



# PHM ANNUAL REPORT 2021

January '21 - December '21

P e o p l e ' s   H e a l t h   M o v e m e n t



***PHM Annual Report 2021***

*May 2022,*

*Developed by*  
***People's Health Movement***

*Edited by*  
***Global Secretariat***

*Reports and Photographs from:*  
***Regional coordinators & Country Circles***

*Front Cover Photo:*  
*Twitter Handle of PHM South Africa:*  
*PHM activists protesting against the blocking of TRIPS Waiver by rich countries*

*Layout & Design:*  
***Fineline, Chennai***

*Published on Behalf of People's Health Movement*

*By*  
***Global Secretariat,***  
*PHM: Institutional Office -*  
*Viva Salud, Global Institutional Office,*  
*53, Chaussée de Haecht B-1210*  
*Brussels, Belgium*  
*[www.phmovement.org](http://www.phmovement.org)*



## Content

<b>I. Introduction</b>	<b>5</b>
<b>II. Campaign on Health For All and Health Rights</b>	<b>13</b>
A. Regional and Country Level Activities:	14
1) PHM Campaigns in South East Asia and the Pacific (SEAP)	14
2) PHM Campaigns in Latin American Regions	17
3) PHM Campaigns in Europe	24
4) PHM Campaigns in East and South Africa	26
5) PHM Campaigns in West and Central Africa	28
6) PHM Campaigns in South Asia	29
7) PHM Campaigns in India	31
8) PHM Campaigns in Middle East and North Africa (MENA)	34
9) PHM Campaigns in North America:	34
B. Thematic Circles as Global Coordination for Campaigns	36
<b>III. PHM Movement Building</b>	<b>49</b>
Movement Building in SEAP	51
Movement Building in Latin American Regions	52
Movement Building in Europe	53
Movement Building in East and South Africa	54
Movement Building in West and Central Africa	54
Movement Building in South Asia	54
Movement Building in India	55
Movement Building in North America	56
Movement Building at Global Level	56
<b>IV. Capacity Building and the International People's Health University</b>	<b>61</b>
<b>V. Promoting a Robust Critical Economy based Analysis of Health</b>	<b>67</b>
<b>VI. Global Health Governance</b>	<b>73</b>
<b>VII. Project: Promoting Equitable Access to Medical Products     in the context of Covid 19 pandemic (EACT)</b>	<b>85</b>
<b>VIII. PHM Global Organisation</b>	<b>91</b>



## List of abbreviations

AIDAN	All India Drug Action Network	MSF	Médecins Sans Frontières
ALAMES	Asociación Latinoamericana de Medicina Social	NHIF	National Hospital Insurance Fund
AMGBA	General Medicine Association of Buenos Aires	OSIEA	Open Society Initiative for Eastern Africa
ASECSA	Asociación de Servicios Comunitarios de Salud	OWID	Organization for Workers' Initiative and Democratization
CHW	Community Health Worker	PAHO	Pan American Health Organization
CM4CFS	Civil Society and Indigenous Peoples' Mechanism for Relations with the UN Committee on World Food Security	PHEIC	Public Health Emergency of International Concern
COP26	UN Climate Change Conference 26	PLHIV	People living with HIV
CPRH	Coalition to People's Right to Health	PMSA	Philippine Medical Students' Association
CSI	Centro di salute internazionale	PSI	Public Services International
CSO	Civil Society Organization	PWGM	People's Working Group on Multistakeholderism
EACT	Equitable Access to Covid Technologies	SACWF	South African Care Workers Forum
EB	Executive Board	SEAP	South-East Asia and Pacific
ECI	European Citizens' Initiative	TNI	Transnational Institute
EU	European Union	TRIPS	Trade-Related Aspects of Intellectual Property Rights
FOEI	Friends of the Earth International	TWN	Third World Network
G2H2	Geneva Global Health Hub	UBINIG	Policy Research for Development Alternative
GHW6	Global Health Watch 6	UHC	Universal Health Coverage
GSPOA	Global Strategy and Plan of Action	UNFSS	UN Food Systems Summit
HAİN	Health Action Information Network	UNGA	UN General Assembly
IAHPE	International Association of Health Policy	WCA	West-Central Africa
IISER	Indian Institute of Science Education and Research	WGNRR	Women's Global Network for Reproductive Rights
IPHU	International People's Health University	WGPR	WHO Preparedness and Response to Health Emergencies
IUHPE	International Union for Health Promotion and Education	WHA	World Health Assembly
JSA	Jan Swasthya Abhiyan	WHAss2	World Health Assembly Second Special Session
LA	Latin America	WHO SEARO	World Health Organization Regional Office for South-East Asia
LMIC	Lower Middle-Income Country	WHO	World Health Organization
MAELA	Agroecological Movement of Latin America	WTO	World Trade Organization
MC12	Twelfth WTO Ministerial Conference	WWMP	Workers World Media Productions
MENA	Middle-East North-Africa		
MEP	Member of Parliament		



# I. Introduction



*Cover Photo Chapter 1: Twitter Handle of PHM South Africa: PHM activists protesting against the blocking of TRIPS Waiver by rich countries*



**T**he People's Health Movement is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). We currently have a presence in around 70 countries. Guided by the People's Charter for Health (PCH), PHM works on various programmes and activities and is committed to Comprehensive Primary Health Care and addressing the Social, Environmental and Economic Determinants of Health.

PHM brings out a report every year to apprise our affiliated networks, organizations and individuals about our activities, including movement building. The report is also aimed at our funders helping them learn about our actions within the framework of the financial support received to strengthen our global programs, governance structure, and capacity for social communication.

The PHM Report 2021 focuses mainly on the actions developed by its activists, affiliated networks and friends at the country, regional and global levels to guarantee the right to comprehensive health care and other related rights in the context of the Covid-19 pandemic. It also charts out the efforts made to face challenges of the global climate crisis, protection of people against violations of their rights and most basic freedoms, and demanding that governments comply with their obligations towards them. The Report helps to reveal the economic, social, cultural, commercial and political determinants that underlie the emergence of epidemics and the distressing conditions that have allowed the systematic waves of cases of illness and death by Covid-19. It talks about some of the factors behind the disruptive relationships between society and nature that have led to the current climate crisis, affecting especially those social groups most vulnerable by the old and new government measures. The report underlies, particularly, the difficulties these same groups have had in accessing comprehensive, timely, and quality health care, vaccines and treatments against Covid-19; and to enjoy public health measures for the control and prevention of pandemics and the care of other diseases whose access have been denied or postponed.

The Report also shows the weaknesses of the current privatized and commercialized health systems and services to respond effectively to the needs of the population, especially in terms of disease prevention and health promotion; and the lack of guarantee of the right to employment and to decent working conditions,



including access and use of personal protective equipment during the pandemic. Likewise, the Report reveals the insufficiency of government responses for the economic and social protection of vulnerable populations and to guarantee the rights and freedoms of those who have lost their jobs and incomes, or suffer from hunger, mental disorders and violence. The worst affected are women, youth, migrants, and informal workers.

The Report places special emphasis on citizen actions demanding from governments and multilateral agencies several effective solutions for – sufficient production and equitable distribution of vaccines and medical treatments against Covid-19; lifting of intellectual property rights for medical technologies to cover socially and economically disadvantaged populations; transformation and strengthening of the public character of privatized and commercialized health systems and services; expansion of the social protection programs and social security systems coverage; implementation of fair measures against extractives of natural resources and limitation of greenhouse gas emissions; democratization of the global health governance impacted adversely by a growing multistakeholderism that excludes citizen and community participation in decision-making processes of global health policies; protection of the rights and freedoms of women, migrants and other human groups against gender-based violence, authoritarianism, conflicts and wars; stop the tendency of corporate capture of United Nations systems responsible for nutrition and food security and sovereignty.

Along with the previous citizen demands, the report allows us to observe the contributions of autonomous community initiatives in terms of preserving their cultural traditions, protection and use of their own knowledge and practices in health, including the context of the pandemic, to protect nature, and claim for civil and political guarantees to exercise the right to social participation in health at the level of governments and multilateral agencies through their organization and mobilization.

During this process of citizen and community struggle to face the health, social, economic, and climatic crisis that has pervaded the year 2021, there has been a quantitative and qualitative strengthening of the PHM and its governance structure. This has positioned PHM as one of the health movements most committed to the struggle for health. This process has been the result of committed and voluntary work from new and old PHM activists and affiliated networks which have been doing networking, capacity building, producing knowledge and promoting social communication.

The struggles for health carried out by PHM activists, affiliated networks, citizens and communities in different regions and contexts have followed the guidelines outlined in the PHM 2020-2025 Strategic Plan and its theory of change ([Strategic Plan: 2020-2025: Re-energizing Health For All for a New Global Context](#)). These struggles have been expressed in connection with the broader citizen and community demands, and have been organized according to the PHM global programs and thematic circles, regional coordinations and country circles. Some of these activities have been implemented by the global thematic groups, while others have been undertaken mainly by country circles. Often these country level activities have been linked to global events. And finally, there are many campaign activities which happen entirely at the country or regional level, and the role of the thematic circle/group is to document and share them and to build learnings into the global narrative.

The content of the document presented here follows this structure: 1) Campaign on Health For All and health rights; 2) PHM movement building; 3) Capacity building and the International People's Health University; 4) Promoting a robust critical economy based on critical analysis of health; 5) Global health governance; 6) Promoting equitable access to medical products in the context of Covid-19 pandemic; and, 7) PHM global



organization.

