



# PSI Asia-Pacific Region

## Bulletin on Health and Social Services

**June 2008**

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### **Pensions**

The last issue of the Bulletin contained an item promising a survey of pension arrangements in the region. Although delayed, this survey can be expected shortly

### **PSI HEALTH SERVICES TASKFORCE MAKES PROGRESS ON STRATEGIC PLAN**

*12-14 May 2008*

The PSI's Health Services Taskforce gathered for its annual meeting in Geneva in May this year. The focus of discussions was the development of a detailed strategic plan for health based on the *Global Policy and Strategy 2008-2012* passed at the World Congress in 2007.

Participants from the Asia-Pacific Region were:

- Ryunosuke Matsui and Kiriko Oda (All Japan Prefectural and Municipal Workers' Union)
- Khadijah Khudri (Malaysian Nurses Union)
- Glenn Barclay (NZ Public Service Assn and Co-ordinator, PSI Asia-Pacific Health & Social Services Network)
- Ashoka Abeyanayake (Public Services United Nurse' Union (Sri Lanka))

The meeting discussed what was meant by quality public health services, what could be done about

health and safety issues such as needlestick injuries and workplace violence, workforce migration issues and 'taskshifting' (the shifting of tasks currently performed by health professionals to support workers).

The strategic plan that came out of the meeting is a programme of work based around two core axes: quality health services and occupational health and safety, using an approach that will help affiliates to recruit new members, strengthen our unions and build global solidarity and regional coordination.

A series of regional meetings to build health networks are being planned for this year. In the Asia-Pacific region a network meeting is being planned for the Oceania sub-region in October and it is hoped that the Quality Public Services workshop in Manila in December will be able to do the same for the whole region. Last year the QPS workshop featured an initial discussion about the *Global Policy and Strategy 2008-2012*.

The strategic plan and the documents from the HSTF can be found on <http://healthblog.world-psi.org/>

### **PSI: ADB MUST PUT PUBLIC SERVICES BEFORE PRIVATE PROFITS**

*5 May, 2008*

**MADRID** - While welcoming some elements of the ADBs "Strategy 2020" (The Long-Term Strategic Framework for the Asian Development Bank), leaders of PSI, the global federation of unions of public employees, expressed deep concern about the bank's growing emphasis on privatization and funding of private sector operations in Asia.

"When there are limited resources, shouldn't the priority be to use them to strengthen critical public services, especially when those funds, provided by donor countries, come from the public sector?" asked Annie Geron, Vice-President of PSI.

PSI pointed out that those same concerns were raised by the ADB's Chief economist, Ifzal Ali. In an interview published by the "Business Times" on 29 December, Mr. Ali stated that "ultimately, economies will operate and function properly only if there is ...justice and

efficient delivery of public goods and services." Yet, he warned, there is "a complete breakdown on the delivery of public services in Asia."

PSI welcomed the adoption of Core Labour Standards (CLS) by the ADB as part of its Social Protection Strategy. But the ADB declined to include them in their safeguard policy check up.

"The bank will check-up on the rights of indigenous people, they will check up on the environment, they will check up on involuntary resettlement, but will not check up on workers rights."

"This is not good enough," said Carey. "ADB senior officials said they won't put important international workers rights protections (CLS) on the list of things they want to check up upon, when they give money to governments for development. You really need specialist staff to look after this, and you need to let the countries know you will be checking up on their contracts for projects," said Carey.

### **PUBLIC SERVICE DAY CALL FOR QUALITY PUBLIC SERVICES**

*23 June 2008*

On Public Service Day, 23 June, Public Services International (PSI),

Education International (EI) and Oxfam International announced a joint call to world leaders, demanding funds for tens of millions of qualified health workers and teachers worldwide to be trained and hired to deliver public health and education for all. The current gap means that governments are failing to provide the quality public health and education services needed to realise the fundamental human right to universal access to health services and education.

