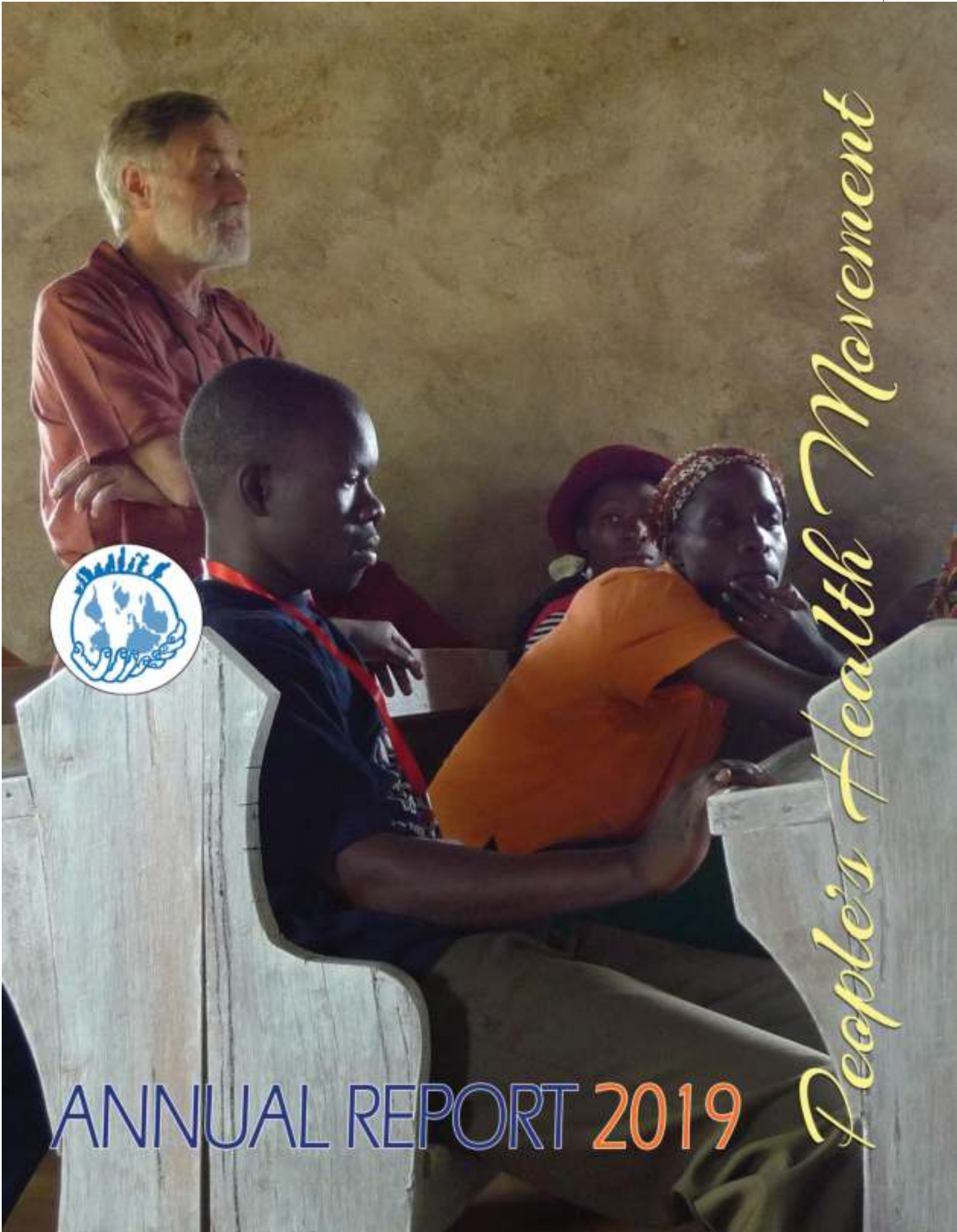

People's Health Movement

ANNUAL REPORT 2019

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ANNUAL REPORT

2019

People's Health Movement

About Peoples Health Movement...

The Peoples Health Movement (PHM) is a global network bringing together grassroots health activists, academics, policymakers and practitioners, civil society organizations and academic institutions from around the world, particularly from low and middle-income countries (LMICs). PHM currently has a presence in over 80 countries.

The People's Health Movement (PHM) was created in December 2000 following the first People's Health Assembly (PHA) in Bangladesh. Since then there has been three People's Health Assemblies (2005, Cuenca, Ecuador; 2012 Cape Town, South Africa; and 2018 Savar, Bangladesh again). In each of these over 1000 delegates from over 70 countries participated.

PHA 2000 adopted the People's Charter for Health, which outlines the global health situation, identified the main barriers to Health for All and adopted a set of principles, priorities and strategies to guide the people's health social movement globally.

PHM supports a number of activities at global and regional levels that integrate the efforts of its country circles. These include:

- The Global Health Watch (GHW): a critical alternative to [the] WHO's World Health report of which five reports have been published so far .
- The International People's Health University (IPHU): PHM's principal capacity building program.
- Democratizing Global Health Governance (including WHO Watch): 'watching' and providing critical support to efforts at democratizing World Health Organizations (WHO) and providing a critical analysis of global health policy
- The Health for All Campaign (HFAC) : a global organizing framework for different mobilization actions by social movements around the world.

The vision of a 'global people's health movement' is to be seen as strengthening communication and collaboration in the huge diversity of organizations and social movements operating at local, regional and national levels. Such movements have played and continue to play a critical role in creating the conditions for better health and access to affordable decent health care. These individuals and organizations have their own history, commitments and identities, and this rich diversity is the strength of the movement. This report is a glimpse of such work as well as a report of the work done by the PHM at the global level…

People's Health Movement

Contents

In memory of David Sanders

This annual report is dedicated to the memory of David Sanders, founding member, inspiration and guide for the Peoples Health Movement.

David's life was a life of phenomenal achievements. One of his greatest contributions and lasting legacies would be the shaping of the discipline of public health using the theoretical perspectives of political economy and the experiential learning of people's struggles. The way he combined his academic work with being a passionate activist for health rights and social justice is one of his many traits that almost all the tributes paid to him touch on. Much of his academic work reflects the way he used political economy to critically analyze and discuss the social determinants of the major public health problems of the day. He set this understanding in two of his early iconic books- "The Struggle for Health", first published in 1985, and in "Questioning the Solution". Both books have gone through many editions since, and they remain a core reading for health activists and academicians on what could be a political economy approach to the study of health and health systems

The other great contribution was his role in founding and shaping the growth of the peoples health movements. This was not something separate from academics. It was his understanding of what academics ought to be. His was a total conviction that engagement with and participation in social movements was one of the most important requirements for bringing about change. David was conscious that when his time amongst us came to an end, the Peoples Health Movement, that he helped create and provided leadership for throughout his life would be his most important legacy. Every one of the programs and campaigns that this report presents bears the indelible mark of his passion and his perspective.

His third important legacy is the human resources he has created - as teacher, mentor and guide - but even more important as an inspiration that could reinforce the commitment of a whole generation of young activists and health professionals to dedicating their lives to the cause of peoples health and social justice. David's was a courageous voice which believed never gave up on his commitment to social justice, whether teaching students, mobilizing communities, or challenging governments and powerful global institutions - and thereby he set an example that others could follow.

David Sanders, sudden demise from a heart attack on 30th August, 2019, left all of us in the peoples health movement deeply shocked and saddened. This was no doubt a great loss - but it is also a period where we remember David and renew our commitment and rededicate ourselves and the movement to the struggle for health rights and health equity.

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1

The Political and Economic Context:

Above all else PHM recognizes that health for all will not be achieved until there are real changes in the global political and economic context that shapes all our health in every country in the world. Thus it is vital to view are work against this context which is steadily becoming less healthy. PHM's struggle for health is both more necessary than ever but also more of an uphill battle than ever.

Growing inequities and power of transnational corporations:

PHM's struggle for people's health in the last year took place against a background of a worsening political and economic situation. Wealth and income inequities continue to rise, and a handful of families and corporations account for over half of the total wealth. The power of transnational corporations increases and their influence intensifies within most global institutions, undermining national sovereignty and shaping global and national policies to favour corporate interests and at the cost of peoples livelihoods and health.

