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viva salud
UNITED IN THE STRUGGLE FOR HEALTH

Privatisation of health

PROFITABLE

BUT AT WHAT PRICE ?

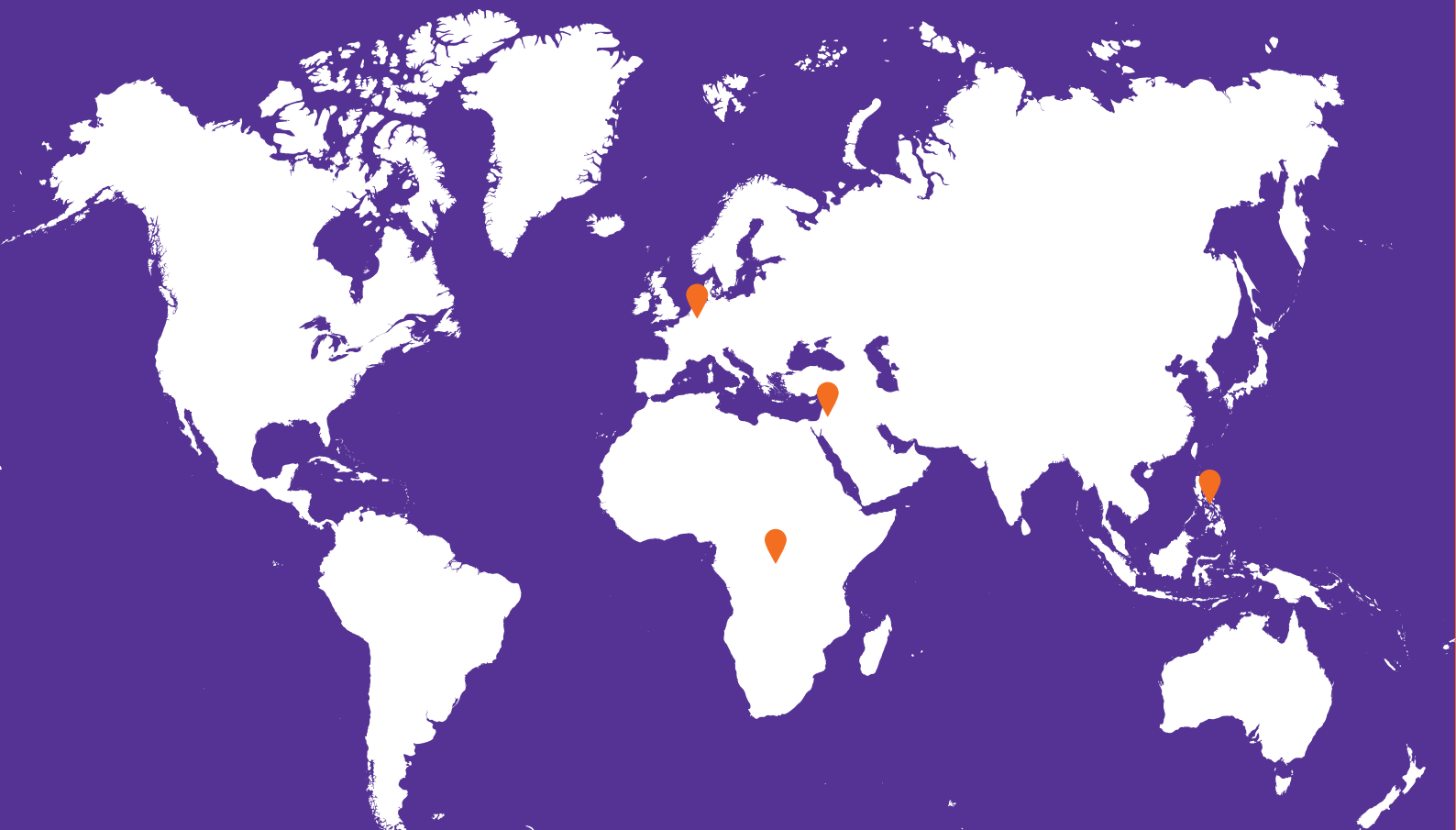
CARE FOR CARE WORKERS

CAMPAIGN PAPER

viva salud

UNITED IN THE STRUGGLE FOR HEALTH

Viva Salud is a **Belgian NGO** convinced that every individual and community has a right to health. That is why we support social movements in their struggle for the right to health. In **the Philippines, Palestine, the Democratic Republic of Congo** and elsewhere, we work with social organisations on joint campaigns, learning from and strengthening each other. Faced with what have become increasingly global challenges, **the solution lies in international solidarity.**



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INTRODUCTION

There's a crisis in healthcare: you hear and read about it everywhere. There's not enough staff to care for all patients and the workload has become dangerously unsustainable. Unhealthy and poor working conditions make the health profession unattractive. Even before the Covid-19 pandemic, the world was dealing with a shortage of 5.9 million nurses[1].

By 2030, the World Health Organisation (WHO) estimates a projected shortfall of 10 million health workers[2]. In Belgium, almost half of all intensive care nurses are considering quitting their jobs because of the unbearable workload and unhealthy working conditions. Low- and lower-middle-income countries will once again be hardest hit by the global health workforce crisis however. They will be shouldering 89% of the total global shortage of health workers in 2030. 37 countries on the African continent are facing health worker shortages that threaten their chances of achieving universal healthcare by 2030[3].

Fortunately, healthcare workers are not letting this pass. All over the world, they are taking action for better working conditions and stronger public health services. They are at the forefront of the struggle for the right to health.

