



IN THIS

ISSUE

Ebola Epidemic

People of the World,
Surge Forward for
Climate Justice

PHM India: Maternal
Health Rights Cam-
paign

Social Movements
are key to achieving
People-centered
Health Systems

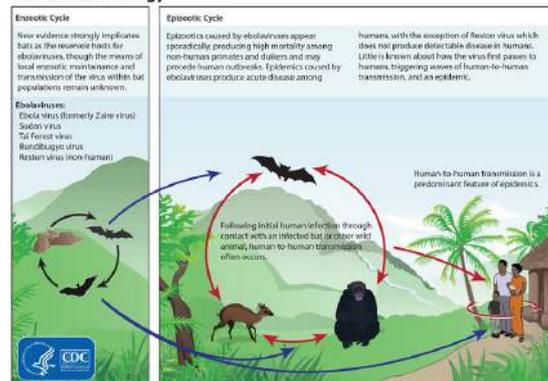
PHM's position on
the 2nd International
Conference on Nu-
trition

Ebola epidemic exposes the pathology of the global economic and political system.

The occurrence of current and past epidemics and mode of spread of the disease, outlined in this paper, are not contested. But this paper aims to go beyond these data in order to shed light on the underlying aetiology of the disease, that is, the global and local political, economic, and other societal factors that underlie Ebola's appearance, spread and high fatality rate at this moment in time and in the particular settings where it has proliferated.

"Why then are we confronted with an Ebola epidemic in West Africa? The answer lies not in the pathology of the disease but in the pa-

Ebolavirus Ecology



thology of our society and the global political and economic architecture. It is not an accident that the present Ebola epidemic has affected three of the poorest countries in the world. Liberia, Guinea and Sierra Leone number 175, 179 and 183, respectively, out of 187 countries on the

United Nation's Human Development Index. Their health systems are ineffective and almost non-existent in many regions. The present epidemic is one brought upon by poverty and by ruthless exploitation of the region's natural resources."

"A longer-term solution requires fundamental changes to economic and power relations between these countries (and indeed many others with similar histories) and the capitalist economies and enterprises that continue to bleed them dry, often with the collusion of local officials and elites."

Go to www.phmovement.org to

PHM calls upon member states of WHO in the African region to address hard questions related to Ebola epidemic

The 64th Session of the WHO's Regional Committee of Africa met last month in Benin. Among other critical issues, the Committee is addressing: Ebola outbreak, African health emergency fund, Strategic budget allocation, and WGO's engagement with non-state actors. PHM calls upon the Committee to boldly confront structural determinants of Ebola outbreak:

- Why are poor countries vulnerable to EVD and limited in their capacity to respond?

- Why are the three centrally affected countries poor?

- Why do people lack confidence in the public health system?

- Could WHO have done more to highlight the risk of EVD in the years since 1976?

- What research has been done since 1976 into vaccine and treatment development and by whom?

- Why has EVD been ignored by both public and private pharmaceutical research and development?

- Who should have been warning and researching about the possible implications, in terms of contact with animal hosts, of mining, palm oil plantations, the displacement of people in West Africa by agribusiness?

For more information and to read the PHM commentary, visit www.gwhatch.org

PHM India: Maternal Health Rights Campaign in Madhya Pradesh



Denial of health rights and low health indicators has been a continuing concern across states of India. The inequities in access to health rights are relatively more pronounced for some states and pockets in the states. Located in the central part of India, the state of Madhya Pradesh (MP) has reported some of the worst indicators in relation to maternal health. The Maternal Mortality Ratio (MMR) of MP is 269 as compared to the national average of 212, (Registrar general- Census for Government of India, SRS Bulletins 2007). Prompted by the weak state of maternal health services, reported high maternal deaths and a weak political will in promoting community centric accountability processes, Centre for Health and Social Justice (CHSJ) facilitated the process of getting 18 civil society organizations (CSOs) most of them working at

the grass-roots level to address the issue of maternal health as a human right leading to the formation of Maternal Health Rights Campaign (MHRC).

The CSOs and CBOs took initiative in monitoring health system at multiple levels to make the health system more responsive and accountable and ensure quality and accessibility of maternal health services. Data on maternal health services was collected from 110 villages of 18 districts through a pictorial format, it was analysed and report cards were prepared. The CSOs, under the domain of MHRC shared the findings with the communities, other stakeholders and health providers by organising district health dialogues.

