



# RIGHT TO HEALTH

#PublicHealth4All



## HEALTH FOR ALL: WORKING TOGETHER FOR UNIVERSAL HEALTHCARE

ISSUE 3 - July/August 2017



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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).



## Working together for Universal Healthcare

Realising the right to health requires concerted efforts that put people, not profit, at the centre of policy. A better future can be guaranteed for humankind only when health for all is an undisputable reality. PSI welcomes the renewed vigour that Dr Tedros Adhanom has brought to bear in emphasising his total commitment to universal health coverage.

This spirit, which he has demonstrated in the short period since he resumed office on 1 July, should inspire our governments to achieving Sustainable Development Goal 3.8. These assurances will be concrete only when they include social partnership and cooperation.

The adoption of the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth, as the Working for Health Five-Year Action Plan by the World Health Assembly is quite significant in two ways.

Firstly, it identifies the need for expanding and transforming the global health and social workforce as being central to achieving health for all. It also underscores the critical importance of working together, particularly in the form of concerted tripartite social dialogue.

PSI affiliates across the world have imbibed the spirit of working together. As health workers, teamwork is an intrinsic element of our work, in delivering much needed services to our communities. And as unions, advocacy is a very useful mechanism for winning policy influence.

Now, more than ever, we must ensure that the commitments made by our governments at the 70th World Health Assembly are concretised in practical action that strengthen public health systems by promoting health employment and inclusive economic growth.

There is really no justifiable basis for 150 million people to be pushed below the poverty line every year as a result of healthcare expenditure. As we pointed out at the launch of the PSI Human Right to Health global campaign, the present debilitating situation for the immense majority of people is the result of political choices and can be reversed by political choices.

Making the political choices that will reverse the trend established over some four decades of neoliberal reforms will not be easy. There are vested interests behind the waves of privatisation in its different forms. When big businesses think of health they only see the estimated \$5.8 trillion worth of health and social care services per annum, and not the wellbeing of people.

But when people are united and determined, they cannot be defeated. We thus need to mobilise public opinion around universal public healthcare as the surest way to safeguard the primacy of people over profit in providing universal access to quality health. This is important, and must continually be on our mind, as we work advance with other social partners on the path towards health for all.



**Rosa Pavanelli**

**PSI General Secretary**



## “All roads lead to Universal Health Coverage” – Dr Tedros Adhanom Ghebreyesus, WHO Director-General

**D**r Tedros Adhanom resumed office on 1 July 2017 as the 9th Director-General of the World Health Organization (WHO) since its inception in 1948. He has given his word that this marks a new era for the organization in its pivotal role of coordinating and directing international health policy. And the top priority of this era will be to ensure that all roads lead to universal health coverage.

This renewed commitment of WHO to relentless pursuit of health for all was made by Dr Tedros in *The Lancet Global Health* journal barely two weeks after he took up office. Stressing that universal access to health is a fundamental human right, he lamented the fact that 400 million people still lack access to essential healthcare and 40% of the global population do not have social protection.

Without losing sight of the key question of universal health coverage being an ethical one, he hit the nail on the head when he said “universal health coverage is ultimately a political choice. It is the responsibility of every country and national government to pursue it.”

It is quite predictable that virtually all officials in every country would unequivocally say “no” in response to ethical questions such as: “Do we want our fellow citizens to die because they are poor? Or millions of families impoverished by catastrophic health expenditures because they lack financial risk protection?”

The formal consensus for making all necessary efforts for achieving universal health coverage, as stated in the Sustainable Development Goal 3.8, however, has to be backed with unequivocal support for public healthcare delivery. This requires rolling back the neoliberal consensus which promotes the primacy of profit through mechanisms such as Public-Private Partnerships (PPPs), Private Finance Initiatives (PFIs), contracting out of health services, free trade agreements, and mega-profits of big corporations, particularly in the insurance and pharmaceutical industries.

As the WHO Director-General notes, “universal health coverage includes not just health care but also health promotion and

prevention and a broader public health approach.” In a world where 1 billion people live in poverty and have no access to drinking water, and 2.6 billion have no access to sanitation, it also includes taking decisive action in addressing the social determinants of health.

Trade unions and the broader civil society movement have to be relentless in advocacy to ensure that governments are fully implicated in the WHO’s many roads to universal health coverage. We have to mobilise around a popular agenda that puts people over profit, and send out a clear message that “our health is not for sale”.

The actuality of the human right to health is one we can and will win, but it goes hand in hand with the defeat of both the neoliberal paradigm as a model for development, and the dominance of its for-profit motive in the health sector. This is the road to a better future with public healthcare for all. □





## THE 70<sup>th</sup> WORLD HEALTH ASSEMBLY

MAY 22 – 31, 2017  
GENEVA, SWITZERLAND

## World Health Assembly adopts Working for Health

The 70th World Health Assembly (WHA) discussed and adopted **Working for Health: A Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017-21)**, on 29 May 2017. The document is a joint intersectoral programme of work across WHO, ILO and OECD aimed at supporting Member States in the effective implementation of the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth.

This milestone presents an opportunity for accelerating progress towards universal health coverage and attaining the goals of the 2030 Agenda for Sustainable Development by ensuring equitable access to health workers within strengthened health systems.

In its resolution, the WHA underscored “that skilled and motivated health and social sector workers are integral to building strong and resilient health systems” and the importance of adequate workforce investments to meet needs in respect of universal

health coverage and to develop core capacities under the International Health Regulations (2005), including the capacity of the domestic health workforce to ensure preparedness for and response to public health threats.

The High-Level Commission process, from which stemmed Working for Health, was itself historic. This would be the first time that different agencies of the United Nations would collaborate to such an extent. It should serve as a beacon for the cooperation and partnership expected of different ministries, departments and agencies in Member States, as well as between governments and social partners.


Concerted tripartite social dialogue within and across countries is the first step in the envisaged trajectory of change that will lead to transformation and scaling up of education, skills, and decent jobs creation needed for a sustainable health workforce globally.

Political support and momentum for building intersectoral commitment at global, regional

and national levels would have to be galvanized, and mechanisms for social dialogue and policy dialogue strengthened. PSI has an important role to play as a major non-state actor in the health sector.

Rosa Pavanelli, PSI General Secretary, represented workers and the public services on the High-Level Commission. PSI equally made a commitment to support the implementation of the recommendations of the Commission, which have now been distilled out in the Five-Year Action Plan.

PSI and its affiliates will actively lobby governments and regional decision-making forums to fully commit to the implementation of the plan, as part of our Human Right to Health global campaign.

