

People's Health Movement

Health for ALL NOW!!



Role of Civil Society in Addressing Social Determinants of Health

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People's Health Movement



Overview

- **Health Inequity and Health Determinants**
- **Civil Society and Commission on Social Determinants of Health**
- **What is next?**

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Forms of Health Inequity



Trends of Infant Mortality by regions

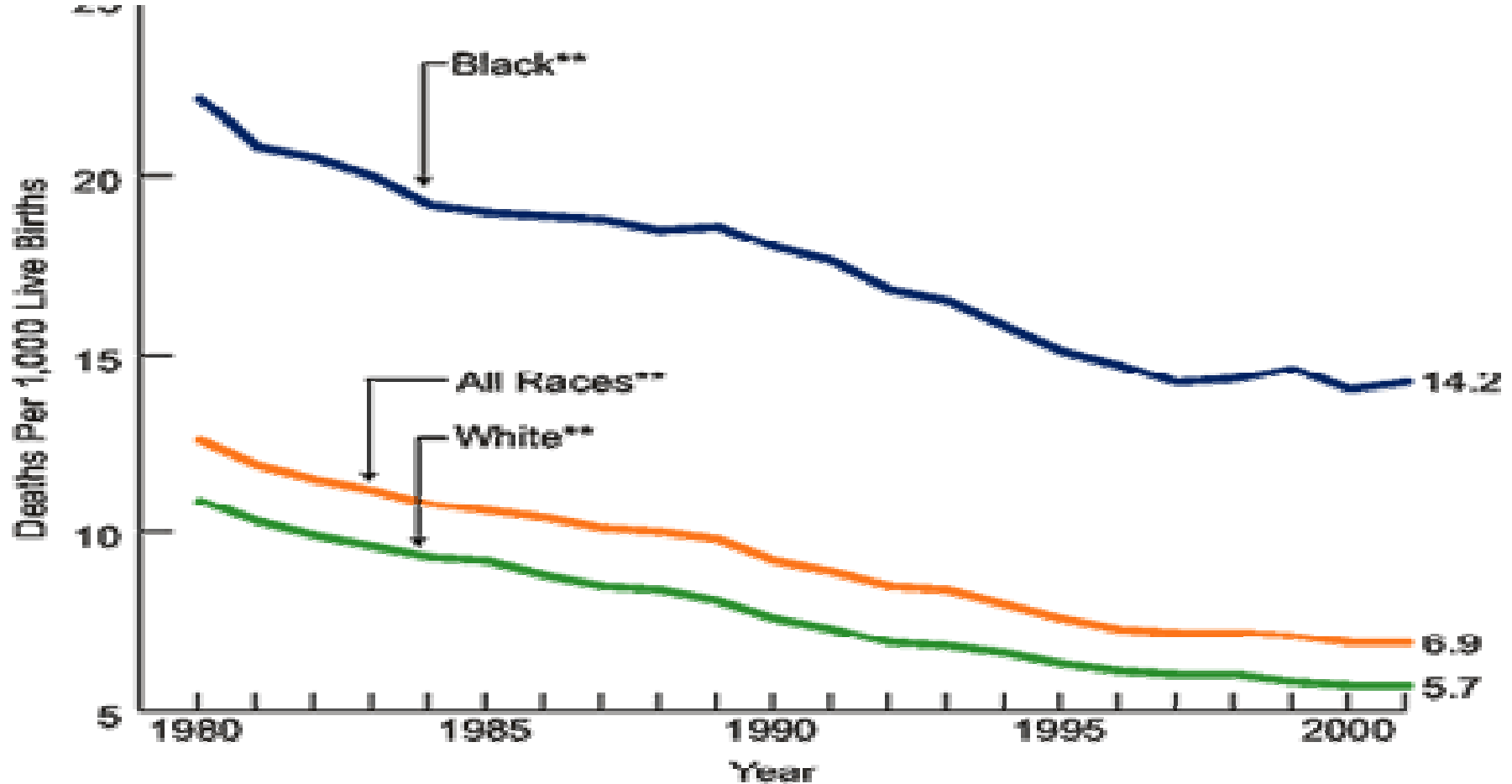
<i>Region</i>	1970	1990	1992	1997	1999	<i>Reduction 1990-1999</i>
East Asia & Pacific	78	40	42	37	35	13%
Europe & Central Asia		28	28	23	21	25%
Latin America & Caribbean	84	41	38	32	30	27%
Middle East & North Africa	134	60	59	47	44	26%
South Asia	139	87	85	76	74	14%
Sub-Saharan Africa	137	101	100	94	92	9%
Developing countries	107	66	66	60	59	11%
OECD	20	8	7	6	6	29%
<i>(Diff. Developing countries - OECD)</i>	86	58	58	54	53	
<i>(Developing Countries/ OECD)</i>	5	8	9	10	10	