The bottom up pressure was supplemented by sharing the findings with state health officials in a state public health dialogue in which over 150 people from the communities participated. Documented case studies of 42 women with grievances on absence, quality and denial of maternal health services along with selected six oral testimonies were presented. The finding and processes were extensively covered in the print and visual media giving rise to a sustained pressure on the health system. The community members were encouraged and were supported to present their oral testimonies on grave injustice that they had suffered.

The process with the combined effect of evidence based processes and people's sustained bottom-up pressure has elicited a positive response in health governance. The health authorities have taken note of all the cases with grievances with assurance to provide redressal, and instituted inquiries on the case-studies presented. The engagement with the authorities continued at various levels. The struggle continues to make the health system work better for tribal and rural women's health entitlements.

PHM calls on WHO in the Western Pacific region to confront the barriers to health development

The Western Pacific Regional Committee of WHO was meeting from 13 - 17 October, 2014 in Manila, Philippines. In consultation with health groups around the region PHM has prepared a detailed commentary on the main agenda items to be addressed during the meeting. Delegates of member states were invited to review the commentary and we hope that it will further inform work in these areas.

Visit www.ghwatch.org for reading the PHM commentary





We reject false solutions to the climate crisis such as the corporate “Green Economy” and profit-oriented schemes like carbon trading and offsets, payments-for ecosystem-services, large-scale biofuel production, geo-engineering schemes, corporate-controlled renewable energy, the liberalization of environmental goods and services, and other measures being peddled by some global institutions, Northern governments and corporations. These measures and policies are but attempts to greenwash capitalism, commodify nature’s life-giving and life-sustaining capacities, and further concentrate resources in the hands of the elites and their big corporations.

The advanced capitalist countries have the historical responsibility to undertake more ambitious climate actions for having contributed most to global warming. These countries must commit to quantifiable goals that will keep 80% of known fossil fuel reserves to remain in the ground and ensure that the concentration of greenhouse gases in the atmosphere return to 300 ppm. They must provide the means to prevent, minimize, and deal with damages arising from their cumulative pollution of the atmosphere as part of their ecological debt to peoples in the global south. They must also bear the costs of transferring technology to developing countries necessary to mitigate climate change.

These demands must be reflected in a binding agreement among governments currently negotiating a new climate agreement and a new development agenda to be concluded in 2015. A new

international mechanism to address loss and damage associated with the impacts of climate change in developing countries should be adopted to provide adequate and non-debt creating financing for loss and damage, including compensation funds, debt cancellation, universal social protection schemes, and community-led gender-responsive adaptation and mitigation programs. There must be full and effective participation of affected communities, including women, in all levels of decision making for addressing climate change.

But most importantly, we must collectively struggle against the current system which is the main cause of the looming environmental disaster. It is clear that the basic driving force of capitalism – that is to expand, grow and accumulate more profit for the few – is in contradiction with the reality of the earth’s finite and (shrinking) natural resources. We need to found an alternative sustainable system that must ensure the basic material and non-material needs of all peoples, while protecting the wellbeing and balance of the biosphere.

As we mark the anniversary of Typhoon Haiyan and honor the memories of our families, relatives and friends, we resolve to continue to build people’s resilience against climate change through solidarity. We vow to fight for climate justice, and build a new system based on the rational, collective, and democratic management and use of resources in the interest of the people and the well-being of the planet.”

It has been a year since Typhoon Haiyan struck central Philippines: one of the strongest and deadliest tropical cyclones ever recorded, leaving tens of thousands of people dead and missing, millions homeless and livelihoods destroyed. In commemoration of the first year of Typhoon Haiyan and to honor all the victims of the global climate crisis, PHM together with civil society organisations across the world, declare this day, November 8, as International Day for Climate-Affected Communities as we call on all climate-impacted communities and their organizations to unite in demanding justice and system change.

Hereby an extract from the statement signed by PHM:

“We demand an end to policies and programs that violate the integrity of nature, plunder the environment, and expose already vulnerable communities to further sufferings and miseries.

