

## **Civil Society calls on G7 countries to reduce health disparities through promoting “Health in All” Policies**

### Introduction

We, the undersigned representatives of civil society, are concerned at how marginalized people in a broad range of developing countries have been negatively affected by economic globalization and economic development.

Here we outline a case encountered through our support for health among a Dalit (outcaste) community in Southern India living close to the recently developed Special Economic Zone (SEZ). While contributing to national economic growth, this industrial development has aggravated hardships faced by the Dalit people.

We also examine Japan’s historical experience of the citizen’s movement against Yokkaichi Pollution, to identify lessons for addressing current threats to health, particularly in developing countries. At the same time, we consider appropriate and effective roles for NGOs in promoting health of marginalized groups in developing countries.

### **Tamil Nadu Special Economic Zone (SEZ) degrades Dalit farmland and forest**

The SEZ in Tamil Nadu was commenced in 2007 under supervision of the State Industries Promotion Corporation of Tamil Nadu (SIPCOT). The SEZ was sited near to a pre-existing Dalit community and their formerly rich natural forest. The forest has been managed for over 200 years by the Dalits as a common resource providing traditional medicines, grazing for goats and cattle, and ground water for agriculture. However, since development of the SEZ, the common forest has been destroyed, the ground water which used to naturally irrigate Dalit fields has been blocked by a wide road, and there are no more medicinal plants.

Since 2008, a year after the start of the SEZ, a French corporation has been operating a factory in the Zone. With the support of local and national NGOs as well as academics, the Dalit community filed a case against SIPCOT at the high court of Madras, demanding the factory stop operations. With the help of French experts,

they also filed a case against the French corporation in a French court. However, the Dalits lost both cases.

Through its health and community development work, a Japanese NGO, the Asian Health Institute (AHI), has a longstanding relationship with the area, and has conducted three study tours there since 2013. Over the past three years, AHI staff members have conducted dialogue and hearings on the SEZ issue with local residents, people's organizations, and local NGOs. AHI verified the community's claims regarding degradation of their livelihood and living environment – basic determinants of health – by field visits to the affected area.

### **Call for global action**

In its 1946 Constitution, the World Health Organization (WHO) declared:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Further, in 1978, the Alma-Ata Declaration adopted by the World Health Assembly, hosted by WHO and UNICEF, and signed by many countries and international agencies, set the goal of “health for all the people of the world by the year 2000.” In order to achieve the goal, it emphasized community participation and basic health services such as immunization.

From that time on, national governments, international agencies and civil society organizations have taken many steps to promote health for all. However, while many improvements have been achieved, more new threats have appeared. In the shadow of economic development, we are seeing negative impacts on people's health around the world.

In 2008, the final report of WHO's Commission on Social Determinants of Health again confirmed that an individual's health is determined by his/her social

conditions, and called for further efforts to “close the gap,” ensuring health equity. In order to close the gap, we must address the gross inequities of power and resources between and within countries and communities. Economic development too must contribute to closing rather than widening the gaps in health.

During the mid 1950s, the period of rapid economic growth in Japan, industrialization affected citizens’ lives and health nationwide. New words such as *kogai* (pollution) were coined. In Yokkaichi, the petrochemical industry, promoted by national economic policy and actively supported by the city government, polluted seawater. The local fishery industry was badly affected. Before long, the industry further polluted the air, with severe health consequences for Yokkaichi residents.

As in the case of Yokkaichi petrochemical industry, economic development is often based on inequitable distribution of power, resources and capital. When this happens, economic development is achieved at the cost of negative effects on the lives and health of groups who are already marginalized in their society. This is also the case for the Dalit community affected by Special Economic Zone in South India.

In Yokkaichi, citizens affected by pollution worked together to speak out for their right to a healthy living environment, supported by a network of social activists, academics and others, demanding relief for the victims and regulation of polluting industries. The movement managed to call the polluting corporations to account and achieve government regulations to reduce pollution in Japan. In recent years, in discussion of “Business and Human Rights” at the United Nations and other fora, various actors have pointed out the social responsibilities of multi-national corporations, and demanded stronger measures to ensure they are accountable, under the rubric of human rights due diligence.

Health is one of the significant results of social and economic development. Achieving Health for All entails addressing social inequity, and calls for Health in All – cooperation among actors in all sectors, including trade and industry.

We therefore call on the G7 governments to take the following actions:

- Reduce health disparities through promoting Health in All Policies, emphasizing that government objectives are best achieved when all sectors

include health and well-being as a key component of policy development.

- Especially in developing countries, address health disparities through promoting Health in All Policies, including ensuring that multinational corporations originating in G7 countries implement human rights due diligence.

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- Asian Health Institute
- Bridges in Public Health
- Save the Children Japan
- Africa Japan Forum
- Ugoku/Ugokasu (GCAP Japan)
- G7 Summit Health NGO Network in Japan
- Anti - war Network
- Civic Institute for Civil Society
- MIE NPO Network Center
- Association of Yokkaichi NPOs
- Nagoya NGO Center
- Sento-Tarui
- Universal Working Center
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