

TOWARDS TRANSFORMATION OF HEALTH SYSTEMS



PEOPLE'S HEALTH MOVEMENT

In 2000, concerned activists, academics and health workers got together for the first People's Health Assembly, where the People's Charter for Health was developed and the People's Health Movement (PHM) was born. Today, PHM is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries.

Guided by the People's Charter for Health, PHM works on various programmes and activities and is committed to Comprehensive Primary Health Care and addressing the Social, Environmental and Economic Determinants of Health. Equity, ecological well-being and peace are at the heart of PHM's vision for 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 each other; a world in which people's voices guide the decisions that shape our lives.

In April 2024, PHM will hold its fifth People's Health Assembly (PHA5) in Argentina, bringing together activists from all over the world to share analysis, struggles and strategies around 5 axes that are key for the health of people and the planet:

1. Towards the transformation of health systems
2. Gender justice in health
3. Ecosystem health: food, energy, climate
4. Resisting forced migration and war
5. Promoting ancestral and popular knowledges and practices

This booklet is meant to prepare and accompany the discussion of axis 1 "Towards the transformation of health systems".



Health for All Now!
People's Health Movement



<https://www.phmovement.org>



People Tree Studio is an independent graphic design and art studio working with graphics, comics, murals, textiles and visual storytelling. It is based in Goa, India and is founded by artist Orijit Sen and curator Gurpreet Sidhu.

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TOWARDS TRANSFORMATION OF HEALTH SYSTEMS

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In the midst of the pandemic. A public hospital in the US.

COVID-19 has been likened to an X-ray, revealing fractures in the fragile skeleton of the societies we have built.

It is exposing fallacies and falsehoods everywhere:

António Guterres United Nations Secretary General

The lie that free markets can deliver healthcare for all; the fiction that unpaid care work is not work; the delusion that we live in a post-racist world; the myth that we are all in the same boat.

Because while we are all floating on the same sea, it's clear that some are in superyachts while others are clinging to drifting debris.

So true. Who would have imagined a health care crisis here in the US?

Or, that our public health facilities would be ill equipped to deal with a pandemic?

This might not have happened if the government had prioritised and increased public health funding. Now, we have lockdowns, disrupted supply chains, shortages of meds and food, economic and social havoc across the world.

And when we tried to use the contact tracing apps to follow up on a positive case, the big tech companies that owned the apps said their privacy policies wouldn't allow them to share the names with public health authorities.

You know who'll get first dibs, right? The ones with the ability to get to the vaccine centres. That leaves out a lot of racialized and rural communities.

I hear they are rolling out the vaccines soon.

OK everyone, we have another emergency. Let's go!

NEE NAW
NEE NAW

Post pandemic, Rose is in India on a much deserved holiday. She is walking through Old Town in Delhi with her husband, Apu.



UGH!

Rose, that's nasty. We need to see a doctor.

At the clinic.

Nice to see tourism revived again. There you go. You'll be fine.

Thank you, Dr. Ramesh.

The pandemic years were harrowing. The entire health system was in total collapse.



The inequities between rich and poor played out at every level — disparities in availability of food, water, meds, vaccines, jobs.

At every stage, the poor bore the heavier burden and got poorer.



It was heartbreaking. We saw the news — migrants walking home to their villages with no provisions for food, water or meds...

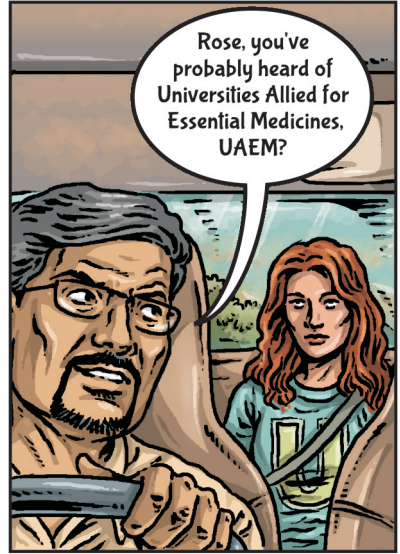
Infecting each other along the way and once home, infecting entire villages.