Members of Oxfam International, Public Services International (PSI) and Educational International (EI), two major global trade union federations, marked Public Service Day on 23 June as a call for action on Quality Public Services.

"The facts are speaking for themselves: Globally today, there are shortages of at least 4.25 million health workers", says Ylva Thörn, President of Public Services International. "In some countries, there are only enough trained health workers to cover ten percent of the population. The reality is that mothers are dying needlessly while pregnant or giving birth, and children can be found working in fields or on the streets instead of being in classrooms."

## **BANGLADESH: PRIVATIZATION OF HEALTHCARE**

19 May 2008

The Bangladeshi government has decided to privatize the community health clinics which are presently in the public sector. These clinics/hospitals are mainly used by the poor. To implement the decision of the government, on 21<sup>st</sup> April 2008, the Healthcare and Family Planning Ministry invited tenders from private parties to lease out the clinics. 378 community clinics and 138 clinics in 6 administrative districts have been selected for lease out. There are 13,500 community clinics in the country and the land (about 700 acres) for construction of the community clinics was provided by the local people. So now the general public are likely to lose their right to free healthcare and will have to pay for treatment.

The decision has been criticized and opposed by a section of doctors under the banner of "Nagorik Swarthe Chikitsak Samaj" (Doctors community on Public Interest). In a press conference on 18 May 2008 in the national Press club they said that most of the citizens of the country are poor and dependent on

the public hospitals and clinics for treatment. Health care is a fundamental right so general public should take stand against making the health care as a business. They also said that in the public hospitals and clinics the facilities are reducing day by day but still they are the only place where the poor people can get treatment. They further said that the government should establish public oriented health care facilities and raised the issue of corruption in the health system, questioning whose interests are being served by the privatization.

The doctors said that the conspiracy of leasing out the public clinics must be opposed and resisted by the general people.

*Source: Daily "Prothom Alo", 19 May 2008, Page 17*

## **NEW ZEALAND: DISABILITY SECTOR UNDERFUNDED**

21 May 2008

**WELLINGTON** - A report issued today provides further proof that workers supporting intellectually disabled New Zealanders, who live in community houses, are under-paid and the sector urgently needs more funding.

The report by Deloitte was commissioned by the National Residential Intellectual Disability Providers Group (NRID) made up of intellectual disability providers.

"We've repeatedly said that workers providing support for the intellectually disabled are under-paid and have inadequate working conditions," say Richard Wagstaff, National Secretary of the PSA, which represents 2500 workers in the disability sector.

"Deloitte has found that the disability sector is so under funded it can't afford to pay its workers the minimum adult wage of \$12 an hour for working sleepover shifts," says Richard Wagstaff. The PSA says they should be paid at least the minimum adult wage of \$12 for these shifts and is taking the case to the Employment Authority.

It also found that staff turnover in the industry was "unacceptably high", the sector was staffed significantly by older workers, and that funding increases do not cover the true costs of service provision.

The PSA agrees with disability service providers

that the sector is on the verge of crisis due to a lack of funding and high staff turnover. The providers are saying that unless funding is increased they will have to start shutting down the community houses that are home to thousands of intellectually disabled New Zealanders.

"We can't allow that to happen," says Richard Wagstaff. "Funding for the disability sector has to be increased and we must ensure that the money is used to boost the pay and conditions for the workers in the sector," says Richard Wagstaff.

### **G8 AGREES TO UNIONS' REQUEST FOR AIDS AND HEALTH MONITORING**

*9 July, 2008*

**PARIS** - A three-year lobby by trade unions and civil society yielded a renewed G8 commitment to universal access to HIV/AIDS prevention, treatment and care by 2010, health system strengthening and the creation of a follow up mechanism to monitor G8 progress on HIV/AIDS.

