <ant@hst.org.za>; Armando De Negri Filho <armandon@portoweb.com.br>; Braveman <pbrave@itsa.ucsf.edu>; abay <abaysema@pn3.vsnl.net.in>
Sent: Tuesday, April 20, 2004 11:19 PM
Attach: Teleconference agenda 22nd April.doc; Minutes.doc
Subject: GHW Teleconference- 22 April, 3pm (London time)

Dear All

Please read the attached document in preparation for the teleconference at 3pm (London time on 22 April)- a small update of what we have been doing and the agenda.

This teleconference will be attended by Amit, Ravi, Armando, Paula, Abhay, Mike, David McCoy and myself only. *Antionette - you haven't confirmed yet (please confirm if you can make it).* A little time will be set aside at the end for clarification of the minutes of the last meeting, for those of you who weren't there (minutes attached).

Someone from Meetingzone will call you at the specified time. I hope everything is clear.

I need your phone numbers. Please send to me asap. →

Best Regards
Patricia

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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The Grayston Centre
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F +44 (0) 20 7324 4734
www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

RM
21/4/04

Dear Patricia

My telephone number for the 3pm conference call at London time will be 91-80-25533064 which is my residence. I look forward to the teleconference. Incidentally in the minutes of the London meeting - the section on payment of authors - the second line I suppose refers to case study compilations and not "complications". I am very uncomfortable with payment to authors especially if it is a collective exercise where solidarity is more important than IPR but ☺ we.

PHM - GHW

Can leave it to the group dialogue. I am open to other interventions but this definitely will put up the costs(!).

Best wishes
Ravi.

4/20/04

Global Health Watch

Mobilising the global health and social justice movement around an

alternative World Health Report

What would be 'alternative' about GHW?

- *Counter-balances the prevailing orthodoxy* around market-based health care reforms; shrinking public sectors; and the commercialisation and commodification of health and health care
- Shift from technocratic, disease-based approaches towards approaches that recognise the importance of *inclusive and equitable health systems* and of *multi-sectoral* action
- *Monitors* the performance of *key global health and health-related institutions*
- Challenges the influence of commercial interests

We also want the Watch to...

- Explicitly and concretely link health NGOs and networks with those concerned with *environment, international finance, agriculture and food security, war, housing, land rights, conflict* and *education*
- Create a more vibrant global civil society in health
- Strengthen the links between socially conscious non-government and civil society organisations across all regions of the world
- Provide a forum for magnifying the voice of the poor and vulnerable and those who advocate for them
- Provide positive alternatives

Structure and content of the Global Health Watch

- Section A: The politics and economics of health in the era of globalisation
- Section B: Health care sector
  - B1: Approaches to health and health care
    - The design and effect of health systems
    - Health sector reform
    - The commercialisation and privatisation of health care
    - The role of the state and government
    - The role of technology and the medical-industry complex

Structure and content of the report

- Section B: Health care sector
  - B2: Big pharma, access to medicines and IPRs
  - B3: Human resources: the lifeblood of health systems
  - B4: Responding to HIV/AIDS
  - B5: Gene technology and the attainment of health for all

Structure and content of the report

- Section C: Beyond the health sector
  - Environment
  - Militarism and conflict
  - Water
  - Land, agriculture and household food security
  - Education
- Section D: Special chapter(s) focussed on marginalised groups
  - Indigenous peoples
  - Disabled people

Structure and content of the report

Section E: Watching

- WHO
- World Bank
- IMF
- Global Fund
- WTO / GATS / regional and bilateral trade agreements

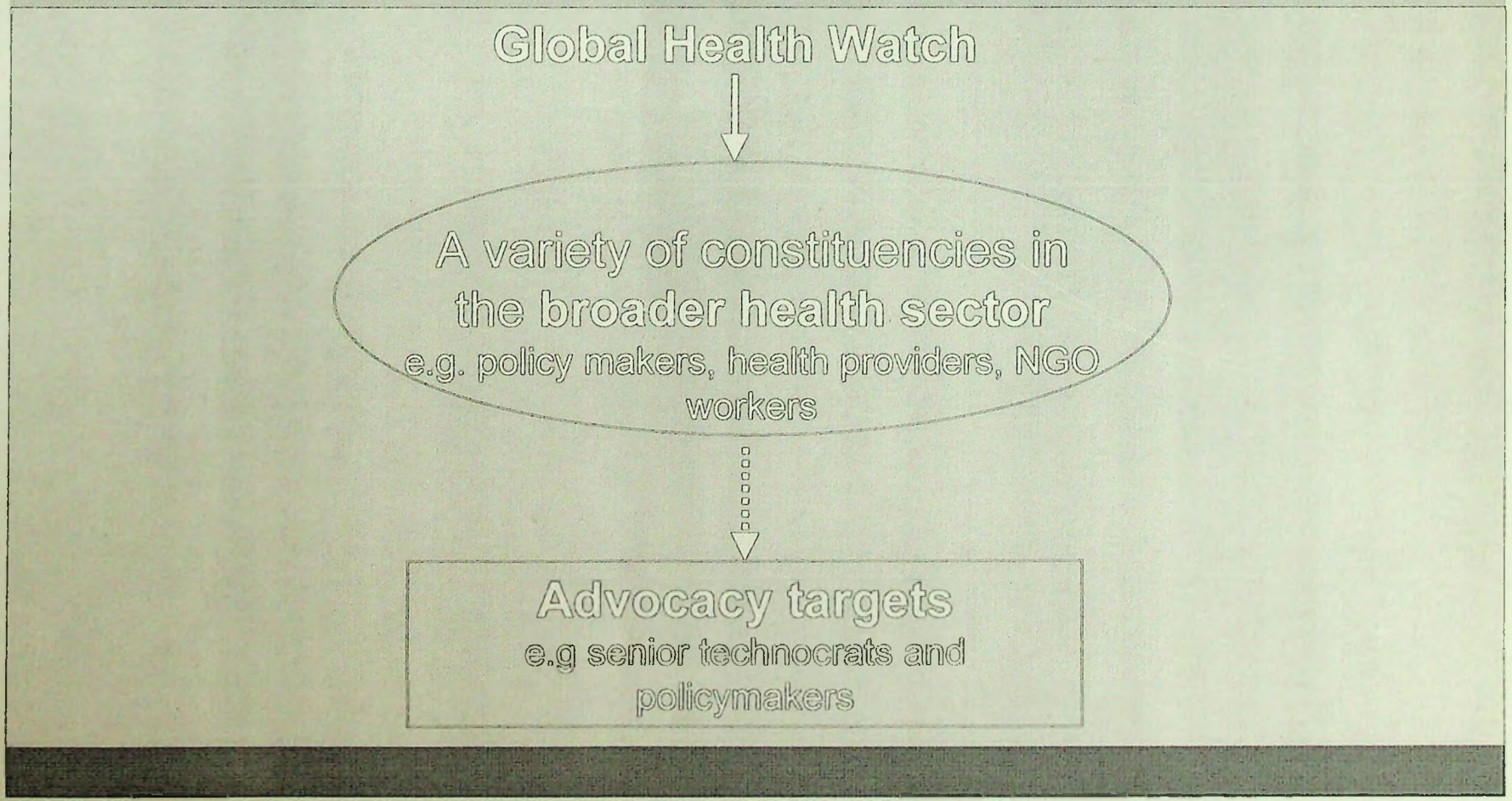
Structure and content of the report

- Section F: Broad Recommendations and Strategies for Action

* *Equity and social justice are main themes throughout.*

* *Gender will be mainstreamed.*

Audience


Global Health Watch
A variety of constituencies in the broader health sector
e.g. policy makers, health providers, NGO workers
Advocacy targets
e.g senior technocrats and policymakers

Ownership of report

- Inclusive of all NGOs and individuals who share the values implicit in the report
- Collaborative approach to production of chapters
- Recognition of all collaborators and contributors
- Actively seek out formal endorsement of report
- Freely available

Coordination and management

- Secretariat: PHM, Medact & GEGA
- Editorial board
- Coordinating committee: Regional representation
- Regional and local forums and networks
- Chapter based forums and networks

Global Health Watch

For further information on how to get involved, please contact:

ghw@medact.org

Possible Questions

Is there 'one' civil society voice that we can represent through the GHW? Surely there are a number, how will we manage the tension between the voices?
I replied that there isn't one voice but nevertheless, we need to bring together the progressive voice of the public health community. As we have a number of collaborators for each chapter, we aim to stimulate debate around the issues and provide chapters that hopefully consider opinions from a variety of voices from the progressive side of the health community. We realise that not every one will agree with everything in the report. But hopefully they will agree with and endorse the broad recommendations that will come out of the report.

The progressive health community tends to demonise institutions like the World Bank. This is not useful.
This report does not want to demonise these institutions. However, there needs to be a critique of them in order to keep them in check.

The word politics does not seem to mentioned in the presentation. In the current climate of world affairs, their needs to be political action.
This is a political document. The opening chapter is concerned with the politics and economics of health globally. We see this document being used to influence policy at an international and national level.

The GHW should not get in competition with commercial lobbying groups when lobbying WHO. The GHW should have a technical and scientific background.
The report will be a technical report written by well-reputed academics and activists. It will provide the technical background for campaigning and lobbying.

WTO/IMF/World Bank are associations of governments. GHW should make dialogue at a national as well as global level.
The issue of working at a national level has been discussed and we realise the importance of lobbying at a national level. However, this report is a global report which will be concerned with international policies. We will endeavor to include regional and national issues where relevant and particularly important, however, there is a limit to how much can done at these level in one report. We hope that in the not too distant future there will be national groups willing to work on national health watches who can liase and inform us.

Medical and health students, being the future leaders of tomorrow, should be included as part of the audience, how will you ensure this?
The report will be made accessible to a wide health audience. It will have a technical and scientific background but will be written in language that is accessible for students, people where English is a second language and for grass roots health workers.

What about the logistics of the report? How big is it? How will you distribute it?
The report is 100 000 words. It will be made available on the web for free. The individual chapters will be easily downloadable as will the whole report. The first and last chapters of the report (as a minimum) will be available in Spanish and Portuguese.

Section C dealing with the determinants of health which are so crucial to health and need to be made more prominent should be before Section B (health system issues).
We have debated and discussed this issue. Although the order of issues is a little convoluted, we decided on the current structure because the health systems issues that will be covered are of crucial importance. Also, this report is an 'alternative' Health report, and health is the primary issue.

Need to define what is public health.
This will be covered in the section concerned with approaches to health and health care.

Why do we need an 'alternative' to the World Health Report

Because we need an avenue to say the things that the World Health Organisation cannot say, because the WHR does not consider the increasing role of the WTO/IMF/WB and national governments on its WHO policies and because there needs to be a critique of the WHO to keep it in check.

The presentation does not talk about positive and successful approaches to achieving health.

The report will have a big focus on putting forward positive examples and alternatives. And there will be a whole chapter (the last chapter) which will articulate a way forward in promoting the recommendations of the report for health workers on the ground.

Minutes
GHW Teleconference- 22 April 2004

1. Role of the Coordinating Committee

CC members will:

- Help ensure that the issues of the region they are representing are reflected in the report
- Coordinate efforts to publicise the report in their region and if possible organise and fundraise to help with translation of report into local languages
- Help organise national and regional launches of the report, building up list of contacts/NGOs to assist with the launch and distribution of report etc.
- If possible, facilitate the development of regional/country papers to accompany the main report
- Advise and guide the secretariat in the development of the broader GHW
- Participate in the development of the concluding remarks and recommendations of the report and the proposed strategy for the way forward.

In addition, CC members can volunteer to assist the secretariat with the actual production and technical review of individual chapters.[1]

There is potentially a lot of work to be done at the national and regional level to prepare for the launch of the report, and to be able to effectively use the report as a platform for local advocacy and campaigning. It is hoped that there will be networks at the local and regional level created to sustain this activity, and that these networks will connect with the CC through the regional representative.

2. Size and composition of the Coordinating Committee

The number of people on the CC (20) is good and necessary to ensure regional representation. However, the number is too big for efficient decision-making. It was suggested that the CC has a smaller executive committee whose role is to steer the secretariat.

3. Fundraising

The GHW secretariat will coordinate fundraising activities with the PHM Secretariat. Mike Rowson is in regular contact with Andy Rutherford to ensure this happens.

There was support for regional fundraising efforts. Armando has already been making efforts to find funding for translation (to Spanish and Portuguese) for editing, dissemination and for the production of a South American regional report to accompany the GHW. Fran mentioned that there are opportunities for fundraising in Australia. Abhay mentioned that he could look into raising funds in

[1] Maria Zuniga pointed out that one of the reasons a previous attempt to launch a Global Health Watch failed was because busy people were expected to volunteer time. Volunteers must therefore be sure that they can deliver, especially given the tight timeframes.

India for re-printing. Paula (US), Maria (Central America), Antionette (SA) said there were less opportunities in their regions for fundraising.

There was general endorsement of the strategy of seeking small amounts of funding from lots of NGOs and networks (rather than a large grant from a smaller number of funding agencies). This facilitates broader ownership of the report and prevents power by one donor over the production of the report. It was felt that it would be inappropriate to seek funding from UN agencies.

There were suggestions to approach Oxfam International and Scandinavian and Dutch agencies. We have already approached SIDA.

There was also a suggestion that fundraising could be targeted to certain themes. For example, Greenpeace has expressed interest in putting funding towards the environment chapter. However, we need to be wary of funding of a whole chapter by one organisation in terms of editorial independence. We will have to make clear terms for donors of themes.

Three was a suggestion that GHW produce a brochure and other publicity material to assist fundraising efforts.

There was a suggestion that we consider pre-publication orders as another mechanism for fundraising.

4. Shape of the Report - Monitoring / Watchdog Section

It was suggested that we limit the number of agencies to five. However, it was also pointed out by Fran that the design of any institutional critique would depend in part on what was presented in the thematic chapters. There was also a suggestion that we decide on particular aspects to monitor in each of these organisations.

It was also suggested that we make the development of this section a little more organic and rely upon what other people are already doing and what people can offer.

There was general consensus that there needs to be a focus on WHO and the WB. Other institutions that were mentioned were: WTO; Global Fund; UNICEF (David Sanders and Ravi have been doing some work related to EPI and WHO).

Ideas about the WHO-watch will be circulated in due course.

There issue of monitoring country governments came up again. It was agreed that we encourage the production of such reports, but that we consider how this would be packaged with the GHW report whose focus is on the watching of international agencies and processes. Country reports could be published as accompanying documents.

Other comments

There was some comment on the difficulties of working with people of different cultures and languages. Hopefully the Coordinating Committee being made up of representatives from most regions of the world will be able to provide the global initiative with access to these various cultures and language groups.

There was a suggestion to put together a timeline/gantt chart for authors. See attached.

There needs to be some clarity on honorariums. Currently we have budgeted $500 per chapter. We suggest that the lead author/coordinator would be responsible for disbursing this money. However, it was also stressed that we should promote voluntary contributions.

There was decided that the executive summary and concluding sections of the report would need a more collective approach, with the involvement of the authors and the CC. It was suggested that this could be done at the next International Health Forum at Porto Allegre in January.

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Dave McCoy <dave.mccoy@haringey.nhs.uk>; abay <abaysema@pn3.vsnl.net.in>; Baum <fran.baum@flinders.edu.au>; Braveman <pbrave@itsa.ucsf.edu>; Paula Braveman <braveman@fcm.ucsf.edu>; Armando De Negri Filho <armandon@portoweb.com.br>; HST <ant@hst.org.za>; Samer Jabbour <sjabbour@aub.edu.lb>; Martin <lmartin@uwc.ac.za>; PHM-Ravi <phmsec@touchtelindia.net>, Amit Sengupta <ctddsf@vsnl.com>; Maria Zuniga <iphc@cisas.org.ni>; Maria Zuniga <maria@iphcglobal.org>; <mikerowson@medact.org>; <armando@hmv.org.br>
Sent: Friday, April 23, 2004 7:46 PM
Attach: Teleconference minutes - 21 and 22 April.doc; Possible Questions at GHW presentations.doc; Global Health Watch- April 23.ppt
Subject: Teleconference minutes and other things

Dear All

Thankyou for your cooperation on our recent teleconference, we were very happy with how it went. Although it was very expensive to run, it was very useful. Attached are the minutes. We welcome comments, especially from Samer and David Sanders (and Mike) who were not with us. My apologies for not being able to include you this time - Samer and David.

I am also attaching the GHW presentation (with a few amendments after the test run at the World Congress of PHAs at Brighton on Monday). I am also attaching a list of questions and responses from this presentation. They may or may not be helpful to those who have kindly agreed include GHW in presentations at future conferences.

Regards to all
Pat

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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F +44 (0) 20 7324 4734
www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

RM 26/4/04

RM 26/4

Pham GHW

4.26.04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <aviva@hcmc.netnam.vn>
Sent: Friday, April 23, 2004 2:50 PM
Subject: Fw: Claudio in Ho Chi Minh City

Dear Claudio,

Greetings from PHM Secretariat (Global)!

The enclosed letter is self-explanatory. I hope you will agree to be the PHM member of the Editorial Board. We urgently need your type of skills. Did you get my last SOS of 21st April? Are you likely to be able to join in WHA (17th – 24th May) this year and any of Durban meetings (7th – 15th June) of ISEqh:, Equinet, GEGA?

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org

PHM-GHW

RN
26/4/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <david.mccoy@lshtm.ac.uk>; <patriciamorton@medact.org>; <mikerowson@medact.org>
Cc: <aviva@hcmc.netnam.vn>; <abaysema@pn3.vsnl.net.in>; <ctddsf@vsnl.com>
Sent: Friday, April 23, 2004 2:36 PM
Subject: Fw: Claudio in Ho Chi Minh City

Dear Dave, Patricia and Mike,

Greetings from PHM Secretariat (Global)!

Thanks for the opportunity to be part of the tele-conference. I enjoyed the interaction and I must compliment the facilitator, who did an excellent job of coordinating the discussions.

This is just a follow up on the suggestion made by Abhay, which both Amit and I strongly endorse and that is of requesting Claudio Schuftan, presently based in Vietnam and the facilitator of the PHM Exchange, to be a member of the editorial board of GHW (aviva@hcmc.netnam.cn). Claudio is a professor / activist with a strong public health / primary health care / nutrition background excellent editorial and computer skills; regularly whets, edits, reviews all PHM publications and reports; and probably is the most well informed of us all -- about reflections, studies, reports from PHM members and related sources, because he has been technically facilitating the PHM Exchange, which is a sort of e-group dialogue that keeps the larger PHM network together.

I am copying this mail to him as well. Actually I notice in my file – that he did write to Patricia on 2nd April volunteering to contribute and review Chapters, but I think he is best suited for the editorial committee role. As PHM Secretariat, I am endorsing this and I am sure you will follow this up with him.

As requested at the end of the teleconference, I am reviewing the themes and authors list and will send suggestions.

Incidentally, Manoj (WCC – Geneva) confirmed that John Knox Center has been booked on Saturday 15th May and Sunday 16th May for an informal PHM get together of all PHM early arrivals for WHA, but we need to somehow get into the WHA programme – some session in which a GHW announcement can be made. Please check urgently with David Woodward, whether SCF is facilitating a workshop. We will get an opportunity in the NGO Forum session, but we must aim to make announcements or short inputs into as many as possible. Do you know of any other sessions where this input on GHW could be negotiated?

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all. NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org
----- Original Message -----
From: Claudio

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Best wishes

Ravi Narayan

Dear Claudio,

Greetings from PHM Secretariat (Global)!

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Best wishes

Ravi

Main Identity

From: Claudio <claudio@hcmc.netnam.vn>
To: <ghw@medact.org>
Cc: PHM - Secretariat <secretariat@phmovement.org>; <patriciamorton@medact.org>
Sent: Friday, April 02, 2004 9:19 AM
Subject: Claudio in Ho Chi Minh City

Dear Patricia,
Great news about the Alternative WHR!!
I volunteer for anything needed including contributions and review of chapters.
Cordially,
Claudio

Dear Claudio
The enclosed letter is self-explanatory I hope you will agree to be the PHM member of the Editorial board. We urgently need your type of skills. Did you get my last SOS of 21st April. Are you likely to be able to join us in WHA (17-24th May) this year any of the Durban meetings (7-15th June) of ISEgh, Equinet GEC.A Keep in touch Best wishes Ron.

(D) 23/4/04

Dear Oliare, Patricia and Mike
Thanks for the opportunity to be part of the Vale conference. I enjoyed the interactions and I must complement the facilitator who did an excellent job of coordinating the discussions
This is just a follow up on the suggestion made by Abhay which both Amit and I strongly endorse and that is of requesting Claudio Schiffler presently based in Vietnam and the facilitator of the PHM exchange list to be a member of the editorial board of GHW. Claudio is a professor/activist with a strong public health/primary health care/nutrition commitments, has excellent editorial and computer skills; regularly wheels edits, reviews all PHM publications 5/4/04 and reports; and probably is the most well informed of us all - about reflections, Studies, reports from PHM members and related sources because he has been technically facilitating the PHM exchange which is a sort of e-group dialogue that keeps the longer PHM - Vietnam PHM network together
I am copying this mail to him as well. Actually I notice in my file - that he did write to Patricia on 2nd April volunteering to contribute and review chapters but I think he is best suited for the editorial committee role. As PHM Secretariat I am endorsing this and I am sure you will follow this up with him.
As requested at the end of the Vale conference I am reviewing the themes and authors list and will send suggestions
Incidentally Mary (WFC-Geneva) has just confirmed that John Knox Centre has been booked on Saturday 15 May and Sunday 16th May for an informal PHM get together of all PHM early arrivals for WHA
We can discuss GHW on one of those days with the PHM group but we need to somehow get into the WHA programme - some session in which a GHW announcement

RN 5/4/04

cc Claudio Abhay Amit

Please check urgently with David Woodward whether SIC is facilitating a workshop we will get an opportunity in the NGO forum session but we must announce it soon as possible so that as many as possible of our key users of our other sessions there this could be negotiated

4/2/04

Main Identity

From: ctddsf <ctddsf@vsnl.com>
To: <ghw@nst.org.za>
Sent: Friday, April 23, 2004 4:52 PM
Subject: [ghw] suggestions for authors

Dear Friends,

I am putting down some suggestions regarding authors for the Global Health Watch.

Foreword
Naom Chomsky is another person we can think of

Approaches to health and health care
D.Banerji (Prof.Emeritus, Centre for Community Health and Social Medicine, Jawaharlal Nehru University, New Delhi, India) -- reference group
Hafden Mahler - reference group
Claudio Schuftan - reference group (good to have Claudio on board, also as possibly part of the editorial team)

Big Pharma, access to medicines and IPRs

Ellen 't Hoen (the MSF Access Campaign group, of which Ellen is a part, could take responsibility and co-ordinate) -- lead author
K. Balasubramaniam (formerly with UNCTAD, IOCU, now co-ordinator of Health Action International - Asia Pacific) -- Reference Group

Human Resources

Someone from Philippines should be involved given the huge problem of migration of health personnel that this region faces. Delen de la Paz, PHM-Philippines can be asked to suggest or possibly contribute herself.

RN 26/4/04

Responding to HIV-AIDS

Alison Katz (with WHO, and very active in PHM-Geneva) -- lead author

Water

Maude Barlow (chair of the Council of Canadians, a citizens' group with 100,000 members. She's the author of an excellent book on water privatization -- Blue Gold) -- Reference Group or lead author

Right to Food

Prof. Utsa Patnaik (Professor of Economics, Jawaharlal Nehru University, New Delhi, India. She's possibly the regions foremost agricultural economist.

RN 26/4/04 for Phan. GHW

She works closely with peoples movements, including PHM-India) -- lead author

I have circulated the concept note and the authors list to the PHM-India contact list and the Health Action International - Asia Pacific (HAI-AP) list and should get some more suggestions in the next few days.

HAI-AP can also be involved in advocacy in the Asia Pacific region -- especially SE Asia.

With best wishes to all.

Amit Sen Gupta

4/26/04

Main Identity

From: ctddsf <ctddsf@vsnl.com>
To: <pha-ncc@yahoogroups.com>
Cc: <ekbal@vsnl.com>; <sundar2@123india.com>; <samasaro@vsnl.com>; <chaukhat@yahoo.com>; <amitava45@vsnl.net>
Sent: Friday, April 23, 2004 4:17 PM
Attach: GHW_AUT.DOC; GHW_CON.DOC
Subject: [pha-ncc] Global Health Watch

Dear Friends,

Some of you would be aware about the initiative called "Global Health Watch" -- a bi-annual production that will represent an alternative World Health Report. The report will be launched at next year's World Health Assembly in May 2005 and at the People's Health Assembly in June 2005.

I had attended last month a meeting of the GHW. I am appending the concept note of the GHW and the list of chapters with some suggested authors.

The report is aimed to provide an alternative perspective on health that places equity, human and social rights; the politics and economics of development; and the centrality of health systems development at the forefront of international health debates. In addition, the report aims to act as a monitor of the performance of global health institutions such as WHO and Global Fund; development and multi-lateral agencies such as the World Bank and WTO; multi-national corporations; and the nations of the G8/OECD.

The Global Heath Watch is also being seen as an opportunity and vehicle to strengthen links between different regional health networks (both north-south and south-south links) as well as between progressive health networks and other social and political networks.

The production of the report has been initiated by the Peoples Health Movement, Medact and the Global Equity Gauge Alliance. More detail on the purpose and structure of the report can be found on the PHM, Gega or Medact websites.

People can contribute in the following ways:

a.. Raise the profile of the Global Health Watch as an alternative perspective on current health debates, focused around the strengthening of equitable and inclusive health systems, the accountability of global health institutions, and bridging health concerns with the politics and economics of development;
b.. Use the Global Health Watch to develop south-south and north -south links and links between health networks and other social and political networks
c.. Contribute to the production of the Global Health Watch through the submission of testimonies and case studies from different parts of the world

RN 26/4/04

RN 26/4/04

PHM - GHW

(guidelines for writing these will be developed soon)

d. Contribute to the Global Health Watch by reviewing and contributing to chapters

e.. Organise the simultaneous launch of the report in different parts of the world in May/June 2005

f.. Develop regional and national health watches to complement the production of the Global Heaith Watch

We are especially looking for individuals and organisations from Eastern Europe, South East Asia, China / the Far East, Central Asia, West Africa, East Africa, North Africa and the Caribbean.

Do respond if you think you could contribute. Especially, respond by month end (!!!!) about any suggestions regarding authors.

In solidarity,

Amit Sen Gupta

4/26/04

Global Health Watch

Mobilising the global health and social justice movement around an *alternative* World Health Report

Introduction

Global civil society does not participate strongly and consistently in international health advocacy. Whilst there have been some high-profile successes due to pressure from civil society (for example with campaigns to improve access to medicines and to regulate the promotion of infant formula), there is a striking lack of involvement and pressure from civil society on broad health and health system issues.

With the failure of the global community to achieve "Health for All by the Year 2000", new targets - such as the Millennium Development Goals – have come to the fore. However, whilst overseas development assistance declines and the trade and investment environment becomes even more unfriendly to poor countries, there is a great danger that these objectives too will not be met, increasing cynicism and discontent in the world.

A fragmented, disease- and issue-specific approach to health dominates advocacy as well as research and governance agendas, under-emphasising the underlying causes of ill-health. Meanwhile, disparities in health care consumption between the rich and the poor are growing alarmingly within and between countries, leaving societies with major political, social and moral challenges.

The values that underpin the goal of health equity and the primary health care (PHC) approach are often undermined by development policies emphasising efficiency at the expense of fairness; market forces at the expense of planning based on population needs; and selective approaches to disease-eradication at the expense of more comprehensive strategies for achieving health. In addition, the diminished capacity and role of national governments, particularly of poor countries, has further undermined the notion of social solidarity and inclusive health systems.

Although there has been a recent and welcome shift by the World Health Organisation (WHO) to highlight global inequity and reassert the principles of the PHC approach, constant pressure from civil society is needed to hold national policy-makers and international organizations accountable to declared values and to address the fundamental causes of ill-health and failing health systems. To be effective, civil society voices must be well informed, evidence-based, and united on fundamental issues.

In response to this, the People's Health Movement, with the support of the Global Equity Gauge Alliance and Medact, propose to mobilise the global health community around values which stress the need to tackle more effectively the fundamental causes of ill-health and health inequity in our societies and global community. This mobilisation will be done through the production of a Global Health Watch. This initiative promises to combine outstanding research and policy analysis with a

commitment to bringing the views of poor and vulnerable groups to the attention of international and national policy makers and a more effective civil society advocacy movement.

The Watch is an initiative that:

- Amplifies the calls for a broad, multi-sectoral approach to health by explicitly and concretely linking health concerns to the environment, international finance, agriculture and food security, war, housing, land rights, conflict and education.

- Strengthens the capacity and accountability of the world's global health institutions to provide technical and value-based leadership in the struggle to attain adequate health for all.

- Creates a more vibrant global civil society in health by strengthening the links between socially conscious non-government and civil society organisations across all regions of the world, based on shared values.

- Provides a forum for magnifying the voice of the poor and vulnerable and those who advocate for them;

- Shifts the health policy agenda away from technocratic approaches, to one that also recognises the political, social and economic barriers to better and more equitable health; and

- Promotes human rights as the basis for health policy, as a corrective to the market-led policy agenda which tends to fragment and exclude.

Institutional framework of the Watch

The People's Health Movement (PHM) is an organised network of civil society and grassroots organisations that developed out of the first People's Health Assembly in Bangladesh in December 2000. At that meeting, delegates from all over the world reaffirmed their commitment to addressing the social, political and economic determinants of ill-health and to strengthening of health and health care systems that are equitable, sustainable and locally appropriate. This is based on the the view that health is a human right. This has since been encapsulated in the People's Health Charter, which has been translated into several different languages.

As a global network, with its base firmly rooted in developing countries, the PHM is a vehicle that can act as a unifying umbrella for a wide range of individuals, organisations and community-based organisations engaged in struggles and efforts to improve health and social justice globally.

Medact is a UK-based charity with a health professional membership that has been active in highlighting the harmful effects of globalisation, poverty, environmental degradation and war on

health and equity. GEGA, a network of projects mainly in the South that primarily addresses in-country health inequities, has committed itself to tackling the global determinants of health disparities within and between countries. Together with PHM, they have helped to provide the impetus around the development of the Global Health Watch.

In keeping with the philosophy of the PHM, the involvement of as many NGOs and individuals as possible in the development and use of the Watch as an advocacy tool is seen as a priority. The efforts to ensure this widespread involvement and the shared ownership of all those who participate in the development of the Watch and / or endorse its contents will strengthen global civil society's engagement with global health policy, and are as important as the actual production of the Watch.

A central feature of the workplan to produce the Watch is therefore the process of forging and strengthening linkages between spell out what CBO is (CBOs), NGOs and academics; between constituencies in the South and the North; and between the progressive health sector and other progressive social and environmental movements and organisations.

Aims of the Watch

1) The regular production of an alternative world health report

The Global Health Watch will be regularly produced as an *alternative* world health report that is coherent, rigorous and written to support civil society's capacity to promote a more socially conscious and equitable health agenda. To be effective, the Report's credibility as a reliable source of sound evidence is crucial. At the same time, the Report will serve as a forum for presenting civil society perspectives, testimonies from the ground and the voices of people who are traditionally unheard.

The Report will consist of a compilation of chapters on various health issues. Generally, the Watch will not commission new research but will rely on research and analyses already done by NGOs and academics, providing a platform for the further dissemination and popularisation of prior but essential work. The opening chapter will draw out the main themes of the Report and put forward over-arching concepts and values. Each following chapter will include a set of recommendations for further action. The concluding chapter will draw strategies for promoting health for all based on material discussed throughout the Report.

Chapters will be written by different authors from various regions of the world. Each chapter would also have reviewers, thus expanding the network of contributors to the text. An editorial committee will oversee the Report production, ensuring the overall quality of the material, the coherence of the Report as a whole, and that it reflects the 'voices of the unheard' from different parts of the world. A dedicated editor will be hired to support individual contributors in producing material of adequate quality, and finalising and copy editing the Report.

The approximate size of the Report will be 100,000 words and the suggested structure and chapter headings are shown below. It is envisaged that the scope and size of the Report will change each time

it is produced to accommodate emerging issues while preserving a critical core that remains consistent over time.

2) Advocacy

In addition to the production of a report, the Watch incorporates an advocacy strategy that aims to:

- Increase the responsiveness of global health institutions to the opinions and ideas of global civil society;
- Legitimise and strengthen the core messages of the Watch: equity, centrality of effective and inclusive public health systems, and broad public health issues need greater recognition in both global and national health and development policy agendas; and
- Encourage greater involvement of civil society organisations in the determination of international health policy, with a particular emphasis on strengthening representation of the poor and their advocates.

The activities planned to realise these goals combine a mixture of activities at national and global level.

The process of producing the Watch. By involving a diverse range of NGOs, civil society organizations (CSOs) and individuals from both developed and developing worlds in the writing the Report, the core messages of the Watch will be filtered and communicated through a wide range of formal and informal networks and information channels.

Pre-launching the Watch. In order to raise the level of expectation and demand for the Watch, it will be 'pre-launched'. The idea for the Watch was presented and discussed at the World Social Forum in Mumbai in January 2004, and will be presented to a broad group of health, development NGOs, CSOs and trade unions as well as the press at a meeting in London in March 2004. In addition various notices about the Watch have already been disseminated through different list-serves, websites and e-lists.

Simultaneous launch of the Watch. We plan to launch the published Watch at the time of the World Health Assembly in May 2005. We will also be asking local NGOs, CSOs, academics and others to help organise a simultaneous launch of the Watch in as many countries as possible. Through PHM and GEGA, networks of country-based individuals and organizations that are capable of covering a large number of countries can be reached.

Campaign around central recommendations. Apart from encouraging advocacy around the recommendations made in specific chapters of the Report, a campaign around a number of the cross-cutting recommendations will aim to exert influence on global and national health institutions through national governments and a broad coalition of NGOs/CSOs. Organisations at the national level will be encouraged to take the Report to representatives of their national governments and to use it to strengthen their own positions in advocating for equity in the areas of health and development that they work in. A key global health institution that the Watch will engage is the World Health

Organisation, and participating organisations will be encouraged to raise the main and chapter recommendations from the Report with WHO.

C:\WINDOWS\Desktop\Minutes - Steering group meeting.doc

Dissemination. In addition to hard copy distribution of the report, the Watch will also be available without charge on the World Wide Web. The report, as a whole and as individual chapters, will be available in easily downloadable format to facilitate dissemination.

Reaching different language groups. Shortened versions of the Watch will be initially available in Portuguese and Spanish for dissemination to grassroots organisations and other civil society groupings. Translation of the Watch into other languages will also be explored.

Proposed structure and lay-out of the Watch

Foreword
Introduction
Executive Summary and Overview
A summary of the report, linking the chapters, drawing out the main themes and ending with major recommendations.
Section A: Politics and Economics of Health
A1: Politics and economics of poverty - a global public health priority *Describes the mechanics of the global political economy that keeps people and countries poor; covers trade, global financial systems, debt and their linkages to health*
A2: Approaches to health care *An overview of the relevance of the PHC approach today, and how health policies are influencing the shape of health care in ways that diverge from the principles of Alma Ata. This includes some commentary on the role and effects of GPPPs.*
A3: Health Policy: the privatisation agenda *Describes the processes of commercialisation and privatisation of health care, the resulting problems and the appropriate government and non-government responses. Describes the weaknesses and shortcomings of the marketisation and commercialisation of health care.*
A4: The global brain drain of health personnel *Describes the effect of migration of health personnel, the underlying forces of economic and political globalisation and suggests ways to address the problem. Critiques the lack of effective action to tackle this urgent health priority.*
A5: Big Pharma and the funding of R&D for medicines *Describes the multi-billion dollar pharmaceutical industry in relation to global health and world poverty and the influences of this industry on health policy. Sets out an argument about the need for more fundamental reform of R&D and the need for excessive profit-making from medical care to be regulated.*
A6. Responding to treatment access and beyond *A critique of 3x5, the Global Fund and the World Bank's treatment programmes, in the context of the overall progress towards combating the HIV/AIDS epidemic.*
A7: Genomes and health *The unravelling and exploitation of the human genome leads to important questions in the health sector from an ethical and equity perspective. This chapter further explores the unclear inter-face between commercial health care and public health, and for accountable governance of the future development of this industry at the international and national level.*
Section B: Beyond the Health Sector

B1. Nutrition and the right to food *Focus of this chapter is still to be defined*
B2: Water and Sanitation *Covers the commodification of water and control of water rights by private companies, looks at case studies from around the globe, discusses responses from UN and recommendations from water NGOs.*
B3: War, the new militarism and public health *Focus of this chapter is still to be defined*
B4: Environment *Focus of this chapter will be on making the connections between health and global warming; and thereby between politics, economics, development paradigms and environmental justice with health.*
B5: Education *Focus of this chapter is still to be defined*
Special chapter: Indigenous people, land and health
Describes the relationship of indigenous people to land and discusses the underlying health effects of displacement of these communities.
Special chapter: Disabled people's rights and health
Focus of this chapter is still to be defined
Section C: Monitoring Section *This section will highlight a few key advocacy targets and institutional case studies, so that the Watch evolves over time into a tool that monitors the performance of key actors, institutions and policy processes.*
Debt cancellation / HIPC process
ODA quantity and quality – include an in-depth case study of one bilateral donor
World Bank monitor – what are the strengths and weaknesses of the World Bank and the key recommendations for change.
IMF monitor – what are the strengths and weaknesses of the IMF and the key recommendations for change.
WTO monitor – what are the strengths and weaknesses of the IMF and the key recommendations for change.
WHO monitor – what are the strengths and weaknesses of the WHO and the key recommendations for change.
UNICEF monitor – what are the strengths and weaknesses of UNICEF and the key recommendations for change.
FAO monitor – what are the strengths and weaknesses of FAO and the key recommendations for change.
Foundation monitor – private philanthropic foundations have been playing a greater role in the development of health policies and programmes in recent years. In order to develop some assessment of their role and effects, it is proposed that an in-depth case study of one Foundation be developed.
Cross-cutting themes ○ It is expected that the 'voices of the unheard' will be incorporated throughout the report in the form of short case studies and testimonies. ○ It is expected that the issue of gender will be mainstreamed throughout the report.

	Suggested Coordinators/ Authors	Approach and confirmation	Suggested Reference Group	%	Number of words	Your suggestions for coordinators, authors and reference group
Foreword by eminent global personality	Nelson Mandela Grace Machel Desmond Tutu Arundhati Roy				800	
Introduction *A description of the rationale behind the GHW and what makes it an alternative world health report. It will explain the underlying values and political perspective of the report, including the principles of equity; social justice; redistribution and human rights. It will also promote the principle of global health institutions being more open to public scrutiny and accountability. Finally it will explain the structure and lay out of the report, and the reasons for the chapter headings etc.*	Medact Gega PHM			3-4%	3000-4000	
SECTION A: The politics and economics of health in the era of globalisation	Martin Khor Kok Peng (A political economist and campaigner – very well known – is head of Third World Network) Ron Labonte (North-South Institute, Canada – has been working on globalization and health as well as on G8 commitments to development assistance)	Both approached. Ron has agreed and confirmed but not Martin.		6-8%	6000-8000	
SECTION B: Health care sector						
Approaches to health and health care This is a central chapter that discusses and explains the key principles related to a number of health policy and health systems themes including: ○ *The design and effect of health systems,* ○ *the role of government and public sector stewardship* ○ *An overview of the relevance of the PHC approach today, and how health policies are influencing the shape of health care in ways that diverge from the principles of Alma Ata* ○ *An explanation and critique of health sector reform* ○ *Commercialisation and privatisation of health care* ○ *Threats to equitable health care delivery (medical technology complex; commercial companies; and widening socio-economic disparities creating a demand for segmented health*		Maureen Mackintosh (Open University, UK – has been writing a lot on privatisation and has a good working relationship with Medact) and Imrana Qadeer (based in India; collaborates with Maureen) have been approached to write on commercialisation		12%	12,000	

systems) NOTE: This is a big chapter covering a number of themes – it may be better to separate out into different chapters.						
Big pharma, access to medicines and IPRs *Describes the multi-billion dollar pharmaceutical industry in relation to global health and world poverty and the influences of this industry on health policy. Sets out an argument about the need for more fundamental reform R&D and the need for profits to be regulated. Cross-subsidisation through differential pricing is not sufficient.*	Jamie Love (CPTech, USA – big name in the field of patents, IPS etc) Zafrullah Chowdury (PHM, Bangladesh)			3%	3,000	
Human resources: the lifeblood of health systems *Describes the effect of migration of health personnel and suggests ways to address the problem. Critiques the lack of attention to this urgent health priority*	Rene Loewenson (Network on equity and health in southern Africa, Equinet) Kwadwo Mensah (Ghana) Eric Friedman (Physicians for Human Rights, USA)			3%	3,000	
Responding to HIV/AIDS *A critique of 3x5, the global fund and the world bank's treatment programmes*	Rita Priya (Jawarhlal Univ, India) Paul Farmer (Partners in Health, Haiti) Robert Carr (Jaimaica AIDS Support)			3%	3,000	
Gene technology and the attainment of health for all *The unraveling and exploitation of the human genome leads to important questions in the health sector from an ethical and equity perspective. Emphasis on commercial influences and patents*	Chan Chee Koon (Univ. Sains, Malaysia) Gilles de Wildt	Approached and confirmed		3%	3,000	
SECTION C: Beyond health care						
Environment *This chapter will focus on carbon emissions and fossil fuel dependence, highlighting the issues of inequity as well as the need to consider this a public health issue*	Cathy Read (Medact) Ian Roberts (LSHTM, UK – lecturer with an interest in transport and environmental health)	Cathy Read (public health specialist and board member of Medact has agreed to coordinate this chapter on behalf of secretariat. Ian has been approached to coordinate, and has agreed.	Charlie Kronick (Greenpeace UK) has agreed to provide technical input	4%	4,000	
Militarism and conflict	Ron McCoy (Int. Physicians for the Prevention of Nuclear War) Vic Sidel (Int. Physicians for the Prevention of Nuclear War) Antonio Ugalde (Department of Public Health, El Salvador)	IPPNW (former Nobel peace prize winners) have approached and have agreed.		4%	4,000	
Water	Municipal Services Project: Greg	Municipal Services		4%	4,000	

Covers the commodification of water and control of water rights by private companies, looks at case studies from around the globe, discusses responses from UN and recommendations from water NGOs.	Ruiters (Rhodes University, SA), David Macdonald (Queens University, Canada), Patrick Bond (Wits University, SA) Belinda Calagulas (Water Aid)	Project have been approached to take the lead on this chapter. They have agreed and have also been asked to link with collaborators in other parts of the world. WaterAid have expressed a desire to work on the chapter together with MSP.				
The right to food: Land, agriculture and household food security	Vandana Shiva (Research Foundation for Science, Technology and Health) Raj Patel Flavio Valente	Need to ask David Sanders and Mickey Chopra to provide more detail.		4%	4,000	
Education				4%	4,000	
SECTION D: Special Chapter focussed on marginalised groups						
Introduction to this section					500	
Indigenous peoples *Describes the relationship of indigenous people to land and discusses the underlying health effects of displacement of these communities.*	Survival International (UK-based rights group for indigenous people – well established and highly respected) Health Unlimited (UK-based NGO who provide health care to indigenous groups in various countries) Indigenous peoples groups from Peru, Brazil and Australia	Both HU and SI have been approached, and they have been asked to coordinate the production of this chapter in collaboration with indigenous peoples groups from various countries.		4%	4,000	
Disabled people				4%	4,000	
SECTION E: Watching *This section will highlight a few key institutional case studies (we want a report that is monitoring the performance of key actors) and policy recommendations related to the earlier chapters. The purpose of these sub-sections will be to affirm the notion accountability to civil society, and inform the advocacy of a global progressive health movement committed to a just world and health for all*				26%	30,000	
WHO report card	Fran Baum (Flinders University and PHM)	Fran has expressed an interest in writing this.				
World Bank /IMF/WTO report card	Bretton Woods Project					
ODA quantity and quality	Development Initiatives (Reality of					

	Aid)					
ODA Monitoring donor programmes (case study of either DfID or USAID)						
Debt cancellation	Jubilee Research					
Gates Foundation watch – include a general introduction on the growing role of philanthropic foundations						
Global Fund						
Pepfar						
Corporations: a prominent drug company						
SECTION F: Summary and Strategies for Action				10%	10,000 -	

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: <ghw@hst org.za>
Sent: Friday, April 23, 2004 4:59 PM
Attach: Chapters, briefs, authors, March 30.xls
Subject: Re: [ghw] suggestions for authors

Dear All

Thankyou very much Amit. Other suggestions welcome (have attached the list again).

Also, your suggestions for people to fill the CC gaps is needed urgently (from those who haven't already made their suggestions). Gaps are: China and the Far East, SE Asia, Central Asia, West Africa, East Africa, North Africa, Carribean.

Best Regards
Patricia

RN
26/4/04 lo

Pthm - GHW

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26/4

4 26 04

	Briefs	In charge of contacts	Suggested Coordinators/ Authors	Approach and confirmation
DUE DATE	30-Apr	2-Apr		
Foreword by eminent global personality			Nelson Mandela, Grace Machel, Desmond Tutu, Arundhati Roy	
Introduction. A description of the rationale behind the GHW and what makes it an alternative world health report. It will explain the underlying values and political			Medact, Gega, PHM	
SECTION A: The politics and economics of health in the era of globalisation	??		Martin Khor Kok Peng (A political economist and campaigner – very well known – is head of Third World Network); Ron Labonte (North-	Both approached. Ron has agreed and confirmed but not Martin.
SECTION B: Health care sector B1: Approaches to health and health care. This is a central chapter that discusses and explains the key principles related to a number of health policy and health systems themes including: □ The design and effect of health systems, □ the role of government and public sector stewardship □ An overview of the relevance of the PHC approach today, and how health policies are influencing the shape of health care in ways that diverge from the principles of Alma Ata □ An explanation and critique of health sector reform □ Commercialisation and privatisation of health care □ Threats to equitable health care delivery (medical technology complex; commercial companies; and widening socio-economic disparities creating a demand for segmented health systems) NOTE: This is a big chapter covering a number of themes – it may be better to separate out into different chapters.	To be completed by Mike			Maureen Mackintosh (Open University, UK – has been writing a lot on privatisation and has a good working relationship with Medact) Imrana Qadeer (based in [illegible])

B2: Big pharma, access to medicines and IPRs. Describes the multi-billion dollar pharmaceutical industry in relation to global health and world poverty and the influences of this industry on health policy. Sets	Completed		Jamie Love (CPTech, USA – big name in the field of patents, IPS etc), Zafrullah Chowdury (PHM, Bangladesh)	
B3: Human resources: the lifeblood of health systems. Describes the effect of migration of health personnel and suggests ways to address the problem. Critiques the lack of attention to this urgent health priority	To be completed by Equinet	Mike	Rene Loewenson (Network on equity and health in southern Africa, Equinet); Kwadwo Mensah (Ghana); Eric Friedman (Physicians for Human Rights, USA)	
B4: Responding to HIV/AIDS. A critique of 3x5, the global fund and the world bank's treatment programmes	Rita Priya	Dave	Rita Priya (Jawarhlal Univ, India); Paul Farmer (Partners in Health, Haiti); Robert Carr (Jaimaica AIDS Support)	
B5:Gene technology and the attainment of health for all. The unraveling and exploitation of the human genome leads to important questions in the health	Completed		Chan Chee Koon (Univ. Sains, Malaysia); Gilles de Wildt	Approached and confirmed
SECTION C: Beyond health care				
C1: Environment. This chapter will focus on carbon emissions and fossil fuel dependence, highlighting the issues of inequity as well as the need to consider this a public health issue	Completed		Cathy Read (Medact); Ian Roberts (LSHTM, UK – lecturer with an interest in transport and environmental health)	Cathy Read (public health specialist and board member of Medact has agreed to coordinate this chapter on behalf of secretariat. Ian has been
C2: Militarism and conflict	To be completed by Mike		Ron McCoy (Int. Physicians for the Prevention of Nuclear War); Vic Sidel (Int. Physicians for the Prevention of Nuclear War); Antonio Ugalde (Department of Public Health, El Salvador)	IPPNW (former Nobel peace prize winners) have approached and have agreed.
C3: Water. Covers the commodification of water and control of water rights by private companies, looks at case studies from around the globe, discusses responses from UN and recommendations from water NGOs.	Completed		Municipal Services Project: Greg Ruiters (Rhodes University, SA), David Macdonald (Queens University, Canada), Patrick Bond (Wits University, SA); Belinda Calagulas (Water Aid)	Municipal Services Project have been approached to take the lead on this chapter. They have agreed and have also been asked to link with collaborators in other parts of the world
C4: The right to food: Land, agriculture and household food security	Completed		Vandana Shiva (Research Foundation for Science, Technology and Health), Raj Patel, Flavio Valente	Need to ask David Sanders and Mickey Chopra to provide more detail.