For the first time in history, tens of thousands of nurses walked out of hospitals and onto picket lines to join a historic national strike in the UK. Fed up by the lack of respect for their working conditions and several years of falling wages, which had not been adjusted since 2008[4], they are calling for higher incomes and a stronger NHS, the UK's National Health Service. The message «staff shortages cost lives!» was echoed frequently during protests of the striking nurses. In the Democratic Republic of Congo (DRC), doctors in public hospitals also went on strike for months on end at the end of 2022 and the beginning of 2023. The striking doctors accused the government of not fulfilling its promises to increase salaries, reduce workloads and guarantee proper pensions. When they took to the streets, their protest was met with police brutality[5].

«Staff shortages cost lives»

It's clear that working in the health sector can harm your health. It shouldn't be. During the Covid-19 pandemic, we rightly praised health workers as the heroes of our day. Their efforts were met with big rounds of applause. But today, governments are still not doing enough to increase their wages, improve their working conditions and strengthen the public health services our societies so desperately need. **The lessons of the pandemic have not been learnt.**

This raises the question: who will take care of those who take care of us? In this campaign paper, we seek to answer that question by shedding light on what makes working in healthcare so unhealthy. We look at why governments increasingly involve private for-profit actors in the healthcare sector and show how, together with suffocating austerity measures, they have been one of the main drivers in the deterioration of decent working conditions. In the final chapter, we reflect on the way forward. Want to read along?

Even before the COVID-19 pandemic, there was a shortfall of

5 900 000

nurses worldwide

By 2030, the World Health Organisation (WHO) expects to see a global shortage of

10 000 000

health workers.

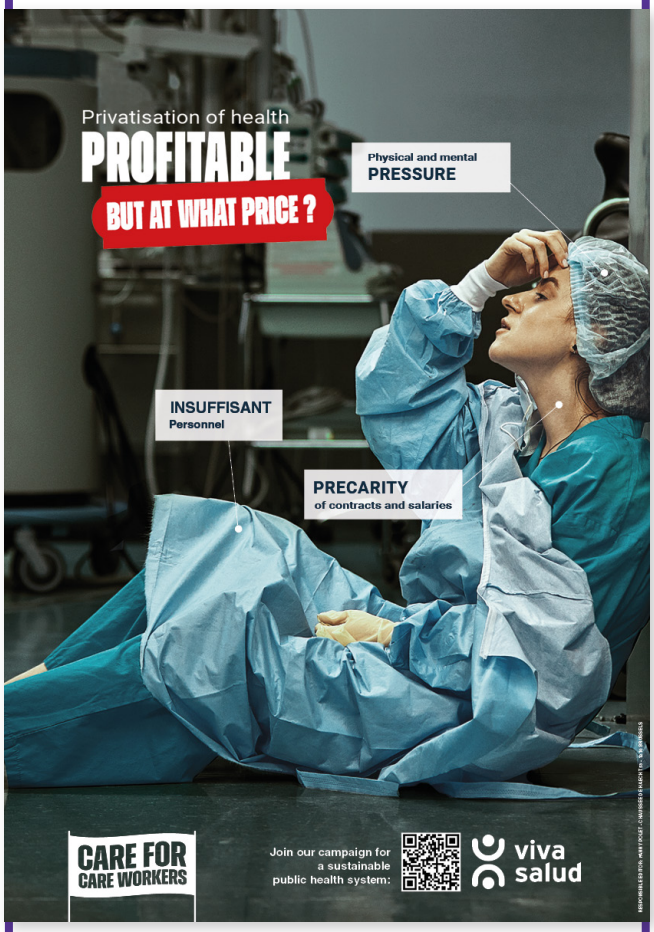
« There is only one doctor for every 33,000 inhabitants in the Philippines. That means every doctor has to take care of a group of people 33 times bigger than what the WHO recommends.».

Kat Berza,
policy officer and activist at the Council for Health and Development (CHD), partner organisation of Viva Salud

UNHEALTHY WORKING CONDITIONS IN THE HEALTH SECTOR

All over the world, health workers work in poor and unhealthy conditions. But what exactly makes working in the health sector so unhealthy?

Unhealthy working conditions encompass all the factors that contribute to an unhealthy and unsafe working environment and which negatively affect the health of health workers in a direct or indirect way.



Unhealthy working conditions in the health sector are caused amongst others:

- → **a lack of protective equipment**
- → **long working days**
- → **low wages**
- → **a lack of social protection**
- → **short and precarious contracts**
- → **violence and sexual harassment at work**

Due to a lack of protective equipment, 54% of health workers in low- and middle-income countries suffer from latent tuberculosis for example. This is 25 times more than in the general population[6]. During the Covid-19 pandemic, 23% of primary health workers worldwide suffered from depression and anxiety and 39% from insomnia. Medical professions are at higher risk of suicide in all parts of the world[7].

Working in a safe and healthy workplace is a human right, a fundamental principle of the International Labour Organisation (ILO) and an essential component of Sustainable Development Goal (SDG) 8 which seeks to obtain decent work for everyone. Healthy working conditions in the healthcare sector, then, are an important prerequisite for universal access to healthcare, an essential component of SDG3 ensuring good health and promoting well-being across the world.