*PHM together
with civil
society
organisations
across the
world, declare
November 8,
as International
Day for Climate
-Affected
Communities*

Palestinian Medical Relief Society-2014

Video on www.phmovement.org

This is a documentary film about the work of the Palestinian Medical Relief Society (PMRS) during 2014 including the emergency efforts during the attack On Gaza in July 2014

From a PHM perspective the ICN2 'framework for action' must address the underlying structures and dynamics of global food systems and thus dietary patterns, including the continued food and nutrition insecurity, the supply side problems of obesity, diabetes and so on.

PHM's position on the 2nd International Conference on Nutrition

The second International Conference on Nutrition (ICN2), taking place in Rome from 19 to 21 November, is an inter-governmental meeting on nutrition jointly organised by the Food and Agricultural Organisation (FAO) and the World Health Organisation (WHO). The conference convenes high-level government officials and civil society representatives with the goal to improve people's diets and to raise nutritional levels of those affected both by under and overnutrition. It aims at better policies more effective at addressing today's major nutrition challenges.

ICN2, like the first ICN in 1992, is intended to set a new global agriculture, food and nutrition agenda. However there are commercial forces determined to make its outcome support the continued expansion of the transnational food industries' markets. There are certain member states determined to make sure that nothing much happens.

Civil society has been trying to influence the current preparatory process so that ICN2 recommendations are guided by the right to nutrition, participatory aspects become more central and conflicts of interest are decisively tackled.

PHM further regrets that all reference to what is really going on in the world, i.e., considering the ideological, political and economic determination of nutrition have not been addressed in the preparatory process led by member states. The usual wrangling between rich and poor countries has replayed itself in the process. The result has regrettably been weak consensus language.

Under pressure, there is a small hope that some new text and agreements can be influenced at the 11th hour, agreements that address the root causes in the prevailing world disorder. Advertising and marketing of food and beverages not only to children, but also to the general public, is but one example on the overnutrition side while the links of undernutrition to the factors perpetuating poverty is another on the undernutrition side.

From a PHM perspective the ICN2 'framework for action' must address the underlying structures and dynamics of global food systems and thus dietary patterns, including the continued food and nutrition insecurity, the

supply side problems of obesity, diabetes and so on.

The one chance for radical improvement in the outcomes statement from ICN2 will be if a substantial number of G77 nations takes a firm stand against the continued dominance of the rich countries protecting their transnational food corporations in their endless pursuit of profit. PHM urges community organisations and networks in the global South to engage their governments in relation to these issues and work towards a framework for action which radically redirects the current trends in global food systems.

Over 150 international and national civil society organisations and social movements are driving the preparatory process. PHM itself has been involved in the preparations for over 8 months and will be present at the conference to voice above mentioned concerns and lobby for progressive change!

Visit www.phmovement.org for the documents produced by the group of over 150 Public Interest NGO's including PHM. PHM plays a very active role as member of the steering group.

PHM watching the 53rd session of the Directing Council of the Pan American Health Organization (PAHO)

During the last few months, PHM country circles in the Americas and country chapters of ALAMES (Asociación Latinoamericana de Medicina Social) have coordinated a process of consultation, at country and regional level, to constructively engage with key items on the agenda of the 53rd session of Directing Council of PAHO through sharing alternative analysis, concerns and proposals.

For more information visit www.ghwatch.org



Social movements are key to achieving people-centred health systems

PHM at the Global Symposium on Health Systems Research

The third Global Symposium on Health Systems Research (HSR) took place in Cape Town from September 30 to October 3, 2014. Almost 2000 participants from 125 countries, including several PHM activists, animated the four-day world congress, exchanging and debating around the issue of people-centred health systems.

To the eyes of many, the Ebola epidemic was the dark background against which the collective failure of public health and health research became evident and undeniable, making the need for publicly owned health systems, nurtured and conceived by the people, as urgent as ever.

Since long time, PHM issued a collective call for a clear focus on public health systems, built around solidarity and justice, rather than the current dominant discourse on spliced and diced health systems, to be traded in the market. From this perspective, it has been refreshing (and quite unexpected) to see the terrain of HSR opened up beyond the confines of the restricted and restricting dominant concept of Universal Health Coverage (UHC). It has promoted the use of the public health language of care and solidarity, equity and gender justice, of rights, rather than the insurance language of coverage. Power and the force of social movements were



repeatedly mentioned including specific references to the PHM.