C5: Education	John Welton (Prf. International Education, IoE)	Mike to contact		
SECTION D: Special Chapter focussed on marginalised groups				
Introduction to this section	Amit	Pat to contact		
D1: Indigenous peoples. Describes the relationship of indigenous people to land and discusses the underlying health effects of displacement of these communities.	To be completed by Pat and Scott		Survival International (UK-based rights group for indigenous people – well established and highly respected); Health Unlimited (UK-	Both HU and SI have been approached, and they have been asked to coordinate the production of this
D2: Disabled people	Pam Zinkin	Pat to contact		
SECTION E: Watching. This section will highlight a few key institutional case studies (we want a report that is monitoring the performance of key actors) and policy				
E1: WHO report card			Fran Baum (Flinders University and PHM)	Fran has expressed an interest in writing this.
E2: World Bank, WTO, IMF	David Woodward; Bretton Woods Project	Mike to contact	Bretton Woods Project	
E3: ODA quantity and quality	Reality of Aid		Development Initiatives (Reality of Aid)	
E4: ODA Monitoring donor programmes (case study of either DfID or USAID)				
E5: Debt cancellation	Jubilee research		Jubilee Research	
E6: Gates Foundation watch – include a general introduction on the growing role of philanthropic foundations	Eva…	Mike to contact		
E7: Global Fund				
E8: Pepfar				
E9: Drugs company: corporate responsibility (Pfizer)	Oxfam/ VSO			
SECTION F: Summary and Strategies for Action				

Suggested Reference Group	%	Number of words	First draft	1st edit	Final draft	Final Edit
		800				
	3-4%	3000-4000				
	6-8%	6000-8000				
	12%	12,000				

	3%	3,000				
	3%	3,000				
	3%	3,000				
	3%	3,000				
Charlie Kronick (Greenpeace UK) has agreed to provide technical input	4%	4,000				
	4%	4,000				
	4%	4,000				
	4%	4,000				

	4%	4,000				
		500				
	4%	4,000				
	4%	4,000				
	26%	30,000				

10% 10,000-

Main Identity

From: Fran Baum <fran.baum@flinders.edu.au>
To: <ghw@hst.org.za>
Sent: Thursday, April 29, 2004 4:17 AM
Subject: [ghw] Small Steering Group

Dear Mike and Friends
The small steering group sounds like a really good idea. The money is a great idea. I mentioned the GHW in our session on the PHM at the World Congress on HPE - a couple of people come up for extra information - I put your email address up so you may receive some enquiries following from this. I will rely on your guys to contact the broader group as and when you need some feedback comment Fran

At 11:07 AM 28/04/2004 +0100, you wrote:

Dear Friends -

RN 29/4/04

RN 29/4

PHM - GHW

4 29 04

Main Identity

From: Abhay Seema <abhayseema@vsnl.com>
To: <ghw@hst.org.za>
Sent: Wednesday, April 28, 2004 5:55 PM
Subject: [ghw] Re:GHW Secretariat meeting with Christina Zarowsky (IDRC)

Dear Friends

The response from IDRC is of course good news, we should be able to use this as core funding to attract further funds from other donors too.
I entirely agree with Mike's suggestion of a smaller steering committee, and fully endorse the names of Amit and all others. I feel that the term 'secretariat' should probably be used in reference to those directly coordinating the day to day work (such as David, Mike and Patricia) and the steering committee can give regular inputs and suggestions to them.
With regards.
Abhay

----- Original Message -----
From: Mike Rowson
To: ghw@hst.org.za
Sent: Wednesday, April 28, 2004 3:37 PM
Subject: Re: [ghw] GHW Secretariat meeting with Christina Zarowsky (IDRC)

Dear Friends - just a couple of addenda to Pat's note.

The range is Canadian dollars $50-$60,000 (no not $60!), which is around US$35-40,000. It is certainly the biggest contribution so far to the Watch, and takes us up to the halfway point in our fundraising.

The publishing deal is in fact something we are still exploring, and we'll get back to you on that.

Given that the admin and financial aspects of the programme are getting more complicated, and we at at the secretariat are making decisions on prioritisation of expenditure, I wondered whether we could formally set up a small steering committee, separate from the co-ordinating group, who we would discuss things with and who would oversee our decisions. I think this is important for accountability. Would the original "steering group" people who came to the meeting in March - i.e. Armando, Amit, Samer, Antoinette and David be willing to act in this capacity? It won't be too much work - just responding to an e-mail from myself or Pat once every few weeks probably.

Sorry, I know this provokes another discussion on structure, but this question was, I understand, also brought up on the telephone conference the other day. I think we need a smaller designated group to do this work. If there are others who wish to be involved in this, then let me know. Alternatively if any of the above don't want to bother themselves with tiresome admin and financial work, then by all means come off the group.

best wishes
mike

RN 29/4

RN 29/4

Plan - GHW

Main Identity

From: ctddsf <ctddsf@vsnl.com>
To: <ghw@hst.org.za>
Sent: Wednesday, April 28, 2004 6:35 PM
Subject: Re: [ghw] GHW Secretariat meeting with Christina Zarowsky(IDRC)

Dear Friends,

The funding news is great! Am willing to contribute with some time in whatever manner useful.

Best.

Amit

>Dear Friends - just a couple of addenda to Pat's note.
>
>The range is Canadian dollars $50-$60,000 (no not $60!), which is around US$35-40,000. It is certainly

RN
29/4

RN
29/4/04

Pkm. GHW

4/29/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <claudialema@medact.org>
Cc: <ghw@hst.org.za>
Sent: Monday, April 26, 2004 11:58 AM
Subject: [ghw] GHW Time line

Dear Claudia,

Greetings from PHM Secretariat (Global)

Hope you saw my mail sent after the teleconference. I think we need to follow up on the idea of meeting as a coordinating group in January at the International Health Forum - IV, linked to WSF - V to be held in Porto Alegre, Brazil and hosted by Armando and colleagues. I have already written to Armando, but please be in touch. We can show it in the time line as soon as we have dates and some confidence of travel support for a few people, atleast.
I shall be in London on 12th - 14th May. Perhaps we can meet on 12th or 13th to explore this idea further - so that we include in our funding group planning sessions at WHA on 14th May. Maria, Olle, Andy and I will be part of this planning excercise.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala

PHM-GHW

R.N
28/4/04

4 26 04

Main Identity

From: Claudia Lema <claudialema@medact.org>
To: GHW e-list <ghw@hst.org.za>
Sent: Thursday, April 22, 2004 6:00 PM
Attach: GHW timeframe. April 22.xls
Subject: [ghw] GHW Time line

Dear friends,

Please find attached the time line for the GHW.
This includes the most rlevant deadlines for our way forward
With kind regards,

Claudia

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN
23/4/04

we include in our funding group planning session at OWA on 14th May. Marie, Olle, Andy and I will be part of this planning exercise

Best wishes
Ron

Joe
26/4/04

23/4/04

Dear Claudia

Hope you saw my mail - sent after the teleconference. I think we need to follow up on the idea of meeting as a coordinating group in January at the International Health Forum IV linked to WSF-V to be held in Porto Alegre Brazil and hosted by Armando and colleagues. I have already written to Armando but please be in touch We can show it as the timeline as soon as we have dates and some confidence of travel support for a few people at least I shall be in London on 12-14th May. Perhaps we can meet on 12th or 13th to explore this idea further - so that

1.23.04

Tasks	April				May					June				July				August					September				October				November			
	29 to 4	5 to 11	12 to 18	19 to 25	26 to 2	3 to 9	10 to 16	17 to 23	24 to 30	31 to 6	7 to 13	14 to 20	21 to 27	28 to 4	5 to 11	12 to 18	19 to 25	26 to 1	2 to 8	9 to 15	16 to 22	23 to 29	30 to 5	6 to 12	13 to 19	20 to 26	27 to 3	4 to 10	11 to 17	18 to 24	25 to 31	1 to 7	8 to 14	15 to 21
Finalise briefs	X	X	X	X																														
Discuss selection of authors	X	X	X	X																														
Commission authors	X	X	X	X																														
Authors involve others					X	X	X	X	X																									
Authors start writing					X	X	X	X	X																									
1st draft										X	X	X	X	X	X	X	X	X	X	X	X	X												
Send feedback																						X	X	X	X	X	X	X	X	X				
Final draft																						X	X	X	X	X	X	X	X	X	X			
Editorial work																																X		
Send to the publisher																																	X	
Translation																																		X
Launch																																		

Tasks	22 to 28	December					January					February				March					April				May				
		29 to 5	6 to 12	13 to 19	20 to 26		27 to 2	3 to 9	10 to 16	17 to 23	24 to 30	31 to 6	7 to 13	14 to 20	21 to 27	28 to 6	7 to 13	14 to 20	21 to 27	28 to 3	4 to 10	11 to 17	18 to 24	25 to 1	2 to 8	9 to 15	16 to 22	23 to 29	
Finalise briefs																													
Discuss selection of authors																													
Commission authors																													
Authors involve others																													
Authors start writing																													
1st draft																													
Send feedback																													
Final draft																													
Editorial work	X	X	X	X	X																								
Send to the publisher							X																						
Translation							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Launch																												X	

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>
Sent: Saturday, May 01, 2004 3:58 PM
Subject: Re: London Visit

Dear Patricia,

Greetings from PHM Secretariat (Global)!

I have seen all the news on GHW even though the last 2 weeks have been hectic. I suggest that since we are going to spend the whole day at the London School on 13th, we should just meet there and discuss all that we want to about GHW (you, Mike, Dave, Pam and Patricia). Tell me what time is suitable for you to reach there. The Dean's office or the Alumni office will probably provide us some specific discuss and any way there's the common rooms and the refectory.

In case any student / staff session is possible, then you can join in. John Porter (John.Porter@lshtm.ac.uk), who just returned, a faculty member is organizing the programme - all very informal. So we shall find adequate time. 14th at OWA is very very busy, so 13th is the best option. None of the LSHTM discussions are formal and Thelma can even manage most of them if I need to spend more time with you all.
I am off to a Policy meeting in Bangkok and will send a final London visit programme on 7th.

Andy has arranged our accommodation at the International Quater Hostel (?). Looking forward to meeting you all.

best wishes

Ravi Narayan

PS: Hope you got the WHA Communication - II. That will be another opportunity. Maria, Olle, Andrew, Cecilia join us on 14th so if its a meal together, then only 14th late evening is a possibility.

Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

PHM-GHW

RN 9/5/04

----- Original Message -----
From: Patricia Morton
To: PHM Secretariat
Cc: cecimuxi@netgate.com.uy ; david.mccoy@lshtm.ac.uk ; mikerowson@medact.org ; Andrew Chetley ; arutherford@oneworldaction.org ; olle.nordberg@dhf.uu.se ; maria@iphcglobal.org ; pamzinkin@gn.apc.org
Sent: Tuesday, April 27, 2004 9:04 PM

Main Identity

From: Antoinette Ntuli <ant@sirlan.hst.org.za>
To: <ghw@hst.org.za>; Fran Baum <fran.baum@flinders.edu.au>
Sent: Friday, April 30, 2004 9:30 AM
Subject: Re: [ghw] Small Steering Group

Dear Mike, Pat, Fran.
It is great that IDRC are contributing this amount - and I agree with the need for a small steering group, and am willing to be part of this.
Ant

Quoting Fran Baum <fran.baum@flinders.edu.au>:

>
>
> Dear Mike and Friends
>

RM 30/4/04

RM 30/4

Pfran Ghw

4/29/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: GHW mailing list <ghw@hst.org.za>
Sent: Friday, April 30, 2004 9:19 PM
Subject: [ghw] New member on the cc

Dear all

I would like to welcome a new member on the CC, Chee-Khoon Chan from Malaysia. He is part of PHM and runs Citizen's Health initiative in Malaysia. He is writing the chapter on Gene Technology.

We are busy contacting people from other regions of the world, and they will hopefully be joining us soon.

Best Regards to all
Pat

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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28 Charles Square
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United Kingdom
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F +44 (0) 20 7324 4734
www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

PM 3/5/04

PHM - GHW

PM 4/5/04

5/1/04

Main Identity

From: <marjan.stoffers@wemos.nl>
To: <gnw@hst.org.za>
Sent: Monday, April 19, 2004 8:37 PM
Subject: Re: VERY URGENT! Re: [ghw] Author's list and some briefs

Dear Particia,

A. I do have some thoughts about the author's list:
- There is nobody from a Frenchspeaking country. To be honest, I don't have suggestions also, but I think it is important to include the Francophone world too.
- What do you thinh of asking Joseph Stiglitz to co-write a section (f.e. section A).
- I also would like to suggest Ellen 't Hoen as a leading expert in the field of big pharma, access to medicines and IPRs.
- Another author I would like to suggest is Jan Pronk, former minister of development cooperation and former minister for environment in the Netherlands and former special envoy of Kofi Annan. Currently he is a professor at the Institute of Social Studies in the Hague. He could write on section A, environment and militarism and conflict.

B. Furthermore I would like to give some specific input on the chapter on food and nutrition:

- Introductory paragraph: don't forget to mention the children. They are also suffering from overweight and obesity.

First bullet point, unclear.

The part on lay-out of the chapter:
Attention should be paid to gender and the decreasing role of women in the food-chain.

Muted resposes: don't forget interventions in the field of prevention.

C. Maybe it is overdone, but I would again like to stress the need to include voices from the poor, perhaps in the form of boxes or otherwise. Good quality research and autor's with authority is one way to write a report that makes a difference. Letting the affected speak for themselves is another way. If we succeed in combining the two, it would be great.

Marjan

RN 20/4/04 for

Pass. [redacted] GHW

RN 20/4/04

Main Identity

From: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Friday, April 30, 2004 6:20 PM
Subject: [ghw] authorship

Dear all,

I would like to ask your opinion on a quick issue - that of attributing chapters to individual authorship.

On the one hand we need to do better to ensure a good 'global' representation of authors and perspectives. On the other hand we need to identify people who have the time and capacity to do the work in the short timeframes.

My worry is that we are runing out of time, and we may need to simply grab anyone who is prepared to do the main bulk of the work. I would like to propose that instead of individualising authorship for each chapter, that we have a list of ALL people (say, in alphabetical order) who have made a substantial contribution to any part of the report. As long as there is a chance for a broader group of people to make inputs on briefs and early drafts, we can ensure that the report is able to project itself as having a global perspective, with significant southern input, by having aone long list fo all contributors at the end.

When we asked Ron Labonte about how he would feel about this, he said he would be happy with it. What are your thoughts?

Dave

RN
3/5/04

RN
6/5

Main Identity

From: Fran Baum <fran.baum@flinders.edu.au>
To: <ghw@hst.org.za>
Sent: Wednesday, April 28, 2004 3:32 AM
Subject: Re: [ghw] GHW Secretariat meeting with Christina Zarowsky(IDRC)

Good news assuming it is more than $60!!!

At 04:48 PM 27/04/2004 +0100, you wrote:

> Dear all
>
> We had a meeting with Christina from IDRC yesterday. They have basically agreed to grant us $50-60 Canadian which will be not be earmarked to any particular line item. They see this as seeding funding for the first edition of the report and advocacy. The priorities for IDRC as spelled out by Christina are:
>
> 1. The Global Health Watch is a long-term project and encompasses a report as well as advocacy activities to promote the report and its recommendations. The first report should be seen as a pilot in the overall longer term initiative.
> 2. Research for the report should be evidence based and peer reviewed.
> 3. Civil society organisations should be engaged to endorse the report and participate in various ways
> 4. There should be ongoing evaluation and recording of the process of the Global Health Watch initiative
> 5. The Global Health Watch should aim to build mechanisms to hold global institutions to account
>
> IDRC will enter into a co-publishing arrangement

RM 28/4/04

RM 28/4

Main Identity

From: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
To: 'PHM Secretariat' <secretariat@phmovement.org>
Sent: Tuesday, April 27, 2004 8:53 PM
Subject: RE: London Visit

Dear Ravi
Could we set aside some time to discuss GHW amongst ourselves. I don't see this in your agenda and I think it would be very helpful to have an hour discussing progress to date.
Dave

-----Original Message-----
From: PHM Secretariat [mailto:secretariat@phmovement.org]
Sent: 23 April 2004 14:04
To: Andrew Chetley; arutherford@oneworldaction.org; olle.nordberg@dhf.uu.se; maria@ipncglobal.org; pamzinkin@gn.apc.org
Cc: cecimuxi@netgate.com.uy; david.mccoy@lshtm.ac.uk; mikerowson@medact.org; patriciamorton@medact.org
Subject: Re: London Visit

RN
28/4/04

Phm. London Visit
PHM-GHW

RN
28/4/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: GHW mailing list <ghw@hst.org.za>
Sent: Tuesday, April 27, 2004 9:18 PM
Subject: [ghw] GHW Secretariat meeting with Christina Zarowsky (IDRC)

Dear all

We had a meeting with Christina from IDRC yesterday. They have basically agreed to grant us $50-60 Canadian which will be not be earmarked to any particular line item. They see this as seeding funding for the first edition of the report and advocacy. The priorities for IDRC as spelled out by Christina are:

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4. There should be ongoing evaluation and recording of the process of the Global Health Watch initiative
5. The Global Health Watch should aim to build mechanisms to hold global institutions to account

IDRC will enter into a co-publishing arrangement with another publisher for the the Global Health Watch report.

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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F +44 (0) 20 7324 4734
www.medact.org
Registered Charity 1081097
Company Reg. No. 2267125

RA 28/4/04 fo

Ptan - GHW

RA 28/4

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM-Ravi <phmsec@touchtelindia.net>
Sent: Tuesday, April 27, 2004 6:33 PM
Subject: Minutes for Global Health Watch

Dear Ravi

Thankyou for the bit about the GLobal HEalth Watch in the minutes. It looks fine except that the name of the project is the Global Health Watch NOT the GLobal Health Equity Watch.

Best Regards
Pat

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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The Grayston Centre
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www.medact.org
Registered Charity 1081097
Company Reg. No. 2287125

RJ
28/4/04

Phm GHW

RJ
28/4

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <mikerowson@mediact.org>; <patriciamorton@mediact.org>; <secretariat@phmovement.org>
Cc: <aviva@homc.netnam.vn>; <abaysema@pn3.vsnl.net.in>; <otddsf@vsnl.com>
Sent: Saturday, April 24, 2004 8:21 PM
Subject: Re: Fw: Claudio in Ho Chi Minh City

Thanks for this Ravi

Claudio, your help will be very welcome!

We are still unsure of exactly how the editorial process will work - it's something we still need to plan in more detail and it's likely to be a headache. In the meantime, Patricia will share with you the timelines that we have set for the production of the report. I am sure you have seen all other documentation related to the GHW

Claudio, we are also looking for southern activists who can represent different regions of the world. Is there anyone you can recommend from the Indochina region and from China itself (this might include someone based in Hong Kong)?

Best wishes
Dave

>>> "PHM Secretariat" <secretariat@

RM
26/4/04pm

RM
26/4/04

Main Identity

From: Fran Baum <fran.baum@flinders.edu.au>
To: <ghw@hst.org.za>
Sent: Sunday, May 02, 2004 12:51 PM
Subject: Re: [ghw] authorship

Dear Dve
Your suggestion sounds like a sensible way to go and ensures that people's effort is acknowledged
Fran

At 01:50 PM 30/04/2004 +0100, you wrote:
>Dear all,
>
>I would like to ask your opinion on a quick issue - that of attributing
>chapters to individual authorship.
>
>On the one hand we need to do better to ensure a good 'global'
>representation of authors and perspectives. On the other hand we need to
>identify people who have the time and capacity to do the work in the short
>timeframes.
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>My worry is that we are runing out of time, and we may need to simply grab
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>have a list of ALL people (say, in alphabetical order) who have made a
>substantial contribution to any part of the report. As long as there is a
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>drafts, we can ensure that the report is able to project itself as having a
>global perspective, with significant southern input, by having aone long
>list fo all contributors at the end.
>
>When we asked Ron Labonte about how he would feel about this, he said he
>would be happy with it. What are your thoughts?
>
>Dave
>
>
>
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P M 3/5/04 RA 3/5 Phon Ghw

& Haringey Health Communities.

>Global Health Watch discussion list
>List address: ghw@hst.org.za
>List information page including list archives:
>http://akima.hst.org.za/mailman/listinfo/ghw
>This list is hosted by the Health Systems Trust: http://www.hst.org.za

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This list is hosted by the Health Systems Trust: http://www.hst.org.za

5/1/04

Main Identity

From: ctdcsf <ctdcsf@vsnl.com>
To: <ghw@hst.org.za>
Sent: Tuesday, May 04, 2004 6:36 PM
Subject: Re: [ghw] Re: chapter on privatisation and approaches to health care

Dear All,

Commenting briefly on some of the notes circulated.

COMMERCIALISATION/ PRIVATISATION

In the brief on "Commercialisation and privatisation in the health sector" it would be appropriate that we also mention that the chapter will examine the issues of "Health care financing" and "health insurance". There is a push today to move towards a "public/private" mix in financing through various mechanisms -- insurance, community financing, etc. The idea that is being promoted is that health financing should include private financing (this is not the same as private sector being involved in health care delivery), i.e. a portion of health care costs should be recovered from the community. This is a dilution of the notion that the state has the responsibility to provide health care. In the latter notion the state was expected to raise finances through taxation, and this was apportioned to finance health care. Now we are starting to talk of "upfront" contribution for health care from the community, and not through the mediuim of taxation (direct or indirect). This is an important area that the chapter should look in to.

POVERTY FIGURES

Regarding the issue of poverty figures, there is an interesting issue here. I do not think we can really do an in-depth critique of poverty figures used by the WB, but possibly some alternate views should come in (may be as box items). In India for example, some economists have raised serious doubts about the poverty figures in the country. In fact some (prominent among them being Prof. Abhijit Sen in JNU) have gone on to argue that poverty figures for India were doctored in order to show a global reduction in poverty. As the weightage for India and China are huge if we are looking at global figures, there is a possible merit in this argument. Let us also remember that China's poverty figures also merit a pretty close look and cannot be taken at face value.

PHM-GHW
RN Comment
8/5/04

REFERENCE GROUP FOR POLITICS AND ECONOMICS

Regarding Dave's suggestion that we ask some select NGOs to review the chapter on "Politics and Economics" I would suggest that we identify specific people in these NGOs to act as the reference group and review the chapter -- e.g. Walden Bello in Focus, Martin Kror in TWN, etc.

RN
6/5/04

PHM. JSA. NGO. GHW

5/6/04

FOOD AND NUTRITION

In the Chapter on "Food and Nutrition" a close look at South Asia is necessary. The UNICEF had called it the "South Asian Enigma" -- the fact taht child malnutrition levels in the region are much higher than anywhere in the world -- including Sub-Saharan Africa (55% in India and 63% in B'Desh).

This chapter should also look at the Agreement on Agriculture in the WTO, as many of the issues (subsidies by the North, etc.) are linked to the AoA. It is also important given that the South in Cancun dug its heels in, finally, on the issue of AoA in the WTO.

IMMUNISATION

Re: The SIA strategy on immunisation -- there is an interesting parallel in the "pulse polio" campaign in India. All estimates now show that during the duration of the campaign, the immunisation rates for other diseases (roline DPT, Measles) has gone down.

The Brief on approaches to health care is very well written and covers the essentials.

Finally I'd like to ditto Samer's point that while the report has a global vision, it needs to point out the manner in which local institutions and governments facilitate the directions promoted by global institutions and policies.

With Best wishes,

Amit

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

5/6/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>; Dave McCoy <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>
Sent: Friday, May 07, 2004 4:52 PM
Subject: Re: London Visit

Dear Patricia, Dave and Mike.

Greetings from PHM Secretariat (Global)!

1. I just returned after a hectic, four day brainstorming at UNESCAP in Bangkok, where I have negotiated that the Regional Policy on Health and Development for ESCAP's new division of Health and Development will be based on the issues and perspectives of the Charter (this information is not for wider circulation). The two consultants for the process will be PHM and WHO (!). There is a process involved. More details when we meet.
2. Due to an unfortunate lapse on the part of our travel agent, Thelma managed to get the Schengen and Swiss visas and not the UK one. So she won't be able to make it to London this time and you all will have to catch up with her in Geneva only.
3. Regarding 13th, good idea to meet in the Refectory at the School at 9.30am. We can talk for an hour on GHW, and then meet John Porter. He is arranged a dialogue with staff and students on the AIDS Charter, which I shall have to present in the absence of Thelma. But we will introduce a short presentation of GHW and the GHW team, so that at least all those who are interested can connect. So be prepared.
4. I have lunch with Andy Haines (he has requested this specially, since we have to discuss some issues related to WHO Task Force on Health Systems and the Commission on Social Determinants of Health) and we can meet one others in the afternoon or if you have other appointments, we shall meet again on 14th early evening at OWA.
5. Andy is arranging accommodation at the International Quaker hostel, so you may be able to confirm this on 12th at that number or at OWA. All this is fairly informal still and we can evolve it as we meet up.
6. Any thoughts of how we can present GHW at WHA, other than at PHM events?

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

PHM-GHW

RN 9/5/04

| ----- Original Message -----
| From: Patricia Morton

5/7/04

5/6/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: PHM Secretariat <secretariat@phmovement.org>
Cc: Dave McCoy <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>
Sent: Tuesday, May 04, 2004 3:05 PM
Subject: Re: London Visit

Dear Revi

I suggest at 9:30 at the refectory on the 13th. We will draw up an agenda.

Let me know if there is space for us to do a presentation. We will be prepared for one.

See you soon
Patricia

----- Original Message -----
From: PHM Secretariat
To: Patricia Morton
Sent: Saturday, May 01, 2004 11:26 AM
Subject: Re: London Visit

Dear Patricia,

Re
6/5/04 for

7/5/04

Dear Patricia, Dave, Mike

① I just returned after a hectic four day brainstorming at UNESCAP in Bangkok where I have negotiated that the Regional policy on Health and Development for ESCAP's new division of Health and Development will be based on the issues and perspectives of the Charter (! not for wider circulation). The two consultants for the process will be PHM and WHO(!). There's a [redacted] involved. More details when we meet.

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PHM. London Visit

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⑥ Any thoughts of how we can present GHW at WHA other than at PHM events? Best wishes

5/6/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@hst.org.za>
Sent: Friday, May 07, 2004 5:46 PM
Subject: Re: [ghw] authorship

Dear Dave,

Greetings from PHM Secretariat (Global)!

I fully endorse your porposal. I am all for collective authorship and recognizing everyone's contribution, however big or small. It greatly strengthen the credibility of the initiative and a line of bio of each suggested by Amit is a good idea as well.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
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declaration visit www.TheMillionSignatureCampaign.org

RN 9/5/04

----- Original Message -----
From: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Friday, April 30, 2004 6:20 PM
Subject: [ghw] authorship

PHM-GHW

> Dear all,
>
> I would like to ask your opinion on a quick issue - that of attributing
> chapters to individual authorship.
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> On the one hand we need to do better to ensure a good 'global'
> representation of authors and perspectives. On the other hand we need to
> identify people who have the time and capacity to do the work in the short
> timeframes.
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> My worry is that we are runing out of time, and we may need to simply grab
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> propose that instead of individualising authorship for each chapter, that

Main Identity

From: ctddsf <ctddsf@vsnl.com>
To: <ghw@nst.org.za>
Sent: Friday, April 30, 2004 7:29 PM
Subject: Re: [ghw] authorship

Dear All,

I agree with Dave's proposal. Instead of assigning authorship to individual chapters, we can have a list of all those who have contributed, and also perhaps a one line bio of each.

Amit

At 01:50 PM 4/30/04 +0100, you wrote:
>Dear all.
>
>I would like to ask your opinion on a quick issue - that of attributing
>chapters to individual authorship

RN
3/5/04

PKG. GHW

7/5/04

Dear Dave

I fully endorse your proposal. I am all for collective authorship and recognising everyones contribution, however big or small. It greatly strengthens the credibility of the collective and a line of bio of each suggested by Amit is a good idea as well

Best wishes
Ravi

3/5/04

5/1/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: Patricia Morton <patriciamorton@medact.org>
Sent: Friday, May 07, 2004 5:55 PM
Subject: Re: Teleconferences

Dear Patricia,

Greetings from PHM Secretariat (Global)!

Looking forward to meeting you all at LSHTM on 13th morning and at the WHA as well. Will join the east of Europe Call on 27th May. Should be back in Bangalore and it will be Indian time 1.30pm (so call home number 00-91-80-25553064).

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct

PHM-GHW

RN
9/5/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Dave McCoy <dave.mccoy@naringey.nhs.uk>; Maria Zuniga <maria@ipncglobal.org>; Maria Zuniga <ipnc@cisas.org.ni>; Amit Sengupta <ctddsf@vsnl.com>; PHM-Ravi <secretariat@phmovement.org>; Lynette Martin <LMARTIN@uwc.ac.za>; Samer Jabbour <sjabbour@aub.edu.lb>; IPHC <iphc@cablenet.com.ni>; HST <ant@hst.org.za>; Armando De Negri Filho <armandon@portoweb.com.br>; Chee-khoon Chan <chan_chee_khoon@hotmail.com>; Braveman <pbrave@itsa.ucsf.edu>; Paula Braveman <braveman@ifcm.ucsf.edu>; Baum <fran.baum@flinders.edu.au>; abay <abaysema@pn3.vsnl.net.in>
Sent: Thursday, May 06, 2004 4:55 PM
Subject: Teleconferences

Dear All

As you have probably gathered, we are not going ahead with the teleconference for the 6th of May. We will however, have one on the 27th. It will be a 30-40 minute call and we will send you the agenda beforehand.

We will have two calls on 27 May
- one for west of europe- 5pm London (GM) time
- one for east of europe- 9am London (GM) time

Please let me know if you will be able to make one of these times and if so which one. And please send a phone number if it is different from the last one (or if you weren't involved in the last teleconference).

Thanks very much
Cheers to all
Pat

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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United Kingdom
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Registered Charity 1081097
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Dear Patricia
Looking forward to meeting you all at LSHTM on 12th morning and at the WHA as well. Will join the east of Europe call on 27th May. - Should be back in Bangalore and it will be India time 1.30pm (80 call home number 0091-80-5533064.
Best wishes
Ravi

Main Identity

From: ctddsf <ctddsf@vsnl.com>
To: <ghw@hst.org.za>; GHW mailing list <ghw@hst.org.za>
Sent: Wednesday, May 26, 2004 12:14 PM
Subject: Re: [ghw] New CC members and Brief for Medicines chapter

Dear All,

Its great to see that we are now moving towards a CC that has on board representatives from most parts of the world.

A few brief suggestions on the Chapter on Medicines, which is generally well conceived.

1) Some elaboration in the Chapter on ICH (Intl. Convention on Harmonisation) would be useful. While at present this involves the US, EU and Japan, many see the attempt to hike standards as a "fall back option" being promoted by Big Pharma in case TRIPS becomes impossible to sustain. ICH is a clear ploy to keep out generic manufacturers, especially from developing countries.

2) While discussing R&D, there should be some focus on the fact that public funded research continues to be the basis of most new drug developments. This is true even in the US where much of the basic research continues to be supported by the NIH.

3) Some elaboration on possible mechanisms/models of public funded research, especially for "neglected diseases" would also be useful. In this context the Drugs for Neglected Diseases Initiative (DNDi) is worth looking at.

4) Some discussion would also be useful on drug pricing mechanisms -- especially in developing countries where the State is not a significant provider of health services.

Warm Regards to all,

Amit

RN
23/6/04

Pharm GHW

RN
1/6/04

Main Identity

From: etddsf <etddsf@vsnl.com>
To: <gaw@hst.org.za>
Sent: Wednesday, May 26, 2004 5:19 PM
Subject: Re: [ghw] Brief for Medicines chapter

Dear Dave,

I will try to explain this point in some detail.

In general drug prices are better regulated in developed countries (except the US) than in developing countries. One reason why developed countries find it easier to regulate drug prices is because the State is the largest provider of health services and hence the largest "buyer" of pharmaceuticals. There are different ways in which the state exerts an influence, but essentially its a question of a very large buyer negotiating cheaper prices -- at least for essential drugs.

On the other hand in developing countries, because the state is a much smaller player, out of pocket expenses finance drug sales -- largely from retail outlets. Thus control of drug prices becomes a more complex issue -- and involves mechanisms to control the retail prices of a large number of drugs. Paradoxically, thus, the "free market" for drugs is much larger (as a percentage of total sales) in developing countries. Over the last two decades, in keeping with the neo-liberal economic paradigm, there has been a relaxation of price controls based on the assumption that competition in the market will stabilise drug prices. This never happens, especially given the fact that drug sales are based on drug promotion and rarely does a consumer have a choice in the market. In India, for example, between 1978 and 2002, dugs under price control have come down from 343 to 25, and mark up (profitability over ex-factory cost) allowed has risen from 40-75% to 100-150%.

This is really the context that I had talked about.

Best Regards,
Amit

At 11:02 AM 5/26/04 +0100, you wrote:

RN
27/5/04 fax

Phm- GHW

RN
1/6/04

Main Identity

From: Patricia Morton <patriciamorton@medact.org>
To: Maria Zuniga <maria@iphcglobal.org>; Maria Zuniga <iphc@cisas.org.ni>; Amit Sengupta <ctodsf@vsnl.com>; Bakhyt Sarymsakova <bakhyts@yandex.ru>; Abdulrahman Sambo <sambos@nuc.edu.ng>; Rowson <mikerowson@medact.org>; PHM-Ravi <secretariat@phmovement.org>; McCoy <David.McCoy@ishtm.ac.uk>; Lynette Martin <LMARTIN@uwc.ac.za>; Samer Jabbour <sjabbour@aub.edu.lb>; Armando De Negri Filho <armandon@portoweb.com.br>; Chee-khoon Chan <chan_chee_khoon@hotmail.com>; Paula Braveman <braveman@fcm.ucsf.edu>; Braveman <pbrave@itsa.ucsf.edu>; Baum <fran.baum@flinders.edu.au>; abay <abaysema@pn3.vsnl.net.in>
Sent: Tuesday, May 25, 2004 7:19 PM
Subject: Teleconference 27 May cancelled

Dear All

After careful consideration of our resources and GHW activities over the next month, we have decided to postpone this weeks teleconference.

Our coming meeting in Durban will further develop chapters (we are setting up meetings of authors who will be there) and will look closely at advocacy strategies internationally and at regional and country levels. We thought that it may be more useful to hold a teleconference after the Durban meeting when could discuss these issues further.

We will reschedule the teleconference soon after the Durban meeting.

Thanks and Best Regards
Patricia

Patricia Morton
Global Health Watch

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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Noted
RN
26/5/04

RN
26/5/04pb

Phon. GHW

Main Identity

From: McCoy, Dave <Dave.McCoy@haringey.nhs.uk>
To: <ghw@nst.org.za>
Sent: Wednesday, May 26, 2004 8:32 PM
Attach: Chapter 38 - medicines.doc
Subject: [ghw] Brief for Medicines chapter

Dear Amit,
Thanks for this. I have incorporated the first three suggestions into the brief (which I now re-attach. However, could you elaborate on the fourth point. Is this a point about government being more pro-active with regulating in-country drug pricing by wholesalers and middle-men in the private market? And what is the connection with government not being the main provider of health services?
Thanks again and kind regards
Dave

RM
27/5/04.

Phys. Educ

RM
7/6/04

Chapter B: Medicines for all

PURPOSE OF THIS CHAPTER

To inform the general health community about:

- Inequitable access to medicines and current bias in pharmaceutical research and development towards the higher income medical care market
- Existing trade and IPR-related barriers to accessing medicines
- The inefficiencies of the pharmaceutical industry and the current regime of intellectual property rights
- The lack of transparency and concerns about safety and ethics with private sector pharmaceutical research

Describe the policy positions and actions of the donor community, WHO, WIPO and WTO

Propose an alternative vision as well as recommendations and demands that we want health associations and civil society to direct at WTO, WIPO, WHO and national governments to ensure more equitable access to essential medicines, more effective regulation of the corporate pharmaceutical sector and alternative mechanisms to fund pharmaceutical research and development.

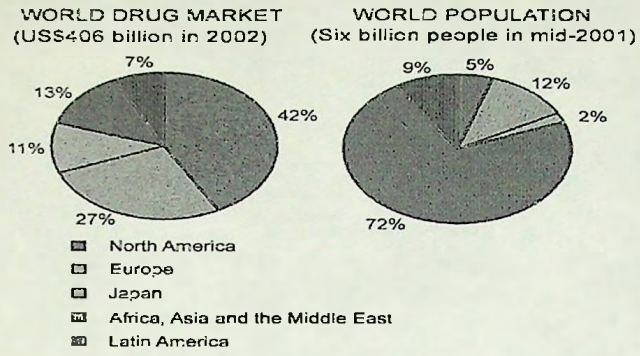
Note: This chapter will not cover all important issues such as irrational prescribing and the development of drug resistance

[Total length of chapter: 3,000 words]

SUGGESTED LAY-OUT OF CHAPTER

Inequitable access to medicines

For example .....



Sources: IMS Health/Population Reference Bureau

Also highlight how bulk of R&D is focussed on medicines targeting high-income population groups.

The problems of existing trade regulations and the IPR system

Describe existing closed commercial system of drug development and intellectual property protection.

Describe what TRIPs is, how it works, how and when medicines got incorporated into this IP regime and the effects on medicine prices and accessibility to chap and effective drugs. Include the breakthrough with the Doha declaration, but the inadequate progress since then. Include some elaboration of the International Convention on Harmonisation (while at present this involves the US, EU and Japan, many see the attempt to hike standards and keep out generic manufacturers, especially from developing countries), as a "fall back option" being promoted by Big Pharma in case TRIPS becomes impossible to sustain.

Box: Case study on the work of TAC in bringing the pharmaceutical companies to court in SA

Describe the main arguments used to promote and defend the patents regime on pharmaceutical research and development (e.g. that it creates a fertile ground for innovation)

Box: Who pays and who benefits

Box to explain that in fact a lot of private research is subsidised by the public sector, both in terms of finance as well as in terms of publicly-generated knowledge. Publicly funded research is in fact the basis of most new drug developments, even in the US where much of the basic research continues to

be supported by the NIH. However the commodification, marketing and commercialisation of this research is privatised.

Also describe the excessive profits being generated by the drug companies and the salaries of top executives. Describe their significant tax breaks (and tax evasion) and their capacity to lobby and influence politicians and international trade policy.

Inefficiencies of the current IP system

- wasteful and harmful 'rent seeking behaviour' within the pharmaceutical industry:
- over-emphasis on the production of copycat drugs, which add little value to health outcomes because companies are forced to compete with each other.
- huge expense on sales and marketing
- effects of secrecy and non-sharing of information
- legal costs associated with securing and enforcing patents
- the existence of large patent mark-ups

In addition to the inefficiencies of the current system, there are also problems related to the lack of effective regulation of companies and the ability of public regulators and consumers to ensure that safety and public health is kept paramount during the pursuit of wider and wider profit margins.

Many of the issues are covered in the book 'Medicines out of Control'

Box: Case study on SSRIs?

Alternative models of R and D

Use example of Human Genome Project and open software production to a) emphasise the value and benefit of cooperation and open intellectual property to innovation and scientific development; b) a public service model to promote social fairness and keep public goods out of private hands and monopolies. Another model is the Drugs for Neglected Diseases Initiative (DNDi).

New methods of research - such as non-profit collaboration or prizes for exceptional ideas - would allow innovation to be rewarded directly, removing the need for marketing monopolies, and allow competition. Drugs could then be sold close to the cost of manufacture.

New methods of research - such as non-profit collaboration or prizes for exceptional ideas - would allow innovation to be rewarded directly, removing the need for marketing monopolies, and allow competition. Drugs could then be sold close to the cost of manufacture.

Addressing the problems

The problems of high drug prices, excessive profits and inefficient R and D are challenges that need to be addressed by a number of key institutions. This section will describe and critique what is being done by:

- WHO
- WIPO
- WTO
- Drug regulatory authorities

It should also describe what actors and institutions are blocking progress towards more progressive and equitable reforms. The commentary on WHO should reflect on the influence of pharmaceutical industry on WHO policy.

Suggestions for what public health associations and health professional organisations should campaign and lobby the following actors

- Governments – rich / OECD nations
- Governments - LMICs
- WTO
- WIPO
- WHO

Chapter B1: Health systems that promote equity and social justice

PURPOSE OF THIS CHAPTER

Note that the introductory chapter will have explained the view that health is more than just the mere absence of disease, and that good health care entails the prevention of illness, the active promotion of health and an appropriate population-based approach to interventions (i.e. public health versus personal health services). The introductory chapter will also have explained our view on access to health care as a right, as well as our perspectives on health in reference to equity and social justice. These will be important principles under-pinning our discussion about health systems and approaches to health care, which is the focus of this chapter.

The chapter will also be used critique the positions and policies of the World Bank and WHO, with respect to approaches to health care and health systems. It should also reflect upon a variety of other significant global health institutions such as UNICEF, the Global Fund and GAVI, and their effect on approaches to health care. In addition, it may need to reflect on the effect of donors on poor country health systems.

Together with the arguments presented in the introduction and in Chapter A, this chapter will contribute to the reaffirmation of the principles of the Alma-Ata declaration, and our own updating of the Alma-Ata Declaration. One aspect of the original Alma Ata Declaration that needs to be strengthened and updated is on health systems.

[Total length of chapter: 10,000 words]

SECTION A: VALUES, PRINCIPLES AND POLITICS OF HEALTH CARE SYSTEMS AND APPROACHES TO HEALTH CARE

Make reference to Chapter A about macro-economic considerations being very important. In many countries, the health system as a whole remains impoverished and under-resourced. This section however will discuss a number of principles that describe the GHW position on health care and health care systems.

- ***Health systems as an expression of social values.*** Approaches to health care and the design of health systems are more than about engineering an efficient system for the delivery of health and medical technologies, but are also manifestations or expressions of social values. Health systems and

'approaches to health care' reflect and define important social relations within human society: for example, between members of a community; between the rich and the poor; between governments and its citizens; and between health workers and patients..These relationships are under-recognised in much bio-medical discourse on health systems – relationships between people and systems, and the political and socio-economic underpinnings of these relationships, need more attention if policy is to tackle the problem of exclusion from health care.

Health systems are therefore important in mediating people's rights to access health care and in the promotion of social cohesion and social justice through promoting equal entitlements to health care. Health systems can either aggravate existing social and economic disparities, or seek to mitigate their effect, through for example, a health financing system that is based on progressive financing, and which allocates a disproportionate amount of health resources to the poor. (It may be useful to lift out what is good from the WHR 2000, especially around principles of progressive financing, and to include examples of inequitable and segmented health care systems).

These views and perspectives are largely normative and philosophical, but are in keeping with the idea of the GHW being a value-led report.

- ***Health systems and the delivery of health care – markets, privatisation and commercialization.*** Another important influence on the design of health systems is the inherent characteristics of health care. For example, the properties of health care provision and consumption make it susceptible to market failure (e.g., information asymmetry between supplier and consumer; lack of real choice in the market place; etc). Such market failures can result in a number of inefficiencies (such as supplier-induced demand, over-servicing and poor quality care). Of concern is the fact that many health systems are not just seeing a growth in the private sector, but a growth in *commercial, for-profit* health care – demand driven care, rather than needs-based care. This marketisation of the health sector and the growing existence of monetary incentives results in health care systems that are prone to abuse, inefficiencies and exploitation (especially given an absence of a strong culture of ethical practice; an inadequately informed and empowered public; the lack of opportunities for consumers to 'punish' bad providers; and the lack of an effective regulatory framework for the private sector). This type of health care can negatively affect both the poor and the rich.

In addition, the commercialization and privatization of health care can influence the way in which health care is conceived. For example, commercialization and privatization tends to be biased towards the commodification of health care and personal health services, which can be packaged, priced and sold to consumers. One consequence of this commodification is an emphasis on curative care and a relative under-emphasis on public health interventions aimed at prevention and promotion. This part of

the discussion might include an explanation of how the biomedicalisation of health care and the development and commercialisation of medical technology (represented by powerful and wealthy lobby groups) pushes both the privatisation of health care systems, as well as the bias towards individual, curative care. Advances in medical science and growing socio-economic disparities are also a force that is driving the creation and development of segmented systems – the rich, with their economic capacity and the allure of advances in medical science, want to be unencumbered from an inclusive but resource-constrained, public health system that is constrained by the need to deal with the more 'basic' and public health priorities of the poor. *Cross reference to chapter on gene technology*

The commercialisation of medicine can also have negative social consequences (over and above those related to efficiency) creating a breakdown in trust between patients and providers, and social unease about the existence of inequities within the health care system.

Following on from these points, we want to affirm and discuss the central role of governments and the state (as the source of legitimate, democratic and centralised authority) to enable and ensure redistribution and coordinate cross-subsidisation, promote equity and ensure social security.The public sector is also important in the delivery of health care because of its role in the delivery of public and merit goods, as well as because of the market failings described earlier.

Although state bureaucracies can be dysfunctional and inefficient; and while many governments and democracies are imperfect, abusive and corrupt, we want to explain why 'government' as a generic concept is good. The public sector is not inherently ineffective and inefficient. It should not be portrayed as a ready-made solution, but the effects of decades of ideological and economic assault on the role of democratic governments in the health sector needs to be corrected.

This should follow with a discussion about the appropriate role of the public health care sector – the role of ministries of health and the civil service; the advantages and disadvantages of organising health services bureaucratically; and the advantages and strengths associated with the public sector. There also needs to be a clearer distinction made between the non-private private sector, and the commercial, for profit private sector. NGOs and CBOs can be constructive and important elements of a health care system, in so much that they add to social capital, strengthen democracy and complement government.

However, we recognise that many health systems have undergone a process of mixed 'active' and 'passive' privatisation over the last 20 to 30 years. The question of how government can work to constrain the development of health care markets is crucial, in the interests of creating equity, social

inclusion and universally available health services. The solutions will differ according to the different country contexts. *Refer to next chapter on 'responses to commercialisation'.*

- ***Health systems and the delivery of health care - appropriate health care and the organization of the health system.*** In the face of the growing commodification of health care, rapid developments in the field of medical technology and health systems inequities, the notion of 'appropriate' health care has become ever more important. Four of the underlying principles of the Alma Ata Declaration were its emphasis on ensuring *appropriate* balances between promotion, prevention, cure and rehabilitation; the use of *appropriate* technologies; community involvement and participation; and ensuring multi-sectoral action.

  Give brief explanations of the underlying rationale each of these four principles in practice. Illustrate how the design of health systems can play an important role in facilitating the application of these principles. In particular, the WHO health systems 'policy' that was intimately linked to the vision of Alma Ata was the District Health System. The DHS is an organisational framework that provides the building block for rational, needs-based health care planning as well as the provision of integrated and holistic health care.

  Explain how the DHS stands in contrast to disorganised and fragmented health care markets; health systems that are segmented horizontally by socio-economic class; the delegation, devolution and administrative disintegration within health systems and health bureaucracies; new public management' reforms and the new mantra of 'individual choice', which places the individual at the centre of decisions on health care provision within the health system (i.e. how do these reforms affect rational, needs-based and equitable health care delivery).

  The promotion of the DHS is designed to promote the idea of organising health systems in a way that strengthens bottom-up, population-based and area-based planning and resource allocation. It does not emphasise 'choice', but rather emphasises local accountability, local access to good health care for all and the role of the health system in engendering public trust and security on the health system.

- ***Health systems and the delivery of health care – integrated and comprehensive health care.*** This section is designed to discuss and critique the approach towards selective PHC and vertical programmes, especially in developing countries. It needs to explain the strengths and weaknesses of 'essential packages', 'cost-effectiveness analyses', 'economic rationalism' and the resurgence of vertical, disease control programmes. Explain the shortcomings of these approaches and how they are a consequence of under-resourced health systems; evidence of inappropriate and inequitable

health care; donor-driven agendas to achieve quick and visible results; the bias towards technological quick-fixes; and public health sectors.

