REVIEW

Civil Society Organisation positions on Health in East and Southern Africa

Network for Equity in Health in Southern Africa

People's Health Movement

Southern and Eastern African Trade Information and Negotiations Initiative

SATUCC

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POSITIONS OF CIVIL SOCIETY ORGANISATIONS ON HEALTH IN EAST AND SOUTHERN AFRICA DECEMBER 2004

Background

During 2002/3, EQUINET , Peoples Health Movement (PHM), International People's Health Council (IPHC) and Community Working Group on Health (CWGH) identified a need for closer dialogue and networking between health and related civil society in east and southern Africa to achieve common health goals.

Civil society in this region has built strong platforms and made progress in advancing peoples health in a number of areas, including around broad health rights, primary health care, patients rights, treatment access, corporate responsibilities to protect workers health, resisting damaging health impacts of globalisation, resistance to privatisation of essential services for health and protecting rights of people living with HIV and AIDS. Civil society has also through broad networks like EQUINET and PHM and through participation in the Social Forum processes, outlined policies for building equity and social justice in health and health care, particularly through a strong public sector health system. These wider platforms are, however, not strongly linked to the issue campaigns, while the issue campaigns are not necessarily all informed by the same analysis of the political and economic causes of ill health, of the health systems we are seeking to build or of the wider changes needed to achieve health goals.

After consultation with other civil society groups it was agreed that we hold a meeting with representatives from major civil society networks working in health in east and southern Africa to explore the goals of health civil society, the common positions and goals and to propose a mechanisms for enhancing the co-ordination and unity of health civil society to build common perspective and achieve common goals.

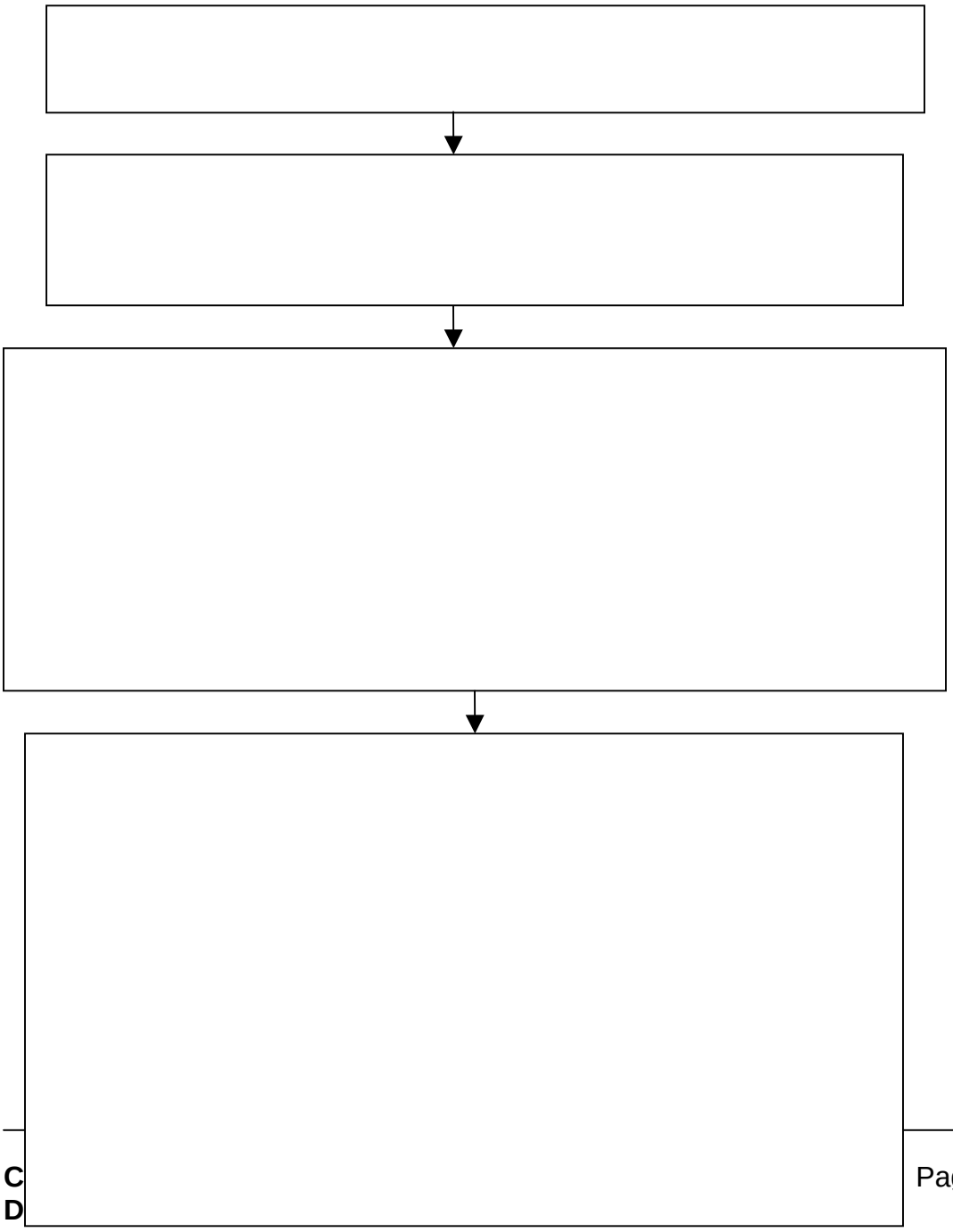
This meeting was held in Johannesburg South Africa on November 26 2003 and involved 14 networks of health civil society (many of these with numerous individual health civil society members). While acknowledging differences amongst the groups in areas of work and advocacy targets, the meeting identified a number of common goals and values informing their work, namely:

- We all aim for equity and justice and to realize the right to health
- We all seek to bring power to the people and to strengthen people's voice in decision making through organising, uniting people and building public consciousness.
- We all work in areas that impact on health and on the wider health system
- We are all working for an alternative to the current neoliberal system, and our perspective and practice is for a system that is based on solidarity, equity, justice and public interest, from local to global level
- We act as a people's watchdog and monitor the performance of government and private sector against their commitments and the public interests, systems . and values we are promoting.

A common health civil society platform

In November we recognised that to proactively build an alternative vision for health guided by goals of health for all, health as a right, and equity and social justice, we need to challenge the current paths to globalisation, advance health within the national political economy and directly engage at local level on health issues in the interests of equity, justice and health rights. Some of the key areas identified are shown in Figure 1 below:

Figure 1



To take forward this consensus vision we agreed to

- consolidate and strengthen our influence and role as health civil society through building shared analysis and positions on health issues and strengthening our dialogue and networking;
- identify strategic issues that we need to take up jointly and across health civil society as a whole to advance our common platform, while giving wider solidarity on specific campaign issues within wider civil society platforms;

Actions and progress

In June 2004, health civil society members participated in the EQUINET regional conference and to engaged with wider constituencies in east and southern Africa working on equity and justice in health. A civil society workshop at the conference resolved that the health civil society process started make efforts to include health worker, traditional health sectors, rural and urban civil society and union organisations in its processes; use research, gathering of testimonials, education and as tools for strengthening the unity of and perspectives in health civil society and build joint civil society platform on equity and social justice in food security. The health civil society groups contributed to the wider conference resolutions on commitments to equity and social justice in health, to public interests over commercial interests in health and to national, international and global relations and policies that promote these values and interests.

In November we set up a planning committee made up of EQUINET, PHM, TAC and CWGH to take this forward and agreed to continue to work on the common position and analysis, widen the dissemination of information to and participation of health civil society groups and debate the common position and analysis within the members of health civil society. We also agreed to hold a regional meeting to strengthen our linkages and dialogue, consolidate our shared analysis and goals and the strategies to take these forward and identify common goals, messages and campaigns that can unite and strengthen our various health campaigns.

The planning committee met in Johannesburg in July 2004 and are proposing to hold the first regional meeting on February 17-19 2005 in Zambia. It is proposed that the meeting bring together the leadership of health civil society organisations in east and southern Africa to

- review our current positions and analysis, identify areas where we share perspective and analysis and debate and review areas where we differ,
- build a unified and shared analysis, perspective and goals across health civil society to inform our individual and our joint platforms, strategies and campaigns
- identify key and critical common goals and positions and the strategies for taking these forward as health civil society in the region
- identify and agree on mechanisms for strengthening linkages, resource sharing, solidarity action and unified campaigns across health civil society in east and southern Africa.
- Identify and agree on mechanisms and processes that will strengthen and build our capabilities for ensuring mandate from, voice and agency of and accountability to communities in this process.