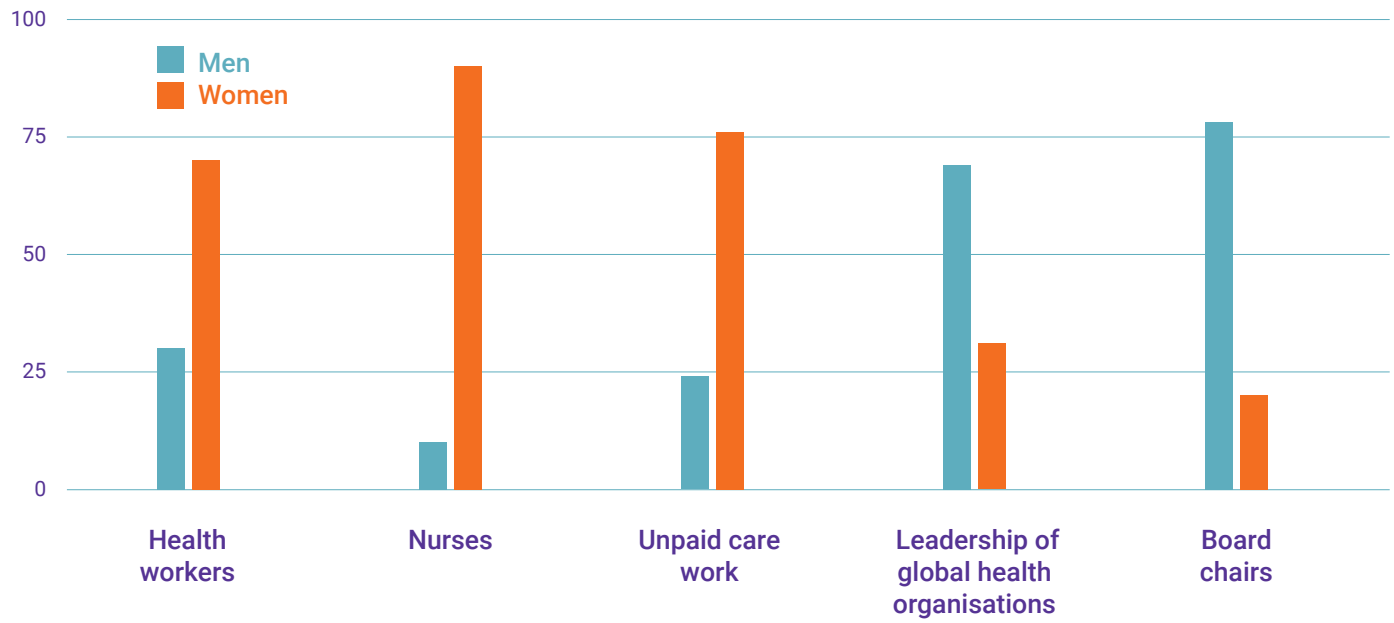
During the pandemic COVID-19

23 %

of primary health workers worldwide suffered from depression and anxiety.

70 % of all healthcare workers are women.

A FEMALE SECTOR



Women make up 70% of all health workers. Among nurses, this number goes up to 90%[8]. 69% of all healthcare institutions worldwide are run by men, however. Around 80% of all board members are male[9]. Women also typically perform the unpaid care work, or reproductive labour, central to keeping our economy going. **76% of all unpaid care work is estimated to be done by women, a figure likely to have increased during the pandemic[10].**

Persons who are victims of discrimination are usually hardest hit by public service cuts. They not only rely on them more often for all sorts of reasons, but also fill the gaps left by cuts in essential public services[11]. Take the staff shortages in Flemish childcare for example. Whenever a daycare centre closes unexpectedly, mothers are usually the ones to stay at home to take care of their kids. **Cutting back on public healthcare disproportionately affects women.**

Apart from gender, discrimination in other areas such as class, ethnicity or sexual orientation structures the unequal impact of austerity measures.

An intersectional approach, which takes into account the multiple axes driving inequities and illuminates how they interact, is crucial to understand the global health workforce crisis.

Percentage of healthcare workers in 2019 that experienced workplace

violence

62 %

sexual harassment

12 %

A 2019 survey of 330,000 healthcare workers world-wide found that 61.9% had already experienced some form of violence in the workplace.12.4% of health workers experienced sexual harassment in that year[12]. More detailed policy research remains rare unfortunately, as is action taken by policymakers and employers to tackle these issues[13].

Non-binary people also report a high number of incidents of violence and discrimination at work[14] but they are barely represented in official statistics.

THE INFORMAL HEALTH ECONOMY

Besides taking on most unpaid care work in non-work contexts, women, sexual minorities and migrants also work in the informal economy more often. This means their work is not covered or insufficiently covered by formal arrangements, leaving them with little or no job security, low wages, few benefits and limited hours. People with informal jobs usually suffer unhealthy working conditions as their rights are not formally enshrined or protected[15]. A lot of informal health workers are employed as district health workers or community health workers. Community health workers are often unpaid volunteers, even though they are indispensable to primary health care[16].

Nearly 60% of all community health workers in low-and middle-income countries report not receiving a salary. Research suggests that this can be as high as 85% on the African continent[17]. They are more than health workers: they are also social workers who take into account all the social determinants that help determine a person's health[18].

« As a community health worker, you are expected to know the health situation of every household in your neighbourhood. We organise campaigns during which we go to people's homes to explain various ailments. We also take surveys to find out whether families have a toilet or access to potable water. If someone gets sick, we take that person to the hospital. »

Testimony by a Filipino community health worker in a survey conducted by our partner organisations.

Estimated impact of determinants on health status of the population

50 % Social and economic environment

10 % Physical environment

15 % Biology/genetic disposition

25 % Healthcare system

Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002

RACISM IN THE HEALTH SECTOR

Around the world, health workers report racism while performing their jobs[19]. This can be a reason to leave the sector. In Palestine, Arab health workers face direct and violent repression from the Israeli state.

Israeli violence against health workers

Occupied Palestinian territory is one of the most dangerous places in the world to work as a health worker, says the UN[20]. Checkpoints, road blocks and outright attacks by the Israeli army jeopardise the safety of Palestinian health workers. The Israeli apartheid system puts them under great pressure.

Our partners Bisan, Awda and Health Work Committees know everything about it. Their staff levels have shrunk sharply over the past 10 years due to Israeli repression. At Awda, for example, eight staff members were injured during violent attacks by the Israeli army.

The psychological impact is huge. Anxiety, stress and depression are not uncommon among Palestinian health workers. Nearly 20% of Palestinian nurses report suffering from post-traumatic stress syndrome, a condition caused by particularly stressful or traumatic situations.