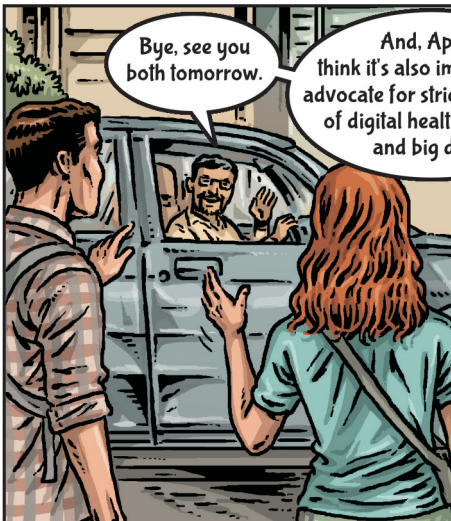
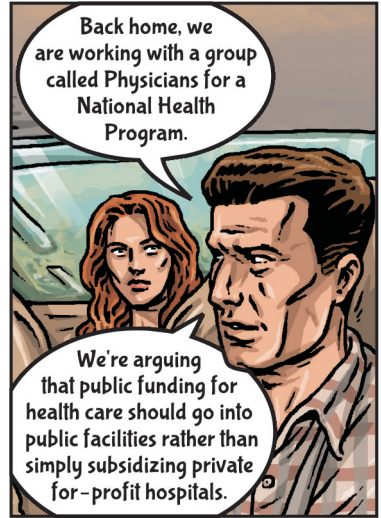
We were fortunate. We had the digital tech to navigate the lockdowns. Our kids studied from home and we ordered food and provisions online.

Rose, too, is a doctor. She was on the frontlines. I worried about her but also knew she had access to meds unlike the delivery guy, who risked his health and that of his family, to deliver our groceries!





Despite the significant advances in medical technologies and the consequent reduction in morbidity and mortality caused by infectious diseases, large parts of the world's population still lack access to affordable medicines. In 2004, almost 2 billion people did not have access to essential medicines. (World Health Organization)



The power of 'big tech' in health is growing exponentially and we need to fight for public infrastructures that facilitate data sharing to support research and innovation in the public interest.





That evening...

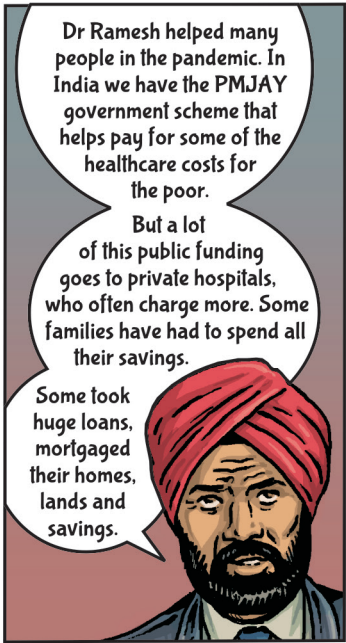
How are you feeling?

Dr. Ramesh is an excellent doctor. I'm happy we are meeting him and his wife Sita tomorrow.

It's terrible. We hear similar stories everywhere.

Also, in the US, for-profit health institutions provide inferior care at inflated prices and nurture unscrupulous medical business, just as you described for India.

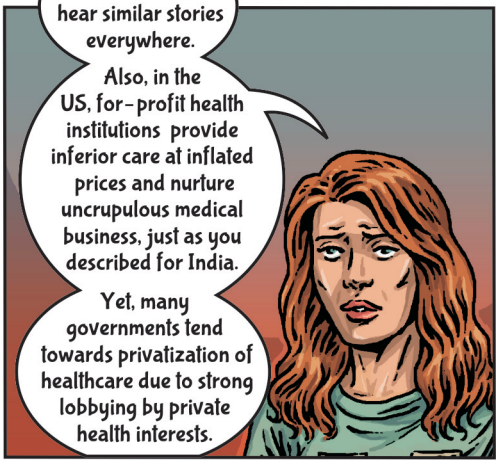
Yet, many governments tend towards privatization of healthcare due to strong lobbying by private health interests.



Dr Ramesh helped many people in the pandemic. In India we have the PMJAY government scheme that helps pay for some of the healthcare costs for the poor.

But a lot of this public funding goes to private hospitals, who often charge more. Some families have had to spend all their savings.

Some took huge loans, mortgaged their homes, lands and savings.



Do you know that on this street alone every family knows of someone who was very sick or died from the disease?