Source: World Bank, [World Development Indicators 2001](#)



Infant Mortality by Race/Ethnicity (USA)

Source: National Center for Health Statistics



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Health Determinants



Structural Determinants

- Socio-economic political context
 - Governance
 - Macroeconomic policies
 - Social policies (labor market, housing, land..)
 - Public policies (health, education, social protection, ..)
 - Cultural and societal value

Conceptual Framework for Action on Social Determinants of Health, April 2007 -
http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf



Governance

- **Globally:**

- Decisions within the framework of the international organizations, even those in which each country has a voice, are being taken by different methods of pressure from the North.
- Dominating countries don't work in many cases through the global governance structures.

- **Nationally:**

- Governments are not only working for the interest and protection of the private sector and transnational companies. In many cases, they are merged.



- **India suggested a new paragraph urging member states, “to reflect all the flexibilities permitted under international trade agreements in national laws to address public health concerns.”**
- **The US: the issue of flexibilities in TRIPS was already “more than adequately covered” in other resolutions, It proposed deleting the Indian paragraph.**
- **Australia: TRIPS Agreement offered the member countries the opportunity “to take up flexibilities but does not require them to do so.”**
- **As a compromise, India proposed adding its point, in a somewhat watered-down version, to another paragraph referring to trade agreements, then reading: “using the flexibilities inherent in them.” The US suggested adding, “considering where appropriate” to be added before this.**
- **This was agreed and the resolution was adopted.**



National Policies: Health Systems

- **Public or out of pockets fund**
- **Private health care provision (competitive market!)**



- **Transfer the resources from public to private domains**
- **100 million people fall under the poverty line due to the cost of the health care.**

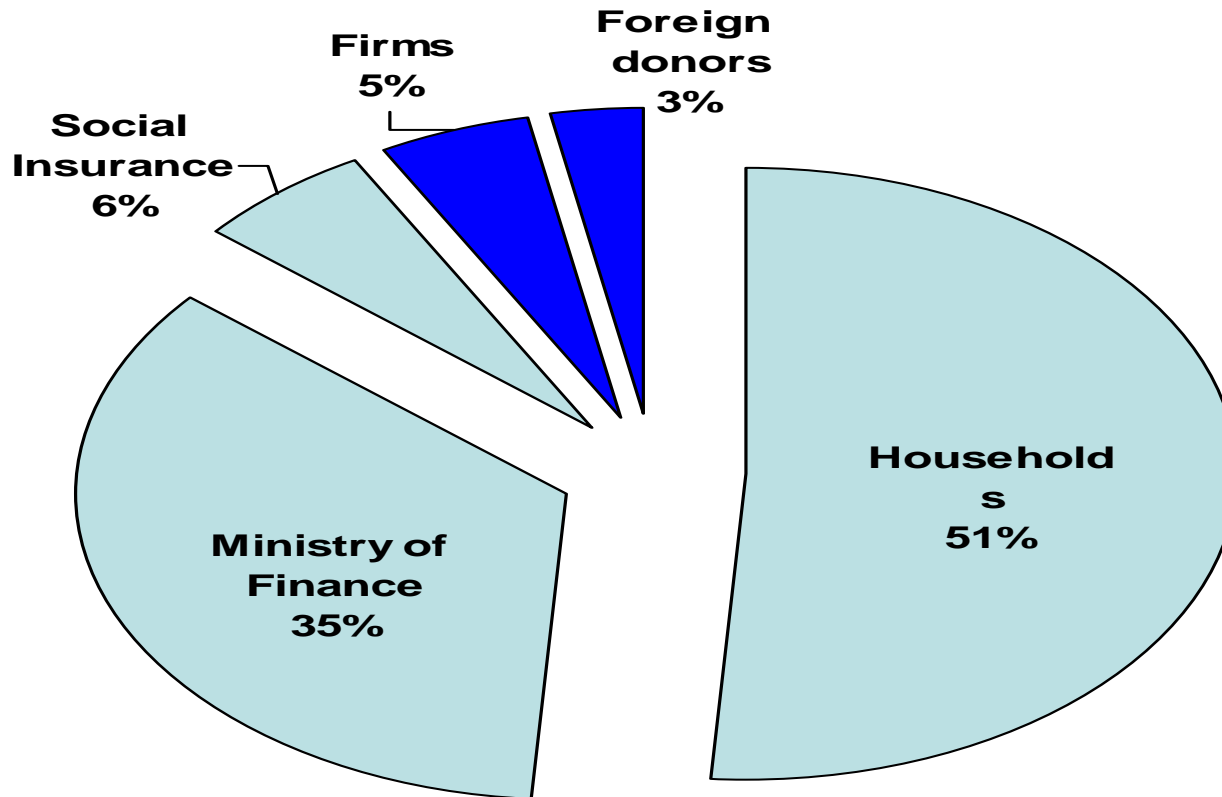
- **Irrational use of high technology**
- **Irrational use of medicines**



