

Reducing the world's health inequalities

Today's global health crisis reflects widening inequalities within and between countries. Scientific and technological advances have secured better health and longer lives for some. However more people live in poverty than ever before and 30,000 children die every day.

The *Global Health Watch 2005-2006* catalogues the disparities in health and draws attention to the ways in which government, international institutions and civil society can take action to combat them.

Health workers in particular can play a vital role in turning the ideas of universal health rights and global citizenship into meaningful reality (box 1). Those in wealthier parts of the world have a particular responsibility to press for change. The interdependence caused by globalization heightens these ethical duties.

The themes covered by the *Watch* are diverse (box 2), but all spotlight the various political, economic and social inequalities that undermine health.

This campaign document focuses on the following key areas:

■ Building a fairer world

Eliminating poverty and improving health implies changing the way the global economy is managed in the interests of greater fairness, as well as substantially increasing transfers of resources between developed and developing worlds.

■ Defending and extending the public sector

The repair and development of public health care systems is critical to stop the rot of commercialization and to reduce widening inequalities. *Global Health Action* proposes a 10 point agenda for action.

■ Migration, Pharma and big business

Health worker migration, global rules on intellectual property that hike the price of medicines and the impact of multinational activity on health are highlighted as three examples of how globalization and the subordination of health rights to commercial objectives directly affect health and health care systems across the world.

■ Taking action on climate change and militarism

Climate change and militarism are two of the biggest current and future causes of ill health across the world. The failure to address both of these issues in a significant manner signals the need for a greater mobilization of civil society and health workers to push for more effective and just solutions.

■ Enhancing global health leadership through the World Health Organization

The world needs a multilateral health agency capable of protecting and promoting health, reducing health inequalities and ensuring the fulfillment of universal rights to basic needs and essential health care. For this to happen, the WHO will require better funding, more responsiveness to the needs of poor countries and civil society, and better management.

Global Health Action draws on the *Watch* to set out an advocacy agenda that health workers and campaigners can organize around now.

Health workers can make a difference

There is a tremendous historical legacy within the disciplines of public health, medicine and nursing in addressing some of the world's biggest causes of ill health and mortality. Health professionals have also been prominent in the fight against social ills such as poverty, slavery, oppression and torture.

In both developed and developing countries, health workers are in a unique position to push for change.

The *Global Health Watch* represents a call to all health workers to broaden and strengthen the global community of health advocates who are taking action on global ill-health and inequalities, and their underlying political and economic determinants.

Health workers can act as individuals; through their employing organisations and professional associations; through civil society organisations promoting health or advocating on behalf of the health of poor and vulnerable groups. Health workers can also play their part by directly supporting the struggles of communities to gain access to basic natural resources such as land, food and water as well as health care.

Health and public policy researchers have an important role to disseminate knowledge and information to civil society about the underlying determinants of ill health or the reasons why health care systems may not function or even exist.

A central aim of the *Watch* is to encourage national and regional groupings of health professionals, in collaboration with other NGOs and other sections of civil society, to organise their own health watches to monitor the actions of their governments, the private sector and the international

community, and to challenge them as required.

This is an important ingredient of the social mobilisation required to promote political change in favour of improved health and reduced inequalities.

A Latin American Health Watch and an Indian Health Report are two such examples, which are available from the Global Health Watch website.

Health workers in the developed world have a particular moral and professional duty to consider the health of people living in other countries. They can:

- Encourage their organisations (hospitals, primary care clinics or academic units) to develop long-term 'partnerships' with counterpart organisations in poor countries. These partnerships would involve long-term support, including the transfer of material resources or skills and technology.
- Campaign for changes in the policies of their governments and global institutions.
- Implement local purchasing, capital development and human resource policies that are ethical and sensitive to their impact on global health and the environment.

Global Health Watch 2005-2006 – Contents

Part A - Globalization and health

- Health for all in the 'borderless world'?

Part B - Health care services and systems

- Health care systems and approaches to health
- Medicines
- The global health worker crisis
- Sexual and reproductive health
- Gene technology

Part C - Health of vulnerable Groups

- Indigenous Peoples
- Disabled People

Part D - The wider health context

- Climate change
- Water
- Food
- Education
- War

Part E - Holding to account

- World Health Organization
- UNICEF
- World Bank and International Monetary Fund
- Big business
- Aid
- Debt relief
- Essential health research

Part F - Conclusions