The climate crisis:

The other context is worsening environmental degradation and much talk but no action onthe climate crisis. Even the insufficient targets of the Paris declaration for developed countries are nowhere near realization. Led and encouraged by the USA there is a general retreat from the modest commitments at greenhouse gas emissions and climate mitigation strategies that were agreed upon earlier. Climate change and environmental vulnerabilities sit on top of, and magnify or exacerbate all other structural vulnerabilities - and health inequities are one of the most affected.

Emergence of anti-democratic forces

A third alarming context is the decline of democratic polity across nations and the rise of authoritarian semi-fascist forces, accompanied by the spread of war and conflict and state failures. War and violence, rising inequity and environmental catastrophe are the three big drivers of an ever-increasing international migratory flow. Instead of galvanizing people against capitalism, which is the root cause of all three drivers, these migratory flows are the trigger for further rightward economic shifts inter-linked almost invariably to nativist, xenophobic politics. Such hyper-nationalism and bigotry has led to ever-newer forms of exclusion and more violent forms of discrimination. The increasing reversal of democracy threatens every aspect of social life, and undermines every democratic governance and legal institution that acts as check on executive power. Health activists working with PHM in countries under authoritarian rule and who are often

in the fore-front of the fight for equity and justice are particularly under threat.

Worsening conflicts and displacements

One of the areas most affected is the Middle East and North Africa region which is witnessing more ongoing conflicts than ever before and the highest level of displacement in the last seventy years. In many of these nations there is a breakdown of health systems and social services, leading to a reversal of health gains which has particularly affected most vulnerable population groups, including women, children, and the elderlies. Most parts of the Middle East and North Africa region and all conflict-affected countries are facing public health challenges such as the poliovirus outbreak in Syria and cholera in Yemen.

Welfare and universal access to services shrinking instead of expanding

One of the major problems of neoliberalism in economic policy combining with hyper-nationalism, xenophobia and exclusion in the political sphere is the discrediting of social welfare and the principle of universal access to basic public services. The impacts of such a political shift are extremely adverse to health equity and the creation of equitable health systems. Across nations domestic health budgets are constrained, overseas development aid to support health services is down to a trickle, and peoples are now more vulnerable than ever to sudden sweeping epidemics of communicable disease and a growing burden of non-communicable illnesses.

Universal Health Care and comprehensive PHC threatened by wave of privatization

The loud rhetoric and persistent calls to Universal Health Coverage that the world witnessed in 2019, culminating in the UN high level meeting on UHC must be viewed against this backdrop. As far back as 2012, the third international People's Health Assembly in Cape Town had been one of the first voices warning against UHC becoming another approach to legitimizing privatization and the use public expenditure to expand markets and build monopoly control for the corporate sector. Yet in nation after nation national insurance schemes and public private partnerships are doing precisely this. And they are legitimized by a new public discourse on health and healthcare that is sponsored and disseminated by the global health institutions, almost all of whom are now ridden with corporate influence. Our vision of comprehensive primary health is receding over this wave of privatization.

Growing and vocal people's movements against neo-liberalism and injustice

All of these contextual factors have made the tasks of the PHM more challenging but even more necessary and urgent. Across nations, there is also a push-back, as working people and all sections of the population who are affected adversely voice their protest and try to organize and resist these developments. Organizations that constitute the PHM country circles are quite often partners and participants in these protests, or express their solidarity in a number of ways. But further the PHMs are called upon to complement these protests and resistance by the critical analysis of the developments in health and social policy, by capacity building of activists and peoples movements engaged in the struggle for health equity and health rights, and by their interventions on global health governance. Together these interventions contest the public discourse that legitimizes privatization and contribute to initiate a public discourse that supports action for health in all policies, that supports building equitable health systems and that encourages people to mobilize for their health rights.

This year we faced a great loss with the death of David Sanders[1], pioneer and the tallest leader of the world wide people's health movements for over 4 decades, and co-chair of the PHM global Steering Council. Coming so close after the death of Amit Sengupta, his passing was a great blow to the movement.

Vision of PHM: "Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents

and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives.

PHM moves towards its visionthrough the following strategies:

I. Campaigns: Initiating and joining campaigns and alliances around priority health-related issues at local, national, regional and global levels. These together are discussed as a part of the global Health For All Campaign.

II. Movement-building: building understanding and collaboration that bring together individuals, networks and communities across ethnicity and many other axes of difference and creating mechanisms for coordination, sharing of information and joint actions.

III. Training and Capacity Building: especially the International Peoples Health University (IPHU).

IV. Developing and promoting a robust political economic analysis of global health that strengthen our policy advocacy and campaigning efforts, including through the Global Health Watch (GHW).

V. Engagement with and influencing global, regional and sub-regional governance including through the WHO Watch Programme.

This annual report is organized along the lines of these five strategies. For each strategy, we report on the globally coordinated programs, in addition to the work led by country circles and regions. The activities mentioned are some of the highlights and there are many details we have not included

People's Health Movement

II

Campaigns on Health for All and Health Rights


MAISONS
MEDICALES
REBELLES

One of the main activities of PHM at every level is to organize or support campaigns that promote " Health for All " as a goal and health rights and mobilize people on issues that are highlighted in the People's Charter for Health.

Campaigns can focus on a wide variety of issues, but to understand them and coordinate PHM work better globally, we understand these campaigns for Health for All as taking place under six themes. Each thematic area has coordinator whose responsibility involves both content development and organization. The six themes along with their coordinators are listed below:

1. Gender Justice and Health (Sarojini N.B.)
2. Trade and Health (David Legge and Belinda Townsend)
3. Equitable Health Systems (Sulakshana Nandi, T. Sundararaman and Linda Shuro)
4. Nutrition and Food Sovereignty (Claudio Schuftan)
5. Environment and Ecosystem Health (Erika Arteaga and Amulya Nidhi)
6. War and Conflict, Occupation and Forced Migration (Jojo Carabeo)

Under most of these themes work happens at the country and regional level, with synergies built between action at the global level and these regional and country level actions. Typically countries are active in two to three thematic areas, with some countries being involved in all six. The work done on these themes are reflected in the regional and global activities reported in the next sections However, whereas these six themes are useful for documenting the campaigns, many campaigns that take place in countries do so in response to national and sub-national or local issues, and do not necessarily conform to this categorization.

Campaigning at the local and regional level in the past year has been influenced by the discussions and decisions taken at the fourth People's Health Assembly (PHA4) held in Bangladesh in November 2018[2]. The Declaration of PHA4, titled "The Struggle for Health is the Struggle for a More Equitable, Just and Caring World" has been translated in seven languages (English, French, Spanish, Arabic, Korean, Hindi and Italian)[3]. Many regional and country reports refer to discussion papers, reports and the Declaration from PHA 4 as an important resource in identifying campaign topics and undertaking the campaigns themselves. A second contribution from PHM global programmes to regional and country level campaigns has been the analysis of the Global Health Watch. With the limitation that it is used mostly in countries where English is dominant, GHW provides activists material and reference for building policy oriented campaigns, or to

build their own understanding of issues they are campaign on. IPHU's provide an opportunity to reach out new activists, introduced them to PHM and invite them to be involved in country-level activities, while WHO Watch builds the capacity of existing activists to engage with global policy making. Finally, we need to better develop an active mechanism of sharing and learning between nations, regionally and globally.

Below we provide an illustrative overview of the campaigns that have taken place in each region in 2019. These accounts also highlight the ways in which PHM activists work with other movements and organizations with compatible goals.

Campaigns in Latin American Region

The four regions that constitute PHM Latin America (the Central American region, Andean region, Southern Cone region and Brazil) have been very prolific in 2019, with campaigns and programs organised in most thematic areas.

In the field of *Gender Justice and Health*, PHM **Argentina** participated in the Network of Health Professionals for the Right to Choice, and took part in several demonstrations against gender-based violence. In **Paraguay**, PHM and feminist women's organizations worked together within the framework of the 28S Campaign for the decriminalization of abortion in the country. In the whole region (i.e. Bolivia, Ecuador, Chile, Nicaragua, Honduras, Mexico, Brazil, Guatemala, and Paraguay), this topic was often intertwined with violence against indigenous communities.

In the field of *Trade and Health*, country circles' focus in the region was mostly on access to medicines. An illustrative example are actions taken by PHM in Sao Paulo (**Brazil**) before the local competition agency against unfair pricing practices in the pharmaceutical sector, and a lawsuit filed against Gilead over Hepatitis C drug Sofosbuvir's high price.

