#PublicHealth4All

Report of the PSI Human Right to Health global campaign, presented to the Executive Board, on April 22, 2017
Contents...in perspective

• What?
• Why?
• When?
• Where?
• Who?
• How?
Purpose

Campaign Objective

The overarching aim of the campaign is to build a mass global movement that could influence concrete policies towards attaining Universal Public Health Care (UPHC).

Campaign Message

The campaign message is captured in the manifesto title i.e. A better future with public health care for. This general message has implicit in it, the centrality of PSI affiliates’ members in delivering public health services across the world.
Objectives

• Strengthen the efforts of PSI affiliates in the sector at national and regional levels to campaign for improved funding for health and budget accountability, towards establishing universal public health coverage;

• Integrate advancing trade union rights, fighting privatisation and cross-cutting issues (e.g. migration, and climate change) into the narrative and fight for UPHC;

• Stressing the role of the State to ensure human rights including the access to health;

• Building public consensus against the commodification of health care;
Objectives (ctd.)

• Expand the corpus of evidence-based research on universal public health care and case study support

• Deepen intervention within the mechanisms, processes and structures of global governance, which could help foster accelerated action towards implementing SDG target 3.8 and the Action Plan on the report of the UN High Level Commission on Health Employment and Economic Growth;

• Work with other Global Union Federations, non-affiliated unions, national trade union centres, civil society organisations and other allies.
Why the campaign?

• Organisational
  ⇒ 29th World Congress resolution
  ⇒ Sectoral work and building mobilisation capacities

• Political
  ⇒ Influencing policy
  ⇒ Institutional openings: SDGs/ComHEEG/ILO Tripartite

• “Good sense”
  ⇒ Forging counter-hegemonic discourse & practices
Time-frame

• **December 2016 – October 2017**
  ➔ Pilot phase
  ➔ Quarterly international deliverables

• **December 2017 – 31st World Congress**
  ➔ 5-year “SMART” campaign
  ➔ Building on lessons from the pilot phase
  ➔ Campaign Plan ready by July 2017
Multi-layered & Multi-faceted

• All politics is local...somewhat
  ⇒ same goes for campaigns!

• International, regional and national layers of the global campaign

  ⇒ Grasping the commonalties (e.g. privatisation, precarisation & workplace violence)

  ⇒ Appreciating and engaging with priorities and peculiarities at regional/sub-regional and national levels

• The organising facet: winning new affiliates, increasing the sizes of existing affiliates
The HSSTF

- **Formulating** the campaign platform
- Coordination of the Campaign
- Coordination of the HSSTF
- HSSTF and regional health networks
Friends, foes and spaces

• **Civil society movement**
  ⇒ People’s Health Movement (PHM)
  ⇒ Geneva Global Health Hub (G2H2)
  ⇒ Regional networks
  ⇒ Mapping

• **International organisations**
  ⇒ WHO and FENSA
  ⇒ ILO & Social Protection Floors
  ⇒ OECD & post-ComHEEG....enemy at the door?
Taking action – how far, thus far?

• **Sub-regional launches**
  ⇒ Asia Pacific, Southern & French-speaking Africa sub-regions
  ⇒ Russia & Central Asia in May
  ⇒ Caribbean sub-region in July

• **Quarterly global actions**
  ⇒ Quarter 1: #SolidarityLiberia & launch of the newsletter
  ⇒ Quarter 2: #PublicHealth4All marking of World Health Day

• **Right to Health** newsletter
Taking action – what is to be done?

- Quarter 3 & Quarter 4 global activity?
- Workplace violence and the right to health
- HSSTF 2017 meeting
- Intervention in World Health Assembly
- Outstanding set tasks e.g. Sub-regional launches & mapping
- Scaling up to regional networks & devolving sub-regional network activities
- Building greater policy influence internationally and regionally
Expected Outcomes I

• Internationally:
  ⇒ Strengthening PSI health affiliates and the improvement in the employment and working conditions of health workers;
  ⇒ Building commitment to the pursuit of the SDG targets
  ⇒ Supporting the tax justice campaign to fund public health systems;
  ⇒ Enhanced visibility of PSI in the global discourse on health issues and the formulation/implementation of covenants and policies on health;
  ⇒ Implementation of the ComHEEG report’s Action Plan to support public health;
  ⇒ Deepened cooperation with ILO, WHO and OECD/IFIs and other global and regional institutions/processes on health policy issues where they align with the goals of our campaign
Expected Outcomes II

- **regional/sub-regional/national levels:**

  ⇒ Affiliates mobilised to campaign for universal public healthcare;
  
  ⇒ PSI and its affiliates, within different regions, are visible and involved in the formulation and implementation of policies bearing on health and social services;
  
  ⇒ PSI & affiliates mobilised for legislation and policies that enhanced universal access to public healthcare and strengthened national health systems;
  
  ⇒ PSI & affiliates contributed to the quantitative and qualitative expansion of the health workforce, including increases in the employment of young health workers;
Expected Outcomes III

- **regional/sub-regional/national levels (ctd.):**

  ⇒ PSI & affiliates promoted the implementation of international labour standards and national laws on Occupational Health and Safety for health workers;

  ⇒ PSI & affiliates developed proposals for laws, policies and regulations that took up the challenges of women health workers (such as provision of crèches in health facilities);

  ⇒ PSI & affiliates pushed for immediate reduction in the rates of violence in the workplace;

  ⇒ PSI & affiliates ensured greater visibility for PSI and its affiliates in national discourse, social dialogue and formulation/implementation of policies, on health;

  ⇒ PSI & affiliates increased the membership of affiliates and number of affiliates in the health sector.
Thank you for listening