

# DRAFT FOR DISCUSSION AND ADOPTION AT THE PEOPLE'S HEALTH ASSEMBLY 2012

## CAPE TOWN CALL TO ACTION

### A. Preamble

We have come to Cape Town from around the world

- to share our actions and analyses and to learn from each other;
- to express our outrage at the continuing global health crisis that is embedded in myriad structural and sociopolitical determinants;
- to share, explore and analyse why and how this is happening; and
- to re-commit ourselves to action to reverse the health crisis and to work for a better and fairer world.

We met in Savar in December 2000 and adopted the [People's Charter for Health](#) which continues to guide our analysis and actions. In Cuenca in July 2005 we reaffirmed our commitment to the directions provided in our Charter and broadened our vision further by also locating health in the context of our relationship with mother earth ([Cuenca declaration](#)). We once again endorse our Charter of 2000 and the Cuenca Declaration.

In Cape Town, we review our journey since 2000. Our plans then were designed to build a powerful global movement deeply embedded in local experiences, analyses and struggles. We pledge afresh to be true to the founding vision of PHM and to further expand and consolidate the movement at local, national, regional and global levels.

### B. The Global Crisis

The global health crisis is embedded in four related crises: the food, the financial and the climate crises and, most profoundly, in the crisis of development. These are not transient crises, but crises that point to a deep 'systems failure' that pervades the capitalist system, now informed by neoliberal theory and practice. This failure manifests in different ways – in entrenched and increasing global economic inequality, in the dominant role played by finance capital, in unequal and asymmetric global economic integration and in a system of ineffective and undemocratic global governance.

**The food crisis** is an acute manifestation of a much larger and pervasive malaise, caused by the loss of sovereignty and of control by communities and by poor nations over their own resources. It is linked to the replacement of food crops with crops for bio-fuels, as well as by a huge increase in the speculative trading of food grains and recently, 'land grabs', the new colonialism.

**The climate crisis** clearly mirrors global inequity – on the one hand characterized by obscene over-consumption by a small minority that is terminally overstressing the capacity of the planet while, on the other hand, a large majority are denied even basic access to the planet's resources. Faced with the evidence that the planet is fast moving towards a catastrophic outcome, rich nations are passing on the burden of the crisis to the poor through various mechanisms that maintain the excessive consumption of the rich while further denying viable development avenues to the poor.

**The financial crisis** is located in neoliberal economics, and exposes the vulnerability of sovereign economies to the global financial system governed by finance capital. Growth in the global productive capacity has reached a level where it is possible for relatively few farmers and workers to produce food and goods for the needs of the global market. However, this means that an increasing proportion of the population in both rich and the poor countries are made redundant by the productive system and are excluded from the global market as they do not have the capacity to pay. Without purchasers, the producers must also slow down. This 'crisis of over production' is leading the global economy to a grinding halt. The global financial system has tried to delay this crisis for the last 30 years by progressively diverting capital from productive activities -- both in agriculture and in industry -- that can increase household consumption, to investments in speculative stock markets and trading activities. The global financial sector has grown exponentially as it mediates these transfers. Meanwhile, the global strategists of capitalism persevere in their obstinate 'free trade' promotion campaigns that are really about extracting more value from the rest of the world to enable the global elite to maintain their power and affluence. Today, in the midst of the full blown crisis of capitalism, the rich and the powerful -- among countries and within countries -- seek to transfer the effects of the crisis to the poor, thereby worsening inequity and eroding already weakened social protection mechanisms.

**The Development crisis** is not just about faster economic development. Capitalism and neoliberal globalization have brought the planet to its tipping point where its sustainability is at stake – both in physical and human terms. There is an urgent need to redesign our civilizational culture and institutions, nationally and globally, create a movement based on solidarity and to put in place the mechanisms of accountability needed to run the global political, economic and social structures in a manner that is just, equitable and sustainable. Just as the economic relationships of capitalism are failing, so also are the cultural narratives and institutional structures of global capitalism; they stand as a major barrier to the reforms which are now needed. We need to develop a) a culture of meaningfulness and collective contribution (to replace individualism, materialism and selfishness); b) a culture of security (so we can be secure together and not at each others' expense); and c) a culture of respect, where relationships are built around solidarity and do not imply domination and exploitation of one group over other, including over nature.

### **C. The Health Crisis**

The food, finance, climate and development crises frame the health crisis which surrounds us. It has two faces -- the crisis of avoidable (or preventable) ill-health, and the crisis of health care.

Underpinning the crisis of avoidable ill-health is the failure to address the social, political and environmental determinants of health -- the erosion of food sovereignty, the lack of fair and equitable access to water, to housing and to sanitation, to education and to fair employment, and importantly, poverty, powerlessness and marginalisation.