The health workforce is the backbone for healthcare delivery. Implementing the Five-Year Action Plan would go a long way to ensuring the WHO Global Strategy for Human Resources is achieved and the projected shortfall of 18 million health workers worldwide by 2030 avoided. 

## Lena Vennberg attends World Health Assembly Watch 2017



Lena Vennberg, PSI first participant at WHA Watch

**M**s Lena Vennberg from Vårdförbundet, Sweden was the first person from a PSI affiliate to participate in the annual WHA Watch organised for young health professionals, academics and activists by the People's Health Movement held in May in Geneva. In an increasingly globalised world, this is an invaluable dimension of capacity-building for young health workers. It is also part of the PSI strategy of building closer collaboration with the civil society movement.

Lena shares her experience. We hope that more health affiliates will be interesting in sending their young members for the next WHA Watch in May, as well as the WHO Executive Board Watch in January next year.

“My name is Lena Vennberg and I am 27 years old. I am from Sweden and I work as a nurse at a health centre. This year, I had the opportunity to participate in the WHA Watch Team during the 70th World Health Assembly in Geneva.

My trade union, Vårdförbundet, is an affiliate of PSI and for the first

time, PSI had the opportunity to be represented by a participant in the Watch team. The team met during the week before the WHA and worked around the clock to develop statements and policy briefs for submission to the WHA on behalf of civil society.

During the Assembly, our major task was to monitor discussions and bring in the voice of civil society. Participating in the Watch team was very intensive period, but also fun. I learnt a lot about global health politics and how they function. It was very inspiring and the experience will be extremely useful for my future commitment and career as a health professional and trade unionist.

As PSI's first member on the Watch team, I would like to offer some tips for future candidates and PSI:

The participation should be validated as early as possible so that the “watcher” can get prepared and receive information in advance.

As a participant, it is also necessary to have a good

grasp of the English language. I sometimes struggled a bit with this.

After having participated in such an experience, it was a bit disappointing to come back home without an agenda for how to use the wonderful knowledge I gained. Therefore, it would be good to have some form of follow-up and perhaps guidance on how to proceed with using the information learnt.

If anyone has any questions or concerns about my experience in the WHA Watch Team, I will gladly answer them. Please write to me via [health@world-psi.org](mailto:health@world-psi.org).”





*Genevieve Gencianos, PSI, addresses the Global Compact on Migration*

# The Human Right to Health and the Global Compact on Migration

*by Genevieve Gencianos, PSI Migration Programme Coordinator*

In 2016, the United Nations Secretary General convened a High-Level Summit on Large Movements of Migrants and Refugees. This came as a response to the unprecedented levels of forced displacement in war-torn areas in Africa, Asia and the Middle East, particularly in Syria, leading to millions of migrants and refugees crossing to neighbouring countries and beyond. The summit came up with the 2016 New York Declaration for Migrants and Refugees, mandating the United Nations to forge a Global

Compact on Migration and a Global Compact on Refugees in 2018.

Throughout 2017, thematic, regional and national consultations on the Global Compact on Migration are being held, which will culminate in a stocktaking meeting in Mexico in December. In early 2018, negotiations will begin on the zero-draft and the final Global Compact on Safe, Orderly and Regular Migration, along with a Global Compact on Refugees, that will be adopted in a High-Level Conference at the UN

General Assembly in the last quarter of 2018.

Public Services International is engaged in these consultations, working with other global union federations and civil society allies. Our core message to States is to place the human-rights based normative framework as central in the Global Compacts. This framework should encompass the multidimensional character of migration, from addressing the root causes and drivers, to dealing with migration's impact and governance.



Within this framework, PSI is pushing for access of migrants and refugees to their human right to health, based on the principle of equality of treatment and non-discrimination. Within the New York Declaration, States have committed to “take measures to improve the integration and inclusion of migrants and refugees, with particular reference to access to health care.” However, in the global thematic consultations being organised around the Global Compact this year, none of the themes were on health.

In response, the World Health Organization (WHO), along with a number of States, are lobbying to give prominence to the right to health for migrants in the Global Compact. They held a side-event on Health and Migration: Global Challenges, Shared Responsibilities and Shared Solutions during the Third Thematic Consultation on the Global Compact on Migration at the United Nations at Geneva in June.

In May 2017, the 70th World Health Assembly endorsed a Resolution ‘Promoting the health of refugees and migrants.’ The resolution reiterated the unanimous consensus among WHO member States to see health included in the Global Compacts. It also provided support towards the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants, identification and collection of best practices and pushing for

international cooperation and responsibility sharing among countries in responding to the health needs of migrants and refugees. In order to mainstream health, the WHO secretariat provides input on health issues into the issue briefs for the six thematic consultations.

During the First Thematic Consultation on the Human Rights of Migrants held in May, access of migrants to basic services, particularly health, featured prominently in the discussions and interventions from States. The role of cities and local authorities in providing these services was also recognised. One of the practical recommendations put forward was to establish “firewalls” between access to public services and immigration control. PSI’s intervention in the consultations included this key point.

Furthermore, PSI is part of the Initiative on the Rights of the Child, which is a global cooperation among major international organisations and civil society organisations pushing for the rights of the child in the Global Compacts. Among the key recommendations of the Initiative is access of migrant and refugee children to basic services, particularly health and education.

In conclusion, consultations are underway towards forging the Global Compact on Migration and the Global Compact on Refugees, and we must advocate for the explicit recognition of

the right to health of migrants and refugees. Regional and national consultations on the Global Compact on Migration will be held in the coming months until November. It is important for affiliates not to miss this opportunity and to engage their governments in promoting the right to health for migrants and refugees, and effectively calling for the human right to health for all.

Affiliates are also advised to make online submissions to WHO for the development of a draft global action plan to promote the health of refugees and migrants, until 22 September, 2017 at <https://extranet.who.int/dataform/894783?lang=en>

See for more information, <http://refugeesmigrants.un.org/>

PSI’s key interventions in the Global Compact on Migration, <http://www.world-psi.org/en/issue/migration-and-refugees>

Initiative on the Rights of the Child in the Global Compacts, <http://www.childrenonthemove.org/>





*The Committee discussed a range of health issues, including AMR. Photo: Cyrille Duch.*

## Prevention strategies for antimicrobial resistance

The 21st session of the Health Committee of the Organisation for Economic Cooperation and Development (OECD) was held on 26–27 June 2017 at the OECD Conference Centre in Paris. Baba Aye, the PSI Health and Social Services Officer and Cyrille Duch, International Secretary of the French CFDT Health affiliate of PSI represented the trade union movement at the meeting, on the platform of the Trade Union Advisory Committee to the OECD (TUAC).