This document has been commissioned in follow up to these agreed steps. It aims to bring together the various positions and resolutions put forward by different health civil society organisations so we can identify common positions and also areas of possible divergence or conflict for us to debate in February. It is being circulated for discussion and for wider positions and issues to be included. The document compiles positions and policy statements of leading health civil society organisations (CSOs) and networks in East and Southern Africa into a matrix of four outcomes:

- **Shared issues and positions -** issues and positions that are commonly raised by more than one CSO where we have consensus and agreement
- **Issues and positions not shared** - issues and positions that are raised by one CSO only and are not shared
- **Shared issues with differing positions**: issues and positions that are commonly raised by more than one CSO where we have disagreement on positions taken
- **Shared issues, no positions**: issues we have raised (in Nov and June) for which we have no CSO positions

Our shared issues and positions call for common strategies.
The shared issues for which we have no positions call for debate on positions and common strategies.
The shared issues where we have differing positions call for debate to identify the sources of conflict and resolve these.

We looked at these issues within the key levels and areas for health civil society work shown in Figure 1 earlier. As it emerged from looking at the positions a more appropriate organization of issues would be

- **Shared issues and strong common positions -** issues and positions that are common where we have consensus and need to discuss strategies
- **Shared Issues where our positions are weak or not shared** - Issues that we share where we have weak consensus on positions or differ on positions held.
- **Shared Issues with no positions**: issues we have raised (in Nov and June) for which we have no CSO positions

This is the framework we use in this paper.

SECTION 1: Our goals

GOAL: Health For All; Health As A Right; Equity And Social Justice

Shared issues and strong, common positions:

Health is commonly identified by all groups as a social, economic and political issue, and a fundamental human right. Respecting rights to life, dignity, equality, freedom and equal access to public goods including health-care are regarded as fundamental to responding successfully to problems such as AIDS (PATAM).

These rights are conceived of in a social more than an individual context. Health is a social concern and demands social action. Civil society groups understand that solving

health problems in individualistic ways is not always effective for peoples own health, or for the long term health of society. EQUINET actively promotes a conception of human rights that affirms the agency of communities in claiming social (and economic) rights. In the same light, PHM hold that the struggle for social rights, like a people's health service is seen as a struggle for the realisation of the rights to life, dignity, access to health care services, equality, autonomy and social justice.

All groups express a commitment to equity and social justice. EQUINET outlines a concept of equity and social justice in health, which aims to address unfair differences in health and in access to health care through the redistribution of the societal resources for health, including the power to claim and the capabilities to use these resources.

Across these broad goals health is not simply seen as a goal in itself, but, as expressed in the People's Charter for Health 'at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich one another; a world in which people's voices guide the decisions that shape our lives'

There is a shared perception of the common threats to this vision of health, including:

- HIV and AIDS
- Poverty, war and displacement
- A globalisation process, dominated by the giant transnational corporations from the North
- Policies dictated by multilateral financial and trade institutions that disregard people's right to health and health care.
- The conduct of multinational companies
- Debt.

Equally there is an understanding that the realisation of this vision as a social goal and public concern demands input from and participation of the people, and the groups that organise and represent them in civil society.

Shared issues and weak, differing positions:

There are no differences between civil society around these broad goals. There are some differences in emphasis

- ☞ In terms of stating and taking actions on the wider economic and social issues affecting the crisis in health
- ☞ In terms of the **extent to which health as a human right can be met through market mechanisms**
- ☞ In terms of the **balance between individual and social rights**

Specific areas of social discrimination have been raised by some groups, but not widely. TAC has highlighted the legacy of apartheid in health systems. PHM draws attention to unjust social systems like caste in India and ethnic discrimination in other parts of the world for having created a health apartheid and human rights reality for the socially marginalized. PHM have highlighted that

Indigenous people in developed and developing countries suffer health problems at a higher rate than the general population of the country in which they reside. As they

are forced to follow the hegemonic cultural and development paradigms, they are being deprived of traditional knowledge and traditional systems of medicine and access to basic resources. Migrant worker living and working in the developed and developing world suffer poorer health than the general population surrounding them. Their basic human rights are denied through lack of access to health, education, housing, etc.