A list of acronyms, with their respective definitions, is presented at the beginning of the document to facilitate its reading. This work is the result of the effort of members of the PHM Global Secretariat, colleagues from the coordination of global programs, thematic circles, regions, and countries. A special thanks to them





## TRIPS WAIVER



## II. Campaign on Health for all and Health Rights

P e o p l e ' s   H e a l t h   M o v e m e n t



*Cover Photo Chapter 2: Poster prepared by PHM Global Secretariat as part of campaign for TRIPS Waiver*



## II

PHM developed the Health For All Campaign to serve as an umbrella for more specific activism around six priority social determinants of health, called the Thematic Areas. The role of PHM is to facilitate a process amongst activists coming together under each thematic group to foster solidarity, exchanges, alliance building and joint intervention aimed at policy at global and country level.

Each thematic area has coordinators whose responsibility involves both content development and convening the group. The six themes along with their coordinators are:

1. Gender Justice and Health (Gender Justice) - Sarojini N.B.
2. Trade and Health - David Legge and Lauren Paremoer
3. Equitable Health Systems (Health Systems) - Sulakshana Nandi and T. Sundararaman
4. Nutrition and Food Sovereignty (Food and Nutrition) - Claudio Schuftan
5. Environment and Ecosystem Health (Environment and Ecosystem) - Erika Arteaga and Amulya Nidhi
6. War and Conflict, Occupation and Forced Migration (War and Conflict) - Joseph 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. While these six themes are useful for documenting the campaigns, many campaigns are undertaken as a response to national and sub-national or local issues, and do not necessarily conform to this categorization.



## A. Regional and Country Level Activities

Since most of the Covid-19 response activity at the regional and country level fell within the Equitable Health Systems thematic, this section has been broadly divided into two parts - Equitable Health Systems and Covid-19 Response and the other five thematic activities (which continue to be influenced by Covid-19). Further, as the pandemic has had an effect in all other areas and themes, there is quite a bit of overlap in the two sections.

### 1. PHM Campaigns in SEAP

Different activities were developed by the PHM country circles in South East Asia and the Pacific (SEAP) region under the umbrella of Health for All Campaign. These activities were mainly focused on the access to vaccines and other medical technologies for the prevention and treatment of Covid-19. Moreover, PHM country circles in this region were also able to campaign on other issues such as health systems transformation, gender-based violence and human rights violation during the pandemic.

#### Equitable Health Systems and Covid-19

PHM SEAP was a catalyst for regional and country level TRIPS waiver campaigns. In Japan, for example, PHM SEAP signed on to the Japanese civil society public letters to the Government of Japan on the waiver of intellectual property rights of Covid-19 medical products. PHM SEAP also signed on to the Thai civil society public letter to the Malaysian and Thai governments regarding the “Co-sponsoring proposal to waive intellectual property rules for Covid-19 medical products at the World Trade Organization”, published on 2 June 2021.

*Photo 1: Public letters to the Governments of Japan*

Various country circles launched Covid-19 related campaigns:

**PHM Japan** Network had several meetings with the members of Intellectual Property Division and Global Health Policy Division of the Ministry of Foreign Affairs and Multilateral Trade System Department of METI (Ministry of Economy, Trade and Industry), that are in charge of the TRIPS (Trade-Related Aspects of Intellectual Property Rights) and global health policy. The Japan Network held four webinars on TRIPS waiver in line with the timing of WTO meetings and key events to promote the issue of equitable access to Covid-19 related services inviting advocates from the world. These webinars were very popular with participation of more than 500 persons. The Japan Network got significant media coverage related to the TRIPS waiver. Several interviews were carried by the popular media, including online outlets such as Asahi, Mainichi Shimbun Newspa-





per, Kyodo News, etc. Japanese civil society organizations working on primary health care, universal health coverage, equitable access to essential medicines, and trade/investment issues, formed a coalition named “Equal Health and Medical Access on Covid-19 for All! Japan Network” in November 2020. In 2021 PHM Japan got involved in the development of the new “Global Health Strategy” of the Japanese Government that will cover its global health policy from 2022 to 2030.

**PHM Korea** was part of the EACT-project (Equitable Access for Covid-19 Technologies, chapter VII) and prioritized action related to the TRIPS Waive -campaign. On 18 May 2021, a public letter was published with signatories of CSOs (Civil Society Organizations) and individuals to the Presidents of S. Korea and the US ahead of the 2021 S. Korea-US summit. On 10 November 2021, PHM Korea organized a press conference in front of Pfizer Korea regarding the patent legislation. A series of articles under the title of “Covid-19 and Global Health Watch” and “Alternatives for post-Covid-19” were published. A series of [webinars were conducted on vaccinations and human rights](#) with testimonies from homeless people and people with disabilities. Several webinars on [Access to Medicines in the context of Covid-19](#) were also organized. Finally, several articles and reports related to Covid-19 were published in 2021: “Covid-19 Vaccinations and People’s Rights in South Korea”, as a joint work by People’s Health Institute (PHI) & PHM Korea. Sun Kim from PHM Korea published an article with David Legge (PHM Australia) titled “[Equitable Access to Covid-19 Vaccines: Cooperation around Research and Production Capacity Is Critical](#)”. Sun Kim also published an article with Albie Sharpe (PHM Australia) and other colleagues titled “[Low-wage migrant workers during coronavirus disease 2019: a social determinants analysis](#)”

**PHM Papua New Guinea (PNG)**, together with local CSOs, protested against discriminatory travel restrictions for African travelers and local unvaccinated people with success. PHM PNG also gave input in the new Family Protection Bill regarding gender-based violence during the pandemic.

Despite the Covid-19 pandemic that continued to ravage the country and the onslaught of human rights violations perpetrated by the Duterte government especially with the Anti Terror Law in place, **PHM Philippines** has actively engaged in various activities that promote the people’s right to health and expose and oppose the continuing repression and human rights violations. The country circle conducted a webinar on World Health Day, April 7 with Dr. T. Sundararaman, PHM’s then Global Coordinator, as main speaker on the TRIPS waiver and its Impact on People’s Health. PHM Philippines also coordinated with the Alliance of Health Workers, the Filipino Nurses United and the Coalition to People’s Right to Health (CPRH) on webinars on health workers’ rights and benefits during this time of the Covid pandemic. They asserted the need for a public health system to be improved and address the growing need of the health workers, both in the hospitals and the communities. Finally, the circle helped in the drafting of a legislative bill in the House of Representatives that will promote a Free, Comprehensive, Participatory and Quality Public Health System.

PHM Philippines undertook various actions regarding the TRIPS waiver campaign, from conducting webinars for students, health workers and health professionals to participating in physical rallies, twitter campaigns, and writing letters. Three PHM members went to Malacanang Palace and delivered a letter to President Duterte urging him to advise the Philippines’ delegates to the WTO to support the TRIPS waiver. But they did not receive any reply.

CPRH is now a member of the Steering Committee of the Vaccine Alliance Asia which convenes Asian NGOs to support the call for “No Profit in the Pandemic”.



**PHM Indonesia** too was involved in TRIPS Waiver advocacy and the government later agreed to be a co-sponsor of the TRIPS waiver proposal. The country circle was also involved in efforts to push the government to issue government use of Covid-19 therapeutics Remdesivir and Favipiravir.

**PHM Australia** focused on the impact of the pandemic and the tragic level of denial and failure of public policy by the Australian government. Several members of PHM Australia have been active in promoting Covid-19 vaccination for Aboriginal communities in the Center and advocating to keep remote Aboriginal communities free of Covid-19.

### Other thematic activities developed by PHM country circles in SEAP

Beyond Health for All Campaign, SEAP country circles also developed numerous activities regarding other thematic issues concerning social determinants of health.

**Environment and Ecosystems Health:** PHM Australia gave a short presentation about the gender impact of climate change related disasters during the People's Health Summit during the Glasgow COP26 (UN Climate Change Conference 26). In the lead up to COP26 PHM Australia also got in contact with Extinction Rebellion in South Australia and was involved in a number of actions aimed to raise public awareness of the threats to people's health posed by continued government inaction and obfuscation on the climate emergency. PHM Korea published a [statement](#) in light of COP26 ("The climate crisis is a health crisis"), and was part of a CSO [rally](#) to demand urgent climate action. PHM Philippines supported the struggles of the indigenous peoples and communities against the illegal land grabbing of the agri-business sector, in the name of development.

**War and Conflict:** PHM Philippines played a crucial role in denouncing the shrinking space in the country in 2021. PHM Philippines experienced continued repression and red tagging of health workers and other human rights defenders. Red tagging means one is accused to be a member of the Communist Party of the Philippines, and therefore presumed a terrorist and can be killed. Several community health workers, nurses and doctors have been red tagged and killed. Zara Alvarez, a health and human rights worker, and Dr. Mary Rose Sancelan have been red tagged in Negros and killed. The circle conducted webinars on the militarist approach of the Duterte government for the Covid 19 response. The country circle also conducted webinars in coordination with Philippine Medical Students' Association (PMSA) on the impact of Martial Law on the People's Health as a counter to the ongoing historical revisionism where the Marcos and Duterte camps have been presenting the Marcos Martial Law years as the Golden Period of the Philippines, especially to inform young people.

**Gender Justice and Health:** PHM Philippines participated in various webinars as speaker and participant on gender, women and health related issues sponsored by other groups such as Women's Global Network for Reproductive Rights (WGNRR) and Health Action Information Network (HAIN). PHM member Delen was the main speaker in a webinar on Social Determinants of Health and Reproductive Health and Rights, sponsored by WGNRR.

**Nutrition and Food Sovereignty:** PHM Philippines conducted discussions on the economic issues affecting food sovereignty such as the Rice Tariffication Law where the Philippines prefers to import rice rather than help improve rice production. This has made rice more expensive, farmers are losing money and there is no government support for the rice farmers.



## 2. PHM Campaigns in Latin American Regions

Throughout Latin America, activists from four PHM's subregions (Andean, Brazilian, Mesoamerican and Southern) were involved in multiple actions and activities.

