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Infiltration of neoliberal ideology in the World Health Organization
Effects on global public health policy and practice
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Introduction

The infiltration of neoliberal ideology in WHO today is profound and this is despite WHO's Constitution and many founding and key documents since then, which are explicitly oriented towards social justice as a solution to health problems and a goal in its own right. The WHO/UNICEF Conference on Primary Health Care held in Alma Ata in the former Soviet Union in 1978, represented the flowering of this vision but the movement was swiftly and decisively silenced as early as 1980.

There is disconnection, incompatibility and even clear contradiction between WHO's founding principles, as expressed in its Constitution, and the policies which have been implemented by current office holders and their predecessors over a 25 year period. A re-appropriation of this UN agency by the people only needs to return to the founding principles and values of this international health authority. Nothing needs to be reinvented.

There are of course new developments which need to be taken into account today in a serious implementation of Health for All. These include massive increases in inequality between and within countries, accelerating environmental degradation, and the threat represented by the General Agreement on Trade in Services such as health and utilities such as water. However, the fundamental principles, objectives and functions set out in the Constitution (1948) and above all in the Declaration of Alma Ata (1978), are still valid today.

In this chapter, we briefly revisit the social justice principles underlying WHO's constitution and the historic and continuing importance of Alma Ata. We examine in detail the underlying assumptions and key features of neoliberal and social justice approaches to health, respectively. Taking the international community's approach to the HIV/AIDS pandemic as an example, we show that neoliberal approaches to health ignore root causes of both poverty and disease, betray fundamental public health principles and produce results which are cosmetic and unsustainable. Finally, we briefly consider the potential for a revival of Health for All and a re-appropriation of WHO and its mandate by the people, with particular reference to the People's Health Movement.

WHO's constitution: health for all through social justice

"Health is one of the fundamental rights of every human being . . ."

"The health of all peoples is fundamental to the attainment of peace and security . . ."

"Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger . . ."

"Governments have a responsibility for the health of their peoples".

The principles set out in the preamble to WHO's constitution are critical to a re-appropriation of this UN agency by the people in their (genuine) efforts towards Health for All. Indeed there is tremendous potential today for people's health movements to identify these positive elements, call WHO to account and challenge it to respect its own mandate. Of particular interest today is the reference to the dangers of unequal development and to government responsibility for the health of the population both of which are principles which are ignored or explicitly rejected in neoliberal ideology.

Alma Ata and the hijacking of Health for All

The Declaration of Alma Ata clearly identified social and economic root causes of avoidable disease and death, placed the debate squarely within international power structures and insisted on a broad public health perspective which addressed non-health sector determinants of health.

"Economic and social development based on a New International Economic Order is of basic importance to the fullest attainment of Health for All" . . .

"Primary Health Care is the key to attaining this target as part of development in the spirit of social justice." . . .

PHC involves "in addition to the health sector, all related sectors and aspects of national and community development. . . and includes promotion of food supply and proper nutrition, an adequate supply of safe water and sanitation . . ."

The Declaration has never been repudiated although its principles have often been disregarded and even betrayed during the period of neoliberal influence. The revolutionary implications of Alma Ata and the threat that it represented to the established order were not lost on the rich and powerful. Within a couple of years primary health care (PHC) was declared "costly and unrealistic" and was replaced by "a selective, politically sanitized version reduced to a few high priority technological interventions determined not by communities but by international health experts". This allowed "governments and health professionals to avoid dealing with the social and political causes of poor health and thus to preserve the inequities of the status quo" (Werner and Sanders, 1997).

Neoliberal and social justice approaches to health¹

<p>Neoliberal approach to health</p> <p><i>Underlying assumptions</i></p> <ol style="list-style-type: none"> 1. Economic growth, within a globalized "free" market is the aim 2. Health is what you get from a health service 3. International aid, with conditionalities to enforce certain policies, is the only way to finance health 4. Democracy is alive and well in the developed world and is the model for 	<p>Social justice/human rights approach to health</p> <p><i>Alternative assumptions</i></p> <ol style="list-style-type: none"> 1. Fair distribution and sustainable use of resources is the aim 2. Health is what you get from meeting basic needs 3. Sovereign and solvent states must provide for their people's basic needs without outside interference 4. Democracy is in crisis everywhere. Self determination of nation states
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¹ This section is drawn from an article by Katz, 2004

the developing world	and a rules-based system of international governance are required
<i>Key features</i>	<i>Key features</i>
<ul style="list-style-type: none"> • Addresses symptoms, short term • Promotes 'magic medical bullets' • Promotes interventions delivered through health services • Identifies charity and international aid as only sources of funds for health • Maintains the status quo of extreme concentrations of wealth and power • Focuses on individual behaviour and tends to blame victims 	<ul style="list-style-type: none"> • Addresses root causes, long term • Promotes the meeting of basic needs • Promotes public works to free people from miserable living conditions • Identifies redistribution and economic justice as sources of funds for health • Demands a fair and rational international economic order • Focuses on structural poverty and violence and tends to blame the 'system'