Remedies to the shortcomings of these problems include a recognition of the limitations of cost-effectiveness analysis; more integrated health planning; support for the SWAp principle; and the use of the DHS model to allow more holistic, context-based, bottom-up planning. *Cross reference to chapter on ART.*

IDEAS FOR SHORT CASE STUDIES TO BE INSERTED INTO TEXT OF SECTION A

- **Common misunderstandings / misuses of the term PHC**
- **Common misunderstandings / misuses of the term decentralisation [a bit doubtful on the need for this, should be explained in the text]**
- Data on showing relationship between health outcomes and greater private sector involvement (from MM)
- **South Africa's progress with the regulation and control of the private sector** (reform of the medical insurance industry; banning of individual rating; implementation of a certificate of need scheme aimed at rationalising investment)
- **Kerala, Costa Rica, Sri Lanka and Community-oriented heath care (COPC)** ..... still relevant after all these years?
- **Country case studies from**
  - USA's heavily market-oriented health care system, which accounts for 50% of total annual global health care expenditure on 5% of the world's population still excludes many of its citizens (while claiming to be a standard to which others should aspire), needs to be questioned and contested.
  - CIS states – collapse of Soviet, centralised system and replacement with market-oriented reforms
  - Malawi – typifies a system fragmented by donors, NGOs, government and unregulated private sector
  - China – health care system in trouble despite rapid economic growth
  - Mexico – its efforts to deal with segmentation
  - United Kingdom – the founding principles of the NHS and the subsequent reforms of new public management

- Canada – its system of universal health care and the threats posed by pro-market and pro-private reforms
- Thailand – its positive attempts to implement universal access to health care
- Malaysia – the corporatisation of public sector hospitals

SECTION B: GLOBAL AND INTERNATIONAL INSTITUTIONS

World Bank

This section will provide a description of what WB policy has typically consisted of, and what current WB policies are in the health sector. It will describe the development and evolution of the health sector reform agenda, the policies and perspectives of WDR 1993 and 2004 in particular. Illustrate the ways in which 'decentralisation' (promoted by WHO and the Alma Ata Declaration) has been used as a Trojan horse for neo-liberal reforms.

WHO and the broader UN / multi-lateral system

There would then be a brief description about the current position and policies of the WHO (especially a comment on of WHR 2000, 2003 and 2004). It should incorporate a constructive analysis of WHO's recent change in leadership and direction, and the changing environment within which WHO is operating – e.g. the emergence of the WB's and WTO's influence as a key player in the social sectors (1980s and 1990s), and the emergence of new global-level level mechanisms for health financing such as the Global Fund and GPPIs.

Donor agencies

We will invite critiques of the health policies (in relation to health care systems and approaches to health care) of donor agencies.

SECTION C: RECONSTINTUTING ALMA-ATA AND REDIRECTING GLOBAL HEALTH STEWARDSHIP TOWARDS CLEARER HEALTH SYSTEMS PRINCIPLES

Alma-Ata emphasised the following:

- Equity in the provision of services, with priority being given to those most in need.
- Participation and community involvement in health care
- Emphasising health promotion and the prevention of disease
- Provision of integrated services, with good referral from primary to tertiary levels
- Multi-sectoral activities
- Appropriate technology and due regard to socially and culturally appropriate health care

Our agenda sets out to reaffirm these key principles as well as to update the declaration to meet the priority needs of the present. In terms of the health care system this includes:

- Emphasising that equity in the provision and financing of services should be achieved in a way that does not simply focus public sector resources on the poor. The universalisation of fragmented and messy health care markets is a responsibility of whole societies, and the prime responsibility of national governments.

- Emphasising the importance of private sector regulation

- Emphasising the need for institutional arrangements and codes of practice that promote integration and ensure that disease control programmes do not harm the development of health systems. The District Health System approach can act as the vehicle for promoting equity as well as effective and efficient health care delivery.

- Emphasising that while bureaucracies are not perfect, they serve a political and social function and can be made to work more efficiently and justly. This need not imply monolithic, inflexible and inefficient hierarchies. Decentralisation and multi-actor systems are possible, but can operate within a value system of social solidarity, and trust-based non-competitive relationships.

- Exploring alternative principles in the case of undemocratic and oppressive governments

CONTRIBUTION TO THE CONCLUDING SECTIONS OF THE REPORT

Sections B and C will be contribute to the final section of the report which will advocate an updating of the Alma Ata Declaration, and point to key strategies and recommendations aimed at a number of different constituencies and institutions:

- National governments
- WHO and multi-lateral system
- World Bank
- Health workers associations at the national level

Recommendations, with concrete mechanisms to monitor progress over time might include:

- Health professional associations signing up to broad principles and values – nice idea.

- Agreement on minimum resource requirements for health systems, and novel ways to raise global finance for health (over and above corporate social responsibility agreements and development assistance).
- Greater debate at the national level about the setting of minimum standards, and legal obligations to fulfil those standards.
- Greater commitment to SWAps
- Codes of practice for donors, NGOs and Global Public-Private Partnerships

Chapter 3: Medicines for all

PURPOSE OF THIS CHAPTER

To inform the general health community about:

- Inequitable access to medicines and current bias in pharmaceutical research and development towards the higher income medical care market
- Existing trade and IPR-related barriers to accessing medicines
- The inefficiencies of the pharmaceutical industry and the current regime of intellectual property rights
- The lack of transparency and concerns about safety and ethics with private sector pharmaceutical research

Describe the policy positions and actions of the donor community, WHO, WIPO and WTO

Propose an alternative vision as well as recommendations and demands that we want health associations and civil society to direct at WTO, WIPO, WHO and national governments to ensure more equitable access to essential medicines, more effective regulation of the corporate pharmaceutical sector and alternative mechanisms to fund pharmaceutical research and development.

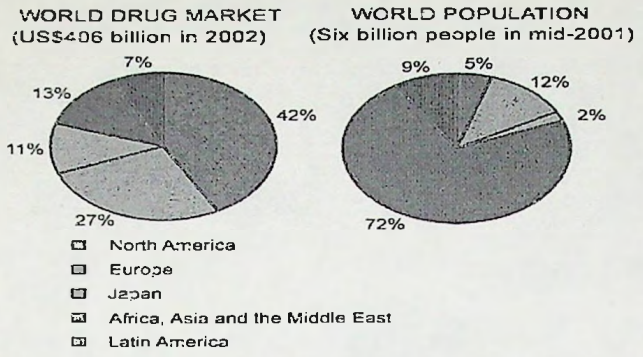
Note: This chapter will not cover all important issues such as irrational prescribing and the development of drug resistance

[Total length of chapter: 3,000 words]

SUGGESTED LAY-OUT OF CHAPTER

Inequitable access to medicines

For example .....



Sources: IMS Health/Population Reference Bureau

Also highlight how bulk of R&D is focussed on medicines targeting high-income population groups.

The problems of existing trade regulations and the IPR system

Describe existing closed commercial system of drug development and intellectual property protection.

Describe what TRIPs is, how it works, how and when medicines got incorporated into this IP regime and the effects on medicine prices and accessibility to chap and effective drugs. Include the breakthrough with the Doha declaration, but the inadequate progress since then. Include some elaboration of the International Convention on Harmonisation (while at present this involves the US, EU and Japan, many see the attempt to hike standards and keep out generic manufacturers, especially from developing countries), as a "fall back option" being promoted by Big Pharma in case TRIPS becomes impossible to sustain.

We will need to incorporate some discussion about the use of bilateral trade agreements to strengthen the IPR regime over and above what is in TRIps.

Box: Case study on the work of TAC in bringing the pharmaceutical companies to court in SA

Describe the main arguments used to promote and defend the patents regime on pharmaceutical research and development (e.g. that it creates a fertile ground for innovation)

Box: Who pays and who benefits

Box to explain that in fact a lot of private research is subsidised by the public sector, both in terms of finance as well as in terms of publicly-generated knowledge. Publicly funded research is in fact the basis of most new drug developments, even in the US where much of the basic research continues to be supported by the NIH. However the commodification, marketing and commercialisation of this research is privatised.

Also describe the excessive profits being generated by the drug companies and the salaries of top executives. Describe their significant tax breaks (and tax evasion) and their capacity to lobby and influence politicians and international trade policy.

Inefficiencies of the current IP system

- wasteful and harmful 'rent seeking behaviour' within the pharmaceutical industry:
- over-emphasis on the production of copycat drugs, which add little value to health outcomes because companies are forced to compete with each other.
- huge expense on sales and marketing
- effects of secrecy and non-sharing of information
- legal costs associated with securing and enforcing patents
- the existence of large patent mark-ups

In addition to the inefficiencies of the current system, there are also problems related to the lack of effective regulation of companies and the ability of public regulators and consumers to ensure that safety and public health is kept paramount during the pursuit of wider and wider profit margins.

Many of the issues are covered in the book 'Medicines out of Control'

Box: Case study on SSRIs?

Alternative models of R and D

Use example of Human Genome Project and open software production to a) emphasise the value and benefit of cooperation and open intellectual property to innovation and scientific development; b) a public service model to promote social fairness and keep public goods out of private hands and monopolies.

Another model is the Drugs for Neglected Diseases Initiative (DNDi), which aims to take the development of drugs for neglected diseases out of the marketplace and encourage the public sector to assume greater responsibility. It aspires to meet a needs-based research and development agenda for drugs for neglected disease.

New methods of research - such as non-profit collaboration or prizes for exceptional ideas - would allow innovation to be rewarded directly, removing the need for marketing monopolies, and allow competition. Drugs could then be sold close to the cost of manufacture.

New methods of research - such as non-profit collaboration or prizes for exceptional ideas - would allow innovation to be rewarded directly, removing the need for marketing monopolies, and allow competition. Drugs could then be sold close to the cost of manufacture.

Drug pricing

Although the focus of this chapter is to promote the different and alternative models of pharmaceutical R and D, another important issue relates to the capacity of governments and countries to exert downward pressure on the price of medicines. These include legislative mechanisms to limit profit mark-ups (SA); buying in bulk; parallel importing; etc.

Addressing the problems

The problems of high drug prices, excessive profits and inefficient R and D are challenges that need to be addressed by a number of key institutions. This section will describe and critique what is being done by:

- WHO
- WIPO
- WTO
- Drug regulatory authorities

It should also describe what actors and institutions are blocking progress towards more progressive and equitable reforms. The commentary on WHO should reflect on the influence of pharmaceutical industry on WHO policy.

Suggestions for what public health associations and health professional organisations should campaign and lobby the following actors

- Governments – rich / OECD nations
- Governments - LMICs
- WTO
- WIPO
- WHO

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@inst.org.za>
Sent: Monday, May 31, 2004 11:04 PM
Attach: Chapter 33 - medicines.doc
Subject: [ghw] Re: Chapter on medicines - second version of brief

Dear friends,

Here is the second draft of the medicines brief - thanks for the feedback!

We have approached a number of people to contribute to this chapter.

Thanks and best regards

David

RN
1/6/04

Prof. GHW

RN
1/6/04

Dear Andrew and Charles,

Greetings. We hope you are both well, and have the time to read this short note.

You may have heard of an initiative being coordinated by the Peoples Health Movement, Medact (UK) and the Global Equity Gauge Alliance to produce an 'alternative world health report'. The report is designed to put forward an equity-oriented and rights-based perspective on global health and health policy, with the intention of reviving the ethic of Alma Ata. Implicit in this is a desire to provide a counterweight to the dominance of pro-market, neo-liberal policy in the health sector.

This report is being called the Global Health Watch and is also distinct from WHO's World Health Report in that it aims to also monitor the performance and actions of relevant global institutions. These include WHO, the World Bank and influential donor agencies such as USAID and DfID.

The target audience of the report is the wider global health community (e.g. ordinary health workers, public health associations and health professional organisations) whom we want to educate, inform and mobilise. In other words, this is not intended primarily to reach an academic audience, rather to inform and educate the broader health community and provide it with a critical assessment of the performance of the key players, as well as to provide practical suggestions on ways forward.

More detail about this initiative can be found in the attached flyer, and on our website (www.ghwatch.org).

We are writing to ask if you would be able to contribute to the central chapter on health care systems. Attached is a very rough outline of the different issues we would want to cover in this chapter, and we hope it is something that you would be interested in being part of.

We are also approaching a number of other people from around the world who, we believe, share a similar vision and perspective on health care. These include:

- Malcolm Segall
- Maureen Mackintosh
- Imrana Qadeer
- Vincent Navarro
- Abhay Shukla
- Halfdan Mahler
- David Sanders
- Ravi Narayan
- Armando de Negri
- Maria Zuniga
- Chan Chee Koon
- Eleuther Tarimo
- Charles Waitzkin
- Lucy Gilson
- Andrew Haines
- Jack Geiger
- Fran Baum
- Debabar Banerji
- Gill Walt
- Fouad M. Fouad
- Alan Leather
- Rita Giacaman

Believe since signatory to letter x informed GHW re on 1/6/04

In addition, we are intending to commission small case studies (as suggested in the outline attached).

Ideally we would like to produce a chapter that would represent the collective output of as many individuals as possible, as this would strengthen the advocacy potential of the chapter. We are still a little

PHM-GHW

unsure as to how such a collective approach to developing the chapter would be actually coordinated. It is likely that someone will need to volunteer to act as a central coordinator and primary author. However, for the time being, we are writing to ask if you would be interested and able to participate in developing this chapter by agreeing to any or all of the following:

- Comment on the outline and make suggestions for existing material that can be incorporated into the chapter
- Suggest any other individuals who may be able to participate
- Write on sections of the chapter
- Critically review drafts of the chapter
- Coordinate the production of this chapter

The aim is to launch this report in May 2005 in the time of the World Health Assembly, and for the second People's Health Assembly which will follow shortly afterwards in Ecuador.

Although PHM, Medact and GEGA are providing the secretariat for the Watch, we are intending for the Watch to be launched and produced as a collaborative output of as many organisations and individuals who are prepared to support and endorse it.

We look forward to hearing back from you.

With best wishes,

Ravi Narayan
People's Health Movement

Mike Rowson
Medact

David McCoy
Global Equity Gauge Alliance

Main Identity

From: Braveman, Paula <Braveman@fcm.ucsf.edu>
To: <ghw@nst.org.za>
Sent: Wednesday, June 02, 2004 10:33 AM
Subject: RE: [ghw] Re: official letter to WHO

Dave, I think this is basically good, but could stand a little editing, mostly for clarity. Can we give you specific suggestions re wording next week in Durban?

Would blind copies of the letter be sent to GEGA "friends" inside WHO? (Jeanette, Tim, Eugenio Villar, Eva Wallstam, at least). I'm assuming we don't want to ask them for input on the letter itself because we probably don't need it and that would put them in an awkward position, but I'm not 100% clear on that. ??

--Paula

RN 2/6/04

RN 2/6/04 for

Phon GHW

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@nst.org.za>
Sent: Tuesday, June 01, 2004 5:43 PM
Subject: Re: [ghw] Re: Chapter B1 - second version of brief

Dear Dave, Mike, Patricia,

Greetings from PHM Secretariat (Global)!

While I shall definitely contribute to the GHW, do not include me in the list of those you are approaching (mentioned in the invitation letter), because I am one of the signatories to the invitation. So it doesn't seem quite right. Please make the necessary modification in the letter. Otherwise, it reads well and I confirm my approval.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"

PHM-GHW

RN
7/6/04

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <gnw@hst.org.za>
Sent: Monday, May 31, 2004 10:30 PM
Attach: Dear Andrew and Charles.doc; Chapter B1.doc
Subject: [gnw] Re: Chapter B1 - second version of brief

Dear friends,

I am writing with the revised version of Brief B2. This has taken into account the feedback received from various people. David and Chee Khoon - some of your feedback on this chapter, will in fact be covered in the introduction as well as Chapter A (politics and economics of health).

The brief reads much better now, and flows nicely from an explanation of our values and principles, to some empirical evidence from countries, to institution watching, to recommendations.

I also think it is now easier to see how we can invite specific contributions from specific people.

We are now in the process of inviting individuals to participate in the final production of this chapter. At the moment we are merely asking individuals if they would be prepared to make a general commitment to participating 'in some way'. Once we get feedback, we will work towards giving people more specific briefs.
Attached for your interest, is a copy of an invitation letter to two such people. The list of people (outside of the CC) whom we are approaching include:

- Malcolm Segall
- Maureen Mackintosh
- Imrana Qadeer
- Vincent Navarro
- Halfdan Mahler
- Eleuther Tarimo
- Charles Wairzkin
- Lucy Gilson
- Andrew Haines
- Jack Geiger
- Debabar Banerji
- Gill Walt
- Fouad M. Fouad
- Alan Leather
- Rita Giacaman

Please feel free to comment further on the brief. If you know of any good existing material that we can use for this brief, and of other case studies, please let us know. Also, if you can think of any other contributors we should rope in, let us know as well. We also need to identify people who can write up a critique of WHO's and the WB's policies and positions on health systems.

All the best,

Dave

BM
1/6/04

Phase GNW

6/1/04

Main Identity

From: Chee-khoon Chan <chan_chee_khoon@hotmail.com>
To: <ghw@hst.org.za>
Sent: Thursday, May 27, 2004 3:45 PM
Subject: Re: [ghw] New CC members and Brief for Medicines chapter

Dear Amit, colleagues

I'm glad you brought up DNDi too. Their website states that the DNDi aims to "take the development of drugs for neglected diseases out of the marketplace and encourage the public sector to assume greater responsibility. It aspires to harness public and private sector resources with new science and technology, to meet a needs-based research and development agenda for drugs for neglected disease". If it's not premature, perhaps the chapter could also address the further question, beyond R&D, of production and distribution? I think DNDi itself is exploring (some combination of) options, in the event that needs-driven R&D yields some promising results: nonexclusive licensing of manufacturers (in effect, getting pharmaceutical companies to compete as generics producers), looking to global funds and other social transfers to provide additional purchasing power, non-profit (public) agencies stepping in as producers (and distributors), etc. It would be good to also explore this from the perspective of popular organizations (especially since the future operating environment for generics manufacturers is uncertain, with the ongoing struggles over TRIPS).

Best,

Chee Khoon

RN 28/5/04 Ro

RN 3/6/04

Plan GHW

5/28/04

Main Identity

From: Braveman, Paula <Braveman@fcm.ucsf.edu>
To: <gnw@nst.org.za>
Sent: Wednesday, June 02, 2004 10:33 AM
Subject: RE: [ghw] Re: official letter to WHO

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--Paula

RM 2/6/04

RM 2/6/04 for

PHGH - GHW

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@hst.org.za>
Sent: Tuesday, June 01, 2004 5:43 PM
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Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"

PHM-GHW

RN
7/6/04

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@hst.org.za>
Sent: Monday, May 31, 2004 10:30 PM
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Subject: [ghw] Re: Chapter B1 - second version of brief

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- Charles Waitzkin
- Lucy Gilson
- Andrew Haines
- Jack Geiger
- Debabar Banerji
- Gill Walt
- Fouad M. Fouad
- Alan Leather
- Rita Giacaman

Please feel free to comment further on the brief. If you know of any good existing material that we can use for this brief, and of other case studies, please let us know. Also, if you can think of any other contributors we should rope in, let us know as well. We also need to identify people who can write up a critique of WHO's and the WB's policies and positions on health systems.

All the best,

Dave

BM
1/6/04

Phan GHW

Main Identity

From: Chee-khoon Chan <chan_chee_khoon@hotmail.com>
To: <ghw@hst.org.za>
Sent: Thursday, May 27, 2004 3:45 PM
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Best,

Chee Khoon

RN 28/5/04 fax

RN 3/6/04

Plan GHW

5/28/04

Main Identity

From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@hst.org.za>
Sent: Wednesday, June 02, 2004 4:36 AM
Attach: WHO letter.doc
Subject: [ghw] Re: official letter to WHO

Dear CC,
Attached is a letter that we would like to send to Dr Lee, and all the ADGs of WHO, informing them of the Global Health Watch. We would like to sign this from all CC members.
What do you think?
thanks
Dave

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RH
2/6/04

it well in the context of the letter. Ours will not just a passive observer
With best wishes
Ron

2/6/04

Dear Dave

Its a good idea to write to Dr Lee & ADGs of WHO. I would add International Health not just Trade since WHO role as a global guideline setter is getting undermined. We also need to mention that our support or engagement with WHO is primarily because it is a UN body with inter governmental governance committed to Health of all people and it is this constitutional mandate in Relation role and focus that we

RHun - GHW

seek to strengthen
in our engagement. This is
particularly important because
WHO has in the recent past also
become a passive collaborator
with WB prescriptions and corporate
led international health efforts and
we do not support this trend.
I am sure you can put

6.2.04

Dear Dr Lee,

We are writing to inform you of an initiative to produce a bi-annual Global Health Watch, the first version of which will be launched in 2005.

The production of the Watch is being coordinated by three non-governmental organisations, and is involving networks, academics and activists from around the world. Our aim is to put forward an independent, equity-oriented and rights-based analysis of global health and health policy. In addition, we seek to use the report as a vehicle for promoting civil society's capacity to monitor the global institutions that are important to health. A major thrust of the report will be to provide a strong critique of international policies that undermine government ownership and accountability and damage the sustainability and fairness of health systems.

We believe that the Watch will enable a stronger monitoring of global health governance by civil society, especially in the South, and that this can only strengthen WHO's engagement with civil society. In addition, we hope that the Global Health Watch will support the voice of WHO in the sphere of global governance, in particular in relation to the international trade and financial institutions. We will seek to ensure that the report, which will include a degree of WHO performance assessment, strikes the right balance between constructive criticism and support of WHO's noble mission.

We hope that WHO staff will support the principle behind this initiative and we look forward to a constructive engagement, for the betterment of global health and social justice. Further information on the Global Health Watch is available on our website, www.ghw.org.

Yours sincerely,

cc. All ADGs in WHO

Main Identity

From: Ipsita Banerji <nhpp@bol.net.in>
To: Patricia Morton <patriciamorton@mediact.org>
Cc: PHM Secretariat <phmsec@touchtelindia.net>; CHC <chc@sochara.org>
Sent: Friday, June 04, 2004 7:04 PM
Subject: Re: Global Health Watch

Dear Ms Morton

A quick reply. I am very happy to note the initiative taken by your group. Because of my limited capacity I have severely cut down on my academic work. But so apt and attractive are your proposal that I hasren to inform your group that I am willing to mobilise my effort to repond positively to you suggestion. I have the following observations:

1. It is commendable that you have fixed a time shcedule and fixed the size of contribution.

2. I realise that our group has a tiny fraction of the resouces available, compared to what WHO spends on its publication. Yet we will have to be much more forceful and convincing if the alternative report is to make the expected impact. The contributions have to be of very quality. Your group has to be very careful in choosing the contributors and you should be able to turn down any contribution (including mine), if it does not attain the standard.

3. Cosidering the constraints under which we work, we need not necessarily aim at being comprehensive, if it not possible to have quality inputs.

4. I would very much like to have co-authors and I am willing to be a second autthor or just be acknowledged for my contribution. The trouble is that if you ask me to choose my co-author or assistence, I will say that I do not have anybody in mind.

5. I will carefully go through the material sent by Dr Ravi Narayan and let you have my additonal observations, if any.

With regards,

Sincerely yours,
D Banerji.
Professor Emeritus,
Jawaharlal Nehru University,
New Delhi, India.

RN
7/6/04

RN
7/6/04

6/9/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@hst.org.za>
Sent: Wednesday, June 02, 2004 4:54 PM
Subject: Re: [ghw] Re: official letter to WHO

Dear Dave,

Greetings from PHM Secretariat (Global)!

Its a good idea to write to Dr. Lee and ADGs of WHO. I would add International Health not just Trade, since WHO role as a global guideline setter undermined. We also need to mention that our support or engagement with WHO is primarily because it is a UN body with inter governmental governance committed to Health of all people and it is this role and focus in their constitutional mandate that we seek to strengthen in our engagement. This is particularly important because WHO has in the recent past also become a passive collaborater with WB prescriptions and corporate led international health efforts and we do not support this trend. I am sure you can put it well in the context of the letter. Ours will, therefore, a critical collaborater role, not just critic. Also not just a passive observer or an uncritical partner. The idea for all cc to sign is an excellent one.

with best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Tel: 00 91 (0) 80 51280009 (Direct) Fax: 00 91 (0) 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW!" campaign in the 25th anniversary year of the Alma Ata
declaration visit www.TheMillionSignatureCampaign.org
----- Original Message -----
From: David McCoy <David.McCoy@lshtm.ac.uk>
To: <ghw@hst.org.za>
Sent: Wednesday, June 02, 2004 4:35 AM
Subject: [ghw] Re: official letter to WHO

> Dear CC,
> Attached is a letter that we would like to send to Dr Lee, and all the
> ADGs of WHO, informing them of the Global Health Watch. We would like to
> sign this from all CC members.

Dear Dave/Mike/Richard
This will probably reach late but incase you have not sent the letter to Dr Lee and ADGs I comm.

UK-General Visit

GHW
PHM - ~~GEGI~~

RN
7/6/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <dmartin@uwc.ac.za>; <lexi@hst.org.za>; <panissetu@who.int>
Sent: Sunday, June 06, 2004 5:42 PM
Subject: Fw: Towards a dialogue with civil society organizations and health systems researchers

Dear David, Lexi and Ulysses,

Its seems over the last few days all the connections have been made and I am glad that the 12th June dialogue with CSOs on HSR priorities and Equity Challenge is now definitely on. Its a pity I cannot make it to Durban but with David and Lexi agreeing to facilitate; Lexi identifying the group etc; I feel my additional presence would have been unnecesary since there are so many other PHM initiatives evolving. I look forward to getting a copy of the summary of the Consultation (that will emerge on 13th). We have now confirmation of a follow up meeting at LSHTM, London on 22nd June, 2-3.30pm with Health Systems researchers from different countries doing their PhDs at the School on HSR / CSO / Equity priorities. Rene, Lexi and I will facilitate this and Andy is arranging it with the help of a few faculty members. I have also informed WHO Equity group - Alec and Jeanette - about it.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala

PHM South Africa
Durban Meeting
Mexico Summit
Preparation

Main Identity

From: <panissetu@who.int>
To: <secretariat@pnmovement.org>; <lexi@hst.org.za>
Cc: <rene@tarsc.org>; <aruth.arford@oneworldaction.org>; <david.mccoy@lshtm.ac.uk>
Sent: Thursday, June 03, 2004 10:04 PM
Subject: RE: Towards a dialogue with civil society organizations and health systems researchers

Dear Ravi,

Thank you so much for your support to the 12 June workshop. Things have advanced well since our meeting during the WHA and Lexi , as usual, Dear Ravi.

Thank you so much for your support to the 12 June workshop. Things have advanced well since our meeting during the WHA and Lexi, as usual, has done a fantastic job in making it possible during the busy schedule in Durban. I was in duty travel and only yesterday could coordinate with Jeanette Vega the finals details of the workshop.

As I mentioned to Lexi, we would not like to limit the number of participants in 12 June. If necessary we can divide in two groups. Your suggestion for the 13 morning meeting with a smaller group (+ -5) will enable us to wrap up the consultation. After the discussion with Jeanette I made a few additions to the agenda you sent (I will send in a following message). We would like to see a special consideration given in the discussions to equity not only cross cutting all identified priorities, but also as a research "object" per se. Jeanette will coordinate the first session on WHO's equity agenda and I will work with the following session.

I understand that Lexi has already invited most of the people, but I will be glad to send specific invitations. I had a meeting today with David Sanders and he confirmed he will attend.

Bestwishes,
Ulysses

Ulysses Panisset, MD, PhD
Scientist, Research Policy & Cooperation (RPC/EIP),
World Health Organization,
Avenue Appia,
CH-1211 Geneva 27,
Switzerland.
Tel No : 41 22 791 4215
Fax No : 41 22 791 4169

4/6/04

Dear David, Lexi and Ulysses

It seems over the last few days all the connections have been made and I am glad that the 12th June dialogue with CSO's on HSR priorities and Equity challenge is now definitely on. It's a pity I cannot make it to Durban but with David and Lexi agreeing to facilitate; Lexi identifying the group etc I feel my additional presence would have been unnecessary since there are so many other PHM activities evolving. I look forward to getting a copy of the summary of the consultation (I hear will emerge on 13th)

PHM- Durban Meeting
CSO-HSR Dialogue

RS
4/6/04

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R
4/6/04

6/6/04

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <ghw@hst.org.za>
Sent: Monday, June 07, 2004 8:43 PM
Subject: Re: [ghw] Re: official letter to WHO

Dear David and Dave

Greetings from PHM Secretariat (Global)!

Many in WHO are very welcoming of the GHW initiative including the 'potential watch' component on WHO. Strategically, it is a good move but rather than sending it to people by email, perhaps we could consider meeting Dr. Lee and handing it over in person to him and some of his closest advisers. I shall be in Geneva on 24th / 25th to meet with many of his advisers. On HIV / AIDS initiative and the Social Determinants Commission. I could undertake the job if all of you agree with the idea. If so, do we send it on PHM / GEGA / MEDACT / GHW letterhead? Actually a letterhead will be better protocol then email.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore

PHM-GHW

RN
11/6/04

Main Identity

From: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Friday, June 04, 2004 9:34 PM
Subject: RE: [ghw] Re: official letter to WHO

David

It's for a number of reasons ..... one is to 'warn' them about the report; the other is to encourage the possibility of some informal briefings that can help us shape the report (it may be useful, for example, to get a sense from within WHO about how they can be strengthened vis a vis the WTO, WB, IMF etc; how to reduce the corporate influence within WHO etc). But it's not about getting any contribution from them for the report.

Dave

-----Original Message-----
From: Lynette Martin [mailto:lmartin@uwc.ac.za]
Sent: 04 June 2004 16:55
To: ghw@hst.org.za
Subject: [ghw] Re: official letter to WHO

Dear Dave,

I have no problems with the letter. I am however not clear why we are sending the letter. Is it to warn them? Is it to solicit their contribution? Or what?

Regards,
David Sanders

RW
9/6/04

PHM-GHW

RW
7/6/0

PHM-GHW

If so do we send it on PHM/GEGA/Medact /GHW letterhead Actually a letterhead will be better professional than email

Best wishes
Ron.

Dear David/Dave

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secretariat@phmovement.org

Menu Compose Search Personal Account Options... Help Logout

PHM's
Main Mail

- Print
- Header

Message 2 of 78

FROM: "David McCoy" <davidmccoy@xyx.demon.co.uk> | Save Address

DATE: Fri, 18 Jun 2004 08:15:59 +0100

TO: "Pam Zinkin" <pamzinkin@gn.apc.org>,"'PHM Secretariat'" <secretariat@phmovement.org>, <mikerowson@medact.org>, <david.mccoy@lshtm.ac.uk>, <patriciamorton@medact.org>

SUBJECT: RE: London Visit

Dear Ravi

Thanks for the update. My eye caught the apppointments you have made with christian aid and action aid. Both these NGOs need to be persuaded to come on board with the GHW, and if it would be appropriate I'd like to suggest that either pat, Mike or I accompany you for this reason.
It would also be good to meet to update you on the Durban meetings. But my time is very limited next week!

I'm sure we can finalise things over the phone after you have arrived back here in london

dave

Dear Pam, Mike, Dave, Patricia,

Greetings from the PHM Secretariat! Just a quick note to let you know that I shall be back in London from 20th late evening till 24th early morning in connection with some PHM fund raising with Andy (OWA) on 21st June and the pre commission (Social Determinants in Health) meetings organized by Michael Mormat for the WHO equity unit on 22/23rd June. David Sanders Rene, Lowensen, Lexi Bambas will also be at this pre commission brainstorming and Andy Haines at LSHTM has arranged an interactive dialogue with faculty and PhD student from 2 – 3.30 pm at Room 101, 50 Bedford Square with all these potential commission members as well.

PHM-GHW
RW
30/6/04
12/6/04

On 21st June I am with Andy (OWA) and have appointments with DFID, ActionAid and Christian Aid. On 22nd JuneI have suggested to Andrew Chetley that we meet in the morning to finalise the evaluation report and I have lunch time appointments at the

secretariat@phmovement.org

Menu Compose Search Personal Account Options... Help Logout

PHM's
Main Mail

- Print
- Header

Message 1 of 82

FROM: "Mike Rowson" <mikerowson@medact.org> | Save Address
DATE: Fri, 18 Jun 2004 09:23:13 +0100
TO: "PHM Secretariat" <secretariat@phmovement.org>,<pamzinkin@gn.apc.org>, <patriciamorton@medact.org>, "Dave Work" <Dave.McCoy@haringey.nhs.uk>
SUBJECT: Re: London Visit

From today's Lancet. See reference to PHM next footnote 30. More signs of influence?
m

----- Original Message -----

From:
PHM Secretariat
To:
pamzinkin@gn.apc.org ;
mikerowson@medact.org ;
david.mccoy@lshtm.ac.uk ;
patriciamorton@medact.org
Sent: Tuesday, June 15, 2004 2:29 PM
Subject: London Visit

Dear Pam, Mike, Dave, Patricia,

Greetings from the PHM Secretariat! Just a quick note to let you know that I shall be back in London from 20 th late evening till 24 th early morning in connection with some PHM fund raising with Andy (OWA) on 21 st June and the pre commission (Social Determinants in Health) meetings organized by Michael Mormat for the WHO equity unit on 22/23 rd June. David Sanders Rene, Lowensen, Lexi Bambas will also be at this pre commission brainstorming and Andy Haines at LSHTM has arranged an interactive dialogue with faculty and PhD student from 2 – 3.30 pm at Room 101,
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from 12 noon.

It would be a good idea inspite of the busy schedule to try and meet for a

1-12 18/6/04

PHM-UK GHW RN 30/6/04

Main Identity

From: "Prasanna - PHM Communications" <prasanna@phmovement.org>
To: "Debabar Banerji, Prof." <nhpp@bol.net.in>
Sent: Tuesday, June 29, 2004 5:35 PM
Subject: Re: Global Health Watch

Dear Dr. Banerji,

Greetings from PHM Secretariat (Global)!

I was really glad to find that you support GHW and are finding the process we have started stimulating. Thanks for all your suggestions and solidarity.
Thelma mentioned that you had also commended her statement on HIV / AIDS. Slowly and surely PHM is engaging with the tigers and inspite of the dangers of claws,making some headway. Recently I attended the planning meeting of WHO's new Commmision on Social Determinants of Health and was surprised that inspite of it being a good initiative, especially in the context of the myopia of Jefff Sach's report. I was shocked at the overall loss of memory. David Sanders, Rene Lowensen (Equinet), Lexi Bambas (GEGA) and I had to strongly endorse and reiterate the political vision / process of Alma Ata

Prasanna Saligram
Communications officer, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034, India
Tel: +91 80 51280009 (direct) Fax: +91 80 25525372
Website: www.phmovement.org
Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit
www.TheMillionSignatureCampaign.org

30/6/04

30/6/04

Dear Dr. Banerji.

This letter was from Ravi not Prasanna

Sorry for the computer error.

Best wishes

Srinidhi

PHM Secretariat

29/06/

cc David McCoy

FROM: "Community Health Cell" <chc@sochara.org>
DATE: Mon, 28 Jun 2004 11:01:10 +0530
TO: <secretariat@phmovement.org>
SUBJECT: Fw: Global Health Watch

PLEASE NOTE THE CHANGE IN OUR EMAIL ADDRESS TO
chc@sochara.org

Dr.Thelma Narayan,
Coordinator,
Community Health Cell,
367, Srinivasa Nilaya,
Jakkasandra,
Ist Main, Ist Block,
Koramangala,
BANGALORE - 560 034.
Ph.: 25525372 / 25531518 / 25505924(D) / 25533064 (R)

Dear Dr Banerji,
I was really glad to find that you support GHW and are funding the process we have started stimulating. Thanks for all your suggestions and solidarity. Thelma mentioned that you had also commended her statement on HIV/AIDS. Slowly and surely PHM is engaging with the rivers - and inspite of the dangers of claws making some headway. Recently I attended the planning meeting of WHO's new commission on Social Determinants of Health and was surprised

----- Original Message -----
From:
Ipsita Banerji
To:
David McCoy
Cc: Ravi Narayan
Sent: Saturday, June 26, 2004 11:10 AM
Subject: Re: Global Health Watch

Dear Dr McCoy

Thank you very much for your letter. I have carefully gone through the chapter outline. It gave me considerable joy to read such a stimulating public health document; it gives a refreshingly different perspective to the principles and practice of public health. I want to convey my warm fallicitations to you and your group for bringing out such an exellent document.

I am grateful to GHW for giving me such a wide latitutude to contribute. As I might have written to you earlier, my approach to the area(s) of my contribution will be very flexible. If there are suitable contributors, I will have no hesitation in staying out. If, however, I am to contribute, I will list out the following areas:

1.Giving an operational form to ways of implementing Health For All/PHC, under different political, social, cultural and epidemiological conditions in the poor countries of the world. I fully endorse the philosophy of District Health System/Organization. However, a 'district' has different form in different countries. In India, for instance, it covers a population of 2-5 million and it is considered as the sheet anchor of the public health system.

2.Both the components of 'Health systems and delivery of health services' - i. appropriate health care and organization of health care system and, ii. integrated and comprehesive

Ref

Lexi Bombas (GEGA) by me and I had to strongly endorse and reiterate political vision/process of Alma Ata but was sorry that inspite of it being a good initiative especially in the context of the myopia of Jeffrey Sachs report - I was shocked at the overall lack of memory. Dond Sanders, Rene Loewenson (Equinet)

health care.Incidentally, ONE OF MY SUGGESTIONS WILL BE TO CONSIDER 'INTEGRATING' THE TWO!

3. I had written an article in the International Journal of Health Services (no2, 1999), under the title: A Fundamental Shift in the Practice of International Health by WHO, UNICEF and the World Bank.

As I might have mentioned earlier, the report need not be comprehensive. The following suggestions may be considered in that context:

1.Health manpower development.

2. Health systems research.

3. Critique of thinking on Macro-economics and Health and the dominant school of health economics, health sector reforms and health financing. This will include critical analyses of such newly developed concepts as DALY, Burden of Diseases and Evidenced Based Meidicine..

4. Epidemiological approaches to public health probelms, as propounded by Hugh Leavell and Edward MacGavern.

5. Social science dimensions of health, including politcal economy of health.

Finally, I can also assure you that I can provide back up support to make critical review of drafts and coordinating the production of the Chapter.

With regards,

Sincerely yours,
D Banerji

---- Original Message ----

From:
David McCoy
To:
Ipsita Banerji ;
Patricia Morton
Cc:
PHM Secretariat ;
CHC
Sent: Wednesday, June 23, 2004 3:12 AM
Subject: RE: Global Health Watch

Dear Professor Banerji

Thankyou for your response and your willingness to participate. Could we ask you as a next step to please consider the chapter outline very carefully and send us any comments on the structure and outline of the chapter. Then could you make any suggestions on which of the different sections you feel able and comfortable to contribute towards?

We look forweard to hearing back from you soon

Kind regards

David McCoy

Dr David McCoy
Global Equity Gauge Alliance
Global Health Watch secretariat
Tel: (44)-(0) 795 259 7244
Fax: (44)-(0) 20 7324 4734

-----Original Message-----
From: Ipsita Banerji [mailto:nhpp@bol.net.in]
Sent: 04 June 2004 14:34
To: Patricia Morton
Cc: PHM Secretariat; CHC
Subject: Re: Global Health Watch

Dear Ms Morton

A quick reply. I am very happy to note the initiative taken by your group. Because of my limited capacity I have severely cut down on my academic work. But so apt and attractive are your proposal that I hasten to inform your group that I am willing to mobilise my effort to repond positively to you suggestion. I have the following observations:

1. It is commendable that you have fixed a time shcedule and fixed the size of contribution.

2. I realise that our group has a tiny fraction of the resouces available, compared to what WHO spends on its publication. Yet we will have to be much more forceful and convincing if the alternative report is to make the expected impact. The contributions have to be of very quality. Your group has to be very careful in choosing the contributors and you should be able to turn down any contribution (including mine), if it does not attain the standard.

3. Cosidering the constraints under which we work, we need not necessarily aim at being comprehensive, if it not possible to have quality inputs.

4. I would very much like to have co-authors and I am willing to be a second autthor or just be acknowledged for my contribution. The trouble is that if you ask me to choose my co-author or assistence, I will say that I do not have anybody in mind.

5. I will carefully go through the material sent by Dr Ravi Narayan and let you have my additonal observations, if any.

With regards,

Sincerely yours,
D Banerji.
Professor Emeritus,
Jawaharlal Nehru University,
New Delhi, India.

----- Original Message -----

From:
Patricia Morton
To:
Debabar Banerji
Sent: Wednesday, June 02, 2004 9:59 PM
Subject: Global Health Watch

Dear Debabar Banerji

Please see the attached letter inviting you to participate in the Global Health Watch.

Best Regards
Patricia Morton
Global Health Watch Secretariat

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FROM: "Mike Rowson" <mikerowson@medact.org>
DATE: Wed, 30 Jun 2004 14:28:19 +0100
TO: <a.t.green@leeds.ac.uk>
SUBJECT: Global Health Watch

Dear Andrew

Many thanks for your letter of 14 June regarding the Watch, and the enthusiasm of Charles and yourself. We just wanted to re-assure you that the Watch has already got quite considerable support from both Northern and Southern academics and activists and that it is going ahead - your involvement will not be a wasted effort and certainly we would like you to be involved in the technical review of one or two key chapters.

Malcolm Segall has in fact agreed to lead on the writing of the chapter tentatively titled "Health systems that promote social justice", and would like to convene a meeting with people based in the UK who are involved in the writing/reviewing of this and a couple of the other key chapters. This will be a day-long meeting in London, either at Medact or the London School. The people who will be involved are a mix of people writing and reviewing or contributing case studies including: Gill Walt, Maureen Mackintosh, Jane Lethbridge and Alex Scott-Samuel. Would yourself or Charles be available to come? The suggested dates are as follows

16 July
21/22/23 July
26/27/28/29 or 30th July

Also - would just like to let you know that we have taken up your idea about a code of practice for global funds and have been trying to promote it in various fora - not with any noticeable success so far, but people are definitely interested!

Let me know on the dates. We will of course pay your travel expenses.
best wishes
Mike

Mike Rowson
Executive Director
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DGS/SSP

Flyer.pdf (Binary attachment) — Send Flyer on phc-ncc yahoo group without the letter

RM 1/7/04

Phew - GHW

RM 3/7/04

Global Health Watch Project

how to get involved

It is hoped that the Watch will be used as a catalyst for the development and strengthening of existing campaigns around the world to improve the health of the poor. The Watch aims to involve civil society networks, organisations and individuals from developing and developed countries.

Regional and national groups are being encouraged to publicise the Watch, and to develop their own accompanying national and regional watches.

We are still looking for participation from interested individuals and organisations.

You can help us by:

- **Endorsing the Watch**
- **Creating demand for the Global Health Watch in your region**
- **Launching the Watch in your region**
- **Initiating local national and regional health watches**
- **Submitting testimonies and case studies**
- **Volunteering to help with technical reviews**

Contact details and information

Find out more: visit the Global Health Watch website **www.ghwatch.org**
Or e-mail us at **ghw@medact.org**

Global Health Watch

Mobilising civil society around an **alternative** World Health Report

www.ghwatch.org

Why do we need an **alternative** World Health Report?

The Global Health Watch is a new project led by the People's Health Movement which articulates civil society's vision for global health. It is a platform for the strengthening of advocacy and campaigns to promote equitable health for all.

The global community has failed to achieve 'Health for All by the Year 2000'. New targets such as the Millennium Development Goals look increasingly unattainable. Questions need to be asked about whether current policies in global health are working. The Global Health Watch for 2005 will look at some of the most important problems, suggest solutions, and monitor the efforts of institutions and governments concerned with promoting health worldwide.

The Watch will:

- **Promote human rights** as the basis for health policy
- **Shift the health policy agenda** to recognise the political, social and economic barriers to better health
- **Suggest alternatives** to market-driven approaches to health and health care
- **Improve civil society's capacity** to hold national governments, global institutions and corporations to account
- **Strengthen the links** between civil society organisations around the world
- **Provide a forum** for magnifying the voice of the poor and vulnerable

The Global Health Watch – **the Report**

The Global Health Watch will be written by NGOs, academics and campaigners from around the world. The first report will be launched at the time of the World Health Assembly in May 2005 and at the People's Health Assembly in July 2005.

Global Health Watch – 2005 Report

Section A: The Politics and Economics of Health in the 21st Century

Section B: The Health Care Sector
- Health systems that promote social justice
- Responding to the commercialisation of health care
- Big pharma, access to medicines and IPRs
- Human resources: the lifeblood of health systems
- Responding to HIV/AIDS
- Gene technology and the attainment of health for all

Section C: Beyond Health Care
- Environmental challenges
- Militarism and conflict • Water
- The right to food: land, agriculture and household food security

Section D: Marginalised Groups
- Indigenous peoples • Disabled people

Section E: Monitoring of Institutions and Resource Flows
- WHO • World Bank • WTO and trade agreements
- Global Fund and Pepfar (US fund for AIDS)
- Monitoring of international promises on aid and debt relief

Section F: Summary and Strategies for Action

FROM: "Patricia Morton" <patriciamorton@medact.org>
DATE: Fri, 2 Jul 2004 13:08:02 +0100
TO: "GHW mailing list" <ghw@hst.org.za>
SUBJECT: [ghw] Minutes to Durban meeting and new CC members

Dear All

I would like to welcome some new CC members. They are:

- Caleb Otto from Palau representing the Pacific;
- Hani Serag from Egypt (from the Association for Health and Environmental Development and the PHM) representing North Africa;
- Ellen Shaffer from US (Centre for Policy Analysis on Trade and Health) representing North America;
- Alan Ingram from Nuffield Trust (a funder).

We now have 29 people on this list (see attached spreadsheet). We are looking for people from East Africa, Francophone Africa and China.

Also, please see attached the minutes to the last meeting in Durban and a spreadsheet of where we are up to with each chapter, the first page shows clearly all the authors we have commissioned so far.

Finally, below are the jobs promised by people in Durban

For All:
- Suggestions for people to write case studies for B1 chapter and all other chapters

Amit
- to follow up Action Aid Asia for fundraising opportunities

Chee-koon
- to follow up Nippon Foundation for fundraising opportunities
- report back from Bangkok Aids conference

Abhay
- find case material from India on the deficiencies of the private sector
- contact Chinu Srinivasan at Low Cost medicines for medicines chapter

Fran
- chase up David Legge and Judith Dwyer about case studies from China for Commercialisation of health chapter

Best Regards to all
Patricia

Patricia Morton
Global Health Watch Secretariat

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www medact.org

RM 3/7/04 PHM - GHW

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Global Health Watch Business Meeting Minutes.doc (Binary attachment)
Chapter charts.xls (Binary attachment)
Coordinating Committee and Regional Reps, June 28.xls (Binary attachment)

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

FROM: "Patricia Morton" <patriciamorton@medact.org>
DATE: Fri, 9 Jul 2004 13:10:20 +0100
TO: "HST" <ant@hst.org.za>,"PHM-Ravi" <secretariat@phmovement.org>, "Prasanna - PHM Communications" <prasanna@phmovement.org>
SUBJECT: letter to WHC from the GHW

Dear Ant and Ravi

Greetings from London. Don't know what happened to the summer here- apparently its warmer in Australia at the moment!

Please see attached the final version of the letter we sent to Dr Lee.

Best Regards
Pat

Patricia Morton
Global Health Watch Secretariat

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letter to WHO- July 5.doc (Binary attachment)

RN 15/7/04

RN 10/7/04

Phm- Rav

People's Health Movement

GEGA Global Equity Gauge Alliance

Global Health Watch

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5 July 2004

Kazem Behbehani
Assistant Director-General - External Relations and Governing Bodies
World Health Organisation
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr Behbehani,

We are writing to inform you of an initiative to produce a bi-annual Global Health Watch. The Watch intends to be the equivalent of a report on global health issues taken from the perspective of civil society, and is designed to support civil society campaigns and actions on health and inequity. The production of the Watch is being coordinated by three non-government organisations, and involves the participation of a variety of networks, academics and activists from around the world. The first edition of this report will be launched in 2005. Further information on the Global Health Watch is available on our website, www.ghw.org.

Our aim is to put forward an independent, equity-oriented and rights-based analysis of global health and health policy, especially from the perspective of poor countries and poor communities. In addition, the report will promote civil society's capacity to assess and monitor the performance of global institutions that are important to health.

In this regard we hope that the Watch will help strengthen WHO's voice and role in the sphere of global governance, in particular in relation to international trade and financial institutions, and in relation to the more powerful governments of the world. The Watch will include a section that critically assesses the World Health Organisation from a number of perspectives. However, we

will seek to ensure that the report strikes the right balance between constructive criticism and support of WHO's noble mission.

We look forward to hearing your initial thoughts about this initiative and hope we can discuss more concrete ways in which we can have a dialogue with WHO.

Yours sincerely,

Mike Rowson, Medact
David McCoy, Global Equity Gauge Alliance
Ravi Narayan, People's Health Movement

cc. All ADGs in WHO

FROM: "Patricia Morton" <patriciamorton@medact.org>
DATE: Mon, 5 Jul 2004 13:02:53 +0100
TO: "GHW mailing list" <ghw@hst.org.za>
SUBJECT: Fw: [ghw] Conflict chapter brief- Dave McCoy's comments

Thanks Mike
see attached with some comments inserted
dave

-----Original Message-----
From:
ghw-bounces@hst.org.za [
mailto:ghw-bounces@hst.org.za] On Behalf Of Mike Rowson
Sent: 25 June 2004 13:22
To: Global Health Watch
Subject: [ghw] Conflict chapter brief

Comments when you can, please.
mike

Mike Rowson
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Chapter - Conflict brief.doc (Binary attachment)

Global Health Watch discussion list
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P1

RM 10/7/04

Bron - GHW RM 15/7

D4: Violent conflict and health

This chapter should focus on three areas

(a) the health implications of conflict
(b) the disarmament agenda
(c) responses from the health sector

Section A: Health implications of conflict

This should include an aggregate accounting of mortality/morbidity from conflict during the twentieth century. It should then focus down on the changing nature of conflicts over the past twenty years, and give an account of the different health risks arising from the different types of conflict. We could commission case studies on different types of conflict... e.g. Iraq, DRC...