### 2.1 Andean Subregion

#### Equitable Health Systems and Covid-19

In the Andean subregion PHM activists acted in a timely manner in the face of the pandemic, primarily on three themes: (1) Defending and demanding the responsibilities of the Ministries of Health in confronting the pandemic; (2) Demanding the guarantee of vaccination and biosafety, denouncing “VIP” groups and acts of corruption in the acquisition and distribution of drugs, supplies and equipment; and (3) Organizing and promoting the participation of civil society in confronting the pandemic, focusing especially on community participation.

Together with ReAct-LA and Fundación Niño a Niño, the subregion also held several webinars on community participation in the fight against Covid-19 pandemic. This culminated in the organization of the Latin American Meeting of “[Empowered Communities in the fight against antimicrobial resistance](#)” on November 12<sup>th</sup>, with participation from the entire PHM in Latin America.



*Photo: “Empowered Communities in the fight against antimicrobial resistance” meeting. November, 2021*

In Ecuador, a public manifesto for the Right to Health was made due to the serious situation of the COVID-19 pandemic, as well as systematic demands for a supportive and sufficient public health system, based on Comprehensive Primary Health Care. Letters were sent to the new elected president. These documents can be found at [PHM Ecuador's website](#).

PHM Ecuador also engaged with Anti Corruption Nacional Commission and other civil society partners in organizing and promoting the participation of civil society in confronting the pandemic and was part of the creation of the [platform for Covid-19 vaccination social control](#). Andean PHM members also joined the solidarity campaign for the freedom of Shatha Odeh, a Palaestinian PHM activist imprisoned by the Israeli occupying forces government, and on the issue of TRIPS Waiver on COVID-19 vaccines.



## 2.2 Brazilian subregion

In 2021, the Brazilian subregion promoted several webinars on different themes. They can be found on PHM Brazil's [YouTube channel](#).

### Equitable Health Systems and Covid-19

Two webinars on the pandemic response were organized. The first, titled named “COVID-19 and the role of nursing in the Pará Amazon”, was held on 2 June, 2021. The 2<sup>nd</sup>; the second, titled “Patents and access to medicines: social mobilization and the right to health” took place on 6 July, 2021. 6<sup>th</sup>. Other two webinars on racism and racial equality were promoted: “Promotion of Racial Equality: Struggle, Health and Rights” on 14 September the 14<sup>th</sup>; and “Institutional Racism and Obstetric Violence” on 21 October, 2021. in October the 21<sup>st</sup>. The movement also engaged in social networks campaigns with other civil society organizations, in themes such as the struggle for the approval of a patent law to guarantee the access to COVID-19 medical technologies; the National Mobilization Day for Black People's Health; the Anti-Asylum Struggle Day; the National Day to Combat Sexual Abuse and Exploitation against Children and Adolescents; and the World Water Day.

### Other thematic areas

**Food and Nutrition:** PHM Brazil undertook a webinar entitled “Human Right to Adequate and Healthy Food: From Global to Local” on 3 August, 2021. the 3<sup>rd</sup>.

**War and Conflict, Occupation and Migration:** The webinar “Right to health and migration: vulnerabilities and challenges” was promoted on 9 November, 2021. the 9<sup>th</sup>.



Photo: Webinar “Racial equality promotion: health, rights and struggles”

## 2.3 Mesoamerican subregion

In Mesoamerican subregion, PHM is represented by the [Regional Committee for Community Health Promotion \(CRPSC\)](#), which has local affiliated organizations in El Salvador, Nicaragua, Guatemala, Chiapas (México), Honduras, Dominican Republic and Costa Rica. During 2021, several activities were developed.

### Equitable Health Systems and Covid-19

CRPSC and its affiliated members reinforced the collective construction based on the experiences of each country during Covid-19 pandemic and took on several issues such as denouncing rights violations, govern-



ment abandonment of its population, misuse of public funds, among others. Experiences of community approach to Covid-19, organization and ancestral medicine were documented and disseminated by the country and local level organizations.

Research on the [characterization of health systems in Honduras, Nicaragua and El Salvador](#) was concluded and the design for a popular version of the health system proposal for the Central American region was made. The subregion prepared and disseminated positions in the framework of the Covid-19 pandemic. Two case studies were presented to the Pan American Health Organization (PAHO) in the context of the development of a Regional Strategy and Plan of Action for Health Promotion. The first case study is about healthcare reform in El Salvador and the other about traditional midwives in Guatemala, which will be part of PAHO's forthcoming publication. They were presented in the seminar "Participation and Health in the Americas Region: Building an agenda". Proposals for action and civil society involvement in PAHO were made.

Other two important events were the [ASECSA's](#) (*Asociación de Servicios Comunitarios de Salud*) seminar in Guatemala, titled "[Community wisdom on health care in Covid-19 times](#)" and the 16<sup>th</sup> ALAMES' (*Asociación Latinoamericana de Medicina Social*) [congress](#) in the Dominican Republic. CPRSC members and affiliated organizations actively took part in these. Solidarity actions with Honduras were also developed, given the abandonment of the population by the government during the pandemic.



*Photo 4: ASECSA's Seminar "Community wisdom on health care in Covid-19 times", in Guatemala*

### Other thematic areas:

**Gender Justice and Health:** PHM members participated in the Central American feminist meeting in March. Others actively participated in PHM's Gender Justice and Health thematic circle. Also, there are ongoing campaigns throughout the Mesoamerican region for the decriminalization of abortion.

**Environment and Ecosystems Health:** The [1<sup>st</sup> Regional Meeting for Community Health Promotion](#) was held in Apaneca, El Salvador on 2-3 December. With the theme "Social participation and environment protection: the needs for democracy and sustainability in the Central American Region", the event was organized with other civil society partners to analyze the regional aspects of environmental crisis and to identify the impacts and challenges produced by climate change, extractivism and crisis of democracy in the subregion. An exchange meeting about the impacts of the mining industry in Honduras was held with the participation of delegations from Guatemala, Honduras and El Salvador.



*Photo 5: 1st Regional Meeting for Community Health Promotion in Apaneca, El Salvador*

## 2.4 Southern subregion

### Equitable Health Systems and Covid-19

In Argentina, the experiences in autonomous community responses to the pandemic were supported. The “Home Care Guide - COVID” was prepared together with the TATU initiative focusing on patients with mild Covid-19 at the community level. Communication and information packages were made (flyers, explanatory guide and four audios).

During the [Annual Congress of General Medicine and Health Teams](#), PHM visions and objectives were presented in exhibitions, workshops and other activities. The Congress strengthened the alliance between PHM, the General Medicine Association of Buenos Aires (AMGBA) and the Argentinean General Medicine Federation (FAMG). A meeting was held regarding the organization of the next People’s World Health Assembly. A new articulation started with organizations for therapeutic cannabis liberation.

An Argentinian PHM member participated and made a presentation on the Citizen Assembly for Global Health in parallel to the 74<sup>th</sup> World Health Assembly. Other members attended the IPHU course “[How to transform our healthcare systems](#)”. PHM worked actively on antibiotic resistance along with [ReAct](#) (Action on Antibiotic Resistance). PHM coordinated the research on community perception about the use of antibiotics in animal farms in Ecuador and Argentina.

PHM also participated in the organization and coordination of the 31st National and Latin American Health Meeting Laicrimpo: “*Embracing ourselves to the water that, when it flows, nourishes the roots of life.*”



*Photos 6: Community autonomous initiatives to track Covid-19, Argentina*



*Photo 7: General Medicine and Health Teams Congress, Argentina*



*Photo 8: 31st National and Latin American Health Meeting Laicrimpo*

Several studies, publications and projects were prepared on themes such as community participation in health, alternative views on ecosystems health, emancipatory practices for good living and non-pharmacological public health measures in vulnerable population groups in the context of Covid-19.

The region organized a 3 day event in celebration of Abya Yala for the twentieth anniversary of the PHM. A virtual tribute to Late Margarita Posada, a prominent Salvadorian PHM activist, was paid.

In Paraguay, PHM is represented by the “[Maria Rivarola](#)”, [Movement for the Right to Health](#). In 2021 they were active in resisting neoliberal policies promoted by the Paraguayan government such as budget cuts on health, education, and social protection during the pandemic. With other civil society organizations and



human rights defenders, they advocated in the National Congress for the right to health and against the criminalization of the struggle for land.

The movement took part in a street demonstration called “[Social Grief in Paraguay](#)”, in tribute to those who died from Covid-19 and in protest against avoidable deaths caused by mismanagement and corruption in government’s pandemic response. They also engaged in solidarity actions with communities, demanding access to health care and appropriate care in the public health system.

Paraguayan PHM members and ALAMES members organized the Network of Movements and Social Organizations for the Right to Health in Latin America and the Caribbean [meeting](#) in the Dominican Republic, during ALAMES’ 16<sup>th</sup> Congress. An article named “[Social grief’s fingerprint is the driving force for the universal health system re-foundation in Paraguay](#)” was published in the Human Rights Report Paraguay 2021.



*Photo 9: Network of Movements and Social Organizations for the Right to Health in Latin America and the Caribbean meeting.*

## Other thematic areas

**Food and Nutrition:** In Argentina, a video manifesto against the UN Food System Summit was produced. PHM also joined the [campaign for front labeling of packaged food and beverages law approval](#) in Argentina, with other partners.

