To the Right Honorable Gordon Brown MP and Prime Minister

10 Downing Street, London, SW1A 2AA

Fax: 020 7925 0918

From: Participants of the Conference on the Social Determinants of Health, London, UK. November 4-5

Right Honourable Gordon Brown, MP 10 Downing Street London SW1A 2AA United Kingdom

Dear Prime Minister Brown,

Re: Tackling the Economic and Financial Determinants of Global Health Inequality

As participants in last week's conference on the Social Determinants of Health, we would like to thank you for demonstrating your commitment to global health equity by taking the time from your very busy schedule to open the conference.

We particularly welcome your emphasis on the need to strengthen, not weaken, our ambitions for health in the global response to the current financial crisis, and are encouraged by your expression of moral obligation to find global solutions for global problems.

We are sure you will agree that this is not merely a test of our compassion, as you so eloquently argued, but also of our commitment to social justice. Compassion may lead us to minimise the damage to health arising from the crisis; but social justice, and a strengthening of our ambitions, requires us to go much further.

The CSDH report clearly identifies a number of structural drivers in the global economy which have, and continue to, undermine health and health equity, particularly in the developing world. The current discussions around a "Bretton Woods 2" process offer us a once-in-a-lifetime opportunity to address these issues – and social justice demands that we seize this opportunity.

As you may have heard in feedback from the conference, there was a strong sense among speakers and participants that the current review of the global financial system must go beyond responses to the immediate and most visible symptoms of the crisis to encompass a fundamental reorientation of the system to allow us to achieve our global objectives, including health, health equity, poverty eradication and climate change. This was seen as requiring not only a broad agenda, but a genuinely global and participatory process, including all countries on an equal basis, and not only the developed countries and the larger and more prosperous developing countries represented on the G20.

You will not need reminding that the developing countries have suffered infinitely more from the failings of the international financial system for the last 30 years, through debt and financial crises and the effects of now discredited "structural adjustment" and health sector "reform" programmes, than the developed countries are now suffering from the current

financial crisis. The adverse consequences for health and health equity are amply demonstrated in the reports of the CSDH and the Knowledge Networks it established.

These adverse effects have led to strong and repeated calls for major reforms to the system from a broad spectrum of civil society in the North and the South, from the "50 Years is Enough" campaign, initiated ahead of the 50th anniversary of the Bretton Woods conference in 1994, through the Bretton Woods Project in the UK, to the more recent global "IMF: Shrink It or Sink It" campaign.

For the developed country governments now to use their dominant position in our current system of global economic governance to deal with their own (largely self-inflicted) problems, while ignoring the much greater and longer-standing grievances of the developing world and the profound and urgent global challenges of ill-health, poverty and climate change, would be a betrayal. The proposals which emerged from such a process would have no legitimacy, or therefore credibility, seriously undermining their prospects for implementation and their effectiveness if implemented. The result would be to bring the whole system of global economic governance into still greater disrepute in the majority world, threatening political as well as economic stability at the global level.

This is a critical moment in human history. We are faced with a choice between the transformation of the global economic system, to bring it into the 21st century and allow us to tackle the extraordinary global challenges we now face; or seeking to paper over the cracks of a profoundly dysfunctional system, and bequeathing a world of gross inequity, widespread poverty, disease and environmental catastrophe to our children and grandchildren.

You are exceptionally well placed to act. You have the privilege of leading one of the most influential governments in the global system of governance, you have a strong reputation both in international finance, and you chair the IMF Committee.

You have also committed to several key principles in your recent (2008) *Health is Global* policy statement, notably to "... promote health equity within and between countries through our foreign and domestic policies...; and work for strong and effective leadership on global health through strengthened and reformed international institutions" (p.8).

Your experience and position gives you a unique opportunity – but also a unique responsibility - to make change happen. We therefore call on you, in the strongest possible terms, to use your position within both official and informal discussions of responses to the financial crisis, starting with this week's meeting of G20 leaders:

- to ensure that consideration is not limited to the immediate problems of the banking and financial system, but extends to the key global challenges of ill-health, poverty and climate change, and the anachronistic and undemocratic structure of global governance which underlies the failure of the global community to deal with these issues effectively; and
- 2. to ensure that the "Bretton Woods 2" process itself is fully inclusive of all countries, on an equal basis, and reflects contemporary standards of democracy, transparency and accountability.

