



# RIGHT TO HEALTH

## #PublicHealth4All

Public Services International

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### Health for All: taking the campaign forward

The editorial of this second edition of PSI's health newsletter **Right to Health** offers an overview of the subjects covered in the newsletter.

The two months since the publication of the debut edition of the **Right to Health** have been very encouraging, as you will read in this edition. The bi-monthly newsletter was launched during the PSI Africa and Arab Countries Regional Executive Committee (AFREC) meeting at Lagos, Nigeria in March. A few days later, PSI affiliates across the world marched in defence of the right to water – which of course is critical for realising universal public health care.

The centrality of the right to health was further stressed by the UN Human Rights Council, which described it as an “enabler right” for the realisation of all other human rights. World Health Day, 7 April, was used by PSI affiliates in countries throughout the world to demand concrete actions by states to ensure health for all. The theme of World Health Day 2017 was the important issue of mental health, with specific reference to the World Health Organization's campaign: “Let's Talk”.

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**Right to Health** is a bi-monthly electronic newsletter published by Public Services International (PSI), in furtherance of the PSI Human Right to Health Global Campaign.

For more information on the campaign and to subscribe to **Right to Health**, visit our webpage: <http://www.world-psi.org/PublicHealth4All>. You can also send us stories, or make further enquiries. To contact us, Tel: +33(0)450406464; Email: [baba.aye@world-psi.org](mailto:baba.aye@world-psi.org). [www.world-psi.org](http://www.world-psi.org).

Also in April, the ILO organised a highly successful Tripartite Meeting on Improving Employment and Working Conditions in the Health Services. This was the first time such a meeting was held in almost 30 years. The different social partners had a consensus that achieving universal health coverage is impossible without action to improve the numbers and skills mix of health workers, within a context of decent work.

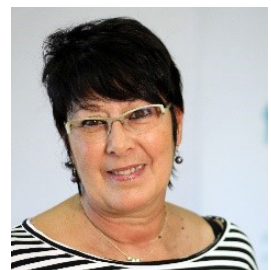
The struggle to enthrone health for all requires the concerted efforts of all of us and it concerns everybody. The last Ebola epidemic in West Africa is just one example of how the macabre fingers of health challenges could spread well beyond where they emerge due to fragile and weak systems. We want to believe that adequate lessons were learnt from that experience to make policy-makers across the globe make haste in curbing the recently reported fatal spread of the Ebola virus in the Democratic Republic of Congo.

Policy makers at national, regional and international levels of governance have their roles to play. PSI and its affiliates will continue to strive for policy influence on the decision-making processes and mechanisms for public health.

Health is a highly political issue. The world has enough resources to guarantee quality health care for every woman, man and child on this earth and safeguard the health of the Earth as well. The reason why health care and a better life elude so many people is because wealth is concentrated in a few hands, whilst misery is the generalised reality of billions of people. And related to this, policies hinged purely on profit such as privatisation in its different moulds make it impossible for poor people to access quality health.

Another world is possible. A better world where everybody has quality public health care. Winning this world is equally political. Trade unions, civil society organisations, community-based associations and all well-meaning persons have to stand up and be counted in the struggle for universal public health, including wealth re-distribution to finance this. PSI and its affiliates, with our membership of over 20 million working women and men, will continue to take the campaign for these goals forward with our sisters and brothers in the civil society movement.

United and determined, we will win.



**Rosa Pavanelli**

**PSI General Secretary**




## **Dr Tedros Adhanom Ghebreyesus emerges as new WHO Director-General**



Dr Tedros Adhanom Ghebreyesus was elected as the next Director General of the World Health Organization, by the World Health Assembly, as we headed to press. Dr Ghebreyesus who was presented by the Ethiopian government had previously served as the country's Minister of Health (2005 – 2012) and Minister of Foreign Affairs (2012 –2016).

He will be resuming on July 1, 2017, taking over from Dr Margaret Chan. This will be the first time the WHO Director General will be directly elected by the World Health Assembly.

PSI congratulates Dr. Tedros. We look forward to his providing leadership for a concerted effort towards achieving health for all. 

## PSI launches the Right to Health at AFREC




A major highlight of the Africa and Arab Countries Regional Executive Committee meeting held at Lagos on 16-17 March, was launching of the **Right to Health** newsletter. **Right to Health** is the bi-monthly newsletter of the PSI Human Right to Health global campaign which was kicked off at the **Health and Social Services Task Force meeting** in December 2016.

*"The Right to Health newsletter is a major milestone of our work in the health and social services sector. It is the voice of our campaign for a better future, with public health for all. It will serve to inform, educate and mobilise PSI affiliates and the broader global civil society movement in the pursuit of this lofty aim. It will equally serve as a means for expanding PSI policy influence, as a platform for discourse with governments and international organisations, said Rosa Pavanelli, PSI General Secretary.*

**Right to Health** contains news and perspectives on health matters of concern internationally, and from almost twenty countries spread across all the continents.

It is heart-warming that the **Human Right to Health campaign** was launched in several sub-regions across the four PSI Regions, in the first quarter of the year. In the next phase, country-level campaign actions will equally take place.

**Right to Health** will report these and the numerous steps women and men working to actualise the right to health are taking, as members of PSI affiliates. Send us your stories, and subscribe to **Right to Health**. 



# What is at Stake at the Seventieth World Health Assembly?

by Amit Sengupta



## World Health Organization

The World Health Organization is set to elect a new Director General at the World Health Assembly (WHA) in May 2017, marking the completion of two four-year terms of the current Director General, Margaret Chan. Three candidates are now in the running -- Sania Nishtar from Pakistan, David Nabarro from the UK and Tedros Ghebreyesus from Ethiopia.

While, on the surface, it appears to be business as usual in the corridors of the premier organisation for health at the global level, tasked with setting global norms and standards and with co-ordinating affairs related to international health, nothing could be further from the truth. The WHO is beset with fundamental challenges that threaten the very foundations and founding principles of the organisation. WHO's legitimacy in affairs related to international health stands compromised given its repeated failure to seek compliance with resolutions adopted at the annual WHA. Underpinning these deficiencies is the WHO's funding crisis which does not allow the organisation to carry out its normative activities.

Clearly the new Director General will be confronted with an array of challenges, and this is the backdrop to the 70th WHA that commences on 22nd May 2017 in Geneva. Highlighted below are some of the key agenda items that will come up for discussion at the Assembly.

WHO faces a funding shortfall in the present biennium (around US \$400m) and one of the scenarios being discussed is retrenchment of staff (in the remaining six months) to ensure WHO does not end up with an operational debt at the end of the biennium. The freeze on mandated contributions by member states is forcing the WHO to shape its budget in accordance with donor preferences. There is likely to be a proposal from the WHO secretariat on the table asking for a 10% increase in assessed contribution by countries. It is critical to the WHO's survival as an independent norm setting organization that this discussion be taken forward to unlock the freeze on contributions by countries.

WHA 69 had directed the DG to report to the 70th WHA on progress made and experience gained in establishing and operationalizing the Health Emergencies Programme, set up in the wake of the Ebola epidemic in 2014. Some progress has ensued through the setting up of an Emergencies Oversight and Advisory Committee and the commencement of discussions on a blueprint for research and development preparedness. However the need for adequate funding of the Emergency Programme in particular must be discussed, especially in the light of a severe shortfall envisaged for the programme.

The Assembly will discuss updates on progress made in

implementing the global action plan on antimicrobial resistance (AMR), adopted by the WHA in 2015. There are serious concerns about the lack of progress on the global development and stewardship framework for tackling AMR. Leadership with respect to research must involve the WHO, the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO). Research should be supported in national plans but developing the broad research agenda is a global project and this is one of the functions of the proposed development and stewardship framework.

In the wake of the Ebola epidemic, attention has been focused on compliance with International Health Regulations (IHRs) and this will be discussed at the WHA. IHRs were created as instruments for promotion of solidarity actions among countries in the course of promotion of global health. We see currently the promotion of a security approach to IHRs designed to secure more wealthy countries from possible threats to health from countries vulnerable to epidemics. Exerting pressure on developing countries to comply with obligations without creating the conditions which allow them to invest in health systems is contrary to the very purpose of IHRs.

The Assembly will debate on the item titled "Human resources for health and implementation of the outcomes of the United

Nations' High-Level Commission on Health Employment and Economic Growth". Unfortunately previous discussions on this issue advance the links between health employment and health systems through an 'investment' lens rather than with a view to promote access to health care as a fundamental human right. Required are discussions to establish governance mechanisms and sustained funding through bilateral agreements which integrate cost sharing, mechanisms for reimbursement of source countries (of health workers) and through progressive taxation measures. This calls for review of the WHO Global Code of Practice on International Recruitment of Health Personnel and strengthening of public health systems in source countries.