**Gender Justice and Health:** PHM members participated in regular meetings of the [Women’s Parliament](#) in Argentina, marking PHM’s vision of the right to health and comprehensive health. They took part in the marches for abortion legalization, and also in its approval celebration. In Paraguay, several actions took place, such the [public campaign](#) for Comprehensive Women’s Health with a focus on rights; the face-to-face workshop on comprehensive health and healing for militant women, caregivers of health, territory and life; the [international seminar](#) named “Comprehensive health for and by Women: knowledge exchanges”; the articulation with feminist women’s organizations to promote the [28S Campaign](#) for legal abortion in Paraguay; the participation in the [Feminist Meeting of Women Leaders](#) with the theme “Keys to a dignified life: universality of rights

in social protection and comprehensive health”; and the participation in national mobilizations such the 8 March demonstration, the march against gender based violence, and the march for Human Rights.



*Photos 10: Public campaign for Comprehensive Women's Health with a focus on rights*



*Photo 11: Meeting of Feminist Leaders with the theme “Keys to a dignified life: universality of rights in social protection and comprehensive health”*

**Environment and Ecosystem Health:** In Argentina, PHM activists took part in the coordination of the “Plurinational Campaign in Defense of Water for Life” and also promoted conversations about the defense of the territories and social rights. Members are also part of the **MAELA** (Agroecological Movement of Latin America) coordination.

**War and Conflict:** The Southern sub region also took part in the Latin American Campaign of solidarity with the people of Colombia against repression and impunity. A letter was delivered to the Colombian embassy in Buenos Aires regarding this matter.



### 3. PHM Campaigns in Europe

#### Equitable Health Systems and Covid

There were two significant campaigns in which PHM Europe participated in 2021. First, PHM was an active part of the [ECI Right to Cure](#). The campaign is aiming to collect 1 million signatures from different EU countries, which would enable health activists to request the European Commission (EC) to discuss civil society demands: (1) Health for All, (2) Transparency Now, (3) Public Money, Public Control, (4) No Profit On Pandemic. The campaign is connected to other global initiatives for vaccine equity, and is important because it provides a mechanism to pressure the European Commission to act in the public interest instead of in the interest of big pharmaceutical companies. Many of the PHM Europe country circles continue to be active in the European Citizens' Initiative [Right to Cure](#) (No Profit on Pandemic) and organize local activities related to access to vaccines.

PHM also organized a new edition of the **7th April campaign**, People's Health Day. Various PHM Europe circles participated in the [April 7th campaign](#) to demand equal access worldwide to anti Covid-19 vaccines and to ensure that profit does not prevail over health, by organizing local actions on access to vaccines, the harmful impact of privatization on health, and other topics with local resonance. The various events were mapped on this [interactive map](#). Before the day of action, PHM Europe and the European Network against Commercialization of Health and Social Protection launched a [mobilization video](#) to invite more people to join on the day. PHM Europe and EN also held a couple of internal preparatory workshops ahead of the campaign, focusing on communication strategies, working through social media, and communicating with the press. The workshops were led by comrades from the Catalan cooperative Quepo, which was also preparing the Barcelona IPHU, and John Lister from Lowdown, a UK portal for healthcare. All materials from this year's 7th April campaign are available [here](#)



Photo 12: April 7 actions across Europe



*Photo 13: World Health Day, Brussels, 2021*

In Belgium, PHM activists took part in a flash mob in front of the European Commission, calling the EC to ensure that Covid-19 vaccines and medical products are available to everyone, everywhere and in due time. Videos from the action are available in [English](#) and in [French](#). In Scotland, April 7th was when the People's Health Manifesto was launched, while PHM groups in Georgia, North Macedonia, and Croatia coordinated a joint webinar on health workers in East Europe during the pandemic. PHM Germany organized an online public event focusing on access to vaccines, while PHM France participated in a number of manifestations around the same topic. PHM activists in Italy distributed flyers with information on access to Covid-19 vaccines, and actions were held in Greece as well. An outline with more details has been published [here](#).

In 2021 PHM Europe continued to work on a project on “De-privatization and reclaiming of public health” in the region. The project consisted of a stream on building campaigns and education activities, which got implemented during the preparation of the April 7th actions and complemented the preparation of the Barcelona IPHU; and collecting case studies on alternatives to commercialization and privatization of health care in Europe. The project also included funds for an in-person regional meeting, but this had to be changed because of Covid-19. Several online meetings were held instead. This activity resulted in local activities as outlined in the first section, and a case study collection: [Reclaiming Public Health: Experiences and Insights from Europe](#). The collection includes studies on an attempt by the Slovakia government to introduce extreme limits to private health insurance companies; the introduction of regional health councils and their effects on participation in decision-making in health care in Croatia; building of Medicine for the People in Belgium; and establishing a health cooperative in a small community in Sweden. There was also an official [launch](#) of the publication on 29 September 2021.



Photo 14: Cover PHM Europe publication on reclaiming public health

#### Other thematic Areas:

**Environment and Ecosystem Health (COP26):** PHM UK worked closely with climate justice groups and the PHM thematic group on *Environment and Ecosystem Health* during the preparation of a [People's Health Hearing](#) on climate justice during the COP26 in Glasgow, and launched a platform called the People's Health Watch, a learning space for people, organizations and movements to collectively share their ideas, actions, ways of thinking that are resisting current systems of oppression and imagining what visions of health justice look like in practice.

## 4. PHM Campaigns in East and South Africa

### Equitable Health Systems and Covid

PHM Kenya conducted several media engagements activities in 2021, to highlight the pressing need of a people centered UHC (Universal Health Coverage)/NHIF (National Hospital Insurance Fund) during Covid-19 and how it hugely impacted people living in urban low income and rural areas. Activities aimed at encouraging communities for vaccination, demystify the existing myths, and at the same time create a demand for the government to provide vaccines to a larger population and not just wait for donations. Community vernacular radios were included in the media engagements to reach the rural masses. (Ex. [link1](#), [link2](#))

PHM-Kenya has also joined an ongoing case as an interested party on Covid-19 vaccines accountability through an affidavit.

The country circle organized a national health conference with Amnesty International-Kenya and the Kenya Medical Practitioners and Dentist Union. It brought together stakeholders from the government, health professionals, human rights defenders and community health volunteers to address the gaps in healthcare system during the pandemic. PHM Kenya and OSIEA (Open Society Initiative for East Africa) commissioned a [study](#) on the systematic review on financing options for UHC in Kenya and Uganda that was implemented by E&K consultancy. [Another](#) study was implemented by Infotrak on Health from the demand side in Kenya.

PHM Kenya was also involved in the study of Impacts of Privatizing Healthcare in Kenya, which was conducted by the Center for Human Rights and Global Justice in New York School of Law & Economic & Social Rights Center.

PHM Uganda, supported by the East and Southern Africa regional People's Health Movement outreach fund, organized a panel of young activists from different organizations on 22 December 2021. The webinar looked at the factors contributing to the global exchange of experiences to increase the understanding of challenges and solutions towards the attainment of ideal UHC in Uganda.



*Photo 15: Webinar PHM Uganda*

In 2021 PHM South Africa was part of the South Africa People's Vaccine Campaign Interim Steering Committee and coordinated together with WWMP (Workers World Media Productions) the popular education working group that received funds from the Solidarity Fund to organize training within communities to increase equitable access to the vaccines. Part of this program is training trainers that will go into communities to do vaccine literacy training. Together with other civil society organizations (Section27, Health Justice Initiative (HJI), WWMP and MSF), PHM SA developed the [C19 vaccine literacy and advocacy manual](#), updated whatsapp cards and [video](#) to the manual. While Section27 coordinated the Covid-19 vaccine literacy part, PHM SA developed the advocacy part of the manual including the barriers to equitable access to the Covid-19 technologies.

Leslie London from PHM SA initiated a discussion with [Equinet](#), the Regional Network on Equity in Health in East and Southern Africa, on jointly producing a **policy brief on expanding the vaccine production capacity in Africa**. The brief was aimed at Parliamentarians in East and Southern Africa and Civil Society engaging with parliamentarians, trying to muster domestic political support for the waiver and other strategies for local production of Covid-19 vaccines and other health technologies for Covid-19. Together with PHM members, Lauren Paremoer has published a [paper](#) on Covid-19 case studies.

Finally, PHM SA played a key role in informing the public on the pandemic and government policies through [webinars](#) on vaccine procurement and the [Fix The Patent Laws](#) campaign, media [articles](#), etc.



In 2021 PHM SA continued to support the South African Care Workers Forum (SACWF) in self organizing for better employment conditions as well to support their role as agents of change within the health system. PHM SA is also supporting the legal case for recognition of community health workers (CHW) within the health system ensuring their employment with decent salary and working conditions.

PHM Malawi, along with the East and Southern Africa regional People's Health Movement, commemorated UHC Day on 24 December by organizing a webinar consolidating the views of CHWs and PHM Member organizations in Malawi involved in Community Health. It incorporated into a Communique that was to be delivered to the Ministry of Health calling for adequate investment in Community Health in Malawi and ensuring that No one is left behind! 24 CHWs (Community Health Workers) and 12 PHM Member organizations representatives participated in the webinar.

### Other thematic areas

**Food and Nutrition:** As part of its initiative on **non-communicable** diseases, PHM South Africa works with several schools and community gardens on advocacy for healthy food and food gardens. In 2021, new food gardens were established with the assistance of experts. A webinar sharing experience and learnings took place near the end of the year.

**Trade and Health:** PHM South Africa had taken a lead in the WTO (World Trade Organization) Watch initiative, detailed under the Trade and Health Thematic work.

**War and Conflict:** Statement drafted by academics from Ethiopia and PHM ESA on the ongoing Conflict in Tigray: [PHM ESA calls for action on the war against the People of Tigray, Northern Ethiopia](#).