SECTION 2: Challenging current paths to globalisation

CHALLENGING CURRENT PATHS TO GLOBALISATION through struggles over

Trade policies and processes, like GATS, TRIPS, and over global policies in and practices on health and development

Shared issues and strong, common positions:

There is a common perception that the current path to **globalisation has been negative for health** in terms of prioritising corporate profits over people's health, depriving people of basic rights to medicines, health care and limiting governments abilities to protect health. Unfair trading practices is commonly understood to have caused enormous damage to people's health. There is a widely shared position that Structural Adjustment Programmes have been harmful to people's health.

Not all civil society groups have taken up the wider issue of globalization, but those that have seek to

- change the trade and intellectual property rights regime that escalate drug prices.
- Widen government flexibility to act, such as to issue compulsory licences to local medicine manufacturers as well to import generic medicines from other countries
- Challenge the World Trade Oorganisation when it seeks to limit government authorities to protect public health, access essential medicines, regulate health services or control commercialisation of health care
- put pharmaceutical companies under pressure over drug pricing

'The challenges posed by neoliberal globalisation to our values of equity and social justice, to government ability and flexibility to implement the public policies that we choose and to the public sector health and essential services and that are critical for our health' EQUINET 2004

Shared issues and weak, differing positions:

Not all CSOs have taken positions on **specific WTO trade rules.** EQUINET and GEGA strongly state that 'no country should commit its health services to GATS'. Governments are urged by civil society not to make any commitments under the General Agreement on Trade in Services (GATS) in health or health related services that compromise their right to regulate according to national policy objectives. Civil society has also called for a

change to GATS rules that restrict them from retracting in commitments already made under GATS.

Not all civil society groups have taken up the issue of **private corporate and commercial interests in health**, and where they have they have targeted different and specific aspects of corporate practice. TAC has done so on access to medicines. EQUINET, SEATINI and PHM have taken up unfair trade practices that support private corporate over public interests. Antiprivatisation Forum, EQUINET and PHM have resisted commercialization and privatization of water and other essential services, and SATUCC has campaigned over labour rights, and over holding corporations accountable for health and environmental damage. PHM has campaigned over corporate promotion of tobacco.

Equally the **mechanisms for challenging globalisation and building alternatives** are not clearly articulated. The Southern African Social Forum calls for 'another world' through the framework of a global movement - world Social Forum. PHM are part of this process. EQUINET and SEATINI have raised the importance of regional integration as a vehicle for dealing with globalization, and for protecting space for nations to exercise authority, challenge unfair global trade rules and build alternatives.

There is differing emphasis in the **extent to which the global (and UN) system is seen to be able to provide political leadership** in these matters. TAC exhorts the UN system and national governments, SATUCC directs its calls in this area to leadership in African governments, the African Union and its agencies, the Non-Aligned Movement and the entire Group of 77. PHM have demanded a radical transformation of the World Health Organization (WHO) so that it responds to health challenges in a manner which benefits the poor, avoids vertical approaches, ensures intersectoral work, involves people's organisations in the World Health Assembly, and ensures independence from corporate interests.

Positions on the role of global financing mechanisms differ, although there is common agreement that the **IMF and World Bank** have played a negative role in health. Some organisations have called for radical reform of the IMF and World Bank. The Southern African Social Forum on the other hand have called for the International Financial Institutions (IFIs), the International Monetary Fund and World Bank and the World Trade Organisation, have no useful role to play in their countries and should 'Pack up and go'. While there is a view that globalisation should better serve human development, there is little articulation of how global institutions should organise the public funding for these policies, apart from some proposals for controlling and taxing speculative international capital flows.

