



Democratising Global Health Governance

WHO-WATCH

Watching the World Health Organisation (WHO-Watch) is a part of the Democratising Global Health Governance Initiative (GHG) of People's Health Movement (PHM).

The GHG initiative is designed to contribute to improved population health and health equity, through new alliances and information flows, meant to change power relations around global decisions which shape health.

PLEASE JOIN US IN THE WORKSHOP ON :

WHO-Watch

A PHM-organized Workshop
during the People's Health Assembly 3

10 July 2012, at 14 :30 – 16 :30 – Venue : B2

GLOBAL HEALTH GOVERNANCE AT THE MOMENT



The structures and dynamics of Global Health Governance (GHG) are dominated by:

- Big global powers, particularly **USA and Europe**;
- Large transnational **pharmaceutical, food and tobacco corporations**;
- Certain players operating through the UN system and through **bilateral and regional trade agreements**;
- Others through the operations of **bilateral health-related assistance**; and through direct advice and pressure.

The operating paradigm of this regime is strongly influenced by the ideology of neoliberalism which is promoted through a wider range of channels including the commercial media and various corporate peak bodies (such as at the World Economic Forum).

WHY DO WE NEED TO "DEMOCRATISE" GLOBAL HEALTH?

At present, global health governance system is being operated in a way whose regulatory, financing and policy outcomes reflect the interests of the rich world. Forms of bias include:

- **Continuing unimpeded brain drain**, in part because it is much cheaper for rich countries to import professionals trained in the developing countries;
- an **intellectual property rights regime which is largely focused on maintaining the profits of transnational pharmaceutical companies** and discounts the urgent need of millions of people in developing countries for affordable medicines;
- **trade policies which sanction the dumping of agricultural produce on developing country markets**, jeopardising the livelihoods of small farmers;

- **trade policies which pressure developing countries to cut tariff protection and export duties** without regard to the consequent unemployment and loss of government revenues (and public services);
- **health system policy models which are oriented to stratified health care delivery** with private care for the rich, social insurance for the middle and safety nets for the poor;
- **resistance to sectoral policies** suggested by the WHO Commission on the Social Determinants of Health which could greatly improve population health.

WHO WATCH IS

1. a resource for advocacy and mobilisation

- providing a **current account of global policy dynamics** in relation to a wide and growing range of health issues.
- ensuring that **activists at grass roots learn about the global dimensions of the problems** they are facing and reshape their advocacy accordingly.

2. an intervention in global health governance

- generating **support for a reformed WHO** so that the organisation is restored to its proper place as leader of global health governance.
- **democratising the decision making within WHO, in particular by supporting delegations from smaller countries** who are seeking to know more about particular issues or are looking for resources regarding issues that they are concerned about.
- supporting **wider knowledge of, and participation in, the various engagements across the broader field of GHG**. We are aiming to change the balance of power framing global decisions which impact on health.



COMPONENTS OF WHO WATCH

- **Watching** (monitoring, documentation, analysis and advocacy as appropriate) at the:
 - **WHO governing body meetings in Geneva**, that is, the Executive Board (EB) and World Health Assembly (WHA) meetings;
 - **WHO regional committee meetings** (AFRO, EMRO, PAHO, SEARO and WPRO);
 - **WHO country representatives** (as well as liaison and collaboration at national level);
- **Liaison with national representatives** before their participation at the WHA, EB and regional committee meetings;
- Maintenance and development of **WHO Watch website** providing accessible, high value policy analysis and a portal to other relevant resources;
- **Collaboration with other CSOs** who are involved in health-relevant watching in relation to WHO and other international organisations;

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