## 5. PHM Campaigns in West and Central Africa

Most countries of the region have presence in all thematic groups and have started participating in thematic group meetings also. PHM Democratic Republic of Congo organized several workshops and community hearings on right to health campaigns on Covid-19. The region produced a position paper on the situation in the DRC, reviewed by Claudio Schuftan of PHM. Benin organized several meetings including a webinar on decolonizing aid and the health system. Gabon organized several meetings on anti-tobacco. Cameroon organized a national IPHU on “The Struggle for Health”. Mali organized a webinar on Covid 19 and Access to Health Technologies. Togo sensitized young people on reproductive health.



Photo 16: Preparation for Cameroon IPHU on “The Struggle for Health”

## 6. PHM Campaigns in South Asia

*\*The section contains details of activities of PHM Nepal and Sri Lanka. The country reports of Bangladesh and Pakistan could not be received.*

### Equitable Health Systems and Covid-19

PHM Sri Lanka has volunteers from different fields who are concerned about public health and health rights. In 2021, PHM Sri Lanka country circle set up thematic groups for functional guidance despite difficulties due to travel restrictions. Regular monthly meetings were held and main issues at the ground level and possible impactful solutions by the thematic groups were brought to discussion.



Photo 17: PHM Sri Lanka Newsletter

PHM Sri Lanka worked on enhancing awareness of the community around Covid-19, regarding safety measures, importance of vaccination, impact of Covid-19 on cancer patients and advocating to the responsible authorities regarding the unseen health issues from the grassroots level. A letter was written by PHM Sri Lanka to President Gotabhaya Rajapaksa demanding equitable access to vaccines and re-emphasizing the need to follow scientific process in introducing the vaccines in the country. Another letter was written to him on “Suggestions to control Covid-19 pandemic”. A people’s dialogue on Covid-19 vaccine was held in February 2021.



Photo 18: Dr. Vinya Ariyaratne, PHM Sri Lanka Coordinator quoted in a media article



PHM Sri Lanka also engaged in showing solidarity with Global Movements of PHM such as Palestine and TRIPS waiver.



Photo 19: PHM Sri Lanka organized an online meeting on 8<sup>th</sup> April, World Health Day.



Photo 20: In November, an open public meeting was organized by PHM Sri Lanka on Breast Cancer Awareness in collaboration with Indira Cancer Trust.

PHM Nepal, a functioning network of individuals and organizations, organized several internal meetings to plan the programmes, discuss strategies, share opinions and make necessary decisions. PHM Nepal organized several virtual programmes on mainly social issues of Covid-19 pandemic. These programmes focused on sufferings of poor and working class citizens due to the pandemic and highlighted the following them on the points:

- i. Loss of job, business and income sources resulting in survival crisis
- ii. Lack of access to Covid-19 services in public sector with unbearable financial burden in private sector services
- iii. Inaccessible Deprivation of general health services (other than beyond Covid-19)

#### Other thematic Areas:

**Gender justice and Health:** PHM Sri Lanka organized an online meeting on 8 March, International Women's Day, titled 'Women in leadership: Achieving an equal future in a Covid-19 world.' In September, an online meeting "Covid 19 and the Gender Dimension" was held. Sarojini N., coordinator of PHM's Gender Justice and Health thematic circle, was invited. It was aimed at creating awareness about the present situation of Covid-19 and its impact on women's population around the world.

**Food and Nutrition:** PHM Sri Lanka also engaged on the issue of control of essential food items to protect human lives. PHM Nepal too emphasized and strongly advocated for providing support by the state to the citizens who are in distress and crisis.

**War and Conflict, Occupation, Forced Migration:** PHM Sri Lanka engaged and made attempts to learn about the issue of Palestine and PHM Global's work on the issue. PHM Philippines member Delen De La Paz



was invited to a meeting in July to talk about it and explain PHM's position and historical involvement with the Palestinians.

## 7. PHM Campaigns in India

In India, PHM is represented by Jan Swasthya Abhiyan (JSA), a national network of civil society groups and movements struggling for health rights. In 2021, several actions were developed.

### Equitable Health Systems and Covid-19

During the second wave of the pandemic, the government continued to deny accepting any short-comings in its response. JSA units and network organizations, together with social movements and civil society, were involved in actions, activities and mobilizations in different areas:

1. Ensuring people's health rights related to public and private healthcare during the Covid-19 pandemic: Several actions were carried out such as developing a booklet on home-based care for Covid-19; conducting a survey and campaigning on overcharging of Covid-19 patients by private hospitals leading to official decision for audit and refund in case of overcharging complaints; promoting a state level public hearing on the private sector and a campaign against coercive vaccination policies; demanding verbal autopsies of Covid deaths; the production of situational analysis and campaign about equity aspects of Covid-19 ([example1](#), [example2](#)); documentation of the impact of the pandemic in conventional services; the dissemination of information about rights and rates in private hospitals; supporting patients to get hospital beds; representation to state governments on various issues; producing a statement on [safeguarding prison health](#); and media and legal advocacy.

In May, JSA organized a [National Day of Action](#) to highlight the grim situation caused during COVID second wave and protest against government inaction. Healthcare professionals and activists across India released JSA Statement, organized webinars, online discussions and social media campaigns in 20 states to highlight demands and proposals to defend people's right to health and ensure response of health systems. The event was widely covered in the media.



Photo 21: JSA National Day of Action on COVID flyer



1. Relief work and support to individuals, families and communities affected by the pandemic: JSA network units in states provided counseling services, helped coordinate patients as per availability of beds, engaged in relief work for the refugees, provided training and conducted sessions on COVID care for organizations, provided dry ration relief to 3000 families; developed mental health and portable health clinics initiatives.
2. Disseminating scientific information regarding Covid-19 vaccines and countering misconceptions regarding vaccines: India implemented a graded roll-out of vaccination, which coincided with the second wave and led to many misconceptions among communities regarding safety of the vaccines. In many states, JSA and associated organizations led discussions and question and answer forums (online and offline) to respond to queries regarding the safety of vaccines and other Covid related issues. They also monitored vaccination roll-out, highlighting inequities and corporate control over government decision making and held dialogues with community and other activists on countering misconceptions and fake news around vaccines.
3. Right To Health and Patient's Rights Campaign (beyond Covid): At national and state levels, several in person and online mobilizations and actions were organized on issues such as the right to healthcare, regulation of private sector and against privatization of health services, demanding equitable healthcare from the government, health budget and Covid response; advocacy for display of patients' rights; organization of assemblies to demand improvements in health; and a survey of public health facilities.

**Solidarity with health workers and other frontline workers:** In 2021, JSA network, activists and partners intensified their support to these workers; supported community health workers' strike and other protests; submitted memorandums to health ministers regarding labor issues; discussed equity in nursing work in an international panel; and promoted studies of frontline workers' working conditions.



*Photo 22: Support to the community health workers strike in Maharashtra*



*Photo 23: Media coverage on a campaign against privatization of Health Services*

1. Advocacy on health budgets: A number of states undertook processes for pre-budget consultations and developed their demands and recommendations for budgets for health and other social services. JSA demands were related to increase of health budgets and funding for nutrition and other social programmes, and investing in strengthening government health systems, including in health workers. This was made through several actions at the national and states levels, providing a critique to the

Union Health budget and presenting key demands.

JSA members also actively participated in the activities of PHM's thematic circle on Equitable Health Systems..

### Other thematic areas

**Gender Justice and Health:** prepared and circulated posters for International Women's day 2021 highlighting the persecution of human rights defenders and sexual violence by state forces on indigenous women in conflict areas; sent out a memorandum to state, district and block level authorities demanding strict action in the case of sexual assault of minor girls; organized a webinar discussion titled "Safe Abortion- A human right" and a workshop "Addressing Gender Based Violence in Rajasthan".



*Photo 24: Poster for the international women day*

**Trade and Health:** JSA produced a situational analysis in the context of Equitable access to Covid Technologies (EACT) promoted by PHM. Some networks are doing legal advocacy for control of prices of medicines and access to new TB drugs. A JSA affiliate, All India Drug Action Network, was engaged in reviewing the National List of Essential Medicines and was actively involved in TRIPS waiver and Trade Agreements issues. **Food and Nutrition:** A study to assess nutritional status of children under 72 months to plan intervention during and post Covid-19 pandemic in Rajasthan was undertaken; gave applications to government and police on subsidized grain scheme of government Public Distribution System, health and women's safety. **Environment and Ecosystems Health:** A JSA unit made a video to the People's Health Hearing which was organized during the COP26 in Glasgow, raising concerns on the human rights violations, increased militarisation in Bastar, owing to the state and private sectors interest in mining in the region. It was sent as a PHM contribution.

**War, conflict, migration:** JSA and partners in Delhi coordinated to provide various healthcare and support services for protesting farmers. Daily medical camps were organized, medicines procured by collective efforts and follow-ups were ensured wherever possible. A [letter](#) to the health minister of Delhi was written, urging to provide basic medical facilities at the protest sites. An assessment on the needs of the protesting farmers at the Delhi border was conducted to assess. The findings were disseminated in a meeting and a press release.

JSA members actively participated in the activities of all of PHM's thematic circles.



## 8. PHM Campaigns in Middle East and North Africa (MENA)

*(This section contains a report from Tunisia. Reports from other countries of the region could not be received. Our regional Coordinator Shatha Odeh has been illegally arrested by Israeli Occupation Authorities)*

### Tunisia:

The national circle of PHM is the Tunisian Association for Defending the Right to Health (ADRH). In 2021, ADRH has set up an observatory function to assess immunization campaigns against Covid-19. Dr Moncef Bel Haj Yahya from the [ADRH has analyzed official immunization data](#) in order to explain disparities between and inside governorates in relation to vaccination coverage. ADRH's findings supported the efforts of civil society in Tunisia for better PHC (Primary Health Care) facilities, and for it to be more decentralized, according to the governorates' capacities.

