

Reasserting the right to health

The National Health Assembly (NHA) in Calcutta on November 30 and December 1, 2000, and the People's Health Assembly (PHA) in Dhaka, Bangladesh, from December 4 to 8, 2000, represent milestones in the growing opposition to current global inequalities and their consequences on people's health and health care. It is hoped that this will lead to a consistent campaign against globalisation and a national dialogue on health and health policy.

Both meetings were preceded by months of preparation. According to the organisers of the Indian programme, for the first time organisations of drastically different perspectives came together on a common platform, to put together one the most successful of country efforts. Starting in February, block and district enquiries involving more than 1,000 local organisations collected a mass of information and commentary on people's health care need and the currently available health services.

On November 29, delegates from all over the country started pouring into Calcutta in 'people's trains' (over 1,000 people came to the meeting from outside West Bengal). The travellers were enthused by the experience of sharing their experiences with each other during the journey to the meet.

At the inauguration, economist Amiya Bagchi spoke on the implications of the globalisation process for people's health. Dr Hafden Mahler, director-general of the World Health Organisation at the time that the historic Alma Ata Declaration was approved in 1978, recalled that the Declaration was unanimously approved by member countries. It asserted universal primary health care as a right, and committed member countries to provide health for all by the year 2000. However, this commitment was quickly forgotten as structural adjustment programmes demanded by international lending institutions forced governments to cut back on social sector spending, and economic policies imposed by these institutions increased unemployment, work insecurity and poverty.

Representatives of the 20 participating organisations presented solidarity messages at the plenary session which was followed by 20 parallel workshops on a range of issues from medical professional regulation and community health workers to rational drugs and the World Trade Organisation. The next day, parallel sub-conferences presented case studies and reports gathered during the NHA process, and also discussed policy changes, community based initiatives, the decentralisation of health care and the role of panchayats.

The People's Health Charter, adopted by the NHA at the conclusion of the meeting, reaffirmed the right to comprehensive health care and other social services. The 20-point list of demands includes comprehensive primary health care, an infrastructure controlled at the panchayat raj

level, an increased government commitment to health care, reversing the trend of health service privatisation, regulating the private sector, a rational drug policy, priority setting in medical research, abolishing coercive contraceptive policies, and support to traditional systems.

More than 1,200 people from 93 countries registered for the People's Health Assembly in Savar, near Dhaka, Bangladesh, from December 4 to 8, 2000. The programme began with a meeting at the Martyrs' Memorial monument where the PHA 2000 participants pledged to fight for the goal of health for all throughout the world. Morning plenaries over the next five days presented case studies on the impact of inequality and poverty on health, the status of health care and health services, environment and human survival and the way forward. In the afternoons, concurrent workshops were held on a range of health-related issues.

The Iraqi and Cuban delegations called for lifting of US sanctions on their countries. In Iraq, the destruction of infrastructure by the US embargo was partly responsible for a 660 per cent increase in infant mortality rate. The Cubans stated that the country's focus on primary health care and social welfare was responsible for the general good health of its people, though the US embargo cost the country dearly. From Kerala, Mr Govinda Pillai noted that the successes of this economically poor state with the highest social development indicators in the country were achieved through mobilisation of the people, but that the Kerala model is under threat as cuts are being called for by international funding agencies.

The third day of the PHA was probably the most contentious, when World Bank representative Richard Skolnick defended his organisation's health-related projects in poor countries. He was met by a largely hostile audience, and his presentation was followed by a series of speakers who attacked the Bank's policies as well as the general trade environment in which it functioned. The next day, panelists focused on the World Trade Organisation's role in converting health into a commodity. The Trade Related Intellectual Property Rights (TRIPS) agreement would make medicines even costlier than they are now. Dr Zafar Mirza of the Network for Consumer Protection in Pakistan said that TRIPS would make essential drugs unaffordable to the poor.

On the closing day of the PHA, the People's Charter for Health, which had been discussed throughout the PHA, was presented and adopted by the assembly. The Charter outlined the economic basis of the health crisis faced today and asserted the principles on which it was based: health is a fundamental right to be assured by governments, with the 1978 Alma Ata Declaration as the basis, people's participation must take place at every level. As with India's People's Charter, the demands of the international charter made it clear that achieving the fundamental right to health is part of a comprehensive change in every sphere of life from international trade, agricultural policies, political systems, environment, and health care systems.

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