Also scheduled are discussions on different aspects related to Access to Medicines. Of interest would be discussions on the report of the UN High Level Panel on Access to Medicines. Discussions on this item were not allowed during the WHO's Executive Board meeting in January, believed under pressure from some Northern countries. Developing countries will need to press for discussions on barriers to the full use of TRIPS flexibilities in many bilateral and regional trade and investment agreements. Also of importance would be to recommence discussions on a global R&D treaty that delinks the cost of drug discovery from the final price of medicines.

Finally Governance reforms in the WHO including progress on the 'Framework of Engagement with non-state Actors' (FENSA) will form part of the agenda of the WHA. There has been a constant push towards a certain vision of reform that aligns WHO with the interests of large donors, including private philanthropies and Northern governments. The success (or failure) of such a vision will depend on the pushback from low- and middle-income countries. ■

## A tripartite step towards improving employment and working conditions in the health services



An important step forward was taken towards improving employment and working conditions in the health services with commitments jointly made by governments and social partners at a tripartite meeting held on 24-28 April, at the ILO.

The Tripartite Meeting on Improving Employment and Working Conditions in the Health Services was the first sectoral meeting of such profile on health services, since 1998. The purpose of the meeting was to "discuss decent work strategies that effectively address health workforce shortages, as a prerequisite to enable provision of equal access to health care for all in need, with a view to adopting conclusions on future programme development and to inform policy-making on the selected topic at the international, regional and national levels."

The meeting included representatives of over forty governments and eight members

representing the Employers' group. The 21-member Workers' group, with eight official delegates comprising representatives from six PSI affiliates and 2 UNI Global Union affiliates was led by Rosa Pavanelli, PSI General Secretary.

In her opening speech, Rosa Pavanelli noted that:

*"Privatisation, commercialisation and cuts in the funding of public health; liberalisation of health services delivery, driven by free trade agreements; increased corruption; increasing labour market flexibilisation and deregulation, including outsourcing of non-clinical and clinical services; climate change, violent conflicts and humanitarian disasters and demographic transitions are all challenges for the health sector."*

To address these issues and achieve "the aim of equal access to health for all and ensuring that we have the required trained workforce needed to deliver this," she stressed the necessity for:

International Labour Standards to be respected by governments and employers; discouraging non-standard forms of employment and precarity; safe and effective staffing for health; fair and ethical health workers' migration; combating workplace violence, including in humanitarian settings; standardization of guidelines, including for Community Health Workers; rolling back the commercialisation of health by multinational corporations, and; due respect for trade union rights.

The Governments' group spokesperson Mme Habiba Kherrou, Première Secrétaire of the Algerian Permanent Mission to Geneva, highlighted the importance of the meeting against the background of the Sustainable Development Goals. While expressing the view that government funding of public health has been constrained by the global economic downturn, virtually every government present agreed that expenditure on health, including health employment, is an investment and not cost.

This reflects the conclusions reached by the United Nations High-Level Commission on Health Employment and Economic Growth (ComHEEG), on which the PSI General Secretary, Rosa Pavanelli, represented the labour movement and public services as a commissioner. A side event was organised presided over by Guy Ryder, the ILO Director General, where Jim Campbell from the World Health Organization led an incisive discussion on the work and recommendations of the ComHEEG.

Based on the consensus that investing in the health workforce is of paramount importance, it was pointed out that austerity measures will not help matters. Speaking for the Workers' group, Rosa Pavanelli called for tax justice, saying, "We do believe that a major cause of injustice around the world is the broken taxation system, including tax evasion, tax dodging and tax loopholes."

The Workers' group was also successful in preventing tripartite

support for Public-Private Partnerships (PPPs). There is a rich evidence base for concluding that PPPs simply amount to the subsidising of private interests with public funds. While private investments cannot be discountenanced, these have to be adequately regulated and should not be passed off as being in partnership with public health, which is the mainstay of universal access to health care.

Occupational Safety and Health (OSH) was likewise stressed as being essential for sustainable delivery of quality health services. The fatal dilemma faced by health workers without personal protective equipment in Liberia at the onset of the Ebola outbreak was given as a macabre example of the dangers posed when there are flawed OSH regimes in place. This is not tolerable. As Pavanelli pointed out, "it is not fair to call workers that die because of lack of OSH measures being in place, heroes. They deserve their dignity while alive, and to be kept alive."

Towards ensuring decent work in the health services, as governments rise up to meet the envisaged shortfall of 18 million health workers globally by 2030 if action is not taken now, the meeting **concluded** with the following recommendations :

- The ILO will promote the ratification and effective implementation of international labour standards relevant to the sector, as well as respect for the fundamental principles and rights at work (FPRW);
- Governments, employers and the trade unions will engage in effective social dialogue to ensure the aim of improving employment and working conditions in the health services is met;
- Social partners will define, invest in and implement health workforce strategies in line with recommendations of the ComHEEG, and encourage the ILO Governing Body to consider the Five-Year Action Plan

for Health Employment and Economic Growth;

- ILO should undertake a comprehensive study on member States' national laws and practices, and assess if existing ILO programmes, activities and instruments, and those from the WHO, provide a sufficient framework for social partners' promotion of decent work. Additional guidance to be considered, if necessary, with particular attention to home care and community-based meetings. The study's report could be the basis for discussion for an ILO Tripartite Experts Meeting;

ILO, in collaboration with other specialised international and regional agencies, will develop a health workforce research agenda, undertaking comparative analyses to strengthen the evidence, accountability and action to promote decent work and productive employment in the health sector, including the development of international recognition and acceptance of health workers' qualifications and certification, and;

- ILO would provide policy advice and technical assistance in the development of national health workforce policies with a focus on employment creation and decent work;
- Over the next five years, subsequent to the ILO Governing Body's action on the recommendations of the Tripartite Meeting, regional tripartite sectorial meetings would be held to promote the robust conclusions of this successful meeting. □

## Right to Health: “an enabler of other rights”

- Kate Gilmore, OHCHR



Concerns for realising the right to health featured prominently in the course of discussions during the 34th session of the United Nations Human Rights Council, which was held on 27 February to 24 March 2017. Kate Gilmore, the Deputy High Commissioner for Human Rights, set the pace for these discussions when she underscored the importance of the right to health, describing it as “an enabler of other rights.”


Policy-makers, civil society organisations, human rights NGOs, experts on trade and intellectual property rights were all part of a panel discussion which reviewed issues arising from the report of the High-Level Panel on Access to Medicines. One third of the world’s population lack access to medicines. Most these are in developing countries. The panelists and discussants emphasized the need for capacity building and technology transfer to enable local production of medicines in low and middle income countries.

There was also a panel discussion on curtailing maternal mortality and morbidity within the context of SDG 3. It was noted that strengthening national health systems with an integrated focus on women and girls is key to reducing and ultimately eliminating

preventable maternal mortality and morbidity. This requires well-funded universal public health care, with patients, health workers and communities being involved in decision-making, thus ensuring that health services delivery is people-centred.

Panelists also observed that addressing the social and economic determinants of health is essential to ensuring better maternal and child health. Poverty, malnutrition and disempowering practices were noted to be major obstacles to achieving SDG 3.

The session also witnessed the launch of the report on the realization of the human right and fundamental freedoms of persons with mental health conditions or psychosocial disabilities. The 32nd session of the Council had resolved last July on the need for the report, to identify challenges, opportunities and policy needs to meet this end.

The report reveals increasing awareness and commitment to promoting the rights of persons with mental health conditions. This is quite timely in the light of the World Health Organization’s year-long global “Let’s talk” campaign on depression. 



## PSI initiates official relations with WHO *And joins the Geneva Global Health Hub (G2H2)*



**PSI** commenced the process of establishing official relations with the World Health Organisation (WHO) in May, 2017, to conclude this before the end of July. This is in line with the WHO Framework for Engagement with Non-State Actors (FENSA), established last year by the 69th World Health Assembly.

FENSA was instituted to promote WHO's engagement as the global directing and coordinating authority in global health with international non-state actors who play significant roles in protecting and promoting public health. It replaces the Principles governing relations between the World Health Organization and nongovernmental organizations, adopted by the 40th World Health Assembly, and the WHO's Guidelines on interaction with commercial enterprises to achieve health outcome.

Thus, as presently formulated, FENSA enables "nongovernmental organizations, international


business associations and philanthropic foundations", who "have a sustained and systematic engagement in the interest" of the WHO to enter into official relations with the Organization. This is granted by the WHO Executive Board, which meets in January every year. Non-State actors in such official relations can attend governing body meetings of the WHO.

This would give PSI an official voice in defense of health workers and for a better future with public health for all, at the highest levels of international health policy-formulation structures and mechanisms.

