A right to health for all

In 2006 Medact promoted the right of all people to the highest attainable standard of health in many diverse situations. This is a right not even guaranteed to some of the most vulnerable people in the UK. Through the Refugee Health Network and the Reaching Out Project, Medact tried to ensure that ‘failed’ asylum seekers have access to healthcare. Meanwhile the NHS continues to benefit from health professionals trained overseas, often by far poorer governments than our own.

This year, the government approved plans for renewing Trident – the UK’s own weapon of mass destruction – which if used, would deny the right to life and health on an indiscriminate scale. Several Medact members took part in the Faslane 365 protest to challenge the legality of this weapon under international law.

Tragically, it has been necessary to continue to monitor the impact on health of the invasion of Iraq, where medical neutrality and the Geneva Conventions have frequently been contravened. In many parts of the world, conflict is still used to resolvedisputes with apparently little consideration for the immediate and long-term damage to health and wellbeing. With others, many Medact members campaigned for an immediate ceasefire during the Israeli/Lebanon conflict. The campaign to avoid military action against Iran is ongoing.

Evidence of the use of certain weapons can be a strong advocacy tool in defending the right to health and throughout 2006 Medact has been involved in developing a register of explosive violence.

Just as global inequalities have a major effect on health, the effects of climate change will affect the health of the world’s poorer citizens disproportionately and this is recognised by the contract and converge model which Medact promotes. We have actively raised health issues in climate change coalitions, and Medact has also been vocal in exposing the contradictions involved in proposing nuclear power as an answer to climate change.

This year Medact was involved in planning the second Global Health Watch due to be published at the beginning of 2008. This will stress the effects of globalisation and macroeconomic influences on the wider determinants of health, the creeping privatisation of many health systems, and the need for greater accountability on the part of key international institutions to ensure the right to the highest attainable standard of health globally.

Marion Birch, Director
Weapons of mass destruction

Trident at Faslane – a crucial decision
Medact’s evidence on the extreme risks of renewing Trident was submitted to the Defence Select Committee, and appeared on the Ministry of Defence website; members were active in urging their MPs to support the relevant Early Day Motions. Medact and Greenpeace produced Britain’s New Nuclear Weapons: Illegal, Indiscriminate and Catastrophic for Health, a briefing on the indiscriminate nature and consequent illegality of Trident (even if fitted with a 1kt warhead), which was sent to all MPs. Medact also exposed the myth that a nuclear strike of any sort could ever be ‘surgical’, and that this sort of language – borrowed from health – should never be used to develop a false complacency about these weapons.

On January 25–26, 2007 Medact members organised a health professionals’ demonstration as part of Faslane 365, the year-long protest outside the Trident nuclear submarine base. There was also a Target X action in Trafalgar Square organised by IPPNW students which attracted considerable attention.

The 20th anniversary of Chernobyl
To mark the 20th anniversary of Chernobyl, the worst nuclear accident in history, Medact organised a major conference which included speakers from Belarus, Ukraine and Russia, with direct experience of the radiation fallout and the clean-up after the accident. This was covered in the press and on national television and radio. The event also drew attention to the dangers and limitations of nuclear power.

Nuclear power
Medact has been consistently articulating the evidence that nuclear power is not part of a sensible answer to climate change, that it carries considerable risks and is far from carbon neutral. This evidence was submitted to the Environmental Select Committee and conveyed by writing letters to the press, taking part in consultations, and giving talks and presentations.

WMD Awareness Programme (WMDAP)
The WMDAP, of which Medact is a founder member, organised a programme of events with the aim of promoting debate on Trident replacement. This included a series of meetings in Parliament, engaging Sir Martin Rees to give the first Joseph Rotblat lecture at the Guardian Hay Festival, a stall at the Liberal Democrat conference, and a series of showings at the Edinburgh Fringe Festival of the specially commissioned film Anthropology 101.

More than 30 health professionals including Medact members at a peaceful protest at the Trident nuclear submarine base in Faslane in January 2007
Violence, conflict and health

Monitoring health in Iraq
The violence and lack of security in Iraq has continued to undermine both the health services and the health of the Iraqi people, and monitoring the situation is still a priority. Following our previous published reports, Medact produced a second Iraq Health Update in the Communiqué of Spring 2006 which described the devastating effects of the violence on the physical and mental health of the Iraqi population and described how the health services are struggling to cope. The Medact Iraq Study Group is planning a 4th Iraq Health Report which in addition to monitoring the ongoing situation will evaluate the support given to the health sector post-2003.