The underlying causes of conflict should also be addressed.

I think we should use Iraq and Afghanistan as case studies, and perhaps the Congo.

Section B: The disarmament agenda

What progress has been made on disarmament of nuclear and CBW as well as other weapons, landmines, small arms etc.

Spending on military v. health spending could be emphasised here. Also military expenditure as a proportion of GDP.

What is the correlation between ODA, debt relief and WB loans with military expenditure?

We should have a box of the major arms suppliers. Should we explore the link between government and military industrial complex – in keeping with the theme of regulation and transparent government?

Highlight Costa Rica!

Deleted:

Section C: The health sector response

How can the health sector respond to the health and other social problems caused by conflict, and work towards prevention? What positive examples are there of this happening already? We could draw from historical experiences of the role of the health community in reducing conflict – the history of IPPNW: ceasefires caused by immunisation campaigns, etc.

What is the role of the World Bank? What is the role of governments and civil society? How do we regulate the arms industry?

What is the role of the World Health Organization in responding to and preventing violent conflict?

Length: 5000 words

Lead author: Ron McCoy

FROM: prayas <prayasct@sancharnet.in>
DATE: Mon, 12 Jul 2004 16:43:24 +0530
TO: <pha-ncc@yahoogroups.com>
SUBJECT: [pha-ncc]

Dear friends:

Please find attached GHW newsletter.

Best.

Narendra
Prayas,
B -8, Bapu Nagar, Senthi,
Chittorgarh 312 025 INDIA
Telefax : +91.1472.243788/250044

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Newsletter_1__June_1st_2004.doc (Binary attachment)

RN
13/7/04

GHW
Pan - [illegible]

Global Health Watch

Mobilising Civil Society around an *Alternative* World Health Report

GHW Newsletter 1 – June 1st, 2004

Welcome to the first *Global Health Watch Newsletter*. Our aim is to keep you updated on the latest developments of the Watch work and the report production. For any further information please contact us at **ghw@medact.org**

Please pass on this newsletter to anybody that might be interested in the GHW

What is the Global Health Watch?

The Global Health Watch (GHW) is a new project which articulates civil society's vision for global health. It is a platform for the strengthening of advocacy and campaigns to promote equitable health for all.

The global community has failed to achieve 'Health for All by the Year 2000'. New targets such as the Millennium Development goals look increasingly unachievable. Questions need to be asked about whether current policies in global health are working. The Global Health Watch for 2005 will not only look at some of the most important problems such as commercialisation of health and access to medicines, but also suggest solutions and monitor the efforts of institutions and governments concerned with promoting health world-wide.

The first Global Health Watch report will be launched at the World Health Assembly in May 2005

New!! The GHW launches new Website

Www.ghwatch.org

We are pleased to announce the launch of the GHW Website. It contains all the basic information about this initiative: its origins, aims, co-ordination organisations, as well as an outline of the structure of the 2005 GHW Report and the ways in which individuals and organisations can become involved.

New!! Most chapters have been commissioned – authors are already working on the GHW 2005 Report!

All of the main authors have been approached. But there is still a great need for case studies and testimonies from the various regions around the world. Please contact us at **ghw@medact.org** if you are interested in submitting a local, national or regional successful experiences.

Please pass on this newsletter to anybody that might be interested in the GHW

If you do not wish to continue receiving this newsletter, please e-mail ghw@medact.org putting Unsubscribe in the subject box.

FROM: "Mike Rowson" <mikerowson@medact.org>
DATE: Wed, 14 Jul 2004 15:10:48 +0100
TO: "Ravi Narayan" <phmsec@touchtelindia.net>
SUBJECT: Images

Dear Ravi and Unni - I'm afraid I need two images (for GHW article to be available at www.plos.org) quite urgently. The PHM logo and the image at this webpage http://www.phmovement.org/images/photos/people gif. I need them both as HIGH RESOLUTION files.

sorry to disturb you.
best
mike

Mike Rowson
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Action taken; images sent

SSP

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RN 15/7/04

Phms. - Unni

RN 28/7/04

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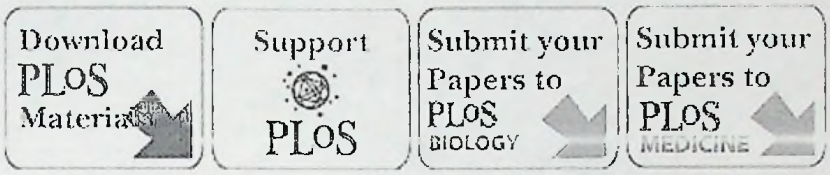

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Dear Mike,

Greetings from PHM Secretariat (Global)!

Please find attached the images you requested. They might not be to the quality you expected but hope this would be sufficient

Best wishes

Prasanna
Communication Officer
PHM Secretariat

---------- Original Message ----------
From: "Mike Rowson" <mikerowson@medact.org>
Date: Wed, 14 Jul 2004 15:10:48 +0100

Dear Ravi and Unni - I'm afraid I need two images (for GHW article to be available at www.plos.org) quite urgently. The PHM logo and the image at this webpage http://www.phmovement.org/images/photos/people.gif. I need them both as HIGH RESOLUTION files.

sorry to disturb you.
best
mike

Mike Rowson
Executive Director
Medact

PHM - GHW

RJ
28/7/04

<!--[if IMAIL gte msc 10]>

FROM: "Alan Ingram" <Alan.Ingram@nuffieldtrust.org.uk> | Save Address
DATE: Thu, 15 Jul 2004 15:12:34 +0100
TO: <ghw@hst.org.za>
SUBJECT: RE: [ghw] Gender perspective on the Watch

PHM-GHW RN 16/7/04

I found these comments very helpful and strongly agree with including the chapter on sexual and reproductive health; the more so since it is often referred to as the "missing MDG".

As I remember from earlier discussion of the structure there was a consensus that gender must be an integral part of the framework; this can be made more explicit in the outline and in the chapter briefs (at least via a statement on regard to differential implications for men and women or something similar); e.g. I don't detect it in the conflict brief. Sorry for not keeping up with that more actively.

Alan

-----Original Message-----
From: ghw-bounces@hst.org.za [mailto:ghw-bounces@hst.org.za] On Behalf Of Mike Rowson
Sent: 15 July 2004 14:36
To: Global Health Watch
Subject: [ghw] Gender perspective on the Watch

Dear Friends

Please see below some comments from Lesley Doyal - who has been one of the main advisors for WHO on gender over the past few years, and is well-known to some of you - on gender aspects of the Watch. The overall comments are quite critical but I do think her points are valid. Nevertheless, I do feel that we can deal with some of the issues she raises. Lesley has very helpfully given comments on chapter briefs and suggestions for references, which I am going to forward shortly to different authors. Her major suggestion, as you will see, is to include a chapter on sexual and reproductive health. I'm in favour, but would like your comments.

Best wishes
Mike Rowson

Comments on Health Watch outline (largely from a gendered perspective)

Lesley Doyal

secretariat@phmovement.org

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Message 19 of 348

FROM: María Hamlin Zúniga <maria@iphcglobal.org> | Save Address
DATE: Thu, 15 Jul 2004 08:47:49 -0600
TO: <ghw@hst.org.za>
SUBJECT: RE: [ghw] Gender perspective on the Watch

PHM-GHW RJ 16/7

Dear Friends,
I agree with Lesley and with Alan.
CISAS and IPHC is doing a critique of the MDG´s from a gender perspective as well. It will be available soon as it will be published in the Bulletin of the WGNRR.
Absolutely there must be gendering of the conflict brief.
Regards,
Maria

From: ghw-bounces@hst.org.za [mailto:ghw-bounces@hst.org.za] **On Behalf Of** Alan Ingram
Sent: jueves, 15 de julio de 2004 8:13
To: ghw@hst.org.za
Subject: RE: [ghw] Gender perspective on the Watch

I found these comments very helpful and strongly agree with including the chapter on sexual and reproductive health; the more so since it is often referred to as the "missing MDG".

As I remember from earlier discussion of the structure there was a consensus that gender must be an integral part of the framework; this can be made more explicit in the outline and in the chapter briefs (at least via a statement on regard to differential implications for men and women or something similar); e.g. I don't detect it in the conflict brief. Sorry for not keeping up with that more actively.

Alan

-----Original Message-----
From: ghw-bounces@hst.org.za [mailto:ghw-bounces@hst.org.za] **On Behalf Of** Mike Rowson
Sent: 15 July 2004 14:36
To: Global Health Watch
Subject: [ghw] Gender perspective on the Watch

Dear Friends

Please see below some comments from Lesley Doyal - who has been one of the main advisors for WHO on gender over the past few years, and is well-known to some of you - on gender aspects of the Watch. The overall comments are quite critical but I do think her points are valid. Nevertheless, I do feel that we can deal with some of the issues she raises. Lesley has very helpfully given comments on chapter briefs and suggestions for references, which I am going to forward shortly to different authors. Her major suggestion, as you will see, is to include a chapter on sexual and reproductive health. I'm in favour, but would like your comments.

Best wishes
Mike Rowson

secretariat@phmovement.org

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PHM's Main Mail

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Message 18 of 348

FROM: Caleb Otto <calebotto@yahoo.com> | Save Address
DATE: Thu, 15 Jul 2004 14:05:10 -0700 (PDT)
TO: <ghw@hst.org.za>
SUBJECT: RE: [ghw] Gender perspective on the Watch

DearFriends,

I have read all of your comments with great interest. I agree with Lesley Doyle's comments and the need to discuss further the gender issue.

The Pacific Islands still have a lot of gender issues to grapple with ranging from those related to equal rights of the girl child to rights in the polical arena. I think the point I wish to make her is that at each step of the way, we need to examine the gender issue. For instance, in Palau, since we are a matrilineal society, the women hold various powers in our traditional practices. For instance, they are the ones who have the sole power in the selection of the clan head or the chief. I once mentioned this fact at a special lunch session during a World Health Assembly and the moderator of the session said something like, "that's very commendable, Dr. Otto, but the women would also like to be chiefs, not just selecting chiefs". This underlies the kind of thinking that can put barriers in the political and democratic society. So, while traditional the Palauan women are powerful, we have had only a handful in the elected offices. The point is, we need to examine all traditional and cultural issues relevant to the gender topic and ensure that they are clarified in discussions.

PHM-GHW

RN 16/7/04

Secondly, in health, the gender issue is of paramount importance. Our traditional thinking has been that child rearing is the role of the mother, the women and the girl child and, consequently, we find very few fathers involved in issues of safe pregnancy, breastfeeding and the rights of the child to be reared by his/her PARENTS (NOT BY HIS/HER MOTHER). These are issues that are in focus in the Global Strategy for Infant and Youth Child Feeding, the Cairo+5 and the Convention on the Rights of the Child.

So, thank you for bringing this issue up. In whatever way we can insert or integrate the gender issue, it should be done.

Warmest greetings,

FROM: "Mike Rowson" <mikerowson@medact.org>
DATE: Thu, 15 Jul 2004 14:35:33 +0100
TO: "Global Health Watch" <ghw@hst.org.za>
SUBJECT: [ghw] Gender perspective on the Watch

Dear Friends

Please see below some comments from Lesley Doyal - who has been one of the main advisors for WHO on gender over the past few years, and is well-known to some of you - on gender aspects of the Watch. The overall comments are quite critical but I do think her points are valid. Nevertheless, I do feel that we can deal with some of the issues she raises. Lesley has very helpfully given comments on chapter briefs and suggestions for references, which I am going to forward shortly to different authors. Her major suggestion, as you will see, is to include a chapter on sexual and reproductive health. I'm in favour, but would like your comments.

Best wishes
Mike Rowson

Comments on Health Watch outline (largely from a gendered perspective)

Lesley Doyal
University of Bristol
July 2004

PHM - GHW
RJ 16/7/04

1. Overall comments on the approach.

It seems that at present the conceptual framework for the book has a rather narrow and 'macro' feel to it, which I think causes problems in relation to gender sensitivity and (probably) a number of other things too. This means that it is hard just to add on gender in any simple way.

The main focus of the analysis is on the ways in which (poor) people in poor countries are oppressed and how this affects their health but little attention is paid to the differences between these people themselves in their own settings. Of course gender is only one characteristic that differentiates such people but it is a very important one. Even the semantics are critical here. You always refer to 'the poor' or sometimes 'poor people' but almost never to poor men and poor women. Of course the effects of poverty on the health of males and females are often the same but by no means always and being much more open to that possibility both conceptually and linguistically is very important.

In part this reflects the fact that the philosophy behind the current outline is probably a little too narrowly materialist.

Of course I am not saying that political economy in the traditional sense is not important here because clearly it is crucial. But I think more complex issues relating to the culture, ideology and values are not taken seriously enough. In the case of gender for example, if a health care system offered women equal access to care that would be an important step forward but it wouldn't necessarily make it gender sensitive (for either women or men)…look at the NHS for example. And paradoxically of course, it is in the US that (commercial) services meeting the needs of women have been most fully developed (at least for those for who can afford them). So I think some more clarity is needed about the internal differentiation of the health of poor me and poor women and how these link to wider cultural as well as material inequalities.

Related to this is the tendency in most sections to talk only at global/national levels rather than local/community /household ones. That inevitably creates a framework in which gender inequalities in particular get written out of the picture. In the case of drugs for example, the piece talks mostly about issues relating to the development, availability and distribution of pharmaceuticals between countries and therefore between rich and poor. But there is no discussion of how these effects might be gendered by the division of status and resources within households. Similarly, the paper on water talks about national level distribution but not about how water is either collected or used at household level. There are a number of examples like this and I think they reflect a wider pattern relating to the overall framework.

Another aspect of this same issue is I think a tendency to use some words unproblematically that need more deconstruction (at least from a gender perspective). Two examples come to mind here: civil society and community. In both cases there is now a huge literature pointing out their contestability especially as they reflect the circumstances of women and men. In the development literature 'civil society ' has, of course, come under considerable scrutiny recently for its potentially confusing imprecision while the vital importance of understanding the gendered dimensions of leadership and power in communities is self-evident.

2. choice of topics for chapters

Clearly this has now been done and I wouldn't want to start asking you to change things but I would make one comment here. While I would not want to have a 'gender' chapter for reasons we have already discussed, I do think there is an argument for having one on sexual and reproductive health. I say that because this is the area where the health of women is most clearly differentiated from that of men (though both should be included). It is also the area that shows by far the most dramatic inequalities between rich and poor and where the know/do gap is greatest. It is directly related to some of the other key themes in the books such as big pharma R and D, models of health care delivery and access to care. It also offers very important illustrations of global activities both by international organisations like WHO and UN (through Cairo and Beijing) and also of course by many women's NGO's who have been extremely visible over the last decade in particular. The emergence of the concept of sexual and reproductive rights from Cairo and the debate about the gendered implications of this has also been an extremely important part of the development of the whole human rights discourse in the health field. So for all those reasons I would put in a chapter on these themes and there are quite a few people who could do it (Wendy Harcourt?)

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List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

FROM: "Patricia Morton" <patriciamorton@medact.org>

DATE: Fri, 16 Jul 2004 13:25:01 +0100

TO: "abay" <abaysema@pn3.vsnl.net.in>,"Maria Zuniga" <maria@iphcglobal.org>, "Jerome Teelucksingh" <j_teelucksingh@yahoo.com>, "ersEllen Shaffer" <ershaffer@cpath.org>, "Hani Serag" <hserag@yahoo.com>, "Amit Sengupta" <ctddsf@vsnl.com>, "Bakhyt Sarymsakova" <bakhyts@yandex.ru>, "Abdulrahman Sambo" <samboa@nuc.edu.ng>, "mike" <mike_rowson@hotmail.com>, "PHM-Ravi" <secretariat@phmovement.org>, "Caleb Otto" <calebotto@yahoo.com>, "David McCoy" <davidmccoy@xyx.demon.co.uk>, "Lynette Martin" <LMARTIN@uwc.ac.za>, "Samer Jabbour" <sjabbour@aub.edu.lb>, "HST" <ant@hst.org.za>, "Armando De Negri Filho" <armandon@portoweb.com.br>, "Chee-khoon Chan" <chan_chee_khoon@hotmail.com>, "Baum" <fran.baum@flinders.edu.au>, "Marjan Stoffers" <marjan.stoffers@wemos.nl>, "Vuc Stamvolovic" <vstambol@sbb.co.yu>

SUBJECT: Global Health Watch- Dr Lee's letter

.... and the attachment.

Patricia Morton
Global Health Watch Secretariat

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letter to WHO- July 5.doc (Binary attachment)

RN
19/7/04

Phm - Gww ✓

RN
19/7

Medact
challenging barriers to health

People's Health Movement

GEGA
Global Equity Gauge Alliance

Global Health Watch

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5 July 2004

Kazem Behbehani
Assistant Director-General - External Relations and Governing Bodies
World Health Organisation
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr Behbehani,

We are writing to inform you of an initiative to produce a bi-annual Global Health Watch. The Watch intends to be the equivalent of a report on global health issues taken from the perspective of civil society, and is designed to support civil society campaigns and actions on health and inequity. The production of the Watch is being coordinated by three non-government organisations, and involves the participation of a variety of networks, academics and activists from around the world. The first edition of this report will be launched in 2005. Further information on the Global Health Watch is available on our website, www.ghw.org.

Our aim is to put forward an independent, equity-oriented and rights-based analysis of global health and health policy, especially from the perspective of poor countries and poor communities. In addition, the report will promote civil society's capacity to assess and monitor the performance of global institutions that are important to health.

In this regard we hope that the Watch will help strengthen WHO's voice and role in the sphere of global governance, in particular in relation to international trade and financial institutions, and in relation to the more powerful governments of the world. The Watch will include a section that critically assesses the World Health Organisation from a number of perspectives. However, we

will seek to ensure that the report strikes the right balance between constructive criticism and support of WHO's noble mission.

We look forward to hearing your initial thoughts about this initiative and hope we can discuss more concrete ways in which we can have a dialogue with WHO.

Yours sincerely,

Mike Rowson, Medact
David McCoy, Global Equity Gauge Alliance
Ravi Narayan, People's Health Movement

cc. All ADGs in WHO

secretariat@phmovement

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PHM's
Main Mail

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Message 28 of 4

FROM: "Chee-khoon Chan" <chan_chee_khoon@hotmail.com> | Save Address
DATE: Wed, 16 Jun 2004 18:48:39 +0800
TO: <achapman@aaas.org>, <gillesdewildt@yahoo.com>
SUBJECT: [ghw] GHW genomics chapter

Audrey Chapman, PhD
American Association for the Advancement of Science
Director, Science and Human Rights Program
Project on Science and Intellectual Property in the Public Interest (SIPPI)

Dear Dr Chapman,

Greetings from Penang, and thank you very much for your interest in the chapter on genomics and health for the Global Health Watch.

May I take this opportunity to introduce Dr Gilles de Wildt, a primary care physician practising in Birmingham. Gilles and I attended the WHO consultation on genomics and health in June 2001 in Geneva, and more recently a conference on policy and ethical issues arising from emerging biomedical technologies (genomics, cloning, stem cells, etc) organized by the Heinrich Boell Stiftung in Berlin, and we will be co-writing this chapter for GHW.

At the GHW coordinating committee meeting in Durban, I proposed that among the themes we might want to address in the chapter are the following:

1) What can the global lay public reasonably expect (over some time scale) from developments in genomics (human genomics? pathogen genomics ? plant genomics?), especially in the areas of clinical medicine and in population health. Tony Holtzman, who was present at Durban, was probably the person who introduced the term "genohype", and I'm sure you're familiar with the discussion he and TM Marteau provoked in the New England Journal of Medicine
in 2000 [NEJM 343 (2) and NEJM 343 (20)], as also the earlier article and exchanges of correspondence related to Richard Lewontin and Ruth Hubbard's article in NEJM in 1996. In essence, we hope to convey a sense of an updated debate on this first question, in a manner which is accessible to an (educated?) lay audience.

2) A second theme would focus attention on the likely trajectories of genomics research and product development in a market-driven setting, bringing in IPR issues, the likely priority given to lifestyle drugs and other priorities of the major pharmaceuticals markets, genetic screening

12/6/04

tests with large volume market potential, "prophylactics" for the "worried well" identified by these screening tests, and of course revisiting the chronically unresolved problem of orphan drugs and neglected diseases.

3) Notwithstanding the above, a balanced appraisal of genomics and human health will acknowledge that there are clearly areas of promise and positive potential, and the third theme will address the important pre-requisites for an equitable harvest of benefits that are possible from a humane and responsible development of genomic technologies. (If it is not premature, I would venture the opinion that universal, needs-based, inclusive healthcare systems are crucial if we wish to capture many of the positive, health enhancing benefits from genomics, e.g. the implications of genetic testing and the establishment of population genetic databases are very different in a country like Iceland, where you are less likely to suffer denial of healthcare access (or employment) on genetic grounds, compared to other countries which are largely dependent on risk-rated health insurance systems and other forms of for-profit medical underwriting.

All this of course is subject to further discussion with Gilles whom I'm sure will have additional themes and perspectives to add, but I thought it would be quite useful at this point to also bring you into the discussion as we are quite keen on an inclusive approach.

The GHW cc is in the process of compiling lists of potential reviewers for the respective chapters, and I'm sure the secretariat will respond further to your kind offer to review the genomics chapter in due course. In the meantime, I would be very grateful if you could provide some feedback on the position papers that Gilles and I prepared for the WHO consultation in 2001. We will be relying on these as points of departure, and we intend of course to update the materials and to revise the emphases and perspectives accordingly as and when indicated.

Thank you very much again for your interest, and we look forward to continuing this discussion.

With best wishes,

Chan Chee Khoon
GHW cc (SE Asia rep)
(attached CHI position paper on genomics and health)

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genomics.pdf (Binary attachment)

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FROM: "Chee-khoon Chan" <chan_chee_khoon@hotmail.com>

DATE: Sat, 17 Jul 2004 15:34:07 +0800

TO: <davidmccoy@xyx.demon.co.uk>, <ctddsf@vsnl.com>, <lmartin@uwc.ac.za>, <masaigana@africaonline.co.tz>, <tholtz@igc.org>, <mikerowson@medact.org>, <patriciamorton@medact.org>, <secretariat@phmovement.org>, <armandon@portoweb.com.br>, <narendra531@rediffmail.com>, <prayaset@sancharnet.in>, <cuammccor@teledata.mz>, <abhayseema@vsnl.com>, <raviduggal@vsnl.com>

SUBJECT: RE: WHO Commission on Social Determinants of Health and Article onHealth Researc

Dear Dave, friends,

The draft letter to Dr Lee JW reads quite well, no changes I can suggest.

Re: the rights-based perspective, the international covenants (UNDHR, ICESCR, etc) if I understand them correctly, are agnostic on the precise role of the state in ensuring that these rights are met, i.e. as to whether the state signatory has a direct obligation to be involved in the provision of healthcare as opposed to a looser (minimal) responsibility in creating the enabling environment (legal, institutional, regulatory, et cetera) for the attainment of health for all.

So for instance, New Labor in the UK can declare that the social contract implicit in the NHS is still intact - publicly-financed healthcare (will continue to) be provided to UK citizens on the basis of need, notwithstanding the outsourcing of NHS services to Kaiser Permanente, import of German medical teams, sending NHS patients to France (or India) for treatment, etc.

In effect, the debate can be transformed into (an unending?) comparative assessment of the relative performance and efficiencies of market-driven healthcare versus state provision (and occasionally, the non-profit private sector as well). (There's already a substantial literature on this, but as so often happens, it's more about power than science).

GHW

RW 19/7/04

For that reason, the UNRISD volume that Maureen Mackintosh and Meri Koivusalo are editing will be useful, in going beyond considerations of efficiencies and equity (relevant and important) to address also the aspects of public service ethos, ethics, and solidarity.

Pat, I'll be in London from July 26-30 for a civil society consultation organized by the Commonwealth Foundation (on monitoring of MDGs, and the role of IFIs in trade liberalization).

I'll try to make it for the session with Malcom Segall on July 27 (at least for morning or afternoon), and I'll also try to join in the conference call on July 29 (probably the 5pm call). Otherwise, I hope we can meet up one of those evenings (with Dave McCoy and Mike Rowson too if convenient?), when I'll report on enquiries with the Nippon Foundation, and possible Thai contributors to the GHW chapter on HIV/AIDS. I'll be staying at the Citadines Holborn-Covent Garden tel: (44) 207 395 88 00.

RW 19/7/04

Best wishes to all,

Chee Khoon

GHW

==========

Dear Patricia and others,

Greetings from PHM Secretariat (Global)!

As of now both timings are okay for me. 9 am (1 pm IST) and 5 pm (9 pm IST). However I prefer the later one since I have an NGO dialogue session around 2.30 pm that day at the Indian Social Institute and the earlier timing may be too close.

Best wishes,

Ravi

---------- Original Message ----------
From: "Patricia Morton" <patriciamorton@medact.org>
Date: Wed, 21 Jul 2004 11:45:02 +0100

Dear All

Please let me know whether you will be free to participate in a GHW teleconference - 29 July - 9am or 5pm.

We would especially like new members and those who were not in Durban to be involved in this teleconference.

Thanks

Patricia Morton
Global Health Watch Secretariat

PHM-GHW
Teleconference

RN
28/7/04

FROM: "Patricia Morton" <patriciamorton@medact.org>

DATE: Wed, 21 Jul 2004 11:45:02 +0100

TO: "abay" <abaysema@pn3.vsnl.net.in>,"Maria Zuniga" <iphc@cisas.org.ni>, "Jerome Teelucksingh" <j_teelucksingh@yahoo.com>, "ersEllen Shaffer" <ershaffer@cpath.org>, "Hani Serag" <hserag@yahoo.com>, "Amit Sengupta" <ctddsf@vsnl.com>, "Bakhyt Sarymsakova" <bakhyts@yandex.ru>, "Abdulrahman Sambo" <samboa@nuc.edu.ng>, "PHM-Ravi" <secretariat@phmovement.org>, "Caleb Otto" <calebotto@yahoo.com>, "Martin" <lmartin@uwc.ac.za>, "Samer Jabbour" <sjabbour@aub.edu.lb>, "Armando De Negri Filho" <armandon@portoweb.com.br>, "Baum" <fran.baum@flinders.edu.au>, "Marjan Stoffers" <marjan.stoffers@wemos.nl>, "Vuc Stamvolovic" <vstambol@sbb.co.yu>

SUBJECT: GHW Teleconference- 29 July- 9am and 5pm GMT

Dear All

Please let me know whether you will be free to participate in a GHW teleconference - 29 July - 9am or 5pm.

We would especially like new members and those who were not in Durban to be involved in this teleconference.

Thanks

Patricia Morton
Global Health Watch Secretariat

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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Company Reg. No. 2267125

22/7/04

Dear Patricia

As of now both timings are okay for me. 9am (1pm IST) and 5pm (9pm IST) ~~For the former you should contact~~ ~~to PHM Secretariat~~ (However I prefer the later one since I have a NGO dialogue session around 2.30pm that day at the Indian Social Institute and the ~~it may be~~ earlier timing may be too close.

Best wishes
Ravi

FROM: "Patricia Morton" <patriciamorton@medact.org>

DATE: Thu, 22 Jul 2004 15:07:56 +0100

TO: <bakhyts@yandex.ru>,<j_teelucksingh@yahoo.com>, <hserag@yahoo.com>, <calebotto@yahoo.com>, <marjan.stoffers@wemos.nl>, <ctddsf@vsnl.com>, <vstambol@sbb.co.yu>, <armandon@portoweb.com.br>, <abaysema@pn3.vsnl.net.in>, <samboa@nuc.edu.ng>, <mikerowson@medact.org>, <David.McCoy@lshtm.ac.uk>, <ant@hst.org.za>, <chan_chee_khoon@hotmail.com>, <fran.baum@flinders.edu.au>, <ershaffer@cpath.org>, <iphc@cisas.org.ni>, <sjabbour@aub.edu.lb>, "Lynette Martin" <lmartin@uwc.ac.za>

SUBJECT: Re: URGENT! Re: Global Health Watch- teleconference 29 July 9amand 5pm GMT

Hi David

In response to your questions:

1. The teleconference will be held at two times in order to be able to accomodate people from different parts of the world. I will put your name down for the 5pm one.

2. The London meeting will be attended by several people who have already agreed to participate in the chapter: Malcom Segall (Institute of Development Studies- Sussex Uni)- he will possibly take the lead on the chapter; Gill Walt (LSHTM); Andrew Green (Leeds Uni); Jane Lethbridge (Public Services International Research Unit); Regina Keith (Save the Children); Alan Ingram (Nuffield Trust); Cath Mosa (LSHTM); Eileen O'Keefe (Liverpool Uni). There are others who have agreed to be involved, but who are not in the UK- Debabar Banerji, Lucy Gilson, Ghassan Issa. Those from the GHW CC include: Mike, Dave, Chee-Khoon, myself. The meeting will discuss content and process of producing the chapter (ie. we have not developed a process for the production of this chapter yet). All people invited to the London meeting are sympathetic to the aims of the Watch.

We are assuming that a number of you from the CC will be involved in the production of this chapter somehow, eg. through the writing of case studies. If members of the CC have a particular interest in this chapter and would like to be part of the large team involved in drafting it- please let me know.

I hope that answers your questions.

RN 23/7/04

Best Regards
Pat
----- Original Message -----
From: "Lynette Martin" <lmartin@uwc.ac.za>
To: <sjabbour@aub.edu.lb>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <fran.baum@flinders.edu.au>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <David.McCoy@lshtm.ac.uk>; <mikerowson@medact.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <marjan.stoffers@wemos.nl>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: <secretariat@phmovement.org>
Sent: Thursday, July 22, 2004 1:19 PM
Subject: URGENT! Re: Global Health Watch- teleconference 29 July 9amand 5pm GMT

RN 24/7/04

** High Priority **

Dear Patricia & All,

Pdtm - GHW

Thanks for this mail and attached letter to WHO.

2 Questions:

1) Is the teleconference on 29 July at 9 am or 5 pm GMT or is it being held twice? I can only make the later time - which I think is 7 pm in South Africa. Let me know when it will be and I shall send a contact number.

FROM: McCoy Dave <Dave.McCoy@haringey.nhs.uk>
DATE: Thu, 22 Jul 2004 15:31:35 +0100
TO: 'Patricia Morton' <patriciamorton@medact.org>, <bakhyts@yandex.ru>,
SUBJECT: RE: URGENT! Re: Global Health Watch- teleconference 29 July 9amand 5pm GMT

Dear all,

Just a quick note to add that the meeting in London to discuss the health systems chapter will build on the brief drafted by myself and which has incorporated the discussion we had in Durban. The meeting came about from Malcolm Segall's desire to help with writing the chapter and his wish to have a deeper consultation with GHW about the chapter. We then invited a couple of other people who we feel will be able to provide us with more up-to-date information about what is actually happening in policy and in terms of recent literature.

It's an important meeting - both Mike and I will be at the meeting.

Regards to all
Dave

-----Original Message-----
From: Patricia Morton [mailto:patriciamorton@medact.org]
Sent: 22 July 2004 15:08
To: bakhyts@yandex.ru; j_teelucksingh@yahoo.com; hserag@yahoo.com; calebotto@yahoo.com; marjan.stoffers@wemos.nl; ctddsf@vsnl.com; vstambol@sbb.co.yu; armandon@portoweb.com.br; abaysema@pn3.vsnl.net.in; samboa@nuc.edu.ng; mikerowson@medact.org; David.McCoy@lshtm.ac.uk; ant@hst.org.za; chan_chee_khoon@hotmail.com; fran.baum@flinders.edu.au; ershaffer@cpath.org; iphc@cisas.org.ni; sjabbour@aub.edu.lb; Lynette Martin
Cc: David McCoy; Dave McCoy; secretariat@phmovement.org
Subject: Re: URGENT! Re: Global Health Watch- teleconference 29 July 9amand 5pm GMT

PN 23/7/04

Hi David

In response to your questions:

1. The teleconference will be held at two times in order to be able to accomodate people from different parts of the world. I will put your name down for the 5pm one.

2. The London meeting will be attended by several people who have already agreed to participate in the chapter: Malcom Segall (Institute of Development Studies- Sussex Uni)- he will possibly take the lead on the chapter; Gill Walt (LSHTM); Andrew Green (Leeds Uni); Jane Lethbridge (Public Services International Research Unit); Regina Keith (Save the Children); Alan Ingram (Nuffield Trust); Cath Mosa (LSHTM); Eileen O'Keefe (Liverpool Uni). There are others who have agreed to be involved, but who are not in the UK- Debabar Banerji, Lucy Gilson, Ghassan Issa. Those from the GHW CC include: Mike, Dave, Chee-Khoon, myself. The meeting will discuss content and process of producing the chapter (ie. we have not developed a process for the production of this chapter yet). All people invited to the London meeting are sympathetic to the aims of the Watch.

We are assuming that a number of you from the CC will be involved in the production of this chapter somehow. eg. through the writing of case studies. If members of the CC have a particular interest in this chapter and would like to be part of the large team involved in drafting it- please let me know.

Pat ... Gilson

I hope that answers your questions.

PM 24/7/04

Best Regards
Pat
----- Original Message -----
From: "Lynette Martin" <lmartin@uwc.ac.za>

FROM: "Lynette Martin" <lmartin@uwc.ac.za>

DATE: Thu, 22 Jul 2004 14:19:10 +0200

TO: <sjebbour@aub.edu.lb>,<iphc@cisas.org.ni>, <ershaffer@cpath.org>,<fran.baum@flinders.edu.au>, <chan_chee_khoon@hotmail.com>, <ant@hst.org.za>, <David.McCoy@lshtm.ac.uk>, <mikercwson@medact.org>, <patriciamorton@medact.org>, <samboa@nuc.edu.ng>, <abayseme@pn3.vsnl.net.in>, <armandon@portoweb.com.br>, <vstambol@sbb.co.yu>, <otddsf@vsnl.com>, <marjan.stoffers@wemos.nl>, <calebotto@yahoo.com>, <hserag@yahoo.com>, <j_teelucksingh@yahoo.com>, <bakhyts@yandex.ru>

SUBJECT: URGENT! Re: Global Health Watch- teleconference 29 July 9amand 5pm GMT

** High Priority **

Dear Patricia & All,

Thanks for this mail and attached letter to WHO.

2 Questions:

1) Is the teleconference on 29 July at 9 am or 5 pm GMT or is it being held twice? I can only make the later time - which I think is 7 pm in South Africa. Let me know when it will be and I shall send a contact number.

2) Health Systems Chapter. This is probably the most important chapter. It would be nice to know who will be at the London meeting, who will play what role in drafting this chapter, and what connection they have to any of the 3 sponsoring organisations - GEGA, Medact & PHM.

Regards,
David Sanders

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

Tel: 27-21-959 2132/2402
Fax: 27-21-959 2872/959 1224
Cell: 082 202 3316

>>> "Patricia Morton" <patriciamorton@medact.org> 07/16/04 02:22PM >>>
Dear All

Greetings to all from London. Thanks for your comments on gender. Please see the following important announcements:

- Final letter to Dr Lee at the WHO- see attached

- Next Teleconference- We are holding the next teleconference on 29 July at 9am GMT and at 5pm GMT. My apologies for assuming the UK is the centre of the world. Of course it isn't but in terms of organising this sort of teleconference - it is easier. We would like to encourage the newer members of the committee and those who were not at the Durban meeting particularly to participate. We will be discussing the minutes to the Durban meeting.

Could you please let me know asap whether you will be able to participate and if so what time. And indicate the number we can call you on.

- Health Systems Chapter Meeting- we have arranged a meeting in London (at the London School of Hygiene and Tropical Medicine) to discuss the chapter on health systems- on 27 July 10am - 3:30 pm. We will be discussing the contents of the chapter and the process for producing it.

Malcom Segall from the Institute of Development Studies, Sussex, has agreed to facilitate these discussions. A number of other health policy people who are UK based are attending. We extend the invitation to this meeting to all of you on the CC- unfortunately we cannot pay for the flight but if you are by chance in London at the time and would like to attend, please let me know. We will be circulating minutes to this meeting on this list and you will be given a chance to comment on what has been discussed.

Regards to all
Patricia

PHM-Secretariat

From: "Fran Baum" <Fran.Baum@flinders.edu.au>
To: "David McCoy" <davidmccoy@xyx.demon.co.uk>; "Lynette Martin" <lmartin@uwc.ac.za>; <sjabbour@aub.edu.lb>; <iphc@cablenet.com.ni>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <qamar@hst.org.za>; <maria@iphcglobal.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>; <secretariat@phmovement.org>
Sent: Thursday, August 05, 2004 4:24 AM
Subject: Re: B1 - health systems

HI Dave and Mike

I have read your email and David Sanders and wonder if there is another step we need to build in. I have no idea how and why the meeting in London was convened. I assume (and I maybe wrong here) that the proposal to invite new authors on to this chapter came from the secretariat. If this assumption is correct shouldn't the CC have a the chance to formally consider and endorse that position? For me part of that decision would involve knowing more about why the new people were chosen, what civil society activity they have been involved in and other such details.

Up to now the process has seemed very participatory and it would be shame to lose that element at this stage. So is there a process to consider the secretariat's proposal in regard to this chapter?? Or did that happen on the last teleconference?

Best wishes

Fran

RN 5/8/04

Pzm — GHW

RN 5/8/04

PHM-Secretariat

From: "Dennis Lazof" <director@ProjectEINO.org>
To: <webmaster@phmovement.org>
Cc: <secretariat@phmovement.org>
Sent: Thursday, August 05, 2004 8:15 PM
Subject: fraternal and very supportive project, linking up

Friends,

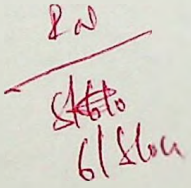
I have been in contact with Patricia Morton at global health watch already about getting some collaboration going. If you take even a quick look at our project's two websites you will see a very close convergence with the principles of PHM . I am very interested in staying in close contact with you and supporting your work to the best of our ability.

PLEASE include a link ASAP to our website on the "Right to Health Care". This website while focused largely on the USA and our current struggle includes quite a bit of international documentation already. We also host a discussion group at yahoo on the Right to Health Care to which we would like to invite all english speakers. The Right to Health Care website has been up and running since Sept 2003. Please don't forget to establish this link to us - I will be establishing one to your website today.

Our other (and older) website at www.EverybodyInNobodyOut.org deals more with grassroots organizing for universal health care in the United States and has very little international material. It might still be a resource in which some of your english-speaking members might be interested, as it has a comparatively vast database of articles and reports on universal health care as well as a detailed question and answer section. The information is all keyword searchable.

I hope to hear from you soon. I have signed Project EINO up as an endorser of PHM and requested that I be on the email and mailing list.

Very best wishes, Dennis Lazof



PHM-GH

PHM-Secretariat

From: "Lynette Martin" <lmartin@uwc.ac.za>
To: <sjabbour@aub.edu.lb>; <iphc@cablenet.com.ni>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <fran.baum@flinders.edu.au>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <qamar@hst.org.za>; <maria@iphcglobal.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>; <secretariat@phmovement.org>; <davidmccoy@xyx.demon.co.uk>
Sent: Wednesday, August 04, 2004 5:24 PM
Subject: URGENT! Re: Teleconference Agenda - July 29 9am and 5pm

** High Priority **

Dear All,

As a follow-up to our teleconference on 29 July I am commiting some of my thoughts to paper, in the hope that this will both strengthen the content of the Chapter (B.1) and improve the process of production of GHW.

As I indicated on the phone, it is difficult to comment on the new chapter structure since it is so skeletal.

Nonetheless, I have the following comments:

(i) The chapter outline is a series of issues presented in too fragmented a fashion. It is not clear what the main thrust or theme is.

(ii) The emphasis seems to be on policy/planning/financing rather than on the functioning of health systems; especially the implementation of programmes and the factors that have influenced these. Here the underminding of comprehensive PHC by selective approaches soon after Alma Ata and their continuation by W.B. inspired "packages" (as a central part of health sector "reform") should be a main thread. As indicated in my detailed comments on an earlier brief this is obviously linked through a concern with cost-effectiveness and a mis-application of this technique. Thus, we have moved from GOBI in the 1980s to DOTS, RBM and 3 x 5 in 2000.

(iii) Unless the approach above is taken it will be difficult to raise the key issues of human resources, which, although in a chapter of its own, needs to be raised in this "overview" chapter.

(iv) I am very concerned that, notwithstanding extensive discussion about this chapter and the briefs produced, suddenly a new set of authors is brought in and a completely new structure proposed. Moreover, none of these authors (apart from Jane Lethbridge) has been active in PHM or GEGA nor, as far as I am aware, in recent civil society activity although I am not informed about their activity in Medact. And, although they may hold progressive views I need to be convinced that "30 years of experience in health policy" and decades of consulting activity are sufficient credentials to restructure and write this chapter which is surely the most important of all chapters in GHW. In my view members of the coordinating group need to be centrally involved in agreeing the chapter structure and in reviewing drafts.

Best regards,
David Sanders

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
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Cell: 082 202 3316

Some form of debate/discussion for seeing chapter. It seems that David has read/considered/thought carefully/explored the issues. Pat

P.S. Regarding the whole issue of Perspectives and Medact document on health to help build a consensus of generic clarity for the GHW. Since the Charter is a concensus I feel that we should circulate PH charter/GEGA document, many endorsements say from the [illegible] - may need [illegible] now with so many different [illegible] however, [illegible]

Only to Dave Patricia Mike and David

5/8/04

Dear Patricia/Dave/Mike

I was a little embarased at the last teleconference since I do not seem to have received the restructured chapter in question. I had the earlier one and comments by David and Amir etc so actually was a bit confused even though I did manage to participate in 'principles' rather than actual content apart from the fact that

Bedankies for ur card.

looking perhaps to for some of the time was distracting. Send me the new structure devised after the LSHTM meeting to understand David's comments with greater clarity

RM 5/8/04

8/5/04

PHM-Secretariat

From: "mikerowson" <mikerowson@medact.org>
To: "David McCoy" <david.mccoy@lshtm.ac.uk>; <patriciamorton@medact.org>; "PHM-Secretariat" <secretariat@phmovement.org>
Sent: Tuesday, August 03, 2004 1:21 PM
Subject: Re: Fw: [PHM_Steering_Group_02-03] acknowledge July 27 and 30 communications

Hi Ravi

We'll contact Delen - thanks.
mike

---------- Original Message ----------
From: "PHM-Secretariat

RN
4/8/04

GHW
PHM - Communicate

Philippines Contact Member

RN
4/8/04

8/4/04

PHM-Secretariat

From: "Claudia Lema" <claudialema@medact.org>
To: "GHW e-list" <ghw@hst.org.za>
Sent: Friday, July 30, 2004 6:59 PM
Subject: [ghw] Your contribution for the GHW Process Evaluation

London, 30 July 04

Dear friends,

Mike and I have been working on the GHW Process Evaluation and there are some points that we need to keep track of to monitor our progress.

One of the key aspects is to keep a record of the GHW promotional activities undertaken by all our allies, but particularly our Coordinating Committee members and the Secretariat.

We understand promotional activities as:

- The **presentations** we have delivered about the GHW and the ones on other topics in which we included information about the Watch.
- The **events/ meetings** that we attend (such as the WHA) where we have actively promoted the GHW and raised awareness about its work.
- The extent to which we are including the GHW issues in our contact with **students and academics**
- The **articles** about the Watch (or that include references to it) that we are publishing in the specialised and mass media (this should also include **interviews** on TV and radio)
- The list of **individuals, organisations and networks** that we are contacting and trying to get interested and involved in the GHW
- And finally the extent in which we manage to involve **decision-makers** and the people that influence them in the work of the GHW

Gender agency reply declared non

I will be contacting you periodically to collect this information, but it would be very helpful if you could bear these criteria in mind. If you have any suggestions of additional information that would be useful to collect for the Process Evaluation, please don't hesitate to contact me.

Many thanks in advance for all your help.

Best wishes,

Claudia Lema
Global Health Watch Secretariat
Medact

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment.

Medact
The Grayston Centre
3rd Floor
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London N1 6HT

Tel: +44 (0)20 7324 4736
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E-mail: info@medact.org
Web: www.medact.org

Registered charity 1081097
Company registration no. 2267125

RM 2/8/04 PHM GHW

PHM-Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Thursday, July 29, 2004 12:52 PM
Subject: RE: [ghw] gender issues in the GHW

To some extent Paula and Amit are expressing reasons why we originally felt that gender should be a cross-cutting theme that appears in all relevant chapters ... which I still feel is the right way to go.

I think we need to be careful of not making the report a compendium of all public health, and to hone in on the global determinants of inequity and ill health, and the role of global institutions. There needs to be some way of relating this to local and national factors, but we risk losing focus if we try and cover everything. So, I wasn't completely in agreement with Lesley's comments - not because I disagreed with her views about gender or the importance of gender - but because I wasn't sure they gelled with the idea of what the Watch is. But am more than happy to go with the consensus view!

In which case, what about the chapter being structured around: a) describing the relevance and importance of gender to health (short descriptive bit to explain why a chapter on gender (which is not about women, but the relationship between men and women), as well as the deficit in women's health (again descriptive); then b) a focus on the global determinants of gender inequity and the successes and failures related to narrowing this gap over the past twenty years (this might include some analysis of WHO and the WB from a gender perspective).

This will shift the chapter away from women's health to a discussion on gender, with the implicit understanding that the latter affects the former, and it will build into the chapter one of the core functions of the Watch .... which is to watch the big institutions.

There is already so much written about gender and health, that it would be good to write about the topic with a slightly different perspective.

The other question is who will write this? Of all the chapters, this is one that I really feel should be written by a person from the South.

regards to all
dave

RM 30/7/04

Phm - GHW

PHM-Secretariat

From: "Mike Rowson" <mikerowson@medact.org>
To: <ghw@hst.org.za>
Sent: Thursday, July 29, 2004 7:37 PM
Subject: Re: [ghw] gender issues in the GHW

Just a couple of points here. The original suggestion for a chapter on sexual and reproductive health came from Lesley Doyal (the gender expert who provided the review), and it was meant to complement her comments on the gender aspects of ALL the chapters. These comments have now been sent to all authors, and we will review the chapters from a gender perspective once they come in. Lesley did argue that the tilt towards macro issues was so strong that we should ALSO (in addition to gender mainstreaming) include a specific chapter which focussed on gender issues, without being a chapter on "gender and health" per se (she thought this had been overdone). As you will be well aware, sexual and reproductive health issues are not uncontroversial at the global level at the moment, and it is a good time for the Watch to examine global (as well as national) policies around these issues. Lesley herself made the suggestion for a chapter on SRH. Whilst aware of the objections to this, I feel that given the mainstreaming on gender issues that will take place in other chapters, and given the high-profile of SRH issues at the global level we should go with this suggestion. In the meantime, I have been talking to Wendy Harcourt (editor of "Development" journal and an expert in the field - again recommended by Lesley) about writing this chapter. If commissioned she will probably co-write it with Khawar Mumtaz, from Pakistan. I recommend we do commission.

mike

----- Original Message -----
From: McCoy Dave

RN 30/7/04

Peter GHW

RN

PHM-Secretariat

From: "ctddsf" <ctddsf@vsnl.com>
To: <ghw@hst.org.za>
Sent: Wednesday, July 28, 2004 4:44 PM
Subject: [ghw] gender issues in the GHW

Dear Friends,

Sorry for being late in commenting on Lesley Doyle's observations regarding the chapter briefs and the overall structure and emphasis of the GHW.

While endorsing the points she has raised, I would also add that the problem of the report being too "macro" in its approach is something that has a bearing not just in the way gender is approached. Neo-liberal globalisation affects people across the globe. But it is most severe in its impact on those who are marginalised, not part of global, national or local power structures. While women would definitely constitute by far the largest group who are more severely affected, the same would be true for other "marginalised" sections like indegenous people, dalits in India, children, the disabled, etc.

Unfortunately, because we are trying to take a "global" view, the "local" in this view would tend to be overlooked at times. The need therefore is to balance between both views and be proactive about this.

I endorse the suggestion that a chapter be added taht looks at issues related to "sexual and reproductive health". I understand that its not purely a gender issue, but largely is. I would like to add a small caveat. This has to do with the particular context of the South, specifically debates among health and feminist groups in India, for example. There is a pereception that there is an attempt to reduce women's health to just reproductive health (there is a major critique emerging, for example, about the Bank funded RCH programme in India). There are huge issues in the South about women's health that go beyond reproductive health -- access to health care, discrimnation in nutrition, issues related to sex-selective abortions and declining sex ratios, reduced survival rates of the girl child, violence on women, etc. I would really be much happier if the focus of the proposed chapter is made broader, and is not just confined to sexual and reproductive health.