One of the main issues discussed, and which TUAC was specifically invited to make contributions on, was economic evaluation of prevention strategies for antimicrobial resistance (AMR).

Antimicrobial resistance is an increasingly serious

phenomenon, where diseases causing micro-organisms develop the capacity to resist the effects of medicines hitherto used to successfully treat them. This includes antibiotic resistance, one of the most common forms of AMR.

The OECD Health Committee noted that the growing incidence of AMR is a matter of global health concern. It has resulted in worsened outcomes for infectious diseases, and also jeopardises modern medical procedures such as organ transplants, chemotherapy, and invasive surgery, which rely on effective antimicrobials.

While the phenomenon is partly as a result of mutation, occurring spontaneously as natural selection, a major reason

for increasing development of resistance mechanisms to drugs by pathogenic microbes is the improper use of antimicrobial drugs. As the health committee observed: “Antimicrobials are some of the most overused and misused medications due to their low cost, perceived effectiveness, and lack of side effects.” This includes antimicrobial use in animals which have been linked to human disease.

Some proposals of prevention strategies include: stewardship programmes, delayed antimicrobial use, improved hand hygiene, and mass media campaigns. PSI/TUAC shared the concerns of the OECD Health Committee and supported its proposed strategies, with suggestions for strengthening them.

One suggestion is to entrench social dialogue in the formulation and implementation of antimicrobial stewardship (AMS) programmes. AMS involves the systematic education and persuasion of health workers that prescribe antimicrobial drugs to follow evidence-based prescribing, in order to halt overuse of those drugs. Guidelines for regulating the use of antimicrobials are set up by a broad range of health professionals on the programmes, with AMS committees set up in health facilities.

The trade unions called for the generalisation of such committees on a bi-partite basis, including health professionals representing health sector unions and management.

The trade unions also called for increased use of vaccines in the place of antimicrobial drugs, where possible. Microorganisms do not develop resistance to vaccines, because a vaccine boosts the immune system of the body, compared to as against antibiotics which operate outside the natural defence system of the body. Relatedly, PSI/TUAC also pointed out the need for developing new drugs.

In the second half of the 1900s, new antibiotics were developed in time to arrest bacterial resistance. Enhanced scientific knowledge and the expansion of generic antibiotics also helped to drive the prices of antibiotics down. But in the 21st century, research and development efforts towards providing new antibiotics have declined quite significantly.

This is largely because big pharmaceutical corporations no longer consider investments in antibiotics as profitable.


This is a clear example of placing profit over people. Governments have to engender renewed pursuit of research and development for the provision of much needed new drugs as part of a global overall antimicrobial resistance strategy. 



Photo: European Commission DG ECHO.

## Fighting cholera in Kenya

There has been a renewed surge of the cholera outbreak in Kenya, with 146 persons affected at an international conference in June and a further 146 at the China Trade Fair in July. The current epidemic commenced on 10 October 2016 at the Tana county, but had been brought under control by the end of the first quarter of 2017.

Inadequate concern by the government and its lack of support for partnership and cooperation with trade unions and the communities, reversed the gains earlier made with support from the World Health Organization. The outbreak, which has left at least 14 people dead, has now spread to 12 counties in the country, with Nairobi as its epicentre.

Cases including fatalities are being reported in the general population as well as in refugee camps, with the Dadaab camps which host 245,126 refugees being mostly affected.

Cholera is an acute diarrhoeal disease which can kill within hours if left untreated. Kenya has a history of annual epidemics, which peak in intensity approximately every five years. Cholera is associated with impoverishment of the population and a consequent generalisation of adverse social-economic determinants of health.

Poor access to potable water, poor sanitation and crowded living spaces have negatively influenced the recurrent occurrence of cholera in the country. Denial, poor

preparedness and a lack of a medical emergency response strategy might have contributed to the death of several people who contracted cholera in this alarmingly prevalent outbreak.

The high incidence rate is also accompanied by heightened fears about antibiotic resistance. A recent study in the country shows that the vibrio cholera bacteria that causes cholera has become resistant to some antibiotics needed to treat the disease effectively. While there is evidence that it can still be adequately treated with the drug doxycycline, prevention and crisis preparedness need urgent attention by the Kenyan government to break the vicious cycle of cholera epidemics in the country.



This requires a multi-sectoral approach based on a Health in All Policies framework. Whilst the promotion of general hygiene for example is important, crowded and substandard housing remain potential nesting ground for the cholera bacteria. According to the WHO factsheet, there are 1.3 to 4.0 million cases of cholera, and 21,000 to 143,000 deaths worldwide due to cholera. Provision of access to clean water for all, decent housing and sanitation would allow a drastic reduction in these numbers.

In Kenya, 37% of the population still rely on unimproved water sources, such as ponds, shallow wells and rivers, while 70 percent use unimproved sanitation solutions. There is urgent need for far-reaching public investments in these

social determinants for cholera outbreaks, in particular, to be curbed and to safeguard the right of poor Kenyans to good health.

The government equally needs to encourage a spirit of partnership and cooperation with the health workforce, which is critical to public health interventions for ending the outbreak. It has until now held health workers in disdain, repeatedly reneging on collective agreements while dismissing workers' industrial actions over rights disputes, themselves a consequence of government contempt for social dialogue.

The government's scorn for social dialogue was already visible in its disposition to medical doctors during the 100-day strike for upholding a 2013

collective agreement at the beginning of the year. A similar situation is playing out regarding the ongoing general strike of the Kenyan National Union of Nurses, over a rights dispute. But stamping out cholera in Kenya and achieving the goal of universal healthcare needs action from all parties, in a climate of mutual respect and sincerity entrenched in the processes and mechanisms of social dialogue.





Trade unions in Liberia held workshops on labour legislation and tax justice.

## Liberia : Trade unions and CSOs moving forward together

*by Wendy Verheyden, PSI Regional Ebola Coordinator*

The PSI Ebola Response Strategy, focusing on argumentation, networking and lobby work, is almost coming to an end, and the participating unions are still as active as ever. In Liberia, where the PSI affiliates set up a wide collaboration between trade unions and civil society organisations, the Project Management Committee (PMC) with representatives of NAHWAL (National Health Workers' Association of Liberia), NTUPAW (National Trade Union of Public Service and Allied Workers), CTIL (Civil Society and Trade Union Institutions of Liberia), CSA (Civil Service Association) and HRM (Human Rights Monitor), organised two workshops to boost the expertise and action modus of the broad network.