### Paper on lessons learned on Covid 19 management in Tunisia

An abstract of a paper on lessons learned for Covid 19 management in Tunisia, prepared by ADHR, was sent to the scientific committee of the global conference "Covid-19 in the MENA Region: Lessons Learned in Research, Public Health Policy and Clinical Practice", planned to take place in May/June 2022 in the university of Gaziantep, Turkey. The paper was accepted as an oral presentation. It highlights the main characteristics of the pandemic management taking into consideration the social, economic and political Tunisian context and the growing role of civil society organizations since the 2011 revolution for freedom and dignity. A particular interest is paid to the necessary involvement of community health workers and primary care settings in public health services and health security.

## 9. PHM Campaigns in North America

### Equitable Health Systems and Covid

PHM Canada, along with other organizations across the world, signed onto ONE Canada's joint statement calling on the Prime Minister of Canada, Justin Trudeau, to act more urgently on his government's commitment to share vaccines with COVAX.

PHM Canada and PHM USA observed April 7, World Health Day, as "International Day Against the Privatization and Commodification of Healthcare and Social Services".



Photo 25

PHM USA and PHM-Canada helped organize, and participated in, the People's Health Hearing for COP26, which served to bear witness to the public health impacts of extractive industries and created a space to connect people's struggles, and set out a vision for intersectional, transformative climate justice. PHM USA was also part of the action from July 9-16, in which activists hosted demonstrations at German consulates across the U.S. urging Angela Merkel to support the #TRIPSWaiver! PHM USA joined over 400 organizations in the US calling on the Biden administration to support the waiver to lift the patents to get vaccines and treatments needed to the world.



*Photo 26*

PHM USA, along with Citizens' Trade Campaign, organized vigils remembering those who have died of Covid-19 and calling for the global access to vaccines and treatments that's needed to help save millions of lives and end the pandemic.

On an international level, at least 60,000 Iranians have died as a result of the Covid-19 pandemic. PHM USA joined in calling for President Biden to provide sanctions relief for the people of Iran.

### Other thematic Areas

**Environment and Ecosystem Health:** PHM Canada signed on to the Americas Program joint organizational statement on the David Castillo Trial for Murder of Berta Cáceres. David Castillo was a former military intelligence officer and head of DESA, the energy company responsible for the dam project on the Rio Gualcarque that Berta and the Lenca people opposed. He is thought to play a crucial role in the assassination. PHM Canada signed onto The Gaia Foundation's collective statement calling on the EU to abandon its plans to massively expand dirty mining as part of EU Green Deal and Green Recovery plans. PHM Canada was involved in Mining Injustice Solidarity Network's activism at PDAC (the world's largest mining convention, held annually in Toronto—this year virtually), creating vivid posters, among other activities. Finally, PHM Canada signed on to Environmental Defence Canada's joint statement calling for Canada to align its public financing with our climate commitments.(Link here).

PHM USA hosted a webinar on fracking and plastics in 3 languages (English, Spanish and French) in February 2021 in conjunction with the PHM anti extractive industries circle.



## B. Thematic Circles as Global Coordination for the Health for All Campaign

While the regional and country circles of PHM work on the basis of geographies, thematic circles (TC), or thematic groups, campaign according to different themes – Gender Justice and Health; War and Conflict, Occupation and Forced Migration; Equitable Health Systems; Environment and Ecosystems Health; Nutrition and Food Sovereignty; and Trade and Health. Together they form PHM's Health for All Campaign. . Some activities are implemented entirely by the TC, while others are initiated or facilitated by the TC and undertaken mainly by country or regional circles. Often these are linked to coordinated global events. Finally, many activities are carried out entirely at the country or regional level, and the TC documents them and feeds learnings into the global narrative.

Global PHM has been supporting TC in ensuring their smooth functioning. Last year, many listservs were created, PHM email ids were created for better coordination, and [website pages](#) were streamlined along with ongoing group activities. Efforts were put to organize regular meetings, though frequency differs across TC. The Extractive Industries Group met every month based on a yearly calendar and alternate time zones. The Health Systems and Trade and Health Group met once in two months on an average while the Gender Justice and Health Group is planning its first formal meeting next year in 2022. In 2021 special focus went to:

- **Reaching out to newer groups:** This year the thematic groups had participation from newer country circles and networks. Some of them were from the PHM Francophone WCA region which had last year sent a list of individuals interested in joining different thematic groups e.g the Food and Nutrition Group (at the initiative of the Global Secretariat). TC meetings saw participation from some of the WCA members and plan is to follow communications with them. Some circles such as Trade & Health and Food & Nutrition plan to conduct meetings with different regions to develop links with activities and agendas identified by country and regional circles. We have also been experimenting with translation systems to overcome the language barriers in TC meetings. We have also made efforts to translate documents and resources in Spanish, French and Arabic, which are generally available only in English.
- **Commissioned Studies:** This year, PHM also experimented with the idea of commissioning small assignments within TC. The themes for the assignments emerged through discussions in the TC meetings. The TORs were circulated within PHM and consultants were selected after a thorough discussion on the CVs received. Two assignments were conducted through this process – PHM Palestine and Lockdowns and Public Health. The assignments have been found to be a good way for the TC to initiate and move forward to work on key identified issues. The process of reaching out to different circles and members in the course of the assignments also helped in rebuilding network and communication with them.

A summary of key activities under each of the six thematic groups can be found below.

### A. Gender Justice and Health Circle

This report sheds light upon the series of engagements that took place between April 2021 to December January 2021. During this period the Gender Justice and Health thematic group has been actively engaged on a series of activities through webinars, presentations, and IPHU. The TC also expanded during this period with many young activists joining or showing interest.



Photo 27

### 1. Webinar on Pandemics and Public Health

The thematic group organized a webinar on '[Pandemics and Public Health](#)' on 16 April with Sama Resource Group for Women and Health, which was joined by more than 240 people from 25 countries. The main speaker was Dr. Eugene Richardson, a physician-anthropologist and Assistant Professor of Global Health and Social Medicine at Harvard Medical School. It was facilitated by Dr. Vineeta Bal, physician and immunologist, faculty at the Indian Institute of Science Education and Research (IISER), Pune. Dr. Eugene spoke about a plethora of issues like vaccine hesitancy, repercussions of colonialism on health, vaccine apartheid, reflections from the Ebola crisis and how reparative justice can be a way of balancing the scales of inequitable societies.

### 2. The International People's Health University (IPHU)

The Gender Thematic Group provided inputs on gender related sessions to the IPHU held by PHM Europe. This was held virtually from 4 May - 25 June.

An IPHU was organized by the TC in Oct-Nov 2021, details of which are covered in the IPHU section.

### 3. Expanding the Thematic Groups members and outreach

An invitation was sent to 14 women's groups in South Asia and South-East Asia to join the PHM Gender Thematic Circle. Most of the IPHU participants and alumni have become a part of the TC.

### 4. Observing International Women's Day and International Safe Abortion Day

On 8 March, International Women's Day 2021, the TC, along with Sama, sent out a [call inviting contributions](#) from different regions on the day and brought out a [statement](#) for 28 September, International Safe Abortion Day.

### 5. A Call on Pandemics and Access to Healthcare Technologies from a Gender Approach

Sama has initiated a campaign on "Pandemics and Access to Healthcare Technologies: From an Intersectional, Gender and Equity Lens". The TC joined this initiative and many women's groups showed interest as collaborators. The initiative attempts to apply the gender framework to analyze health care technologies including vaccines. The call has a Google form which individuals/organizations can fill to show support and contribute. One can read the call in English, Arabic, French and Spanish [here](#).

### 6. Committee Against Sexual Harrassment (CASH)

The TC coordinator has provided inputs for CASH and a preliminary note was shared with the members of the CASH. A policy on CASH and its institutionalization is in the process.



## B. War and Conflict, Occupation and Forced Migration

### 1. Free Shatha Odeh Campaign

PHM is leading the #FreeShathaOdeh campaign since July 2021. Shatha is a member of the Global Steering Council of the PHM, coordinator of PHM MENA region, and the director of the Health Work Committees (HWC), one of the most prominent Palestinian non-profit health care providers. The HWC itself has been facing unjustified attacks by the Israeli occupying forces (IOF) for years. In June 2021 its office was raided and forced to shut down for six months. The actions of IOF against a health organization come in the middle of a raging Covid-19 pandemic, which is most unfortunate. PHM called for Shatha's immediate release and immediately created a **Free Shatha Task Force**. PHM called upon international organizations and foreign governments to condemn increasing criminalisation and delegitimization of humanitarian and civil society organizations. The Task Force coordinated various actions:

İ% 9 July (2 days after her arrest): PHM [Statement](#) on the Arrest of Shatha Odeh by the Israeli Occupying Forces

İ% July: Launch of a [petition](#) urging the World Health Organization and the United Nations High Commissioner for Human Rights to intervene for her release. More than 150 organizations and 800 individuals have signed it. This petition was handed over in person to the office of the WHO in Geneva.

7 August: Webinar “Pearls and Perils of Health Work in Areas of Conflict”



Photo 28

- 14 November: PHM organized a Twitter Storm



Photo 29

- 10 December, International Human Rights Day: PHM gathered close to 300 selfies worldwide from people who stand in solidarity with Shatha. These photos were used in a [video](#) that was shared on Human Rights Day.

Shatha's case was frequently discussed within the War and Conflict TC. Local country circles also got involved in the campaign. PHM Australia drafted a letter to the Israeli embassy in Canberra calling for the immediate release of Shatha Odeh. They also contributed to a twitter storm of protest at her incarceration by the Israeli military. PHM Korea joined the [Twitter](#) Storm, as did PHM Philippines.