Best,

Amit Sen Gupta

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RW 29/7/04

Priv - GHW

PHM-Secretariat

From: "Mike Rowson" <mikerowson@medact.org>
To: <ghw@hst.org.za>
Sent: Monday, July 26, 2004 3:15 PM
Subject: Re: [ghw] Gender perspective on the Watch

Thanks Fran - the other comments we received underlined the importance of taking gender seriously. All authors have now been informed of Lesley's general comments and her advice on particular chapters. I agree with the "real life" boxes, which will help us include other important aspects such as children's perspectives.

I'll discuss with the editor whether she thinks a style manual is necessary: there is something nascent on this, but it needs a bit more work at the moment.
best
mike

PM
27/6/04

RN
27/6/04

Fran - GHW

PHM-Secretariat

From: "Lynette Martin" <lmartin@uwc.ac.za>
To: <sjabbour@aub.edu.lb>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <fran.baum@flinders.edu.au>; <Dave.McCoy@haringey.nhs.uk>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <David.McCoy@lshtm.ac.uk>; <mikerowson@medact.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <marjan.stoffers@wemos.nl>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: <secretariat@phmovement.org>; <davidmccoy@xyx.demon.co.uk>
Sent: Monday, July 26, 2004 6:56 PM
Subject: RE: URGENT! Re: Global Health Watch- teleconference 29 July9amand 5pm GMT

Dear All,

Thanks for this information. I had much earlier indicated my interest in this chapter and made extensive comments on the original brief drafted by Dave McCoy. I would like to continue to be involved in the drafting of the chapter - especially since PHM has little representation.

Regards,
David Sanders

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

RM 27/6/04

RM 27/6/04

PHM GHW

PHM-Secretariat

From: "Fran Baum" <Fran.Baum@flinders.edu.au>
To: <ghw@hst.org.za>
Sent: Sunday, July 25, 2004 4:28 AM
Subject: Re: [ghw] Gender perspective on the Watch

Dear Friends

Lesley's comments make a lot of sense. I would endorse the importance of a chapter on sexual and reproductive health. I hope her comments about the nuances associated with many of the issues we are dealing with can be passed on to each author and they can. at the very least note the complexity even if they can't cover them fully in this context. Perhaps we could ensure that some of the boxed case studies deal with "real life" situations that highlight the impact of gender, culture and the other myriad of factors that affect health. One perspective we should also ensure is very evident is that of children - like women they can often be clumped in with other interests

I wonder whether we need to develop a sort of style manual to guide authors that would direct them about use of key language ie not to use the term "the Poor" but to use either "poor men/women/people" or not to talk of "the community" but to show a more nuanced understanding of the term. Differentiating between selective and comprehensive PHC could also be explained. Such a guide might save a lot of time for the final editor.

Best wishes

Fran

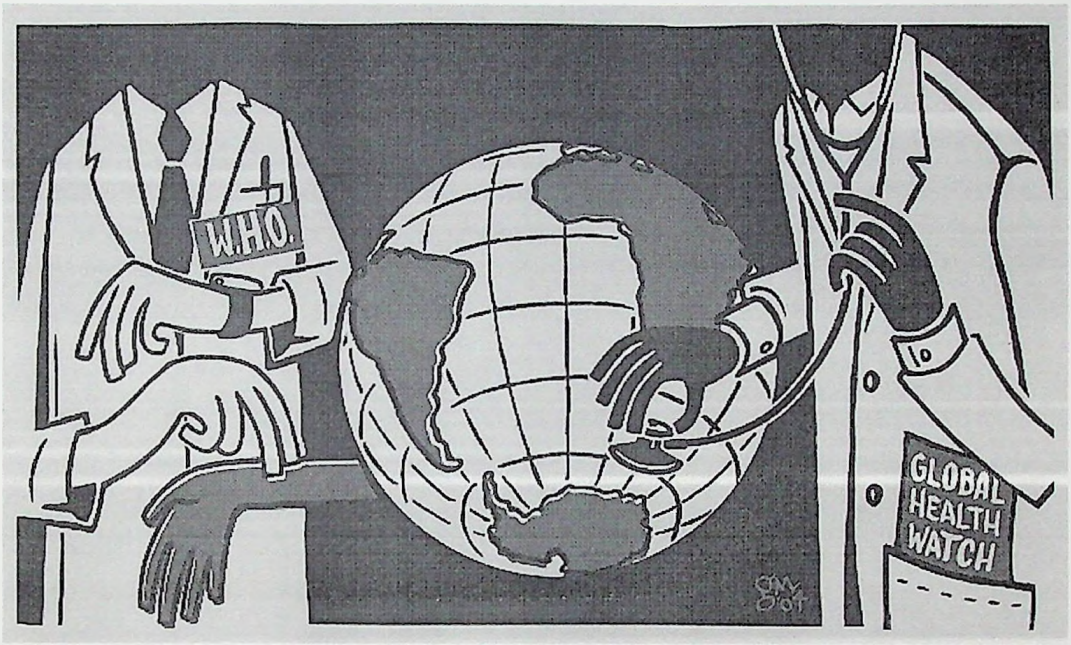
RM
27/6/04

Fran - GHW

RM
27/6/04

The Global Health Watch

Calling for case studies, short essays and testimonies for the 2005 alternative world health report



The Global Health Watch provides a platform for academics, policy analysts, activists and non-government organisations to:

Promote the accountability of governments and global institutions that affect health (such as the World Health Organisation, World Trade Organisation, G8 nations and World Bank)

Identify policies and practices at the global and national levels that are unfair, unjust and bad for health

Highlight the needs of the poor and reinvigorate the principle of 'health for all'

Shift the health policy agenda to recognise the political, social and economic barriers to health

Advocate alternatives to market-driven approaches to health and health care

www.ghwatch.org.uk

What the Global Health Watch is about

A fragmented, disease- and issue-specific approach to health dominates advocacy as well as research and governance agendas, under-emphasizing the underlying political, economic and social causes of ill-health. While there has been a recent shift by the World Health Organisation to highlight global inequity and reassert the principles of the Primary Health Care approach, constant pressure from civil society is needed to hold national policy-makers and international organizations accountable to declared values and to address the fundamental causes of ill-health and failing health systems.

To be effective, civil society voices must be well informed, evidence-based, and united on fundamental issues. In response to this, the People's Health Movement, with the support of the Global Equity Gauge Alliance and Medact, propose to mobilise a fragmented global health community. The vehicle for this is the Global Health Watch, an initiative that will combine research and policy analysis, a commitment to bringing the views of poor and vulnerable groups to the attention of international and national policy makers and a more effective civil society advocacy movement. In addition, unlike with other global reports, the Watch will include an explicit civil society critique of the governance and performance of a variety of institutions including the World Health Organisation and the Global Fund, the World Bank, IMF and World Trade Organisation; as well as the policies and positions of the G8 nations. If too little is being done, we want to know why more is not being done. If international laws and the current form of globalisation are causing harm, we want to propose changes.

As part of this process, we are putting out a call for country or region-specific case studies, short essays and testimonies on a number of key thematic areas.

How will these submissions be used?

Some of these case studies may be incorporated into the hard copy publication of the alternative world health report, which will be launched in July 2005 at the second People's Health Assembly in Ecuador. Others will form part of an electronic accompaniment to the report, and be posted on the GHW website. We also want these essays, case studies and testimonies to be used locally and regionally – by being part of a wider, international initiative to hold policy makers and institutions to account, the Global Health Watch aims to strengthen the capacity of local civil society and non-governments activities and structures to promote health for all and equity.

Who is coordinating the Global Health Watch?

The Watch is an inclusive initiative that already involves many individuals and organisations from different parts of the world. It is being coordinated by a group of three organisations / networks. These are: the People's Health Movement, a network of several hundred individuals and NGOs who have mobilised around the Alma Ata Declaration on Health for All, as well as the People's Health Charter; the Global Equity Gauge Alliance, a coalition of country-based projects aimed at connecting research to advocacy and community empowerment activities in the interest of health equity; and Medact, a UK-based global health charity that has campaigned for several decades on peace, development and environmental protection. To find out more, visit the website: www.ghwatch.org

Please send you case studies, essays and testimonies on the following themes

Health systems

- The effect (positive or negative) of health systems policies and actions on securing improved and equitable access to health care. Why is your health system showing increasing or decreasing health care inequities?

- Examples of interventions to address public sector corruption and inefficiency. Is the public sector inherently inefficient and self-serving?

- The negative effects of commercialised / profit-driven health care on the quality of care; over-servicing; efficiency; and professional ethics. How can the private sector be regulated to promote effective and equitable health care?

- Short essays on what has happened to the District Health Systems model – the vehicle for the delivery of integrated and decentralized health care.

- Studies and testimonies on the effects of user fees as a barrier to access.

- Views and studies on the relative merits of pro-poor targeting and universal systems.

Institutions

- The impact of World Bank policies and programmes on health equity and universal public health systems.

- The current role, effectiveness and impact of the UN and global health-related institutions - in particular, WHO, UNICEF, UNAIDS and the Global Fund and GAVI.
- Rhetoric or reality? The WHO's shift to the Alma Ata agenda
- Rhetoric or reality? The World Bank's prescriptions for improving health equitably

- The good and bad practices of bilateral and multi-lateral donors on public health stewardship and on the performance of health care systems.

- The influence of corporate / private sector interests on public health policy, and the challenge of placing public health before private profits.

Civil society and health

- Examples and case studies of civil society resistance to the privatisation and commercialisation of public water and electricity utilities, and their effects on equitable and fair consumption.

- Examples of mechanisms whereby communities have been able to make effective and appropriate claims on the health system.

Word Limit and style

We are looking for submissions of 500 - 2000 words, written in English with no scientific jargon. These submissions are aimed at health workers and civil society, not academics and technocrats.

Please post your submissions to ghw@medact.org

In doing so, please indicate:

- your organisation
- your locality/country/region
- whether you want your submission to be anonymous and why

Timelines

For consideration to have your submission included in the report, please submit by 15 October 2004

To have your submission made available on the web in time for the launch of the report in July 2005, please submit by 28 Feb 2005.

TOPICS	DESCRIPTION	WHAT WE STILL NEED / WHAT MAY BE USEFUL	ACTIONS

1	**From PHC to Health Sector Reform 1970s – 2000s**
	• Genesis of PHC – failures of malaria eradication, concern about access to basic health services; seminal Rockefeller publication on good health; experience of COPC
	• Launch of PHC approach at Alma Ata 1978
	• Implementing the PHC Approach
	  ○ CHWs, prevention etc – comprehensive approach
	  ○ Selective programmes versus comprehensive PHC – GOBI, child survival
	  ○ Health care versus multi-sectoral approach (role of health care system to act as engine for multi-sectoral approach to health)
	• Changing agenda of 1990s: rise of health reform movement and the introduction of market-based reforms; comment on WB 1993 report
	  ○ Economic and political factors, including the growing globalisation of the health workforce
	  ○ Emphasis on financing; policies that promoted health systems inequities as a consequence of segmented health care systems or disorganized markets. This is buttressed by the 'targeting the poor' approach
	  ○ Emphasis on efficiency and medical technologies – see later
	• Recent rise of vertical and disease-based initiatives in recent years – see later
	• Call for regeneration of PHC agenda by People's Health Movement in 2000s as a response to neo-liberal market reforms, growing health systems inequities; fragmented and segmented health systems; and the re-application of selective PHC.
		Case studies to document the effect of health sector reform on equity, segmentation and changes in the role of the state.
		  ○ overview from Latin America
		  ○ China
		  ○ India
		  ○ Eastern Europe
		  ○ UK
		  ○ United States
		Note: these case studies will refer to other sections of this chapter, and at this stage it is not entirely clear as to how they will be weaved into the chapter. However, they will appear as case studies in their own right on the website (as an electronic accompaniment to the report).
		Need case studies demonstrating examples of good systems (Costa Rica, Kerala and threats posed by the new reforms)
		Need summary of the WB findings on 'reaching the poor', which suggests the importance of universalism and inclusive health care systems, and the failures of targeting the poor approaches.
			Gil Walt to draft 1,500 – 2000 word overview.
			800 word China case study (Malcolm)
			800 word India case study (Ravi)
			800 word UK case study (Aileen O'Keefe)
			Ask Gil to see if anyone from the London school can write a Eastern Europe case study?
			Secretariat and GHW CC to put out a call for other case studies.
			Overview of situation in Latin America (Armando)
			Box on the problem of health in the Middle East based on recent article by Jabbour and others

2	**Decentralisation and the organisation of health systems functions**		

	We need to link decentralisation back to the earlier section – show how it has been promoted as central planks of both the PHC Approach as well as the health sector reform and privatisation agenda. For this reason, different people have used 'decentralisation' to promote different outcomes for different reasons. An outline would include: ▪ What are the origins of decentralisation and its rationale? ▪ What are its different forms? ▪ What have been the experiences of decentralization? ▪ What are the conditions under which decentralisation may achieve its objectives?	Need some analysis of WHO's and WB's position on and use of 'decentralisation', with some specific reference to their position on the principles of the DHS model. Need an example of WB's approach to decentralisation (refer to general push towards devolution in PRSPs).	Andrew Green and Charles Collins to draft 2,000 words (they have already drafted a 400 word outline). Secretariat to pursue volunteers on WB and WHO analysis?
3	**The effect of competition and privatisation on ethics and values** The deterioration of professional ethics – effect of the commercial and market paradigm within health care systems. Need illustration of why values, professional standards and ethics are important for guiding not just good quality care, but also efficient and cost-effective care. These are undermined by: perverse market influences and competition; as well as by various behaviours in the public sector which will be discussed in next section. The role of the new public management and PPPs – what is good and bad about them. How the way they function is largely determined by the culture and values of health care systems, as well as by management capacity.	Need case studies Secretariat to put out a call for case studies?	Lucy Gilson to be approached
4	**Public vs. private provision** To what extent is public better than private? Where is the evidence? On what basis are consumer-led demands said to be efficiency improving? Corruption and inefficiency in the bureaucratic public sector – discuss the biased attack on public systems for health care delivery; while public bureaucratic systems may contain inherent weaknesses, these need to be appropriately balanced by their strengths. Describe ways in which the public sector can be made to work well and efficiently: e.g.	Would a 500 word box on the recent controversy surrounding the comparison of Kaiser Permanente with the NHS be useful? Case studies of what can be done to improve public sector performance?	Jane Lethbridge to draft 2,000 words on comparison between public and private provision

	explicit focus on fostering professional ethics and cultures of probity; transparent procedures to allow accountability to civil society; encouragement of the role of non-profit NGOs; strong regulation to detect and punish corruption and unethical behaviour; remuneration that keeps employees motivated, and loyal to their job and the communities they serve.		
5	**Underfunding and user fees** Discuss the promotion of user fees as a function of under-funding. Discuss mechanisms for financing that are fairer.	Evidence on the effect of user fees in poor, under-resourced countries, as well as in middle and upper income countries. Should we include the use of PFIs as another 'dangerous' mechanism for the funding of public health care systems.	Need someone who can take this on.
6	**Prioritisation and the cost effectiveness paradigm** - Critique of CE approach - Confusion caused by replacing CE with allocative efficiency, technical efficiency and simple population-based planning and prioritisation activities - implications for equity; alternative methods of prioritisation.	?? TEHIP case study – has turned cost-effectiveness on its head by looking at the cost effectiveness of interventions rather than of disease technologies	Malcolm to draft
7	**Decision-making at the national level (stewardship)** <u>International actors</u> WHR 2000 talked about emphasising the role of national stewardship (steering the boat, not rowing it). The truth is that in many countries the governments are becoming increasingly dis-empowered from even being able to do this. This is due in part to the effect of uncoordinated donors and global initiatives as well as the continued power of creditors to determine the basic policy framework. Although there have been	Need short empirical examples of the environment within which some countries are operating. Need an overview on SWAPs – including a description of what it is, where it has worked;	Need to identify someone who can do an initial draft.

	some improvements in terms of changes from an emphasis on project compliance to budget support; but this has also been undermined by the proliferation of JPPIs and vertical initiatives – this represents a recent and new paradigm at the global level. Another influence is the setting of international and global targets – e.g. MDGs. <u>Local actors</u> Need to explain how the biomedicalisation of health care and the development and commercialisation of medical technology (represented by powerful and wealthy lobby groups) pushes both the privatisation and segmentation of health care systems, as well as the bias towards individual, curative care. Advances in medical science and growing socio-economic disparities are also a force that is driving the creation and development of segmented systems – the rich, with their economic capacity and the allure of advances in medical science, want to be unencumbered from an inclusive but resource-constrained, public health system that is constrained by the need to deal with the more 'basic' and public health priorities of the poor. *Cross reference to chapter on gene technology*	where it hasn't worked and why Case studies of the policy and political influence of the private medical sector and the medical-technology complex – including American HMOs; health tourism; etc.	

Other analyses

The Global Health Watch will only fulfil its aim if it is also able to offer a critique of current policies and proposals to improve global health. There are a number of policy documents and proposals that may need specific analysis – these can be drawn upon in the writing of the chapter, but could also be short, stand alone documents that we have on the GHW website. A list of documents and proposals include:

- WHR 2004
- WDR 2004
- World Bank report on MDGs (Rising to the Challenges) – chapters 4,5,6, and 8
- Recent UNICEF reports on child health
- MDG task teams on maternal health
- Proposals for the use IFF funding

It would be useful to be able to draw on people and institutions who have already written critiques.

Way forward for B1 chapter

These notes follow a meeting with a number of health researchers and activists in London.

Malcolm Segall, a Research Associate from the Institute of Development Studies, University of Sussex has agreed to help bring the chapter together. However, this would be done on the basis of inputs from various other people who are up on the more recent literature related to the topics of the chapter and who are able to submit perspectives from their particular regions and countries. This will ensure that the chapter is rigorous and backed up with recent knowledge and empirical evidence.

It should also be noted that this chapter is about building a moral and normative argument, based on values and a vision of social justice. There are issues of choice involved in determining the way health care systems are organised and financed. The chapter will need to reflect these principles and views whilst providing the evidence and argument for why the neo-liberal market agenda and the selective PHC agenda is harmful to poor people and countries, and to equity.

A process of producing policy recommendations will be set up to run in parallel to the writing of the chapter. In a sense the chapter will benefit from an early discussion as to what we want propose as recommendations in specific and concrete terms, and what the on-going advocacy strategy for CSOs and NGOs should be.

Malcolm proposed that inputs to the chapter be structured along 7 'topics'. This is a departure from the structure of the earlier brief. However, the issues covered under the seven topics listed below cover all the key issues identified in the earlier B1 brief. It is likely that the final structure of the chapter will change as it is being written. Many of these seven topics are not separate and discrete, but are inter-related.

The following table describes each of these 7 topics and includes an indication of where we need contributions from others. The plan is that Malcolm will use these contributions to weave together a chapter end October – November. In addition, these contributions, where appropriate, would also be used as stand-alone submissions that we will make available on the web.

This would give the month of December for a review of a complete first draft of the chapter.

PHM-Secretariat

From: "David McCoy" <davidmccoy@xyx.demon.co.uk>
To: "Lynette Martin" <lmartin@uwc.ac.za>; <sjabbour@aub.edu.lb>; <iphc@cablenet.com.ni>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <fran.baum@flinders.edu.au>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <qamar@hst.org.za>; <maria@iphcglobal.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: <dave.mccoy@haringey.nhs.uk>; <mikerowson@medact.org>; <secretariat@phmovement.org>
Sent: Thursday, August 05, 2004 3:34 AM
Attach: B1 chapter-notes.doc; Template for case studies.doc
Subject: B1 - health systems

Dear friends,

As some of you will know from the tele conference last week and David Sanders' e-mail, we had a meeting in London to discuss the B1 chapter. This followed an offer from Malcolm Segall to help pull together the writing of the chapter. Malcolm was clear that he does not feel expert in all the issues and recent developments, and asked if we could convene a small meeting of people with various levels of expertise to discuss how we can ensure rigour and a good evidence base. We also saw the meeting as an opportuntiy to rope in more like-minded colleagues from academia to support the Watch.

At the meeting we discussed a list of seven topic areas which is different from the structure and original format of the B1 brief. However, as you will see from the notes attached on these seven topic areas, all the issues originally covered in the brief are now reflected in this new set of seven headings. Please highlight any issues that remain missing. These seven headings are 'topic areas', and how they get woven into a readable chapter in a non-academic manner is yet to be determined. The underlying issues described in the earlier brief will remain a guiding document for Malcolm.

What we now need is some concrete and firm commitments from either yourselves, or from people in your region for the submission of specific pieces of analyses, as well as empirical evidence and case studies that can help substantiate this chapter. You will see in the notes attached, specific areas where we are looking for inputs and submissions. This is the most important chapter of the report and we PLEASE ask you to help enrich it with your analyses and your experiences - these will be used in the writing of this chapter.

I will discuss with Malcolm Segall how best to manage the flow of communication between the CC, secretariat and himself. I suspect that there will be much discussion related to this particular chapter, prior to the CC being invited to review and comment on the first draft.

In addition, we want to make a more general call for people to write their own submissions, case studies and testimonies as part of the advocacy strategy of the Watch. We will have a place on the web to house all relevant and appropriate submissions as separate, stand-alone case studies and analytical pieces.

We now need your help to generate some interest in the submission of case studies, essaye and testimonies. In order to help you facilitate the collection of case studies and testimonies that can be submitted to the Watch, we are attaching a 'flyer' that you can use. Please feel free to

adapt and modify this to suit the particular features of your region. Also, we hope that it can be translated into other languages for the non-english speaking regions of the world.

Many thanks

Yours in solidarity

Dave

Dr David McCoy
Global Equity Gauge Alliance
Global Health Watch secretariat
Tel: (44)-(0) 795 259 7244
Fax: (44)-(0) 20 7324 4734

8/5/04

PHM-Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: "'Fran Baum"' <Fran.Baum@flinders.edu.au>; "David McCoy" <davidmccoy@xyx.demon.co.uk>; "Lynette Martin" <lmartin@uwc.ac.za>; <sjabbour@aub.edu.lb>; <iphc@cablenet.com.ni>; <iphc@cisas.org.ni>; <ershaffer@cpath.org>; <chan_chee_khoon@hotmail.com>; <ant@hst.org.za>; <qamar@hst.org.za>; <maria@iphcglobal.org>; <patriciamorton@medact.org>; <samboa@nuc.edu.ng>; <abaysema@pn3.vsnl.net.in>; <armandon@portoweb.com.br>; <vstambol@sbb.co.yu>; <ctddsf@vsnl.com>; <calebotto@yahoo.com>; <hserag@yahoo.com>; <j_teelucksingh@yahoo.com>; <bakhyts@yandex.ru>
Cc: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>; <mikerowson@medact.org>; <secretariat@phmovement.org>
Sent: Thursday, August 05, 2004 8:18 PM
Subject: RE: B1 - health systems

Dear Fran and colleagues,

The people we invited to the meeting were in fact all individuals whom I had ear-marked from before the time of the Durban meeting to help out with the chapter. I had written to about twenty people (from all over the world) to ask them if they would be interested in participating in the development of the chapter. Many wrote back to say yes, but wanted to know how.

If you remember, at the time of the Durban meeting there had been no author identified to pull the chapter together - it was decided that I should do the drafting of the chapter. When we got back from Durban we were able to follow up on the twenty or so people we had approached earlier, and Malcolm volunteered a considerable amount of time, with a great deal of enthusiasm.

I was very concerned about whether I had the time to pull of the first draft (there is still so much other secretariat work) and I also know that Malcolm has a very engaging style of writing. So I felt that it was in our interests to take him up on this.

Unfortunately we have had little other in the way of concrete commitments to the writing of this chapter. It's also important to recognise that Malcolm IS being guided by the earlier brief, and will need to continue to be guided by the secretariat and the rest of the CC. He will also be guided by specific contributions (we have had only some commitments from non-CC people to write of bits and pieces from a couple of other people). Also, an underlying strategy of the Watch has always been to draw in as many people from outside the three core organisations to be involved.

If there are any other concrete proposals to how we pull this chapter together, I'm sure we could consider them. However, I feel that the process outlined earlier does not throw into jeoprardy our wish to see a good chapter on health systems, nor on the ability of the CC to shape the chapter. What is really imporant for the Watch is that the chapter is built from as many submissions, case studies and testimonies from different countries.

I hope this helps clarifies things further - and I do apologise for the fact that the developments about this chapter were presented in a clumsy way from my side.

yours,
Dave

Dear Dr Lee,

We are writing to inform you of an initiative to produce a bi-annual Global Health Watch, the first version of which will be launched in 2005.

The production of the Watch is being coordinated by three non-governmental organisations, and is involving networks, academics and activists from around the world. Our aim is to put forward an independent, equity-oriented and rights-based analysis of global health and health policy. In addition, we seek to use the report as a vehicle for promoting civil society's capacity to monitor the global institutions that are important to health. A major thrust of the report will be to provide a strong critique of international policies that undermine government ownership and accountability and damage the sustainability and fairness of health systems.

We believe that the Watch will enable a stronger monitoring of global health governance by civil society, especially in the South, and that this can only strengthen WHO's engagement with civil society. In addition, we hope that the Global Health Watch will support the voice of WHO in the sphere of global governance, in particular in relation to the international trade and financial institutions. We will seek to ensure that the report, which will include a degree of WHO performance assessment, strikes the right balance between constructive criticism and support of WHO's noble mission.

We hope that WHO staff will support the principle behind this initiative and we look forward to a constructive engagement, for the betterment of global health and social justice. Further information on the Global Health Watch is available on our website, www.ghw.org.

Yours sincerely,

cc. All ADGs in WHO

- Concern about trends in public-private partnerships led by market economy / corporate driven agenda
- WHO's advisory role rather than active planner?
- Centralised vision and global strategy vs more decentralised national/regional strategies

Charter translated into 40+ languages

Helping with translation

Unfortunately, the Global Health Watch currently doesn't have the funds to afford translation. We have secured some volunteer commitments to translation into Spanish and French, but we require more help with translation efforts. We are hoping that individuals and NGOs at the regional and country level will be able to take the initiative to raise their own funding for translation into local languages.

Launching the report

Volunteer to organise and host a press conference in your region or county to help us achieve a truly global launch of this report.

Produce an accompanying country or regional paper or report

In order to give a local and regional flavour to the launch of an alternative world health report, we are encouraging countries and regions to consider producing regional and country based documents to accompany the global report. This can take the form of a regional report, a critical overview of a country's health situation or even a short paper reflecting on one of the themes of topics of the Global Health Watch.

ADVOCACY

The most important output of the Global Health Watch will be its enhancement of *existing* campaigns and struggles for health. We hope that the Watch can be used to strengthen efforts to reduce global and national health disparities; protect vulnerable households from the impoverishing effect of health care costs; improve the health system's response to public health threats; reverse the harm done by the growing commercialisation and commodification of health care; and strengthen the capacity of the public health sector to provide universal access to health care for all.

For more information visit the GHW website, or e-mail us at ghw@medact.org

Submit any case studies and critiques to: ghw@medact.org

Thankyou for your time and support,

GHW Secretariat

- PHM/Medact/GEGA - Partnership
- Mention websites/links

PHM-Secretariat

From: "ctddsf" <ctddsf@vsnl.com>
To: <ghw@hst.org.za>
Sent: Friday, August 06, 2004 1:24 PM
Subject: [ghw] Health Systems Chapter

Dear Friends,

Just a small concern regarding the Health systems Chapter. The revised format looks pretty comprehensive to me. I guess David's concern about the essential thrust can be taken care of, while the Chapter evolves. The important thing is that all or most of the issues are on board.

My concern is about something different. As we have repeatedly discussed, the Report should have a strong flavour from the South. We all understand that this is not meant in any patronising sense, but as a genuine need felt to foreground concerns that come from the South. My concern really is that we do not have enough contributors from the South for this Chapter. I think people will agree that for something like the GHW, while it is important to "do the right thing", it is also important "to be seen to do the right thing".

I do not in any manner wish to question the competence of those already contacted for the chapter. But we do need to get authors from the South especially for this chapter -- and not just to do case studies please.

Best,
Amit Sen Gupta

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akima.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

RN
9/8/04

Phan GHW

RN
9/8/04

Dear Friends of the Global Health Watch,

This is a brief message to follow up on the presentation and discussions about the Global Health Watch at the GEGA meeting in Durban. For those who were not present on the Sunday morning at the Tropicana Hotel, the Global Health Watch is an initiative to produce an ***alternative*** world health report, based on the values of equity, social justice and rights to health, as well as based on the position that health care should be provided as a non-commercialised service to all. More information is available on www.ghwatch.org

We want to make, as clear as possible, the mechanisms by which you can participate and be involved in the Watch.

INVOLVEMENT IN THE CHAPTERS

Most of the chapters now have identifiable lead authors and contributors. In addition, most chapters have clear outlines about what the chapter will cover. We are still however, looking for:

Country and regional case studies and perspectives
We would like to invite you to submit 800 - 1,000 word reflections and case studies from different countries and regions of the world, linked to the various issues reflected in the chapter. In the next couple of weeks we will be creating a set of more specific terms of reference for these country and regional case studies. Not all submissions will necessarily find their way into the final version of the report. However, we are planning to use the GHW website for all *accompanying material*, to which we will make reference to in the report itself.

Critiques of WHO, UNICEF, World Bank, WTO, IMF and donor agencies
Part of the purpose of the Global Health Watch is to strengthen the accountability of global health institutions to civil society. The Global Health Watch has highlighted a number of key global institutions, which have a profound effect on health, and we are inviting NGOs, academics and health workers to submit constructive critiques of these institutions as well as negative and positive experiences of these institutions in the health system. Not all submissions will necessarily find their way into the final version of the report. The GHW website will allow *accompanying material* to be made accessible.

PROMOTING THE GLOBAL HEALTH WATCH

Publicity

The long-term value of the Global Health Watch will depend on there being a demand created for the idea of an *alternative* world health report. We need help with publicising the forthcoming launch of the report in July 2005. Attached to this e-mail is a set of powerpoint slides that *you* can use to raise awareness of about this initiative. We also invite you to submit articles to local health journals and to health journalists.

PHM-Secretariat

From: "ctddsf" <ctddsf@vsnl.com>
To: <ghw@hst.org.za>
Sent: Friday, August 06, 2004 2:42 PM
Subject: RE: [ghw] Health Systems Chapter

Dear Dave,

I understand entirely that its not for lack of trying. I was just thinking back to the discussion in Durban. We did think of Armando being centrally involved in this chapter and you co-ordinating it.

Instead of looking from outside the CC, what about looking in the CC? Say Armando, Samer, Abhay (just suggestions) take up the responsibility of defined portions.

Best,
Amit

At 09:31 AM 8/6/04 +0100

RN
9/8/04

RN
9/8/04

Please - GHW

8/9/04

PHM-Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Friday, August 06, 2004 2:01 PM
Subject: RE: [ghw] Health Systems Chapter

Dear Amit

I agree that this is an obvious concern. This has been a problem with many of the chapters and is a failure on our part - it's not from a lack of trying. Inevitably, because of the lack of time we have (only Pat works on the Watch full-time; Mike is part time; and I work in my spare time) tended to fall on UK-based people, or people we already know.

Dr Bannerji from India has agreed to contribute something. Maria has also given some suggestions of a group in LA which we are following up on. I would like to prevail upon the CC for three volunteers to be actively involved in contributions to this chapter. Once agreed, I will then work out a way of carving up the work.

Volunteers?

Dave

RN 9/8/04

RN 9/8/04

Pat - how

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: "Patricia Morton" <patriciamorton@medact.org>
Sent: Monday, August 16, 2004 11:57 AM
Subject: Re: PHA-Exchange> A view from the Secretariat - Edition 01 - August 10th2004

Dear Pat,

Greetings from PHM Secretariat (Global)!

Thanks for the response. Actually the GHW call for case studies was in the original draft but when we reduced the size we transfered it to the next letter which will be going out on 24th. Your idea of having something about GHW in each edition is a good one and we shall make sure of that from the next one. Please send me a complete updated list of the GHW - organizing / advisory committe as of now just to track regional participation and involvement.

Best wishes

Ravi Narayan

----- Original Message -----
From: Patricia Morton
To: PHM-Secretariat
Sent: Friday, August 13, 2004 9:41 PM
Subject: Re: PHA-Exchange> A view from the Secretariat - Edition 01 - August 10th2004

Hi PHM Secretariat

It would be great if you could include a bit on the GHW on each edition. Eg. We have just put out a call for case studies that we want to circulate widely.

Thanks
Pat
GHW secretariat

----- Original Message -----
From: PHM-Secretariat
To: PHA-Exchange@kabissa.org
Sent: Friday, August 13, 2004 11:37 AM
Subject: PHA-Exchange> A view from the Secretariat - Edition 01 - August 10th2004

PHM-GHW

RN
17/8/04

A view from the Secretariat

Edition: 01
Aug 2004

10th

Dear PHM Friends,

Greetings from People's Health Movement Global Secretariat!

We are starting this communication initiative from the secretariat to share with all of you a 'grand stand' view of the growing People's Health Movement all over the world. As the hub of the PHM wheel, which has spokes reaching to all the country and regional circles, issue circles and PHM partners all over the world, we receive daily through email, post, and visitors and other means of communication a very special view of the PHM activities all over the world. We are starting this new column in the PHM Exchange with an overview of July 2004.

This is not a comprehensive report. It is just a communication of some highlights since nowadays, there are too many to include. We hope it inspires you to join, support and do likewise. Please keep the secretariat

PHM-Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM-Secretariat" <secretariat@phmovement.org>
Sent: Friday, August 13, 2004 9:41 PM
Subject: Re: PHA-Exchange> A view from the Secretariat - Edition 01 - August 10th2004

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Pat
GHW secretariat

----- Original Message -----
From: PHM-Secretariat
To: PHA-Exchange@kabissa.org
Sent: Friday, August 13, 2004 11:37 AM
Subject: PHA-Exchange> A view from the Secretariat - Edition 01 - August 10th2004

A view from the Secretariat

Edition: 01
2004

10th Aug

Dear PHM Friends,

RW
16/8/04

RW
16/8/04

16/8/04

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Thanks for the response. Actually the GHW call for case studies was in the original draft but when we reduced the size we transferred it to the next letter which will be going out on 24th. Your idea of having something about GHW in each edition is a good one and we shall make sure of that from the next one

PHM - GHW

Please send me a complete updated list of the GHW-organising /advisory committee as of now just to track regional participation and involvement

Best wishes
RW
16/8/04

8/16/04

PHM-Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM-Secretariat" <secretariat@phmovement.org>
Cc: "mikerowson" <mikerowson@medact.org>; "David McCoy" <david.mccoy@lshtm.ac.uk>
Sent: Tuesday, August 17, 2004 4:51 PM
Subject: Re: meeting with CETIM

Thanks Ravi

We will get in contact with her.

Patricia

----- Original Message -----
From: PHM-Secretariat
To: mikerowson ; patriciamorton@medact.org ; David McCoy
Sent: Tuesday, August 17, 2004 12:08 PM
Subject: Fw: meeting with CETIM

Dear Dave, Pat and Mike

Greetings from PHM Secretariat (Global)!

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: <kowalp@who.int>
Sent: Tuesday, August 17, 2004 4:43 PM
Subject: Fw: meeting with CETIM

Dear Paul,

Greetings from PHM Secretariat (Global)!

I have forwarded your mail to Dave, Pat and Mike of the GHW secretariat in London. You could keep in touch with them and follow up on the issue of adult health and ageing. Keep in touch.

Best wishes

Ravi Narayan
----- Original Message -----
From: PHM-Secretariat
To: mikerowson ; patriciamorton@medact.org ; David McCoy
Sent: Tuesday, August 17, 2004 4:38 PM
Subject: Fw: meeting with CETIM

Dear Dave, Pat and Mike

Greetings from PHM Secretariat (Global)!

I am forwarding a mail from Allison and others about another publication initiative which is also aware of GHW process. Be in touch with them. Some of the workshops suggested could be co-sponsored with GHW.

Best wishes

PHM & GHW

RJ
18/8/04

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: "mikerowson" <mikerowson@medact.org>; <patriciamorton@medact.org>; "David McCoy" <david.mccoy@lshtm.ac.uk>
Sent: Tuesday, August 17, 2004 4:38 PM
Subject: Fw: meeting with CETIM

Dear Dave, Pat and Mike

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Best wishes

Ravi Narayan
----- Original Message -----
From: kowalp@who.int
To: secretariat@phmovement.org
Cc: katza@who.int ; villare@who.int
Sent: Tuesday, August 10, 2004 2:55 PM
Subject: RE: meeting with CETIM

PHM-Secretariat

From: <kowalp@who.int>
To: <secretariat@phmovement.org>
Cc: <katza@who.int>; <villare@who.int>
Sent: Tuesday, August 10, 2004 2:55 PM
Subject: RE: meeting with CETIM

Dear Ravi,
Very good to have met you here - some time ago now. Apologies for not writing sooner. I've been discussing a number of issues with Alison, and would very much like to contribute to the Global Health Watch publication. I would also like to pose a suggestion for a chapter or sub-chapter on adult health and ageing in low and middle income countries. We'd need to go through the steps Alison outlines below, but I am very interested in doing this.
Best, Paul

From: PHM-Secretariat [mailto:secretariat@phmovement.org]
Sent: 02 August 2004 08:13
To: katza

DGS
Please download Full mail and pubn

Also – redirect to Dave/Mike/Per

PHA-II

Dear Paul

I have forwarded your mail to Dave, Mike and Per of the GHW secretariat in London. You could keep in touch with them and follow up on the issue of adult health and ageing. Keep in touch

Best wishes
Ravi

cc GHW team

DGS Send Mail from Alison of 21st July (See ref pg)

17/8/04

Dear Dave, Per, Mike

I am forwarding a mail from Alison and others about a publication on which she is also aware of the GHW process. Be in touch with them. Some of the workshops suggested could be co-sponsored with GHW.

8/11/04
Best wishes
Ravi

In search of ghetto blasters

With the ever-widening gap between rich and poor nations likened to driving a stretch limousine through a ghetto, have we the tools and the will to achieve a just system for global public health? Richard Godfrey and Linda Doull analyse recent suggestions for a remedial pathway.

'The annual expenditure on cosmetics in the USA added to that on ice-cream in Europe would provide basic education, medical facilities and adequate nutrition for all the world's poor'

The ever-widening gap in health between rich and poor nations was likened at this year's Royal College of Physicians Lilly Lecturer to driving a stretch limousine through a ghetto. Inside the limousine, surrounded by luxury, sit the inhabitants of the post-industrialised world while outside the remainder live in abject poverty.

By chance, Churchill Onen's lecture was paralleled by an in-depth analysis at the 10th annual congress of the World Federation of Public Health Associations, where Ilona Kickbusch gave a lecture entitled The End of Public Health as We Know it: Constructing Global Health in the 21st Century.

The disparities illustrated

Both Dr Onen and Professor Kickbusch provide startling illustrations of the present disparities. The richest nations (G8) are outnumbered nearly ten times by the poor (G77). The richest 20 per cent of countries share 86 per cent of the world's gross domestic product, while the poorest 20 per cent share only 1.3 per cent.

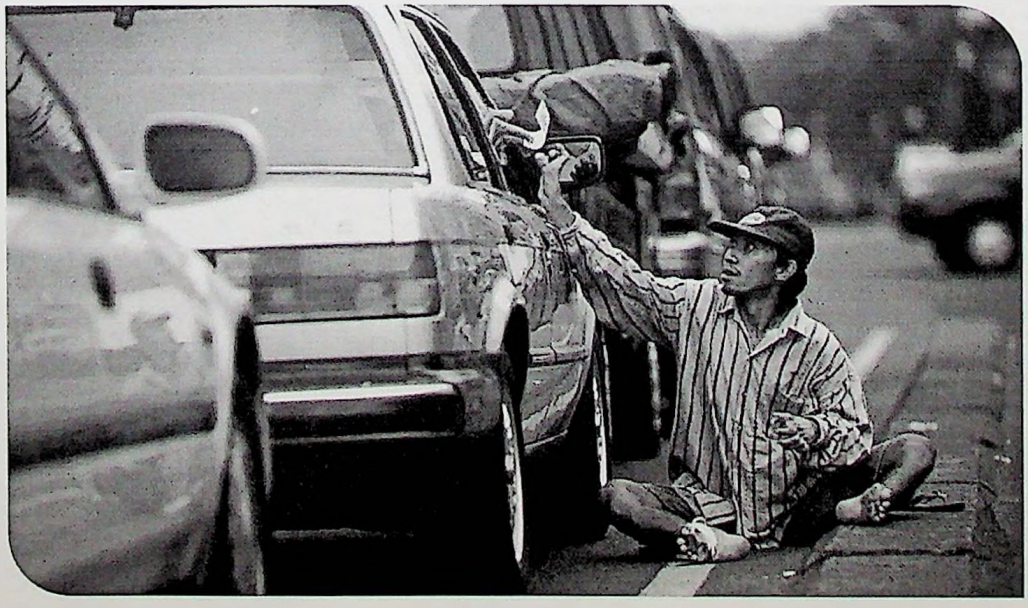
The annual expenditure on cosmetics in the USA added to that on ice-cream in Europe would provide basic education, medical facilities and adequate nutrition for all the world's poor.

Ninety per cent of the world's health resources are spent on medical research relating to diseases that predominantly affect about 10 per cent of all humanity living in G8 countries. Meanwhile, the great menaces to health in poor countries go relatively unresearched — at least until they start to creep into the limousine of the luxury world (malaria, HIV/AIDS, tuberculosis).

The average annual expenditure on medications per head is US$ 550 in Japan and just US$ 3 in Sierra Leone. Infant mortality rate in Canada is now down to 5.1/1,000, whereas a short plane ride away in Haiti it is 97.1/1,000 — and much higher still in many Sub-Saharan African countries.

What is being done?

Both Dr Onen and Prof Kickbusch



Juxtaposition: a crippled man begs from the driver of an expensive car.

© Panos Pictures/ Mark Henley

are critical of current global health efforts, which are seen as inadequate in monetary terms, inept in their administration and, more often than not, tied to political manoeuvring. Moreover, they perpetuate the notion that aid is a matter of charity rather than an urgent imperative for all.

They are also critical of non-governmental organisations, who are (or should be) immune from political interference and financial irregularity. The problems here are of poor donor coordination, donor-driven agendas, failure to work with national institutions, weak host country aid management and poor quality of instruments to measure impact. Prof Kickbusch cites the case of Haiti, where 140 NGOs working independently in the health sector have failed over many years to improve population health, despite the best of intentions.

'Current global health efforts ... perpetuate the notion that aid is a matter of charity rather than an urgent imperative for all'

What must be done?

Each lecturer is strong on words, calling for a 'paradigm shift' in global public health policy. But the practical details of what to do are sparse.

Dr Onen has grand but undefined new concepts — New Universalism, New Public Health, New Solidarity, and Wholesome Medicine. He also advocates sound, but hardly ground-breaking, ideas such as innovative, affordable, effective, efficient health services, goal-oriented strategies and the preservation of medical pluralism and the culture and dignity of communities.

Prof Kickbusch urges a New Global Social Contract on Health. In this, health would be seen as a public good and written into every nation's political and economic agenda as a 'key dimension of global citizenship'. Health policies will need to cross national boundaries, and there will have to be 'increased pooling of sovereignty', she says.

In our view, this is likely to prove a stormy road, judging from the current negotiations over the European Constitution.

Prof Kickbusch also cites health as a key component of global security. Here she sees need for expanded surveillance, but curiously there is no mention of the existing Global Outbreak Alert and Response Network. She suggests that the World Health Organization and other bodies such as the World Trade Organization should have interventionist powers and be able to apply sanctions to countries failing to comply.

She also advocates radical strengthening of WHO, which should be granted 'constitutional capability to ensure agenda coherence in global health'. It should have a new kind of reporting system able to ensure 'transparency and accountability in global health governance by all international health actors'.

For this to become reality, WHO would have to assume a very different persona than at present. It may be over-bureaucratic and costly but it is generally seen as helpful and supportive. Merlin would be sad to see WHO become a world policeman.

She also suggests that WHO coordinates health in crisis by acting as the intermediate health authority. Again it is curious that an existing and effective mechanism — Health Action in Crisis — is not mentioned.

Integral to the New Global Social Contract on Health is acceptance of health as a key factor of sound business practice and social responsibilities. Here the influence of WHO in negotiating the price reductions for drugs is advocated. Access to drugs should be on a 'global public goods model.' There should be more legally binding Global Health Conventions, for example the Framework Convention on Tobacco Control. The potential market for safe nutrition products to the poor is highlighted. There should be a 'Bismarckian type of global insurance' developed with the insurance industry.

Frankly, this sounds to us like pie in the sky. It would require the insurance industry — and indeed nearly all of us in the post-industrialised world — to become many orders more philanthropic than at present. A complete change of ethos would be required.

We also have anxiety about schemes such as cost recovery and user fees, which have been introduced as part compulsory economic restructuring in many resource poor countries. Despite a change of emphasis in lending bodies such as the World Bank, these policies persist, bringing grave difficulties to the poor in accessing health care.

In summary these two lectures are stark reminders of the dreadful inequalities in our present world. Whether they help to find remedial pathways is questionable. Too many of Prof Kickbusch's suggestions are based on increased legalisation backed by draconian powers. They will excite anger and opposition. On the other hand, appeals to the conscience of the rich nations seem doomed, as nothing will stop the relentless quest for luxury.

The BBC World service juxtaposed two headline news items on May 23. The first was that 1 million people in SE Sudan faced imminent death by shooting or starvation. The other was that the finance ministers of the G7 countries were meeting to urge an immediate reduction in oil prices 'to foster economic prosperity'. For whom?

Resources

1. For the full text of Prof Kickbusch's speech see www.ilonakickbusch.com
2. For a full copy of Dr Onen's lecture please email RCP press and PR manager Linda Cuthbertson: Linda.Cuthbertson@rcplondon.ac.uk.
3. Merlin Head Office, 4th Floor, 56-64 Leonard Street, London EC2A 4LT. Tel: 020 7065 0800. Email: hq@merlin.org.uk

Richard Godfrey is health adviser and Linda Doull is health director, Merlin.

World Federation of Public Health Associations (WFPHA)

10th International Congress on Public Health- April 2004

Hugh R. Leavell Lecture

The End of Public Health As We Know It: Constructing Global Health in the 21st Century

Professor Ilona Kickbusch

Summary Points

1. **Health as a global public good** implies ensuring the value of health, understanding it as a key dimension of global citizenship and keeping it high on the global political agenda. It implies defining common agendas, increasing the importance of global health treaties and increasing pooling of sovereignty by nation states in the area of health.

2. **Health as a key component of global security** implies an extensive global health surveillance role and expanded international health regulations with interventionist power for the World Health Organization and sanctions (through other bodies such as the World Trade Organization or the International Court of Justice) for countries that do not comply – the financing of a global surveillance infrastructure, a rapid health response force would be ensured through a new kind of global public goods tax.

3. **Strengthening global health governance for interdependence** means strengthening the World Health Organization and giving it a new and stronger mandate. It must have the constitutional capability to ensure agenda coherence in global health (also vis a vis the development banks), it must be able to strengthen its convening capabilities and it should be able to ensure transparency and accountability in global health governance through a new kind of reporting system that is requested of all international health actors. Indeed recognition of its coordination and leadership role should significantly reduce the transaction costs for countries and for donors and should include a brokering role in relation to the health impacts of policies of other agencies. It should also be the coordinator of health in crises by acting as the intermediate health authority. Finally it should be able to take countries to the international court for crimes against humanity if they clearly refuse to take action based on the best public health evidence and knowledge.

4. **Accepting health as a key factor of sound business practice and social responsibility** means increasing the capacity of the WHO to develop a new system of access to drugs based on a global public goods model. For example in the area of pricing, joint negotiations by 10 Latin American Countries (together with PAHO) with global players on antiretroviral drugs led to a 92% price reduction. Clearly legally binding Global Health Conventions such as the Framework Convention on Tobacco Control must be developed and strengthened. Finally there is an enormous scope – as the work on nutrition has shown – for producing and marketing health and safe products to the poor – such new business models should be part of the work of the World Economic Forum.

But it is even more important to develop a model package of a Bismarckian type of global health insurance together with the insurance industry and perhaps the ILO, the ISSA and the World Bank. We need to work on a model that ensures access to prevention, care and treatment in developing countries – and it cannot be piecemeal any more. Clearly health and social protection cannot be separated - this falls squarely into the Goal 8 on global partnerships of the Millennium Development Goals.

5. Accept the ethical principle of health as global citizenship

I believe firmly that ethical norms apply to international relations – and as Nigel Dower points out –

"If citizens are increasingly motivated by global concerns then cosmopolitan goals enter domestic policy in that way and people can be effective global citizens by being effective global oriented citizens of their own states"

In particular this implies a common notion of social justice and a system of international law where human rights constitute a legal claim.