The first workshop was held on labour legislation. Since the Liberian government still has not reinstated various dismissed trade union leaders, and is refusing to recognise workers' organisations in the public sector (even though the right to association is secured in the Liberian constitution), the unions and CSOs united in the consortium wanted to extend their legal knowledge and elaborate a broad campaign on the matter.

As the public service unions had expected, there is nothing in the Liberian legislation that forbids workers to organise and form trade unions in the public sector. This right is not only clearly stated in the constitution, Liberia has also signed the two related

ILO conventions 87 and 98 that secure the right to organise and trade union rights.

And although the specific functioning rules for civil servants, elaborated in the Civil Service Standing Order, do not specifically mention the right to organise and form a trade union, the Code of Conduct for all public officials and employees of the government of the Republic of Liberia obliges the government of Liberia "to accord an employee of the government of Liberia the right to join a trade union of his or her choice for the promotion and protection of his or her economic and social interests in accordance with law."

It is therefore clearly a political choice of the Liberian

government to refuse certification of trade unions in the public service, in order to avoid any instauration of social dialogue. During the final planning discussion of the workshop, participating trade unions decided to elaborate a pledge for Trade Union Rights in the public sector which will be a campaigning platform for engaging with politicians during the period towards the upcoming elections.

Barely two weeks later, another important workshop took place in Monrovia, this time in collaboration with Oxfam and Action Aid, on the topic of Tax Justice, an overarching problem that touches multiple campaigns and challenges in the country. As primary education has been privatised in Liberia, PSI already organised two workshops on Public Private Partnerships last year.

As the Liberian government rejects any action objecting to their moves with the argument "There Is No Alternative", the trade unions and civil society organisations were keen to gain more insight into possible mechanisms for financing of public services. Daniel Oberko, PSI's Tax Justice Organiser for the region, kicked off the day by introducing the mechanisms used by companies to avoid paying taxes and the practice of countries like Liberia to profile themselves as tax havens, thus assisting and enabling companies in their tax avoidance.

During the presentations by the various panels, it became clear that Liberia's tax system has some structural problems, granting tax reductions or clearance to foreign companies but weighing heavily on its own citizens, causing difficulties for young local enterprises to survive and the state budget to miss

out on substantial and much-needed funds to organise public services for Liberian citizens. All organisations present decided it would be crucial to stay united on this matter and to elaborate common actions for change.

These are exciting times in Liberia, with the upcoming elections making politicians a bit easier to approach and open for discussion, and a growing consortium of motivated trade unions and civil society organisations motivated to act for change. □





*by Dr Salameh Abu Zaiter, President of the trade union of health services workers Gaza Palestine*

## Workers' rights improve healthcare delivery


**H**ealth care is a measure of human development. When we analyse the health situation in the Arab countries, it soon becomes clear that there are obstacles to obtaining quality health care for all. Those most in need of health services, the poor and disabled, do not receive the essential care they deserve. There is added pressure due to the spread of chronic diseases, the increased cost of new treatments and the growing demand by the public for access to high quality health care.

Government agencies in charge of health need to find effective ways to improve opportunities and service efficiency in the health services. Unfortunately, the approach mostly taken to address the problem, focused on

improving financial resources and reducing costs as a priority, have targeted workers. Salary cuts, increase of working hours and informalisation of labour relations are fast becoming the norm.

But the importance of decent work in the health sector, based on collaborative relations between workers and the administration, is vital. By following a policy of partnership, social dialogue and cooperation between health administrations and health workers, within the framework of decent work agenda which promotes social and legal protection for the workers; better working conditions, and a safe working environment, the quality of health care services can be immensely improved.

If workers are oppressed and made to work in unfavourable conditions, healthcare delivery will be severely stunted. The therapeutic and affective nature of healthcare requires a health workforce that is adequate and in harmony with the capacity to deliver services. This is why decent work is of utmost importance. And so is the need for continuing professional development fully supported by the employers, ensuring the qualitative development of the workforce as well.

Due respect for workers and trade union rights by governments in the region is thus much needed now for concerted efforts in working for health across all Arab countries. 





More than 150 participants discussed the challenges of the health system in DRC. Photo: SOLSICO.

## Advocating for quality working conditions and healthcare in the DRC


The health workers' union, SOLSICO, organized a public discussion forum on health in the Democratic Republic of Congo (DRC). More than 150 participants from government, health unions, employers, international organisations and civil society discussed three themes: the health system in the DRC and its challenges, the right to health, and the determinants of health.

At the opening session of the forum, the representative of the Minister of Health recognized and appreciated the initiative of SOLSICO as demonstrating concern for improving the health system, for the well-being of the population as well as the conditions of work of health personnel.

Stimulating discussions on how to address challenges posed by severe gaps in human resources for health, sectorial governance, health infrastructure and equipment, essential medicines, and health information featured in various sessions of the forum.

The union identified key elements related to these issues, such as: demotivation of health care professionals due to low wages; the low budget allocated to health, which is capped at 4.2%, (i.e. 0.7% of GNP and moreover, the implementation rate on this basis has never exceeded 60%); misappropriation of funds for hospitals and health centres; inadequate concern of government for rehabilitating dilapidated health infrastructure and expansion; the lack of

protective equipment for health professionals; the lack of medicines and their questionable quality; poor working conditions, and inadequate non-wage incentives.

The government welcomed participants' critical observations, and took note of several recommendations made. There was a general expression of the need for a follow-up meeting and for such meetings to become a regular platform for the social dialogue, partnership and cooperation required in the Democratic Republic of Congo, working for health and leaving no-one behind. 



*The Korean Health and Medical Workers' Union held a successful dialogue between workers, employers and the Korean Government.*

## Korean unions win Tripartite Cooperation

**K**orean health unions are very satisfied with the new spirit of tripartite social dialogue in the country, which on 12 July led to the signing of a collective agreement at Green hospital in Seoul to: increase staffing levels; create more jobs by fully implementing the nursing/caregiving integrated services; create jobs by shortening working hours and the regularization of the employment of workers on contract jobs in hospitals.

The process leading to this watershed moment commenced in May. On 24-28 April, KHMU, president Yoo Ji-hyun participated at the ILO Tripartite Meeting on Improving Employment and Working Conditions in the Health Services. Inspired by the conclusions of the

meeting, KHMU committed to ensuring tripartism takes root as the critical scaffolding for social dialogue in Korea.