## 2. Palestine and PHM's involvement

Another key activity has been a PPT and a paper on Palestine and PHM's involvement. The idea emerged from the discussions in the TC's meeting that PHM needs a document explaining the issue and what have been the organization's historical links with it. A call with ToR was circulated and Layth Hanbali was finally selected for this. Interviews were conducted with PHM old timers to give more information on the issue. The draft PPT and report is currently to be reviewed. It is expected that it will be a useful resource and documentation on the Palestine issue and PHM's involvement in it.

## 3. Global Alliance on War, Conflict and Health

This year, the TC also joined the Global Alliance on War, Conflict and Health.

## 4. Transnational Corporations and Human Rights

On behalf of PHM, Claudio Schuftan participated in the [webinar](#) on "Global Pandemic / Global Solutions - The Right to Health beyond borders in times of Covid-19". The webinar was co-sponsored by PHM. He also represents PHM in the campaign focussing on the binding treaty on Transnational Corporations and Human Rights. Negotiations have been going on for more than six years. Rich countries are fiercely defending their TNCs. We have not been able to make many inroads. We are now fighting a due diligence clause and are organizing regional and country work. The group meets at least monthly via online platforms.



## 5. Strategic planning

Some of the future plans for the thematic circle include:

- a. Another webinar on 8 March 2022 for Shatha.
- b. Expanding collaboration with more groups and networks ([Jewish Voices for Peace- Health Advisory Council](#), Global Alliance on War, Conflict and Health, Nicaraguan Medical association) etc
- c. The group plans to initiate a similar assignment as the Palestine PHM assignment for the Mesoamerican region.
- d. The circle also includes issues on migration and impact on the health of undocumented migrants and those forced to migrate due to occupation. These concerns are being studied, especially in the light of lack of healthcare during Covid-19.

## C. Equitable Health Systems

This year saw a focus of the TC on documenting health systems response both at country and global level, with a focus on tracking privatization and commercialization of health. Significant efforts were made to support health workers and frontline workers and amplify their struggles and demands. The discussion group that consists of 100 members, is very vibrant and is a forum for sharing information and perspectives.

The previous year, the TC had sent out a call for case studies on four identified themes in the context of Covid-19 pandemic. It received a tremendous response and 15 written case studies were received, including three videos from 12 countries. The case studies were reviewed by a team from the TC, revised and put up on the PHM website. The case studies were very useful where it contributed towards future work of the TC which identified issues of importance to work other than building connections with country circles. The final case studies are available [here](#).

The assignment on Lockdowns and Public Health is a research study to critically analyze lockdowns as a public health measure and its implications. A call for consultant with a ToR was circulated and Michelle Brotherton from PHM South Africa was selected for the same. More than 15 countries were identified based on literature review, following which we reached out to our PHM circles/members requesting them for interviews. Most of the work is completed and the first draft of the report is expected in early 2022.

A webinar on “[The struggles of Community Health Workers at the Covid frontline: Essential but Unrecognized](#)” was held in July in which CHWs from six countries shared experiences and demands. PHM activists from the Philippines and Brazil contributed videos of CHWs speaking in their respective languages with English subtitles. In August, some members of the circle from many countries came together to write a commentary on “[A Political Economy Analysis of the Impact of Covid-19 Pandemic on Health Workers: Making power and gender visible in the work of providing care](#)”. The commentary was by Yale Global Health and Justice Partnerships and focused on Health workers at the lower end of the health occupation hierarchy.



Photo 30

Based on the commentary, a webinar was held on “Care Extractivism”. Lauren Paremoer, one of the authors, presented the paper and other panelists, including health workers and trade unionists, responded to it.

PHM also partnered with Transnational Institute (TNI) as part of its larger work on documenting and analyzing de-privatisation work across the world in different sectors including health. The Chhattisgarh state unit of PHM India contributed to a “A Case Study On De-Privatization Of The Advanced Cardiac Institute In Raipur, Chhattisgarh”. The report is being finalized and will be disseminated for advocacy and campaigns.

With other global partners such as MMI, the TC co-organised a webinar “Health systems torn between health security and universal access priorities– implications for international cooperation?” on 21 June.

The TCis involved in action against multistakeholderism and corporate capture of global governance as part of the People’s Working Group on Multistakeholderism.

Circle coordinators and members have participated in various events to present on health systems and struggles against privatization of health, from local to global level.

Finally, Prince Mahidol Award Conference (PMAC) commissioned to PHM a series of three webcasts on the theme “The World We Want”. Videos on Equitable Health systems and Sustainable Development Goals were undertaken under this TC. These have been detailed later in the report.

#### D. Environment and Ecosystems Health



Photo 31



One of the key activities of the group this year was the [People's Health Hearing on Climate Justice](#) during COP26 which took place on 7 November, 2021. It generated a lot of interest and saw immense participation. We heard very touching, poignant and powerful testimonies from across the world. The TCg established good connections with people and networks, especially from the younger population, in the process of organizing the hearing. This went along with activity on our Twitter handle @PHMglobal. The group also [contributed a 20 minutes video](#) to the hearing which has testimonies from the Philippines, India and Ecuador.

After the COP26, TC members Erika and Rhiannon (new PHM UK member) spoke at an event on “[Unpacking the health story at COP26 - Lessons for the future](#)” which analyzed COP26 from a health framework. The TC prepared an official commentary on COP26 following the event. As a follow up of the hearing, TC members have put together a wonderful [compilation of stories](#) to reflect, & strengthen connection for collective vision of a just, healthy & flourishing future.

Early in the year in February, the TC and Hesperian Health Guides organized a discussion about the connections between Fracking and Plastic Production and Disposal, discussing possibilities of strengthening local and global struggles against this chain of extractive processes ([Link](#)).

The TC is also in the process of reviewing and editing campaign booklets on different themes for popular use in various languages.

Future plans focus on nurturing the relationships made during the hearing, reaching out to PHM DRC, and supporting South African friends and comrades resisting Shell's efforts to do exploration off the ecologically sensitive eastern Wild Coast.

## E. Nutrition and Food Sovereignty

The major engagement of the group this year has been in joining the campaign against the UN Food Systems Summit (UNFSS) 2021 which was boycotted and opposed by civil society organizations and social movements on account of corporate capture and lack of inclusiveness in decision making since it was announced. PHM has for long been part of the Civil Society and Indigenous Peoples' Mechanism for Relations with the UN Committee on World Food Security (CSM4CFS), where Claudio has been the main representative.

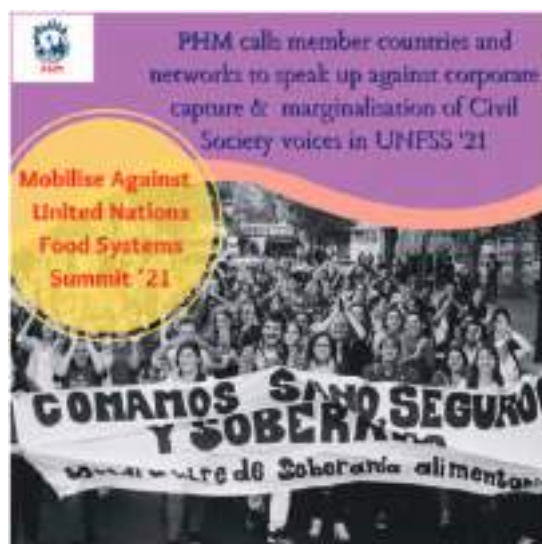


Photo 32



In June 2021, the PHM Food and Nutrition group drafted a [Call for action](#) for the country circles to engage in mobilization against the UN Food Systems Summit 2021. A list of actions were approved in the TC meeting. Since then, the TC has been regularly participating in the meetings of CM4CFS, which was coordinating the campaign against the UNFSS. PHM co-endorsd letters and statements to authorities questioning the agenda and interests of the summit.

Below is the list of articles that were written by TC members:

a. Farida Akhter of UBINIG Bangladesh & member of PHM Food & Nutrition thematic wrote about the opposition to UNFSS in Bangladesh's National Daily The Business Standard.- [Resistance against the corporatization of global food](#), July 2021.

b. Farida Akhter's article specifically focuses on the impact of UNFSS in Bangladesh through its push for food fortification. [Mandatory fortification is not a solution to malnutrition](#), Sept 2021.

c. "Long Live Nayakrishi, No No to Company seeds": UBINIG Bangladesh made a 3 minute [video](#) challenging #UNFSS2021. It focuses on Nayakrishi, (agro-ecology) group who practice biodiversity based farming.

d. Coverage of the issue in the People's Dispatch issue by PHM communications officer/journalist Jyotsna. [Sustainable food systems are possible outside corporate agriculture](#). July 2021

PHM co-organized a roundtable on 27 July as part of the pre-summit mobilization on the issue of **"The Private sector's Great Take over: How Multistakeholderism is a major threat to Food and Agriculture as well as to people and states."** Other co-organizers were TNI, FIAN, Focus on the Global South, MAB/LVC Global Campaign to Dismantle Corporate Power, Stop Impunity and for Peoples' Sovereignty and Friends of the Earth International.

After the opposition to the official UNFSS pre-summit in July and participation in the 4-day counter summit during the same time, PHM continued its advocacy:

- i. [Video](#): Why is PHM opposing the UN Food Systems Summit? Hear from our Activists and Friends
- ii. PHM joined efforts of other organizations on Twitter showing solidarity with them.

PHM has been participating in the CSM4CFS meetings as a follow up of the UNFSS at global and national levels and plans to continue building our work on this very important issue.

The group is reaching out to regional circles in WCA and Latin America to expand its participation and build networks on the ground. Meetings with regional circles are planned for the next few years with this objective.