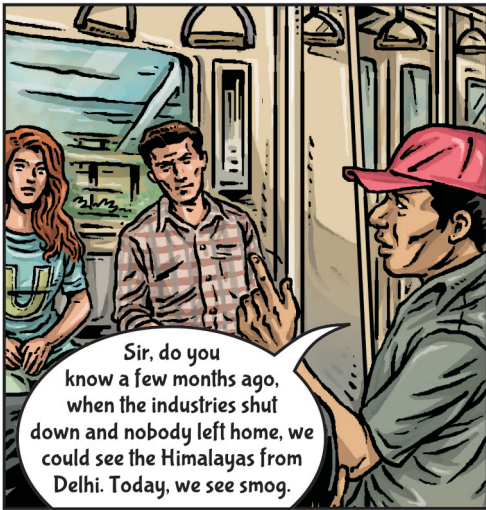
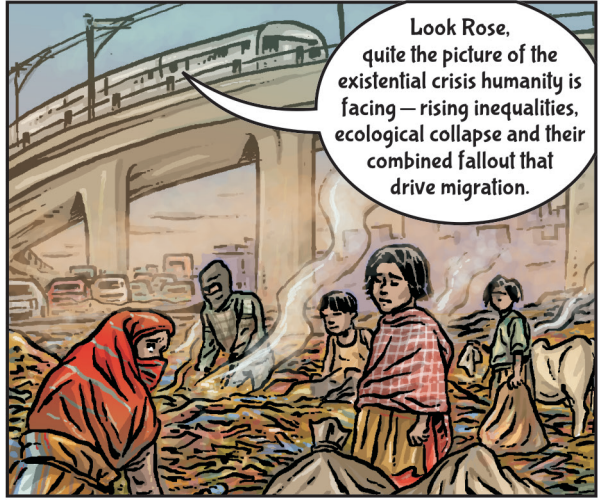
The pandemic reduced most people's income or wealth, but billionaires globally saw their portfolio riches rise by over \$2.2 trillion.



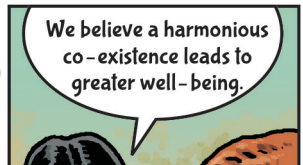
I'm sorry to hear this.

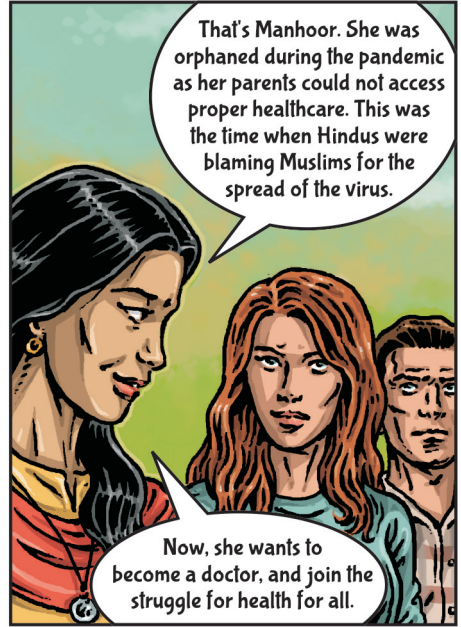


The good news is people are demanding for a radical change.



9 million people died from air pollution in 2015. Over 90% of these deaths occurred in low-and-middle-income countries. (WHO)

