

From: Alison Katz
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Subject: Open letter to Dr Chan

Open Letter to Dr Margaret Chan,
Director-General, World Health Organization
Geneva, January 2007

Dear Dr Chan,

You have taken office as Director-General of the World Health Organization after two discouraging decades in which the international health authority has been progressively subjected to pressure from powerful minorities, separated from the people it serves and diverted from its public health mission.

In short, WHO has fallen victim to neoliberal globalization - as have most social and economic institutions serving the public interest. A number of WHO staff, in senior and less senior positions, have struggled against the worst excesses of this process, but the damage has been extensive. In addition to the tragedy (and scandal) of continuing, avoidable disease and death, WHO has lost friends among the people it serves and has gained rich and powerful "partners" in search of new areas of influence.

Almost certainly, the world's people will force a return to the goal of social and economic justice, and in the area of health, to the promise of Alma Ata - which was itself explicitly predicated upon a new international economic order.

"Health for All" became WHO's slogan at the end of "Les Trentes Glorieuses" (1945-1975) - thirty years of genuine progress towards a fairer - and therefore a healthier - world. This was the era of decolonization, when the need for redistribution of power and resources, including the rights of peoples to self determination and control over national resources, was widely recognized and there was strong commitment to universal, comprehensive public services to meet basic needs for health. A time of optimism, moral vision and genuine progress.

Optimism was fully justified because the world had (and still has) ample resources to ensure peace, security and the wellbeing of all. Health for All is no utopia. It was and is achievable even if it is far more ambitious than the Millennium Development Goals which are - quite literally - a set of half measures defined and delimited by the G8.

If thirty years is the length of cycles of progress and backlash, with social progress for people always overtaking, if only by a small margin, the backlash of powerful minorities to maintain their privileges, we are embarking now on the new 30 year cycle of progress.

And your five years as Director-General (DG) of WHO coincides with that new cycle of progress.

Before I leave, I would like to comment on some of the excellent points you have made in various speeches (1) since your election, confident that your vision - if you can realize even part of it unimpeded, will reinforce and accelerate that progress.

1. Inequality should be the focus rather than poverty and insecurity.

You identify poverty and insecurity as two of the greatest threats to harmony which as you rightly state is "a word at the core of the WHO constitution". You state that "health is intrinsically related to both development and security, and hence to harmony". The social justice perspective would go further by stating that peace and security cannot be achieved without justice, and health cannot be achieved without equitable and emancipatory development.

Our focus today should be on inequality rather than poverty, not because of a preference for the relative over the absolute, but because unequal power relations are themselves the root cause of both poverty and insecurity, and because inequality, over and above any level of material wealth or deprivation, is bad for health and for cohesive, safe, healthy societies. Current inequalities - in which the richest 1% of adults alone owned 40% of global assets in the year 2000 and the richest 10% of adults accounted for 85% of the world total - are not only grotesque in their divisiveness, they are lethal.

2. Time to focus attention on the rich but to meet with the poor.

It has become fashionable to focus attention on the poor but to meet - and establish partnerships with - the rich. In order to address the fundamental problem of inequality, this pattern must be reversed. It is time to focus attention on the rich and powerful because they are the experts in the mechanisms of unequal power relations and the architects of policies and strategies which produce, reinforce and accelerate inequalities. Those systems must be closely examined and opened up to public scrutiny and democratic control. To clarify, this is not a discourse on good and evil; the issue is one of profoundly antisocial and violent systems not of the use made of those systems by a handful of rapacious individuals.

Poor people do not attend G8 summits, board meetings of the latest "Global Fund" or "philanthropic" foundation, let alone the World Economic Forum - where Chief Executive Officers of transnational corporations are offered even more privileged access to political leaders than they already enjoy. But poor people also hold meetings and they are represented - if imperfectly - at the World Social Forum (and in national and regional social fora), in trade union, social and political movements and elsewhere.

As Director-General of WHO, you are committed to "the people of Africa who bear an enormous and disproportionate burden of ill health and premature death" and you have made this "the key indicator of the performance of WHO". Your presence at the next World Social Forum on Health (Nairobi 21-23 January 2007 unfortunately coincides with your first Executive Board) and many other such events in the future, would represent real hope and inspiration for the world's people and an essential counterbalance to high level meetings with government leaders and their corporate backers/advisers - who are increasingly one and the same.

3. Public-private partnerships or a solid, equitable tax base?

You note that "the landscape of public health has become a complex and crowded arena for action, with a growing number of health initiatives" and you remind us that WHO is "constitutionally mandated to act as the directing and coordinating authority on health". As you know, public-private partnerships have become the policy paradigm for global health work despite the evident conflict of interest which would have outlawed such arrangements thirty years ago. Agencies and organizations with public responsibilities are "partnering" with the private sector for one reason. It (appears to have) become the only source of funds. This situation has arisen because under neoliberal economic regimes, public sector budgets have been slashed and tax bases destroyed. Those developments are themselves the result of the influence of transnational corporations on governments and the international financial institutions.