Iran
In response to the increasingly tense situation surrounding Iran’s nuclear power programme, Medact worked with the Crisis Action network to advocate that no military action of any sort should be used. Medact was involved in producing the Time to Talk report, which argues that diplomacy is the only effective way to resolve this dispute. This report received widespread media coverage and provoked much discussion.

Medact has produced a report on the potential health consequences of military action as part of a series of more specific reports to follow on from Time to Talk which will be released when appropriate.

Register of Explosive Violence
Together with Landmine Action and expert advisors, Medact was involved in collecting and analysing media reports covering incidents involving explosive violence during 2006. The aim is to put together a body of evidence on the death and injury caused by the use of explosive weapons in different contexts and involving different actors.

Elisabeth James lecture 2006
Derek Summerfield gave a fascinating and challenging account – based on years of experience – of the highly pathologised and westernised view of mental health that presently dominates globally. This struck a chord with many in the audience and led to some lively debate.

Kasim Mohamed Sharour, 16, was injured when his motorcycle drove over a cluster bomb near Qabrikha in southern Lebanon.
Health, poverty and development

Global Health Watch launched
Medact continued to promote the Global Health Watch – an alternative world health report – throughout 2006. This report has received considerable acclaim, particularly as a source of evidence for campaigning and as a textbook for global health studies. Medact is on the Steering Committee for Global Health Watch 2, together with the Global Equity Gauge Alliance in South Africa, the People’s Health Movement, and the Centre for Science and Health Education in Ecuador. Medact is responsible for some of the chapters in the second edition, which is due to be published early in 2008. GHW1 is available for free download from www.ghwatch.org and also on sale in bookshops.

The skills drain
The importance of human resources within health systems has received increasing attention during 2006. Interest in Medact’s research into this subject continues. Medact has taken part in discussions and events on the issue, continuing to emphasise the injustice of the perverse subsidy that the migration of health workers represents, and the need for restitution to address the factors that cause health professionals to migrate.

Da Vinci programme
Education is fundamental to Medact’s work and in collaboration with other IPPNW affiliates, organisations and academics from across Europe, Medact is contributing to the development of a set of web-based modules on peace medicine for undergraduate and post-graduate use. Medact is leading on a ‘Migration and Health’ module, and is contributing to a module on ‘War, Weapons and Militarisation’.

The right to health
In 2006 Medact was involved in research on the best way national medical associations can contribute towards the right to health. The research was carried out by the team of the UN Special Rapporteur for the Right to Health at Essex University and funded by the British Medical Association, who also organised an event on the topic.

During 2006 the People’s Health Movement (UK) – hosted by Medact – started work on a Joint NGO submission to the UN Committee on Economic, Social and Cultural Rights from the perspective of health and access to health services.
**Refugee Health Network and the Entitlements Group**

Medact hosts both these groups, which have two functions: to advocate on policy issues about access to health care, in particular for ‘failed’ asylum seekers, and to collect evidence and offer practical support when access to health care is difficult or denied. The RHN also helped to submit and collect evidence for the judicial review currently underway on access to healthcare for ‘failed’ asylum seekers. During 2006 Medact was asked to provide advice on entitlements for the Department of Health’s website, and the RHN and the EG together made a submission to a Select Committee consultation on the right to health for vulnerable groups. They also contributed to several reports and media articles on the subject.

**The Reaching Out Project**

Funded by the Department of Health, this project improves access to maternity services for marginalised women from black and minority ethnic communities. It campaigns, develops information resources, and delivers training.

Campaigning has focused on access to NHS maternity care for marginalised women who are not entitled to free NHS care, and raised awareness about the right to care, whether or not the woman can pay.

The Project has developed the Maternity Access and Advocacy Pack – a picture-based resource to improve access to maternity services – primarily targeted at women from black and minority ethnic communities. The storyboards and associated booklet are being developed using a highly participative methodology with various community groups and associations.

**Curriculum Development**

Medact was involved in the global health module at Nottingham Medical School and was also a member of the Best Practice Network which promotes global health in training health professionals. Together with Skillshare International and European partners, Medact prepared a proposal in response to the European Commission’s call for ‘Actions to Raise Public Awareness of Development Issues in Europe’. If successful this will include the rewriting of Medact’s Global Health Curriculum from 2003.
**Communications**

*Medicine, Conflict and Survival*, the international quarterly journal, now published by Taylor and Francis, continued to cover crucial issues concerning health, security, conflict and international law, with articles by experts in their fields. Subjects included the 20th anniversary of the Chernobyl disaster, the health implications of small arms and crowd control agents, and analysis of the deeper motivations behind the use of violence.