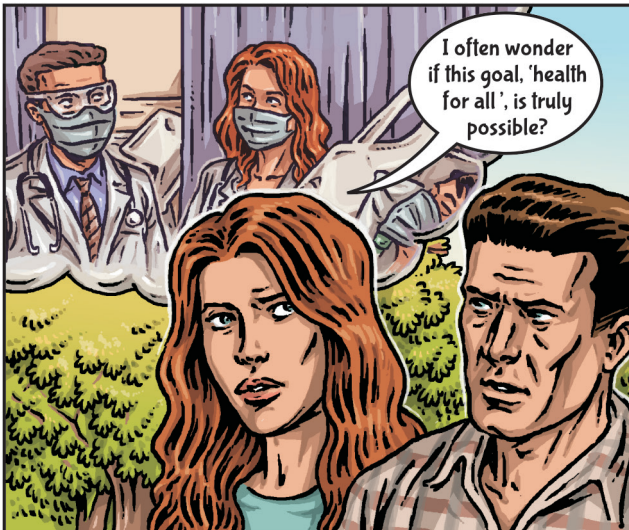


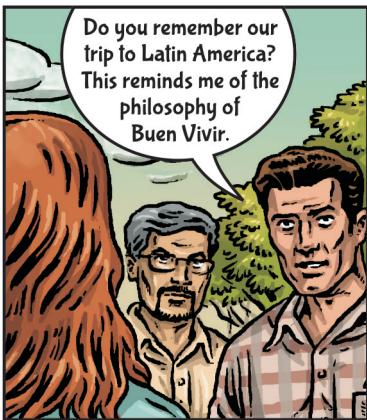
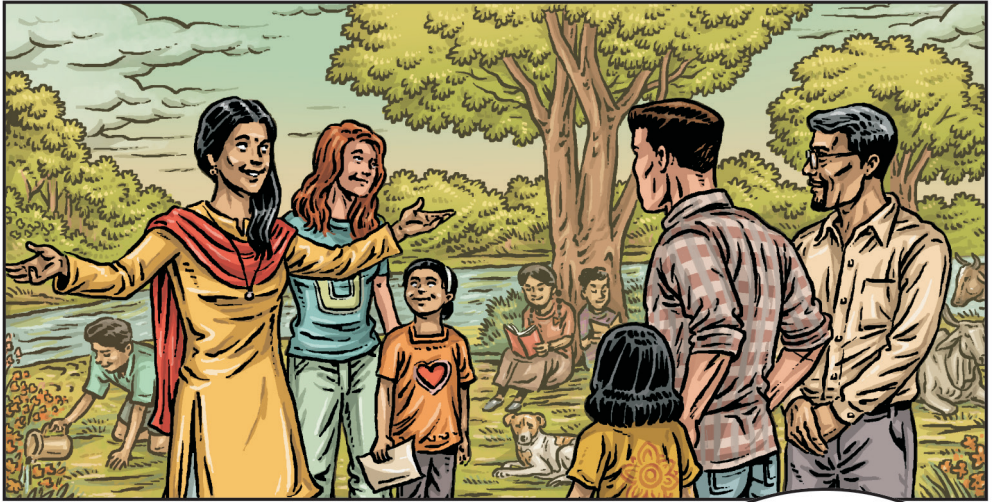


In 1978, at the Alma-Ata Conference, ministers from 134 countries in association with WHO and UNICEF called for 'Health for All by the Year 2000' and selected Primary Health Care as the best tool to achieve it. As that promise was never delivered, in 2000, civil society movements, non-governmental organisations and women's groups joined forces to create the People's Health Movement. PHM is a global network that has taken on the challenge to struggle for health for all.



Equity, ecological well-being and peace are at the heart of PHM's 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 each other; a world in which people's voices guide the decisions that shape our lives.





Do you remember our trip to Latin America? This reminds me of the philosophy of Buen Vivir.

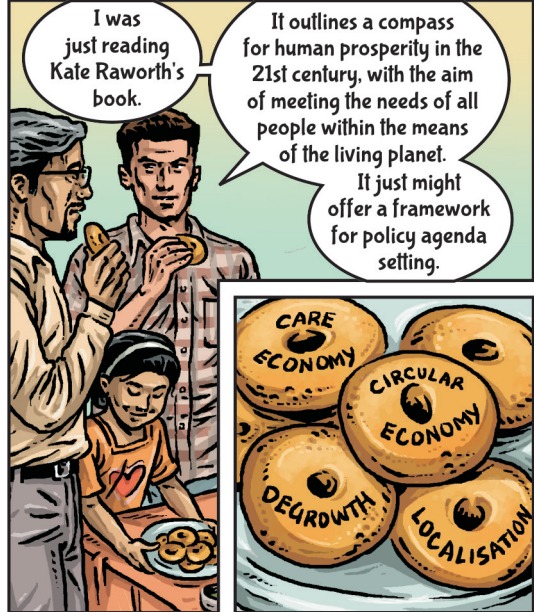
Sumak Kawsay/ Buen Vivir, the indigenous philosophy from Latin America, considers nature as a living being, a subject of care and rights. Sumak Kawsay is tied to human beings and their relationships to their communities and lands: life processes are considered sacred connections with such territory. This philosophy is tied to food sovereignty as the expression of collective health.