- **Transfer the resources from the developing countries to the transnational**

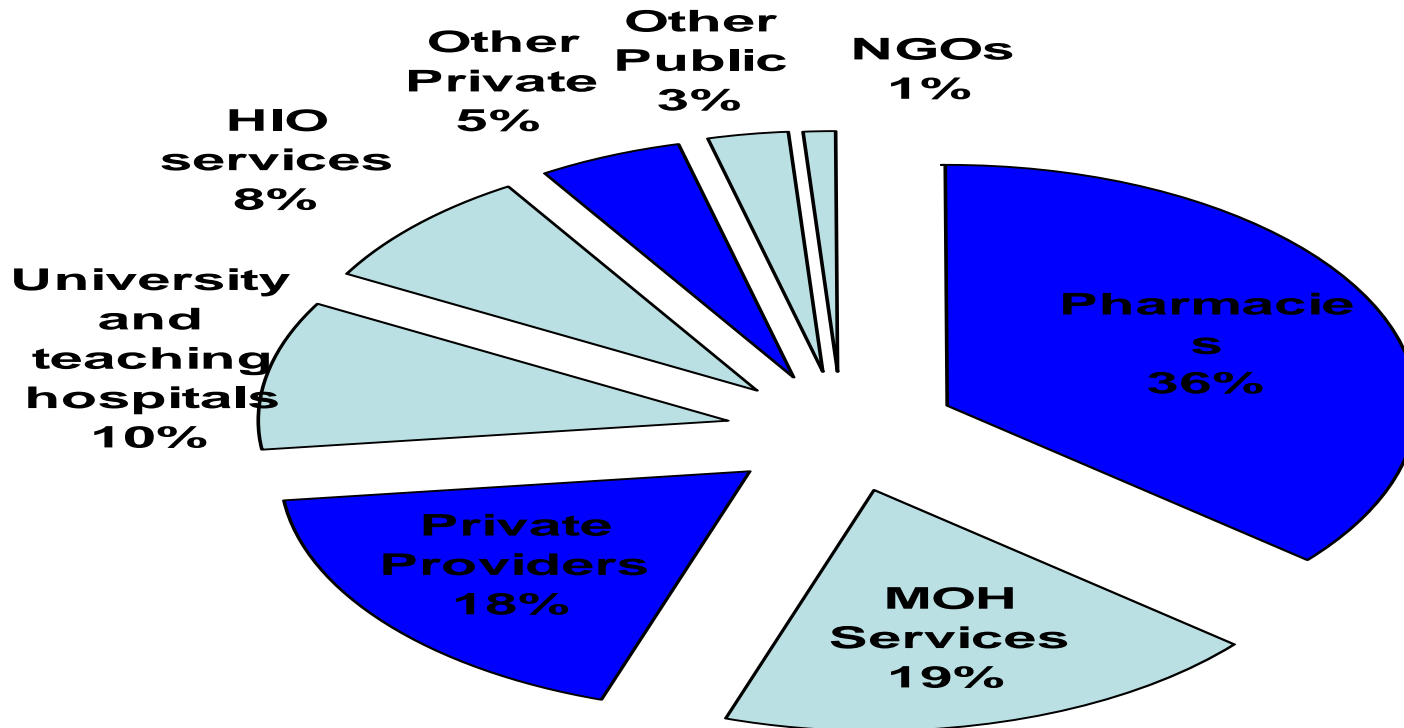


Where Money comes from? (Egyptian Health Accounts 2004)





Where money goes?





Top 10 Pharmaceutical Companies by Sales, 2004

Source: Scrip's Pharmaceutical League Tables 2005 provided by PJB Publications; company profit data (not necessarily limited to pharma sales) from 2005 Fortune Global 500.

Company	Pharma Sales 2004 (US\$ millions)	Company Profit /Rank 2004 (US\$ millions)	Rank by Profit (2004)
1. Pfizer	46,133	11,361	1
2. GlaxoSmithKline	32,853	8,095	4
3. Sanofi-Aventis	32,208	10,122	2
4. Johnson & Johnson	22,128	8,509	3
5. Merck & Co.	21,494	5,813	5
6. AstraZeneca	21,426	3,813	8
7. F. Hoffman-La Roche	19,115	5,344	7
8. Novartis	18,497	5,767	6
9. Bristol-Meyers Squibb	15,482	2,381	9
10. Wyeth	13,964	1,234	10
Total	243,300	62,439	



Health Insurance!

What the insurance companies have done is to reverse the business, so that **the public at large insures the insurance companies.**

Gerry Spence, 2004

What we call health "insurance" in this country was never designed to insure the consumer. Instead, **its purpose is to insure steady, reliable incomes for health care providers.** True health insurance is the economist's equivalent of a unicorn - we can describe it, but none of us has actually seen it.

John C Goodman, 2004



Civil Society and CSDH

- Consultation process across the regions
- Knowledge Generation
 - Engagement with the Knowledge Networks
 - Documentation of local experiences
- Civil society report



Report of the CSDH

- What is the report for?
 - Provide clear strategies to address the social determinants of health
 - Advise the WHO and its member states how to implement these strategies
 - **The draft report is not targeting the WHO!**
- How consistent with the adopted framework?
