



**Per agenda item:** Item 2, Implementation of the Programme of Action

### **Title: Health and Social Services**

#### **Purpose of brief:**

- Report on developments in the sector since EB-149
- Present proposals for work up to the next EB meeting

#### **Relates to:**

- ✓ 2012 – 2017, Appendix B, page 42 (English version) – Health

#### **Background:**

1. The PSI Health and Social Services Task Force met on 12-13 December 2016. The PSI Human Right to Health Global Campaign was launched with *A Better Future with Public Health Care for All* manifesto;
2. PSI participated actively in formulating the Five-Year Health Employment and Economic Growth Implementation Plan, which the WHO/ILO/OECD presented on 14-15 December, subsequent to the ComHEEG report's recommendations;
3. Despite its role in the ComHEEG process, the OECD continues to promote a market-inspired approach in the health services;
4. EB-149 resolution on the victimisation of leaders of the National Health Workers' Association of Liberia (NAHWAL) was implemented. An encouraging meeting was held with the Head of the Liberian Permanent Mission to the UN in Geneva on 18 February 2017 (three years after the dismissal of the NAHWAL leaders);
5. Efforts to formalise relations with the WHO within the Framework for Engagement with Non-State Actors (FENSA) were stalled last year and we aim to conclude this in 2017. We have also established closer relations with leading health-based international NGOs in the process;
6. Primary health care is very important for improving access to health. Optimizing community health workers' (CHWs) programmes is an essential element towards this;
7. The ILO Tripartite Meeting on Employment and Working Conditions in the Health Services is scheduled for 24-28 April.

#### **Discussion:**

1. The Right to Health campaign has been launched at regional and sub-regional levels. Affiliates in the sector are to mainstream this rights-based approach in their advocacy work. Leadership, including coordination at international level, will be provided through the Health and Social Services Task Force, by the Head Office;
2. Rosa Pavanelli, PSI General Secretary, presented a declaration of commitment at the launch of the Five-Year Implementation Plan, with 25 other select governments and international civil society organisations in the health sector. We will monitor the implementation process. In this regard, PSI pointed out the dissonance between the OECD's approach to the future of health and the ComHEEG report to which it had contributed;
3. PSI represented TUAC at the January 2017 OECD Public Forum on the Future of Health and the OECD Ministerial Summit. We intervened to insist on health as a fundamental human right within

the narrative of inventing the future of health care delivery, and issued a briefing on [The Future of Health](#);

4. Affiliates in the different regions took action to press home our demand for the reinstatement of the dismissed NAHWAL leaders and respect for trade union rights in Liberia. We will follow up on the commitment made by the Head of the Liberian mission in Geneva (which was the first time, we were granted access to discuss the matter with any state official), to present our demands to the top echelons of government. The matter is also being pursued through the ILO supervisory mechanism on Freedom of Association;
5. Closer ties have been forged with the People's Health Movement and several other civil society organisations. PSI contributed to the submissions presented by the PHM and Medicus Mundi International (MMI) network at the World Health Organization Executive Board 140 meeting on 23 January 23 – 1 February;
6. PSI participated in the 1<sup>st</sup> International Symposium on Community Health Workers (CHWs) and the Sustainable Development Goals held on 21-23 February at Kampala, Uganda. We presented the linkages between CHWs employment, decent work and the realisation of the right to health. We have also established relations with the World Public Health Association;
7. PSI will be represented by six out of the eight-person Workers' Group at the ILO Tripartite meeting on Employment and Working Conditions in the Health Services, including the group's spokesperson. UNI will be represented by two persons. Our representatives, who are mainly drawn from the EB have been selected respecting a regional balance so that the different regional issues can be satisfactorily covered.

**Budget implications:** activities within the budget

**Next steps:**

1. Popularising the *Right to Health* newsletter as a rights-based voice within the global narrative of health and sustainable development;
2. The Human Right to Health Global Campaign will have run for 10 months by the 30<sup>th</sup> World Congress. Lessons drawn from this would be essential for a thorough-going 5-Year campaign;
3. Building stronger networking between affiliates within regions, for interventions in the normative work of regional and international governmental organisations;
4. Consummating the formalisation of relations with the WHO;
5. Advocacy for the report of the ILO Tripartite meeting to inform the formulation of recommendations on Health Employment and Working Conditions

**It is recommended that EB:**

1. Note the Progress of the Right to Health Campaign : YES/NO
2. Endorse a resolution to Congress for a 5-Year Human Right to Health campaign on the strength of the ongoing 10-month pilot phase : YES/NO

**Related documents:**

<http://www.world-psi.org/en/better-future-public-health-all>

[http://www.ilo.org/sector/activities/sectoral-meetings/WCMS\\_508523/lang-en/index.htm](http://www.ilo.org/sector/activities/sectoral-meetings/WCMS_508523/lang-en/index.htm)

<http://www.world-psi.org/en/psi-briefing-future-health>