Actions in the field of *Equitable Health Systems* covered a large sub-set of topics. For example, PHM **Brazil** conducted actions on the single payer health system (Sistema Unico de Saude - SUS). PHM Brazil has been urgently and consistently acting against the moves for the dismantling of SUS and the reduction of funding for primary health care. PHM activists actively participated in the fight against the dismantling and privatization of SUS in the city of Rio de Janeiro, where there are mass layoffs, precarious conditions of employment and shortage of medicines and supplies. Actions were also organized on social determinants of health including: housing rights, right to water, urban planningIn **Ecuador**, campaigning revolved around the defense of health workers' rights at the "Alfredo J. Valenzuela" Hospital.

In the field of *Food and Food Sovereignty*, larger actions have been organised in Argentina and Brazil. In **Argentina**, PHM activists participated in the coordination of the collective "No to Transgenic Seeds", which advocated for a law to protect native crops and seeds, and supported provincial fairs to protect and save seeds. Their actions contributed to Government of Argentina refusing modifications to the Act on Monsanto's seeds. In **Brazil**, the PHM Porto Alegre circle was particularly active on this topic. Together with the Alliance for Healthy Eating, PHM Porto Alegre has participated in the campaign "You have the Right to Know: For a New Labeling" during federal public consultations at the National Agency for Sanitary Surveillance, promoting the introduction of labeling alerts such as those adopted in Chile, Mexico, and Uruguay.

Action in the thematic area of *Environment and Ecosystem Health* saw mobilization in Ecuador, Argentina, and Paraguay, with the rest of the countries of the continent also reflecting on the interconnectedness of health and environment through the concept of *buen vivir*. Actions were focused on a wide range of sub-topics, from extractive industries to agrotoxins.In the Azuay Province of **Ecuador**, PHM activists have supported Defenders of the Pacha Mama (MadreTierra- Mother Earth) who oppose mining exploitation that pollutes water and air and destroys biodiversity. In **Paraguay**, a law that prohibits the importation, commercialization and use of red-band agro-toxics was drafted and is currently being debated in the Parliament.

Campaigns in North American Region

There have been concerted efforts in the region to continue working on all the six sub-themes under the Health for All Campaign[4].

Activities in the thematic area of *Gender Justice and Health* have focused on reproductive justice caucus, statement against attacks on reproductive justice, American Public Health Association (APHA) policy statement opposing the Global Gag Rule, (that bans US federal funding of groups that provide reproductive health services that include abortion outside of USA) , and a "Birth Beyond Bars" toolkit for incarcerated pregnant people.

In the field of *Trade and Health*, PHM USA participated in the planning and execution of activities for the 20th anniversary of World Trade Organizations (WTO) protests in Seattle, while activities in the thematic area of *Equitable Health Systems* included work around anti-privatization, and efforts to document successful struggles against privatisation in health services. Case studies from different countries were developed and are available on the website of PHM-NA[5].

Work in the field of *Environment and Ecosystem Health* included activities by an extractive industries working group, exploring action/advocacy by health professionals in Texas. In Canada, PHM produced a brief to support PHM Ecuador in the quest of Azuay province to hold a popular consultation on mining, and also participated in solidarity work to support the Turkish campaign to stop the Mount Ida mining project.

Finally, in the thematic area of *War and Conflict, Occupation, and Forced Migration*, PHM Canada worked with UK-based MedAct to support the Lancet's editorial stance on Kashmir[6], while PHM USA supported the development of an APHA statement opposing war in Yemen. PHM-USA also participated in a statement with Health Alliance International (HAI) to condemn US atrocities at Southern border, in solidarity with migrants and asylum seekers[7].

Campaigns in European Region

During 2019, campaigns in Europe were organised mostly in the thematic area of *Equitable Health Systems*, with different sub-topics given priority surfaced by different country circles. A central campaign against commercialisation of health was organized with the "*European Network against Commercialization of Health and Social Protection*"[8] throughout the whole month of April. The campaign included a central event with rally in Brussels, and a conference where PHM provided inputs on health in all policies.

The campaign represents a recurring activity for PHM Europe, with activities already planned for April 7th 2020, including:

- **Croatia:** action on impact of determinants of health on different target groups (children, migrants, elderly)
- **North Macedonia:** action on impact of privatization on health of women and children
- **Belgium:** action on need to re-invest in social protection system to get better accessibility to health
- **Spain:** action on waiting lists and obstacles to access health
- **The Netherlands:** action on private insurance
- **France:** action on access to health
- **Italy:** action on complementary insurances undermining the universal health system

PHM **UK** wrote on the need to defend the National Health System on the NHS's 71st birthday[9].

In the field of *War and Conflict, Occupation, and Forced Migration*, PHM Europe, again in cooperation with the European Network against Commercialization of Health and Social Protection, developed a statement against criminalization of solidarity in the region. In the same thematic area, activists in UK engaged with different local groups, e.g. Docs Not Cops, to campaign for the rights of migrants and refugees in the National Health System (NHS).

Campaigns in Middle East and North African Region

In the thematic area of *Gender Justice and Health*, PHM issued a report about gender and health issues in the MENA region. The report examined the state of dramatic inequality and lack of gender justice as a result of cultural discrimination, wars, conflict, poverty, unemployment, and refuge, which gravely affects health hazards that women endure in their lives, as well as their self-confidence and access to assistance from social support systems to deal with health related problems. PHM activists in **Yemen** campaigned on reproductive rights of women, while all the countries of the region engaged in the regional coalition working on the topic of human trafficking, and will continue to do so in the incoming months.

Work in the field of *Equitable Health Systems* included activities in **Morocco**, where PHM activists concentrated on privatization of health education, and participated in students' protests against privatization. The protests were also supported through statements by other countries of the region. In **Tunisia**, PHM activists participated in union activities concerning privatization of health care in the country and financialisation of the health system, along with local session for raising awareness on issues related to health care system. Meetings were held with activists in the People's Health Movement and a strategic plan for cooperation was agreed on with the Tunisian General Labor Union (which includes a group of health and medical unions). In **Yemen**, the Health for All Association organized a set of activities in the local communities to raise awareness on cholera and communicable diseases, as

well as a set of activities on international World Health Day. In **Palestine,** HWC organized a free medical day in different locations of the west bank along with organizing a number of meetings with civil society organizations to further introduce them with PHM work and mission. PHM activists also worked on political and economic health rights, in preparation to expand their work on privatization of health. These activities will include a short film on health insurance, and actions organized through the regional network PNGO, which will branch out to other areas of work: e.g. health insurance, monitoring and documentation of violations health rights, medicine policies, and quality of health systems.

All countries of the region remained actively involved in the field of *War and Conflict, Occupation, and Forced Migration*, providing each other solidarity and support. PHM prepared a position paper in both Arabic and English language, in which it examined the impact of the occupation on fair and equal access to health services and addressed violations and attacks on health facilities and workers. They also in addition to showcasing cases of targeting and killing Palestinians and imposing security and military restrictions on health workers and medical staffs in Palestine[10].

Campaigns in West and Central African Region

PHM circles in West and Central Africa[11] conducted coordinated action at the regional level on two issues: the response against the Ebola outbreak, that called on governments to act and informed civil society about the actions required, calling for solidarity between peoples and nations. This can be categorized as an action under the *Equitable Health Systems theme*. The second activity is a statement on "No Health for All without Peace" which was an appeal against rising fundamentalism, violence and war in the region, falling under the heading of the PHM *War and Conflict, Occupation, and Forced Migration* thematic group.

At country level, in the thematic area of *Gender Justice and Health*, PHM **Cameroon** participated in the organizing of a campaign focused on women and around the issue of prevention and action against cervical cancer. PHM **Benin** participated in a conference on the Global Strategy for Women, Child and Adolescent Health.

Under the thematic of *Trade and Health,* PHM **Gabon** organized activities centered around tobacco control touching both on peoples education and awareness and urging action against tobacco corporations which flout existing laws.

In the field of *Equitable Health Systems*, PHM **Togo** conducted a campaign on HIV and access to anti-HIV retroviral drugs, while work on *Environment and Ecosystem Health* in the **Democratic Republic of Congo (DRC)** led to the formation of a People's Forum for Environment and Health that brings together wide sections of people.