PHM and TAC have explicitly taken up the issue of **violence, conflict and peace**. PHM has condemned war, and specifically the US-led war on Iraq and the manner in which this is diverting attention and resources from global health challenges, targeted corporations that benefit from war, invasions and military occupations and those that enrich themselves (e.g. arms industry, pharmaceutical and food companies) by fostering ill-health. PHM works for for world peace as a key determinant of health, and is building a global campaign: "No to War, No to WTO, Fight for People's Health" and seeks to establish peace initiatives at various levels based on justice and equality.

The positions adopted by TAC and PHM on this include

- Support campaigns and movements for peace and disarmament.
- Support campaigns against aggression, and the research, production, testing and use of weapons of mass destruction and other arms, including all types of landmines.
- Support people's initiatives to achieve a just and lasting peace, especially in countries with experiences of civil war and genocide.
- Condemn the use of child soldiers, and the abuse and rape, torture and killing of women and children.
- Demand the end of occupation as one of the most destructive tools to human dignity.
- Oppose the militarisation of humanitarian relief interventions.
- Demand the radical transformation of the UN Security Council so that it functions democratically.
- Demand that the United Nations and individual states end all kinds of sanctions used as an instrument of aggression which can damage the health of civilian populations.
- Encourage independent, people-based initiatives to declare neighbourhoods, communities and cities areas of peace and zones free of weapons.

SECTION 3: Advancing health within the national political economy

ADVANCING HEALTH WITHIN THE NATIONAL POLITICAL ECONOMY, through struggles over

Income and employment, food security, poverty and deprivation
Visibility of and support to the informal economy
The impact of corporate practices and commercial interests in health
Privatisation of and access to essential services, (particularly water, electricity and health care), public services & public-public partnerships
Widening participation, transparency and accountability in decision making over the resources for health

Shared issues and strong, common positions:

Some of these issues have been covered in the discussion on globalization and trade above.

All groups agree on the need for **democratic and accountable states, and for powerful and effective participatory and representative mechanisms** at all levels of health and social sectors and in the state more generally to ensure that policies are made by, with and for the people. All groups have taken positions and done work on building effective and accountable mechanisms for public and stakeholder contribution to decision making in health. Further CSOs have called for alliances among positive people's networks, women's movements, health and social activists, trade unions, student groups, academics and other progressive constituencies.

There is some difference, not necessarily conflictual, in how this should be and is expressed across CSOs. TAC call for mass-based action to support lobbying highlight challenges and positions, CWGH promotes organised local and national networking of CSOs to lobby, negotiate and participate in health systems. CWGH have identified structures such as clinic, hospital and district advisory boards/ committees, national health boards and parliamentary committees as targets for participation. TAC have included the role of Country Co-ordinating Mechanisms as vehicles for participation in decision making. EQUINET and PATAM have called for regional networking, policy and alliances within SADC and COMESA and across Africa to defend and protect public health, promote access to treatment and protect health equity interests in Africa.

All groups hold positions that these structures be transparent and accountable and that the civil society representatives be elected by representative organisations in civil society and not handpicked by government. All groups call for literacy and education to back and inform community representation, while PHM and CWGH have highlighted the need for these mechanisms to include vulnerable groups.

Shared issues and weak, differing positions:

The **role of the state and public sector** in the national political economy is somewhat differently projected. While EQUINET identifies the state as the instrument of democratic legitimacy, PATAM argues that the fight against the HIV virus has to a large extent been 'a struggle against governments' through lack of political leadership and state action. EQUINET, PHM and TAC recognise weaknesses and call for strengthened public health services, although TAC argues for a greater role for private sector health services to 'reduce some of the public sector burden'.

There is some difference in the **perceived role of corporates in health.** TAC calls for accountable and competitive private practice. EQUINET and SEATINI call for domination of public health sectors and avoidance of unfair public subsidies to the private sector, while APF resists privatization of health related sectors. TAC calls for improved and efficient delivery of drugs and medical commodities. SATUCC calls for local production of antiretroviral drugs.