The process leading to the May 9 elections and the emergence of Mr Moon Jae-in as President of Korea also provided the structure of this political opportunity. KHMU had obtained commitments from all the contending parties before the elections that due attention would be given to improving the health sector and the welfare of health workers.

Shortly after the new government was sworn in, KHMU proposed a 'Tripartite Cooperation', to which the government replied: "We will actively support results of the negotiations between labor and management representatives."

The Healthcare Sector Employers' Council, and the Korean Health and Medical Workers' Union (KHMU, president Yoo Ji-hyun) held a first tripartite discussion with Mr. Lee Yong-sup, the Vice President of the National Job Creation Committee.

This would be the first official dialogue among the three parties—workers, management, and government—to discuss decent work creation in the health sector. KHMU proposed a "Grand Social Cooperation" of the social partners to address burning issues related to staffing levels, contract staffing and inhumane working hours. It also called on the employers to actively work with the union to establish centralized collective bargaining units, so that negotiations and bi-partite policy

discussions could be held on a trans-enterprise basis.

Notably, the national health union further suggested that the National Job Creation Committee Chairperson and President of Korea, Mr. Moon Jae-in, form a sub-group specific to the health and medical sector under the Committee. The Vice Chair, Mr. Lee agreed to this proposal and promised to create a platform for increasing jobs for healthcare workers. He said that he anticipated the tripartite cooperation in the health sector to be a success model for the rest of the society, expressing his commitment to actively support the process.

Mr. Yang Seung-jo, Chairperson of the Parliamentary Health and Welfare Committee, attended the tripartite dialogue on behalf of the members of the National Assembly. Mr. Lee Yong-sup, Vice Chair of the National Job Creation Committee, Mr. Gwon Duk-cheol, Vice Minister and Mr. Gang Do-tae, policy official on Health and Medical Sector at the Ministry

of Health and Welfare, and Mr. Moon Gi-sup, senior manager of the Employment Policy Sector at the Ministry of Employment and Labor and other associates represented the government.

Altogether, a total of 300 persons including hospital management representatives, KHMU leadership, senior members of trade unions, experts, and journalists attended the meeting.

With the momentum generated by this groundbreaking tripartite meeting, KHMU began regular industry-wide negotiations with management representatives on 14 June. This pre-meeting for centralized bargaining set the context for a month-long win-win negotiations process, which culminated in the 12 July collective agreement.

In addition to the inspiring commitments made by both parties in the collective agreement, they agreed to submit the following requests to the government: setting up a plan to create additional 500,000 jobs in the healthcare

sector; enacting a legislation on human resources for health; developing a fee-for-personnel system; improving the nurse staffing grade system; financially helping to meet the cost incurred from additional employment to fill up vacancies resulting from maternity/child care leave; eliminating the quota system to limit the number of personnel at public hospitals; and setting up of a tripartite Task Force team to address the multifarious issues related to shortages of human resources for health.

Finally, the two parties agreed to establish a sector-wide bipartite council by March 2018. This would lead to great improvements in labor-management relations at the industry level and the institutionalization of industry-based bargaining, as a driving force for sustained social dialogue. 

[http://bogun.nodong.org/xs/index.php?document\\_srl=429597#0](http://bogun.nodong.org/xs/index.php?document_srl=429597#0)



On 20 July 2017, nurses from the southern Indian State of Kerala achieved an inspiring victory resulting in a substantial increase in wages. This was after a month long struggle, during which they stood resolute against all efforts by the private hospitals industry to break their will.

On 19 June, nurses organised under the banner of the United Nurses Association (UNA) and Indian Nurses association (INA), commenced mass action to demand the implementation of the Supreme Court's directive setting wages in private hospitals at par with those in public hospitals. About 150,000 nurses work in private hospitals in Kerala.

Based on this legal framework, basic wages were increased from approximately €150 (INR 11,000) to about €270 (INR 20,000).

The nurses' action started from UNA's stronghold in Thrissur with a "go-slow" strike, and many hospitals had to operate at minimum levels. As most staffers joined a march to the District Collectorate (administrative headquarters), a team of senior nurses covered for emergency situations in the affected hospitals. The casualty departments maintained staffing at the barest minimum. No new admissions were allowed and outpatient cases were not taken.

While nurses are entitled to at least INR 11,000 as basic wage, their net salary is much less after hospital management has made compulsory deductions for food and accommodation. According to reports, net wages range from INR 7,000 to INR 8,000 and most nurses earn below INR 20,000 even after 10 years of service.



Photo: DFID

## Kerala nurses take on powerful private hospital industry

by **Susana Barria**,  
*PSI project coordinator, South Asia*

Under pressure from the action, on 27 June, the Government of Kerala (GoK) convened an Industrial Relations Committee meeting with UNA, INA and the management of private sector hospitals, represented by the Kerala Private Hospitals Association (KPHA). However, no resolution was reached. But UNA continued to pile pressure on the GoK to bring the talks to a positive resolution for the workers, or enact a private sector nurses' minimum wage in the State, based on the directives of the Supreme Court.

UNA sent a strike notice to 322 hospitals with more than 50 beds across the State of Kerala. While the strike was held off by an injunction in the High Court, the nurses organised mass actions such as marches, sit-ins and relay hunger strikes. On 20 July, the GoK finally accepted the demands. A meeting of representatives of nurses' associations and hospital

management with the Chief Minister, Mr Pinarayi Vijayan, decided to hike the minimum pay of nurses working in hospitals with a bed strength of up to 50 to INR 20,000.

The government is to appoint a committee to decide on the salary of nurses working in hospitals where the number of beds is less than 50, as well as an increase in the stipend of trainee nurses. The committee will be asked to submit its report within a month.

Jasminsha, the President of UNA said, "This is a historical victory. It shows that when they are united, workers can push governments to intervene in favour of the working classes and force capital to bow to our demands. UNA will continue its struggle to ensure that this legal achievement translates into a reality for every nurse in Kerala." □



**Public Services International**  
30th World Congress  
Geneva, 2017



## **PEOPLE OVER PROFIT**

### **- Panel Two - Our health is not for sale: Privatisation and the right to health**

For over fifty years, health has been a human right, plain and simple. This principle is reflected in the constitutions of many countries. But despite significant improvements, particularly in industrialised countries, we remain very far from ensuring the human right to health for all.