Campaigns in East and Southern Africa Region

Activities in the field of *Gender Justice and Health* include actions by PHM **Uganda**[12] that organised the #She Decides Campaign in March 2019, with over 1000 people joined a festival in Kampala, focused on the theme Stand Up, Speak Out and Take Action for Women and Girls to Decide Freely and Without Question. Another similar event, the Women's Walk (January 2019), was organized in partnership with women-focused Civil Society Organizations including White Ribbon Alliance, National Community of Women Living with HIV/AIDS in Uganda (NACWOLA), Human Rights Research Documentation Center (HURIC), etc. PHM East and Southern Africa released a statement on gender-based violence (GBV) showing solidarity with women, girls, queer community and urging governments to take steps to end violence following various international obligations including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

In the thematic area of *Equitable Health Systems*, significant actions include activities by PHM **Kenya** on exposing corruption in public procurement for equipment which had been unfairly influenced by large corporates; and PHM **South Africa** on advocacy for the rights of Community Health Workers (CHW)[13] and

health workers in general. This includes a public assembly of CHWs held in Western Cape on the challenges faced by CHWs and the demand for their recognition as permanent health workers within the health system with appropriate pay and safe conditions of service. PHM **Uganda** participated in a consultative meeting on Health in the Marketplace, and engaged in policy campaigning, through the Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI-Uganda) and Center for Food and Adequate Living Rights (CEFROHT), for Public Interest Litigation (PIL) suites in the constitutional court. The PIL seeks orders that the gaps in the Public Private Partnership Act of 2015 be deemed unconstitutional. Finally, **PHM Malawi** has been active on the issue of access to medicines and demanding treatment action plans for HIV.

In the same thematic area, most of the countries of the region are engaged with the dialogue on UHC and health insurance, and are strong votaries for a UHC that is based on tax financing and strengthening public health services. For example, PHM **Kenya** conducted a community opinion poll survey on UHC to determine the level of understanding of, access to, and perception/satisfaction with the policy as well as qualitative interviews in the four IHC piloting counties[14]. PHM Kenya believes that it is necessary to produce an alternative narrative informed by the study to help shape the policies around UHC. Similarly, PHM **South Africa** has led a major campaign for a People's National Health Insurance (NHI) as compared to a privatized NHI[15]. The focus of the former is on strengthening the public health care system to achieve UHC through an effective comprehensive primary health care approach. A wide variety of activities were organized such as public meetings, training, training of trainers, marches, media interviews and articles, as well as building a coalition.

In the thematic area of *Food and Food Sovereignty*, PHM **South Africa** led important campaigns focusing on healthy food choices by exploring community-based projects for food security. The intervention started with schools by lobbying the government to implement policies that make healthy foods affordable. Subsequently it advocated for higher taxes on producers of unhealthy foods.

Campaigns in South Asia Region sub-continent:

This section covers both the PHM South Asian region and India[16].

In the field of *Gender Justice and Health*, Jan Swasthya Abhiyan – JSA (PHM **India**) has been active on legal issues related to surrogacy bill and artificial reproduction technologies and 'population control' issue. JSA constituents have been active on many issues related to gender violence as a public health issue.

When it comes to *Trade and Health*, JSA campaigned against the Regional Comprehensive Economic Partnership (RCEP), as well as actively intervening in issues related to drug pricing, drug patent issues and universalising access to essential medicines.

Under the heading of *Equitable Health Systems*, PHM **Nepal** campaigned around against privatization of healthcare and developed a position paper on the Health Insurance policy of the country with its critique and claim. **JSA** organized several campaigns under this thematic, including a campaign against privatisation of health services[17], a campaign on patients' rights, a campaign on unethical clinical trials. There was also a quick response formulated by JSA opposing the government proposal for a new public-private partnership (PPP) model of linking district hospitals with existing and new private medical colleges.

In the thematic area of *Food and Nutrition*, JSA has participated with the Right To Food Campaign, in major campaigns on defending the rights of forest dwellers[18] and the right to food act, that includes a number of supplementary food programs and food security initiatives that are now under threat. JSA also expressed JSA also engaged in campaigns against inroads by corporate lobbies that are making their way into food supplement programs and bending laws related to food safety and commercialization of food. In order to build further collaborations in the region, Co-Chair participated in the South Asia regional meeting on Food

Sovereignty organized by Focus on the Global South in Thailand in December 2019.

Action in the thematic area of *Environment and Ecosystem Health* included a JSA campaign on silicosis, covering both legal action and mobilizational aspects.

Finally, in the thematic area of *War and Conflict, Occupation, and Forced Migration*, JSA raised the issue of health and democratic rights with reference to both the situation of clampdown on people's health and rights in Kashmir[19], issues of rendering citizens stateless across India and the use of force by government in during protests in educational institutions on this issue[20]. This has taken the forms of press release, participation in protests, testimonies by PHM activists working in affected areas etc.

Campaigns in South East Asia Pacific Region

In the thematic areas of Gender and Health Justice, PHM **Korea**[21] published a statement welcoming that the Constitutional Court overturned criminalisation of abortion.

In the thematic area of *Trade and Health*, PHM **Philippines** has implemented an education campaign on the RCEP and the Trans-Pacific Partnership (TPP), illustrating the implications of trade agreements for access to medicines through the group People Over Profit Coalition. Similarly, PHM **Indonesia** has continued their work on access to medicines. PHM **Australia** has also continued their work analysing and working against the negative impacts of trade agreements on health.

Work on *Equitable Health Systems* included an anti-privatization campaign by Alliance of Health Workers in **Philippines**, where workers have collected data about all forms of privatization happening in their hospitals. This was complemented by a campaign for better wages and working conditions for nurses and other hospital employees and adequate number of nurses. Finally, a campaign for free, comprehensive, quality health care and opposition to the current Universal Health Care (UHC) Law was also organized in 2019 in the Philippines[22]. PHM Phillipines participated in the consultations and campaigns that point out that the UHC Law that was focused on universal health coverage, and not on universal health care. PHM **Australia** continued working on opposing privatisation and supporting public health services and systems. PHM-OZ is planning further action against the privatisation of health services as well as to work on the Political Economy of Health with the Special Interest Group of the Public Health Association of Australia in order to oppose privatisation and defend the Australian

public health funding system – Medicare.

PHM **Australia** also continued to work in the field of *Environment and Ecosystem Health*. Peter Sainsbury, a PHM activist, continues to lead the work to combat human induced climate change. This issue has become even more pressing given the climate fuelled fires raging in Australia. Accordingly, this area will be one of the priority areas of work for PHM OZ during 2020.

In the field of *War and Conflict, Occupation, and Forced Migration*, PHM **Phillipines** implemented a campaign to stop the vilification and red-tagging of activists and human rights defenders in the health sector and other sectors. Dr. Gene Nisperos, a PHM activists, has received death threats directed at him and his family, because he has been critical of the Duterte administration and calling for stopping the extra-judicial killings, and opposing budget cuts for the health, education and other basic service sectors, etc. Many other PHM activists also face death threats in the Phillipines. PHM Global supported statement[23] by PHM Philippines condemning repression on health workers and human rights defenders in the Philippines.

Global Coordination of Campaigns - Gender Justice and Health:

Globally, SAMA hosted this theme. The main outputs of the global coordination, other than its support and guidance to country and regional circles, are listed below:

1. Global statement on Access to Safe, quality and legal abortion[24].
2. Global Statement on sexual harassment[25].
3. Facilitation of coordinated participation to key conferences by thematic group members, such as Women Deliver in Vancouver, the CREA Re-conference in Nepal, COPASAH in New Delhi, Asia Pacific Beijing+25 Regional Civil Society Organizations Forum in Bangkok, Community Health Worker Symposium in Bangladesh, High Level Meeting (HLM) on UHC in Geneva and International Conference on Population and Development (ICPD) 25 Nairobi Summit and 63rd Commission on Status of Women (CSW) in New York. PHM members were involved in most of these conferences.
4. A PHM side meeting was organised during the ICPD+25 Nairobi Summit outside the conference venue on November 12, 2019. This meeting led by Peninah Khisa and Ravi Ram of PHM Kenya and Sarojini N, Adsa Fatima of PHM India, who was attending the Summit, discussed the sexual and reproductive health rights (SRHR) agenda. Sarojini N briefed the team on the Summit proceedings and commitments, and the group deliberated on how to take forward and consolidate these critiques and advocacy as part of PHM. This meeting also provided an opportunity to discuss PHM activities in Kenya and how to strengthen the gender component and network with other organisations, including exploring funding opportunities. The Thematic Circle joined this global campaign and shared audio and video messages and posters and pictures. It was also during this time that PHM East and Southern Africa released a statement on gender-based violence (GBV) showing solidarity with women, girls, queer community and urging governments to take steps to end violence following various international obligations including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Maria Hamlin Zuniga shared details of many activities are happening in the Latin American region.

