Book Review


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Timing is everything in comedy and in scholarship. One cannot imagine a better timing for this book’s publication.

“Conceived in 2003 as a collaborative effort by activists and academics from across the world,” Global Health Watch both “questions present policies on health and proposes alternatives.” The first and second editions of the Global Health Watch, published in 2005 and 2008, were hailed for their ground-breaking analysis and mobilizing call to action.

“Global Health Watch 3 [GHW3] has been coordinated by five civil society organizations: the People’s Health Movement, Medact, Health Action International, Medico International, and Third World Network.” With an incisive, even militant tone, the book proceeds at a brisk pace with many original insights.

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All quotations are from GHW 3.

GHW3 overviews the multiple crises facing the globe including the “three F’s” (the financial, food, and fuel crises) and the two “slow burn” crises of climate change and “development.” It “argues that these are not transient crises,” but rather reflections of a “deep ‘systems failure’ that plagues” capitalism as “informed by neoliberal theory and practice.” The report traces the links between the global food crisis and both “the replacement of food crops with crops for biofuels” and “the huge increase in speculative trading” on food grain commodities. The report advocates the urgent need to redesign the global economic and political architecture as a necessary condition to address widespread health inequalities and the rapid deterioration of standards of living that adversely impact health and the access to health care.

The report characterizes many features of contemporary primary health care as clearly delinked from the more radical vision of the 1978 Alma Ata Declaration. It makes a strong case for public financing of health care based on general tax revenues. Evidence from three of the largest countries in the world – China, India, and the US – shows a link between the application of neoliberal economic theory and the collapse of health systems. Positive experiences from Costa Rica, Thailand, and Sri Lanka, on the other hand, highlight the possibility of building health systems that do a much better job of ad-
vancing the right to health through government intervention in both the financing and the running of health systems.

GHW3 uses the lens of equity and human rights to examine a variety of health-related issues. It emphasizes the importance of paying far more attention to the upstream causes of poor health and inequality both within countries, as well as across countries. The report “argues for an approach that locates the problems associated with high maternal mortality and morbidity in a framework that is sensitive to women’s concerns and vulnerabilities.” It discusses how technologies targeting women “lend themselves to commercial appropriation and the victimisation of women, especially women in poor and socially disadvantaged communities.” GHW3 appropriately draws attention to mental health problems that “are often rooted in structures of inequality, rising consumerism, and the marginalization of certain communities.” GHW3 calls our attention to the deep and persisting inequality in access to the “available tools that can control the spread of diseases.” These inequalities are further perpetuated by the existing global trade regime, the way the pharmaceutical industry operates, and the manner in which research “is heavily skewed in favour of biomedical intervention.”

GHW3 reminds us of the enormous challenges faced by health workers in conflict situations as they attempt to collect and disseminate information on access to care and health inequalities. It “traces the deep links between the biotech industry and speculative finance, both premised on a ‘future’ that is illusory and often false.” The report advocates an approach to the climate crisis “based on carbon budgeting.” This would balance the need to decrease greenhouse gas emissions with the economic needs of developing countries. At the same time, the report “raises concerns about the renewed focus on ‘population control’ in many developed countries” that seeks to “link the climate crisis with population growth.

GHW3’s scrutiny of global institutions (found in its “Watching” chapters) identifies fundamental flaws in the existing governance of global health. Serious concern is voiced about the influence of large corporations and of a few developed countries that is leading to shifts in the interpretation of WHO’s constitutional mandate. Similar concerns are voiced with regards to “UNICEF’s role in promoting” narrow biomedical approaches “to the problem of malnutrition” as well as

UNICEF’s involvement with agribusiness and other private corporations. While UN bodies face a crisis of legitimacy, “alternate centers of power” are increasingly influencing global policies. Prominent among these large private philanthropies. GHW3 “examines the functioning and priorities” of one of them – the Bill and Melinda Gates Foundation – as an illustration of “the alignment of corporate and anthropic investments.”

Why should you want to read GHW3? Because on the action side, the GHW3 proposes a framework for civil society movements to intervene and challenge the existing order. It provides examples of how this is already happening in many parts of the world. There is a timely section about the Occupy Wall Street style mobilizations around the world.

“Global Health Watch 3 does not claim to have made all the connections necessary” to change global health. But it does aspire to be a prime agent of change, for a change that it clearly considers “both possible and urgent.”

In this book you will find much useful intellectual ammunition. With its measured optimism, this book is a timely wake-up call and is thus very welcome.