While few disagree with the objective, the creeping hegemony of market logic has tragically undermined the realisation. The myth that we cannot afford more investment has driven cuts in funding and the introduction of user fees and other forms of marketization that widens health inequities. Over 150 million persons are thrown below the poverty line annually due to out of pocket health expenses.

PPP's and other health privatisation bleed money from the health care system into corporate coffers. Large health corporations lobby governments while big pharma manipulate trade and intellectual property rules to protect their monopoly profits. Our ability to respond to crises is compromised, particularly in fragile health systems, such as Ebola affected Africa.

The recommendations of the United Nations ComHEEG in 2016 demonstrate that investment in health care is good for the economy. The conclusions of the ILO Tripartite meeting in 2017 identify the need to avoid the projected shortfall of 18 million health workers globally by 2030. Both require that we improve employment and working conditions in the health services.

PSI has responded by launching its Human right to health Campaign last year. Because universal health care is not a dream. There is more than enough wealth in the world to achieve this, but the political will must be created.

**Facilitated by Richard Horton**, Editor of the Lancet, each panellist will give their views on how the fight for universal public healthcare can be won.

#### **Panelists**

**Dr Tedros Adhamon Ghebreyesus** - WHO Director-General

**Dr Amit Sengupta** - Peoples' Health Movement

#### **Affiliates**

**Time**





## Continuing professional development and life-long learning

**EPSU** (European Federation of Public Service Unions) and HOSPEEM (European Hospital and Healthcare Employers' Association) organised a two-day Conference on Continuing Professional Development in Amsterdam, on 19-20 June, with the theme: "Working together, learning together – Switching to the learning model".

The event brought together about 100 participants from 18 EU Member States and four non-EU countries. These were: health unions' leaders, hospital and healthcare employers and managements' representatives, and researchers. It was an opportunity to build on the robust process of social dialogue that had resulted in the HOSPEEM-EPSU Joint Declaration on Continuing Professional

Development and Life-Long Learning (LLL) for All Health Workers in the EU, adopted in November 2016.

HOSPEEM and EPSU as social partners have reached an understanding of the critical importance of continuing professional development (CPD) for maintaining and improving the quality of service and patient safety in the European health sector. The conference provided an opportunity to share experiences shaped by the context of different national specificities of legal and regulatory frameworks, in designing and implementing CPD systems.

Participants held discussions and debates on HOSPEEM-EPSU collaboration in Belgium, Denmark, Finland, France, Germany, the Netherlands,

Sweden and the United Kingdom. They were able to better appreciate that social dialogue can be a point of departure for policy reforms that help strengthen commitments of States and employers to CPD and LLL.

Inputs from researchers and civil society organisations at the plenary sessions and in the four thematic breakout discussion groups contributed significantly to the learning process of the conference. The conference methodology prioritised drawing from the expertise of everybody present, who had all played leadership roles as workers' representatives, top management personnel, government functionaries or academics in fostering better understanding and more effective implementation of CPD and LLL.



*Around 100 people took part in the dialogue on CPD and LLL. Photo: EPSU.*

The issues taken up in different sessions, based on this methodology, included: developing strategies that would ensure sustainable models of financing of CPD for all types of health workers; identifying best means for making CPD available for all health workers in an equal manner across all age groups, occupational groups, working patterns and all types of contracts; understanding how social partners could give better access to groups often under-represented in CPD and LLL, such as health workers aged 45+, part-time workers or workers with lower formal qualifications (mainly health care support staff).

Participants also discussed: developing models of CPD to use to support increasing demands of working in teams, which bring together different

health professions, with a vibrant sense of team spirit; optimally organising CPD on the backdrop of an increasing digitalisation of health care services (e-health; m-health; telemedicine); building CPD as a key element into team and personal development planning and organisational development strategies; how to develop a partnership approach in designing, organising, implementing and assessing CPD policies and tools at national, sectoral and enterprise level.

The conference was an activity within the framework of the HOSPEEM-EPSU EU-funded project "Promoting effective recruitment and retention policies for health workers in the EU by ensuring access to CPD and healthy and safe workplaces supportive of patient safety and quality care" (2017-2018), and a contribution of the hospital and

healthcare sector social partners to the 2016-2017 EU-OSHA Campaign "Healthy Workplaces For All Ages".

It has helped to identify successful approaches, instruments and formats of CPD, from the perspectives of both management and workers with a synergistic approach. The conference report and conclusions will be published by the end of 2017, and will no doubt positively contribute to shaping the future work of the Sectoral Social Dialogue Committee for the Hospital Sector on CPD. It will also serve as a model of how more could be done towards ensuring health for all on a solid base of social dialogue. 

<http://www.epsu.org/article/hospital-social-partners-working-together-learning-together-switching-learning-mode>





Members of Ukrainian trade unions FPU and HWUU discussed health reform with the AFL-CIO representative.

## Ukraine: the struggle for social dialogue in health reforms

On 2 August, Grygorii Osovyi, President of the Federation of Trade Unions of Ukraine (FPU), met Tristan Masat, AFL-CIO Solidarity Center Country Program Director to discuss the current state of the healthcare system in Ukraine; search for new effective ways to reform it in the working people's interests, and the role of trade unions in this process.

Viktoriiia Koval, President of the Health Workers' Union of Ukraine (HWUU), her deputy Iryna Shvets, and FPU staff members also attended the meeting.

"We are deeply convinced that the healthcare reform in Ukraine has adverse impact on both the patients, and the healthcare workers" said Tristan

Masat. "So we would like to hear about the role of trade unions in this process. More specifically about the history of relationship between trade unions and the Ministry of Health, your comments and suggestions relating to the healthcare reform and the healthcare system as a whole".

Grygorii Osovyi spoke of FPU's actions to ensure protection of constitutional, social and economic rights and interests of the working people. "Of course, we are interested and concerned about two important questions relating to the healthcare reform," he said. "This is, firstly, how the patients' rights will be protected and, secondly, how the healthcare workers' rights and interests will be protected. We

have not yet received clear and understandable answers to these questions from the Ministry of Health".

FPU and HWUU experts had already sent their comments and proposals on the healthcare reform to the Ministry of Health and to parliamentary factions.

"Our position is that the healthcare reform should be efficient, transparent, and have social content," said Viktoriiia Koval, HWUU President.

"But getting the Ministry to be engaged in dialogue has been very difficult. Its officials do not want to listen to trade union initiatives and proposals. Despite the requirements of the law on social dialogue, documents



relating to the healthcare reform were not agreed with trade unions,” she added.