In line with its commitment to broadening the frontiers of its relations, alliances and coalitions, PSI is also joining the Geneva Global Health Hub (G2H2), which was formed in May 2016. G2H2 is a membership-based association of organisations and institutions across the world, "building a strong civil society space in Geneva for more democratic global health." It

provides a space and enables civil society to meet, share knowledge and create initiatives to advocate for more democratic global health governance.

In a related development, PSI is furthering collaboration with the People's Health Movement by participating in its World Health Assembly Watch this year, for the first time. The WHA Watch brings together a select group of young activists and scholars from across the world, who deliberate on the issues slated for discussion at the WHA. The participants develop and present civil society statements the issues.

Ms Lena Vennberg, a 27-year-old registered nurse who works in primary care and serves on her local board as an elected trade union representative is blazing the trail as the young "Watcher" from PSI for the 70th WHA Watch. She is a member of Vardförbundet, Sweden. 

# OUR HEALTH IS NOT FOR SALE!

## PSI affiliates mark World Health Day with struggle for the Right to Health

**PSI** affiliates in the health sector marked the World Health Day with actions taken in different parts of the world as part of the PSI Human Right to Health global campaign. These involved collaborations with other civil society organisations fighting against the commodification of health, in some countries and regions.

Affiliates in the Asia Pacific Region insisted on “Lives over Profit”, drawing attention to the fact that, the commodification of health amounts to sacrificing the lives and wellbeing of billions of people to obtain profit for a few. Across the of the region, health unions stood united to fight for the human right to health.

In Seoul, the Korean Medical and Health Union organised a press conference in front of the National Assembly. Led by Yoo Ji-hyun, the KHMU President, members lifted high a banner which declared commitment to “eradicating the evil rooted deeply in the Korean medical system, repairing the Korean health and medical system, ensuring the health and medical workers’ right to vote, and creating a society where people’s lives are prioritized over profit.”

KHMU’s 160 branches across Korea held meetings to popularize perspectives for public health to be an important element of the

discourse as fresh elections loom on the horizon. This includes a firm stance against privatisation of health services and for reforms of the medical system to prioritize people over profit.

In New Delhi, PSI organised a discussion session with the People’s Health Movement (PHM)

as meaningfully contribute to the regulation of the private sector.” It was also an opportunity to launch three PSI booklets as part of a series on “Non-Standard Work in Healthcare in South Asia.”

In Europe, PSI affiliates as members of the European Federation of Public Services Unions (EPSU) were active in demonstrations marking the European Action Day against the marketisation, commercialisation and privatisation of health care. This is an important initiative to oppose health being treated as a commodity and to campaign for quality healthcare for all, which commenced last year.

EPSU and other platforms and networks such as the European Network Against Privatisation and Commercialisation of Health and Social Protection organised a press conference and seminar in Brussels, and mass actions in over a dozen cities to press home the point that our health is not for sale. For the Federation of Trade Unions - Health Services

in Bulgaria, it was an opportunity to demand better funding of public health, a solidarity-economy, labour legislation and professional protection of its members.

In Belarus, trade union activists from the Belarusian Trade Union of Healthcare Workers carried out an informational and

on countering privatisation of health care. Participants, which included public health activists and trade unionists at the well-attended session, noted that “one of WHO’s major failures has been its reticence to take decisive steps to promote the role of the public sector in the provision of healthcare, as well





educational action dedicated to the World Health Day on the topic: "Depression: Let's Talk". In Minsk, medical psychologists carried out free screening-diagnostics of the level of anxiety and depression. Psychologists and psychotherapists who are members of the union were available for consultation.

The union held 127 events throughout the country, which included demonstrations, roundtables discussions, conferences and seminars. They also circulated large numbers of booklets, leaflets and posters and trade union activists, specialists from public health institutions and the Sanitary and Epidemiological Service appeared on television and radio.

In Argentina, PSI affiliate FESPROSA gave leadership to mass action by the Movement for the Right to Public Health. There were demonstrations in several cities in the country, with a huge protest march in Buenos Aires. The Movement for the Right to Public Health organised an occupation in front of the Ministry of Health. There they provided free blood pressure checks. The protesters demanded a halt to the universal health coverage law being pushed by the government because it is designed to enrich private health insurance firms instead of ensuring social protection and universal public health care.

Demonstrating the spirit of the protest, Jorge Yabkowski the FEPROSA President said, "this year



the WHO dedicated its Day to depression. We say that the best way to fight depression caused by the economic measures of neoliberal governments is not to take pills but to go out and defend our rights."

In West Africa, the Health Services Workers' Union of the TUC Ghana issued a statement "to draw attention to the unfair working conditions and atrocities being perpetrated against the thousands of professional women and men in Liberia's public health sector." Noting that injustice anywhere is a threat to justice everywhere, Reynolds Tenkorang, the HSWU General Secretary, emphasized the need for trade union rights and adequate funding of public health, if health for all is to be achieved.

Rosa Pavanelli, PSI General Secretary, summed up the spirit of this broad movement of struggle for the right to health demonstrated on World Health Day:

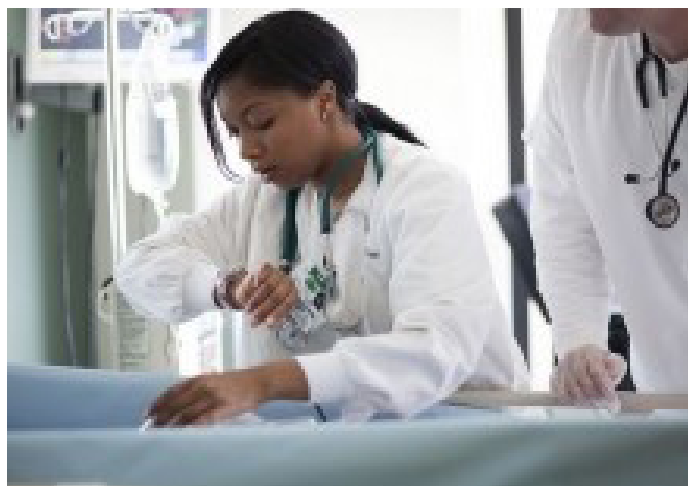
*"Never has any significant progress been made without a struggle to win. The recognition of health as a fundamental human right represents one of the most progressive steps taken by humankind in the 20th century. This formal recognition is however being practically rolled back under a hail of policies, programmes, legislations and agreements that push the agenda of big businesses and multinational corporations forward with the instruments of privatisation, commercialisation, PPPs and trade in services.*

*The mass actions taken across the world by PSI affiliates and other civil society organisations against these attacks on our humanity, are of crucial importance for us to ensure that people come before profit. We will continue to fight for the right of all to public health care.*

*There is absolutely no other way for universal health care to be achieved because private sector providers will always have profit as the driving force behind their decisions. No woman, man or child should be unhealthy simply because she or he cannot afford health care. And they must not be faced with the alternative of being further pauperised."* □



## “A Voice to Lead” - commemorating International Nurses Day 2017



On 12 May, PSI affiliates organising nurses across the world, commemorated this year's International Nurses' Day. It is also the birth anniversary of Florence Nightingale - the founder of modern nursing. Known as "nurses day" from 1965, it became "International Nurses Day" in 1975 and is celebrated worldwide.

It is a day for us all to honour the tireless efforts of nurses, as they play pivotal roles in providing health care. From cradle to grave, nurses are unsung heroes who: welcome us to this world; take care of us when we are sick or injured; provide preventive and promotive health to keep us from falling ill, and; sadly, watch when patients they have nursed with much love pass away.

This requires a lot of hard work, and long hour shifts filled with physical, psychological and emotional stress. We acknowledge the invaluable contribution of nurses and midwives to our wellbeing by celebrating them on 12 May.

As we appreciate nurses, the Day is also an opportunity to draw attention to thematic issues of concern for the nursing profession and improvement of health care delivery. The theme of the 2017 International Nurses' Day is Nurses: A Voice to Lead – Achieving the Sustainable Development Goals.

“The Sustainable Development Goals and universal health coverage provide a challenge as well as an opportunity to continue to enhance the contribution of nursing and midwifery to their achievement.” Nurses have a critical role in the delivery of health services and in strengthening the health system. As the largest single cadre of health professionals, they are central in ensuring people-centred universal health care.

Meanwhile, global health workforce shortages persist. It is estimated that there could be a shortfall of 18 million health workers by 2030, including nurses, if action is not taken now. That would make achieving the Sustainable Development Goals a very tall order.

To address this challenge Mr Ban Ki-Moon, the former Secretary General of the United Nations, set up last year a High-Level Panel on Health Employment and Economic Growth. The recommendations of the

panel, where PSI General Secretary Rosa Pavanelli represented the trade union movement, health workers and public services, have been embodied in a Five-Year Implementation Plan for Health Employment and Economic Growth.

