



Health Before Wealth: Fighting privatisation, funding public health

Tuesday 18 October 2022 – 1-4pm CEST

[Register here](#)

Context

The right to health is the enabler of all other rights. And this right has been affirmed in several international conventions, starting from the 1947 preamble of the World Health Organization's constitution which says:

“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Public health, Once and for all!
SAFE WORKERS SAVE LIVES

Health Before Wealth

Fighting privatisation

Funding public health

HEALTH AND CARE WORKERS

18 OCT. — 13:00–16:00 CET

More than 100 countries have equally enshrined this health in their constitutions. But over the last four decades neoliberal policies which have become the conventional wisdom, has resulted in the commodification and marketization of health, which is increasingly seen more as a business and indeed, one of the fastest growing “economic sectors”, as global health spending rose to [US\\$8.3% \(10% of the global GDP\)](#), in 2018.

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Commodification of healthcare takes different forms of privatisation, such as outsourcing, contracting out, and public private partnership for delivery of clinical services or building/renewing health facilities. Privatisation of health has gone hand-in-hand with cuts in the funding of publicly delivered healthcare.

Indeed, privatisation is usually the result of political decisions of governments, using several mechanisms, including the adoption of vouchers and the introduction of private insurance. It is thus crucial to always have in mind the multifarious forms in which privatisation unfolds, pushing corporations and businesses commitment to making wealth over the delivery of health services, thus undermining the earlier established human rights-based approach.

The consequences of the intertwined phenomena of privatisation and sharp cuts in the funding of health and care services they had been devastating, even before the COVID-19 pandemic struck in 2020. Not even well-established single payer health services have been spared.

Between 2014 and 2020, [additional 557 deaths](#) were associated with out-sourcing of health services, across 173 clinical commissioning groups of the National Health Services (NHS) in England. Research also shows that privatisation of the Italian National Health System undermined health emergency preparedness, contributing significantly to the adverse impact of the pandemic in Italy.

In [the Global South](#), “developing countries were put under pressure to promote the Private sector” with aid policies that came with “advise” and international financial institutions loans that came with conditionalities, all about the necessity of privatisation for “efficiency” and investment in the sector.

When COVID-19 struck, radical steps were taken to different extents by governments, and with dispatch, which appeared to curb the incursion of private interests in the health sector. These went as far as [requisition of private hospitals](#) in Spain.

However, after the early days of the pandemic, governments rolled in privatisation again. Tactics for this, included [the “stealth”](#) of acceleration of [private outsourcing](#) in the NHS for example. And the process continued despite [abundant evidence](#) that “privatization of healthcare causes deaths during the COVID-19 pandemic”.

The situation is indeed quite dire. But the good news is that unions have been fighting back against the monster of privatisation.

In Canada, [CUPE has challenged](#) “the idea of publicly funded but privately operated health care services”, insisting on the funding and delivery of health care as “good public services for all”. In Korea, [KHMU has consistently organised](#) massive “campaigns against for-profit hospitals”. “And in Germany, Ver.di led strikes that lasted for weeks against privatisation, and for increased public funding of health in university hospitals.

These waves of resistance represent a tip of the iceberg of resistance which PSI affiliates are waging, often in cooperation with communities and the broader civil society movement. They are very important because if we are to win the battle to enthrone “health before wealth.” We need to look at how we can deepen the resistance with our different campaigns, and together, in solidarity.

Objectives

In the light of the foregoing context, the objectives of the meeting are:

- Share experiences of different unions on their anti-privatisation of health campaigns, and advocacy for improved public funding of health and social services

- Reflect on how to strengthen alliances with CSOs and communities to build greater power around our shared commitment to putting health before wealth.
- Consult affiliates on priorities for the development of a PSI anti-privatisation of health and social services campaign toolkit.

Draft Agenda

Time	Activity
13h00-13h10	Welcome and opening remarks <ul style="list-style-type: none"> • Baba Aye, PSI Health and Social Services Officer • Rosa Pavanelli, PSI General Secretary
13h10-13h50	Privatization and commercialisation of health: Key Issues and Challenges <ul style="list-style-type: none"> • Rossella de Falco (Programme Officer on the Right to Health, Global Initiative for Economic, Social & Cultural Rights, GI-ESCR) Building alliances with CSOs and communities to fight privatisation of health and social services <ul style="list-style-type: none"> • Leigh Kamore Haynes (People's Health Movement, PHM)
13h50-14h45	Sharing experiences <ul style="list-style-type: none"> • Sarah RYAN (Senior Research Officer, CUPE, Canada) • Na Soon-ja (President, KHMU, South Korea) • Herbert BECK (Ver.di Germany) • Dr Gilbert TSOLENYANU (Secretary General, SYNPHOT, Togo)
14h45-15h00	Break
15h00-15h40	Group discussion What lessons can we learn from anti-privatisation campaigns, and what capacities do we need to build to make these our campaigns more effective?
15h40-16h00	Conclusions and Action Points