The G8 also gave unions and civil society a nod by scaling-up programmes to counter infectious diseases and access essential

medicines, vaccines and appropriate health-related products. It promised to increase health workforce coverage to a WHO threshold of 2.3 health workers per 1000 people. At the same time it urged the World Health Organization (WHO) to work on a voluntary code of practice regarding ethical recruitment of health workers, and called for establishing specific, country-led milestones for enhancing monitoring and evaluation.

The Chair of the Global Union AIDS Programme (GUAP), Alan Leather, said the successful three-year campaign had involved trade unions from all over the world. They lobbied G8 embassies in their own countries and health, labour and environment Ministers at the UN, OECD and other inter-ministerial meetings and events. Prior to the G8 the GUAP told Ministers they needed to restore confidence by creating such a mechanism and to accelerate progress to achieve Universal Access, the Millennium Development Goals, and strengthening of health systems.

Leather noted the increasing criticism of the G8 about its failure to keep promises, especially on spending. Unions believe this trend could be reversed through the

establishment of the new G8 accountability mechanism. This will provide a focus for the entire HIV/AIDS community and a way to be involved in supporting the implementation of promises as well as monitoring failures to deliver.

Apart from public health concerns, the G8 did not fare well on other critical issues they were discussing, such as the world economy, finance, corruption, climate change, African development and global food security. See the full G8 assessment by the Trade Union Advisory Committee to the OECD: [http://www.tuac.org/en/public/e-docs/00/00/02/A9/document\\_doc.phtml](http://www.tuac.org/en/public/e-docs/00/00/02/A9/document_doc.phtml)

### **NEW ZEALAND: THREAT OF PRIVATISATION FOR ACCIDENT COMPENSATION SCHEME**

*16 July 2008*

**WELLINGTON** - The opposition (conservative) National Party has announced its election policy for New Zealand's world leading "no-fault" accident compensation scheme (known as ACC), currently a state monopoly. It states that

National will investigate opening ACC's Work Account to competition by private insurance companies. In subsequent comments to the media the leader of the National Party, John Key said that it was almost certain National would open the workers' accident compensation account to competition if his party comes to power.

"Everyone will lose if National gets the chance to privatise ACC because we'll all have to pay more for accident compensation," said Richard Wagstaff, National Secretary of the Public Service Association, which has 670 members working for the ACC.

Australia has privatised accident compensation and workers there pay an average of \$2 in every \$100 towards their worker compensation schemes. In New Zealand workers pay 78 cents per \$100.

"And our accident compensation is better than Australia's privatised system," said Richard Wagstaff.

Here people who are not in paid employment, like senior citizens and children, are covered by ACC. And New Zealanders also receive accident compensation if they're injured playing sport. This

doesn't happen in Australia.

"So who will benefit from privatising ACC? The insurance companies, most of which are foreign owned," said Richard Wagstaff.

This was confirmed when Australian investment bank, Merrill Lynch, issued a report recently saying it believed National would privatise ACC if it comes to power.

Merrill Lynch's report said this would give Australian insurance companies access to \$2.1 billion in new premium income, boosting their after tax earnings by \$200 million.

PricewaterhouseCoopers has confirmed that privatising ACC would push up the cost of accident compensation in a report issued in April.

"PricewaterhouseCoopers (PWC) said privatised accident compensation is more expensive because private companies have to deliver a profit and cover marketing expenses," says Richard Wagstaff.

The PWC report stated that ACC "performs as well or better than most other schemes we can observe around the world."

"With all this evidence to show that our state-owned

system provides cheaper and better accident compensation than privatised schemes, why is National planning to privatise ACC?" says Richard Wagstaff.

<http://www.psa.org.nz/library/psa/08%20Media%20Releases/2008/press%20release%20-%20psa%20says%20every%20one%20will%20lose%20if%20national%20privatises%20acc%20-%2017-07-2008.asp>

## **KOREA: KHMWU TO STRIKE**

*20 July 2008*

**SEOUL** - The union representing medical staff threatened to hold a strike on Wednesday protesting the commercialization of medical facilities and the use of American beef in patients' meals, while calling for a 10.2 percent pay raise and the hiring of more personnel.