The solution to this problem is not for public bodies to go begging to the private sector, nor to the foundations of celebrity "philanthropists" with diverse agendas, from industry. The solution is economic justice, including an adequate tax base, both nationally and internationally, to cover all public services, as well as proper funding of public institutions such as WHO through regular budgets so that they may fulfill their international responsibilities unimpeded by corporate interests.

You report that "the amount of money being made available by foundations, funding agencies and donor governments is unprecedented". This will be entirely positive if you are able to use these funds to pursue your vision and priorities, as is your right and your duty. It can be argued that if WHO had operated exclusively on regular budget, even with a significantly smaller workforce but one that was dedicated to WHO's constitutional mandate, far more progress towards Health for All would have been achieved.

As you say "Primary Health Care (PHC) is the corner stone of building the capacity of health systems. It is also central to health development and to community health security." PHC will remain health rhetoric if it is not supported by a solid, equitable tax base and other forms of redistributive justice (debt cancellation and reparation, fair trade, abolition of tax havens, democratic control of TNC activities etc). WHO itself needs to set targets for the level of core funding, starting perhaps at 70% of total expenditure, and increasing annually until undue influence is removed. The private sector has no place in public health policy making at global or national level. This does not of course exclude responsibly designed interactions as in the past but it does exclude partnerships because partners must share the same goal.

4. Knowledge for the public good - the world cannot afford corporate "science."

You cite technical authority as one of WHO's four unique assets and you state that "we can be absolutely authoritative in our guidance" and that "WHO must influence the research and development agenda". WHO's role as the technical health authority is indeed the jewel in its crown. All the more important then to address the current crisis in science and reclaim knowledge systems for the public good.

The commercialization of science and the close relationship between industry and academic institutions (2) should be at the centre of WHO's concerns. In this regard, the public has every right to insist that assurances be provided that WHO's recent reports on the health effects of Chernobyl and on the safety of genetically modified foods were researched, developed and produced in full consultation with independent scientists, unimpeded by other interests.

In relation to the corruption of traditional ideals of science, an editorial in the Lancet reported that "Academic institutions . . . have become businesses in their own right, seeking to commercialize for themselves research discoveries rather than preserve their independent scholarly status". Equally worrying is the new trade-related intellectual property regime which represents an unprecedented privatization of knowledge. Knowledge should be in the public domain, accessible to all. It must above all be truthful and reliable - a reminder which is not superfluous today.

Given continuing high levels of avoidable disease and death, alarming resurgence and emergence of old and new infectious disease respectively, and the devastating effects of environmental degradation and resource depletion on population health, the world cannot afford corporate "science". As the world's technical health authority, WHO must take the lead in transforming the way scientific research is conducted and funded and the way knowledge is acquired and applied.

5. Ethical values and independence of international civil servants.

You state that "We share the ethical foundations of the health profession. This is a caring, healing and science-based profession dedicated to the prevention and relief of human suffering. This gives us our moral authority and a most noble system of ethical values".

It has not always been easy for staff to stay close to WHO's mandate nor to maintain respect for ethical values either as public servants or as colleagues during the neoliberal decades. The pressure often proved overwhelming while the independence of international civil servants was increasingly undermined. As you know, staff management relations reached a low point and resulted in the first industrial action in WHO's history in November 2005, a massive work stoppage involving 700 staff. This was despite threats of disciplinary action including dismissal from the Director-General's Office which reflected not only deep dissatisfaction on the part of staff but astonishing disregard for international labour standards on the part of a UN agency.

The work stoppage was not an event to be deplored, lamented, let alone sanctioned.(3) It was a needed signal to Member States and WHO's wider constituency that radical change was needed.

Staff who struggled against the tide during these past two decades were often "guilty" of their attachment to the Declaration of Alma Ata which clearly identified social and economic root causes of avoidable disease and death, placed the debate squarely within international power structures and insisted on a broad public health perspective which addressed non-health sector determinants of health. They were part of the broad movement led by civil society organizations promoting a return to the values and principles of Health for All, which was instrumental in the creation of WHO's Commission on the Social Determinants of Health.

Some, through the Staff Association, were also guilty of revealing to member states, as is their duty, (4) corruption, nepotism, abuse of rules and procedures and an ineffective internal justice system. In an exemplary response, members states called for a progress report on staff management relations at the next EB (January 2007) and an audit of all direct appointments at and under the D1 level.

The response however of the last administration was dismal. WHO staff are now represented by a "Staff Committee" which, apparently in collusion with administration, opposed discussion of the application of international labour standards (human rights in the workplace) in WHO, at the Annual General Meeting of the HQ Staff Association. This is an absurd situation, unworthy of a UN agency. Today, there is an opportunity for civilised and dignified staff management relations in which staff concerns and perspectives are welcomed with interest and respect. The first step will be to declare that WHO supports not only a rights-based approach to health but a rights-based organization which fully respects the ILO Covenants. Staff morale and motivation will soar as will confidence in their leadership.