20 % **of Palestinian nurses report suffering from post-traumatic stress syndrome**

PRIVATISATION AND COMMERCIALISATION :

WHAT ARE WE TALKING ABOUT ?

Private for-profit actors in health stood in the way of a vigorous response to the Covid-19 pandemic. Yet, governments haven't buried their plans to dismantle and weaken public healthcare.

The private sector is playing an increasing role in the health sector[21]. Why is that?

The global market for for-profit private health services is one of the fastest-growing in the world, with **average annual growth rates between 6 and 8%.**

THE ROLE OF INTERNATIONAL FINANCIAL INSTITUTIONS

In most low-income countries, the World Bank (WB) and the International Monetary Fund (IMF) are the driving force behind the privatisation of the health sector. In the 1980s, they imposed strangling borrowing conditions on a majority of formerly colonised countries. Their infamous Structural Adjustment Programmes pushed the public health sector in many places to the brink of collapse. Governments were forced to open up their health sector to foreign investors and to slash public health budgets dramatically. Severe spending cuts and a cap on public sector wages generated an underpaid and demotivated health workforce. Health expenses for patients, on the other hand, increased dramatically, resulting in a surge of poverty across the countries under structural adjustment. Even though research[22][23] has demonstrated the devastating impact of their policies on public health, the WB and IMF stick to their well-known playbook until this day.

> **«Before the pandemic, 57 countries had critical shortages of health workers, according to the WHO. Yet the IMF advised 24 of the 57 countries to freeze or even cut public sector wage spending[24].»**
>
> **Jasper Thys**, *policy and campaign officer at Viva Salud*

In 2020, 62 countries spent more money on debt servicing than on health.

	Debt service as a share of government revenues		Ratio of debt service to healthcare	
	2016	2020	2016	2020
Europe & Central Asia	7.6	14.1	0.8	1.4
Latin America & Caribbean	10.9	14.2	0.8	1
Sub-Saharan Africa	8.1	14.6	1.1	2.1
East Asia & Pacific	5.6	14.7	0.8	1.5
South Asia	7.7	27.1	1.0	2.6
Middle East & North Africa	13.1	42.3	1.0	1.5

Source: Eurodad calculations based on Roefintv.

The relationship between debt repayment and investment in health :

Figures from Eurodad show that between 2016 and 2020, some countries had to spend up to 42.3% of their income on debt servicing. In 2020, it amounted to double of what some countries spent on health.

THE ROLE OF OUR ECONOMIC SYSTEM

Our global economic system is deeply unjust and an impediment to achieve the right to health. Unfair trade rules, tax evasion, strangling borrowing conditions, debt repayment and failing international financial policies prevent most countries in the world from increasing their disposable income. This blocks low-income countries from investing in public healthcare and the health workforce.

Last year, Jubilee Debt Campaign showed that 64 low-income countries spent more repaying foreign creditors than investing in in the health of their population. Moreover, global debt servicing expenditures have been increasing year-on-year. They get in the way of necessary investments in public services. Just like during the colonial period, formerly colonised countries have been caught up in an economic system that benefits a small group of people and countries but leaves the majority of people behind.

Globally, countries lose more than

427 000 000 000 $

every year to tax evasion. This would be enough to pay for the salaries of 34 million nurses every year.

THE ROLE OF PHILANTHROPY

During the 1980s, international institutions, created in the wake of WWII in order to serve the public interest, began to form partnerships with philanthropists. Some 40 years later, the charity activities of the global elite are increasingly setting the international health agenda. The Bill & Melinda Gates Foundation, for example, is the WHO's second largest donor because governments have started to contribute less and less. As donors set the priorities themselves, WHO's independence has been put under pressure as a result.

Philanthropists often have indirect interests in business and industry, so they promote the private sector as a central partner in their work. They are the driving force behind the proliferation of public-private partnerships (PPPs), long-term contracts through which the private sector sets up and operates key infrastructure projects or services that governments traditionally ran, such as hospitals, schools or energy supply. Too often, the conception and functioning of PPPs come at the expense of human rights and genuine sustainable development.

THE ROLE OF DEVELOPMENT COOPERATION

More than half a billion euros. That's the amount the UK government is estimated to have spent over the past decade on supporting private healthcare initiatives in dozens of low-income countries, research by Global Justice Now shows.

The revelations, however, came as no surprise. Since the financial crisis of 2007-2008, governments and international institutions have been promoting the private sector as a key player in sustainable development. In practice, the positive impact cannot always be demonstrated however. The private sector uses public money, for example, to remove the investment risk, while keeping profits in its own pockets. Moreover, the money often ends up in places where the investment climate is stable and thus where challenges are not very big.

« The private sector uses public funds »

The Belgian development bank 'BIO Invests' also indirectly invests in the private health sector in low-income countries through investment funds and international asset managers.

DEFINITION

The privatisation and commercialisation of health come in a variety of guises, sizes and ways. Essentially, the act of caring becomes commercial in nature and subject to profit making. Commercialisation introduces a market logic and business principles in the policies and systems of public actors. Privatisation means that health services, health policies and the production of health products are financed, implemented and executed by private for-profit players. In this paper we refer to all types of private for-profit players when we mention the 'private sector'.

Possible combinations of public and private sector financing and provisionning

Provision / Financing	Public	Private not-for-profit	Private for-profit
Public	General tax revenues used for direct public provision, for example the NHS in the UK	Public insurance contributions used to purchase the services of healthcare providers, for example in Belgium	General revenues used to purchase the services of healthcare providers
Private	User fees paid for private use of public facilities	User fees paid of healthcare facilities, for example the Netherlands	Private insurance payments paid to providers in private practice, for example the US

Source: WHO taskforce on health economics (1995) in E. Kondilis (2016), Privatization of healthcare in Europe.

AUSTERITY AND COMMERCIALISATION

A TRAGEDY FOR HEALTH WORKERS

A market logic does not lead to better healthcare for all. When profit and austerity come first, the respect for decent working conditions and quality of care subsides.