Neoliberal reversal of public health logic and history

In the neoliberal approach to health it is asserted that attention to a few diseases will create prosperity. Let us start therefore with a clarification of the health/poverty relationship - well understood between 50 and 100 years ago and exemplified by Pasteur's dictum "The bacteria is nothing: the terrain is all".

The relationship between health and poverty is two way but it is *not symmetric*. Poverty is the single most important determinant of poor health. But poor health is very far from being the single most important determinant of poverty. Poor health *exacerbates existing poverty*.

No amount of excellent medical interventions delivered to Haitians or Tanzanians today are going to make them or their country prosperous tomorrow if the national economy is strangled by debt, unfair terms of trade and the continued pillage of natural resources and destabilized by uncontrolled financial outflows, wildly fluctuating commodity prices and outside interference in matters of national sovereignty.

On the other hand, substantial and sustainable improvements in population health are achieved by meeting basic material needs for food, water, sanitation and shelter and basic social needs for education, employment, access to land, safety and security - addressing the root causes of avoidable disease and death (Mckeown, 1979). However, meeting basic needs for health - *creating a healthy terrain* - requires redistribution of resources and a radical transformation of economic and political arrangements on earth. This is, of course, deeply threatening to powerful elites.

Four flawed assumptions

Economic growth is the aim?

Economic growth has no necessary relationship with improvements in health nor for that matter with improvements in human welfare generally. However, the international health community continues to present growth - through the globalization of "free" market policies - as the aim with the vague assumption that benefits, including improved health, will "trickle

down" to the population - even though such theories have long been discredited (Todaro, 1997).

During the period of globalization of "free" market policies, not only have poverty and inequality between and within countries accelerated (UNDP, 2003) but social progress, including in population health, has declined (Weisbrot et al, 2001). Neoliberal triumphalism consistently fails to distinguish between two periods, 1960-1980 and 1980 - 2000. In the latter period, per capita GNP growth has been considerably worse in all countries and the poorest countries experienced negative growth and considerably slower progress in life expectancy and infant and child mortality. The authors stress that "these results cannot be explained by the AIDS pandemic". This corrective is important because the neoliberal establishment has conveniently identified AIDS as the cause rather than the result of the poverty, hunger, devastation and chaos experienced in sub-Saharan Africa and elsewhere².

Furthermore, economic growth is incompatible with sustainable and equitable use of resources which itself is a prerequisite for peace, social justice and population health (WHO, 1992). If the international health community is serious about Health for All, it cannot continue to ignore alternative economics. It should not be forgotten that the Alma Ata declaration endorsed in effect "distribution" economics through its support for a New International Economic Order..

The link between fair and sustainable use of the earth's resources and countries' capacities to meet people' basic needs for health is difficult to dispute, in ethical and common sense terms - and as the accumulated evidence shows (Platt, 1996). Basic needs for health, including a safe environment, can only be met for all the world's people *and their descendants* if its precious resources are distributed fairly and produced and consumed carefully.

In a social justice and human rights approach to health, a reappropriation of WHO by the people, *Economic growth* must be replaced by *Fair distribution and sustainable use of resources* as the assumption underlying economic arrangements for health and development.³

Health is what you get from health services?

In neoliberal thinking, health is achieved and health problems are solved by delivering *technical interventions through health services*. In an astonishing number of UN and WHO documents, there appears to be no recognition that the major interventions required for improvements in population health status *lie outside the health sector*. WHO's own figures, year after year, show that determinants of disease in poor countries today are roughly the same as they were in today's rich countries 100 years ago.⁴

50-70% of lower respiratory infections, diarrheal disease, malaria and measles (the big killers) in childhood are due to undernutrition. 88% of diarrheal disease is due to unsafe water, sanitation and hygiene, and 99.8% of deaths due to this risk factor are in developing countries (WHO, 2002).

² This is not to deny that AIDS has ravaged already poor communities, but the virus arrived in fertile terrain of poverty and powerlessness (see section on neoliberal approach to AIDS).

³ This does not mean that economic growth is never to be pursued but that when it is pursued, it is because it has been correctly identified as the best *means* to a particular *end* such as improvement in material conditions of life - not achieved at the expense of other people or the environment.