6. Health for All is value laden and explicitly political.

In discussion with colleagues about all the above concerns, I have often heard that with my views, I should rather work for an NGO, that my perspective is "political" and that WHO is not an implementing agency. My response to the first comment is that WHO staff should surely be more committed to the values and principles of Health for All than staff of any other organization, just as all UN staff should be at the frontline of the defense of the UN Charter.

My response to the second comment is that health is political and that the PHC approach and Health for All was and is an explicitly political project - as is the neoliberal project for health and health care. Today's international health establishment denies any political values, intentions or interests and presents itself as neutral, objective and armed with scientific facts. But scientific objectivity requires awareness and acknowledgement of underlying values and principles. The States Parties to the Constitution, in line with the Charter of the United Nations accepted a set of nine ethical principles when they established the World Health Organization. This is the source of our "moral authority" and it is a value laden and highly political document - if one accepts that politics is about the organization of societal structures and functions, in particular in relation to the distribution of power and resources, for the benefit of its members.

My response to the third comment is that although WHO is not an implementing agency, it has a clear advocacy role in terms of identifying and promoting policies and strategies - on the basis of serious science and sound evidence - that will ensure the meeting of basic needs for health, among other things.

7. Conflicting loyalties.

In the neoliberal decades, WHO staff, and other international civil servants, have found themselves in an uneasy position with conflicting duties of loyalty on the one hand to WHO's constitutional mandate and the UN Charter, and on the other hand - as WHO is an intergovernmental agency - to member states and current office holders and their interpretation of these mandates. The most obvious examples are UN sanctions and the invasion of Iraq which have caused public health catastrophes.(5) These actions have been qualified as war crimes and genocide respectively.(6)

Less spectacular examples of conflicting loyalties relate to certain policies and strategies which do not make the headlines but which cause illness and death on a daily basis and an even larger scale. WHO has failed to

denounce, in the strongest possible terms, unfair rules of trade and commerce, odious debt, ruthless liberalization of economies, privatization of public services and continued exploitation of people's national resources. This is despite ample evidence that these processes create poverty and inequality, interfere with people's capacity to provide themselves with adequate supplies of food and water, and maintain more than half the world's people in unspeakably miserable living conditions.

At least 10 million children die every year and the vast majority of those deaths are avoidable. Life threatening, structural violence requires principled, unambiguous resistance not cautious admonitions, let alone timid acquiescence.

We live in exceptional times when leaders of powerful nations, who scarcely represent their own people let alone all member states, embark on illegal action leading to death and destruction and when transnational corporations, in collusion with international financial institutions - with no democratic legitimacy or accountability - are allowed to impose policies which have been shown to have devastating effects on population health. Should staff choose loyalty to current office holders and selected member states rather than loyalty to the mandate of their organization and the world's people who are often, very poorly represented by their governments? Should respect for human rights and confidence in our own moral judgment tip the balance in these conflicting loyalties?

8. Perhaps exceptional responses are required in exceptional times.

"The way in which citizens of the rich countries currently live their lives is, on the whole, morally acceptable".
(7) Recognition that "everyone's favourite prejudice" is profoundly wrong is fundamental to the struggle for social justice and Health for All.

WHO (and other UN) staff may be misinformed (by failing to consult alternative sources of information) and disinformed (by accepting la pens 籛 unique of mainstream and conventional sources of information). However none of us can claim lack of access to full information. It is time to consider whether the way in which UN and WHO staff serve the UN Charter and WHO's constitutional mandate, respectively, is, on the whole, morally acceptable or whether this belief is "our favourite prejudice".

Dr Chan, the vision you have articulated is exemplary and an inspiration to staff. But you will need them to summon up the courage of their convictions, stand strong in the face of powerful opposition, and keep close to WHO's constitutional mandate, if they are to assist you in its realization.

Sincerely,
Alison Katz

Notes

1. Speech to the World Health Assembly, 9 November 2006 as DG elect and Address to WHO staff, 4 January 2007, as DG. <http://www.who.int/dg/speeches/2007/address.to.staff/en/index.html>

2. This section is drawn from the Convention on Knowledge, Institute of Science in Society. www.i-sis.org.uk/conventiononknowledge.php

3. My post was abolished three weeks after the work stoppage and three weeks before the normal renewal of my two year contract, after 17 years service. This has been qualified as retaliation for industrial action (a violation of human rights) by Swiss unions and staff association lawyers.

4. According to an Executive Board Resolution EB91/1993/REC/1.

5. Just prior to February 2003, WHO was involved in preparations for post-invasion emergency health measures. In the interests of contributing to the prevention of violence rather than merely participating in the

"mopping up operation" staff asked administration if they might circulate a petition in support of the UN Charter (available on request). They were informed that if they did so they would be asked to present their resignations.

6. See for example Initial Complaint prepared for the First Hearing by staff of the International War Crimes Tribunal <http://deoxy.org/wc/warcrim2.htm> and report on effects of UN sanctions <http://www.geocities.com/iraqinfo/sanctions/holocaust.html>

7. Thomas W. Pogge, World Poverty and Human Rights, Polity Press 2002.