 - The draft did not address enough the responsibility of the global economic order.
 - The draft did not provide specific mechanisms to achieve the recommendations.
 - The draft did not specify enough the actors to implement the recommended strategies.



People's Charter for Health

- **“Health for All” means that:**
 - **Powerful interests have to be challenged,**
 - **Negative forces of globalization has to be opposed,**
 - **Political and economic priorities have to be drastically changed.**



PHM Strategic Plans

- **Build our movement from the grassroots and national levels**
- **Revitalize primary health care and challenge neo-liberal policies through sustained analysis and advocacy: Develop a PHM platform for primary health care. We will develop a clearer articulation and wider sharing of PHM's renewed vision of PHC and will spur a renewed radical activism on PHC.**
 - **A Statement on the Primary Health Care during the WHA 2008.**
 - **A Position Paper on PHM with the Anniversary of Alma Ata.**
 - **A global Call for Action Around the Anniversary of Alma Ata.**
- **Engage proactively with other social movements**
- **Renew leadership and build responsive structures**



What do we need from the WHO

- The PHM supports the WHO –
 - To get back to its constitution
 - To support the member states to achieve “Health for All” and renew its commitment to the comprehensive Primary Health Care as the best tool to achieve it.
 - To oppose the commercialization and commoditization of health care promoted by the monetary organizations that are “sincerely” promoting and guarding the neo-liberalism.
 - To assist the developing member states to use the flexibilities inherent in the trade agreements
 - To encourage the developing member states to increase the investments in the public sector (health care provision, health related research, health related industry).