PHM-Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "GHW mailing list" <ghw@hst.org.za>
Sent: Thursday, August 19, 2004 8:40 PM
Attach: Linda Doull's critique of Ilona's speech.pdf; Ilona Kickbush- The End of Public Health As We Know It.doc
Subject: [ghw] Update from the GHW Secretariat

Greetings to All on the GHW CC

Here is an update of things happening at the GHW Secretariat:

1. **Call for Case Studies and Testimonies- Please pass around**

   We have made a new call for case studies and testimonies. Please see the attached document for information, examples and guidelines. We are encouraging activists, health workers and academics to submit. Please pass this around your networks.

2. **Website Expanded**

   We have expanded the website to create a space where we can now upload the appropriate case studies and testimonies we receive. Case studies or testimonies will be organised into thematic areas that mirror the structure of the report. We have already included a number of case studies, and you can see for yourself on www.ghwatch.org . Note that we also have a version of the website in Spanish.

3. **Editorial Arrangements**

   Jane Salvage has been contracted as the main editor for the Global Health Watch for two months (January and February). Jane is an independent international health consultant, writer and editor. Her background is in nursing and her previous posts include editing the British weekly magazine *Nursing Times*, and several years working full time for WHO.

   David McCoy, Mike Rowson and Patricia Morton will also work on editing during this period, and Dave will be taking one month off from his work to work full-time on the Watch in January. We also hope that you will be able to help with reviewing chapters and helping out with the editorial process in Dec - Feb. If you can indicate how much time you can set aside to help, and when, that would help us.

4. **Recommendations and Strategies for Action**

   Firstly thanks to those who have offered to help out with this chapter. We would now like to start the CC thinking about the contents of this chapter. The Watch can't just criticise without making suggestions.

   Ilona Kickbush recently delivered a speech on Constructing Global Health in the 21st Century. This was subsequently critiqued by Linda Doull and Richard Godfrey in the last edition of International Health Exchange. We have attached both to this e-mail, as a way of stimulating some discussion on what we are proposong as strategies and recommendations on the way forward. We do not suggest that Ilona's recommendations are on the right track, but she has at least stuck her neck out in making some concrete recommendations. We will have to do likewise.

5. **Chapters**

   You will be glad to hear that we have received a first draft for one chapter already (Militarism, Conflict and Health)! Only twenty more to go!

Thankyou very much

RN 20/8/04

Pl. GHW

Pat, Dave and Mike
Global Health Watch Secretariat

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

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8/20/04

Way forward for B1 chapter

These notes follow a meeting with a number of health researchers and activists in London.

Malcolm Segall, a Research Associate from the Institute of Development Studies, University of Sussex has agreed to help bring the chapter together. However, this would be done on the basis of inputs from various other people who are up on the more recent literature related to the topics of the chapter and who are able to submit perspectives from their particular regions and countries. This will ensure that the chapter is rigorous and backed up with recent knowledge and empirical evidence.

It should also be noted that this chapter is about building a moral and normative argument, based on values and a vision of social justice. There are issues of choice involved in determining the way health care systems are organised and financed. The chapter will need to reflect these principles and views whilst providing the evidence and argument for why the neo-liberal market agenda and the selective PHC agenda is harmful to poor people and countries, and to equity.

A process of producing policy recommendations will be set up to run in parallel to the writing of the chapter. In a sense the chapter will benefit from an early discussion as to what we want to propose as recommendations in specific and concrete terms, and what the on-going advocacy strategy for CSOs and NGOs should be.

Malcolm proposed that inputs to the chapter be structured along 7 'topics'. This is a departure from the structure of the earlier brief. However, the issues covered under the seven topics listed below cover all the key issues identified in the earlier B1 brief. It is likely that the final structure of the chapter will change as it is being written. Many of these seven topics are not separate and discrete, but are inter-related.

The following table describes each of these 7 topics and includes an indication of where we need contributions from others. The plan is that Malcolm will use these contributions to weave together a chapter end October – November. In addition, these contributions, where appropriate, would also be used as stand-alone submissions that we will make available on the web.

This would give the month of December for a review of a complete first draft of the chapter.

Note: in order to keep the chapter from becoming too long, the drafting of sections and case studies will have to be abstemious and streamlined without too many academic caveats. 'Case studies' in the narrative are likely to have only one or two sentences (eg "for example in Zambia…", followed by a source reference plus/minus a reference to a text box or a box on the website.

TOPICS	DESCRIPTION	WHAT WE STILL NEED / WHAT MAY BE USEFUL	ACTIONS
1	From PHC to Health Sector Reform 1970s – 2000s ○ Genesis of PHC – failures of malaria eradication, concern about access to basic health services; China experience critical (mass campaigns, three tier rural health care, rural cooperative insurance, barefoot doctors); seminal WHO Alternative Approaches book and later / Rockefeller publication on good health; experience of COPC. ○ Launch of PHC approach at Alma Ata 1978 ○ Implementing the PHC Approach o CHWs, prevention etc – comprehensive approach o Selective programmes versus comprehensive PHC – GOBI, child survival o Health care versus multi-sectoral approach (role of health care system to act as engine for multi-sectoral approach to health) ○ 1980s: recession and economic crises, rise of New Right and neoliberalism; stabilisation and structural adjustment programmes; decimation of public health services ○ Changing agenda of 1990s: rise of health reform movement and the introduction of market-based reforms; comment on WB 1993 report o Economic and political factors, including the growing globalisation of the health workforce o Emphasis on financing; policies that promoted health systems inequities as a consequence of segmented health care systems or disorganized markets. This is buttressed by the 'targeting the poor' approach o Emphasis on efficiency and medical technologies – see later ○ Recent rise of vertical and disease-based initiatives in recent years -- see later ○ Call for regeneration of PHC agenda by People's Health Movement in 2000s as a response to neo-liberal market reforms, growing health systems inequities; fragmented and segmented	Case studies to document the effect of health sector reform on equity, segmentation and changes in the role of the state. ○ overview from Latin America ○ China ○ India ○ Eastern Europe ○ UK ○ United States *Note: these case studies will refer to other sections of this chapter, and at this stage it is not entirely clear as to how they will be weaved into the chapter. However, they will appear as case studies in their own right on the website (as an electronic accompaniment to the report).* Need case studies demonstrating examples of good systems (Costa Rica, Kerala and threats posed by the new reforms) Need summary of the WB findings on 'reaching the poor', which suggests the importance of universalism and inclusive health care systems, and the failures of targeting the poor approaches.	David Sanders to draft 1,500 – 2000 word overview. Gill Walt to review and comment upon China case study (Malcolm to find someone) India case study (Ravi) UK case study (Eileen O'Keefe) Case study from Ecuador (Jaimie Breilh) Ask Gill to see if Martin McKee can write a Eastern Europe case study? Secretariat and GHW CC to put out a call for other case studies. Overview of situation in Latin America (Armando) Box on the problem of health in the Middle East based on recent article by Jabbour and others

	growing health systems inequities; fragmented and segmented health systems; and the re-application of selective PHC.		
2	**Decentralisation and the organisation of health systems functions** We need to link decentralisation back to the earlier section – show how it has been promoted as central planks of both the PHC Approach as well as the health sector reform and privatisation agenda. For this reason, different people have used 'decentralisation' to promote different outcomes for different reasons. An outline would include: ▫ What are the origins of decentralisation and its rationale? ▫ What are its different forms? ▫ What have been the experiences of decentralisation? ▫ What are the conditions under which decentralisation may achieve its objectives?		Andrew Green and Charles Collins to draft 2,000 words (they have already drafted a 400 word outline).
3	**Community involvement in health** Discuss the importance of 'real' community involvement in health in terms of spectrum of activities with at least three major dimensions: ○ 'participation' of communities or their representatives in various aspects of implementation, say in the form of community health workers or community initiatives for sanitation and hygiene. ○ The second is actual involvement of communities in planning and decision-making about local health facilitites and activities. ○ The third is active initiatives by the community to monitor and demand services or conditions as a Right. It would be appropriate to also distinguish between token / purely local involvement, versus multi-level and genuine involvement with power to influence policy and allocation of funds.		Abhay Shukla to draft
4	**The effect of competition and privatisation on ethics and values** The deterioration of professional ethics – effect of the commercial and market paradigm within health care systems.	Need case studies	Lucy Gilson has agreed to draft Secretariat to put out a

	Need illustration of why values, professional standards and ethics are important for guiding not just good quality care, but also efficient and cost-effective care. These are undermined by: perverse market influences and competition; as well as by various behaviours in the public sector which will be discussed in next section. For example, low salaries and morale affect public sector behaviour. The role of the new public management and PPPs – what is good and bad about them. How the way they function is largely determined by the culture and values of health care systems, as well as by management capacity.		call for case studies
5	Public vs. private provision Introduction ○ Tax based and social insurance systems often have different proportions of public and private provision ○ Within tax based systems there are differences between the provision of services paid for by the public sector and delivered by public and private providers ○ The role of private providers within tax based public health systems is increasing in many countries ○ In social insurance systems, one or more social insurance funds, funded by contributions from employers and employees, pay for care delivered by public and in some cases private providers ○ A separate private healthcare sector often exists alongside a social insurance system and tax based system ○ Regional differences in the balance of these arrangements ○ Increased role of non-profit, mutual, and faith-based providers There are changes taking place in the balance of public and private provision of healthcare services which have the potential to affect equity of access to healthcare. The nature of these changes needs to be understood in order to access their impact in the future. The evidence base for an increased role for the private sector in public provision is limited.	Case studies of what can be done to improve public sector performance?	Jane Lethbridge to draft 2,000 words on comparison between public and private provision Case study from Malaysia

	Changes in public provision Corporatisation of hospitals ○ Use of business principles to healthcare management ○ Introduction of user fees ○ Private patients units in public hospitals ○ Contracting out of services ○ Changes in health worker terms and conditions Contracting out of services ○ Cleaning, catering and facilities management ○ High technology diagnosis and treatment ○ Clinical services ○ Mental health and older care ○ Hospital management ○ Implications for provision Public-private partnerships (PPPs) ○ Contracts for new building/ re-building of public hospitals ○ Long-term contracts given to private contractors for both building and management of public hospitals ○ Implications for long term public provision ○ Case studies – Spain and Portugal **Changes in private provision** Multilateral agency policies ○ Promotion of private healthcare for middle classes ○ Public healthcare for low income groups ○ Implications for universal provision and shared risk within healthcare systems ○ Healthcare investment strategies of IFC for private provision Multinational healthcare companies (MNCs) ○ Regional differences in strategies ○ Europe - some companies working with public health commissioners to deliver services ○ Asia – companies see health insurance systems key to MNC		

	expansion ○ Latin America – involved in privatisation of social insurance ○ Africa – expansion limited ○ Relationships with local private healthcare providers ○ Growing role of non-profit, mutual and faithbased providers **Strengthening the public sector** Public sector provision ○ Universal services and shared risks – major strength ○ Problems of under-funding ○ Need to promote positive dimensions of public services ○ Address ways of changing perceived limitations Role of health workers ○ Health sector reform often ignored the key role of health workers ○ Importance of involving health workers in changes in service provision ○ Examples of successful strengthening of public sector provision Role of health services users ○ Participation within healthcare sector ○ Need for information ○ Critique of choice ○ Importance of joint users- health worker action **Conclusion** ○ Nature of public and private provision changing in many countries ○ Implications for equity of access, shared risks and continued universal coverage ○ Increased role of private providers within public healthcare provision significant in short and long term ○ Ways of strengthening the public sector		
6	**Underfunding and user fees**		

	Discuss the promotion of user fees as a function of under-funding. Discuss mechanisms for financing that are fairer [tax, prepayment in various forms etc]	Evidence on the effect of user fees in poor, under-resourced countries, as well as in middle and upper income countries. Should we include the use of PFIs as another 'dangerous' mechanism for the funding of public health care systems.	Need someone who can take issue of user fees on. Alyson Pollock approached
7	Cost-effectiveness and priorities: people or interventions? ○ resources are limited; health services can't do everything that would do some good, so we must prioritise; do we prioritise people or interventions, or both? ○ health workers now accept that treatments should give value for money, ie, be *cost effective* (*productive efficiency*) ○ following SPHC and GOBI, in 1990s WB and WHO promoted 'packages' of essential low cost interventions, based on disease prevalence and league tables of cost per DALY, that alone would qualify for public funding; social distribution was not built into the method and the fact that the interventions benefited the poor was fortuitous and extraneous to the selection; poverty was relevant only to who would pay; exclusions were irrespective of seriousness of conditions (eg childhood meningitis, severe trauma), availability of treatment at moderate cost (eg cataract surgery, hernia repair) and economic impact of illness on breadwinners; the purpose was to maximise aggregate population health gain irrespective of who gained (*allocative efficiency*); WB/WHO applied the principles of *cost utility*, although they used the term *cost effectiveness* in a generic way without making the distinction ○ in an egalitarian approach, inter-personal and inter-group resource allocation would not be based on efficiency but on fairness, prioritising those with greater health care needs, ultimately to achieve equity of health outcome (and arguably of health related wellbeing outcome); cost effective treatments would be used, but special consideration could be given to acute life threatening conditions ('rule of rescue'); rationing would often be by resource *dilution* rather than absolute *denial* ○ prioritisation does not lend itself to a technical fix based on	Explore use of TEHIP case study?	Malcolm to draft

	efficiency formulae; it is a complex political/ethical process involving pragmatic mixes of need and efficiency criteria; this is the approach in most places including Oregon and the NHS (NICE); funding decisions should transparent and arguments reasoned ('accountability for reasonableness'). In addition to these key issues about the relationship between CE and equity, CE also reinforces the selective PHC approach, 'magic bullets' and verticalisation – the points that are raised in earlier sections of this outline of topics.		
8	**Decision-making power: national vs international** WHR 2000 talked about emphasising the role of national stewardship (steering the boat, not rowing it). The truth is that in many countries the governments are dis-empowered from even being able to do this. This is due to their weak position in the global(ised) economy and unipolar world, especially following the crisis of the 1980s (debt etc). Health sector decision making power lies heavily with international donor agencies, especially for SSA countries. This is accentuated by effect of uncoordinated donors and global initiatives as well as the continued power of creditors to determine the basic policy framework. Although there have been some improvements in terms of changes from an emphasis on project compliance to budget support; but this has also been undermined by the proliferation of JPPIs and vertical initiatives – this represents a recent and new paradigm at the global level. Another influence is the setting of international and global targets – e.g. MDGs, the more specific HIV/AIDS, TB and malaria.targets of the G8 Okinawa summit of 2000. Need to discuss the powerful and influencetial bio-medical industry / medical-technology – these groups can have a vested interest in pushing the biomedical approach to health care as well as promoting segmented, and unequal health care markets. The rich, with their economic capacity and the allure of advances in medical science, want to be unencumbered from an inclusive but resource-constrained, public health system that is constrained by the need to deal with the more 'basic' and public health priorities of the poor.	Need short empirical examples of the environment within which some countries are operating. Need an overview on SWAPs – including a description of what it is, where it has worked; where it hasn't worked and why Case studies of the policy and political influence of the private medical sector and the medical-technology complex – including American HMOs; health tourism; etc.	Need to identify someone who can do an initial draft. [Possibly Enrico Pavangnani. He'san Italian living in Maputo who's written a lot about this. Gill has his email.]

WB and WHO analysis

The Global Health Watch will only fulfil its aim if it is also able to offer a critique of current policies and proposals to improve global health. There are a number of policy documents and proposals that may need specific analysis – these can be drawn upon in the writing of the chapter, but could also be short, stand alone documents that we have on the GHW website. A list of documents and proposals include:

- WHR 2000 and 2004 (Dave Mc to do this)
- WDR 2004 and recent document on Rising to the Challenges (Mike Rowson will do this)

PHM-Secretariat

From: "David McCoy" <davidmccoy@xyx.demon.co.uk>
To: "Mike Rowson" <mikerowson@medact.org>; "Malcolm Segall" <M.Segall@ids.ac.uk>; "Lucy Gilson" <lucy.gilson@nhls.ac.za>; "Jane Lethbridge" <j.lethbridge@gre.ac.uk>; "Eileen O'Keefe" <e.okeefe@ucl.ac.uk>; "David Sanders" <lmartin@uwc ac.za>; "Abhay" <abayseme@pn3.vsnl.net.in>; "Andrew Green" <a.t.green@leeds.ac.uk>; "Charles Collins" <charles.collins43@ntlworld.com>
Cc: "Regina Keith" <r.keith@scfuk.org.uk>; "Patricia Morton" <patriciamorton@medact.org>; "Armando De Negri Filho" <armandon@portoweb.com.br>; "Chan Chee-khoon" <chan_chee_khoon@hotmail.com>; "Ravi Narayan" <secretariat@phmovement.org>; "Gill Walt" <Gill.Walt@lshtm.ac.uk>
Sent: Thursday, August 26, 2004 2:10 AM
Attach: B1 chapter-notes august 25.doc
Subject: Global Health Watch

Dear friends

I am sending an updated version of the B1 chapter notes. It includes some updates on agreements from various people about writing some case studies as accompaniments to the chapter.

It also includes some additional comments from Malcolm, particularly the secion on privatisation (Jane) and community involvement in health (Abhay) - these are tracked in blue in the document.

Many thanks again for all your willingness to contribute to this chapter.

Kind regards

Dave

Way forward for B1 chapter

These notes follow a meeting with a number of health researchers and activists in London.

Malcolm Segall from the Institute of Development Studies, University of Sussex has agreed to help bring the chapter together. However, this would be done on the basis of inputs from various other people who are up on the more recent literature related to the topics of the chapter and who are able to submit perspectives from their particular regions and countries. This will ensure that the chapter is rigorous and backed up with recent knowledge and empirical evidence.

It should also be noted that this chapter is about building a moral and normative argument, based on values and a vision of social justice. There are issues of choice involved in determining the way health care systems are organised and financed. The chapter will need to reflect these principles and views whilst providing the evidence and argument for why the neo-liberal market agenda and the selective PHC agenda is harmful to poor people and countries, and to equity.

A process of producing policy recommendations will be set up to run in parallel to the writing of the chapter. In a sense the chapter will benefit from an early discussion as to what we want to propose as recommendations in specific and concrete terms, and what the on-going advocacy strategy for CSOs and NGOs should be.

Malcolm proposed that inputs to the chapter be structured along 7 'topics'. This is a departure from the structure of the earlier brief. However, the issues covered under the seven topics listed below cover all the key issues identified in the earlier B1 brief. It is likely that the final structure of the chapter will change as it is being written. Many of these seven topics are not separate and discrete, but are inter-related.

The following table describes each of these 7 topics and includes an indication of where we need contributions from others. The plan is that Malcolm will use these contributions to weave together a chapter end October – November. In addition, these contributions, where appropriate, would also be used as stand-alone submissions that we will make available on the web.

This would give the month of December for a review of a complete first draft of the chapter.

Note: in order to keep the chapter from becoming too long, the drafting of sections and case studies will have to be abstemious and streamlined without too many academic caveats. 'Case studies' in the narrative are likely to have only one or two sentences (eg "for example in Zambia…", followed by a source reference plus/minus a reference to a text box or a box on the website.

TOPICS	DESCRIPTION	WHAT WE STILL NEED / WHAT MAY BE USEFUL	ACTIONS
1	From PHC to Health Sector Reform 1978 – 2000s Genesis of PHC – failures of malaria eradication; concern about inaccessible basic health services; China experience of barefoot doctors; Rockefeller publication on good health; experience of CCPC. Alma Ata birth of PHC approach at Alma Ata 1978. Implementing the PHC Approach GOBI, child survival Economic and political factors, including the growing globalisation of the health workforce Emphasis on financing; policies that promoted health Emphasis on efficiency and medical technologies – see later Resurgence of vertical and disease-based initiatives in recent years – see later Call for regeneration of PHC agenda by People's Health Movement in 2000s as a response to neo-liberal market reforms.	Case studies to document the effect of health sector reform on equity, segmentation and changes in the role of the state. ○ overview from Latin America ○ China ○ India ○ Eastern Europe ○ UK ○ United States *Note these case studies will refer to other sections of this chapter, and at this stage it is not entirely clear as to how they will be weaved into the Chapter. However, they will appear as case studies in their own right on the website (as an electronic accompaniment to the report).* Need case studies demonstrating examples of good systems (Costa Rica, Kerala and threats posed by the new reforms) Need summary of the WB findings on 'reaching the poor', which suggests the importance of universalism and inclusive health care systems, and the failures of targeting the poor approaches.	David Sanders to draft 1,500 – 2000 word overview. Gill Walt to review and comment upon China case study (Malcolm to find someone) India case study (Ravi) UK case study (Eileen O'Keefe) Case study from Ecuador (Jaimie Breilh) Eastern Europe case study (Martin McKee) Secretariat and GHW CC to put out a call for other case studies. Overview of situation in Latin America (Armando) Box on the problem of health in the Middle East based on recent article by Jabbour and others

	growing health systems inequities, fragmented and segmented health systems, and the re-application of selective PHC.			
	Decentralisation and the organisation of health systems functions We need to link decentralisation back to the earlier section – show how it has been promoted as central planks of both the PHC Approach as well as sector reform and privatisation agenda. For this reason, different people have used 'decentralisation' to promote different outcomes for different reasons. An outline would include: • What are its different forms? • What are the experiences of decentralisation? • What are the conditions under which decentralisation may achieve its objectives?			Andrew Green and Charles Collins to draft 2,000 words (they have already drafted a 400 word outline).
	Community involvement in health Abhay Shukla to draft			Abhay Shukla to draft

	who are potentially most to gain by genuine community participation. This point needs to made strongly to avoid a romanticised and simplistic view of 'communities'. Recent references are an article by Bowyer in the current issue of IJHPM (vol19, no 2, pp131-161) who are refers to a publication by Gleaves. Older but useful references are also found in recent paper on DHSs (sent to you in both hard copy and electronically).			
	Effects of competition and privatisation on ethics and values Effect of the commercial and professional ethics – effect of the commercial and professional paradigm within health care systems.	Need case studies	Lucy Gilson has agreed to draft Secretariat to put out a call for case studies	
	Effects of why values, professional standards and ethics are important for guiding not just good but efficient and cost-effective care. These are undermined by: perverse market influences and as well as by various behaviours in the public sector which are discussed in next section. For example, low salaries and morale affect public sector behaviour.			
	Effects of the new public management and PPPs – what is good and bad how the way they function, how they function is largely determined by the values of health care systems, as well as by management capacity.			
	Public vs. private provision Introduction Social insurance systems and tax based systems often have different portions of public and private provision (as does again private health insurance) In tax based systems there are differences between the provision of services paid for by the public sector and delivered by public and private providers The role of private providers within tax based public health systems is increasing in many countries In social insurance systems, one or more social insurance funds, funded by contributions from employers and employees, pay for services delivered by public and in some cases private providers		Comparison between public and private provision Case study from Malaysia	Jane Lethbridge to draft 2,000 words on comparison between public and private provision Case study from Malaysia

e that this is how changing ... What this is now changing including WB; refer also to charter on HRI

- importance of involving health workers in changes in service provision
- Examples of successful strengthening of public sector provision

h services users

- Role of health services users
- Participation within healthcare sector
- Need for information
- Critique of choice
- Importance of joint users- health worker action

Conclusion

re of public and private provision ... changing in many countries

- lications for equity of access ... equity of access, shared risks and continued universal coverage
- ersal coverage
- anged role of private providers ... within public healthcare
- sion significant in short and long term
- s of strengthening the ... of strengthening the public sector

ntent of this section very ... very much, but I have two general

1) Comparison of equity ... equity of access is made, but nothing on ty or efficiency of the ... systems. There is an oft claimed vantage of private provi... providers, but what is the evidence base of propaganda by ... ? Is this true in ... competition? Is any efficiency of private for ts paid for by cost cut... ... equity, marketing and loss of quality? There can be quality in the private sec... ... private sector (including over medicine), the lower end of the pro... ... practitioners) and DCs ... market is inefficient (US / ...) ... ation appears somewhat ... ... one after the other. We ... ... approach, so that heal... ... and where it has come ... ... lic sector approach (w... ... ealth sector reform' ('80s/'90s: new ealth management, mark... ... ealth/privatisation, WDR '93 p.1) ends (lack of benefit of ... ... WDR, pulling back by emphasis if only

The same points would [illegible] the same main points made as above, but in an evolving context.]		historical context.]				
[illegible]	[illegible]	Financing, Underfunding and user fees				
promotion of user fees chanisms for financing s etc)	user fees	Discuss the promotion of user fees as a mechanism for financing the various forms etc]	Discuss the problem/issue/reality that user fees [inappropriately]	Evidence on the effect of user fees in poor, under-resourced countries, as well as in middle and upper income countries.	Need someone who can take issue of user fees on.	
			Should we include the use of PFIs as a 'dangerous' mechanism for the funding of public health care systems	Should we include the use of PFIs as another 'dangerous' mechanism for the funding of public health care systems.	Allyson Pollock approached	
[illegible]	[illegible]	Complex/Controversial priorities: people or interventions?				
nurses are [illegible] health services could [illegible] health services could [illegible] through the study? id do some good, so we must prioritise; do we prioritise ple or interventions, or both?				Explore use of [illegible] case study?	Malcolm to draft	
th workers now accept ey, ie, be cost effective,		that health workers now accept that treatments should give value for money, ie, be cost effective (*productive efficiency*)				
wing SPHC and ISOBI, kages of essential low dence and league tabl ity for public funding; nd and the fact that		in 1980s following SPHC and ISOBI, in 1990s WB and WHO promoted packages of essential low cost interventions, based on disease prevalence and league tables of cost per DALY, that alone would be cost effective, social distribution was not built into the funding decision; social distribution was not built into the study and the fact that the interventions benefited the poor was fortuitous and extraneous to the selection; poverty was relevant only insofar as people would pay, exclusions were irrespective of				
nuous or [illegible] ns (eg [illegible] ma), [illegible] ery, hernia repair) owerful, the purpose th user irrespective of ed to WHO at once		seriousness of conditions (eg childhood meningitis, severe [illegible] available at moderate cost (eg cataract [illegible] and economically [illegible] to maximise aggregate population health irrespective of who gained (*allocative efficiency*); the principles of *cost utility*, although they used [illegible] in a generic way without making the distinction				
[illegible] ation approach ation would be based on ase principle on those with greatest [illegible] ealth to achieve equity in health outcome (and arguably of health status); [illegible] cost effective treatments would		[illegible] approach, inter-personal and inter-group [illegible] cure alone] but would not be based on efficiency but on [illegible] those with greater health care needs. [illegible] equity of health outcome (and arguably of health status); [illegible] cost effective treatments would				

...rationed; but special consideration could be given to acute life threatening conditions ('rule of rescue'); rationing would often be by resource *dilution* rather than absolute *denial* ...prioritisation does not lend itself to a technical fix based on efficiency formulae; it is a complex political/ethical process involving pragmatic mixes of need and efficiency criteria; this is the approach in most places including Oregon and the NHS (NICE); funding decisions should transparent and arguments reasoned ('accountability for reasonableness'). In addition to these key issues about the relationship between CE and ... CE also reinforces the selective PHC approach, 'magic bullets' and ... [illegible] points that are raised in earlier sections of this outline of topics.		
Decision-making power: national vs international		
... WHR 2000 ... emphasising the role of ... [illegible] ... the trouble ... countries are dis-empowered ... from being able to do this. This is ... their weak position in the global(ised) economy and unipolar world, following the crisis of the 1980s (debt etc.) ... health sector ... heavily with ... conditionalities ... especially for SSA countries. This is compounded by ... uncoordinated donors and global initiatives as well as the continued power of creditors to determine the basic policy framework. Although there have been some improvements in terms of changes from an emphasis on ... compliance to budget support, but this has also been undermined ... proliferation of ... and vertical initiatives -- this represents a new paradigm at the global level. Another influence is the ... national and global targets -- e.g. MDGs, the more specific ... targets of HIV/AIDS ...	Need short empirical examples of the environment within which some countries are operating. Need an overview of SWAPs -- including a description of what it is, where it has worked; where it hasn't worked and why.	Need to identify someone who can do an initial draft. [Possibly Enrico Pavengnani. He's an Italian living in Maputo who's written a lot about this. Gill has his email.]
... influence of the private medical sector and the medical technology complex ... the powerful ... biomedical ... industry ... technology -- these groups ... have a vested interest in pushing ... approach to health care ... as well as promoting segmented, ... health care markets ... (this is somewhat conspiratorial!). The ... economic capacity ... the allure of advances in medical ...	Case studies of the policy and political influence of the private medical sector and the medical technology complex -- including American HMOs; health tourism; etc.	

PHM-Secretariat

From: <kowalp@who.int>
To: <patriciamorton@medact.org>
Cc: <secretariat@phmovement.org>; <katza@who.int>; <villare@who.int>; <david.mccoy@lshtm.ac.uk>; <mikerowson@medact.org>
Sent: Wednesday, September 29, 2004 2:17 PM
Subject: RE: meeting with CETIM

Dear Patricia,
Thanks for the feedback and encouragement. I'll try to meet with Alison +/- Eugenio over the next few days to discuss timelines and drafts. I think its possible, but will get more to you by early next week. I'll try to get you a one-pager, plus detailed outline by early next week.

I can think of a few colleagues, Vinod Kumar, Karen Peachey, Mandy Heslop, Monica Ferreira, Martha Pelaez, who might all be willing to review.

Paul

RM
30/9/04

GHW

RN
30/9/04

PHM-Secretariat

From: <kowalp@who.int>
To: <mikerowson@medact.org>; <patriciamorton@medact.org>; <david.mccoy@lshtm.ac.uk>
Cc: <secretariat@phmovement.org>; <katza@who.int>; <villare@who.int>
Sent: Monday, September 27, 2004 8:56 PM
Subject: RE: meeting with CETIM

Dear Dave, Pat and Mike,
I'd very much like to contribute a chapter on ageing, older adults and well-being to the GHW. Or course, you must know that this will be in my independent capacity. Ravi had suggested that I first check with you all. Is anyone else working on this issue within the PHM - or do you know colleagues in PHM who would be interested in co-authoring/contributing?
Best, Paul

From: PHM-Secretariat [mailto:secretariat@phmovement.org]
Sent: 17 August 2004 13:14
To: kowalp
Subject: Fw: meeting with CETIM

RN
28/9/04

PHM - GHW
Ageing (Paul Kowal (WHO)

RN
28/9/04

PHM-Secretariat

From: "Antoinette Ntuli" <ant@healthlink.org.za>
To: <ghw@hst.org.za>
Sent: Monday, August 30, 2004 3:05 PM
Subject: RE: [ghw] Call for Abstracts for 2005 Health andHuman R ightsCon ference

Dear All,
Its great that Maria will be going and able to present a paper on GHW. In response to Paula's question - my discussions with Tim were around a workshop - the third day of the meeting is set aside for workshops - and I think it would be better for the GHW paper to be presented as part of the programme of the first two days, although the GEGA workshop could certainly be an opportunity to also publicise GHW.
Antoinette

> That would be great to have someone centrally involved in GHW give a =
> talk there. Antoinette recently negotiated wiith the conference =
> organizers for a session on the intersection of health equity and
> human = rights, that would include a paper by me and 2 additional
> presentations = (from 2 people) from GEGA. I don't know if you would
> like to submit a = paper on GHW to be part of that session, or if you
> would prefer to = submit it as a free-standing presentation that could
> go into any one of = a number of other sessions. =20 Antoinette, do
> you have an instinct for what would be best, based on = your
> conversation with Tim Holtz? =20 --Paula

PM
31/8/04

PN
31/8/04

Phm - Ghw
PHM-USA event

8/30/04

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: "David McCoy" <davidmccoy@xyx.demon.co.uk>, "mikerowson" <mikerowson@medact.org>; <ronald.laconte@usask.ca>, <patriciamorton@medact.org>
Sent: Tuesday, October 05, 2004 2:52 PM
Subject: Re: Mexico Summit - Global Health Watch

Dear Dave, Mike, Patricia, Ron,

Greetings from PHM Secretariat (Global)!

Apologies I missed your mail of 15th September. Just came across it in a pile marked 'Mexico Summit'.

I think we should use the Mexico Summit meeting to work on many of these GHW issues. We shall have David Sanders, Fran, Armando, Lanny, Arturo, Zafrullah, Nadine and others. Perhaps Amit also – all potential contributors and reviewers. When is the November meeting in London?
I am sending you Allison's latest note on the CETIM initiative, which she and Claudio are evolving. There is a complementarity and some unavoidable overlap. Have requested her to keep you all in the loop.
For the second chunk B1 and B2, should we plan the discussion in January before the IHF 4 as discussed potentially in one of the teleconferences? Armando is totally silent on IHF 4, which is a problem. Have you had any news? I think the potential dates are 23rd – 25th January?
We will need to scout around for funds, so we need to start planning it fairly soon.

Best wishes

Ravi
Coordinator,
PHM Secretariat (Global)
#359 (Old No. 367), Srinivasa Nilaya,
Jakkasandra 1st Main, 1st Block

PHM-GHW

RN
6/10/04

10/5/04

PHM-Secretariat

From: "David McCoy" <davidmccoy@xyx.demon.co.uk>
To: "PHM-Secretariat" <secretariat@phmovement.org>
Cc: "Mike Rowson" <mikerowson@medact.org>; "Patricia Morton" <patriciamorton@medact.org>; "Ron Labonte" <ronald.labonte@usask.ca>
Sent: Wednesday, September 15, 2004 2:55 AM
Subject: RE: Mexico Summit - Global Health Watch

Dear Ravi,

The Global Health Watch is slowly taking shape in the sense that chapters are being drafted and progress has been made in terms of the arguments we are putting forward as well as the analysis. Mike, Pat and I are now applying our minds to the drafting of the strategy and recommendations for the way forward.

We are planning to do this in two chunks.

First in terms of the broader political economy. Looking at what emerges mainly from the politics and economics chapter, the food chapter and the water chapter, as well as from some of the institutional case studies. In total, there will be ten pieces to draw on.

1. Introductory chapter on rationale and political / human rights position of the GHW (first draft nearly ready for circulation)
2. Chapter A (first draft nearly ready)
3. Section on debt relief (ann pettifor - jubilee research)
4. Section on World Bank and IMF (jeff powell - bretton woods project)
5. Section on trade (martin khor - TWN)
6. Bilateral and multilateral aid (howard moller - reality of aid)
7. Section aimed at describing the meaning of neoliberalism
8. Section on global corporate tax (Prem Sikka and Richard Murray - Tax Justice Network)
9. Food and nutrition chapter (first draft complete; second draft nearly ready for circulation)
10. Water chapter (MSF)

We are planning a short meeting in November to do some work on the recommendations / strategy emanating from this body of work. Thematically we will be addressing issues such as
- Global governance
- Reform of Bretton Woods Institutions
- Mechanisms for Resource Transfers from North to South / Rich to Poor
- Rolling back neoliberalism
- Fair Trade
- Democratising natural resource ownership and control
- Debt relief
- ODA

The second chunk will be to look more specifically at recommendations and the civil society strategy for health care systems. This will focus on the B1 and B2 chapter, as well as the critique of the WB and WHO. This will probably be done in december / January.

Part of the reason for planning to do the first chunk of work in November is because Ron Labonte will be in London. Ron will also be in Mexico, and there may be an opportunity to have some PHM discussion about the GHW recs and strategies there.

What do you think?

We should also discuss how we coordinate and synergise with the parallel efforts of Claudio.

Best wishes

Dave

RN 15/9/04

I am sending Larson's note on the CETIM workshop which she and Claudio are evolving. There is a complementarity and some unavoidable overlap. Have requested her to keep you all in the loop.

PHM. Mexico Summit

Nadine, others GHW
Perhaps Amit also
- all potential contributors and reviewers. When is the November meeting in London?

RN 15/9

Dear Dave, Mike, Patricia, Ron
Apologies I missed your mail of 15th Sept. Just came across it in a pile marked 'Mexico Summit'.
I think we should use the Mexico Summit meeting to work on many of these GHW issues. We shall have David S, Fran, Armendo Lorna, Athena, Amit, Zafrullah

4/10/04

For the second chunk B1 & B2 Should we plan the discussion in January before the IHEU is discussed potentially in one of the Teleconferences. Armando is to take the lead on IHEU which is a problem. Have you had any news? Best wishes Ron

PHM-Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "GHW mailing list" <ghw@nst.org.za>
Sent: Friday, October 08, 2004 8:52 PM
Attach: PHA2 - GHW joint call revised.doc
Subject: [ghw] Global Health Watch - update

Dear All

It has been a busy couple of months. Here is a bit of an update of our activities:

1. Chapter Drafts
We are steadily receiving chapter drafts and will continue to do so over this month. Chapters B1 (Health Systems that promote social justice) and B2 (Responding to the Commercialisation of Healthcare) will be sent to you all for comment. If there are other chapters that you are particularly interested in reviewing, please let me know.

2. Website:
A new page to be uploaded soon will list the authors and reviewers collaborating with us.

3. Case Studies/Testimonies/ Essays:
There is a slow and steady stream of submissions coming in. We have a new call which has been put together jointly with the PHA2 Secretariat. I attach it for your distribution.

4. Last chapter: Recommendations and Strategies for Action
There are a couple of meetings planned to discuss this chapter. Firstly at the Mexico Summit (Global Forum for Health Research, Nov 16-20) and secondly a meeting in London (this is an opportunistic meeting as Ron Labonte will be here at the time, on 22 and 23 Nov). If you will be in either of these places at the time of these meetings, please contact me. It would be good to have you along.

The results of these meetings will be forwarded to this list. We hope there will be active discussion.

5. Plans for People's Health Assembly 2 and implications for GHW
I have recently returned from a meeting in Cuenca, Ecuador to plan for the People's Health Assembly 2. This is where we will hold the main launch for the Global Health Watch. The meeting went very well, they are very organised. Some points that emerged from that meeting that concern the GHW:

- It was agreed that GHW chapters be used as position papers at the PHA2. We will have to think seriously about translation of GHW chapters, or shortened/popular versions of the chapters as they will NOT be able to be used if they are not in Spanish!!
- I passed some notes drafted on a discussion we had in Durban (by Abhay and Amit) about some main messages that could come out of the GHW and could be used at the PHA2, which could guide Maria/Arturo with programming.
- They were keen on regional/country reports/papers for the PHA2- we (GHW secretariat) have decided that this is something we can encourage but not really draw up guidelines for. There are country case studies that people are writing for the GHW that we could use and we also hope to encourage yourselves, on the CC, to do draw up country perspectives. **It would be useful if you could report on to me on what is being done in regions/countries already, and where you are up to.** We are thinking of using these country/regional perspectives for regional/country launches.
- We are planning country/regional launches for the watch that will occur over a 24 hour period (20 July) ie. the second day of the assembly (there is a venue for teleconferecing and for a press conference). And we plan a press conference occurring at a similar time in London and in other places. It was suggested that we attempt launches of the Watch in 8-10 places around the world. Unfortunately, these will have to be limited to English speaking places (or Spanish) as the Watch will be in English (and hopefully in Spanish).

RN 11/10/04

PHA II
PHA GHW

SSP pha-ncc yahoo
— steering group by 10/11/04
RN 11/10/04
+ country contact pers

- We are planning to gather media contacts from yourselves - CC members (two from each) that we will use for the launch and that we could also use for the PHAZ media work. We hope to test run these media contacts at the Indigenous Health Conference, Dec 9 and 10, to be held in London, organised by Health Unlimited and LSHTM, which will launch the GHW indigenous health chapter.

- Unni Krishnan (PHM India) has agreed to be the GHW media advisor. We are hoping that he too can attend our meeting in Nov here in London.

That's all for now.
Best Regards to all
Pat
On Behalf of the GHW Secretariat

Visit the Global Health Watch Website at www.ghwatch.org
Subscribe to the GHW newsletter - send an e-mail to GHWatch-newsletter-subscribe@yahoogroups.com

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Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment

Medact
The Grayston Centre
28 Charles Square
London N1 6HT

People's Health Assembly 2 and Global Health Watch

Joint Call for Case Studies and Testimonies

We are calling individuals and organisations – activists, communities, health workers and academics – from around the world to submit case studies and testimonies to be part of the process of the second People's Health Assembly and the Global Health Watch.

About us

The **People's Health Assembly II** (PHA2) is a mobilisation process led by the People's Health Movement. It promotes public participation around health issues and supports grass-roots struggles for the attainment of "health for all". The PHA2 aims to cover key health and health-related issues that concern civil society in Latin America and the rest of the world.

OBJECTIVES OF PHA II

- To strengthen and expand the People's Health Movement as a network that struggles for the revival of the original spirit and principles of Health for All.
- To launch a more concerted global action to achieve a full and universal recognition of the Right to Health as a fundamental Human Right.
- To widen the debate leading to a more proactive resistance to all the forces that oppose and violate the right to health of the people-many of them enshrined in neo-liberal reform policies, and in the overwhelmingly unfair move towards globalization with its shift towards increasing militarization.
- To share experiences and practices useful for the universalization of our struggle to implement alternative models of people-centered and beneficiary controlled health care delivery systems.

The **Global Health Watch (GHW)** is an initiative aimed mobilising civil society around an alternative World Health Report. The GHW will support civil society to more effectively campaign and lobby for 'health for all' and equitable access to health care. The first report, to be launched in July 2005 at the PHA2, will provide a platform for academics, activists and non-government organisations to

- Promote the accountability of governments and global institutions that affect health (such as the World Health Organisation, UNICEF and the World Bank)
- Identify policies and practices at the global and national levels that are unfair, unjust and bad for health
- Shift the health policy agenda to recognise the political, social and economic barriers to better health and to advocate alternatives to market-driven approaches to health and health care

See www.gnwatch.org for more information

How can you participate?

The PHA2 and the GHW are putting out a joint call for the submission of local, country or region-specific case studies and testimonies. These case studies will contribute to the process of the PHA2, for country and regional pre-Assembly activities and for the Assembly itself and the GHW, as part of the electronic accompaniment to the report.

We are looking for case studies that show examples of:

- effective, efficient and inclusive public health care systems
- policies and actions to secure improved and equitable access to health care
- efforts to address or reduce the impacts of war and militarism on health
- negative effects of commercialised health care on professional ethics
- the effects of health professionals migration from low/middle income countries to high income countries
- good and bad processes of health sector decentralisation
- positive and negative impact of bilateral and multi-lateral donors on public health stewardship and on the performance of health care systems
- positive and negative impact of international agencies such as the World Bank, traditional bilateral donors, GAVI and the Global Fund
- civil society resistance to privatisation of public utilities, education and health care
- environmental destruction and the effect on health
- food sovereignty issues and genetically modified organisms and the effect on health
- Free Trade Agreements and their effect on health
- successful integration of traditional medicine and indigenous practices into public health systems
- the impact of multi-national corporations on health policy

Note these are examples only and we are open to case studies on other health related topics

For case studies, essays and testimonies

- We are looking for short and concise submissions of 500 - 2000 words
- Please indicate

Your organisation

- your locality/country/region
- whether you want your submission to be anonymous and why

- We request that you use clear Spanish or English with no jargon
- Please submit your contributions to ghw@mediact.org

For photographs, artwork, handcrafts, posters, rituals, music, drama and video

- Please submit your contributions to
  Facultad de Ciencias Médicas de Cuenca
  Av. 12 de Abril junto al Hospital Vicente Corral Moscoso
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PHM-Secretariat

From: "ctddsf" <ctddsf@vsnl.com>
To: <pha-ncc@yahoogroups.com>
Sent: Saturday, October 09, 2004 2:59 PM
Subject: [pha-ncc] Global Health Watch Update

Global Health Watch: Mobilising Civil Society around an Alternative World Health Report

GHW Update 5 - October 2004
Welcome to our fifth edition!!!

Please pass on this newsletter to anybody that might be interested in the GHW

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Plans for Peoples' Health Assembly II well underway

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

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

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

For more information about the conference visit www.phmovement.org/pha-II/

GHW at first 'MAKEPOVERTYHISTORY' meeting in Johannesburg

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

PHM-GHW
ncc-yahoogsp
TSA
RN
11/10/04

SSP
Can we send this to all country coordinator focal points
RN
13/10/04

Also Mexico IOC reports →

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

For more information on the campaign visit www.makepovertyhistory.org

NEWS ON THE GHW REPORT 2005 - A taste of Globalisation and Health

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

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

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

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

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

. China is increasingly cited as a model for what global market integration can do for a developing country. It has experienced phenomenal economic growth since introducing market reforms in the late 1970s and now produces much of the world's factory-manufactured goods.
. Export processing zones (EPZs) have mushroomed in China in the past two decades and China holds 6th place in the world in terms of foreign investment. This is for the single reason that it is more profitable to produce goods in the world's largest supplier of cheap labour than it is anywhere else.
. Cheap labour in China comes to a price: open disregard of workers' rights. Hours of work and wages are effectively unregulated; many in the EPZs work twelve to eighteen hour days, seven days a week, for months at a time. By

one estimate, approximately 1 in every 250 EPZ workers was killed in an industrial accident in 2003.
. On the other hand, China's market reforms led to the collapse of its once vanguard systems of public and community-based health insurance. The government share of health expenditures fell by over 50 per cent between

1980 and 1998, almost trebling the portion paid by families.
- The result was a surge in the number of people who fell into poverty by exhausting their income and savings to pay for medical treatment- 27 million rural Chinese in 1998 - and a dramatic slowdown in China's population health improvements, particularly infant mortality and life expectancy.

Please pass on this newsletter to anybody that might be interested in the GHW

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http://docs.yahoo.com/info/terms/

10/11/04

PHM - Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: <ghw@hst.org.za>
Sent: Friday, October 22, 2004 7:29 PM
Attach: introductory chapter5.doc
Subject: [ghw] Introductory Chapter

Dear friends,

I am attaching the draft for the opening (introductory) chapter for the Global Health Watch. It is 2,600 words long.

It consists of an introduction to the GHW, as well as setting out some of the principles underlying the Watch. There is then a section aimed at making some brief reference to the recommendations and proposed PHM strategy for the way forward (this section has not been drafted yet). In addition, the chapter signposts the reader to two more detailed essays that we intend to place on the web.

Please see what you think in terms of:
- covering all our bases (vis a vis explaining what this report is all about and explaining our position and perspective)

- style and tone
- clarity
- success in appealing to both a political as well as a moral / humanitarian response from the broader health community
- the sub-headings used in the section on a new agenda for global health
- suggestions of other (more detailed) essays that can be signposted from this chapter to the web

Thankyou in advance and we look forward to your wise words!

Dave

<<introductory chapter5.doc>>

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RN
27/10/04

RN
27/10/10

PHM - GHW
Front Chapter

10/27/04

Introductory chapter

We have had a Peoples Health Assembly and we have a Peoples Health Charter – we now need a people's health report to support civil society's challenge to the on-going failure to prevent the millions of avoidable and premature adult and childhood deaths that occur each year, in the presence of great economic wealth and affordable interventions.

NGO delegate at the World Health Assembly 2003

The Global Health Watch emanates from one of the largest ever civil society mobilisations in health. Its roots are in the influential and lasting campaigns of the 1970s and 1980s when activists from across the world challenged the global health divide, formulated practical proposals for change and influenced the content of the ground-breaking 1978 Alma Ata Declaration. Community-based health care; the essential drugs list and controls on the marketing of infant formula are just some of the results of this advocacy, which has changed the lives of millions of people.

During the 1990s, many activists came together again to take up more of the continually emerging challenges in global health – and to tackle some of the most intransigent, like poverty and inequality. A People's Health Assembly held in Savar, Bangladesh in December 2000, was the first step towards launching a global social movement to attain the bold aim written into the Constitution of the World Health Organisation (WHO): that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

1,400 people from 90 nations attended the Assembly and agreed to a People's Health Charter. The Charter is a call for action on the root causes of ill-health and the lack of access to essential health care (see box for principles and main headings), and it set the agenda for the People's Health Movement which emerged after the Assembly.

This first edition of the Global Health Watch takes the Charter's call for action and suggests ways in which the global movement of people concerned with health can take its principles forward. In the process, it has brought together health activists, health professionals and academics from around the world to formulate an *alternative* world health report. It is aimed primarily at the large global health workforce who represent an important sub-section of civil society, and who have a standing in society that enables them to be influential in promoting action on global health.