This, in conjunction with the WHO Global Strategy on Human Resources for Health; Workforce 2030, and the Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020, are international instruments of importance in providing nurses with a leading voice and place towards achieving the Sustainable Development Goals.

Governments are expected to invest in improving employment and decent work in the health sector, including for nurses. This would entail:

Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in



different settings; optimizing policy development, effective leadership, management and governance; working together to maximize the capacities and potentials of nurses and midwives through intra- and inter-professional collaborative partnerships, education and continuing professional development, and; mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development.


The ILO Tripartite Meeting on Improving Employment and Working Conditions in the Health Services held on 24 – 28 April was an arena for PSI to stand up for nurses, once again. The official

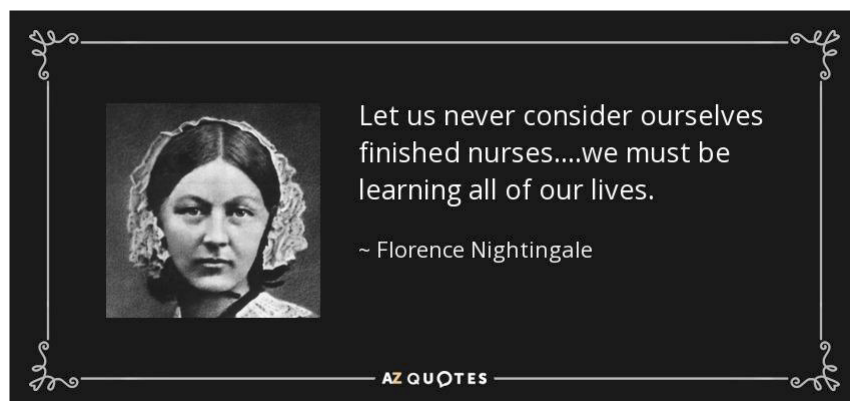
delegates of the Workers' group led by the PSI General Secretary Rosa Pavanelli included leaders of nurses' unions from the Africa and Arab countries, Asia Pacific and Interamerican regions.

At the meeting the Workers' group called for a General Survey of the ILO Nursing Personnel Convention, 1977 (No. 149). There are only 42 countries that have so far ratified this important International Labour Standard.

The conclusions of the meeting include a commitment by the International Labour Office to "promote ratification and effective implementation of international labour standards relevant to the

health services sector." These would include C.149 which PSI will diligently pursue with its affiliates in countries which have not ratified or are not properly implementing the Convention.

With the megaphone of our combination as the working class - trade unions binding us -, nurses' voices will continue to play a leading role in our collective struggle for a better world, with public health for all. 



## Germany places health on G20 agenda



A G20 health ministers' meeting will be taking place for the first time, on 19-20 May 2017. And the G20 summit at Hamburg in July will address recommendations from this meeting, bringing health into the radar of the policy discourse of the 20 largest economies in the world.

Indications that the German presidency of the G20 would be to prioritise health came in February, during the 3rd International German Forum. Addressing the body of experts on science, politics as well as civil society organisations from 25 countries, Chancellor Angela Merkel pointed out that Germany was committed to ensure that “all over the world, people can live well so as to address the root causes of refugee movements and migration.”

Similarly, during its presidency of the G7 in 2015, Germany placed health in the centre of discussion. At the 2015 Elmau G7 Summit, the German state ensured thoroughgoing consideration of: the International response to the Ebola outbreak; anti-microbial resistance (AMR); neglected tropical diseases (NTDs), and global health security.

As the G20 takes on health within the context of its 2017 vision of “shaping an interconnected world,” it is exceedingly important that this is sustained. Towards the “goal of giving every person in the world, whatever their age, an entitlement to health care,” which Chancellor Merkel described as “extremely ambitious”, improved funding and structurally strengthening of public health systems across the world cannot be overemphasized.

The 2017 Hamburg G20 Summit must be a beacon of inspiration for the realization of the right to health in line with SDG 3. A place to start in this regard would be full support of the G20 health ministers' meeting to the implementation of the Five-Year Implementation Plan for Health Employment and Economic Growth. ▣

# Africa and Arab countries' health news

## Stop the Ebola outbreak NOW!

The world held its breath on 12 May 2017, when it was confirmed that the Democratic Republic of Congo was in the throes of an outbreak of the Ebola Virus Disease. It's the eighth time the central African country has been hit by an Ebola epidemic since 1976.

Health workers, members of PSI affiliate SOLSICO, have been at the fore of an immediate response to curtail this worrisome situation. It has been confirmed that three have died from the infection since 22 April. It was only on 12 May that the ministry of health officially declared an Ebola epidemic, reporting a morbidity of nine cases, including two deaths, at that time.

Ebola was first identified 31 years ago when there were two simultaneous outbreaks in the town of Nzara in present day South Sudan and the village of Yambuku, beside the Ebola river in the Democratic Republic of Congo, known at the time as Zaire. According to the World Health Organization, there were 24 outbreaks of EVD with 1,716 cases between 1976 and 2013. These were mainly in central Africa.

The dreadful might of Ebola was brought to global prominence by the 2013 – 2016 EVD epidemic in West Africa. With the first cases recorded in Guinea in December 2013, it spread like wildfire across the region, mainly in Guinea, Liberia and Sierra Leone. It left 11,310 deaths, out of 28,616 reported cases, in its wake.

Apart from the three most affected countries, there were fatalities in Mali, Nigeria, Senegal, Italy, Spain, United Kingdom and the United States. It was a major international health



emergency which contributed to reconfiguring the way the World Health Organization's deals with emergencies.

It also exposed major gaps in crisis preparedness, particularly for fragile health systems. This tragic situation did not just happen. It was constructed by years of promoting the neoliberal agenda of privatisation, liberalisation and deregulation of services, and cuts in the funding of social services such as health.

PSI formulated an Ebola Trade Union Response Strategy, a project which encompassed the strengthening of unions' capacities in countries within the African region with histories of susceptibility to EVD outbreaks, to intervene in the policy process, towards building stronger, resilient public health systems.

SOLSICO in the Democratic Republic of Congo has been part of this strategy, informing its quick response. It was the union that immediately called on the ministry of health for a discussion on action to be taken to curtail the emerging outbreak. And its members have taken part in a technical session

subsequently organised by the ministry on 15 May for stakeholders to develop an urgent response.

The current epidemic poses several challenges. It is presently centred in the Likati village health zone, right in the middle of the thick equatorial forest of the Aketi district. Accessibility is thus a key challenge, with Likati located thousands of kilometres away from Kinshasa, and even on the outskirts of the Bas Uele province with a population of about one million people.

The place is very difficult to reach, and transporting equipment and intervention materials has been extremely tedious. Likati also lacks adequate numbers of health workers with the skills needed to stamp out the epidemic.

This is the time for the world to rise up as one and halt this outbreak in its tracks. We cannot afford another avoidable crisis of the proportion witnessed during the epidemic in West Africa. It is also time to reiterate the need for adequate funding of public health, including investment in the health workforce for a world where Ebola becomes just a part of humankind's socio-medical history. □

## LIBERIA: Health Workers Fighting an Unknown Killer Disease!



An “Unexplained Cluster of Health Event”, killing 13 persons in few days, was reported in Greenville City, Sinoe County a few hours after a funeral.

Beginning with an eleven-year-old girl, on 23 April 2017, the J.F. Grant hospital in Greenville admitted the first patient presenting signs and symptoms of headache, vomiting, abdominal pains, diarrhea, weakness and mental confusion. Four hours later, the patient died. The case load accelerated to 26 with 13 deaths by 30 April, representing a fatality rate of 50%, according to the situation report of the ministry of Health.

By 25 April and onwards, the only available medical laboratory investigative result on this crisis declared it negative for Ebola Virus Disease. And with the support of the Center for Disease Control (CDC), some samples were shipped for toxicological analysis.

This situation spread to 11 communities in Greenville City and two other counties in Liberia. According to the Ministry of Health situation report, there were 10 deaths in Sinoe, with 12 survivors; two deaths in Montserrado County without survivors, and one death in Grand Bassa County and one alive. All of these cases are reportedly traced to having taking part in the same funeral, wake keeping, burial

and re-pass activities in Greenville, Sinoe County, on 22 April 2017, and they all presented the same signs and symptoms.

The episode claimed the attention of the Liberian people because similarly in 2014, following a funeral activities, strange cluster of deaths over took Dolo Town of Margibi county, killing scores of people. It was later established to be Ebola. One can understand why the Health authorities were quick to announce that this was not Ebola.

On the over all, government and partners did well in putting into place a response mechanism for community engagement: contact tracing, Infection, Protection Control (IPC), house to house visit teams, and surveillance were very timely, while specimens for laboratory investigations were regularly collected.