⁴ Note that the basic determinants are the same but many developing countries carry a double burden of traditional risks and "modern" risks chemical pollution, diet, deteriorating environment etc.

It would appear that classic public health lessons are not regarded as applicable to poor countries today. The international health community has been recommending technologies to fight disease in developing countries for at least two decades - drugs, bednets, condoms and the like - cosmetic, unsustainable, stop gap measures (see for example WHO, 2000).⁵

The neoliberal establishment never acknowledges that poor countries today might wish to rid themselves of the scourge of disease reliably and once for all, just as the rich countries did, rather than for a couple of months while supplies - acquired expensively from Northern pharmaceutical companies - last.

It should not be assumed that that this is some kind of unfortunate mistake. Like all the policies proposed for poor countries by the international financial institutions, such prescriptions reinforce existing power balances and serve those who design them.

Another curiosity in the neoliberal approach to health is the obsession with research to develop new technology and to "improve the evidence base". If the aim is to reduce the greatest burden of disease, which everyone agrees is attributable to unclean water and malnutrition, no new evidence is required.

The interest in developing new technology is two fold. It represents an additional diversionary tactic - this time from the very simple solutions which exist, and it is of considerable interest to transnational corporations especially those in the pharmaceutical products and medical equipment business.

In conclusion, it is argued that the underlying assumption *Health is what you get from a health service* should be replaced with the alternative assumption *Health is what you get from meeting basic needs* including of course, primary health care.

International aid is the only way to finance health ?

A frequent omission from UN and WHO texts on health, poverty and development is *the concept of distribution* of wealth in the world - fair or otherwise. A narrow and static vision of economic arrangements in the world is proposed in which there are rich, donor nations and there are poor, recipient countries and no connections between the two. The social justice approach to health rejects poverty as a fact of life and focuses attention on *impoverishment as a process* which is inherent to capitalist accumulation and the inevitable concentration of power and wealth.

In neoliberal thinking, the only source of financing for health action in developing countries is international "aid/charity" Given the pitiful levels and questionable value of international aid, this perspective is deeply pessimistic. (See Narayan, 2001 for a comprehensive study of the negative effects of such "aid" in the specific context of health service delivery).

International aid is not designed to change the structure and dynamics of relations between North and South (Sogge, 2002). On the contrary, it is fully integrated into the current international financial architecture in terms of its goals and values - and its architects. Aid brings more money back to the donor country than it actually donated⁶, and it inevitably results in undue influence if not outright interference in public policy, including national health policy, in the recipient country.

⁵ Drugs for TB, bednets for malaria, condoms for HIV/AIDS and other STIs. Yet TB and malaria were controlled in the rich countries through better nutrition and public works to improve sanitation and housing.

⁶ About 65% of Dutch aid in 1995 was spent in the Netherlands (or flowed back there): the figure for the USA was around 80% (Sogge, 2002).

There is a striking disproportion between the amounts raised through international aid and the amounts which would be released through simple macroeconomic measures to halt and then reverse the flow of resources from South to North. International aid totals around US\$ 50 billion annually. In 2001, indebted countries paid out US\$ 382 billion to service their debts (CETRI, 2002). UNCTAD estimates that developing countries lose US\$ 700 billion annually from unfair trade (UNCTAD, 2002). US\$ 160 billion could be raised annually if earned income from offshore accounts were taxed (UNRISD, 2000).

The social justice approach to health rejects the assumption that *international aid is the only way to finance health* and proposes as an alternative assumption: *A fair and rational international economic order so that sovereign and solvent states may meet the needs of their people sustainably and without external interference.* Such an assumption is respectful of human rights, national sovereignty and democracy and offers a sustainable, equitable and emancipatory approach to health and development.

Models of democracy and respect for human rights?

Many UN and WHO documents convey the true believer's faith in democracy and respect for human rights - as practiced today in rich countries and preached to poor countries. Ironically, many of these texts and in particular those addressing health, poverty and development, are *prescribing* to countries a very particular strategy (which is then *imposed on countries*) in matters which are properly of national sovereignty - such as budget levels for health or indeed choice of economic policy.

There is a crisis in democracy today, nationally and internationally, which goes far beyond the minor imperfections which have always been acknowledged and are occasionally addressed (Aksu and Camilleri, 2003). The more imperfect our democracies become, the louder our leaders proclaim their attachment to its principles. Behind the scenes, many of them violate its most fundamental principles with increasing impunity. At the same time, all five of the indivisible human rights (political, civil, social, economic and cultural) are grossly violated by the same forces which are undermining democracy (Pilger, 1999, Chomsky, 2000).