In this context, we would remind you of one of the key findings of the CSDH report (p19):

"It is only through such a system of global governance, placing fairness in health at the heart of the development agenda and genuine equality of influence at the heart of its decision-making, that coherent attention to global health equity is possible."

It seems self-evident that this applies as much to the "Bretton Woods 2" process as to the longer-term structures that may emerge from it.

We would also draw your attention to the joint statement of global civil society (signed by 1,723 organisations and individuals at the time of writing), which makes a similar call to global leaders as a whole (available at http://www.choike.org/bw2/).

We look forward to hearing of a favourable outcome from the G20 meeting, and stand ready to provide any assistance that we can as discussions proceed.

Yours sincerely,

Dr David Stuckler, Oxford University, UK

Paul Lincoln, Chief Executive, National Heart Forum, UK

Dr Kate Allen, World Cancer Research Fund International, UK

Professor Salman Rawaf, Imperial College, UK

Robin Ireland, Chief Executive, Heart of Mersey, UK

Dr Ian W Campbell, Park House Medical Centre, UK

Dr Tanja AJ Houweling, University College London, UK

Anne MacCaigh, CEO Café Direct, UK

Professor Jenni Popay, Lancaster University, UK

Dr. David Woodward, UK

Dr. Rhona Macdonald, the Lancet, UK

Professor Ron Labonte, University of Ottawa, Canada

Dr Heidi Bart Johnston, International Centre for Diarrheal Disease Research, Bangladesh

Dr Benjamin Nganda, Kenya

Dr Harald Siem, Senior Adviser, Secretariat International Cooperation, Norway

Dr Alex Scott-Samuel, University of Liverpool, UK

Tone. P. Torgersen, Senior Adviser, Directorate for Health, Norway

Dr Gordon McGranahan, International Institute for Environment and Development, UK

Cecilia Stenfors, Stockholm University, Sweden

Professor Goran Dahlgren, Sweden

Sarah Escorel, Oswaldo Cruz Foundation, Brazil

Dr Elisabeth Fosse, University of Bergen, Norway

Professor Helder Martins, Mozambique

Fabrizio Carinci, Italy

Professor Tores Theorell, Karolinska Institute, Sweden

Tord Kjellstrom, Health and Environment International Trust, New Zealand

Professor Debabar Banerji, India

Abhay Shukla, SATHI-CEHAT and National Joint Convenor PHM, India

Dr. Sharon Manson Singer, Canada

Professor Olle Lundberg, Karolinska Institute, Sweden

Professor David Sanders, University of the Western Cape, South Africa

Adrienne Germain, International Women's Health Coalition, USA

Catalina Eibenschutz, Coordinadora General de ALAMES, México

Dr. Josiane Bonnefoy, Chile

Professor Gita Sen, Indian Institute of Management, India

Professor Piroska Östlin, Karolinska Institute, Sweden

Bernt Lundgren, National Institute of Public Health, Sweden

Felicity Porritt, Blue Cat Communications, UK

Dr Marcel Goldberg, INSERM, France

Professor Carles Muntaner, University of Toronto, Canada

Dr Francoise Barten, Netherlands

Dr Rene Loewenson, TARSC/Equinet, Zimbabwe

Dr David McCoy, University College London, UK

Dr Roberto de Vogli, University College London, UK

Dr Sharon Friel, University College London, UK

Professor Laetitia Rispel, University of the Witwatersrand, South Africa

Dr Canisius Banda, Ministry of Health, Zambia

Professor Altyn Aringazina, Kazakhstan School of Public Health, Republic of Kazakhstan

Professor Fran Baum, Flinders University, Australia

Professor Penny Hawe,

University of Calgary, Canada

Dr Mickey Chopra, Medical Research Council, South Africa

Ruth Bell, University College London, UK

Dr Sanjay Basu, Yale University School of Medicine, USA

Professor Mario Esteban Hernández Álvarez, Universidad Nacional, Colombia

Corresponding email: woodwarddavid@hotmail.com