Shared issues, weak or no positions

PHM, EQUINET and CWGH have raised issues of the negative effects of economic policies on **nutrition and food security** and have called for government policies attuned to people's needs, guaranteeing food security and equitable access to food. However, clear positions have not been developed in this area. EQUINET has called for countries to retain the right to raise tariffs and demand elimination of subsidies on exports to protect food sovereignty in agricultural production. EQUINET promotes trade and agricultural policies that ensure food sovereignty and household food security through land redistribution and investment in small holder farming in ways that promote gender equity and sustainable food production

PHM, SATUCC and TAC have called for litigation to expose and control **corporate practices that are harmful to health**. PHM have called for monitoring of damage caused by unsustainable development strategies with specific focus on pesticides, industrial and

military toxic wastes and have resolved to work with other organisations working for environmental justice at the grassroots, national and international levels.

Generally, from the positions reviewed there are weak, and weakly shared positions on the inputs to health: income and employment, food security, poverty and deprivation; support to the informal economy, the impact of corporate practices and commercial interests in health and privatisation of and access to essential services, (particularly water, electricity and health care), public services & public-public partnerships. Notably positions were not submitted from APF which may address the latter issue.

SECTION 4: Directly engaging on health issues in the interests of equity, justice and health rights

DIRECTLY ENGAGING ON HEALTH ISSUES IN THE INTERESTS OF EQUITY, JUSTICE AND HEALTH RIGHTS, through struggles over

Equity, and gender equity in responses to HIV/AIDS, including treatment and services
Company obligation to health and for safe work
The distribution, migration of and investment in health workers and protection of their working conditions
Investment in public sector health services, recognition of traditional health services, access to quality health care and to primary health care (PHC) and protection of poor households from inequitable cost burdens for health and health care
Public literacy in health, health systems and treatment

Shared issues and strong, common positions:

There is a general agreement, most strongly articulated by TAC, SATUCC and PATAM that **HIV and AIDS is a development**, **social and economic crisis** for the continent and that the failure by many countries to prevent and treat the disease as a tragedy . These groups together with PHM have articulated the special needs of women and children as infected persons, their dependents and care givers and called for women and youth to be empowered as key players in HIV interventions, and for improved access to and the quality of health care services for women and girls, in particular services for survivors of sexual violence. All groups have endorsed the call for universal access to ART, and PATAM and TAC have more explicitly supported the 3x5 call.

PHM support people's rights to reproductive and sexual self-determination and oppose all coercive measures in population and family planning policies. This support includes the right to the full range of safe and effective methods of fertility regulation.

There is a shared view that health aspirations cannot be achieved without **rising investments in health**. PATAM and EQUINET have called for

'At least 15% of government budgets invested in the public health sector as committed in Abuja'

EQUINET has linked this call to a call for debt cancellation.

SATUCC, CWGH, PHM, TAC and EQUINET have all highlighted and called for stronger policy responses to **issues facing health workers,** including their rights and working conditions, their training, their risk of disease, the particular burden HIV poses for health workers and the extent to which they participate and are consulted in development of health policies and programmes. These groups have called for improved conditions of service and salaries of health workers, professional development programmes for health workers, together with training, deployment and follow up of primary care and community based health workers. CSOs have also called for adequate legislation on occupational health and safety to protect health workers and clear operational procedures to implement work safety standards.

Shared issues and weak, differing positions:

Within this there are different emphases on the **character of the health systems** to be supported. The focus of TAC resolutions on the health system is on the financing, human resources, drug procurement, and community roles to provide accessible treatment for AIDS.

TAC and PHM have identified the crisis of the health system in terms of its weakness in delivering the roll-out of antiretroviral (ARV) treatment, and called for strengthening of the health system to achieve this, including better working conditions for public health workers. EQUINET and PHM have argued for this, but also for the wider strengthening of the health system, to support ART access and interventions for other major public health problems.

EQUINET and PHM promote the public sector as being the lead provider of quality health care. EQUINET has been particularly outspoken on the need for the state to have full authority to exercise policy measures necessary to protect the health of people, particularly in relation to global pressures, while noting that this authority be exercised in a democratic and accountable manner. Other CSOs have been less direct on this position, critiquing the sector in terms of its underfunding, poor quality services, and mismanagement, and giving greater profile to the non state sector in service provision and in decision making in public policy.

TAC, support comprehensive Primary health care as a means to equitable and universal access to anti-retroviral (ARV) treatment. The primary engagement is around the curative health system as supported by community and prevention interventions. For the CWGH the focus is different: it is on a health system whose focus is primarily preventive, promotive, community and primary health care based, supported by curative health care services.