People's Health Movement

III

Movement Building

PHM's movement-building activities include: building and strengthening country circles; bringing in new partners and new networks; building on the synergies between global and local activities and finding new pathways and creating opportunities for more activists to get involved in realizing the PHM's vision. Improving communications (languages, technologies, modalities) within the organization and to the external world was also one of the priorities.

Latin American Continent

The countries of Latin America are organised in different four regions: Southern Region (Argentina, Uruguay, Paraguay, Chile); Andean region (Ecuador); Brazil; Mesoamerican Region (Mexico, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and the Dominican Republic). Participation in different get-togethers, events and marches has helped strengthen the groups across all countries. For everyday activities, country circles and regional structures use mailing lists, WhatsApp, and Facebook pages.

In the context of **Southern region**, there has been significant progress since 2019 with a meeting held in conjunction with the Congress of General Medicine in Mar de Ajo with the participation of a large delegation of PHM Argentina, as well as activists from Uruguay and Paraguay. The regional coordination was handed over and there was better mobilization from the other countries. The region has two co-coordinators: Vanesa Fernandez from Argentina and Mariluz Martin from Paraguay.

In the **Brazil region**, a coordinating committee of four persons represents four geographic areas of this very large country: Katia Cesa, southern region; Marta Giane, region north / northeast; Matheus Falcon and Denis Saffer, region southeast. The activities are concentrated in five Brazilian cities: Sao Luis do Maranhao, Belem do Pará (north / northeast), Sao Paulo, Río de Janeiro (southeast) and Porto Alegre (south). There are three WhatsApp groups used in these regions. Despite this, communication is a challenge and Skype meetings remain difficult to implement. In Maranhao, there is Radio Tambor, is an initiative of a local PHM Facebook page . PHM Brazil, its website has been reactivated and there are Google groups and a proposal to open a Twitter acount for extending advocacy.

In the **Andean region**, the movement is active in Ecuador, where Ricardo Ramirez is the representative of the National Front for Peoples Health. This year the region has seen manyprotests and sociopolitical struggles. Work in other countries will be taken up in the coming year.

Finally, in the **Mesoamerican region**, the coordination of the Regional Committee was transferred to the National Health Forum El Salvador for two years. Theregion also has a Regional Committee for the Promotion of Community Health (CRPSC). Communication mechanisms have improved with more regular regional meetings, in April, July and December. Three commissions have been established to facilitate the task allocation and share responsibilities: women's issues, communication, and fund raising. Skype conferences, WhatsApp and email lists are used by the activists of this region to keep in touch and coordinate joint action.

North American Region

Canada and the United States have both formal organizational structures which organized activities, responses and policy engagement as PHM country circles. These reports can be seen on the respective websites.

PHM USA has collaborations with a number of non-governmental actors (such as Health Alliance International, University of Washington, Hesperian Foundation, Simmons University, Washington Physicians for Social Responsibility, Doctors for Global Health, Birth Beyond Bars, Washington Fair Trade Coalition, Health Over Profit for Everyone (HOPE), and American Public Health Association (APHA). PHM Canada has network linkages with PHM Ecuador, MiningWatch, Mining Injustice Solidarity Network, and Friends of Public Services.

European Region

There are currently 13 countries represented in PHM Europe: Spain (including Catalonia), France, UK (with Scotland as a separate, but closely linked circle), Belgium, Germany, Italy, Croatia, North Macedonia, Greece, Turkey, Sweden, Norway and Denmark (operating as PHM Scandinavia).

For 6 additional countries, there are contacts who take part in PHM work, but have not defined themselves strictly as PHM. During 2019, the region has implemented a new coordination and communication strategy that was developed following PHA4, aiming at involving more people, from all countries of PHM Europe, in decision making processes at the regional level.

In November 2019, a regional meeting in Zagreb, Croatia, was held in order to discuss future regional work and ways of developing regional activities.

Middle East and North African (MENA) Region

Currently, PHM has a presence in 7 nations of the MENA region: Tunisia, Egypt, Palestine, Morocco, Yemen, Lebanon and Jordan. In 2019 the coordinators were not able to meet or organize joint work due to lack of funding in the region, and there is also a challenge in adding new coalitions to PHM from countries that are experiencing many opportunities and challenges in health like Iraq, Sudan, Syria and Algeria. Despite this, Health Work Committee as the regional coordinator managed to form networks within a few countries like Morocco and Tunisia.

In Tunisia, Jordan and Palestine there are active country circles with activities of many types. As a way of strengthening the regional movement, PHM activists in Lebanon hosted David Sanders on a meeting to boost local participation in PHM. He was introduced to several grassroots organizations. Additionally, drafting and production of informative materials was carried out continuously in all the active country circles.

In the near future, the Morocco circle will host study visits from other organizations of the region. The region would be organizing an IPHU in the coming year, and they have been participating in regional and global programs.

West and Central Africa Region

PHM has a presence in 19 countries of the region. 9 of them were active in 2019:: ,Democratic Republic of Congo, Benin, Cameroon, Togo, Sierra Leone, Gabon, Ghana, Mali, and Nigeria.

PHM **DRC** is being built up by the regional PHM as an incubator to strengthen country circles, especially the francophone, in the region. PHM DRC was involved in the Ebola response, sensitizing people, sharing messages, mobilising communities etc. PHM **Benin** participated as a panelist in the Regional Meeting on Maternal, Neonatal, Infant and Adolescent

Reproductive Health in West and Central Africa in May 2019. As a panelist, PHM Benin reminded participants of the importance of building an equitable health system. PHM's regional and country activities were also presented.

East and Southern Africa Region

PHM currently has a presence in 11 countries within the region: Kenya, Uganda, Tanzania, Ethiopia, Burundi and Djibouti and Malawi, Zimbabwe, Mozambique, Zambia, South Africa. Six of these nations have active steering committees or coordination committees- usually with sub-national representation and members from various civil society, academic and grass-roots organizations.

South Asia Region and India (region)

The **Indian PHM chapter**, (Jan Swasthya Abhiyan) **JSA**, is a region by itself. It functions through a national coordinating committee (NCC) that has met twice in 2019. There was one additional meeting to consider and accept the offer to host the global secretariat and global coordinator.

The JSA-NCC has representation from all the state JSA chapters as well as from the network organizations, which are part of the national platform. A number of inactive organizations are being dropped and many newer more active organizations are being included. The group is well connected internally by a web-portal, e-groups and WhatsApp groups.

Bangladesh, Sri Lanka, Nepal, Pakistan make PHM's **South Asia Region**. Maldives and Bhutan are not currently represented. There are country circles made of multiple organizations in three of these nations, and the Pakistan circle is largely formed by one coordinating organization in Pakistan. WhatsApp groups and email groups provide internal communication channels. Of these, we can mention that PHM Nepal has an active country circle that in the last year has implemented movement building activities such as dissemination of PHA4 Agenda through meetings and media and organization of a PHM National Assembly.

South East Asia and Pacific (SEAP) Region

PHM has country circles in Australia, South Korea and Philippines, which are active, plus PHM coordinating organizations or individuals in Indonesia, Malaysia, Vietnam, Cambodia, Japan, Papua New Guinea, Myanmar, Thailand and New Zealand. There is an ongoing effort to strengthen country circles. Even in nations where there are no country circles as such the coordinating PHM organization has attended the PHA4 and has since been active on specific campaign themes.

PHM Korea has published a Korean-translated version of PHA4 Declaration in August 2019. Also, media articles and seminar presentations and reports on UHC model implemented in South Korea were published[26]. The same circle held a 'Globalization and Health' seminar series from September 2019 to Feb 2020. Part I is to read articles on trade and health, and part II is to read GHW5. As the first session of this seminar series, a webinar titled "Towards a global movement for health and social change" was held by PHM SEAP and Korea in order to strengthen the movement in the region.