She further decried the unilateralist manner of foisting ill-thought out reform on the sector, saying that: “our union and the FPU are trying to restore social dialogue in the sector, but that has been almost impossible. Neither trade unions nor employers were involved in the development of the reform we are now expected to implement with likely dire costs to healthcare delivery. The union which represents the interests of more than 700,000 healthcare workers has the right and obligation to participate in the healthcare reform policy-formulation process.”

The FPU meeting with Solidarity Center was preceded by other meetings in recent months to seek international support for the trade unions in their relations with the Ukrainian government.

HWUU, together with other PSI/EPSU health affiliates in Georgia and Moldova, organised an international workshop on healthcare reforms in Kiev, with the support of ILO, ITUC, PERC and EPSU, on May 15 and 16. At the workshop, Mathias Maucher, EPSU Health and Social Services Policy Officer, shared information on relevant EU norms and regulations in the context of the

Association Agreement Ukraine-European Union - e.g. in the fields of labour law, occupational health and safety or public health - signed in 2014.


PSI and EPSU highlighted that the health system in Ukraine should be built upon the public services principles of universality, accessibility, affordability, continuity, user rights, transparency and accountability. Health services have to be organised to operate in the general interest of all citizens and patients. This requires funding based on principles of solidarity in the context of tax systems and/or by social contributions paid in equal shares by employers and employees, and not pro-market reforms of the sector.

In a statement issued at the end of the workshop, participants drew the attention of the Ukrainian government to the recognition of each person's life and health as being of “the highest value” for State policy and the ongoing healthcare reform which “is carried out within the framework of liberalisation policy aimed increasing private capital income.”

The statement ended with a demand for all provisions of the healthcare reform to be harmonised with the social partners in accordance with

the EU-Ukraine Association Agreement, and a call to public organisations of healthcare professional community and civil society organisations to struggle together against the antisocial healthcare reform, by coordinating joint actions in defence of healthcare in Ukraine.

Rosa Pavanelli, PSI General Secretary and Jan Willem Goudriaan, EPSU General Secretary wrote to both Mr Volodymyr Groisman, the Ukrainian Prime Minister and Ms Ulana Suprun, the acting Minister of Health, urging the Ukrainian state to have a rethink on the reforms and ensure that workers and citizens be put at the heart of the process.

Further, in a resolution dated 22 June, the FPU presidency explicitly rejected the reforms and called for a system of compulsory state social health insurance by adopting a legislative act. This shows the readiness of workers in Ukraine to fight in defence of the right to health and health workers' trade union rights. This struggle, as PSI, EPSU and the Solidarity Center have emphasized, requires international support. 

<http://www.epsu.org/article/report-health-care-reform-seminar-ukraine-1516-may-2017-kyiv>



Health workers demonstrate in São Paulo.

## Brazil - Nursing in danger from government reforms

*by Solange Caetano; President, Union of Nurses of the State of São Paulo (Sindicato dos Enfermeiros do Estado de São Paulo, SEESP) & National Federation of Nurses (Federação Nacional dos Enfermeiros, FNE)*

The national federation of nurses in Brazil (Federação Nacional dos Enfermeiros, FNE), has worked for many years to obtain better working conditions, fair working hours and decent pay for nurses across the country, including in São Paulo. Despite the economic crisis, it continues to fight on behalf of thousands of nurses to allow them a better quality of life which would also enable them to provide better care for patients.

The Brazilian government, in its attempt to stabilise the economy, is reversing the progress made by the trade union movement by bringing in questionable reforms to the health system. The union faces three major problems from these: outsourcing, labour reform and social security reform.

With Law 13.429/2017, President Michel Temer has approved provisions for outsourcing that would allow small and large companies to outsource their workforce. Outsourced workers are paid 24% less, according to the trade union research organisation DIEESE. The law compromises workers' rights to benefits such as the 13th month pay bonus and makes it more difficult to apply collective bargaining.

It increases the maximum length of temporary contracts from 90 to 180 days, renewable for a further 90 days. Companies could use this type of contract for their whole workforce, resulting in low pay and continuous renewal of contracts and thus making it difficult for workers to make

enough contributions to gain pension rights.

The labour reform is highly in favour of employers and much of it contradicts the terms of the Labour Code. Holidays may be divided into three periods, with payment similarly divided. The working day can be increased to 12 hours, which is four hours more than the Labour Code currently stipulates. Rest breaks can be reduced to 30 minutes.

The social security reform (PEC 287) could seriously affect the present situation concerning nurses. The labour force category of nursing currently has a 91.8% employment rate. They are mainly female (85.1%) and more than 20% of them work almost 60 hours per week – about the



*Nurses in São Paulo are fighting against government health reforms.*

legal limit. They are exposed to biological, physical, ergonomic and psychological hazards in unhealthy and dangerous working environments.

Article 57 of Act 8.213/1991 affords special pension rights to workers employed in such conditions - workers can access their pensions after 25 years of contributions via administrative or legal action. The National Nurses' Federation FNE proposed introducing a law clarifying this right through a Senate Bill which would regulate and guarantee this right to public and private sector workers. However, PEC 287 could put a stop to this.

We understand that Brazil urgently needs to stabilise the economy for continued social

development. But this should not be at the expense of millions of working people like nurses and the communities they serve, who will be adversely affected by these reforms. There are other strategies that could be more effective for domestic resource mobilisation, such as taxing the wealthy and reducing corporate tax incentives. But there has to be popular mobilisation against the anti-poor reforms and for such redistributive measures to be taken.

This is the struggle faced by the trade union movement. Thousands of nurses in the state of São Paulo provide health care in medical establishments that guarantee quality care and dignity to patients. SESP in São Paulo and FNE nationally

continue to defend the rights of nurses and will not let the government dismantle the existing progressive labour legislation. They are calling on the communities of tens of millions of Brazilians their members serve to join them in this struggle to defend the nursing profession and provision of quality health services. □





Randi Weingarten, President of AFT, at the protest in Washington, D.C.  
Photo: AFT.

## AFT demands Healthcare NOW!

“What do we want? Healthcare. When do we want it? Now!” These and other chants of protesters echoed off the white marble-clad U.S. Capitol during a recent protest led by Randi Weingarten, president of the American Federation of Teachers. Weingarten led protesters from the lawn toward the building as Republican senators returned from a meeting with President Trump about the party’s controversial policy agenda that would strip access to healthcare services from 23 million people in order to provide tax breaks for the nation’s wealthiest families.