At international level, gross interference in the democratic processes of developing countries by the powerful nations, in particular the USA, is well documented (Blum, 2003). Suffice to say that almost every legitimate people's movement for democracy in developing countries has been crushed - with violence that ranges from sudden, extreme and overt to slow, long drawn-out and covert.

It is argued that the neoliberal approach to health is more or less antithetical to a social justice and human rights based approach to health. WHO faces the considerable challenge of reconciling the irreconcilable - namely its own Constitution and the UN Charter with neoliberal ideology and policy as imposed by the IFIs, in particular the World Bank - which is today the major player in global health policy making.

The policies the WB promotes (and imposes through other IFIs) - retreat of the state, privatization of national assets, deregulation (which in effect removes key areas of the economy from democratic control), and export oriented production at the expense of national self sufficiency, would all appear to be incompatible with sustainable and emancipatory development and indeed with democracy and human rights.

The assumption that the powerful nations responsible for today's world order are *models of democracy and respect for human rights* must be recognised for what it is: pure propaganda.

The neoliberal approach to HIV/AIDS: a colossal failure⁷

In line with neoliberal doctrine, the international health community has 'explained' the spread of AIDS - and the extremely high prevalences in sub-Saharan Africa - in terms of individual sexual behaviour. It has exaggerated the extent to which people control their lives and circumstances and ignored larger macroeconomic and political factors. Above all it has ignored *poverty induced, population vulnerability in terms of seriously weakened immune systems*.

The insistence on analysing this colossal public health catastrophe in terms of individual behaviour has correspondingly restricted the response to action at the individual level, usually promotion of safer sex, condom use and education for prevention.

Average HIV prevalences in the adult population of most sub-Saharan African countries are 25%. The figures for Europe and most of the industrialized world are still under 0.1%, and in many cases, under 0.01% (UNAIDS, 2002).

Individual behaviour cannot possibly account for this enormous difference which would imply that people in some African countries have at least 250 and even 2500 times more unprotected/unsafe sex than people in Europe, the USA or Australia (even taking into account the exponential increases in areas where HIV spread widely and silently before action was taken).

WHO and UNAIDS' own studies show that rates of sexual activity do not appear to vary much between populations. Multiple, mostly serial, casual and unprotected sex is common in Africa, Europe, the USA and parts of Asia with *most men everywhere having more partners than most women* (WHO, 1995). Furthermore, rates/types of sexual activity do not appear to have a clear relation with prevalence of HIV infection (Crael, 2001).

AIDS is the quintessential disease of poverty and powerlessness and there are plausible explanations in terms of biological vulnerability, for the very high rates of HIV transmission among poor populations - unrelated to individual sexual behaviour. Despite their common sense validity and the weight of historical evidence in their favour, they have received very little attention.

The major biological factors of interest are malnutrition and chronic co-infection with other diseases of poverty, notably, parasitic infection, tuberculosis, malaria and other tropical diseases⁸. These factors are known to seriously impair and interfere with immune function, and to be responsible for the bulk of infectious disease - whether bacterial, viral or parasitic.

There is no shortage of evidence on the adverse, even devastating effects of malnutrition, undernutrition and specific nutritional deficiencies on immune function, susceptibility to infection and capacity to cope, once infected (Harbige, 1996). Co-infections not only interfere with immune function *but they also increase viremia* - the level of HIV circulating in the body. High viremia, unsurprisingly, is associated with increased risk of transmission.

⁷ This section is a summary of an article by Katz 2002

⁸ The exception is sexually transmitted infections which significantly increase risk of HIV infection and which have been given considerable attention.

Let us recall that the average African household is caught in a poverty cycle of low food production, low income, poor health, malnutrition, poor environmental sanitation and ⁹infectious disease (Akinyele, 1997). Populations in Asia, where an AIDS epidemic of colossal proportions is developing, survive in similar conditions of misery.

Food, water, sanitation, basic education, health care, security - and decent work in non-exploitative employment useful to their own communities - are the solution to AIDS in Africa - as they are everywhere for all the diseases of **poverty**¹⁰. Making populations resistant to infection - which is what the rich countries all did - is primary prevention, far more 'primary' than condoms or safer sex.

People's Health Movement

In an effort to bring the international health community back to its founding principles, to revive "Health for All" and to reinforce legitimacy with broad representation, a People's Health Assembly (PHA) was held in 2000 in Dhaka, Bangladesh. On 8 December 2000, the participants - 1453 people from 92 countries - endorsed the People's Charter for Health¹¹ as a tool for advocacy and a rallying point around which a global health movement can gather and other networks and coalitions can be formed. The first paragraph of the preamble of the Charter encapsulates the essentials of this social justice movement to achieve Health for All.

"Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of the ill-health and deaths of poor and marginalized people. Health for all means that powerful interests have to be challenged, that globalization has to be opposed and that political and economic priorities have to be drastically changed."

In effect, the People's Health Movement (PHM) created after PHA, to take forward the People's Health Charter, is promoting reappropriation by the people of one specialized UN agency - WHO - which has, in its view, neglected its public health responsibilities. In addition to promoting the social justice approach to health through networking between groups and associations of grassroots health workers and advocates, the PHM maintains pressure on WHO, provides policy input on a variety of issues and lobbies for proper attention to social and economic determinants of health. It has invited WHO to attend the International Health Forum of the World Social Forum (see Porto Alegre and Mumbai declarations on www.phmovement.org), to hear the voices of people and of course, is an active and respected participant at the World Health Assembly.

We, the People and Health for All

Reappropriation of some of the *responsibilities and functions* of the WHO by the people may have to precede reappropriation of the agency itself. The latter depends on the simple but colossal task of returning decision making power, throughout the UN, to Member States. We refer here not only to the power of veto within the Security Council but to the undisguised bullying, threats and manipulations behind the scenes on the part of the powerful Member State (and its lackeys) to ensure that less powerful Member States vote "correctly".

¹⁰ See the People's Charter on HIV/AIDS, presented by the People's Health Movement at the XV International AIDS Conference, Bangkok, 2004 www.phmovement.org

¹¹ See www.phmovement.org for the charter, translated into many languages. The second People's Health Assembly will be held in Cuenca, Ecuador, in July 2005.

Plutocracy at the UN is of course only a reflection of power relations in the outside world. A democratic UN can only start to fulfil its original mandate as expressed in its Charter¹² when Member States themselves start to represent their own people. This implies an end to powerful nations' interference in the democratic processes of sovereign nations and an end to their support to puppet regimes installed to ensure uninterrupted exploitation of human and material resources - under threat since "decolonisation". In turn, these measures imply an end to the colossal power of transnational corporations which today are indistinguishable from "elected" government in most industrialized countries.

Meanwhile, and bearing in mind always the ultimate goal of Health for All, people are already reappropriating some of the roles and functions of the specialized UN agency created to achieve Health for All. The victory of the people of Cochabamba, Bolivia, of Placimada in Kerala (against the giant Coca Cola) to keep water in public hands, of the Sin Terra in Brazil to obtain land for subsistence for thousands of families, and of the health workers of El Salvador to stop privatization of health services are examples of essential health actions, responsibility for which ought to be assumed by the UN and its specialized health agency.

To those who claim that these issues lie outside WHO's mandate, we reply that as undisputed key determinants of population health, they are central to WHO's advocacy role. Furthermore, we argue that these actions exemplify the *multisectoral approach* to achieving the Right to Health which is part of the *raison d'être* of the *UN family*. WHO's unswerving stand on tobacco, requiring confrontation with the most powerful interests in earth, is exemplary and shows what can be done.¹³

Health for All cannot wait for results to be achieved through lobbying efforts of NGOs at the World Health Assembly. As the People's Health Movement has shown through its participation in World Social Fora, a reappropriation of Health for All will require joining forces with the worldwide movement for social justice and *altermondialisation*. It will require alliances with trade unions, people's movements for democracy, community associations, the independent media, the independent academic and research community and "real" social justice political parties. It will require political action and an explicit rejection of those mindless and deeply dishonest exhortations not to "politicize". Health is political and the international health community has been infiltrated by neoliberal ideology to a point where the most grotesque untruths may be presented as scientific fact without a murmur of dissent from the ranks¹⁴.

Health for All is not an empty slogan; neither is it utopian. However it is cannot be achieved without a fair and rational international economic order in this world of plenty. However, for as long as global health policy is allowed to be driven by neoliberal ideology and for as long as global health action is restricted to the sphere of charity and/or international "aid", the only achievement will be clean consciences for those with fat wallets.

The Vision statement of the PHM has the last word on financing "Health for All".

¹² The preamble to the UN Charter begins "We, the People, . ." an inspiration to reappropriation of this monument to people's most admirable intentions and most abysmal suffering.

¹³ WHO has taken note of many PHM concerns for example in the recent establishment of the Commission on Social Determinants of Health attended by several PHM members and in a session called "Beyond MDGs" in the Global Forum for Health Research.

¹⁴ For example, in a 2001, WHO publication, is the statement "Deregulation of the water sector offers opportunities for improved delivery of safe water to needy customers". Evidence supporting this statement would be hard to find.

*"Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality . . . **There are more than enough resources to achieve this vision.**"*

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