'Community groups strongly endorse spending on preventive health, noting that many basic problems have not yet been adequately addressed. The core business of the Ministry of Health and focus of government's health efforts should be to mobilise wider

preventive health activities and to provide personnel, drugs and equipment to primary clinic and district hospital level.' CWGH 1998

EQUINET and PHM have called for health (care) systems that promote collective, population oriented strategies for health and comprehensive primary health care. PHM have strongly positioned themselves around the comprehensive PHC principles in the Alma Ata declaration as founding principles of health systems.

This has also led to differing emphasis on **how resources should flow in health:** EQUINET have called explicitly for rising investments in the state and particularly the public sector health systems. On equity grounds, EQUINET has noted concerns around increased funding to non state sectors when this leads to subsidies flowing from public to private, from higher to lower income groups or to pressures for resources to flow out of the public sector. CWGH have further expressed concerns around decentralisation policies within public sector systems that allocate responsibilities without resources and have called for decentralisation of roles to be accompanied by adequate authorities and resources for delivery on these roles.

Other groups have been less explicit on this or have given focus to resources flowing across public, private and non government providers without identifying the push and pull pressures this exerts on the public health system.

While there is general agreement on the need for rising investment in health, it is not clear that there are common positions on **where resources for health are to come from,** and different positions have been expressed by different CSOs.

CWGH have taken specific positions on this: They call re-allocations from budget spending on other ministries, including foreign affairs, defence and other areas of government administration; full cost charges to private medical aid users of public services; withdrawal of government tax subsidies on medical aid; taxes earmarked for health on cigarettes and alcohol; increased registration and inspection fees collected by the public sector on private institutions and taxes on private health sector equipment and investments to be directed into the public health budget and use of existing accumulated development funds, including those from development levies.

TAC have placed emphasis in their resource mobilisation campaigns on increased funding to and from the Global Fund to Fight TB, AIDS and Malaria (GFATM), urging WHO and UNAIDS to lead negotiations on this issue, including a campaign for greater and more equitable contributions to the GFATM.

EQUINET have called for these and other large international transfers to be integrated into public budgets and for Ministries of Finance and IMF to review their medium term expenditure frameworks to enable these funds to be used for strengthening the health system, recruiting personnel etc. PATAM, while supporting this, have called for more rapid measures to get resources to communities where public systems are weak. EQUINET has called for such earmarked and targeted transfers to be time bound with plans for their integration, to be accompanied by measures to strengthen the health system to manage and absorb funds, and to avoid setting up pressures that cause resources like personnel to flow out of the public health system.

EQUINET has called for progressive tax-based funding of health systems, and civic groups have called for fair financing for health, including systems where the rich contribute a greater share of their income to health than the poor, with strengthened cross subsidies for solidarity and risk pooling, where user fees at primary care level are scrapped, and where more emphasis is put on health insurance schemes.

There are also some differences in positions on **user fees.** TAC, EQUINET have called for the scrapping of user fees, TAC at all levels and EQUINET at primary care level. CWGH has resolved that communities can make contributions to health, such as getting involved in nutrition gardens, digging pit latrines, domestic waste management and caring for the ill and including financial contributions to improve quality of care beyond the basic needs provided for in the government budget, but hold that this should be decided on and administered at local authority level and the monies collected should be retained and used at this level.

There are different and not necessarily conflicting **emphases in the focus on health workers**. While all groups agree on the need for improved conditions of health workers, some give more focus to this area and others to how health workers treat clients. CWGH have highlighted health worker- community relations that need to be addressed, including negative attitudes to their clients and quality of care provided. They call for training in relations with the public and for professional attitudes and patient management to be included in the evaluation of health workers for qualification. They have urged, together with SATUCC, that health workers should only resort to strike action as a last resort, and urgent emphasis should be placed on ensuring that health workers have effective trade union representation and on improving the dispute settlement machinery. SATUCC has called for unity and better co-ordination between public sector health worker trade unions. PHM have demanded changes in the training of health personnel so that they become more problem-oriented and practice-based, understand better the impact of global issues in their communities, and are encouraged to work with and respect the community and its diversities. PHM-SA has drawn attention to the crises of nursing in terms of numbers as well as skills and morale; these issues clearly relate to the continuing brain drain from South and Southern Africa. PHM-SA has also highlighted the need for Community Health Workers, particularly where utilised as comprehensive development workers.

