

People's Health Movement (PHM) at WHO World Health Assembly (WHA) 2002

Every year in May, representatives from the Ministries of Health from the member countries of United Nations come together in Geneva for the WHO World Health Assembly (WHA). As WHO is one of the specialised bodies of United Nations system, its main role is to provide advise to Governments and WHA is the main forum through which, member countries can discuss the work carried out by WHO and to take all the policy decisions about future activities and goals. For example, it was the WHA in 1991, which approved the goal of “eliminating leprosy as a public health problem by the year 2000”.

International federations of non-governmental organisations (NGOs) active in health sector can collaborate with WHO through official relationships. Our federation, ILEP is also in official relationship with the WHO. This gives us the opportunity to participate in the WHA and meet different governments, WHO officials and other international NGOs, and to share our concerns with them.

At the WHA 2002 there was some thing new – for the first time, a group of small NGOs, mostly from developing countries, who normally can't have any access to WHA, were officially invited to participate in it. There are the NGOs, which form part of People's Health Movement (PHM).

Over the past two decades there has been a growing concern among grass-root level organisations, some international NGOs and health activists about the international developments which have a negative influence on the lives and health status of marginalised and poor population groups. It was also felt that international institutions like WHO are not addressing these concerns properly. Thus in December 2000, 1453 representatives from 92 countries came together in the first People's Health Assembly in Savar-Dhaka (Bangladesh) and prepared the People's Health Charter. This is the largest consensus document on health since the Alma Ata conference on primary health care in 1978 and PHM is concerned with wide-ranging changes in health priorities, policies and strategies at different levels as presented in the Charter.

The PHM and the Charter have been receiving increasing support from health professionals, activists, NGOs and government bodies. The Charter has already been translated in 34 languages. For this reason, WHO invited representatives of PHM to participate in the WHA 2002 in Geneva and to explain their concerns.

Some of the issues raised up at WHA by the 30 representatives of PHM coming from different parts of the world included the following:

1. The continuing and increasing emphasis on some selective medical interventions by WHO, based on simple, standard and rigid guidelines to be applied all over the world. For example criticising the exclusive emphasis on drug impregnated mosquito nets in Roll-back Malaria programme, PHM representatives pointed out that majority of the poorest don't have beds. PHM invites WHO to focus on integrated primary health and community health services as envisaged in the Alma Ata declaration.
2. The increasing role of international financial institutions like World Bank (WB) and International Monetary Fund (IMF) in influencing health policies and strategies in developing countries following the external debt crisis and the structural readjustment programmes (SAPs). PHM asks if financial institutions concerned with profits can be best placed to talk about poverty, health, education and social services and criticises the cost-cutting measures imposed through SAPs, resulting in privatisation of services, fees for services, reduction in health and social budgets, etc. PHM also denounces the creation of new parallel independent bodies like Global Fund for AIDS, each organising its activities without considering the overall health needs of persons. Finally PHM asks WHO to take a more active role in limiting the damages caused by these changes.
3. There is increasing influence of big drug companies and transnational corporations in different aspects of WHO's work. PHM feels that such influence camouflaged under the name of “partnerships” is damaging the interests of people. Through different studies, PHM questions some of the decisions in WHO related to free drug donations and supply of some drugs at lower costs, as being stop-gap answers rather than aiming to change in an unjust system dominated by big drug companies. For example, in Global Alliance for Vaccines and Immunisation (GAVI), PHM criticises that a major part of donation from Bill &

Melinda Gates foundation is to be used in industrialised countries for research on new vaccines while the last decade has shown a decrease or stagnation in coverage of existing vaccines in developing countries.

Many of the concerns raised up by PHM are also shared by ILEP member organisations. For example, concerns about difficulties in access to essential health services for the poorest and marginalised persons due to service-for-fee initiatives, also affected leprosy affected persons. Even if ILEP member organisations guarantee the support to national leprosy programmes and leprosy affected persons are supposed to receive specific anti-leprosy drugs free of cost, in reality some reports have already shown that privatisation and service-for-fee initiatives have a negative impact on their access to services.

In spite of increasing coverage of MDT and decrease in the prevalence of leprosy, the number of new cases of leprosy continues to be quite stable and is likely to continue like this for some time. In such a situation, it may be useful to look at basic determinants of leprosy like poverty, malnutrition, poor living conditions, etc.

The increasing integration of leprosy services in primary health care services also makes us share the concerns of PHM about lack of resources and support for community and primary health care services in national health budgets.

It is for these reasons that some ILEP members are networking with organisations involved in PHM.

Dr. Sunil Deepak