Cheaper, more flexible, more efficient.

POORER SAFETY AND HEALTH

One way to cut spending in the private health sector is to reduce occupational health and safety expenditures. This became painfully clear during the Covid-19 pandemic. Even though health workers performed their jobs in the middle of the danger zone, employers often provided too little protection. Shortages of masks, hygienic products and protective gowns and gloves made staff especially vulnerable to infection. According to the WHO, by May 2021, around 115,000 health workers worldwide had already died from Covid-19 after one year of pandemic.

HIGHER WORKLOADS

The pandemic caused a lot of people to leave their jobs in the health sector. As a result, the work now falls on far fewer shoulders. The workload is enormous and the profession demands more and more from staff. Always cheaper, faster and more efficient.

Time-management and paperwork have given way to good patient care. Flemish elderly care centers are a prime example. Especially where they are run by private players. No time for chatting with patients, tasks meticulously timed to the minute. The quality of care goes down and health workers no longer get satisfaction from their jobs.

Stress, physical complaints and burnout are the inevitable result, adding workload on the shoulders of other colleagues in a neverending vicious cycle.

INSECURE EMPLOYMENT ARRANGEMENTS

During the pandemic, the work of health workers was supported with rounds of applause and the promise of better working conditions. But there is still no real support today. Working conditions for healthcare staff remain very uncertain. Especially in the private sector.

Research from Catalonia[25] shows that nurses in the private sector are more likely to work at lower wages and with irregular hours than in the public sector. This has a huge impact on their mental and physical health.

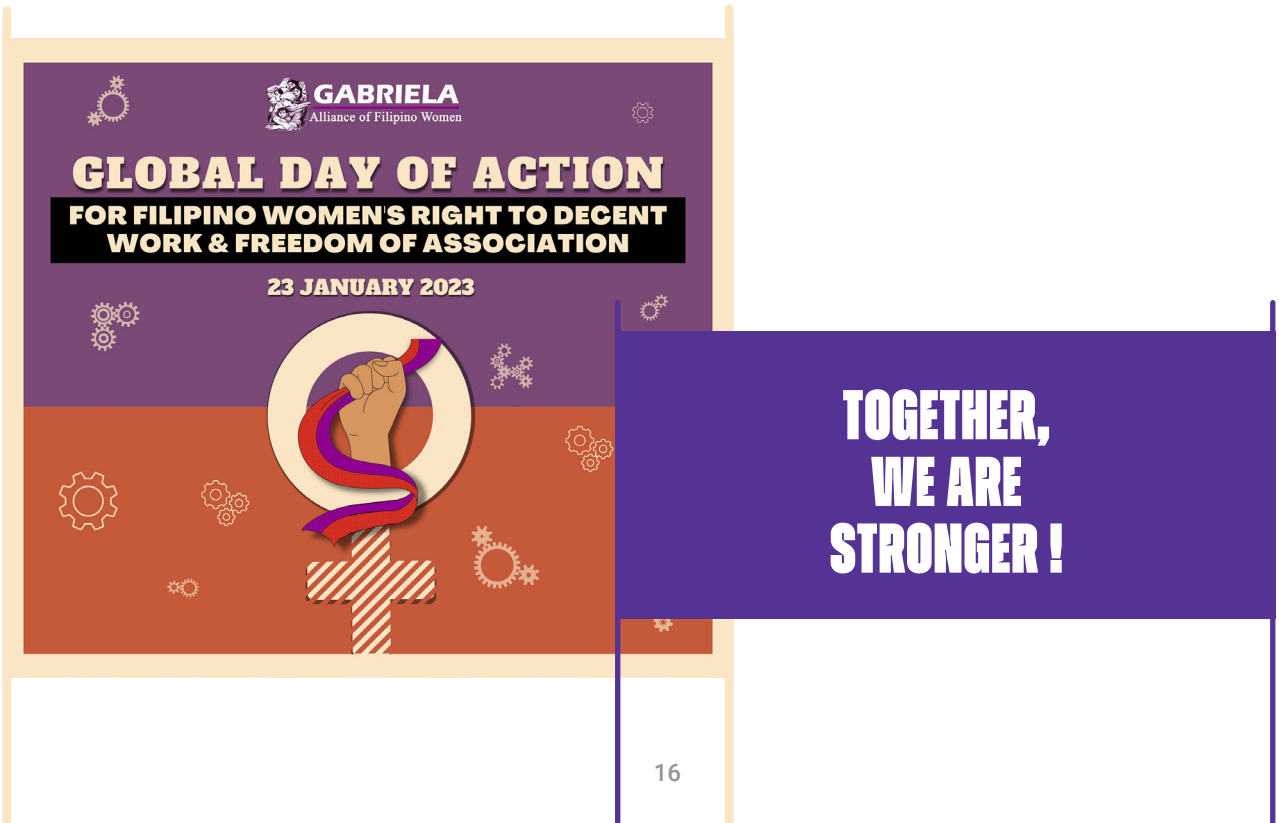
Moreover, temporary work is on the rise worldwide. It is becoming increasingly difficult to get a permanent contract. In India's growing private sector, for instance, permanent contracts are rare. As a result, healthcare staff there are often paid less or just above the minimum wage[26].

Sometimes pay conditions in the private sector are more attractive than in the public sector, but precarious contracts mean staff build up fewer rights in the long run, such as for retirement, sickness or unemployment. Moreover, overtime is not always compensated for and the risk of sudden dismissal is very high.

WEAKER UNIONS

Together we are strong! The strength of trade unions is nothing more or less than that. They bring the health workforce together and mobilise with one voice. They are the lever to tackle unhealthy working conditions in a targeted way. Unions negotiate better pay conditions, speak out about loosened flexibility and make sure worker's rights are respected. But in the private sector, though, far fewer staff are members of a union. In Poland, for example, it is barely 5%.