We've heard of this philosophy, which shares a lot with the beliefs of many of our indigenous tribal communities in India. And I am sure with other indigenous groups in other parts of the world.



Which brings us to the question: Can we achieve health for all and care for our planetary well-being without changing capitalism and its underlying profit-seeking?



I was just reading Kate Raworth's book.

It outlines a compass for human prosperity in the 21st century, with the aim of meeting the needs of all people within the means of the living planet. It just might offer a framework for policy agenda setting.



You know, this vada reminds me of the doughnut economics model. Have you heard of it?





These are all vadas of a different system of economics, in which care for each other and the planet is given more importance than economic growth or profit-making.



And degrowth is not about no growth, but about reducing our consumption of material goods and the damage this causes to our environment.

It is growth that keeps within planetary boundaries and is sufficient to meet basic needs, but not all of our manufactured wants.

And it's about wealthier countries cutting way back so that poorer countries have some growing space of their own.



And this means a big change in the distribution of wealth and power. One place to start is for our governments to begin measuring well-being — the things that really matter — and to stop focusing only on economic measures such as the GDP.



I'm reminded of our trip to Bhutan. They use a more holistic approach, Gross National Happiness. I mean who doesn't want to be happy, right?

In Bhutan they focus on things like living standards, health, governance, ecological diversity, resilience, time use, psychological well-being, cultural diversity, and community vitality to inform their government policies.

I hear that other countries are trying to do something similar.



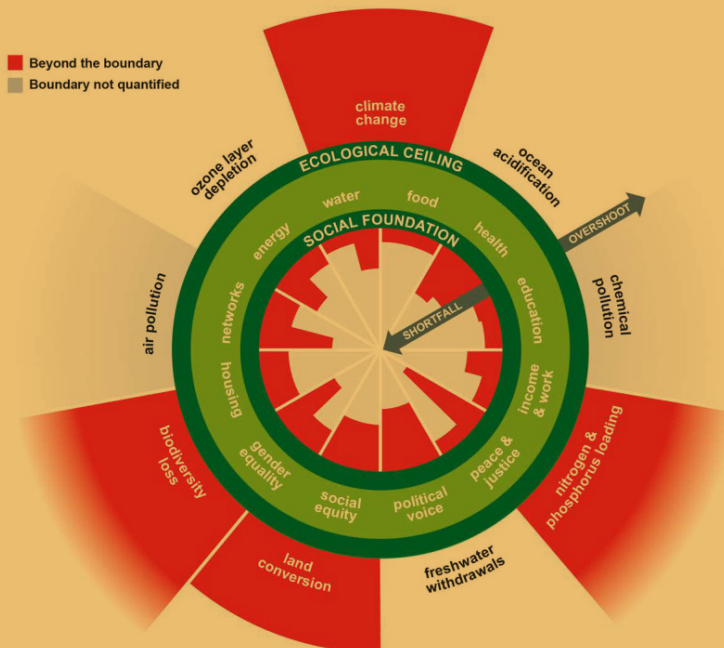
I'm happy to say that the Delhi school system recently announced it is adding happiness to its curriculum.

Sita might soon be out of a job.



References:

- The storyline for this booklet has been generated from chapters A1, A3, and B3 of Global Health Watch 6, freely available at <https://phmovement.org/global-health-watch>
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- Doughnut Economics Action Lab <https://doughnuteconomics.org/about-doughnut-economics>
- Diagram of Doughnut Economic Model. Source: Reproduced with permission from Kate Raworth; Raworth 2017. Licensed under CC BY-SA 4.0 <https://creativecommons.org/licenses/by-sa/4.0/>



Dr. Rose, a US physician, and her husband Apu embark on a holiday to India. Their journey takes an unexpected turn in Delhi when Rose experiences a minor accident, leading them to the clinic of Dr. Ramesh. What begins as a chance encounter evolves into a profound discussion on the stark health-care disparities exposed by the pandemic.

Intrigued by the discourse, Ramesh extends an invitation to delve deeper into the heart of the matter. The couple find themselves at an unconventional orphanage, a beacon of sustainability, clean energy and compassionate care, founded by Ramesh and his counsellor wife, Dr. Sita. Here, the four explore alternative socio-economic models that prioritize human dignity and strive to secure essential health care for all, while nurturing the health of the planet.

About the Series Editors

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