Some have suggested that we already have enough world health and development reports. There is, for example, the World Health Report produced annually by the WHO; the Human Development Report produced by the United Nations Development Programme; the annual AIDS report produced

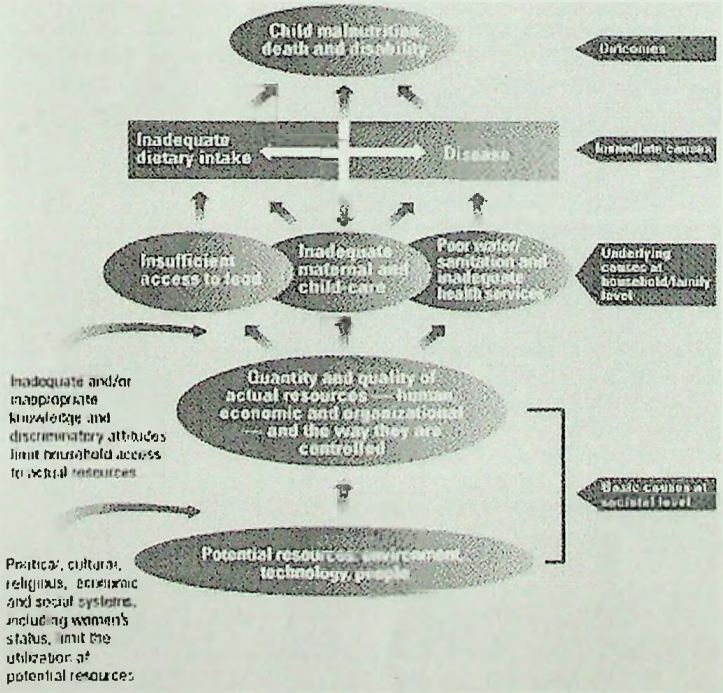
by UNAIDS; the State of the World's Children produced by UNICEF; and the World Development Report of the World Bank. The following paragraphs explain *what makes the Global Health Watch different* and why health workers from all parts of the world have expressed a need for such a report.

The politics of health

The presence of widespread poverty, hunger and ill-health in the midst of so much wealth, food and technological capability implies that we tolerate the former by choice. Alternative social and economic arrangements at a national and global level could change this stark situation.

> *10 million children die each year, most of them, because of starvation and malnutrition. This number of deaths is equivalent to 25 Hiroshima bombs exploding every year, but without producing a sound. These deaths are so much a part of everyday reality that they do not appear on the front page, or any other page, of any prominent newspaper in Europe or the United States. Meanwhile, every two seconds, a child dies of hunger.*

The GHW therefore sets out an explicitly political critique of the state of global health. There is nothing new in this – public health has been recognised as a political concern for many years, a point captured in a statement made by Rudolf Virchow, the famous nineteenth century German pathologist, who explained that "medicine is a social science, and politics is nothing more than medicine practiced on a larger stage". UNICEF's conceptual model for explaining child morbidity and mortality refers to the political, social and economic systems that determine how resources are used and controlled to determine the number and distribution of children with insufficient access to food, child care, water, sanitation and health services (Figure 1).



The UNICEF model is applicable to other aspects of health (e.g. AIDS and maternal health) and echos the analytical approach used by the GHW to highlight how the distribution of power, political influence and economic resources shapes the pattern of health globally.

Poverty and development as a public health issue

Poverty is the biggest epidemic the global public health community faces. It underlies most cases of under-nutrition, fuels the spread of many diseases and deepens vulnerability to the effects of illness and trauma. Poor countries are also unable to adequately resource their health and social services, resulting in a poverty of health systems that compounds poverty at the household and community level.

WHO's definition of health is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".

The challenge of improving global health is therefore inextricably linked to the challenge of addressing widespread poverty. Highlighting poverty is also important in light of the fact that that the breadth and depth of global poverty is being underestimated by international agencies, based on flawed methods used by the World Bank (add box to show and explain different estimates). Over the last twenty years the numbers of poor people living on under US$2 per day have actually risen by 285.6 million or nearly 12%, to 2.7 billion (Pogge 2004).

However, even by the flawed measures of the World Bank, the extent of poverty demands that we make it a centre-piece of our health programmes and health policy analysis, that we understand the causes of poverty and engage with the political and economic reforms required to abolish it.

Health workers also have a role to engage with the health effects of illiteracy; the lack of access to water and sanitation; hunger and food insecurity; the degradation of the environment; and militarism and conflict. These public health issues highlight the common challenges shared by health workers, teachers, engineers, geographers and biologists, amongst other professional groups, in fulfilling the universal right to health and dignity. The GHW aims to promote health as a theme that can bring together different sectors of progressive civil society around a common agenda for human development and social justice.

Inequity

An analysis of poverty must be accompanied by an analysis of inequality. While severe poverty may not be new in human history, the coincidence of widespread poverty (embracing over 2 billion people) with considerable wealth (which is no longer limited to a relatively small elite but to hundreds of millions of people) is new. Inequality has reached staggering proportions.

The income gap between the fifth of the world's people living in the richest countries and the fifth of the poorest was 74 to 1 in 1997, up from 60 to 1 in 1990, 30 to 1 in 1960 and 11 to 1 in 1913. Today,

the top quintile of human beings have around 90% of global income and the bottom quintile about a third of 1%, which puts the global quintile income inequality ratio at about 270.[1]

Although inequality is commonly described in terms of differences between rich and poor countries, 20% of the richest persons in the world come from developing countries. Similarly, poverty and widening disparities are not confined to poor countries. While there is a divide between rich and poor countries, there is also a divide between the rich and poor sections of global society that must be understood.[2]

The coincidence of wealth and widespread, severe poverty suggests that the latter can be avoided. In fact, the cost of achieving and maintaining universal access to basic education, basic health care, adequate food and safe water and sanitation for all has been estimated to be less than 4% of the combined wealth of the 225 richest people in the world (HDR 1998, p 30). And in many countries in which hunger and malnutrition is prevalent, there is enough productive land to feed their populations many times over.

An 'equity lens' is therefore important because it helps to unmask the way in which political and economic institutions are shaped in ways that reinforce unfair advantage and widen socio-economic disparities. International trade rules and regulations are stacked in favour of rich countries and multi-national corporations; and debt cancellation is stacked in favour of the creditors rather than the citizens of poor countries who played no part in the creation of bad debt. The conditionalities imposed upon poor governments by the World Bank (WB) and International Monetary Fund (IMF) are in themselves undemocratic and influence policy in ways that harm the poor. Such conditionalities have included the harmful imposition of neoliberal structural adjustment programmes, the privatisation of public assets and the undermining of public education and health care systems. The effect has been to create a dynamic of widening disparities whilst eroding social safety nets (see www.ghwatch//..... for a more briefing on the meaning and history of explanation of 'neoliberalism).

Often, however, the plight of the poor and of poor countries are put down to spurious reasons, such as natural disasters, misfortune, laziness or corrupt and incompetent governance. While public sector mismanagement and corruption should not be swept under the carpet, it is too often used as a convenient explanation to deflect attention away from how the global political and economic order sustains both corruption and widespread poverty.

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[1] Global inequality is even greater in regard to property and wealth. The world's 200 richest people more than doubled their net worth in the four years to 1998, to more than $1 trillion. The assets of the top three billionaires are more than the combined GNP of all least developed countries and their 600 million people (HDR 1999).

[2] Take the huge quantities of natural resources imported from poor countries and consumed largely in rich countries. If we strip this transaction to its bare essentials, it involves the entitlement of a relatively small global elite (multinational corporations, the citizens of rich countries and the holders of political and economic power in the poor but resource-rich developing countries) and the dispossession of millions of people who are poor.

The GHW therefore emphasises not just poverty, but an analysis of the relationship between poverty, wealth and the distribution of resources and decision-making power. In this way, the characterisation of the relationship between the rich and the poor in terms of 'aid', 'development assistance', 'humanitarian relief' and 'charity' is re-examined in terms of unfair structural inequalities. Health professionals can play a part in generating the decisions that will lead to a distribution of wealth and that will allow all people to attain their basic human rights, and all children to be given a more equal start in life.

Human rights and responsibilities

Article 25.1 of the Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services". Article 12.1 of the International Covenant on Economic, Social and Cultural Rights recognises the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

Such declarations are important in reminding us that human rights encompass more than first-order political and civil liberty human rights, but also incorporate social, economic and cultural rights. Universal human rights are not limited to a vote, free speech and freedom from oppression, but also include a right to household food security, access to essential health care and the other requirements for human dignity. While this is not contested and is frequently mentioned in various UN reports, an aim of the GHW is to examine the causes for the non-fulfilment of rights and the question of responsibility for the fulfilment of human rights.

Often, human rights discourse is centred on the duties of states and governments. Violations committed against people by governments, under the guise of officialdom and the law, or with the complicity of the state, are quickly condemned because they not only deprive people of the objects of their rights (e.g. food and essential health care), but also attack and subvert the very notion of rights and justice.

There is also an acceptance that governments are in breach of their duty if they fail to reasonably ensure the progressive realisation of human rights through the use of resources under their control or by failing to implement enabling policies. Governments that allow, for example, corruption and fraud or inappropriate public expenditure on armaments when large sections of the population lack access to the basic means of survival and dignity, are committing human rights violations.

Governments are therefore important and citizens must hold them to account. The GHW documents numerous examples of civil society holding their governments to account for their actions.

However, a moral conception of human rights dictates that our social, political and economic institutions must also be held to account. This is enshrined in Article 28 of the UDHR, which states that

"everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized". In other words, social, economic and political arrangements that keep people living below the poverty line when there are reasonable alternative arrangements that would lift people out of poverty, are violating human rights. The right to live in a social institutional order that promotes and maximises the fulfilment of human rights raises obligations on governments *as well as* upon citizens and non-government actors and institutions to design the basic rules of society in such a way that, at the very least, they cause no harm and deny people of their basic rights.[3]

Given the trans-national causal pathways that lead to poverty and ill-health, governments, corporate actors and civil society (especially those belonging to the rich and powerful countries of the world) have global duties and responsibilities towards the fulfilment of universal human rights. At present, the emphasis in human rights discourse is heavily slanted towards the duties of national governments towards *their own citizens*.

Trans-national responsibilities for the fulfilment of human rights tend to be limited to avoiding or preventing direct violations of the civil liberties of citizens of another country, or merely invoke a weak humanitarian response to help out with aid and other forms of assistance. Economic cooperation with corrupt and undemocratic governments is rarely considered a human rights transgression; neither is the sale of military equipment to repressive regimes, nor the maintenance of trade rules that perpetuate or even deepen severe poverty.

In summary, the GHW defines a human rights perspective that emphasises universal social and economic rights; stresses the responsibility of civil society to shape national and global political, social and economic institutions, in both the public and private sector, so that they optimise progression towards the fulfilment of rights; and calls for the same standards to be applied globally as is done domestically. For a more detailed argument of this human rights position see www.ghwatch.//....

Mobilising civil society

In light of the evidence that the social, political and economic arrangements are failing to adequately address the current state of ill-health, poverty and inequity, we need a stronger mobilisation of civil society committed to the fulfilment of human rights. A unique feature of the Global Health Watch is that it is explicitly linked to many civil society struggles for health and justice. Many of the individuals, networks and NGOs associated with this report participate in civil society mobilisation, lobbying efforts, policy advocacy and development work on the ground. The GHW draws from this experience, whilst offering credible analysis to strengthen their work.

---

[3] For example, while a legal right to adequate food is important, and while governments are obliged to ensure the progressive realisation of this right, social and economic arrangements that democratise the ownership and use of land; prevent the speculative hording of basic staple foods; and block the dumping of heavily subsidised produce from rich countries into poor countries in a way that decimates local agriculture may be as, if not more, important.

Part of the aim of this alternative world health report is therefore to present an analysis of the performance and effect of key institutions with a responsibility for promoting global health. Many of the conventional world health and development reports produced, for example by the WHO, UNAIDS and the WB, rarely include themselves in the analysis of factors that are promoting or negatively impacting on health. The GHW hopes to fill this gap and provide another means of strengthening civil society's ability to engage with the determinants of ill health.

A NEW AGENDA FOR GLOBAL HEALTH

This section remains sketchy at the moment – we want to end this chapter with some bold eye-catching statements about a way forward. Some suggestions are listed below, but this is for further discussion.

Something about a social dimension to globalisation / or a global compact

Global inter-connectedness has been with us for centuries. However, in recent decades there has been a much more profound and rapid integration of societies and countries that has been both inequitable and bad for health. We need a healthier form of globalisation, with a fairer distribution of the globe's resources – material and intellectual – through systems that are controlled in a democratic and accountable manner.

Need to include in here the requirement for a social compact to be consistent with an ecological compact as well.

Something about mechanisms for global redistribution

We want to refer to some of the practical mechanisms for redistribution and for financing global social security and health systems that will be outlined in the report. These include proposals involving international corporate taxation; Tobin Tax; Griffin Tax etc.

Something about reclaiming the space for democratic and accountable decision-making

At the national level, we need a more conducive political and economic environment for poor countries to develop robust democratic structures and economic and development policies that work towards the fulfilment of human rights.

At the global level we need structures and systems that allow for fair global governance, reigning in the untrammelled power of rich nations and multinational corporations. This will involve the active empowerment of civil society to hold governments, MNCs and the market to account.

Something about a new policy framework for health that is distinct from the current neoliberal and market-based paradigm

Something about resurrecting Alma Ata

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "Antoinette Ntuli" <ant@healthlink.org.za>; <davidmccoy@xyx.demon.co.uk>
Sent: Thursday, October 28, 2004 1:36 PM
Subject: Re: Introductory chapter

Dear Dave and Antoinette,

Greetings from PHM Secretariat (Global)!

1. I think Antoinette's is a very good idea but do we consider it after the Mexico discussion or before? I could send a list of some names.
2. Or should we put it on the PHM Exchange that goes to hundreds of people? Of course not everyone will respond.
3. Some feed back will definitely help since I am still not clear, all the types of people we would consider as our audience and the GHW has to be a very reader friendly report, if it has to stimulate some action and not just get added to dusty shelves in people's offices. I am all for feedback.

Best wishes

Ravi Narayan

GHW
Chapter Feedback
(Potential Readers)

RN
29/10/04

DGS - Send to all the others
cos c reply to the
letter Likely only to
bon of them)

RN
2/11/0

PHM - Secretariat

From: "Antoinette Ntuli" <ant@healthlink.org.za>
To: "Ron Labonte" <ronald.labonte@usask.ca>, "Ravi Narayan" <secretariat@phmovement.org>, "Mike Rowson" <mikerowson@medact.org>, "Antoinette Ntuli" <ant@hst.org.za>, "Amit Sengupta" <dddsf@vsnl.com>, "David Sanders" <imartin@uwc.ac.za>, "Armando De Negri Filho" <armandon@portoweb.com.br>, "David McCoy" <davidmccoy@xyx.demon.co.uk>
Cc: "Patricia Morton" <patriciamorton@medact.org>
Sent: Tuesday, October 26, 2004 4:12 PM
Subject: Re: Introductory chapter

Dear Dave,

I think the introductory chapter is looking good, and is much improved on the earlier version, so thank you to you and everyone else who has played a role in preparing it! I would like to suggest that we do some pre-testing with the target audience - using this chapter - it would be useful for the GHW to have a sense about:

Is the chapter accessible?
Is there any terminology that is difficult to understand (or jargon?)
Are the arguments clear?
Are the arguments convincing?
Is it easy to read?
Does it make the reader want to know more?

If others think this is a good idea we could decide on the questions we want to ask and then each of us could approach a few health workers (who are not members of GEGA or PHM or MEDACT)in our own countries?

Antoinette

Antoinette Ntuli,
Director, HealthLink
Chair, GEGA Co-ordinating Committee
2731-307-2954 (tel)
2731-304-0775 (fax)
ant@hst.org.za
www.hst.org.za

RM
27/10/04

Dear Dave & Antoinette 27/10/04

I think Antoinettes is a very good idea but do we ~~need to~~ consider it ~~doing~~ it ~~perhaps~~ after the Mexico discussion or before. I could send a list of some names.

ii) Or should we put it on the PHM exchange that goes to hundreds of people. Of course not everyone will respond

iii) Some feedback will definitely help since I am still not clear all the types of people we would consider as our audience and the GHW needs to be a very reader friendly report if it has to stimulate some action and not just get added to dusty shelves in peoples offices. I am all for feedback

Best wishes
Ravi.

PHM. GHW

19.27.04

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: <phm_Steering_Group_02-03@yahoogroups.com>
Cc: <ghw@hst.org.za>
Sent: Friday, October 29, 2004 12:12 PM
Attach: Global Health Watch Update- October 2004.doc
Subject: Fw: Update of GHW - October 2004

Dear Friends

Greetings from PHM Secretariat (Global)!

Enclosed is an update of GHW activities and a full list of contents and authors. If you have any suggestions of authors / volunteers to support Chapters or any other ideas from your region / network or case studies from your region / network etc, please connect immediately with a quick response to the GHW core team (Dave, Mike and Patricia) with a copy marked to us.

The first drafts of some of the chapters are begining to roll in, so the report is finally begining to take shape. So do connect / link at the earliest if you are not already in the GHW linked circle.

Best wishes

Ravi Narayan

Also to
Sent — PHA- ncc yahoo group ✓
2a/15 — Allison Katz ✓
Then send back to me →

10/29/04

PHM - Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM-Ravi" <secretariat@phmovement.org>
Sent: Wednesday, October 27, 2004 8:58 PM
Attach: Global Health Watch Update- October 2004.doc
Subject: Update of GHW - October 2004

Hi Ravi

Please see attached update of GHW activities to date which includes a full lists of contents and authors. You may want to send it around to the PHM Steering Committee

Best Regards
Pat

Patricia Morton
Global Health Watch Secretariat

Visit the Global Health Watch Website at www.ghwatch.org
Subscribe to the GHW newsletter - send an e-mail to GHWatch-newsletter-subscribe@yahoogroups.com

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RM
28/10/04

To PHM Steering Group

Dear Friends 28/10/04

Enclosed is an update of GHW activities and a full list of contents and authors. If you have any suggestions of authors/volunteers to support chapters or any other ideas from your region/network; or caseshudies from your region/network etc please connect immediately with a quick response to Ptnrs- GHW the GHW core team (Dave, Mike and Patricia) with a copy marked to us.

The first drafts of some of the chapters are beginning to roll in - so the report is finally beginning to take shape. So do connect/look at the earliest if you are not already on the ~~Group~~ GHW linked circle

Best wishes

Ravi Narayan

cc GHW core group

Global Health Watch Update- October 2004

The Watch

The first edition of the report is currently in production: editing is scheduled for January and February 2005 and the printed, web and CD version of the report will be launched at the 2nd People's Health Assembly in Ecuador in July 2005. The production of the report is now nearly fully funded.

The whole process of producing the report has been a collaborative effort. Each chapter has had input by a number of authors and reviewers representing key civil society organisations, social movements and academic institutions from around the world. The chapters will draw on and feature case studies and testimonies from activists and health workers on the ground. These case studies and testimonies are being posted on the GHW website. We also hope to encourage the development of local and regional initiatives to complement the Global Health Watch (in one region there is a plan to produce a regional document to complement the alternative world health report).

There will be a set of recommendations produced from each chapter, and a final chapter will put forward over-arching recommendations and suggest strategies for action. See the final page for a full list of contents and collaborating authors.

Advocacy Strategy

The secretariat have developed an advocacy and marketing strategy that aims to:

- Promote the Watch as a tool for broadly defined health communities worldwide and hence enhance the ability of those from poor and marginalised groups to advocate for themselves;
- Monitor global institutions impacting on health and influence their policy agendas towards greater recognition of equity and the right to health, the determinants of health, and the centrality of effective and inclusive public health systems;
- Strengthen collaborative relationships between different parts of civil society related to health and thereby encourage greater and more coordinated involvement of civil society organisations in the determination of international health policy.

We have defined three phases of advocacy activities: Pre-launch; launch and post-launch.

Pre-Launch Activities to date include:

- production of promotional materials (leaflets, brochures);
- presentations at various conferences;
- publication of articles in journals, newsletters and bulletins;
- launch of the GHW website in English and Spanish (see www.ghwatch.org);
- production of a regular newsletter;
- calls for case studies and testimonies;
- ongoing engagement with CSOs, NGOs, social movements and academics in health and other sectors (for their participation in the GHW process);
- development of the final recommendations and targeting of CSOs for endorsement of these recommendations; and
- engagement in the civil society processes for planning campaigning at the G8 summit and the MDG review- key policy events in 2005.

A simultaneous launch of the report will take place at the 2nd People's Health Assembly in Cuenca, Ecuador in July 2005, as well as in London and a number of other cities around the world. The Watch chapters will be translated to Spanish and used as position papers at the assembly. We hope to hold round tables at the assembly with activists, social movements, NGOs, government officials in health and other sectors to discuss ways of working together.

Funding

The Global Health Watch is being funded on a shoestring. Many of the authors are contributing voluntarily. There is only one full-time person managing the initiative.

Fundraising attempts have not been hugely successful, although there is some benefit in this as it makes the initiative likely to be more sustainable in the long-term. One downside has been the lack of funding available to commission new research, particularly on issues for which there is little existing knowledge.

Funders include: Nuffield Trust, Save the Children, IDRC, Wemos, Exchange.

Management

The Global Health Watch is being co-ordinated by a collaboration of three non-government organisations: Medact, the People's Health Movement and the Global Equity Gauge Alliance. The secretariat is based at Medact.

A global Coordinating Committee overseas the work of the secretariat. See membership of the CC in the table below.

Region	Country	Member
West Africa	Nigeria	Abdulrahman Sambo
North Africa	Egypt	Hani Serag
Southern Africa	South Africa	David Sanders
Pacific	Palau	Caleb Otto
Australasia	Australia	Fran Baum
Caribbean	Trinidad and Tobago	Jerome Teelucksingh
Central Asia	Kazakhstan	Bakhyt Sarymsakova
Eastern Europe	Yugoslavia	Vuc Stanvolovich
China	China	Dr Shenglan Tang
South America	Brazil	Armando De Negri
Central America	Nicaragua	Maria Zuniga
Middle East	Lebanon	Samer Jabbour
SE Asia	Malaysia	Chan Chee Koon
South Asia	India	Amit Sengupta
North America	US	Paula Braveman, Ellen Shaffer
Western Europe	Netherlands	Marjan Stoffers
PHM-global		Ravi Narayan, Abhay Shukla
GEGA - global		Antoinette Ntuli, David McCoy
Medact		Patricia Morton, Mike Rowson

GHW Contents and Authors

Note: This list does not include the 50 or so people from various other organisations who have agreed to review chapters. Organisational affiliation does not imply institutional endorsement of the Watch.

Chapter	Author	Organisation
Foreword		
Introduction	Medact, PHM, GEGA	
Section A: The Politics and Economics of Health in the 21st Century	Ron Labonte, Ted Schrecker, Amit Sengupta	Saskatchewan Public Health Evaluation and Research Unit, PHM
Section B: Health Care Sector		
B1: Approaches to Health and Health Care	Malcom Segall, Jane Lethbridge, Andrew Green, Lucy Gilson, Allyson Pollock, Abhay Shukla, David Sanders	PHM, IDS, PSIRU,
B2: Commercialisation of Health Care	Maureen Mackintosh, Meri Koivusalo	Open University, STAKES
B3: Big Pharma, access to medicines and IPRs	Andy Gray, Jamie Love, Dr Balasubramaniam	University of Kwazulu-Natal, HAI Asia - Pacific
B4: Human Resources: the lifeblood of health systems	Antionette Ntuli, Rene Lowenson, Uta Lehman	Health Systems Trust, Equinet, Uni of Western Cape
B5: Responding to HIV/AIDS	David McCoy	GEGA
B6: Gene technology and the attainment of health for all	Chee-Khoon Chan Gilles de Wildt	Citizen's Health Initiative Medact
B7: Sexual and reproductive health	Wendy Harcourt, Khawar Muntaz	Society for International Development, Italy
Section C: Beyond the Health Sector		
C1: Environment	Ian Roberts Saleemul Huq	LSHTM IIED
C2: Militarism and Conflict	Vic Sidel, Barry Levy	IPPNW
C3: Water and Sanitation	Karen Cocq, Patrick Bond, Greg Ruiters, David MacDonald	Municipal Services Project
C4: The Right to food: Land, agriculture and household food security	Mickey Chopra, David Sanders	University of Western Cape
C5: Education	Anne Jellema	Global Campaign for Education
Section D: Marginalised Groups		
D1: Indigenous People	Clive Nettleton	Health Unlimited and a committee of indigenous people
D2: Disabled People	Rachel Hurst	Disabled People International
Section E: Watching		
E1: WHO Report card	Jane Salvage	Independent consultant
E2: World Bank report card	Jeff Powell	Bretton Woods Project
E3: ODA	Howard Mollet	Reality of Aid/BOND
E4: Debt	Ann Pettifor	Jubilee Debt Campaign
E6: WTO/GATS/ Bilateral Trade Agreements	Martin Khor	Third World Network
Section F: Summary & Strategies for Action	GHW Coordinating Committee	

PHM - Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: "PHM - Secretariat" <secretariat@phmovement.org>, "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>, <patriciamorton@mediact.org>, "mikerowson" <mikerowson@mediact.org>
Sent: Thursday, November 04, 2004 6:22 PM
Subject: RE: mexico

Dear Ravi,

I think YOU SHOULD send THIS to the CC as a whole, and perhaps to add a note saying that you have sent the note out to the CC as a whole because it is difficult to know who is and isn't part of PHM given the nature of PHM as a cross movement. The content of the letter is relevant to all on the CC

And yes, it would also be good to send out to the PHM steering group

Hope this is okay

thanks
dave

-----Original Message-----
From: PHM - Secretariat [mailto:secretariat@phmovement.org]
Sent: 04 November 2004 22:09
To: McCoy Dave; patriciamorton@mediact.org; mikerowson
Subject: Re: mexico

Dear Dave, Pat and Mike,

RN
5/11/04

RN
5/11/04

Phm. ~~Next to Sam~~

GHW

Please forward
it to Steering group
or GHW-CC - do we have a list of emails
(see GHW emails)

11.5.04

PHM - Secretariat

From: "ctdds" <ctddsf@vsnl.com>
To: <ghw@nst.org.za>
Sent: Wednesday, November 03, 2004 9:29 PM
Subject: Re: [ghw] Introductory Chapter

Dear Dave,

The Introductory Chapter reads well. The last section -- isnt that something we should attempt in the final chapter?

Best
Amit

At 02:59 PM 10/22/04 +0100, you wrote:
>Dear friends.
>
>I am attaching the draft for the opening (introductory) chapter for the
>Global Health Watch. It is 2,800 words long.
>
>It consists of an introduction to the GHW, as well as setting out some of
>the principles underlying the Watch. There is then a section aimed at making
>some brief reference to the recommendations and proposed PHM strategy for

PHM - GHW
Final chapter

RN
4/11/04

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>, <patriciamorton@medact.org>, "mikerowson <mikerowson@medact.org>
Sent: Thursday, November 04, 2004 5:39 PM
Subject: Re: mexico

Dear Dave, Pat and Mike,

Greetings from India!

I have received the letters you want me to send out. The drafts are fine. But just one point of clarification. Do you want me to send it only to the PHM members on teh GHW CC or to all PHM steering group members as well. Incidentally, on the GHW core committee, it is difficult to decide who is PHM and who isn't since so many have PHM links locally, nationally or at regional level. Could you resend the latest list of GHW CC and indicate whom your consider PHM and who is labelled something else? I shall send out the letters as soon as this clarification is received. Thanks for the hard work you are putting into the initiative. I have some issues to discuss with you three about the funds. But thats in a separate communication.

Best wishes,

Ravi.

RN
7/11/04

DGS - Discuss

↓

PHM-GHW

Please send letter as from me
to - Steering Group
- GHWCC Group

RN

PHM - Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Cc: "Mike Rowson (E-mail)" <mikerowson@medact.org>; "Patriciamorton (E-mail)" <patriciamorton@medact.org>
Sent: Tuesday, November 02, 2004 11:25 PM
Subject: RE: Mexico

Dear Ravi,

Greetings once again.

As you know, the Global Health Watch is going very well. We are getting the chapters written and we are generating a lot of interest. Mike, Pat and myself are working long hours on the initiative and obviously hope that the effort will be worthwhile!

It would be really useful if you, as global PHM coordinator, could send out a message to the Coordinating Committee and to PHA Exchange. I have taken the liberty to draft these messages for you, and hope you will modify and then send them out. The reasons will be evident in what I have drafted below!

Hope this is okay

Thanks

David

DGS

Enclosed

Is there the letter drafted below?

RN
3/11/04

RN
3/11/04

PHM - Mexico Summ

GHW

as this clarification is received Thanks for the hard work you are putting into the website. I have some issues to discuss with you Mike about the funds But that is a separate communication Best wishes Ravi

Dear Dave, Pat and Mike

I have received ~~sent out~~ the letters you want me to send out. The drafts are fine But just one point of clarification. Do you want me to send it only to the PHM members on the GHW coordination committee or to all PHM steering group members as well. Incidentally on the GHW CC it is difficult to decide who is PHM and who isn't since so many have PHM links locally, nationally or at regional level Could you resend the latest list of GHW-CC and indicate whom you consider PHM and who is labelled something else!!

I shall send out the letters as soon

PHM - Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Cc: "Mike Rowson (E-mail)" <mikerowson@medact.org> "Patriciamorton (E-mail)" <patriciamorton@medact.org>
Sent: Tuesday, November 02, 2004 11:25 PM
Subject: RE: Mexico

LETTER TO COORDINATING COMMITTEE

Dear PHM members on the CC.

The Global Health Watch is making excellent progress and we should have a useful document to launch in July. It is important that we maximise the opportunity presented by the production of the report. I am writing to give you my personal encouragement to assist with the Global Health Watch on three key issues.

1. Engaging with the content

As drafts of various sections and chapters are produced it is vital that PHM members engage with the content. In particular, it is important that the content reflects the perspectives of people from the South. Please circulate drafts and invite comments amongst your colleagues.

2. Fundraising

Thanks to generous donations from Wemos, IDRC, OECIA, Medact, Exchange, the Nuffield Trust, and Save the Children (US), we have been able to raise $120,000 for the project. Other donors are pledging small amounts of support. However, we need a further $50,000 to print the desired number of copies of the book and to magnify the advocacy (the most important element of the Watch). It is vital that we raise this money - it is a relatively small amount, but it would make a huge difference to magnifying the impact of the report. Even small amounts of money would be useful. At the moment, we will be unable to employ anyone on the project after January 2005. Please can you all approach local NGOs and benefactors and ask for donations of between $1,000 - 10,000.

3. Preparing for the launch

The GHW secretariat are proposing to launch the report on July 20th during the PHA 2. We want to launch the report simultaneously in as many countries as possible. Please can you begin to think ahead for planning this event. If you are coming to PHA 2, then who else could be the central person for launching the report in your country. If you are not travelling to PHA 2, will you be able to organise a press conference and launch for that day.

Thankyou ... Yours ... etc
Ravi

Dear PHA Exchange,

The Global Health Watch (civil society's alternative world health report) is making excellent progress. The GHW secretariat are proposing to launch the report on July 20th during the PHA 2.

However, we want to launch the report simultaneously in as many countries as possible.

We are requesting volunteers to help launch this report on July 20th in their respective countries. The GHW secretariat will be preparing materials to assist with the launch, but for now could I ask you to consider helping to organise a press conference

11/5/04

PHM - Secretariat

From: "McCoy Dave" <Dave.McCoy@haringey.nhs.uk>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Tuesday, November 02, 2004 4:29 PM
Subject: RE: mexico

Okay Ravi
Will you send a note to all about this?
I am trying to find the time to develop an agenda
dave

-----Original Message-----
From: PHM - Secretariat [mailto:secretariat@phmovement.org]
Sent: 01 November 2004 05:55

RN
3/11/04

PHM – Mexico Sem

1 E 3/11/04

11/3/04

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: <KOWALP@WHO.INT>
Sent: Tuesday, November 09, 2004 3:49 PM
Subject: Re: Indigenous Health in Australia

Dear Paul

Greetings from PHM Secretariat (Global)!

We are all passing through the same hemispheric tensions and with the US / Australian people voting in pro-war governments health for all including aged will become a more distant reality. But we must not lose heart. I thought you may be interested in the 4th booklet of PHM India (A world where WE matter), which you can view on the following website (www.sochara.org/book3/index). Go to Chapter VII - The Uncared aged. You might find it interesting.

Best wishes

Ravi Narayan

PHM-GHW
Chapter-Aged

RN
10/11/04

11.9.04

PHM - Secretariat

From: <kowalp@who.int>
To: <Fran.Baum@flinders.edu.au>
Cc: <commsec@southernmed.net>
Sent: Monday, November 06, 2006 5:19 PM
Subject: RE: Indigenous Health in Australia

Hi Fran.
Apologies for my delay in responding and thank you for your offer of assistance. The events of recent past - particularly the elections in both your hemisphere and now my hemisphere has added greatly to the mental burden of late - and have slowed my pace somewhat.

I'd felt it very important to have a chapter on adult health and ageing in the Global Health Watch report. I've come into this very late in the game, so I am scrambling a bit to get everything together. I assume this will be a special chapter within the structure of the report.

If we are talking about social justice, I think the health and well-being of older persons and the ageing process are in need of attention in this report. I would like to focus on the compounding factors of poverty, minority status, disability and female sex over a lifetime as contributors to poor health.

So back to your offer - if you could direct me to any work done in relation to older indigenous people and health - I would be very appreciative. I have been in contact with David Cooper and ANTaR. I know about the meeting on Indigenous Health in Australia from early October.

Thanks in advance for your assistance.
Paul

RN
9/11/06

9/11/06

Dear Paul

We are all passing through the same hemispheric versions. and with the US/Australian people voting in pro-war governments health for all including aged will become a more distant reality. But we must not lose heart/ I thought you may be interested in the 4th booklet of PHM (A world where we matter) India, which you can view on the following website _____

Go to chapter VII. — The uncared aged
You might find it interesting.

Best wishes
Ravi

Phm. Australia

PHM - Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "GHW mailing list" <ghw@hst.org.za>
Sent: Wednesday, November 10, 2004 6:37 PM
Subject: [ghw] Dr Barzagar of Iran outlines his ideas on reform of WHO

Dear All

Please see below a correspondence we received from Dr Barzagar of Iran which outlines his ideas on reform of WHO

Pat

Dear David,

The points below are some of my disorganized thoughts about the improvement of WHO performance which I have submitted to you for inclusion into GHW report. It is based on my experiences and trust of WHO as the most technical Agency of United Nations in the field of health with huge potential for well being of the people especially the poorest of the poor if it is utilized properly

Many thanks and kindest regards.
Dr M A Barzagar, PHM, Iran

In regards to Professor Ilona Kickbush's suggestion about WHO's Constitution, I would like to comment as follows:

Never in the history of public health have public health workers preferred to use force for the implementation of health programmes as an appropriate strategy. Therefore it seems to me that bringing member States to the International Court, for not implementing an international convention may not be the solution. On the contrary I assume that in such a situation they will hide the actual situation and try to provide wrong and false statistics in order to escape from the Int. Courts, as it is the case for
Human Rights and other sensitive issues. For example when a Human Rights mission is going into a country everything is going to be shown in good shape and people are told what they should report. There is therefore no clear picture about the actual situation and no difference is made before and after.

I believe that World Health Organization should be the Health Organization of the people of the world rather than the WHO of the Governments of the world. It should be mentioned that according to evaluations of the Health For All (HFA) strategy through Primary Health Care (PHC), two main reasons are posed as the cause of PHC failure: lack of intersectoral Collaboration
and weakness/or lack of Community Involvement

I have some suggestions for improvement of the performance of WHO:

- Health is a multisectoral issue, therefore WHO should not only be linked to the Ministry of Health of the member states, but operate through a higher authority at prime minister or deputy PM level. Also the Governing Bodies of WHO ie WHA and EB should be upgraded in order to facilitate intersectoral collaboration. Of course upgrading the WHO counterpart at country level may require a constitutional amendment. Furthermore, it is necessary that at WHO meetings officials from different sectors be invited rather than only from the Ministry of Health.

- 10% of the WHO budget should be allocated to WHO headquarters and 90% to country collaboration programmes. The six regional offices (where their role is mainly) consume a big part of the budget. The slowing

RM
12/11/04

Patricia Morton
WHO Chapter

- The country Offices of WHO should be strengthened in all aspects i.e. technically, financially and devolution of authorities. A highly technical person among the International staff of WHO should be assigned WHO Executive Director at country level with full authority from the DG/RHO. The rest of the staff of the country offices should be recruited from the National experts. The cost of one WHO international staff is equal to at least 15 National staff. Furthermore, international staff have difficulties in terms of language and adjusting to culture and climate.

- WHO rather than preaching to the member States and preparing the General Programme of work from top-down should exercise bottom-up planning. WHO should develop a population laboratory or field laboratory (pilot areas according to geo-pathology of the country) in a longitudinal manner and come-up with a comprehensive and relevant needs oriented plan with the full participation of national experts and civil society (grassroots).

- WHO infrastructure and the infrastructure of the Health Services System of the member States should be based on PHC integrated approach of promotive, preventive, curative and rehabilitative services.

- WHO should not be a model for and promote verticality and donor driven health programs for member states.

- WHO should be health- minded and not disease-oriented and not be at the service of the medical repair industry - so called Health Services. It should invest in the underlying causes of health rather than the symptoms. I would suggest at least 50% of it's budget should be spend on Promotion and empowerment for health, 20% for prevention of diseases, 20% on curative aspects and 10% on rehabilitation mainly on community based. WHO should advise the member states in similar way of health financing. Also its budget distribution should be based on per/Capita and needs. WHO should promote some appropriate technologies for health like Physical Activities (Multi Purposes Vaccine), Herbal and traditional medicine and Genetic advancement for getting rid of the passive biomedical repair-industries. In the area of noncommunicable diseases WHO should shift from old bio-Epidemiology to Social epidemiology which is the theory of 21st Century.

- Finally regarding community involvement, as Paolo Friere, says "if you want to mobilise a community scratch where the community itches". The community will participate when you tackle its burning issues, and their inter-related needs. If you do not start from the people's priorities you will not succeed in attracting people participation. Community involvement was missing in WHO/UNICEF unisectoral PHC implemented programme while Alma-Ata mentioned intersectoral collaboration as one of the fundamental principals of PHC. If health programs are bottom-up, multisectoral, and people centered, people will assess their needs and will contribute to the solution. That is why I believe that WHO should be the WHO of the people of the world and work with them and not for them. It should benefit from the wisdom and power of the people as well as the expertise of government, NGOs, Civil Society and with full cooperation and coordination with all the United Nations Agencies. If WHO works in this way we do not need to bring the governments of the member States to the International Courts because the people's health will be at the people's hand rather than in hand of the government. Of course government will play its role as facilitator and supporter and people will be the main actors.

- Lastly WHO should push for a human rights approach to health in which to me is looking at interrelated aspects of human need.

Patricia Morton
Global Health Watch Secretariat

Visit the Global Health Watch Website at www.ghwatch.org

To subscribe to the GHW newsletter - send an e-mail to GHWatch-newsletter-subscribe@yahoogroups.com

Medact is a UK charity for global health, working on issues related to conflict, poverty and the environment.

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www.ghwatch.org
Registered Charity 1061097
Company Reg. No. 3267125

Global Health Watch discussion list
List address: ghw@hst.org.za
List information page including list archives:
http://akimat.hst.org.za/mailman/listinfo/ghw
This list is hosted by the Health Systems Trust: http://www.hst.org.za

11/12/04

First page

THE GLOBAL HEALTH WATCH

The alternative world health report of civil society

Launch date: July 20th 2005

Space here to add local address and other details

www.ghwatch.org

Second page

WHY AN ALTERNATIVE WORLD HEALTH REPORT?

Unlike other reports on the state of global health and human development, the GHW presents a critical analysis of why health inequities are worsening, why poverty levels have grown in the last two decades and what is preventing the world from applying simple and affordable interventions to prevent premature death and disability – including the deaths of 6 million children every year.

The world does not lack from the food or resources to prevent hunger and widespread premature mortality; there is a bounty of scientific innovation; and there is a clearly defined set of human rights to health and health care.

However, we fail to achieve health for all primarily because of actors, institutions and laws that bock human progress. The Global Health Watch aims to identify these barriers and to support social mobilisation in all countries to promote a new Global Social Contract on Health.

In addition, the Watch aims to institutionalise the right of global citizenry to an analysis of the performance of key global health institutions such as the World Health Organisation and World Bank. The alternative world health report will therefore include a report on a number of key institutions – how are they performing? What are their challenges; and are they part of the problem or the solution?

Throughout the report will be documented examples of real struggles for health that are being waged across the planet.

3rd page

CONTENT OF REPORT

Add list of chapters here

4th page

This report has been written by x academics and non-government experts from y countries. The following organisations have all been involved in either writing, reviewing, funding or endorsing the report.

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "Patricia Morton" <patriciamorton@medact.org>; <dave.mcCoy@haringey.nhs.uk>; "mikerowson" <mikerowson@medact.org>
Sent: Tuesday, November 30, 2004 12:40 PM
Subject: Re: Launch in ecuador

Dear Dave, Patricia and Mike,

Greetings from PHM Secretariat (Global)!

Dave will give you all the news from Mexico. Saw Dave's letter to Arturo and Jaimie and noted Patricia's note about the PHA 2 / PHM meeting. Dave will convey my request for a small advance if required to be replenished by March 2005 to tide over a temporary crisis. Will decide after Maria's European tour and results.
I also met Vic Neufield and Christina for IDRC funding for the next secretariat 2005 - 2007. They were interested. Do send me an update on what you have received from whom and what is being negotiated, so that I can make a consolidated list for circulation to the Funding group and commission. I am glad to hear that there are no cross overs.

All the best

Ravi Narayan

PHM-GHW

RN
1/10/04

Dear Dave, Patricia, Mike
Greetings from Bangalore
Dave will give you all the news from Mexico. See Dave's letter to Arturo and Jaimie and noted Patricia's note about the PHA2/PHM meeting. Dave will convey my request for a small advance if required to be replenished by March 05 to tide over a temporary crisis. Will decide after Maria's European tour and results.
I also met Vic Neufeld and Christina for IDRC funding for the next secretariat 2005-2007. They were interested. Do send me an update on what you have received from whom and what is being negotiated so that I can make a consolidated list for circulation to the Funding group and commission. I am glad to hear that there are no cross overs.
All the best
Ravi.

PHM - Secretariat

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM-Ravi" <secretariat@phmovement.org>
Sent: Wednesday, November 24, 2004 7:33 PM
Attach: launch leaflet.doc; Latin america Health Policy2004.pdf
Subject: Fw: Launch in ecuador

Hi Ravi

See below from Dave.

Also, I attended the planning meeting for PHA2/PHM fundraising yesterday to ensure that we are not crossing over. We are not at all at the moment. I am in conversation with Andy Rutherford reasonably reguarly about this and I will continue to do this to make sure.

Regards from London
Pat

----- Original Message -----
From: McCoy Dave
To: 'aquizhpe@yahoo.com' ; 'ibreilh@ceas.med.ec' ; 'ceas@ceas.med.ec'
Cc: Davidmccoy (E-mail) ; Patriciamorton (E-mail) ; Mike Rowson (E-mail)
Sent: Monday, November 22, 2004 3:50 PM
Subject: Launch in ecuador

Dear Arturo and Jaimie,

It was excellent to have met with you in Mexico. I hope you both had safe trips back home. I am making some notes on what we discussed so that these will be known to Mike and Patricia, who are the other members of the secretariat. We agreed that:

1. The launch will take place on July 20th

2. Arturo will prepare a high quality leaflet announcing the launch of the report and which will be designed in such a way as to make it use-able for others in other countries. I have drafted some words that will go into the leaflet. Please see attached and comment. I dont think we need to finalise this until about April next year. Mike and Patricia - please comment. This leaflet will be done in english and spansih.

3. The launch will be planned and organised by a local organising committee under the supervision of Jaimie. Patricia will be the primary link wioth that committee from the secretariat. The launch will be hosted by: CEAS, the University and Ecuador PHM.

4. We discussed tentatively a programme for the actual launch - we will await the detail of this in due time.

5. We discussed the absolute importance of the launch of the GHW being accompanied by the presentation of local materials documenting the issues from a latin american perspective. Suggestions included the presentation of health systems case studies from Chile and Colombia; presentation of a report on militarism and health; and a local report on indigenous peoples health.

6. There was a suggestion to invite PAHO and the local WB and IADAB office to the launch and to use it as an opportunity to challenge them in public to respond to the Watch

7. You will develop a budget for the launch. We have to fundraise specifically for this, but I have already spoken to Christina Zarowsky about this and she asked you (Jaimie) to send her a proposal and budget directly to her (ie. not via the GHW secretariat in London). I am sure we will be able to get other NGOs to support this launch.

RM
26/11/04

Jaimie - I also promised to send you a copy of Nuria and Antonio's excellent paper. This is attached. Nuria's e-mail is:

nhomedes@utep.edu

I hope I have covered everything.

Salud

David

<<launch leaflet.doc>> <<Latin america Health Policy2004.pdf>>

Dr. David McCoy
Specialist Public Health Registrar
Haringey PCT
North Central London
Tel: 020-8442-6073
Fax: 020-8442-6939

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11/26/04

Main Identity

From: "Antoinette Ntuli" <ant@healthlink.org.za>
To: "David McCoy (home)" <davidmccoy@xyx.demon.co.uk>; "David Sanders" <LMARTIN@uwc.ac.za>; "Ravi Narayan" <phmsec@touchtelindia.net>; "Antoinette Ntuli" <ant@healthlink.org.za>; "Jane Salvage" <salvage@f2s.com>; "Mike Rowson" <mikerowson@medact.org>
Cc: "Patricia Morton" <patriciamorton@medact.org>
Sent: Monday, April 11, 2005 1:28 PM
Subject: Re: Final chapter

Dear Mike and other authors,
I think you have done an excellent job with this chapter, and it made me feel very excited about the potential that the Watch will have once it is launched.

My concern is as to how health workers and others who are not yet activists will identify with the call to action that is articulated in the section titled 'Opportunities'.

Would it be a good idea to use the concluding paragraph to hihglight once more some of the waysinw hich we see that the Watch could be used, re-emphasise the need for action, and add a small section that outlines possible action that individual health workers could take - for example setting up a discussion group in their workplace or with local communities to reflect on the chapters or sections that they are particularly interested in - or undertaking small scale research on the local impact of issues raised by the watch that they think are impacting on their local situation?

Antoinette

RA
13/4/05

GHW
14/4/05

Main Identity

From: "David Sanders" <David.Sanders@lshtm.ac.uk>
To: <ant@hst.org.za>; <farana@hst.org.za>; <mikerowson@redact.org>; <phmsec@touchtelindia.net>; <dsanders@uwc.ac.za>; <LMARTIN@uwc.ac.za>; <ctcdsf@vsnl.com>; <davidmccoy@xyx.demon.co.uk>
Sent: Friday, April 08, 2005 11:13 PM
Subject: Re: GLOBAL HEALTH WATCH - TELECONFERENCE

I will be in Durban 10-14 April Antoinette. Please phone me on my cellphone.
I could make a teleconf on 20 or 21 April, depending on the time.
Please reply to sandersdav@yahoo.com.au
David.

RN
9/4/05

RN
14/5/05

Phm - Gtw

4/8/05

Main Identity

From: "Mike Rowson" <mikerowson@medact.org>
To: "Farana Khan" <farana@hst.org.za>; <davidmccoy@xyx.demon.co.uk>; <LMARTIN@uwc.ac.za>; <phmsec@touchtelindia.net>; <ctddsf@vsnl.com>; <ant@hst.org.za>; <dsanders@uwc.ac.za>
Sent: Friday, April 08, 2005 3:52 PM
Subject: Re: GLOBAL HEALTH WATCH - TELECONFERENCE

Hi all - can't make 13th or 14th would have to be 20th or 21st. Patricia also needs to be linked in of course.
cheers
mike

GHW

Rd
9/4/05

2nd
14/4/05

PHM - GHW

Main Identity

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "David Sanders" <David.Sanders@lshtm.ac.uk>; <ctddsf@vsnl.com>
Sent: Friday, April 22, 2005 2:49 PM
Subject: Re: TELECONFERENCE CONFIRMATION

Dear David and Amit

Greetings from PHM Secretariat (Global)!

I missed this in the pile of mail on my table. GHW 1 was a collaborative project of PHM with GEGA and Medact. We, therefore, do not except every chapter to be the PHM take on the subject. Most of us who saw specific chapters or contributed to them, kept a PHM Charter position, but there are may chapters, which PHM people may not fully endorse. However, I still think bringing together 150 academics, researchers, activists to contribute to this book is a great job done by the GHW team (And there were only around 25 PHM linked people).

Amit and Abhay are keen to host the next GHW 2. This may ensure a closer PHM position, but we need to also see this as a process of review of existing chapters and gradual evolution of the GHW2 including focal issues etc - not just see it as a shift of secretariat team.

I missed the teleconference due to a prior teaching commitment, but on the whole, as PHM Global Secretariat coordinator, I am quite satisfied with the GHW 1 product. Its a long and successful way from the tea time discussion of Mandat in May 2003.