Disappointingly, it took nearly two weeks for the Ministry of Health to diagnose this episode as meningitis.

Interestingly, the diagnosis only came when there were no new cases and all other patients had either died or survived and were in a stable condition.

This is a classic example of the RESILIENT HEALTH SETTING of the Liberian health worker. Treating

patients without knowing their diagnosis due to lack of basic medical equipment and laboratory reagents and other supplies, which is no longer news in Liberia. So, even meningitis could not be diagnosed in the country.

Regrettably, while the rest of the world is treating cause of illness based upon diagnosis, supported by laboratory investigative results in this age, health workers in Liberia are still treating signs and symptoms without proper means. This trial and error method of treatment is unacceptable and must not be allowed to continue. How many victims would have survived had the health workers been able to obtain the correct diagnosis within 24 to 48 hours?

NAHWAL salutes the healthcare providers in Sinoe County and the Sinoe County Health Team. We are grateful to the CDC and the WHO for assisting the Ministry of Health in this crisis. Meanwhile, NAHWAL here by calls upon the National Legislature to see reasons to increase budgetary allotment to the Ministry of Health for infrastructure and human resource development, and ensure that the money is used for the intended purpose of improving the Liberian health service. ☐



# Asia and Pacific countries' health news

**PSI** affiliated unions worldwide are closely watching free trade agreements (FTAs) that have negative impacts on the provision of public services and access to quality healthcare.

More than 100 representatives of farmers groups, people's movements and trade unions, including PSI affiliates, gathered in Bengaluru, in the State of Karnataka, India for the Forum Against FTAs, to examine the impacts of a proposed mega Free Trade Agreement between 16 countries in the Asian region, the Regional Comprehensive Economic Partnership (RCEP). They held a two-day workshop on "Understanding RCEP and Its Implications" on 2-3 April 2017.

The gathering raised concerns that, if signed, RCEP would allow foreign investors to sue governments, restrict policy space for governments, promote privatisation of essential services, threaten access to life-saving medicines, and put manufacturing jobs, rural livelihoods and seed sovereignty at risk. Further, the investor state dispute settlement (ISDS) clause in the proposed agreement would undermine the Indian government's ability to protect citizens' rights over corporate greed for profits.


"The presence of international healthcare companies is increasing in India, evident in the presence of companies like Malaysia's Columbia Asia and the Singaporean IHH Healthcare Berhad. Foreign investment in the sector is also increasing and grew at 27 per cent annually in the period between 2010 and 2014. Close to 80 per cent of this was equity investment. In this context, entering into an agreement that will curtail the government's ability to regulate the private healthcare sector and

## RCEP meeting in Bangalore

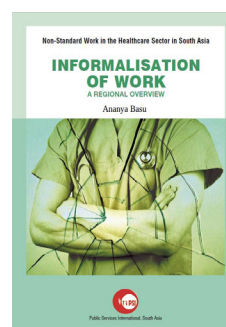
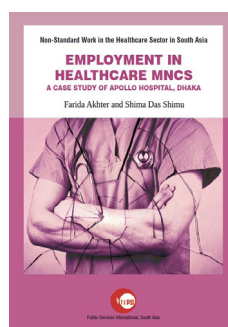
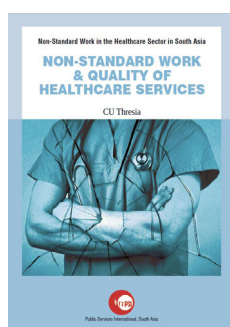


strengthen the so-called rights of investors will impact both workers and patients," said V. Narasimhan, India country representative of PSI.

Even though negotiations for the agreement started more than four years ago, no text has been made public or has been shared and discussed with elected representatives, in a complete lack of democratic process. This is common practice with FTAs, as we have already seen with the Trade in Services Agreement (TiSA), which was negotiated in utmost secrecy. The 16 RCEP countries are the 10 ASEAN countries (Brunei, Cambodia, Indonesia, Malaysia, Myanmar, Singapore, Thailand, Philippines, Laos and Vietnam) and Australia, China, Japan, Korea, New Zealand and India. These countries account for 30% of global trade, and 50% of the world's population. If it is signed, RCEP will create the world's largest free trade area.

The PSI delegation at the meeting represented sectors such as municipalities, health, and insurance. As the Indian Government prepares to host the 19th round of RCEP negotiations in Hyderabad from 24-28 July, PSI will join other organisations in raising concerns with regard to the process of negotiations and the content of the agreement, which is biased towards the interest of large corporate companies. PSI is also part of a regional network of trade unions and civil society organisations from most RCEP countries that are monitoring the evolution of the negotiations. 

# PSI New Booklet: Informalisation of Work: A Regional Overview



On the occasion of World Health Day 2017, PSI released its publications series, Non-Standard Work in the Healthcare Sector in South Asia. The series of publications aimed at disseminating information on the challenges facing the health workforce in the region, both in the public and private sector.

The first booklet in the series, Informalisation of Work: A Regional Overview covers the trends in informalisation of employment in the public healthcare sector in India, Nepal and Sri Lanka. This overview reveals that the expansion of the private sector in the provision of health-care services and the penetration and normalisation of non-standard forms of employment in the public health care facilities follow a parallel path of development. It comes out clearly that in Sri Lanka,

where the health system remains dominated by the public sector, informalisation is least entrenched. While in Nepal, where the private sector domination is been established for the longest time, non-standard employment is the norm across institutions and across job categories, including clinical jobs. In India, the picture varies across States as both health-care and labour are legislated by the State administration. In addition, the progression of non-standard employment is also influenced by the level of financial constraint faced by the specific administration in charge of a set of facilities, thus the facilities under the Central ministries are less affected by informalisation than those under the State and Municipal administrations. Yet, the general trend seems to remain consistent in India as well.

While the initial argument for introducing non-standard form of employment were of the nature that this would allow ensuring that services remain uninterrupted, or that cutting costs would ensure the efficiency and strengthening of existing services, it appears instead that informalisation of employment is but one more piece in the process of weakening of public health-care institutions and therefore of the role of the public sector in a country's health system.

Overall, we hope that the booklets published under the series will provide a window into the issues of interest of Public Services International, South Asia and areas of possible collaboration with existing and future allies in the struggle for Health for All with Decent Work around the world. ■

## European countries' health news

# mentalhealth MATTERS

**UNISON's** Mental Health Matters campaign aims to highlight the pressure faced by mental health services in the UK, and the impact this has on those accessing services. It also explores the mental health and wellbeing of staff providing the much-needed support, who also struggle to deal with their own stress while helping others.

The campaign calls for fair funding from government. Our members have told us very clearly that issues around funding have a frequent knock on effect on other factors, resulting in it becoming more difficult to provide effective services.

The mental health and wellbeing of staff providing services must also be taken into account. In a survey conducted by UNISON last year, we discovered that over 60% of respondents thought their organisation did not look after the wellbeing of its staff. We believe that employers need to take action, and must recognise that healthy staff are able to deliver better care.

Our survey of members working in mental health settings, perhaps unsurprisingly, also told us that a large number of staff are feeling undervalued. Funding cuts have meant that smaller teams now manage larger workloads, increasing work-related stress. Sadly,

the impact of cuts also negatively affects service users. Again, respondents fed back that some service users were only accessing services when they had reached crisis point.

The stigma that often exists around mental health prevents many from engaging in conversations on the topic, and leaves them feeling ashamed. Our campaign calls for a commitment from the UK Government to help the National Health Service tackle the stigma around mental health.

As the largest union within the NHS, UNISON believes there should be proper investment for these vital services. We will continue to campaign, to ensure that the Government listens and acts, allowing for a well-trained workforce with staff confident in their ability to provide the best support for each individual; and giving service users access to the support they need.

We have produced materials, including a resource pack available to union branches, that will help support the work of local campaigns. We are asking members to help place pressure on the Government by writing to their MP, asking them to sign an Early Day Motion calling for fair funding for mental health services. More information about UNISON's Mental Health Matters campaign : [unison.org.uk/mentalhealth](https://unison.org.uk/mentalhealth) 

With the invaluable support of the ILO and the National Committee of Health and Social Protection Workers' Union of Tajikistan and the Independent Federation of Trade Unions of Tajikistan, PSI organized a regional meeting in Dushanbe, Tajikistan, on 11-12 May 2017, on the Human Right to Health.

This successful meeting was attended by PSI affiliates from Armenia, Belarus, Georgia, Moldova, Kazakhstan, Tajikistan and the Russian Federation, as well as representatives of the ILO, WHO and the Tajik Independent Trade Union Federation.

Rosa Pavanelli, PSI General Secretary, took an active part in the meeting and shared PSI's strategies for the health sector. She pointed out the many challenges facing health workers around the world, many of which are due to systemic issues related to financing, the role of the international financial institutions and multinationals.