The energy in Washington, D.C. has been palpable over the last few months, as U.S. lawmakers were implored to side with patients and vote against the Republican plan, by unions and civic organizations which organized daily protests and other demonstrations. Nurses, teachers and other AFT-represented workers traveled

from their home states to speak at press conferences, visit with lawmakers and take part in demonstrations at the U.S. Capitol with coalition partners and members of communities. And the resistance has expanded well beyond Washington.

More than 47,000 people participated in an AFT telephone town hall meeting where Weingarten was joined by a U.S. senator and the head of a grass-roots resistance nonprofit organisation, Indivisible, in ushering a broad-based call to action of activists for visible, public opposition to the Republican healthcare plan. AFT members and other activists mobilized in every state of the country to ensure their elected officials understand the deep-seated resistance to the repeal plan. They delivered hundreds of thousands of letters and signed petitions, ceaselessly made phone calls, and participated in other peaceful protests.

AFT affiliates went beyond simple resistance, like in the state of Wisconsin, where nurses and health professionals helped found an organizing co-op to fight for healthcare for all. Citizen pressure on lawmakers was effective. Several Republican lawmakers voiced concerns about the impact the law will have, delaying a vote on the bill until after a Congressional recess in the first week of July (to commemorate the U.S. Independence Day).

When lawmakers traveled to their home districts for the recess, AFT members joined thousands in their communities, hoping to be heard by their elected officials that the Republican healthcare plan would be catastrophic to millions. Democrat allies in Congress held events in their districts to assure voters of their staunch opposition to the healthcare plan. Republican lawmakers, however, largely refused to meet with their constituents to discuss their healthcare plan during the break.

When lawmakers returned to Washington, the seeds of civic advocacy took firm roots; the Republican healthcare bill fell flat. The pressure brought to bear on Republican senators was immense. And at last, they caved in to the people’s demand.

It is no secret that the U.S. healthcare system is among the most corporatized and costly, with relatively poor outcomes in relation to other developed nations. Policies that further drive up costs and strip access from the nation’s most vulnerable people are not the answer. The recent victory against repealing the Affordable Healthcare Act is a step in the right direction, because the alternative proposed would have left 22 million people more without assurance by 2026. We have to go further in the coming period, to ensure universal health coverage for everybody in the United States.







Photo: Centro güel

## Support and solutions for psychological distress at work

In Québec, there is no end to reforms in the health and social services sector, which have an adverse psychological impact on the workforce. For more than 20 years, health workers have had to constantly adapt to new standards, guidelines and structures, as determined by different governments.

All these changes have significant negative consequences on the psychological health of the members of the Alliance du Personnel Professionnel et Technique de la Santé et des Services Sociaux (APTS), and other health unions. A survey of 7,000 health technicians and technologists confirms our worst fears: the constant reorganization is overwhelming our members. Social workers, occupational therapists, psychologists and physiotherapists, among others, are under unprecedented pressure. 60% of them indicated a high or very high distress index in the survey. And 35% reported that they had missed several days of work over the last

twelve months for psychological reasons.

In addition, 60% of the professionals say they have been harmfully affected in their work due to reorganizations within the health and social services system. 60% of the respondents also lamented the little influence they have on their work, while 65% were of the view that they do not have enough time to do their jobs properly.

Successive governments do not sufficiently measure the high human costs of their policies. The fight against deficits is too often to the detriment of the staff, who eventually break down from having to compensate for the non-replacement of colleagues who have retired, and the removal of jobs. The APTS is working tirelessly to ensure that the government takes responsibility for this untenable situation of its members.

The APTS asks the government of Québec to listen to the technicians and professionals

who provide services to the population and know their needs. Members of our communities deserve to receive the best possible services, especially in the context of an aging Québec society.

Structural measures must be taken now to ensure that the psychological distress of employees in the sector is minimized as much as possible, so that they can deliver optimal services. To do so, all reorganizations that unduly disrupt staff must cease, and the government should reinvest in direct services to the population in order to revamp the sector's dynamism.

This is why, over the next few months, the APTS intends to ensure that the government complies with its Mental Health Action Plan 2015-2020, which provides for the establishment of working conditions and organizational practices that promote the mental health of staff.



## Social security workers hold rally on World Public Service Day

One of the highlights of the World Public Service Day, commemorated on 23 June, was the rally held in the centre of the city of São Paulo and organised by the National Confederation of Social Security Workers (Confederação Nacional dos Trabalhadores da Seguridade Social, CNTSS) affiliated to the trade union centre CUT and by the São Paulo State Union of Public Sector Health Workers (Sindicato dos Trabalhadores Públicos da Saúde do Estado de São Paulo, SINDSAÚDE São Paulo).

The rally, which was part of a Week of Global Action on Tax Justice for the Public Services, was attended by workers and leaders from

these two unions. The aim was to debate the issue of tax justice, especially as it affects the health sector, and to denounce tax evasion, especially by transnational and multinational companies. The rally called on governments to spend tax revenues on public services and social protection programmes, and to eliminate inequality.

It was an all-day rally, during which workers distributed materials addressing public concerns about tax justice. Union leaders made speeches denouncing the way that tax evasion harms public health service users and workers who have to put up with precarious working conditions and poor labour relations. A

play on the subject was also staged, which illustrated the enormous harm caused to the public. The street theatre drew a lot of attention from passers-by.

Union leaders highlighted the importance of tax justice in the context of government's claims that it lacks funds to provide quality public services, even while billions of dollars are lost due to tax evasion and capital flight. The issue is especially important in Brazil given the way that the government of Michel Temer, who came to power in a political "coup", is dismantling public social welfare programmes and labour rights.

For example, social



*CNTSS/CUT and SINDSAÚDE SP leaders and workers attend rally in São Paulo city to publicise the issue of tax justice and how to fight tax evasion.*

expenditure has been frozen for the next 20 years, with the instrumentality of Act PEC nº 95/2016 which also introduced labour, social security and outsourcing reforms that are disastrous for workers and the most vulnerable segments of the society. The government has already abolished many rights and is gradually dismantling social programmes by curtailing expenditure for them.

The CNTSS/CUT, which represents social security workers in the public and private sectors, is active in the PSI tax justice campaign. The lessons learnt from this campaign are used to formulate strategies

with affiliated unions and federations. On 11-12 April, social security union leaders attended a seminar on tax justice organised by PSI. The seminar, which was attended by leaders of several CUT affiliated unions, discussed the need for international tax reform to regulate tax evasion, which is holding back the investment of resources that could benefit economically-deprived sectors of society. □



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WITH HEALTH FOR ALL**