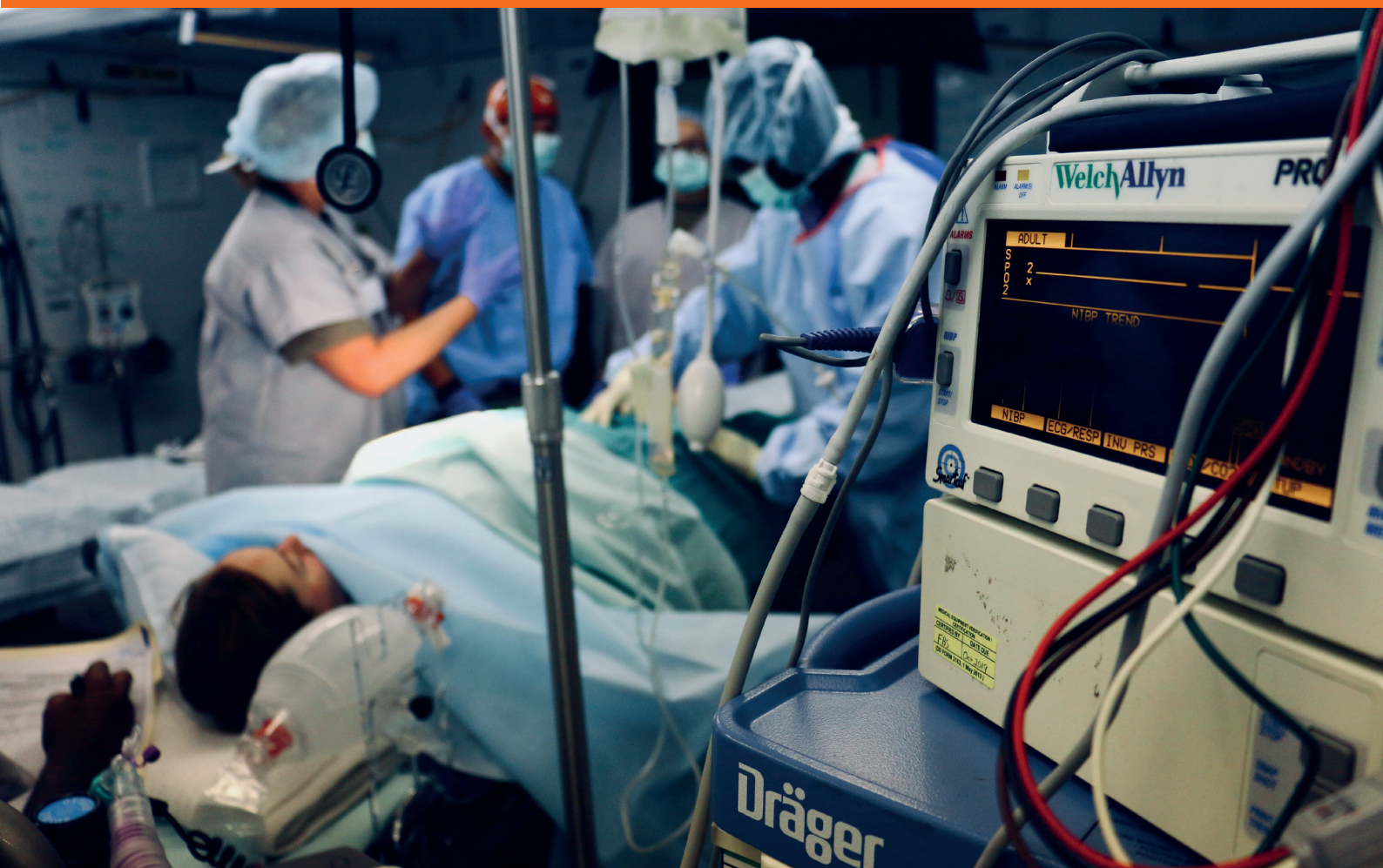
Here and there, health workers even lose their jobs for joining a union and some private health companies do everything they can to prevent union formation. This phenomenon is called union busting and goes against Article 23 of the Universal Declaration of Human Rights (UDHR): everyone has the right to form and/or join a union.



«STAFF SHORTAGES COST LIVES!»

That message was echoed several times in the UK since December 2022. For the first time in history, tens of thousands of nurses walked out of hospitals and onto picket lines to join a historic national strike in the UK, calling for a strengthening of the NHS, Britain's national health service, and better working conditions[27].

Simultaneously with the nurses' strikes, the Conservative government decided to submit a controversial strike bill to parliament. The strike bill would allow the government and employers to require workers to provide minimum services during strike actions[28]. The bill would apply to the health and education sectors, among others. Precisely the sectors that massively took to the streets in previous months. The bill will make it easier for employers to sack striking workers and sue unions. A slap in the face of workers in the public sectors of the UK, who see the strikes as a last resort against the UK's unbearable cost of living crisis[29].



BRAIN DRAIN

Finally, outsourcing healthcare to commercial investors damages the public sector. Indeed, scarce talents and resources, such as health workers and funding, are diverted. The private sector in one country, or medical tourism in neighbouring countries, can lure health workers away from the public sector by offering higher wages.

This so-called internal and international 'brain' or 'care drain' leads to shortages of health workers in the public sector and rural areas, resulting in poor access to quality healthcare for large sections of the population. Low-income countries are particularly affected.

They see many of their health workers migrating to high-income countries, which try to solve their own shortages by causing them elsewhere. Low-income countries bear the cost of health worker training; high-income countries reap the benefits. The International Organisation for Migration estimates that low-income countries lose $500 million annually to the migration of health workers to high-income countries.