Managers appealed to the union for moderation in their wage hike demand after it said it wanted a share in operating profits.

The Korea Health and Medical Workers' Union (KHMWU) said that 73.4 percent of its members voted for the walkout.

About 37,450 unionized

medical workers will stop working at 118 hospitals unless an agreement is reached before the deadline.

Management claimed many hospitals are suffering from skyrocketing costs. "One hospital went bankrupt. A hospital is not all about money. I hope the unionists understand that they are working in the public interest," Park Myeong-su, a spokesman said.

However, the KHMWU alleged that hospitals have turned profitable enough to meet their demands.

The national health insurance premium has jumped more than 50 percent, its spokesman Nah Young-myung said.

The government designated many workplaces as strike-prohibited areas. Once designated, the workers are banned from holding strikes and from any collective action.

The unionists consisting of nurses and therapists claimed that management is trying to manipulate paperwork to designate hospitals as such places.

"We are also worried about the government's plan to turn hospitals into profit-making entities. Then the

quality of services will go down, but we will still be laid off to make more profits," Na claimed.

But a labor ministry official said negotiations are underway and a worst-case scenario would not occur. "I cannot say it for sure, but both sides have reached compromises in many ways," he said.

<http://www.koreatimes.co.kr/www/news/nation/2008/07/11727888.html>

### **PHILIPPINES: DEMAND STILL HIGH FOR FILIPINO NURSES**

*21 July 2008*

**MANILA** - Contrary to the claims of a group of Filipino nurses, the Department of Labor and Employment (DOLE) maintained that the global demand for Philippine-trained health practitioners remains high especially in Western countries with a graying population.

Labor Secretary Marianito Roque said the global demand for Filipino nurses is high but the lack of adequate and necessary experience prevents many of them from finding overseas employment.

The Labor chief rebuked the claims of the Philippine Nursing Association (PNA) earlier this month that an

oversupply of Filipino nurses has resulted from the declining demand for nurses in the United States and United Kingdom.

Roque asserted that Saudi Arabia alone is "in need of 10,000 nurses for their public hospitals" and they are looking for Filipino nurses to fill in these vacancies. Aside from the oil-rich state, he cited Canada as well as Australia with a growing demand for Filipino nurses.

While he admitted that US is putting a cap on the entry of Filipino nurses, Roque said this should not prevent Filipinos from looking at other possible market for capable nurses.

Earlier, Dr. Leah Samaco-Paquiz, president of the PNA, said the demand for Filipino nurses had "plateaued" in the US since 2006 because of the "visa retrogression" there.

"In the US, the quota for visas has been filled up resulting in delayed processing of visas with current efforts focused on 2006 accepted applicants," Paquiz said.

She added that "many licensed nurses are now underemployed or unemployed as a result of changes of policy in destination countries, the current situation of oversupply and quality

problems, among others."

Meanwhile, Dr. Marilyn Lorenzo, director of University of the Philippines' Institute of Health Policy and Development Studies, recalled that the demand for Filipino nurses began to rise in 1999 but slowed down in 2006.

The demand for nurses abroad had led to the rise in nursing schools and graduates in the Philippines.

In 1999, the number of nursing graduates was only 5,672 while in 2004 and 2005, the number of graduates increased to 14,383 and 34,589, respectively.

But experts believed that the boom in nursing would again happen after 10 years. - **GMANews.TV**

<http://www.gmanews.tv/story/108242/Labor-chief-RP-nurses-still-in-demand-abroad>

*The information in this Bulletin has been sourced from the web pages identified for PSI affiliate unions. The content does not represent the policy of the PSI. Neither the PSI nor the editor take any responsibility for the accuracy or otherwise of the information provided.*

**Should you wish to contribute to this bulletin or advise of any useful web sites, contact Glenn Barclay by 30 September 2008 at**

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