Medact’s triannual newsletter *Communique* continues to keep members up-to-date with issues that concern them and with Medact’s many activities. During 2006 there were contributions from regional groups, individual members, and from Medsin, as well as outside experts and Medact staff and board members.

**Staff**

During 2006 Medact welcomed Ros Bragg, Anna Gaudion and Jenny McLeish who joined Medact to work on the *Reaching Out Project*, and to expand Medact’s work in the area of access to maternity care.

Medact said goodbye to administrative assistant Ian Kidd, who left to travel the world and who still sends postcards from exotic places. Tim Goodwin continues to keep Medact in financial good order and Sukey Field manages the production of *Medicine, Conflict and Survival*.

**Local groups**

This year there has been increased activity at regional level. In Tyneside, Liz Waterston organised many events and high-profile meetings and Tyneside Medact now coordinates the north-east region. Bristol Medact has mounted a brilliant campaign against airport expansions, Lesley Morrison is developing a network of members in Scotland, Bradford Medact is urging local health managers to ‘think global’ and a new group has sprung up in Worcester.

**Volunteers and Officers**

Medact could not survive without its volunteers, in particular Donald Uzu, Mary Holdstock, Christine Falvey, Anne Piachaud and Gay Lee. Kingston Reif produced the 2006 *Iraq Health Update*, assisted by members of the Iraq Study Group. Miriam Samuel did extensive research for Medact’s *Iran Health Report*. Charlotte Chomppff developed the work of the People’s Health Movement (UK) group in relation to the right to health. All members of the Executive Committee put in time and expertise, some extensive, without which Medact could not function.

At the 2006 AGM Medact welcomed Jane Cook, Rebecca Macnair and Peter Poore onto the board, all of whom brought significant experience and expertise. We were lucky to have Frank Boulton take over with great enthusiasm from Elisabeth McElderry as Chair of the Board. Medact owes a great deal to Elisabeth for her thoughtful guidance and for the considerable time she dedicated to seeing Medact through the last three years.

Medact is no more than the sum of its members, who generously contribute time and resources. Without them, Medact would not be able to continue with its vital research and campaigning work.
Statement of Financial Activities for the year ended 31 January 2007

<table>
<thead>
<tr>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds</th>
<th>Restated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 (£)</td>
<td>2007 (£)</td>
<td>2007 (£)</td>
<td>2006 (£)</td>
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</tbody>
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**Incoming resources from generated funds**

- **Voluntary income**
  - Donations: 121,313

**Activities for generating funds**

- Teaching and consultancy: 1,408
- Conference and seminar: 3,725
- Surplus on sale of leaflets & books: 850
- Investment income & interest: 966

**Incoming resources from charitable activities**

- Grants and contracts: 180,439

**Total Incoming Resources**

- 128,262
- 180,439
- 308,701
- 268,801

**Resources expended**

- **Costs of generating funds**
  - Costs of generating voluntary income: 19,897
  - Cost of goods sold: 53
- Charitable activities: 115,940
- Governance costs: 8,131

**Total Resources Expended**

- 143,968
- 146,933
- 290,901
- 276,612

**Net incoming resources**

- **Net Income for the year**
  - (15706)
- 33506
- 17800
- (7811)

**Total funds at 1 February 2006**

- 23,156
- 3,823
- 26,979
- 34,790

**Total funds at 31 January 2007**

- 7,450
- 37,329
- 44,779
- 26,979

**Balance Sheet as at 31 January 2007**

**Tangible Assets**

- 1

**Current Assets**

- Cash at bank and on hand: 39,863
- Stock on hand: –
- Debtors & prepayments: 12,364

**Current Liabilities**

- Amounts falling due within 12 months: (7449)
- Creditors & accruals: (8856)

**Net current assets**

- 44,778
- 26,978

**Net Assets**

- 44,779
- 26,979

**Restricted funds**

- 37,329
- 3,823

**Unrestricted funds**

- 7,450
- 3,823

**Total funds**

- 44,779
- 26,979

**Notes:**
- Full audited accounts available on request from the Medact Office
- Restricted funds: to be used for specific purposes as laid down by the donor.
- Unrestricted funds: Income received and generated by the objects of charity without specific purpose and are available as general funds.