DISTRIBUTION OF CARE WORKERS[30]:

37 % in North America

3 % in Africa

DISEASE BURDEN :

10 % in North America

24 % in Africa

WORKING CONDITIONS IN DRC
A SURVEY

Etoile Du Sud (EDS) and Si Jeunesse Savait (SJS), two partner organisations of Viva Salud, conducted surveys with 1,330 health workers from Kinshasa, North Kivu and Katanga in 2022. They surveyed doctors, nurses and pharmacists about working conditions in the health sector.

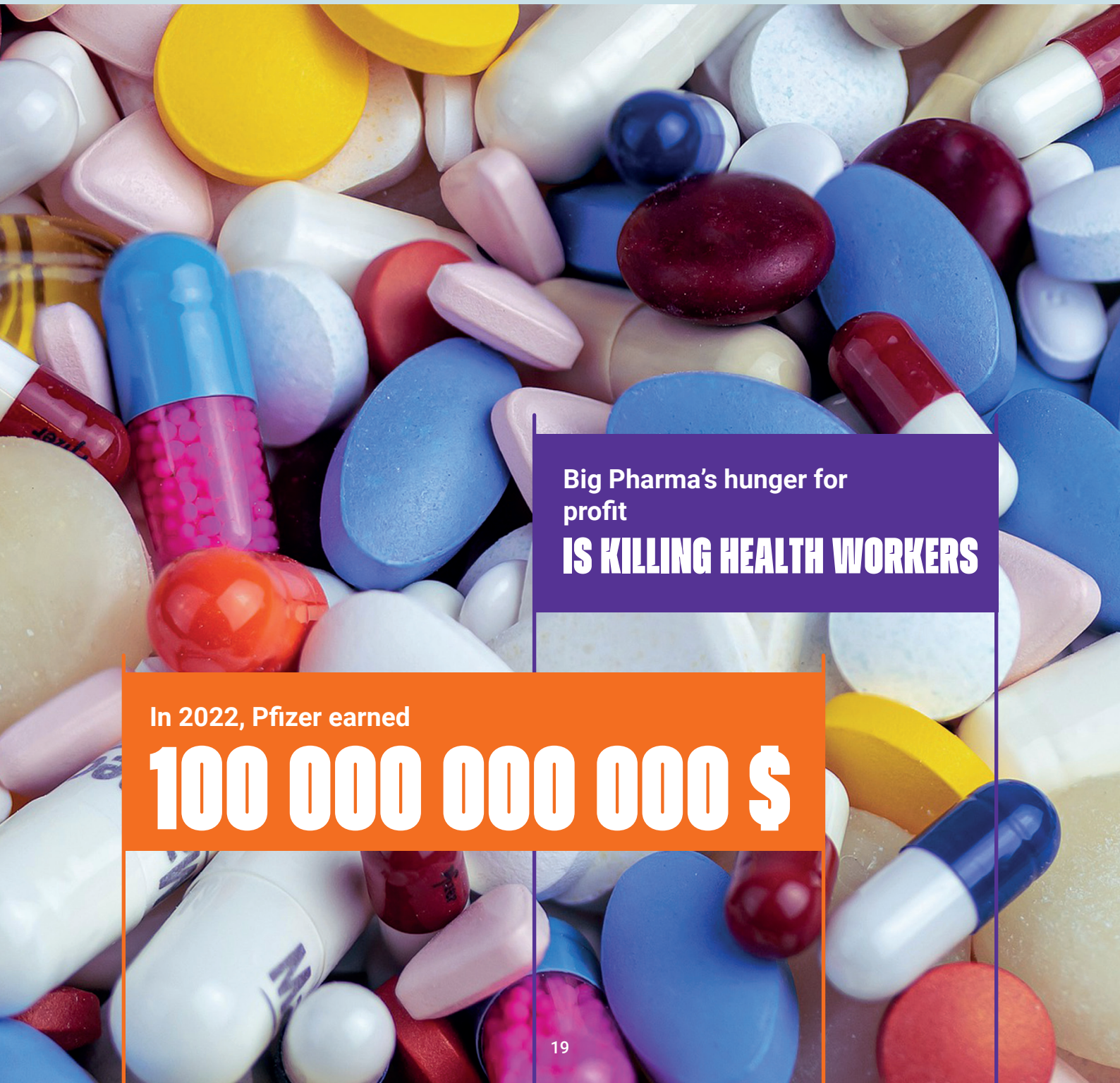
The survey found that 74% of respondents agreed that there is a shortage of health workers with quality training in the country. In rural areas, 91% of respondents agreed with this statement. Working conditions in rural areas as well as in the underfunded public sector are found to be outright worst. Poor working conditions and low wages are mentioned as the main factors for staff shortages in the public health sector. They push Congolese health workers to work abroad or in the private sector.

One respondent testified :

« When health workers choose to continue working for a public service, it has to do with job security. It is difficult for the government to fire someone. But when it comes to working conditions, living conditions and salary, the private sector, NGOs and the health sector abroad do better. As a result, there are far fewer well-trained health workers working for public services. And since the government is aware that they pay healthcare staff poorly, they know that quality controls are useless.»

BIG PHARMA'S PROFIT HUNGER VS HEALTH WORKERS

Big Pharma made mountains of profits in recent years. In 2022, Pfizer earned a record $100 billion, which is as much as the total health spending of 100 countries combined. Yet the Covid vaccination campaign can hardly be called a success. Especially for health workers in low-income countries. By the end of 2021, after one year of vaccination, barely 1 in 3 health workers in LICs had been vaccinated, despite the fact that healthcare workers were designated as a priority group for Covid vaccination. Big Pharma's profit hunger is killing healthcare workers.



THE WAY FORWARD

We need to invest in the health workforce and strengthen public health systems. How do we take care of those who take care of us?