Shared issues, weak or no positions

PHM and EQUINET have drawn attention to the **brain drain**, the migration of health workers out of the public sector, out of poor communities and out of southern countries to northern health systems. While all groups generally share this view there is not a well developed and clear position on the policy response to this. EQUINET has called for

> '*Ethical and equitable human resource policies at national, regional and international level, backed by compensation for regressive south-north subsidies incurred through health personnel migration'.*

The issue of **mental health** was raised but not addressed in terms of specific policies in the positions covered in this report. TAC has called for better attention to human resources for mental health. PHM has resolved that

'The health and human rights of persons with mental disorders are currently ignored or inadequately addressed throughout the world. There is an urgent need to provide effective community based programs for persons with mental illnesses.'

TAC has raised the special need to improve **treatment access and literacy for children,** although others have raised the wider issue of primary health care services for children. TAC has proposed that there be strict protocols for the diagnosis and treatment of children, special attention to paediatric formulations, child friendly clinics and special training programs for paediatricians and community literacy for children in ART programmes.

PHM has raised the issue of ensuring that **traditional medicine and traditional health systems** are recognized within comprehensive health systems, but there are weakly developed positions in this area. PHM and EQUINET have called for national policies on traditional and alternative medical systems and include them in national health program.

A common health civil society platform

This document highlights areas for discussion by the joint health civil society platform at its meeting in February 2005. From the materials made available for this review and the positions taken:

A platform of common positions and action

The meeting can, using existing positions, articulate in agreed terms the shared civil society position and discuss priorities for a programme of advocacy and action on

- Health as a right
- Equity and social justice
- Challenging negative impacts of current neoliberal globalisation on health
- Democratic and participatory states in health
- HIV and AIDS as an economic, social, development and health crisis
- Supporting the role of Health workers within health systems

Resolution of weaknesses and differences

The meeting should debate and review civil society positions on the areas where there are weak positions or differences and identify the common positions and areas of work. This would cover:

- Relative focus on individual and social rights in health
- Role of market mechanisms for meeting health rights
- Specific areas of social discrimination
- Specific WTO rules and agreements
- Private commercial and corporate interests
- Mechanisms for challenges to neoliberal globalisation
- IMF, World Bank and global funding for health
- Violence, conflict and peace
- Role of the state and public sector in the national political economy
- Role of corporates in health
- Character of the desired health system
- Resource sources for health
- How resources should flow in health

- User fees
- Health worker - community links

Addressing gaps

The meeting should debate and review civil society positions on the areas where there are weak positions or differences and identify the common positions and areas of work. This would cover:

- Nutrition and food security
- Corporate practices harmful to health
- The health brain drain
- Treatment access for children

Given that many of the issues not yet widely shared are already taken up by at least one member of health civil society there are possibilities for discussions in these areas to be initiated and informed by the work of these CSOs.

DOCUMENTS PROVIDED

1. CASEP Civic Alliance for social and economic progress Fundamental Social and Economic Rights July 2002
2. Community Working Group on Health, Health in Zimbabwe, March 1998
3. EQUINET conference resolutions, June 2004
4. EQUINET principles, issues, options for strengthening Health systems March 2004
5. EQUINET, Medact etc al GATS Threat to public health a joint submissions to the world Health Assembly, May 2003
6. EQUINET, GEGA and SADC Parliamentary forum Resolutions of a meeting of Parliamentary alliances for equity in health August 2003
7. Peoples Health Movement HIV/AIDS charter 2004
8. Peoples health Movement Mumbai Declaration 2004
9. Peoples Health Movement -Peoples Health Charter 2000
10. Pan-African Treatment Access Movement Conference Resolutions March 2004
11. Southern African Social Forum (SASF) resolutions , Zambia November 2004
12. Southern African Trade Union Co-ordinating (SATUCC) Resolutions of the SATUCC Delegates Congress December 2003
13. Treatment Action Campaign Resolutions of the People's Health Summit July 2004