She said that, "Together we can defend health workers and ensure that people come before profit, health is a human right and the provision of public health is essential to achieve that right for all.

We have to continue to challenge the lie that PPPs are the answer, since they often merely siphon off funds from the public sector into the pockets of private investors who do not invest in public facilities, while pushing the bill onto the population. We need public funding and universal access to health to ensure healthy decent lives and jobs."

We convened this meeting with affiliates in the health and social services sector to strengthen PSI health and social services strategy in the region, and to collect views and develop a consensus on the actions that affiliates and PSI will pursue jointly.

The priority issues for PSI health affiliates in the region are decent wages and social protection for

## PSI/ILO Regional meeting on the Human Right to Health in Tajikistan



their members and all workers. Wages of health workers are very low and in some countries below the living wage (between 100 and 250\$ on average).

We also addressed issues related to violence at the workplace, which is a daily occurrence in the health sector, and labour migration of health workers and its impact on both health services and workers themselves.

A major point of discussion was the unbridled promotion of PPP's, as well as the different forms of privatization in the sector and the growing role of multinationals in the region. A continued concern is the size of the informal economy, and the fact that organizing workers in the private sector remains very challenging.


The financing of public health is a key issue, and of course tax justice plays an important role in that equation, as well as the fight against corruption.

Health insurance schemes are still in development in the region and further reforms need to be monitored very carefully, to promote best practices instead of repeating the same mistakes that lead to reduced access to health

and higher costs for the population. Occupational health and safety of health workers and professional illnesses are also a major concern, linked to the on-going reform of occupational standards.

Other key issues that were tabled for discussion: PSI's Global Campaign for the Human Right to Health; the outcomes of the ILO Tripartite Meeting on Improving Employment and Working Conditions in Health Services; the report of the UN High-Level Commission on Health Employment and Economic Growth (ComHEEG) and its draft five-year Action Plan; coalition building with other organizations and institutions; PSI Health and Social Services/Health Task Force 2017 Workplan, and the 5-Year PoA (2017-2022) to be submitted to the upcoming PSI Congress.

The meeting also provided necessary support to Tajik and regional trade unions for strengthening their capacity in policy dialogue processes on health care for all.

PSI and ILO will continue their cooperation in this region to support better health policies and workers' rights, recognizing the urgent needs of affiliates. 



# Let's talk about staffing

*By Nathalie Canieux,  
General Secretary CFDT Santé-Sociaux*



In March, PSI affiliate CFDT, France, held a week-long survey on staffing. CFDT received 2,587 responses. The level of results shows that French health care staff are keen to have their voices heard.


The participants in the survey were 86% women, mostly full-time workers. Nurses represented 42%, while nursing aides, medical-psychological assistants and hospital cleaners represented 46%. Of those who responded, 76% work in the public sector, 17% in private non-profit and 7% in the private sector. 45% of the professionals who participated work in hospitals and 25% in elderly care homes.

56% of survey respondents felt that the workforce present on the day their workplaces were visited for the survey was not enough to guarantee service quality and that this could undermine delivery of adequate care, and the patients' dignity, despite the efforts of the workers. However, 64% describe their day as normal or habitual.

Only 48% had enough time to take their breaks as scheduled, while 34% worked more than the expected duration of their day.

The study of actual staff ratios during this survey week will require more precise figures.

The findings will be passed on to the 1,294 participants who left their contact details.

We are very grateful to all those who have joined the staffing survey with the CFDT; 600 of them have shared their testimonies, some of which are very touching. We are sure that because of them, our campaign #Jesuisunerichesse (I am worthy) will continue as a rallying call to defend health professionals. 

**PSI** affiliates in Ukraine have condemned the government's reform of the country's healthcare system as haphazard, disorganised, and in flagrant violation of national legislation.

The Ukrainian government, at the request of the International Monetary Fund (IMF), is conducting a reform of the country's healthcare system. Despite the government's promise to carry out the reform in a systematic and comprehensive manner, the Health Care Workers' Union of Ukraine notes that the reform procedure is haphazard and disorganised and is in flagrant violation of Ukraine legislation and social dialogue.

From the union's findings, systemic crisis in the sector has resulted from continued and significant underfunding of healthcare. A key element of this situation is that the public health system covers, on average, only 40-60% of demand from the population.

Even though the budget for Ukraine healthcare spending in 2012-2017 increased by 150%, sharp devaluation of the national currency means that healthcare spending in terms of USD actually decreased from 7380.5 million USD in 2012 to 3297.9 billion USD in 2017. Thus, less than half of what was made available for public health in 2012 is what was budgeted for 2017.

The Union further notes that each 'further reform' of the sector is accompanied by downsizing, increasing intensity of labour and functional responsibilities without adequate wages, and removal of social and professional benefits. This is having a negative effect on health professionals' wages and living conditions. In addition, it has led to massive wage freezes in the sector because of spending cuts of almost 3.9 billion USD in the 2017 payroll.

The Union continues to persistently defend the necessity and feasibility of healthcare reforms that will lead to structural changes and increased funding which can

## IMF-inspired healthcare reform in Ukraine



curtail the systemic crisis of health care delivery in Ukraine. Such a system will provide the citizens with the constitutional right to healthcare and medical assistance, equal and fair access of everyone to health services, and will go towards creating adequate working conditions and social protection of healthcare workers. The current healthcare reform is running on opposite principles.

On 30 November 2016, with complete support and facilitation of implementation of healthcare reform measures by international organisations, including the IMF, the Cabinet of Ministers of Ukraine (CMU) adopted a number of regulations submitted by the Ministry of Health of Ukraine (MHU), including the CMU Decree on: Approval of Healthcare Funding Concept Reform in Ukraine; Approval of Public Healthcare Development Concept in Ukraine and; Approval of Establishment of Hospital Districts.

Collectively, these laws have laid the basis for far-reaching reforms of the health system in ways and manners that undermine the possibility of achieving the Sustainable Development Goal of "universal health coverage".

In addition, further steps were taken in April 2017 to consolidate this liberalisation of health process. One of these was the establishment of the National Health Service of Ukraine as the main manager of funds and programmes of

responsible provider of healthcare through the mechanism of public solidarity health insurance. This will undermine the principles of compulsory state social insurance and lead to the introduction of non-transparent management of funds of solidarity health insurance.

According to the Union, such innovations contradict the Constitution of Ukraine and the Decision of the Constitutional Court. We have thus raised our concerns in a letter to the President of the Verkhovna Rada (parliament) of Ukraine, heads of relevant committees of the Parliament, leaders of parliamentary factions and personally to each Member of Parliament of Ukraine.

Despite this, the MHU dispatched Guidelines on Reorganisation of State Healthcare Facilities into Public Non-Profit Enterprises to the local governments and administrations of local healthcare authorities on 24 April.

Ignoring the Union's remarks and warnings on sectoral funding, implementation of healthcare reform, neglect of principles of social dialogue and failure to comply with court decisions, the CMU and the MHU are unacceptable. The union will continue to take a stance against these surreptitious and illegal steps aimed at commodification of health care delivery. Our stance for the right to health and decent work for the health workforce remains unshaken. □



### Argentina: National Day of Protest for better health and working conditions

The Federation of Trade Unions of Health Professionals of the Argentine Republic (FESPROSA) organised a national day of protest with strikes and mobilizations on 19 April.

The union's demands included 35% increment in wages, in the light of inflation; stopping precarious work in the region; need for action against rising homelessness in the country; adequate pensions for retired health workers, and rejection of the imposition of a false Universal Health Coverage (CUS).

Over the past months, branches of FESPROSA in more than 600 hospitals and hundreds more health centres across several regions in Argentina had carried out mass actions against precarious work.

More than 30,000 health professionals attending to the most vulnerable sections of the population have continued to work under precarious conditions, and this is not acceptable.

The national action taken by FESPROSA on April 19 drew massive support, including from the Movement for the Right to Health. More than 10,000 members of

the Association of Health Professionals in the Province of Buenos Aires (CICOP/FESPROSA) withdrew their services.

Similar actions were taken in La Rioja, Nuequen, Chaco, Santa Cruz and Formosa. In Rosario, the Movement for the Right to Health, SIPRUS, and other civil society organisations demonstrated alongside FESPROSA activists. In the rest of the country, mass assemblies were held in health facilities.