Criticism of segmented systems that offer poor services to the poor were raised by many. Perhaps one of the most relevant issues addressed was the recognition that many crucial drivers of health system change lie outside the traditional boundaries of the health system, and that social mobilization and social movements are critical for re-orienting health systems to be more people-centred.

In this respect, research aimed at understanding civil society and social movements that support people centredness was strongly advocated – a challenge that PHM is well positioned to respond to. In fact, the PHM-organised session presented an action-research project on civil society engagement for the right to health. Thanks to the inputs and contributions of many participants, key challenges in con-

ducting research from within a social movement perspective were addressed and assisted in strengthening the project design.

The final conference statement declares that “health systems need to be re-oriented to respond to people’s emerging health needs”, and that this process “should be led by citizens, and local and national governments rather than by external actors, and in line with the needs and priorities of communities and citizens”. Now these concerns need to be integrated into the praxis and priorities of the research community, or the phrases will remain empty and praxis will continue to be dominated by the current hegemonic discourse that legitimates injustice and inequity.

As suggested by Amit Sengupta in the closing plenary, this implies:

naming and interrogating those institutions that perpetuate inequity on a grand scale;

bringing a focus on the role of social movements in catalysing change, and in research that is counter-hegemonic and led by social movements;

mainstreaming shadow reports by social movements and civil society as a much-needed tool for critically interpreting reality.

Chiara Bodini, David Sanders, Amit Sengupta

PHM in defense of equitable access to quality health care at Global Trade in Services Forum in Geneva

At the first Global Trade in Services Forum, in Geneva on 17th October 2014, leading experts and over 140 representatives from trade unions, civil society and governments, expressed their concerns about the new Trade in Services Agreement (TISA). The so-called "really good friends of services", including all EU-countries, hold secret negotiations that are dominated by corporate interests and could therefore better be called "the really good friends of transnational corporations".

The Global Trade in Services forum was co-organised by Public Services International (PSI), Friedrich-Ebert-Stiftung (FES) and Our World Is Not For Sale (OWINFS) network. TWHA, part of PHM Europe, has been invited to explain

the potential impacts of the TISA-agreement on the health sector and the health of people.

A treaty that would further liberalize the services sectors would provide all foreign providers access to domestic markets at 'no less favourable' conditions as domestic suppliers. Private health markets are a prerequisite for the entry of foreign health service providers. First of all, this could increase the pressure for privatisation in the public health sector. And secondly, the existence of a private health care market alongside a public service sector could severely limit the public sector and have serious implications for equity in health care access.

Please visit www.phmovement.org for more information



Endorse the People's Charter for Health

The People's Charter for Health is a statement of the shared vision, goals, principles and calls for action that unites PHM and guides and informs the decisions and actions of PHM. It endorses our commitment to making the Alma-Ata dream a reality and affirms health as a social, economic and political issue and above all, a fundamental human right. We encourage and invite everyone who shares this concern and aims to join us by endorsing the Charter.

Newsletter contributions

You are welcome to make submissions to be included in the next edition of PHM Global News. Consider submitting some of the following:

- Brief news of your activity as a PHM representative or news of special interest to PHM (200-250 words)
- Announcements of research, book releases/reviews, conferences, or other important activities or dates
- Reports on country circle or regional activities (100-150 words)

Make your submission to newsletter@phmovement.org

**Donate
to
PHM**

Visit
www.phmovement.org

PHM and Social Media

Stay updated on the latest news within the movement worldwide, get the latest resources for health policy dialogue developed by PHM activists and show solidarity !

Follow us on Twitter [@phmglobal](https://twitter.com/phmglobal) or tweet [#phmovement](https://twitter.com/phmovement)

JOIN US ON
facebook

Follow us on
twitter



PHM promotes Health for All as a Human Rights issue and calls for changes in international and domestic policy which negatively impacts health status and systems. Please feel free to visit our website or contact us with any questions or for information about PHM in your area.

Contact us
globalsecretariat@phmovement.org

Visit our website
www.phmovement.org