IV

Capacity Building & International Peoples Health University (IPHU)

People's Health Movement

The International People's Health University (IPHU)[27] aims to contribute to strengthening people's health movements globally, by organising learning; sharing and planning opportunities for people's health activists, particularly from low and middle income countries.

This program can take the form of:

- Short courses for health activists from around the world but particularly from low or middle income countries;
- A range of learning opportunities, a growing collection of resource materials, and a wider network of resource people to progressively enhance its programs are extended; and
- Research to address the barriers to Health for All and strategies to support the people's struggle for health.

In the year 2019 we held one Global and four national IPHUs.

Global IPHU - Cape Town, South Africa

An International Workshop on "Struggle for Health and Access to Affordable Medicines" was organised during November 2-9, 2019 at Cape Town, South Africa.

The specific objectives of the workshop were to contribute towards energised activism at national and international levels around policies and practices requiring access to medicines, including:

- ➔ Optimal use of TRIPS flexibilities;
- ➔ Appropriate policies, arrangements and standards with respect to regulation, pricing and subsidies; manufacture, distribution and procurement;
- ➔ A stronger understanding of the wider political economy of access to medicines within and across PHM;
- ➔ Discussing in detail about the Africa specific issues of Access to Medicines.

Thirty two activists attended the IPHU. Out of these, 25 were from the Africa regions and the remaining from outside Africa.

On the last day all participants presented their project reports employing creative ways of presentation that included role-plays, posters, digital presentations, etc.

Participants discussed the forms of activism they were likely to go back and be a part of.

There was also a structured review of the entire

workshop. Participants provided review and submitted evaluation forms and feedback for the sessions organised as well.

IPHU - Benin

In September 2019, PHM Benin organized a workshop on Culture, Health and Intersectionality. It led to plans for better mobilization within the country on economic, social and cultural rights. The 22 participants were drawn from community health workers and peer educators. They learnt and shared on 12 topics including culture, public policy and health, Crenshaw and the concept of intersectionality, the vulnerability of being different, communicating the activism etc.

IPHU - Cameroon

PHM Cameroon organised a workshop on the right to health on the occasion of Universal Health Coverage (UHC) Day on December 12th, 2019[28]. The participants were introduced to the range of work done by PHM and the scope for intervention within Cameroon.

The workshop was followed by launch of a National Coalition of Civil Soceity Organizations on UHC and Primary Health care..

IPHU - India

PHM India (which is known as Jan Swasthya Abhiyan) in collaboration with Third World Network (TWN) and Tata Institute of Social Sciences (TISS), Mumbai collaboratively organised a five-day workshop with its focus on "Access to Medicines, TRIPS and Patents in the Developing country".

The rationale for such a theme was that access to medicines and diagnostics are integral to 'right to health'. They also form an important element of financial protection as the costs of medicines and diagnostics form a substantial part of health care expense. The cost of expenditure on health care and medicines and diagnostics has contributed to financial catastrophe and hence availability, affordability and accessibility are major areas of concern in the rising public health crisis. JSA has been leading and building capacity in civil society organizations and individual

activists to up this issue as a priority and have been advocating for access to medicine in the national and international forums.

Venue was at TISS, Mumbai. It was held in December 17th 2019, onwards for a period of 5 days.

The applications were invited and 35 people across India from diverse working backgrounds such as students pursuing graduation, masters, PhD scholars; health activists, pharmacists, lawyers, health practitioners, medical representatives; public policy and public health experts were selected. The IPHU encompassed slide set presentations, group discussions, movie screening, role-playing and group activities conducted by participants and resource people.

IPHU- South Africa:

In addition to this some nations, notably South Africa, have institutionalized a Peoples Health University. In 2019, South Africa Peoples Health University (SAPHU) mobilized resources and held three thematic and one full-fledged SAPHU.

A similar effort in El Salvador, began well but could not be continued after the changes of the government in June 2019.

Use of IPHU resources in countries-

We also note that a large number of PHM country circles have organized one or more training programs in the last year. In doing so, they draw upon the material generated for the IPHU and adapt it to the local context.

V

Promoting a Robust Political Economy Based Critical Analysis of Health

People's Health Movement


health

Global Health Watch

In its annual meeting in January 2019, the PHM Global Steering Council (SC) decided to to develop the next edition of the Global Health Watch (GHW), the alternative world health report. It appointed Chiara Bodini as the new GHW coordinator. It was collectively agreed that in parallel there would be effort in developing popular material from the analysis of previous editions of GHW, as well as in making both these materials and the book available in multiple languages (English, French, Spanish, Arabic).

An editorial group was formed for this purpose with representation from many countries. Taking advantage of the knowledge and expertise of people part of or close to PHM who are in Geneva around the time of the World Health Assembly and who are close to or part of the PHM, a global planning meeting was organised in Geneva on May 19th 2019 in order to discuss and develop a draft framework of GHW6. Aspects such as the structure, possible content, the roles and responsibilities of participating organisations and individuals were addressed collectively. The meeting was well attended and very participative. After analysing the strengths and weaknesses of GHW, and considering a global context that has changed from the time of the first edition. It was decided to retain the earlier structure of 5 sections : (a) Global Political and Economic Architecture; (b) Health Systems; (c) Beyond health care; (d) Watching and Alternatives, (e) Action and Change, with one change of having experiences and documentation of resistance and struggle throughout the sections and not confined to one final section. The discussion also covered possible issues to be addressed under each section and sub-section, not yet identified as chapters, as more work was needed towards that end.

In terms of co-producing organisations, ALAMES (Latin American Social Medicine Association), Health Poverty Action (HPA), Third World Network (TWN), Medico International, Medact all confirmed their interest (in addition to Viva Salud and SAMA who will also be co-producer, as per previous discussions within PHM). Other participating organisations, such as Centro Brasileiro de Estudos de Saúde (CEBES) and Médecins Sans Frontières (MSF), are available to support including in developing different forms of communication and dissemination for the book, based on their experience in this.

Based on the provisional structure and on the network of collaborating organisations, a contract with Zed Books (publisher of GHW) was signed for the publishing of GHW6 in late 2021. The contract is very similar to the one for GHW5, and – as per SC request – includes a

clause that allows translation to other languages.

Between June and September 2019 a broad consultation was undertaken across PHM constituencies and at different levels of PHM governance (SC and Advisory Council, regions and countries, thematic circles), in order to receive inputs on: 1) the proposed structure; 2) any content/issue that was left out, redundant, out of place, etc.; 3) suggestions on possible authors. In September, the structure of the book was finalised, including potential authors. An additional consultation was done with the Latin American and African regions, in order to achieve a better North-South balance. Briefs for each chapter were prepared, including a summary of issues covered in previous GHW editions, so that the new chapters may build upon, but avoid repeating, material already covered or well known.

In December, all authors were contacted and most chapters have by now been assigned. A complete plan and list of chapters is as follows:

GHW6 outline

Part A: Global Political and Economic Architecture – *The World Health Check-Up*	A1. Overview of our leading (existential) health crises A2. Gender equity and health / intersectionality; gender A3. Displacing the consumption/growth model
Part B: Health Systems - *Health for All: A Luta Continua*	B1. PHC/UHC B2. Health implications of new or emergent technologies B3. Privatization B4. Access to medicines B5. Decolonising health B6. Mental health care crisis in HLMIC
Part C: Beyond Health Care	C1. Austerity redux C2. Transformation of labour C3. Commercial determinants of health: Challenging the rise of unhealthy commodities C4. Protecting the health of the environmental commons C5. Sustainable food systems, food sovereignty, food ecology C6. Challenging social exclusion and the rise of violent discrimination;

	C7. Conflict, repression, opposition, and peace -
Part D: Watching: Governing for Health Equity	D1. WHO Watch D2. Governing trade and investment for health - D3. State of the UN: challenges for healthy global governance: D4. Watching the IFIs (World Bank, IMF, IFF, etc.) D5. Corporate practices and behaviours:
Final chapter	"Calling All Health Activists"

Other critical analysis:

While the Global Health Watch is one major form of PHM's critical analysis, other materials are also produced at regional and country level.