Jorge Yabkowski, President of FESPROSA, said, "We demand at least a 35 percent increase. The ceiling of 18 percent on salary increases which the national government wants to impose this year is unjust. With inflation rate forecasted to be at least 25 percent, what this ceiling actually means is a pay cut. We equally demand a substantial and emergency increase of the health budget due to the crisis of the hospital system and primary care centres nationwide." □

## Government undermines public health for private interest in Brasil

*By Milton Kempfer, President of the Federação dos Empregados em Estabelecimentos de Saúde do Rio Grande do Sul – FEESSERS*

The statement that the national health service (Sistema Único de Saúde – SUS) is crumbling as private companies take over is shocking but is a fair reflection of the situation that is increasingly threatening public health care in Brazil. This is especially the case in Rio Grande do Sul (RS), where the Federation of Rio Grande do Sul Health Establishment Workers (Federação dos Empregados em Estabelecimentos de Saúde do Rio Grande do Sul – FEESSERS) represents workers in the sector.

In Brazil, a government that came to power in a political coup is engaged in a campaign to rollback social rights. It has no commitment to the public in general. President Michel Temer has frozen health expenditure for the next 20 years and therefore, as from 2018, the maximum expenditure on health will be the same as the previous year plus inflation.

Private sector companies will be the beneficiaries. They have started signing up new clients for their health care schemes. However, the public is cautious and the high rate of unemployment (12.06% in the country, 27.3% in RS) has led many families to return to the SUS.

Meanwhile, the government's campaign to dismantle the SUS means this whittled down public service will not be able to meet the demand placed on it by this increase in numbers.

The health minister, Ricardo Barros, has called for "the creation of a more popular Health Plan, with access to fewer services than allowed for under the minimum obligatory coverage determined by the National Supplementary Health Agency (ANS), with less cost to consumers, who should also make a financial contribution to the SUS". This means the privatisation of the universal health system and the end of free health care for Brazilians.

More than 3,000 private health establishments (bank health care schemes, doctors' cooperatives, dentists' cooperatives, supplementary programmes, clinics, laboratories, etc.) are registered in Rio Grande do Sul.

In Brazil, 75% of patients are treated at "Santa Casas" and other philanthropic hospitals. The administration of some philanthropic hospitals and health centres have been outsourced to fourth parties (quarteirizada).

This proliferation of private institutions is taking place at the same time as public health schemes and philanthropic institutions, such as the Santa Casa hospitals, are being brought down. In Rio Grande do Sul, Governor José Ivo Sartori followed the example set by the federal government when he took office in 2015. His first measure in the health field was to cancel a programme of incentives for hospitals (IHOSP) that covered building works, the purchase of equipment and the modernisation of structures, and delay the transfer of federal and state funding.

Another aggravating factor is the recent amendment to Act 8080 of 1990, which deals with the organisation and operation of health services. In 2015, Act 13.097 amended the 1990 Act to authorise the operation and purchase by foreign capital of hospitals in general, including philanthropic institutions.

In addition to allowing transnational companies to enter the private health sector, this amendment opened the way for the unprecedented and large-scale privatisation of the philanthropic





sector. The combined effect of these two aspects of the new law is increasing commercialisation of health care.

Some philanthropic hospitals have been bought and there has been a snowball effect. Working conditions have deteriorated for health professionals. Employers have further increased the pressure and dismissed staff but “productivity” targets remain the same, with fewer workers.


There has been a reduction in funding and administrators have started to delay the payment of wages (in some cases, payments to workers were already in arrears) and stop payment of holiday pay, 13th month wage and social security charges (e.g. FGTS). Managers have also started to systematically bully workers and erode professional standards.

In addition, establishments have started to reduce the number of beds and cut admission vacancies, health centres, complex medical tests, elective operations and even closed neonatal intensive care units. How have health sector workers fared amid this turmoil? They are being subject to increasing levels of harassment

and disruption of their personal and family lives. However, they are doing their best to make sure the work gets done and they fulfil their duties to the population.

There has been no lack of action. Yet, the Governor José Ivo Sartori, has never taken the trouble to meet workers or listen to what they have to say about the current crisis. Unions have held many meetings, some with employer organisations. They have also promoted the creation of discussion forums in parliament, organised marches and distributed leaflets explaining the situation and called for strike action. Nothing has had any impact on the governor. As a result, more than 100,000 health sector workers are living in a state of uncertainty.

The scrapping of public and philanthropic services is part of a strategy to privatise hospitals. And despite the current economic and political crisis in Brazil, international private groups such as United Health/Amil and Rede D’or are significantly increasing their investments in the country; preparing for the dismantling of the universally accessible national health system, the SUS.

This is the sad picture of health in Brazil and Rio Grande do Sul. The prospects for the next few years are not encouraging but FEESSERS and affiliated unions will remain at the side of workers and the people as a whole. We will call the authorities to account and demand respect for workers’ rights, including the timely payment of wages and national insurance contributions. And we will not waver in demanding the provision of health for all in Brazil. 



FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC

## The need for evidence-based policies

**T**he care professionals represented by the FIQ have always adhered to the principles of evidence-informed practice. It should be the same for organizations and decision-makers who develop public health and social services policies. However, this is not what the FIQ observes.

Whether it is a researcher who has received a grant to evaluate the remuneration of physicians or a body with a mandate to evaluate the performance of the health system, the Québec government seems less concerned about using evidence generated for decision-making. It also blocks access to these by citizens and citizens' organisations, including trade unions.

Reliable data - produced by methods that are transparent, rigorous and conducted with integrity - must always be the basis of any new public policy .

It should also be used to produce neutral, objective reviews that offer a clear overview of the development of the health and social services system. Quebec is no different from other jurisdictions in this regard. Its public health care system has undergone several

successive reforms, as well as facing severe cuts, while the needs of the population are constantly increasing.


Between 2014 and 2017, over \$ 1.3 billion was cut from the budgets of public institutions, in connection with so-called optimization projects. Yet, we do not know for how long our caregivers will have to pay for the improvisation of subjective and arbitrary budget decisions. There is also the pressing need to complement the information gathered by our members in the field to assess the actual impact of cuts on the quality of services and care. There is an urgent need to simplify access to data so that organizations, particularly trade unions, can give the right information to the public and benefit from neutral and reliable data to support their demands on behalf of their members.

Access to data held by government departments and agencies must now be viewed as a service to citizens. Placing barriers to these when they do not necessarily protect personal or business information is rather counter-productive. To enable evidence-

based policies to develop, information should be freely exchanged between scientists, traditional knowledge holders, public decision-makers and the general public.

The tremendous amount of data that lie dormant on the Ministry of Health's servers could be used to disseminate and update indicators on the quality and safety of services and care. This would allow people to appreciate the efforts of care professionals, understand the difficult contexts in which they are working and ultimately be involved in future decision-making processes.

It is also an essential tool for union organizations, such as the FIQ, to use as a powerful argument to demand, in particular, professional/patient ratios required for safe and effective care, in order to improve the working conditions of the health workforce and the quality of care offered to the population.

For the FIQ, taking facts to make informed decisions about population health is not a luxury, but a necessity. 



## In Québec, we resist

*By Carolle Dubé, President, Alliance of Professional and Technical Staff of Health and Social Services (APTS)*

For several years, access to free, universal, public health services, has been under threat in Québec. Consecutive neo-liberal governments have surpassed one another in undermining a system that Canadians were once proud of.

Given the increasing number of attacks on the right to health, the Alliance of Professional and Technical Staff of Health and Social Services (APTS) has developed an action plan to protect the population's access to quality services. As the main representative of professional and technical staff in Quebec, APTS is uniquely positioned to denounce unacceptable policies and propose solutions.

The social workers, educators, medical technologists and occupational therapists the union represents, among others, witness the ravages of austerity on health services and social services, on a daily basis. They are bravely fighting back against the severe attacks.

In recent months, the union has been at the forefront of defending the integrity of local community service centers (CLSCs), which offer a range of services to often

vulnerable users. The government has decided to hand over areas covered by the CLSCs over to the family medicine groups (FMG), private entities operated by doctors. But, the FMGs do not cover the same clientele and do not offer the same range of services. The union is continuing the struggle.

The government has also tackled the laboratories, which carry out analyses of samples taken from patients. These samples are essential for diagnoses, including cancer. Health and Social Services Minister Gaétan Barrette has rushed through a plan (called OPTILAB) to centralize the analyses in a handful of laboratories without consulting the main stakeholders.

If this plan goes ahead, the samples will now travel hundreds of kilometers before reaching their destination. However, the more a sample travels, the more likely it is to become damaged. Fortunately, the APTS and its medical technologists, at the heart of the laboratory services, are keeping watch and have denounced the authoritarian methods of government to the Administrative Labor Tribunal. The union is still

waiting for a decision on this matter.

The APTS has also been supporting the many struggles against budget cuts in services to the population. Billions of dollars have been cut in mental health, for the elderly and the youth in difficulty, among others. This year, the union is witnessing the government's slight increase in reinvestment in services. The sustained pressure from the APTS has probably contributed to its taking this step.