The determinants of sickness and of disability are being perpetuated, among other, in the form of the marketing of tobacco, alcohol, and of junk food, and in the form of polluted water sources. Small farmers are being driven off their land, because of the dumping of subsidised foodstuffs from industrialised agriculture in the North. Indigenous people are being herded off their land to make space for mining. Poor people in dense urban settings are being driven to depend on junk food, because it is available more cheaply than nutritious natural food.

The second face of the health crisis is the crisis of health care. Millions of families, mainly in low and middle income countries, do not have access to health care, either because of financial barriers or because they do not have minimum needed resources. Since the Declaration of Alma-Ata in 1978, these families have been offered selected medical interventions in a paltry 'safety nets' approach. But they are denied comprehensive primary health care and universal health cover. Meanwhile, in the high income countries, there has been a continuing campaign to reduce the funding and support for the public sector to replace it with a largely unregulated private sector. Moving health care out of the public domain makes it easier for big pharma, big electronics and big insurance to increase sales and profits, working in close partnership with many professions and professionals that make a profit from the delivery of health services.

The health policies of the World Bank, of the G8 and of big donors obscure the health-damaging effects of an unsustainable global economy in which the low and middle income countries have been forced to channel a continuing flow of resources to the North (including to Northern banks).

### **D. Call to Action**

#### **Our Alternatives**

The times call for radical historical change. Across the world, the call for change is resonating louder than ever. **We pledge to mobilise and act at**

**different levels – local, national and global - to promote the following just and viable alternatives.**

We call for a **radical restructuring of the present world order** that is presently based on neoliberal theory and that places the market above human lives and human well being.

We call for **setting up new institutions** that can negotiate, globally and locally, on an equal basis based on people's felt needs as felt by them. These new institutions must further support more equitable national and global economic policies that avoid the planet's 'creative destruction' and that support sharing.

- We call for addressing the proximal, more micro causes of peoples' and communities' health problems in ways that also address the more macro, dynamic processes that keep people's necessities chronically unheeded. We thus call for a **new paradigm of global governance and of global health governance.**
- We call for **reforming the food supply chain**, for **guaranteed employment** with healthy working conditions, for **regulation of the big mining sector**, for the mobilisation of resources for **decent housing**, for **education** and for **urban infrastructure** for low income groups.
- We call for an **alternative definition of development**, different from that which is based on economic growth and inequity, and is primarily found amongst communities that **prioritise the survival of our planet.**

We call for a **fundamental change in power relations that, amongst others, drive gender inequity.**

- We call for **universal recognition of Health as a human right.** Universal health coverage should mean that, in every country in the world, collective health care financing mechanisms are put into operation. Also implied are global mechanisms between countries (not only within countries), based on solidarity.
- We call for **Universal health coverage where comprehensive health care** services are universally available, accessible and affordable. To assure cross-subsidization, quality and efficiency, such services must be in the public sector. We oppose stratified health care (i.e., minimal basic health packages for the poor and unregulated private care for the rich) and question narrow vertical disease control programs for people with particular illnesses.

- We renew our call for **comprehensive Primary Health Care** to be the basis for securing Universal access to health care services that are community owned and controlled, are comprehensive, financed and provisioned through public resources.

### **Building the movement**

In order to make this pledge a reality we commit ourselves to work, not just for small changes, but for social change at a global scale. Social change is facilitated by organising politically, starting from communities, so as to complement and reinforce the limited power of parliaments, legislators and judges. Social change is mediated by policy, but not driven by it; policies are implemented because of the forces that drive their implementation. Social change is never granted by the 'powers that be'. Social change is the fruit of the struggle of people joining hands to challenge the prevailing power relations, thus asserting their rights: to health, to social justice, to life. That is why PHM is building a global movement.

We must further build our people's health movement through our collective efforts to:

- Develop and apply a broad global **vision and a strategy** that is based on a correct assessment of our strategic partners at all levels - global, national and local. Importantly, our strategic vision must incorporate the alternatives that we identified above.
- Strengthen the coherence in the strategy applied by our own members and share this with our affiliate organisations, thus strengthening their involvement in our movement's work.
- **Build our capacity**, for research, analysis and action through more training that will lead to social mobilisation; for campaigns and for strategising for action.
- **Build alliances** with trade unions, organizations representing women, peasants, indigenous communities and youth. Only if we join forces, will we have a genuine impact.
- **Set up an inclusive and wide communications** network across and between health activist groups in different countries, in different sectors, working on different issues, working at different levels and, most importantly, working in different languages.
- **Strengthen the local-global link** to strike alliances and have local communities actively involved and making sense of their struggles in the global context.

Finally, if we are to build an alternative culture and alternative institutions, each of us needs to actively support our comrades in their struggle. Only this carries hope for the future of humanity and for mother earth. This further entails the defence of the members of our movement who are working in dangerous settings and who are too often the first to be targeted by the repressive organs of the state.

To these ends we commit ourselves.