Best wishes
Ravi

PHM-GHW

RN
2/5/05

Main Identity

From: "David Sanders" <David.Sanders@lshtm.ac.uk>
To: <phmsec@touchtelindia.net>; <ctddsf@vsnl.com>
Sent: Tuesday, April 19, 2005 3:40 PM
Subject: Re: TELECONFERENCE CONFIRMATION

Dear Ravi and Amit,
At tomorrow's teleconference we are going to discuss GHW2. Although i have been pretty involved in GHW I have not seen the whole final draft and have never seen some of the key chapters eg Globalisation/Macroeconomics. Since there have been very critical comments already eg Alison Katz and Claudio, I am not sure that we 3 can decide tomorrow that PHM WILL involve itself actively in GHW2. I do not think we know enough about GHW1 or that we have a mandate to take such a decision at this stage. I think we should not decide tomorrow until we have seen GHW1 and consulted with PHM GSG. What do you 2 think? PLEASE REPLY ONLY TO ME - FOR OBVIOUS REASONS.
David.

20/4/05

RM
Zolulus

cc Amit

Amit and Alshay are keen to host the next GHW2
This may entail a closer PHM position but we need also to see this as a process of review of existing chapters and gradual evolution of the GHW2 including focal issues etc. - not just see it as a shift of Secretariat keen.

GHW

I missed the teleconference due to a prior teaching commitment but on the whole as PHM Global Secretariat coordinator I am quite satisfied with the GHW1 product. It's a long and successful way from the Technical discussion at Mendoza in May 2003.
Best wishes Ravi

Dear David
I missed this on the pile of mail on my table. GHW1 was a collaborative project of PHM with GEGD and Medact. We therefore do not expect every chapter to be the PHM take on the subject. Most of us who saw specific chapters or contributed to them kept a PHM charter position but there are many chapters which PHM people may not fully endorse. However I still think bringing together 150 academics, researchers, activists to contribute to this book is a great job done by the GHW team (And there were only around 25 PHM linked people)

4/20/05

Main Identity

From: "ctddsf" <ctddsf@vsnl.com>
To: "PHM - Secretariat" <secretariat@phmovement.org>; "David Sanders" <David.Sanders@lshtm.ac.uk>
Sent: Saturday, April 23, 2005 3:55 PM
Subject: Re: TELECONFERENCE CONFIRMATION

Dear Ravi/David,

We should take a call on this in the PHM. Dave McCoy has circulated a brief note on the GHW which we can use to initiate a discussion. Ravi, just a small clarification. Lets say Amit and Abhay are open to the idea of hosting the GHW Sectt. for the next round and not keen, as we are open also to it being hosted in S.Africa.

Best Regards,
Amit

RN
25/4/05

6th GW 2 (??)
Teleconference

RN
25/4/05

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>

To: <rlabonte@uottawa.ca>; <tschrecker@sympatico.ca>; <ctddsf@vsnl.com>; <David.Woodward@neweconomics.org>; <julie.ancian@medecinsdumonde.net>; <N.Bullard@focusweb.org>; <sunstwn@bluewin.ch>; <riazt@iafrica.com>; <lisa.forman@utoronto.ca>; "Malcom Segall" <m.segall@ids.ac.uk>; "Jane Lethbridge" <j.lethbridge@gre.ac.uk>; "Andrew Green" <a.t.green@leeds.ac.uk>; "Lucy Gilson" <lucy.gilson@lshtm.ac.uk>; <m.m.mackintosh@open.ac.uk>; "Charles Collins" <c.d.collins@leeds.ac.uk>; <e.okeefe@londonmet.ac.uk>; <baobab@tropical.co.mz>; <natasha.palmer@lshtm.ac.uk>; "Andy Gray" <Graya1@ukzn.ac.za>; "K Balasubramaniam" <bala@haiap.org>; "Sudip Chaudhuri" <sudip@iimcal.ac.in>; <mira.johri@mail.mcgill.ca>; "Ellen t' Hoen" <ellen.t.hoen@paris.msf.org>; "Mogha Kamal-Smith" <mksmith@oxfam.org.uk>; "Peter Drahos" <peter.drahos@anu.edu.au>; "HST" <ant@hst.org.za>; "Rene Lowenson" <rene@tarsc.org>; <T.Martineau@liv.ac.uk>; <efriedman@phrusa.org>; <aguezmes@consorcio.org>; <pfranck@pucp.edu.pe>; "Jaime Miranda" <j.miranda@ucl.ac.uk>; <crivera@consorcio.org>; "Chee-khoon Chan" <chan_chee_khoon@hotmail.com>; "gilles de" <gillesdewildt@yahoo.com>; <helen.wallace@genewatch.org>; <vbp2002@columbia.edu>; "Wendy Harcourt" <wendyh@sidint.org>; <coordinator@wgnrr.nl>; <r.keith@scfuk.org.uk>; <mohanrao@bol.net.in>; <LKatzive@reprorights.org>; "Charlie Kronick" <Charlie.Kronick@uk.greenpeace.org>; <woodcockjames@hotmail.com>; <saleemul.huq@iied.org>; <lianas@foe.co.uk>; <youba.sokona@oss.org.tn>; <vsidel@igc.org>; <blevy@igc.org>; <augalde@mail.la.utexas.edu>; "Karen Cocq" <kcocq@sympatico.ca>; <bond.p@pdm.wits.ac.za>; "Greg Ruiters" <g.d.ruiters@ru.ac.za>; "David MacDonald" <dm23@post.queensu.ca>; <belindacalaguas@wateraid.org.uk>; "hd39" <D.J.Hall@gre.ac.uk>; <NCAlexander@igc.org>; "Grunsky" <sgrusky@citizen.org>; <agua@resist.ca>; <maawuli@yahoo.com>; "Mickey Chopra" <mchopra@uwc.ac.za>; <pdm1@cornell.edu>; <GeoffreyCannon@aol.com>; <rajpateluk@mweb.co.za>; "Anne Jellema" <anne@campaignforeducation.org>; <projects@conscienceonline.org.uk>; <Carolyn.Stephens@lshtm.ac.uk>; <c.nettleton@healthunlimited.org>; <ipa@unimelb.edu.au>; <rathias@uipe.br>; <rbourne@sas.ac.uk>; <sg@survival-international.org>; <tomashart@hotmail.com>; <hulima@terra.com.pe>; <jaime.miranda@lshtm.ac.uk>; <nyangori.ohenjo@cemiride.org>; <john.porter@lshtm.ac.uk>; <jreading@uvic.ca>; <f.watson@survival-international.org>; <jw@survival-international.org>; <Scott.Winch@swsahs.nsw.gov.au>; <fonakin_napo@yahoo.com>; <fonakin@andinanet.net>; <yallkros@yahoo.com>; <manuelawilly@hotmail.com>; <l.pulver@unsw.edu.au>; <sovathanaseng@yahoo.com>; <benonmugarura@hotmail.com>; <aimpo_i@yahoo.fr>; <karen.devries@lshtm.ac.uk>; <jack.dowie@lshtm.ac.uk>; <Michael.Knipper@histor.med.uni-giessen.de>; <abhaykudale@yahoo.com>; <dlacaze@andinanet.net>; <gregorio.sanchez-salame@lshtm.ac.uk>; "Rachel Hurst" <rachel.daa@virgin.net>; <alaashuk@yahoo.com>; "Venkatesh Balakrishna" <dearvenky@yahoo.com>; <PEnrico@aol.com>; "Pam Zinkin" <pamzinkin@gn.apc.org>; "Jane Salvage" <work@janesalvage.me.uk>; <kelley.lee@lshtm.ac.uk>; <gill.walt@lshtm.ac.uk>; <abeerling2001@yahoo.co.uk>; "June Crown" <Junecrown@aol.com>; "Eeva Ollila" <eeva.ollila@stakes.fi>; <jpowell@brettonwoodsproject.org>; <dehaan@cohred.ch>; <Kennedy@cohred.ch>; <Carel@cohred.ch>; <hmollett@bond.org.uk>; "ann pettifor" <ann.pettifor@advocacyinternational.co.uk>; "Richard Horton" <r.horton@lancet.com>; <pkisanga@realnet.co.sz>; <tedgreiner@yahoo.com>; <mcl6@cornell.edu>; <anwar.fazal@undp.org>; <ibfanpg@tm.net.my>; "Patti Lynn" <PLynn@STOPCORPORATEABUSE.ORG>; <rjm@fulcrum-uk.com>; <prems@essex.ac.uk>; <l.doyal@bristol.ac.uk>; "John Hilary" <jhilary@waronwant.org>; "Alexandra Bambas" <lexibambas@hotmail.com>; <claudialema@gmail.com>; <anamaria.buller@kcl.ac.uk>; <margreeves@yahoo.co.uk>; <moyrarushby@medact.org>; "Robin Stott" <stott@dircon.co.uk>; "Jack Plachaud" <m.plachaud@ic.ac.uk>; <gillreeve@medact.org>; <renadiamond@hotmail.com>; "Abdulrahman Sambo" <samboa@nuc.edu.ng>; "Hani Serag" <hserag@yahoo.com>; "Caleb Otto" <calebotto@yahoo.com>; "Baum" <fran.baum@flinders.edu.au>; "Jerome Teelucksingh" <j_teelucksingh@yahoo.com>; "Bakhyt Sarymsakova" <bakhyts@yandex.ru>; "Vuc Stamvolovic" <vstambol@sbb.co.yu>; "Dr. S.Tang"

RN 27/1/05

GHW

4/27/05

<S.Tang@liverpool.ac.uk>; <armando@hmv.org.br>; "Armando De Negri Filho" <armandon@portoweb.com.br>; <jbreilh@ceas.med.ec>; <maria@iphcglobal.org>; <iphc@cablenet.com.ni>; "Samer Jabbour" <sjabbour@aub.edu.lb>; "Paula Braveman" <braveman@fcm.ucsf.edu>; "ersEllen Shaffer" <ershaffer@cpath.org>; "Marjan Stoffers" <marjan.stoffers@wemos.nl>; "PHM-Ravi" <secretariat@phmovement.org>; <phmsec@touchtelindia.net>; <chetley.a@healthlink.org.uk>; <olle.nordberg@dhf.uu.se>; <arutherford@oneworldaction.org>; <a.ingram@ucl.ac.uk>; <abaysema@pn3.vsnl.net.in>; "UNNIKRISHNAN PV (Dr)" <unnikru@yahoo.com>; <dovlod@mweb.com.na>; <dovlod@yahoo.com>

Sent: Tuesday, April 26, 2005 8:04 PM
Attach: Acknowledgements- Final.doc
Subject: IMPORTANT: Your acknowledgement in the Global Health Watch

Dear GHW contributer

We are writing to double check that we have acknowledged you correctly in the Global Health Watch 2005/6 publication. We will need a reply by May 6th. If we have not heard from you by then we will assume that you have been acknowledged correctly.

Please check the list of individuals as well as the list of organisations.

If you have not been acknowledged in the list and you recieve this email, please indicate whether you would like to be acknowledged and how (ie. in the list for individuals, orgs or both).

Thanks very much
Patricia

Patricia Morton
Global Health Watch Secretariat

Urgent

29/5/04

cc Bala
Marc
Ron
Abhay
David Sanders
Andy Rutherford
Andrew Chetley
Hanti
Alaa
Meher
Chanchalakoon

Dear Patricia

Just been through this list.

i) In the individual Author list Please use Peoples Health Movement Global Secretariat rather than PHM. and Community Health Cell, Bangalore.

ii) In the organisation list Peoples Health Movement. Global Secretariat Should be included again not only PHM-India, Australia, Vietnam, South Africa

iii) Also I would put Peoples Health Movement Srilanka in Balasubramanian name and Peoples Health Movement in Unni's name as well. Also Peoples Health Movement India is Abhays name as well and Peoples Health Movement against Ron, Marc, David Sanders Andys, Andrews names as well

Probably the PHM identity also applies to Hanti Alaa and Meher, Chanchalakoon as well

Some of them are on the steering committee and some are closely connected

Include unless they say otherwise in response to this mail

Best wishes

Ron.

4/27/05

Just as you have used it for Fran, David Legge Claudia, Arnab, Dana Lesse, and Beena.

Acknowledgements

The following individuals have contributed to this report in different ways and to different degrees. Outside of the small secretariat, individuals gave their time for free or in a few instances, received small honoraria. Most people made contributions to only parts of the *Watch* and cannot therefore be held accountable for the whole volume and the recommendations in this report may not represent the views of everyone who has contributed. Ultimately, the Watch represents a collective endeavor of individuals and organizations who share a desire to improve the state of global health and to express their solidarity with the need to tackle the social and political injustice that lies behind poor health.

Nancy Alexander, Citizens' Network on Essential Services, USA; **Annelies Allain**, International Code Documentation Centre, Malaysia; **Ian Anderson**, University of Melbourne and The Cooperative Research Centre for Aboriginal Health, Australia; **K Balasubramaniam**, Health Action International Asia – Pacific, Sri Lanka; **Lexi Bambas**, Global Equity Gauge Alliance, South Africa; **Fran Baum**, People's Health Movement and Department of Public Health, Flinders University, Adelaide, Australia; **Adele Beerling**, UK; **Richard Bourne**, Commonwealth Policy Studies Unit, UK; **Jaime Breilh**, Center for Health Research and Advice, Quito, Ecuador; **Nicola Bullard**, Focus on the Global South, Thailand; **Ana Maria Buller**, Medact, UK; **Belinda Calaguas**, WaterAid, UK; **Greice Cerqueira**, Women's Global Network for Reproductive Rights; **Chan Chee-Khoon** Citizens' Health Initiative, Malaysia; **Sudip Chaudhuri**, Indian Institute of Management, India; **Andrew Chetley**, Exchange, UK; **Mickey Chopra**, School of Public Health, University of the Western Cape, South Africa; **Karen Cocq**, Municipal Services Project, Queen's University, Canada; **Charles Collins** UK; **June Crown**, Medact, UK; **Mawuli Dake**, Ghana National Coalition Against Privatisation of Water, Ghana; **Sylvia de Haan**, Council on Health Research for Development (COHRED), Switzerland; **Armando De Negri**, Latin American Association of Social Medicine and International Society for Equity on Health, Brazil; **Gilles de Wildt**, Medact, UK; **Karen Devries** London School of Hygiene and Tropical Medicine, UK; **Rena Diamond**, Medact, UK; **Jack Dowie**, London School of Hygiene and Tropical Medicine, UK; **Peter Drahos**, RegNet, Australian National University; **Anwar Fazal**, World Alliance for Breastfeeding Action, Malaysia; **Pedro Francke**, Forosalud, Peru; **Lucy Gilson**, Centre for Health Policy, South Africa and London School of Hygiene and Tropical Medicine, UK; **Sarah Graham Brown**, UK; **Andy Gray**, Department of Therapeutics and Medicines Management, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, South Africa; **Ted Greiner**; **Sophie Grig**, Survival International, UK; **Sara Grunsky**, Water for All Campaign, Public Citizen, USA; **Ana Guezmes Garcia**, Observatorio de Salud, Peru; **Wendy Harcourt**, Society for International Development, International Secretariat, Italy and Women in Development Europe, Belgium; **Tomas Hart**, Health Unlimited, Guatemala; **John Hilary**, War on Want, UK; **Richard Horton**, Lancet, UK; **Nuria Humedes**, University of Texas, Houston, School of Public Health, USA; **Saleemul Huq**, International Institute for Environment and Development, UK; **Rachel Hurst**, Disability Awareness in Action, UK; **Carel Ijselmuiden**, Council on Health Research for Development, Switzerland; **Alan Ingram**, Department of Geography, University College London, UK; **Lisa Jackson-Pulver**, Muru Marri Indigenous Health, University of New South Wales, Australia; **Anne Jellema**, Global Campaign for Education, South Africa; **Mira Johri**, University of Montreal, Canada; **Laura**

Katzive, Center for Reproductive Rights, USA; **Andrew Kennedy**, Council on Health Research for Development, Switzerland; **Meri Koivusalo**, STAKES, Finland; **Charlie Kronick**, Greenpeace, UK; **Ron Labonte**, University of Ottawa, Canada; **Didier Lacaze**, Programa de Promoción de la Medicina Tradicional en la Amazonía Ecuatoriana, Ecuador; **Michael Latham**, Cornell University, US; **Kelley Lee**, Centre on Global Change and Health, London School of Hygiene & Tropical Medicine, UK; **David Legge**, La Trobe University, Australia and PHM Australia; **Uta Lehman**, University of the Western Cape, South Africa; **Barry Levy**, Tufts University School of Medicine, University of Texas; **Abhay Machindra Kudale**, the Maharashtra Association of Anthropological Sciences (MAAS), Pune, Maharashtra State, India; **Maureen Mackintosh**, The Open University, UK; **Tim Martineau**, Liverpool School of Tropical Medicine, UK; **Phillip McMichael**, Cornell University, US; **Jaime Miranda**, EDHUCASalud, Peru; **Howard Mollet**, Reality of Aid and BOND, UK; **Benon Mugarura**, African Indigenous and Minority Peoples Organisation, Rwanda; **Kathryn Mulvey**, Corporate Accountability International, US; **Richard Murphy**, Tax Justice Network, UK; **Ravi Narayan**, PHM Global Secretariat, India; **Clive Nettleton**, Health Unlimited, UK; **Antoinette Ntuli**, Global Equity Gauge Alliance, South Africa; **Nyang'ori Ohenjo**, Centre for Minority Rights and Development, Kenya; **Marcela Oliver**, Water for All Campaign, Public Citizen, US; **Eeva Ollila**, STAKES, Finland; **Akinbode Oluwafemi**, Environmental Rights Action; **Caleb Otto**, Senator for the Government of Palau; **Natasha Palmer**, London School for Hygiene and Tropical Medicine, UK; **Rajeev Patel**, University of KwaZulu-Natal, South Africa; **Victor B Penchaszadeh**, Columbia University, US; **Ann Pettifor**, Advocacy International, UK; **Jack Piachaud**, Medact, UK; **John Porter**, London School for Hygiene and Tropical Medicine, UK; **Jeff Powell**, Bretton Woods Project, UK; **Chakravati Raghavan**, South-North Development Monitor; **Mohan Rao**, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, India; **Jeff Reading**, Canadian Institutes of Health Research and Institute of Aboriginal Peoples' Health University of Victoria, Canada; **Gill Reeve**, Medact, UK; **Margaret Reeves**, Medact, UK; **Cecilia Rivera Vera**, Observatorio de Salud, Peru; **Greg Ruiters**, Municipal Services Project, South Africa and Political and International Studies, Rhodes University, South Africa; **Moyra Rushby**, Medact, UK; **Andy Rutherford**, One World Action, UK; **Gregorio Sánchez**, Centro Amazónico para la Investigación y Control de Enfermedades Tropicales, Amazonas, Venezuela; **David Sanders**, School of Public Health, University of the Western Cape, South Africa; **Claudio Schuftan**, PHM, Vietnam; **Malcolm Segall**, Institute of Development Studies, University of Sussex, UK; **Sovathana Seng**, The Center for Indigenous Peoples Research and Development, Cambodia; **Amit Sengupta** Peoples Health Movement, India; **Hani Serag**, Association for Health and Environmental Development, Egypt; **Ted Schreker**, Institute of Population Health University of Ottawa, Canada; **Ellen Shaffer**, Center for Policy Analysis on Trade and Health - CPATH, USA; **Abhay Shukla**, Center for Inquiry into Health and Allied Themes, India; **Alaa Ibrahim Shukrallah**, Association For Health and Environmental Development, Egypt; **Victor Sidel**, Montefiore Medical Center/Albert Einstein College of Medicine and Weill Medical College of Cornell University, US; **Vuk Stambolovic**, Institute of Social Medicine, Medical Faculty Belgrade, Serbia and Montenegro; **Carolyn Stephens**, Department of Public Health and Policy, London School of Hygiene & Tropical Medicine, UK; **Marjan Stoffers**, Wemos, Netherlands; **Robin Stott**, Medact, UK; **Ellen 't Hoen**, Medecins Sans Frontiers, France; **Riaz Khalid Tayob**, Southern and East African Trade Information and Negotiations Institute, Zimbabwe; **Jerome Teelucksingh**, University of the West Indies, Trinidad; **PV Unnikrishnan**,

ActionAid International, UK and Bangkok; **Balakrishna Venkatesh**, India; **Ellen Verheul,** Wemos, Netherlands; **Helen Wallace**, GeneWatch, UK; **Gill Walt**, London School of Hygiene and Tropical Medicine, UK; **Fiona Watson**, Survival International, UK; **Scott Winch**, Aboriginal Health Unit, South West Sydney Area Health Service, Australia; **James Woodcock**, London School of Hygiene and Tropical Medicine, UK; **Jo Woodman**, Survival International, UK; **David Woodward**, New Economics Foundation, UK; **David Zakus**, Centre for International Health, University of Toronto, Canada; **Christina Zarowsky**, International Development Research Centre, Canada; **Pam Zinkin**, International People's Health Council, UK; **Maria Hamlin Zuniga**, International People's Health Council, Global Secretariat, Nicaragua.

TO ADD: Debabar Banerji; Andrew Green, Nuffield Centre for International Health and Development, University of Leeds.

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Exchange (www.healthcomms.org)
Global Equity Gauge Alliance (www.gega.org.za)
International Development Research Centre (www.idrc.ca)
Medact (www.medact.org)
Nuffield Trust (www.nuffieldtrust.org.uk)
People's Health Movement (www.phmovement.org)
Save the Children (UK) (www.savethechildren.org.uk)
Wemos (www.wemos.nl)

To ADD: WaterAID (www.wateraid.org); Greenpeace (www.greenpeace.org)

The following organisations have contributed to the production of the report indirectly (through research support, peer-reviewing etc.).

ActionAid International; Advocacy International; African Indigenous and Minority Peoples Organisation, Rwanda; Association For Health and Environmental Development, Egypt; Bretton Woods Project, UK; Canadian Institutes of Health Research and Institute of Aboriginal Peoples' Health, University of Victoria, Canada; Centre for Health Research and Advice, Ecuador; Center for Reproductive Rights, US; Centre for Civil Society, School of Development Studies, University of KwaZulu-Natal, Durban, South Africa; Centre for Indigenous Peoples Research and Development, Cambodia; Centre for International Health, University of Toronto, Canada; Centre for Minority Rights and Development, Kenya; Center for Policy Analysis on Trade and Health (CPATH), USA; Centro Amazónico para la Investigación y Control de Enfermedades Tropicales, Venezuela; Citizens' Health Initiative, Malaysia; Commonwealth Policy Studies Unit, United Kingdom; Cooperative Research Centre for Aboriginal Health, Australia; Corporate Accountability International, US; Council on Health Research for Development (COHRED), Switzerland; Department of Geography, University College London; Department of Public Health and Policy, London School of Hygiene & Tropical Medicine, UK; Department of Public Health , Flinders University, Adelaide, Australia; Disability

Awareness in Action, UK; EDHUCASalud (Civil Association for Health and Human Rights Education), Peru; Environmental Rights Action, Nigeria; EQUINET, Southern Africa; Focus on the Global South, Thailand; Forosalud, Perú; GeneWatch, UK Ghana National Coalition Against Privatization of Water, Ghana; Global Campaign for Education, South Africa; Global Equity Gauge Alliance, South Africa; Greenpeace, UK; Health Action International Asia – Pacific, Sri Lanka; Health Unlimited, UK; Health Unlimited, Guatemala; Indian Institute of Management, India; International Physicians for the Prevention of Nuclear War; Institute of Social Medicine, Belgrade Medical Faculty, Serbia and Montenegro; International People's Health Council; London School of Hygiene and Tropical Medicine; Maharashtra Association of Anthropological Sciences (MAAS), Maharashtra State, India; Medact; Municipal Services Project, South Africa; Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine, Faculty of Medicine, University of New South Wales; New Economics Foundation, UK; Observatorio de Salud, Peru; One World Action, UK; People's Health Movement, India; People's Health Movement, Australia; People's Health Movement, South Africa; People's Health Movement, Vietnam; Programa de Promoción de la Medicina Tradicional en la Amazonía Ecuatoriana, Ecuador; SATHI Cell, Center for Enquiry into Health and Allied Themes, India; School of Public Health, University of the Western Cape, South Africa; Save the Children, UK; Society for International Development, International Secretariat Rome, Italy; Women in Development Europe, Belgium; South West Sydney Area Health Service Aboriginal Health Unit, Australia; Southern and East African Trade Information and Negotiations Institute; Survival International, UK; Tax Justice Network, UK; Training and Research Support Centre, Zimbabwe; University of the West Indies, Trinidad; War on Want, UK; Water for All Campaign, Public Citizen, US; WaterAid, UK; Wemos, Netherlands; Women's Global Network for Reproductive Rights, Netherlands; World Alliance for Breastfeeding Action (WABA), Malaysia.

TO ADD: Medecins du Monde

Global Health Watch Secretariat and Editorial Team
Claudia Lema; David McCoy; Patricia Morton; Michael Rowson; Jane Salvage; Sarah Sexton.

From: Patricia Morton <patriciamorton@medact.org>
To: Farana Khan <farana@hst.org.za>
Cc: PHM-Ravi <secretariat@phmovement.org>
Subject: Re: GLOBAL HEALTH WATCH - TELECONFERENCE

Sent: Fri, 20 May 2005 11:33
Type: Text Priority: Normal

Hi Farana

I have cc'd this to Ravi at the PHM Secretariat. This is the correct address for him.

Regards
Patricia
----- Original Message -----
From: "Farana Khan" <farana@hst.org.za>
To: <mikerowson@medact.org>; <davidmccoy@xyx.demon.co.uk>; <_MARTIN@uwc.ac.za>; <phmsec@touchtelindia.net>; <ctddsf@vsnl.com>; <ant@hst.org.za>; <dsanders@uwc.ac.za>; <patriciamorton@medact.org>; <David.McCoy@HPA.org.uk>; <dsanders@uwc.ac.za>
Sent: Wednesday, May 18, 2005 11:07 AM
Subject: GLOBAL HEALTH WATCH - TELECONFERENCE

> Dear Colleagues
>
> Antoinette would like to set up a teleconference with you next week Monday
> 23rd to Tuesday 24th May to discuss the Global Health Watch.
>
> Please can you indicate which of these date suits you so that I can confirm
> the teleconference at a date and time which is convenient for all.
>
> Thank you
>
> Kind regards
> Farana Khan
> Administrative Officer
> Health Systems Trust
> 2731-307-2954 (tel)
> 2731-304-0775 (fax)
> farana@hst.org.za
> www.hst.org.za
>
>

GHW

Add Abook | Delete | Block Email

23/5/05

Dear Farana

I got to this on my return to work today so it may be late to join. Hope Amit is in it. We can be in touch telephonically before the teleconference. Also I have been in touch with Patricia in Geneva - so it may be okay if I miss it this time. Send me the background papers anyhow and I shall call Amit or Patricia and give them my views if necessary.

Best wishes
Ravi

RN 16/6/05

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Thursday, May 05, 2005 6:26 PM
Subject: Re: IMPORTANT: Your acknowledgement in the Global Health Watch

Hi Ravi

I have made all the changes you have suggested except for the references to the Community Health Cell (in the photo credits). Can confirm that you would like to credit PHM GLobal Secretariat instead?

Thanks
Pat

6/5/05

Dear Pat

Please credit ~~CHC~~ Community Health Cell, India in all the photo/cartoon credits not PHM Global Secretariat.

Best wishes

Ravi

RN 6/5/05

PHM. GHW

RN 16/6/05

Main Identity

From: "Delen LaPaz" <delen27@yahoo.com>
To: "Chee-khoon Chan" <ckchan50@yahoo.com>; <secretariat@phmovement.org>; <patriciamorton@medact.org>; <delen27@yahoo.com>
Sent: Saturday, April 30, 2005 9:12 PM
Subject: Re: IMPORTANT: Your acknowledgement in the Global Health Watch

Dear Chee Khoon, Pat, Ravi,

Hello! I am still in the Singapore airport (having come from the Health Action International Asia Pacific meetings held in Penang, Malaysia) awaiting my flight back to Philippines. While in Penang, we had a discussion on how the PHM in Malaysia can be strengthened. Evelyne Hong of TWN, Josie Fernandez of FOMCA and Anwar Fazal of WABA all said they will be raising the interest for PHA 2 and PHM in Malaysia. Chee Khoon is in Japan and was not in the meeting.

As per the last PHM Steering Group meeting in Bangalore held April 11-12, 2005, Evelyne Hong has been recognized as the point person for Malaysia and myself as the focal point for PHM Southeast Asia. So, to avoid confusion, I suggest that after Chee Khoon's name will be written PHM Malaysia without the words contact point or focal point. This will recognize Chee Khcon's contribution to the PHM in Malaysia. I hope this will be acceptable to all.

Best regards,
Delen

RN 2/5/05

RN 2/5

Phm. Mal

Main Identity

From: "Chee-khoon Chan" <ckchan50@yahoo.com>
To: "PHM - Secretariat" <secretariat@phmovement.org>; "Patricia Morton" <patriciamorton@medact.org>
Cc: <ckchan50@yahoo.com>; "Delen de la Paz" <delen27@yahoo.com>
Sent: Friday, April 29, 2005 3:16 PM
Subject: Re: IMPORTANT: Your acknowledgement in the Global Health Watch

Dear Pat, Ravi,

Please go ahead and list me as PHM (Malaysia country contact), or as PHM-SE Asia (if that's ok with Delen), in addition to my listing as CHI (Citizens' Health Initiative, Malaysia). Chee Khoon

RN
2/5/05

PHA2 GHW

2/5/05

Dear Pat
PHM-Malaysia as additional label for cheekoon is fine.
Thanks Cheekoon! Thanks Delen for the useful clarification.
Best wishes
Ron.

cc Delen

2/5/05

RN
6/5/04

Main Identity

From: "Jaime Breilh" <jbreilh@ceas.med.ec>
To: <ghw@hst.org.za>
Sent: Wednesday, April 27, 2005 9:30 PM
Subject: Re: [ghw] GLobal Health Watch- plans for launches and other things!

Dear Patricia:
It would be interesting to mention in your promotional documents the simultaneous appearance of the Latin American Alternative Health Report (bilingual edition), Coordinatde by CEAS and integrating cases studies and propossals from nearly 30 regional institutions/organizations which provide a strong regional peopls health advocacy tool.
All the best to you
Jaime

Dr. Jaime Breilh (Md., MSc., Ph.D)
Director Ejecutivo
CEAS (Centro de Estudios y Asesoria en Salud -
Health Research and Advisory Center)
Asturias N° 2402 y G. de Vera (La Floresta)
Quito, Ecuador (S. América)

29/4/05
Dear Jaime
Just to let you know that I was disappointed that I could not meet you when I visited Quito and Cuenca in March but I was really impressed with what CEAS has been doing to produce the ~~GHW~~ Latin American GHW report. Look forward to meeting you in Cuenca
Best wishes
Ravi Narayan
cc Patricia V
Mary V

RN 28/4/05

RN 6/5/05

Phew- GHW

29/4/05

4/27/05

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "Alexandra Bambas" <lexibambas@hotmail.com>; <lannysmith@post.harvard.edu>; <ershaffer@earthlink.net>; "Sarah Shannon" <sarahs@hesperian.org>
Cc: <denisezwahlen@yahoo.com>; <vze2x6qm@verizon.net>; <phm@hesperian.org>; "PHM - Secretariat" <secretariat@phmovement.org>; <mickic@earthlink.net>; "David McCoy" <David.McCoy@HPA.org.uk>
Sent: Friday, May 20, 2005 3:15 PM
Subject: Re: Funding for a US-GHW initiative

Dear Lexi, Sarah and others

I would think that funding for PHM work in the US and a US Health Watch would be complimentary work and not necessarily overlap when looking for funds - but we leave it to yourselves to coordinate this.

A quick word about the APHA. I met Alan Jones of the World Federation of Public Helath Associations and the APHA (at the World Health Assembly) and he seemed quite positive about a launch at the APHA conference in Novemeber. I mentioned the PHA2 and he was very interested. I think it would be useful to have him along (at the PHA2) because I know the Public Health Associations around the world have a large membership and it would be useful to tap into that and also because it may facilitate a launch for the GHW later in the year. Any opinions?

Cheers to all
Pat

RN
23/5/05

GHW – Launch & PHA2 – US delegation
APHA

RN
23/5/05

5/23/05

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Cc: "David McCoy" <davidmccoy@xyx.demon.co.uk>; "David mccoy" <d.mccoy@ucl.ac.uk>
Sent: Friday, June 17, 2005 3:29 PM
Subject: Re: GHW TELECONFERENCE - Minutes

Dear Ravi

I completely understand your need for a break. I remember at our last meeting you/PHM was represented by Amit which seemed to work very well. We will talk more about PHM representation for this meeting at Cuenca.

Regards
Pat

----- Original Message

PHA2-GHW

RN
21/6/05

Dear Pam

a) Please send us a checklist of all the GHW contributors whom you know are likely to be at PHA2. Also a copy of the workshop programme if that is more or less finalised

b) We are just completing a list of delegates for travel grant purposes. Send us the latest version of the GHW-London Meeting

PHM Europe delegates that you and Andy worked on recently. We have the earlier list with many in the category of 'not sure'. Any update as of 20/6 will be a great help and by return mail if possible

Best wishes

Ravi 6/17/05

cc Andy

RN
18/6/05

RN
21/6/05

c) Amit can represent PHM but we do need to get strong commitment and participation from the new Latin American Secretariat coordinator (still awaiting proposal)

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM-Ravi" <secretariat@phmovement.org>
Sent: Tuesday, May 31, 2005 7:00 PM
Subject: Re: PHA-Exchange> Networking in your country and region

Dear Ravi and Abraham

Please note that some of these names are from the GHW cc list:

Shanglan Tang
Caleb Otto
Samer Jabbour
Abdulrahaman Sambo
Vuc Stanlovich
Jerome
Teelucksingh

I am not sure it is so useful to include these people in this PHM contact list as they are only aware of the PHM through the GHW. I would be very suprised if they would be aware of the PHM activities or even the PHA2. I was planning to invite them to the PHA which would give them an introduction to the PHM. In the meantime, I suggest they not be used as contacts (not yet).

Also:

Abdi Vajnai, Simo Endre- these people shouldn't be on the list yet - I am not sure how much they would know about PHM.

Marjan is not at Wemos any more. Contact should be Jose Utrera

Jaime Miranda and Claudia Lema - not sure that these two are the best contacts for Peru- probably should be Pedro Franke from Foro Salud (who is Taking a large delegation from Peru).

Also country contacts for the UK are Pam and myself.

Thanks v much
Pat

RN
1/6/15

PHM - Gitco

RN
1/6

5/27/05

Main Identity

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "Patricia Morton" <patriciamorton@medact.org>
Sent: Friday, June 17, 2005 2:37 PM
Subject: Re: GHW TELECONFERENCE - Minutes

Dear Pat

Thanks for the minutes of the teleconference sent so promptly.

I shall be on special leave from 15th August till 14th September - the leave application says "PHM Exhaustion!". After 3 years, I need a complete break to prevent a burnout!

On 15th - 17th, I am busy with the later half of the GFHR Forum 9, as a Foundation Council Member and perhaps the Indian session of the WHO Social Determinant Commission soon after. Anyway, I would have handed over the secretariat / coordinatorship to Latin America by then (their definitive proposal) is expected anyday before PHA2 and will be discussed and acce[ted at Cuenca. I think if Amit and Maria are there, PHM is well represented. Both regions (India and Latin America) will be eager to support the GHW secretariat in Africa.

At Cuenca, we can all try to make the corrections for the larger GHW - II advisory group - keeping geography and gender creteria for a better representativeness.

Best wishes
Ravi

PHM-GHW

RJ
2/6/05

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "Farana Khan" <farana@hst.org.za>; "'ctddsf" <ctddsf@vsnl.com>; <mikerowson@medact.org>; <davidmccoy@xyx.demon.co.uk>; <LMARTIN@uwc.ac.za>; <phmsec@touchtelindia.net>; <ant@hst.org.za>; <dsanders@uwc.ac.za>; <David.McCoy@HPA.org.uk>; <secretariat@phmovement.org>
Sent: Wednesday, June 15, 2005 9:47 PM
Attach: minutes teleconference june 15.doc
Subject: Re: GHW TELECONFERENCE - Minutes

Dear All

Please see the minutes for our teleconference today.

Suggestion for attendees to September meeting:

Ant
David S
Mike
Pat
Dave Mc
Amit
Ravi / Maria
One other from HST (possibly new recruit)
Marion Birch - New Medact Director
Jaimie Breilh
Possibly IDRC
Possibly Chee Koon

Please let us know what you think about this list.

Possible dates for meeting: - 12, 13, 14 September. Suggest a meeting of one or two days with another day or two just for Medact to handover to HST. Please let me know your availability (long way away but may as well set it now).

Cheers to all
Pat

RN
17/6/05

17/5/05

Dear Pat

Thanks for the minutes of the teleconference sent so promptly.

I shall be on special leave from 15th Aug till 14th Sept - the leave application says "PHM exhaustion!" After 3 years I need a complete break. On 15-17th I am busy with to present a burnout! the other half of the GFHR Forum as a foundation Council Member and perhaps the Indian Session of the WHO Social Determinants Commission soon after. Anyway I would have handed over the secretariat/coordinatorship to Latin America by then (their definitive proposal is expected anyday before PHA2 and will be discussed and accepted at Cuenca) I think if Amit and Maria are here PHM well is represented - both regions (India and Latin America) will be eager to support the GHW Secretariat in Africa. 6/15/05 At Cuenca we can all try to make the connections for the larger GHW-II advocacy group - keeping geographic and gender criteria for a better representativeness

GHW

Tele conference

Tele Conference

Best wishes
Ron.

GHW Teleconference - June 15

Minutes

Funds and budget

News of SIDA funding was shared with everyone. No disagreement on budget allocations which will keep the secretariat going till end September.

New secretariat

It was decided by consensus that the new secretariat will be based in South Africa and hosted by GEGA under the overall direction of Antionette Ntuli (GEGA) and David Sanders (PHM-South Africa). The secretariat will probably need to be staffed with a new recruit.

A staff member will have to be recruited to run the project - Ant and Dave are thinking about who would fill this post.

It was felt that Medact and PHM-India could / should play specific support roles.

Core organizations

It was agreed that Medact, GEGA and PHM should continue to form the organizational core of GHW2, with Medact helping to play the critical role of being based in the North.

Broader involvement and representation, including the role of a globally representative coordinating committee will need to be fleshed out later.

Handover / planning meeting

A meeting for planning the GHW2 and for handover will be held in the first two weeks of September in London. GHW1 will draw up a list of potential attendees for this meeting and make the necessary arrangements.

Pat to start working on dates that are suitable to everyone.

Media strategy

A draft London-based media strategy was shared with the group. This will need to be coordinated with the Cuenca-based media strategy.
Pat to liaise with Uni.

Website

Need to begin to identify a person to develop website as soon as possible. Pat to liaise with Ant.

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Friday, June 17, 2005 8:04 PM
Subject: Re: a commendation from you for the GLobal Health Watch

HI Ravi

I have checked through my messages and it appears I never recieved a reply from him (we were waiting for a reply from him before sending the manuscript). It would be very good to have a commendation from him as at this point we have not one person from the south (except Vincent Navarro). The trouble is timing is very short and we would have to get it in the next few days . Mira Shiva also did not respond. How do you suggest we proceed?

Also, I tried to get in contact with you by phone today to no avail. We would like to get in contact with WHO very soon to invite them to the launch. It is important that we get in touch with them soon so that they could prepare a response for the launch. I will give you a ring on Monday about this. Of course we will not be in contact with them until we have the word from you.

Best
Pat

----- Original Message -----
From: PHM - Secretariat
To: Patriciamorton@Medact.Org
Sent: Wednesday, June 15, 2005 1:51 PM
Subject: Fw: a commendation from you for the GLobal Health Watch

Dear Pat

I forgot to follow this up with you. Did you send Dr. Banerji a request for a commendation and or review? Did he respond? He probably would like to see the manuscript, since he is very thorough in his reviews.

Best wishes
Ravi

Rv
16/6/05

2/6/05

GHW

21/4/05
Dear Pat
Send Re GHW Manuscript
to Dr Banerji and Dr Bala and
Dr Mira Shiva ( ) at once
and ask them for a
commendation before the
launch. They all know about it
so don't make him angry
to reach me. We need
to strengthen Southern response
in GHW. Mark copies of
your communications so
we can follow up
Best wishes
6/17/05
Ravi
cc Bala
Mira Shiva
Amit/Sreejith: Plea
follow

Mark Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Friday, June 24, 2005 6:02 PM
Subject: Re: Global Health Watch launches so far planned

Ravi

Coming in a few minutes. Please don't forget high res version of the PHM logo.

Thanks
Patricia

----- Original Message -----
From: PHM - Secretariat
To: Patricia Morton
Sent: Wednesday, June 22, 2005 4:00 PM
Subject: Re: Global Health Watch launches so far planned

Dear Pat,

Send us a copy or two of all the background material and promotional literature asap to the PHM Secretariat by mail or courier. Please send the text of the Advocacy – RN Document.

The state Health Assembly in Karnataka (Bangalore is capital) is organized by PHM – Karnataka as a Pre PHA 2 event on the 7th . We could try and release a

RN
25/6/5

6/22/05

Main Identity

From: "Delen LaPaz" <delen27@yahoo.com>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Thursday, June 23, 2005 11:54 PM
Subject: Re: [PHM_Steering_Group_02-03] RE: Awaiting program... EU issue

Dear Maria,

Hello! Thanks for all the hard work.. Please, I just want to know if you were able to incorporate our Thai friends in the program and if you have written to them regarding this. Please let me know.

Thanks again and best regards to all friends,

Delen

--- María Hamlin Zúniga <maria@iphcglobal.org> wrote:

> Dear all,
> There will be a detailed program going up sometime
> today in the Americas,
> tomorrow on the English site.
> We are not able to add any more workshops or
> plenaries at this poing. We
> are already overloaded on the program.
> We will accept NO NEW proposals, and all changes
> have to be made by 26 June.
>
> Good work Nance.
> Regards,
> Maria

24/6/05

Dear Maria
Has the final programme been sent? We are all awaiting it eagerly - to put up on the website and also to review from logistical and other purposes
RN 24/6/05
Hope it arrives soon. It will be an overall morale booster. Thanks to you and Eduardo for all the hard work of integrating all the requests
Best wishes
Ron.

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Wednesday, June 29, 2005 6:06 PM
Subject: Re: 2nd People's Health Assembly

Thanks Ravi

Yes I realise that you as well as the rest of the PHM/PHA are struggling with lifeboats like we are. Sorry had a number of emails at the same time this morning from delegates not knowing what was going on - I panicked.

Not sure that a nice big cruise ship will appear to give us a nice ride before Cuenca - but I am sure we won't drown.

Warm Regards
Pat

RK
30/6/05

PHA 2 — GHW

RK
30/6/05

6/29/05

Main Identity

From: "rakhal gaitonde" <subharakhal@rediffmail.com>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Cc: <fran.baum@flinders.edu.au>
Sent: Tuesday, July 05, 2005 6:17 PM
Subject: Re: Fw: [PHM_Steering_Group_02-03] Commission on SDH - Reply from the Secretariat

Dear Ravi,

Recieved your email. I will definitely help in whatever way possible. i am certainly willing to volunteer time for the SDH support group, in whatever capacity the support group feels.

in solidarity,

rakhal

On Tue, 06 Jul 2004 PHM - Secretariat wrote :
>Dear Fran,

Main Identity

From: "Patricia Morton" <patriciamorton@medact.org>
To: "Amit Sengupta" <ctddsf@vsnl.com>; "Jaime Breilh" <jbreilh@ceas.med.ec>; "david sanders" <sandersdav@yahoo.com.au>; "Antoinette Ntuli" <ant@healthlink.org.za>; <marion.birch2@btinternet.com>
Cc: "PHM-Ravi" <secretariat@phmovement.org>; "David mccoy" <d.mccoy@ucl.ac.uk>; <mikerowson@medact.org>
Sent: Tuesday, July 05, 2005 5:53 PM
Subject: Global Health Watch September meeting- please confirm your attendance

Dear All

We are confirming that the next Global Health Watch meeting will be held on the 15th and 16th of September at the Medact office in London.

Please confirm your attendance (if you haven't already). Let me know also whether you will need your flight and/or accomodation covered.

An agenda will be prepared closer to the time.

Best Regards to all
Pat

Participants:
- Ant Ntuli (GEGA)
- David Sanders (GEGA/PHM)
- Jaime Breihl (Latin American health watch/PHM Ecuador)
- Amit Sengupta (PHM India)
- new PHM Coordinator
- David McCoy (GEGA/PHM)
- Mike Rowson (Medact)
- Marion Birch (Medact)
- Patricia Morton (Medact/PHM)
- Roberto Bissio (Social Watch)

Patricia Morton
Global Health Watch Secretariat

Main Identity

From: "david sanders" <sandersdav@yahoo.com.au>
To: "Patricia Morton" <patriciamorton@medact.org>; "Amit Sengupta" <ctddsf@vsnl.com>; "Maria Zuniga" <maria@iphcglobal.org>; "Jaime Breilh" <jbreilh@ceas.med.ec>; "PHM-Ravi" <secretariat@phmovement.org>; "Antoinette Ntuli" <ant@healthlink.org.za>
Cc: "David mccoy" <d.mccoy@ucl.ac.uk>; <mikerowson@medact.org>
Sent: Wednesday, July 06, 2005 4:17 PM
Subject: Re: MEDIA MESSAGES- Global Health Watch

Dear All
I have had a very quick look at this. It looks fine except that I do not think it a good idea to have Yach or Kickbusch on WHO. Partic. Yach since it is well known that he was sidelined by WHO and it may be seen as sour grapes.
David.
--- Patricia Morton <patriciamorton@medact.org> wrote:

> Dear All
>
> Here are the media messages drafted for the GHW. A
> press release will be constructed from these
> messages. So that we are singing from the same
> songbook at the PHA2 we would like you to review
> them and to comment (if you have time). By Friday 8
> July would be helpful.
>
> Thanks very much
> Pat
>
>
>
>
> Patricia Morton
> Global Health Watch Secretariat
>
> Visit the Global Health Watch Website at
> www.ghwatch.org
> Subscribe to the GHW newsletter - send an e-mail to
> GHWatch-newsletter-subscribe@yahoogroups.com
>

> Medact is a UK charity for global health, working on
> issues related to conflict, poverty and the
> environment
>
> Medact
> The Grayston Centre
> 28 Charles Square

6/7/05

7/6/05

Global Health Watch Project

how to get involved

It is hoped that the Watch will be used as a catalyst for the development and strengthening of existing campaigns around the world to improve the health of the poor. The Watch aims to involve civil society networks, organisations and individuals from developing and developed countries.

Regional and national groups are being encouraged to publicise the Watch, and to develop their own accompanying national and regional watches.

We are still looking for participation from interested individuals and organisations.

You can help us by:

- **Endorsing the Watch**
- **Creating demand for the Global Health Watch in your region**
- **Launching the Watch in your region**
- **Initiating local national and regional health watches**
- **Submitting testimonies and case studies**
- **Volunteering to help with technical reviews**

Contact details and information

Find out more: visit the Global Health Watch website **www.ghwatch.org**
Or e-mail us at **ghw@medact.org**

Global Health Watch

Mobilising civil society around an **alternative** World Health Report

www.ghwatch.org

Why do we need an **alternative** World Health Report?

The Global Health Watch is a new project led by the People's Health Movement which articulates civil society's vision for global health. It is a platform for the strengthening of advocacy and campaigns to promote equitable health for all.

The global community has failed to achieve 'Health for All by the Year 2000'. New targets such as the Millennium Development Goals look increasingly unattainable. Questions need to be asked about whether current policies in global health are working. The Global Health Watch for 2005 will look at some of the most important problems, suggest solutions, and monitor the efforts of institutions and governments concerned with promoting health worldwide.

The Watch will:

- **Promote human rights** as the basis for health policy
- **Shift the health policy agenda** to recognise the political, social and economic barriers to better health
- **Suggest alternatives** to market-driven approaches to health and health care
- **Improve civil society's capacity** to hold national and international governments, global institutions and corporations to account
- **Strengthen the links** between civil society organisations around the world
- **Provide a forum** for magnifying the voice of the poor and vulnerable

The Global Health Watch – **the Report**

The Global Health Watch will be written by NGOs, academics and campaigners from around the world. The first report will be launched at the time of the World Health Assembly in May 2005 and at the People's Health Assembly in July 2005.

Global Health Watch – 2005 Report

Section A: The Politics and Economics of Health in the 21st Century

Section B: The Health Care Sector
- Responding to the commercialisation of health care
- Big pharma, access to medicines and IPRs
- Human resources: the lifeblood of health systems
- Responding to HIV/AIDS
- Gene technology and the attainment of health for all

Section C: Beyond Health Care
- Environmental challenges
- Militarism and conflict • Water
- The right to food: land, agriculture and household food security

Section D: Marginalised Groups
- Indigenous peoples • Disabled people

Section E: Monitoring of Institutions and Resource Flows
- WHO • World Bank • WTO and trade agreements
- Global Fund and Pepfar (US fund for AIDS)
- Monitoring of international promises on aid and debt relief

Section F: Summary and Strategies for Action