One such is a special issue of the Brazilian journal Saude em Debate[29], published by CEBES. This issue includes 15 articles on experiences and reflections of PHM, with contributions from Latin America and other parts of the world. The special issue is dedicated to the memory of David Sanders (one of the founders of PHM and Co-Chair of the Steering Council at the time of his death) and Amit Sengupta(Editor of Global health Watch and member of the global co-ordination group).

There are many such interventions at the country level. One example would be the PHM country circle in **Paraguay** has reports a very rich production of critical analysis of its own, that includes articles such as on the case of intoxication of students and teachers in the San Jorge school of Itapua Poty, on health sector reform in Paraguay and World Bank and on right to health.

The PHM country circle in India (JSA) also regularly releases statements that provide a critical analysis of contemporary developments in health policy- and its leading members publish articles in widely circulated journals that comment on health policy- like the Economic and Political Weekly[30][31].

Many other country circles are also active in such response to policy developments within their countries.

A set of publications were curated to inform and influence the UN High Level Meeting on Universal Health Coverage[32]. This included journal publications by PHM activists[33][34], specially developed papers[35][36] from country circles and member organizations[37]. PHM was invited by the CSEM to contribute to a UNGA UHC Blog Series for the UN HLM on UHC[38].

A large number of publications in peer reviewed journals by David Sanders, Fran Baum, Sulakshana Nandi, Sarojini N., and many known activists of PHM also take the critical analysis work of the PHM to very wide audiences. These again reflect on the 6 thematic areas PHM is currently engaging with. One example of this is the commentary by David Sanders and others on UHC, published in The Lancet[39] which relates to the *Equitable Health Systems* theme. Another example would be the opinion piece on WHO's approach to migrants' and refugees' health in BMJ[40], initiated by two participants of WHO Watch which related to the themes of *War and Conflict, Occupation, and Forced Migration*. PHM's Call to Action on Nutrition, Food Security and Food Sovereignty which relates to the theme of *Nutrition and Food Sovereignty* was published in World Nutrition Journal[41]. A paper related to movement building and learnings from PHM's work was published in Critical Public Health[42]. Amit Sengupta published[43] posthumously, along with Dr. V. Prasad, a paper in the Journal of Global Ethics, raising concerns about the global ethics of policy and practice that seem to perpetuating health inequities in India.

VI

Global Health Governance

People's Health Movement

WHO Watch

PHM Global Health Governance initiative (GHGI) aims to promote and advocate for more democratic global health governance. The focus is currently on engaging with the governing bodies of the World Health Organization (WHO) through the WHO Watch program[44].

As part of this program, PHM activists closely monitor WHO's Executive Board meetings (EB) in January and the World Health Assembly (WHA) in May. The program incorporates elements of critical analysis, capacity building of young activists, alliance building and global advocacy. PHM Watchers participate in the EB/WHA as a part of the delegation from Medicus Mundi International (MMI).

The outcomes of the program generally include a comprehensive commentary, policy briefs on key issues, statements that contribute to the WHO deliberations, a running commentary on skype available to those interested to follow the discussions from afar, and popular articles published by the watchers team in news outlets. Most recently, a Newsletter with WHO updates is been developed.

Watching EB 144 and WHA 72

In 2019, the 144th EB meeting (EB-144) was held from 24 January to 1 February, and the EB144 Watch from 19 January to 1st February[45]. The 72nd WHA (WHA-72) was held from 20 to 28 May, and the WHA-72 Watch from 14 to 28 May[46].

PHM's WHO Watch program includes five phases:

i) The development of the comprehensive commentary of the documents that will be discussed at the EB/WHA based on contributions from PHM activists around the world and that is shared with the official country delegations

ii) a two to three months preparatory phase for watchers to get acquainted with the aims of the watch, the functioning of the WHO and its government bodies, and develop a background understanding of key issues

iii) a face to face capacity building workshop for the watchers to engage, critically analyse, develop a collective understanding, prepare statements and policy briefs in collaboration with like-minded organisations on issues that will be discussed in the WHO's governance body meetings;

iv) intervening in the governing body meeting of the WHO, through advocacy with country delegations,

submission of oral and written statement and a running commentary through the skype channel.

v) The last phase is to report from the Watch, for instance through popular articles for a non-expert audience, and developing the PHM tracker and Newsletter Updates.

Participants

79 expressions of interest were received for EB144 Watch, and 135 for WHA-72 Watch, The team was formed based on pre-defined criteria and preference was given to activists who are already engaged in the activities of a country circle, keeping in mind a balanced representation amongst continents, as we as budget permits. A team of nine and eleven watchers was formed for the EB and WHA respectively.

Commentary and Tracker Prior to the meetings in Geneva, PHM prepares a commentary in consultation with experts from around the world, which is then used as a base for the discussions at the preparatory workshop. The commentary is an in-depth analysis of the technical topics that will be discussed at the WB/WHA. Additionally, PHM coordinates WHO Tracker. The Tracker allows to reference back to discussions held at the WHA, the EB, WHO regional bodies, and the position taken by PHM on these discussions, all in one place. Along with the ghwatch website, the Tracker act as a knowledge management system for the GHGI. Delegates of many countries have conveyed that the PHM commentary and Tracker are very useful for countries to understand the issues being discussed at EB/WHA, especially in the context of the lack of resources and manpower to analyse the documents at the level of health ministries of low income countries. Both the PHM commentary and tracker are coordinated by David Legge, PHM Australia.

Preparatory Workshop and CSO meeting
The team of watchers meetings in Geneva a week before the start of the WHA/EB for an intensive preparatory workshop. During those four days, each topic that will be discussed at the EB/WHA is discussed, and PHM's position further developed. Based on the discussions, priorities are defined and decisions are taken on the nature of PHM's intervention on each issue. The key issues identified in WHA72 included universal health coverage and primary health care, the role of community health workers in primary healthcare, access to medicines and vaccines, the high level meeting on anti-microbial resistance, the Nagoya Protocol on the regulation of access to pathogens, and the framework for sharing influenza viruses.

Following the workshops, a civil society brainstorming and strategy meeting were organised by the Geneva Global Health Hub and PHM. These meetings allowed likeminded Civil Society Organisations (CSO) to discuss the approach of CSOs for EB/WHA, as well as to exchange views on governance matters of WHO. Watchers were invited to present PHM's position on Universal Health Coverage, making medicines accessible to all, promoting health of migrants and issues of WHO's governance.

Statements:

A total of 12 statements were submitted during the EB (available at EB144, videos of oral statements can be found on PHM's Youtube channel)[47] and 14 were submitted during the WHA (available at WHA72, videos of oral statements can be found on PHM's Youtube channel). In addition, PHM coordinated social media campaigns on various issues of importance through Facebook and Twitter.

The statements that were made by PHM covered matters like Universal Health Coverage (UHC), health workforce, climate change and access to medicines. These topics are of great relevance in context of today's discussions on health policies, and are deeply interconnected to the trends of commercialisation of health that are being implemented around the world. For example, during the WHA-72 negotiations took place on a resolution that would have set new standards for pharmaceutical companies to disclose costs involved in the production and commercialisation of medicines. The "Transparency Resolution" that was proposed by Italy was opposed by a number of high income countries (HIC).

Similarly, the current discourse on UHC has shifted

away from the vision of Health for All proposed in earlier years of WHO's work (e.g. Declaration of Alma Ata), and moved towards a limited view of financing of health care costs. PHM has warned repeatedly, including during the WHA and EB, that this approach to health disregards the actual needs of people around the world.

PHM also highlighted the challenge confronting United Nation bodies, including the WHO, in the face of the rising influence of philanthrocapitalist organisations and private industry over organisations that should be serving the public interest. PHM raised its concerns with regard to the tendency of WHO governance to move away from an inter-governmental body to a multi-stakeholder-steered entity, allowing private sector interests to further increase their influence over international health policies.

Key successes and lessons learned

The PHM commentary, the policy briefs and the statements contribute to building an alternative narrative in the decision making structures of the WHO The engagement of PHM activists from around the world, either virtually through their contributions to the commentary or through face-to-face advocacy at the events, brings the experience of the work of PHM country circles into the arena of global health governance. However, the changes that are proposed in the participation of civil society in the governing body meeting, with regard to the size of delegations and number of interventions per organisation, pose a risk to PHM's ability to intervene effectively.