CARE FOR CARE WORKERS

STRONG UNIONS AND SOCIAL MOVEMENTS

Social movements and unions play a central role in improving working conditions in the healthcare sector. They are an organised collective force that makes the voice of healthcare staff heard. They bundle their frustrations and concerns and put them on the political agenda as a partner in social dialogue. Trade unions also advocate for the ratification of international instruments and conventions at the national level and they play a key role in the implementation of those plans.

Freedom of association and the right to collective bargaining are important principles in international law. Healthcare workers and trade unions must be involved in decisions about their job and need to have the space to voice their preoccupations. Yet, not all International Labor Organization (ILO) countries respect these principles. Therefore, the struggle for better working conditions is also a struggle for strong social action and more democratic space. It is crucial that unions join hands at the international level to address these issues.

AN EQUITABLE GLOBAL ECONOMY

There is colossal wealth available to invest in public healthcare and to improve working conditions in the healthcare sector. But that wealth remains in the wrong hands. According to Oxfam[31], during the pandemic, the wealth of the 10 richest men on the planet doubled, while 99% of the world's population got poorer. With a more equitable distribution of resources, governments could invest more in strong public services and decent public sector jobs.

But it requires fierce social action and bold policy proposals to achieve a socially just economic system. Debt cancellation, international tax justice and fair trade agreements must be at the centre of discussions for better working conditions.

DEVELOPMENT COOPERATION FOR PUBLIC HEALTHCARE

We know that strong public healthcare is the best way to protect and promote the right to health for all. In recent decades, however, public healthcare has been dismantled and weakened in too many countries. International financial institutions, Big Pharma, insurance companies and even international development cooperation play a detrimental role.

It is of crucial importance that public funds intended for the sustainable development of the health sector in low-income countries are not used to further encourage the privatisation and commercialisation of health. Governments engaged in health development cooperation must commit to supporting the development of strong public health services in the recipient countries. They must ensure that they do not use Official Development Assistance (ODA) to invest in private for-profit health companies or to promote public-private partnerships.

STRONG INTERNATIONAL AGREEMENTS

There is a range of international instruments, declarations and conventions to make working conditions in the healthcare sector safer and healthier. These are important because they provide a framework for rule-setting at the national level. For example, on June 10, 2022, ILO members recognized «safety and health at work» as a fundamental principle. Another major achievement was the adoption of Convention 190, the first international treaty to declare the right to a work environment free from violence and harassment. WHO also already launched several action plans to guide member states in developing policies for their health workers.

It's clear that many conversations are going on at the international level to strengthen healthcare workers and improve their working conditions. Unfortunately, these guidelines remain largely unimplemented at the local level because they are not binding. They often lack input from healthcare workers themselves and there is no enforceability. More data collection, stronger monitoring mechanisms and accountability are needed to ensure implementation at the national and international levels.

AN ALTERNATIVE HEALTH MODEL

Imagine yourself. A health model in which patients and health professionals are more important than financial numbers. A model in which patients should have no fear of skyrocketing healthcare expenditures and healthcare personnel are once again given time to actually care for patients. In short, a model in which so-called health factories are replaced with community health centres. Is it a distant dream or an achievable victory? Surely the second!

« Community medical centres have existed in our country for over 50 years »

In Belgium, community health centres have existed for more than fifty years. They work differently from the performance system in general medical practice, where doctors are paid per consultation and where there is often too little time for deliberation with colleagues or planning of care. In community health centres, a team of professionals, from the physical therapist and dietician to the psychologist and nurse, work closely together to improve their patients' health.

They complement each other's knowledge and expertise and have a broad view of their patients' social situation. They bridge the gap between patients' individual problems and the social causes of those problems, helping to reduce social inequality and preventing people from getting sick in the first place. Always close to the people, and far away from the hunger for profit.

COMMUNITY HEALTH CENTRES

What makes care work in community health centres different? And why is it better for the staff?

Janneke Ronse,
chairwoman of Doctors for the People, explains.

Why do people choose a job in healthcare? Because they want to take care of people. We sometimes dare to forget how important job satisfaction is. If you can't really care, you will run up against a wall in the long run. In healthcare, there are twice as many burnouts as in other sectors for example.

At Doctors for the People, we tend to work in teams. Our colleagues collectively think about the best care for the patients in their practices. Psychologists, nurses, dietitians and family physicians collaborate across disciplines. Administrative work is outsourced to specialists so health workers can focus on actual care.

In addition, we pay very close attention to work-life balance. Our colleagues have a clear schedule with a normal 38-hour week. They do not have to work every weekend, do all evening shifts or knock 60 hours in a week.

Finally, we do many projects that intersect at the medical and political levels. In our practice, we are confronted daily with social problems, such as long waiting lists for psychological care or health problems caused by unhealthy work. When colleagues can delve into a problem and work on it collectively and politically, in their practices but also outside, it adds great value to their motivation.

JOIN US AND STAY INFORMED

STAY INFORMED

ABOUT THE STRUGGLES OF HEALTH WORKERS WORLDWIDE

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Receive weekly campaign updates via WhatsApp by sending a message with **«I subscribe» to +32470 82 72 22 or scan the QR code.**

On an international level Viva Salud participates in the global movement for the right to health, **the Peoples Health Movement.**

phmovement.org

Follow the global struggle of the health workforce against the privatisation of health.

peoples-health-dispatch.ghost.io

MAKE A DONATION

Thanks to your donation, social movements can keep up the pressure and oppose the privatisation and commercialisation of our health care.

Support the campaign with a donation to the Viva Salud account BE17 5230 8138 7321 (communication: Zorg-Soin) Support online at vivasalud.koalect.com

TAKE ACTION

See what **you can do on our website** to support health workers worldwide and remind policymakers of their responsibilities.

SHARE YOUR EXPERIENCE

Are you or do you know a health worker? Would you like to testify about poor working conditions in the health sector and support the struggle of health workers around the world? **Leave us a message at nicky@vivasalud.be.**

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