In recent weeks, following a union allegiance campaign, the APTS has grown from 32,000 members to 52,000, which will give it even greater strength to make the voice of professional staff heard and for winning improved technical aspects of the Québec health and social services network. □



## Towards 100% public medication insurance

The Government of Québec has been outspoken on its intention to clean up public finances, and its budgetary restraint has led to cuts in the supply of public services to the population. However, some very expensive healthcare costs are beyond its control and need special attention. The adoption of a new drug policy, based on fully public drug insurance, would save the government \$ 1 billion to \$ 3 billion per year.

The huge increase in the costs of prescription drugs in Quebec is putting pressure on the health care system. In 2014, these costs amounted to nearly \$ 7.7 billion, or 17% of total health expenditure. Quebec ranked second in the world for prescription drug expenditures per capita, just behind the United States. In addition, the price of drugs is 30% higher in Quebec and Canada than in most developed countries. Together with Switzerland, they are the most expensive in the world.

### Public-private system has not delivered

Quebec's public-private drug plan, introduced in 1997, has only partially fulfilled its promises. Although it has provided insurance to many people who had no protection, it has not been able to guarantee reasonable and equitable access to medicines for all. This was revealed in March 2015 in the Commissioner of Health and Welfare's latest study. At present, almost 12% of people in Quebec cannot obtain prescription drugs due to lack of financial means.

### Resuming control of the situation

Neither the Québec government nor the private group insurance plans, which cover nearly 60% of the population, have been able to establish a balance of power with the pharmaceutical companies. The provinces of Canada are unique among developed countries in that they have not integrated prescription drugs into their public health care system.

In countries with such coverage (France, the United Kingdom, Sweden, Australia and New Zealand), drugs

cost between 16% and 40% less than in Quebec, and their annual indexation is two to three times lower.

In short, the implementation of a 100% public regime would allow the Québec government to have real negotiating power with the pharmaceutical industry and permit it to achieve considerable savings through consolidated purchases.

### Increasing pressure

More than 420 community and trade union organisations, as well as many health specialists, supported the campaign for the establishment of a completely public drugs insurance launched by the Consumers' Association in 2009: <http://uniondesconsommateurs.ca/nos-comites/sante/rapports-et-memoires/pour-un-regime-dassurance-medicaments-entierement-public/>. However, the Government of Quebec ignored the unions' proposals and demands.

The Coalition Solidarité Santé (Solidarity Health Coalition) has taken on this issue. This Québec group of citizens' committees and trade unions, community and religious organisations works on many fronts to defend the right to health of all Québécois, regardless of the status or income of citizens. The basic principles that constitute the cornerstones of Québec's health and social services network since its inception, namely its public character, its accessibility, universality and comprehensiveness, are at the root of the actions of this coalition.

For members of the coalition, the time has come to increase pressure and to call on the population, which is directly affected, both by the exorbitant costs of the drugs and by the austerity measures affecting public services, to take action.

### Campaign There is a remedy for cuts!

This information and citizen mobilization campaign aims to deconstruct the government's debate on



public finances and to persuade the government to introduce a fully public drug insurance.

The site <http://remedeauxcoupures.cssante.com/> presents information on the main issues and allows people to sign the letter of support, which is automatically sent (electronically) to the deputy of their county, sending copies to the ministers and organisations concerned. Through this campaign of citizens' letters, local elected representatives are invited to call on the government of Quebec to adopt a new drugs policy based on a fully public prescription drug insurance plan.

The website presents:

- Short, well-argued answers to allegations often made against the establishment of a fully public drug insurance plan;
- Links and documents for more information;
- The participation rate for each of the 125 electoral districts (number of letters sent to each MP);
- Materials to promote the campaign: leaflets and an open letter to the mass media.

### Clear results

More than 6,500 citizens wrote to their MNAs (Members of the National Assembly), and more than 8,200 people signed the Change.org petition that was launched as part of the campaign. More than 85% of the participants said they wished to be informed about the results and the follow-up of the campaign.

MNAs from all political parties reacted and responded to their fellow citizens. The Coalition Solidarité Santé was invited to participate in the special parliamentary committee on Bill 81 aimed at reducing the cost of certain drugs covered by the general prescription drug insurance plan.

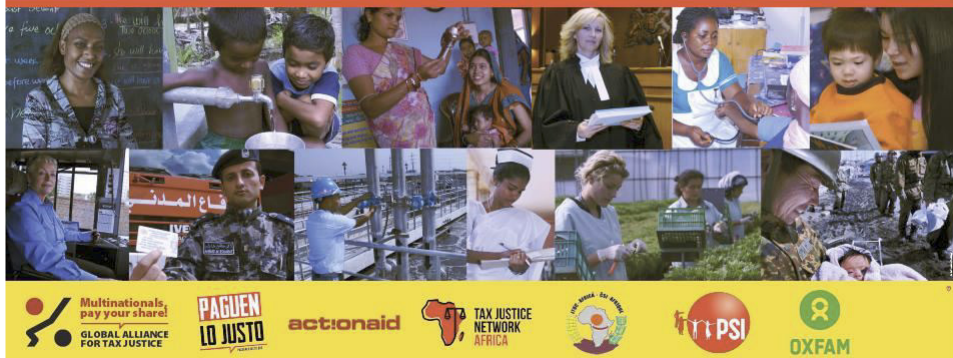
The Coalition met with members of the Health



Committee of the Quebecois Party responsible for fueling the party's electoral platform for the upcoming elections. The issues of the citizens' campaign were widely discussed. The Coalition is also closely following the work of the Québec Solidaire party, which has so far tabled two bills on the subject, but these have not been called for legislative consideration.

The citizens' campaign is continuing. A second phase will be launched shortly. Recent developments in the rest of Canada indicate a real interest in the development of a public plan. In May 2016, a meeting of the Liberal Party of Canada in Winnipeg passed a resolution "officially supporting a national and universal drug plan as a political priority": <http://winnipeg2016.liberal.ca/fr/policy/assurance-medicaments-pharmacare/>. The House of Commons Standing Committee on Health has been working since April 2016 to develop a national Pharmacare program: <http://www.ourcommons.ca/Committees/en/HESA/StudyActivity?studyActivityId=8837577>.

These all go to show that when we dare to fight, we dare to win. Unions in Quebec will continue with the campaign for 100% public medication insurance, as an integral element of our pursuit of universal public health care. □



## Quebec unions campaign against tax havens

The issue of tax havens has been on the public stage for several years now. The phenomenon has become more widespread over the last twenty years. Following the recent financial crisis, western countries have made a commitment to tackle tax havens, but as could be expected, little concrete action has been taken.

Tax havens put state finances under enormous pressure. Each year, wealthy taxpayers and large companies circumvent the law by using tax havens to avoid their tax obligations, with a huge effect on the financing of public services. Offshore jurisdictions also allow multinationals to build a network of subsidiaries to circumvent both their tax obligations and environmental and social standards.

There is an urgent need for governments to deal with this problem and to find a solution to eliminate it entirely. All too often, they reduce the phenomenon of tax evasion to the issue of non-declared workers, while billions escape them through tax havens.

Greatly concerned by the inaction of governments, more than a dozen organisations in Quebec have set up the collective An end

to tax havens, which in 2011 developed and conducted a first awareness campaign asking the population to send a postcard to the Minister of Finance of Québec and the establishment of a critical information website.

A second campaign entitled Tax havens: lift the veil! was carried out in 2013. <http://www.echecparadisfiscaux.ca/levez-le-voile/>.

Lastly, a massive mobilization campaign led by Oxfam-Québec, in collaboration with the collective An end to tax havens, Alain Deneault and Ecosociété, À la recherche des milliards perdus, mettons fin à l'ère des paradis fiscaux (Searching for the lost billions, end the era of tax havens), was launched in April 2016. Over a hundred organizations and public figures supported the joint statement: <http://milliardsperdus.com/>.

The work of raising public awareness and political representation has given some initial results:

- The issue of tax havens has been the focus of news reports in Quebec on several occasions in recent years;

- A special parliamentary commission on tax havens and the fight against tax evasion was held in 2015 and 2016: banks and accounting firms were forced to testify to their involvement in the use of tax havens. Listen (in French) to the hearing of Alain Deneault, accompanied by Érik Bouchard-Boulianne, an economist from the Quebec Central Trade Union Confederation (CSQ), on September 15: <http://www.assnat.qc.ca/fr/video-audio/archives-parlementaires/travaux-commissions/AudioVideo-68853.html>.
- The commission's report was released in April 2017 and contains 38 recommendations to address the phenomenon of tax havens. <http://www.assnat.qc.ca/fr/actualites-salle-presse/communiqués/CommuniquéPresse-4409.html>.

The government initiated a tightening of tax incentives for businesses following the Godbout commission on taxation in Quebec.





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