The WHO Watch not only impacts on the discussions held within the WHO, but also brings the discussion outside the confines of UN buildings. The Skype Channel run by the watchers allow interested activists around the world to follow a live commentary of the discussions. **Several articles** were published in alternative media platforms by the watchers to broaden the reach of the discussion into the public domain. The Watchers are often more comfortable on social media and each team has developed its own tools to give visibility and disseminate PHM's position. The articles and social media work require streamlining in order to be more effective.

It also contributes to strengthening the movement for health for all by building the capacity of young health activists to understand the functioning of global governance institutions, politics and processes. Watchers have expressed that the programme gives them the confidence to engage with other institutions in the future and some have developed their own watching of WHO regional institutions, such as the European PHM attended the WHO Euro regional meeting in 2019.However, the capacity of individual activists does not automatically translate into increased capacity for the country circle they are active in. The Watch program needs to explore ways to facilitate sharing of the learning of watchers to their country circles.

Other major areas of advocacy with global institutions

The **UN High-Level Meeting (UN HLM) on Universal Health Coverage (UHC 2030)** took place on September 23rd 2019 during the United Nations General Assembly (UNGA) high-level week. The focus on "coverage" and not "care" has been a serious concern expressed by various organizations including the PHM. Further, within the UHC framework, the health needs of marginalised groups were not featured. Similarly, forced migration, conflict, gender violence, and climate injustice, whose impact on health outcomes is well established, were not adequately addressed. Rather than focus on the "causes of the causes" for example, of environmental issues, it merely talked about mitigating their consequences. Inputs were also provided to the political declaration in the process of its finalisation. Inputs from PHM were provided to the UN HLM political declaration. For example, the paragraphs on SRHR and on UHC for vulnerable groups, migration, etc. were contested and a sustained push back and advocacy ensured that they were not diluted further.

A protest march was held post HLM on 23rd evening co-organised by PHM, SAMA, Medicus Mundi International, Partners in Health, where speakers highlighted the concerns regarding the UHC 2030

agenda and demanded for universal health care with focus on equity, social justice and health rights. The same groups, along with Public Services International issued a statement, a civil society assessment[48] of the Declaration articulating concerns about it prior to its acceptance on the September 23rd 2019. The statement flagged the inadequate definitions of health care and health care access, which allows for various interpretations; for example, the emphasis of the Declaration on "nationally determined sets" of health services, which may imply a limited set of services rather than articulation of access to health care as an entitlement. Other concerns about a dominant discourse of UHC favouring market based neoliberal reforms, and neglecting strengthening of public healthcare delivery systems were raised by the statement released on this issue.

Engagement with local and regional governance structures

Engagement with governance structures takes place at regional and national levels too. For example, in **Egypt**, PHM activists, building upon their extensive experience with policy analysis, carried out extensive networking regarding health insurance law and financial aspects of health.

PHM Democratic Republic of Congo (DRC) has been active and expanded its influence in its interaction with national and local governments. PHM DRC was invited by the president of DRC to participate in the development of the National Strategic Plan for UHC (NSP-UHC). This document defines DRC's vision for health for all. Several government officials including the Legal Advisor to the Special Advisor to the President signed the PCH and joined PHM.PHM DRC organised a People's Forum on Health and Environment during which was a platform that included academics, policymakers and civil society organisations.

In **India**, JSA releases an electoral manifesto on health before parliamentary elections and before state assembly elections, followed up by advocacy with political parties to persuade them to make these issue a part of their electoral manifesto. . PHM members also serve on committees constituted by the National Human Rights Commission. They also serve on committees which have a governance function (like the mission steering group of the National Health mission) or an advisory function. Such intervention is a feature both at the federal level and in many states/provinces.

On the regional level, **PHM Europe** organized a pilot program for a WHO Euro region Watch focused particularly on the WHO EURO region, with three activists taking part in the regional meeting in Copenhagen, and a team of six activists developing policy briefs, and statements to be delivered from the floor.

People's Health Movement

VII

Global Organization and the Strategic Plan

Global Organization

The PHM global **Steering Council** met in Bangkok from January 26 to 29th 2019 on the occasion of the PMAC conference. It is informed of all key decisions, through the monthly circulation of the minutes of Coordinating Commission as well as through specific communications.

The **Coordinating Commission** has a monthly meeting on Skype on the first Wednesday of every month. This meeting has been held without any gap over the last 12 months.

The **Global Secretariat** was functioning largely from South Africa and hosted by the PHM South Africa. Some important functions like WHO watch, GHW and IPHU were coordinated from the secretariat office in India.

The process of shifting the global secretariat from South Africa to India began in August. as PHM India (JSA) had asked for time to consider it. The details and implications of the shift were discussed in a meeting of the national coordinating committee of JSA, with the Skype participation of Bridget Lloyd and David Sanders. After this meeting, a transition team was set up and after due process a new global coordinator was appointed.

The handing over happened in October 30th- 31st at Cape Town when all the existing and new secretariat members were present- on the occasion of an IPHU. Both Bridget Lloyd, the outgoing coordinator, and Sundararaman, the new global coordinator, were present.

In the month of November both teams worked together,- but from December all functions shifted to Delhi. The financial host for the Global Secretariat is SAMA.

Committee Against Sexual Harassment (CASH) was set up with a mandate to receive and address complaints that arise in events and activities that we organise or co-organise and to provide sensitisation on the issue of sexual harassment to PHM activists. PHM is committed towards creating a gender sensitized, non-discriminatory and inclusive space of work and interactions. The members of CASH are N. B. Sarojini, Peninah Khisa, Fran Baum, Camila Giugliani and Richa Chintan.

Financial management and the global financial host continues to be Viva Salud.

Global communications

The global communications- both internal and external

have been strengthened over the past year. There are regular updates and discussions within the PHM. There are well functioning e-groups that help coordinate the different levels of governance – the coordinating commission, and the steering council.

Many country circles have a robust communication mechanism. Most regional circles too have been enabled by communication through regional mailing groups. Some of the PHM also thematic groups have functional mailing groups where there is regular exchange of information through these thematic groups in the niche areas.

The PHM Exchange mailing list (http://phm.phmovement.org/listinfo.cgi/phm-exchange-phmovement.org) is a broader platform through which information is exchanged among the larger community in PHM ambit which includes, students, health professionals, health workers, academicians activists and others. This platform serves as a discussion forum on the burning issues of the times. Anyone can easily subscribe to the exchange and receive information and discuss on various issues and get an update on PHM activities and positions. At present, we have more than 3000 subscribers to PHM Exchange.

PHM website is one of the means through which we have tried to present and disseminate information about PHM and its work in different focus areas. The website is regularly updated with the activities that PHM circles are conducting in different regions and countries. The statements written and the positions taken are regularly put up on the website for broader dissemination.

In addition to these channels, PHM also maintains presence in the social media circles through the PHM Facebook page (@peopleshealthmovement) with 4,375 followers and the twitter handle (@PHMGlobal) that has 3,758 followers. PHM has its YouTube channel[49]. Many regional and country circles also have their own social media presence, websites and YouTube channels.

Transitions in leadership

The passing of David Sanders was a great blow to the movement and he was mourned, not only by PHM[50] but by the whole global health community[51]. Tributes[52] were paid to him by those who have worked with him and those inspired by him[53].

Memorial meetings in honor and celebration of David Sanders have been held in most regions, in many country circles and by various organisations[54]. A book "Celebrating David Sanders- and the Struggle for Peoples Health" has been published and is available as a soft copy.

The Steering Council decided to nominate Fran Baum to replace David as one of the two co-chairs of PHM.

Strategic plan:

The PHM SC recognized the challenges of movement building at a time when we are facing both external and internal challenges. Therefore it has decided to undertake a strategic plan that could inform the organization over a 5 year period. We are happy to note that this has now been put in place and work on this has started. Results from the PHM-led action research on Civil Society Engagement for Health for All (CSE4HFA) have informed the discussion, with insights on five areas of social movement strategies (movement building; capacity building; knowledge generation, access and use; campaigns and advocacy; policy dialogue and engagement with governance) derived form a thorough analysis of PHM work, at the global and country level, from 2014 to 2018. Lexi Nolen and Ravi Ram, have agreed to come in as facilitators. Following a participatory process across PHM governance and constituencies, a draft plan is expected by June 2020

(Footnotes)

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