## **F. Trade and Health**

Lauren Paremoer took responsibility as the co convener of this TC along with David Legge. Following were the main activities of the group:

1. The TC led the Equitable Access to Covid Technologies (EACT)t project and submitted the [final report](#) in mid-year. The report was widely circulated. The TC plans to repackage the toolkit from the report (learning for action and advocacy from the EACT project) and disseminate it widely so it can be used by



country and regional circles. More details are under EACT section.

The group held a workshop on “Turnaround: New Multilateral Trade Rules for People-Centered Shared Prosperity and Sustainable Development”. This was built around a statement prepared by [Our World Is Not For Sale!](#) (OWINS). This was done as a contribution to publicizing the statement, exploring the critique, absorbing the demands, and strategizing around the campaign. The workshop was held on 5 August, 2021 with Ron Labonté from University of Ottawa, Jane Nalunga from SEATINI and Sanya Reid Smith of TWN as the main speakers. Participation was modest, but the presentations were detailed and powerful.

A major initiative this year was the WTO Watch where the TC took the lead on monitoring proceedings and developments in the WTO that affect health. It was done as part of preparation for MC12, which was supposed to take place in November. See below the note prepared by Lauren Paremoer, edited for length.

## WTO Watch

### *Background*

In 2021, PHM, under the name of PHM South Africa, applied for the first time to be recognised as a civil society organization accredited to attend the World Trade Organization (WTO) Ministerial Conference (MC). The idea, developed in Trade and Health thematic circle meetings, was that this could be an opportunity to pilot something similar to the WHA (World Health Assembly) Watch. It was tentatively named the WTO Watch. This decision was partly inspired by the work PHM had done under EACT, and partly with a longer concern around the negative effects of trade on health. It was agreed that the WTO Watch should focus on the political economy of trade and health, rather than narrowly focusing only on the TRIPS waiver or even the slightly broader issue of equitable access to medical technologies.

### *In-Person Delegates*

PHM SA received accreditation and badges for four delegates to attend MC12. Four delegates were chosen to attend in person using these badges: The in-person attendees eventually could not travel to Geneva due to travel bans on South African flights in the wake of the emergence of the Omicron variant.

### *Areas of Work: Online WTO Watchers*

Another 16 delegates were recruited to participate in the WTO Watch process by being part of an “online” community aimed at monitoring and reporting on activities during MC12, and writing policy briefs on 4 key issues prior to MC12, i.e.

- the TRIPS waiver request and the Walker Process,
- negotiations on Agriculture and Fisheries,
- a Joint Statement Initiative (JSIs) on E-Commerce, and
- a Joint Statement Initiative on Trade in Services.

### *Preparatory Workshop*

A workshop was held on 9 and 10 November, with Jane Kelsey, Sanya Reid Smith, Deborah James, Ranja Sengupta and Deborah Gleeson as resource people. The applicants who actively engaged in the workshop



committed to developing policy briefs on the four topics selected as focus areas for MC12. *Work with allies*

Deepika Joshi made contact with the Food and Nutrition TC, as well as organizations in Latin America working on food sovereignty, to open lines of communication about working collectively on the Agriculture and Fisheries policy brief.

Roman Vega got the Alamos 2021 conference to endorse PHM's call for a TRIPS Waiver.

During the period MC12 would have been held, PHM in collaboration with PSI drafted, distributed and utilized a Twitter Toolkit aimed at generating a twitter storm in support of the TRIPS waiver. The Twitter Storm took place on 30 November. On the same day, PHM South Africa and other organizations globally sent letters requesting support for the TRIPS waiver to the embassies of the countries blocking the waiver request.

Throughout the run-up to the MC12 PHM members coordinating and/or attending the WTO Watch attended CSO meetings hosted by OWINFS Network. This was aimed at coordinating CSO actions aimed at resisting and raising awareness about regressive trade decisions being considered at MC12. As part of these efforts one of the in-person delegates of PHM SA, Fatima Hassan, spoke at a press conference organized by Global Justice Now and allied organizations held on 25 November 2021. It aimed to raise awareness about the importance of the TRIPS waiver for ensuring equitable access to Covid-19 diagnostics, therapeutics and vaccines. Tinashe Njanji, the PHM SA Coordinator, also spoke at the press conference about the experiences of marginalized South African communities during the pandemic.



On our immediate future agenda is a People's Tribunal on Corporate Genocide. The idea cropped up from the number of deaths happening in the Global South due to unavailability of vaccines essentially created by an unjust intellectual property regime and pharma greed. A detailed concept note with more details on budget and timeline will be sent to Coco. This is on our immediate future agenda.

## G. Others

### Rebooting digital justice in a post-COVID world - Health Section

In 2021, IT for Change and PHM collaborated for the health component of the larger project "Rebooting digital justice in a post-COVID world" being undertaken by IT for Change. The larger project was being executed through nine thematically focussed nodes that convened and anchored working groups.

The health theme was convened and anchored by PHM. The project aimed to critically analyze digitalization in health, with emphasis on equity and justice. This is important due to rapid digitalization of health, also in the backdrop of the Covid-19 pandemic, which brought the necessity for development of democratic principles and frameworks for digital and data governance.

Efforts were made to bring together academics and activists working on the issues of digitalisation with similar views from across the world to explore the possibility for policy papers and outreach activities such as webinars.



## Webinar: Beyond state control and corporate power: An alternative digitalization of public health (12 May)

In the run up to the 74th session of the World Health Assembly, PHM, Public Services International and IT for Change organized a session during the G2H2 (Geneva Global Health Hub) series of meetings. The session was based on inputs from activists from different regions of the world, who are working on ensuring that digital policies are shaped from below and implemented for the benefit of the people.

### Webinar: Digital Health Blueprints for a Post-pandemic World (9 December)

The webinar was organized by PHM, Society for International Development, IT for Change and MMI at the Internet Governance Forum-2021. The IGF is a global multi stakeholder platform that facilitates the discussion of public policy issues pertaining to the internet.



Photo 33

Finally, eight organizations, including PHM, sent an [open letter](#) to Zsuzsanna Jakab, Deputy Director-General of the World Health Organization, raising concerns about a recent WHO report that could encourage privatization of healthcare amidst a raging Covid-19 pandemic. The contents of the report are being operationalised without prior discussion and approval by the World Health Assembly (WHA), despite the importance and sensitivity of the issue. The statement also noted a lack of consultative process with a diverse group of civil society organizations in development of this report.

## Webinars on Access to Medicines

PHM has historically worked actively on people's access to affordable vaccines and medicines, especially by advocating in favor of use and expansion of TRIPS flexibilities. This work has expanded exponentially in light of inequity in vaccination of Covid-19 vaccines and high prices of treatments. The Global South has come together to ask for the TRIPS waiver at the World Trade Organization, which has been delayed by rich countries. PHM Global organized many webinars with partner organizations to create awareness and advocacy on the TRIPS waiver.

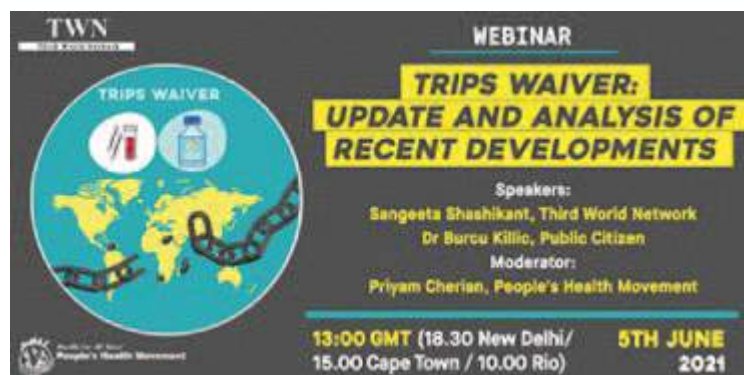


Photo 34

### TRIPS waiver: Update and Analysis of Recent Developments (5 June1)

After fierce opposition for 8 months, finally the United States gave partial support to the TRIPS waiver. A few developed countries followed the suit. PHM and TWN organized the webinar to update the civil society about the developments and discuss limitations of support for a TRIPS waiver only to vaccines, leaving other medical products out of it.

### Challenging Patent Barriers in Accessing New TB Treatments (30 June)

Tuberculosis is among the topmost killers in infectious diseases. For a long time TB patients, especially those affected by its drug-resistant forms, had to consume medicines which were not safe and had severe side-effects such as permanent hearing loss and kidney impairment. In the last decade, many TB drugs have been developed which are safer and easy to administer. There are many more in the pipeline. However, due to patent monopoly, they remain out of reach of the patients. PHM and TWN organized a webinar to update TB survivors, public health professionals, medical professionals, lawyers, and activists about the new treatments, their patents and oppositions to patents filed in many countries.

### Access Barriers to Covid-19 Therapeutics & Diagnostics: A Case for TRIPS waiver (6 October)



Photo 35

TRIPS waiver has come to be synonymous with a waiver of intellectual property for the Covid-19 vaccines. However, diagnostics and medicines to treat Covid-19 are equally important and TRIPS waiver should include them. PHM and TWN organized the webinar to address this issue.





### **III. PHM Movement Building**

**P e o p l e ' s   H e a l t h   M o v e m e n t**





### III

The struggle for health and social justice has a long and proud history that has been driven by diverse social movements involving many individuals and organizations in different contexts. Today, the active role of organized civil society is more necessary than ever.

#### 1. Movement Building in SEAP

Covid-19 pandemic gave PHM SEAP lots of opportunities for movement building and organizational strengthening. Solidarity movements for the TRIPS waiver campaign gave PHM SEAP the opportunities to activate countries that were less active and develop a shared understanding of the necessity and possibility for global and regional solidarity movements as such via networks like PHM.

PHM SEAP currently consists of 13 countries: Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Taiwan, Thailand, and Vietnam (South East Asia), Japan, Korea (North East Asia), Australia, New

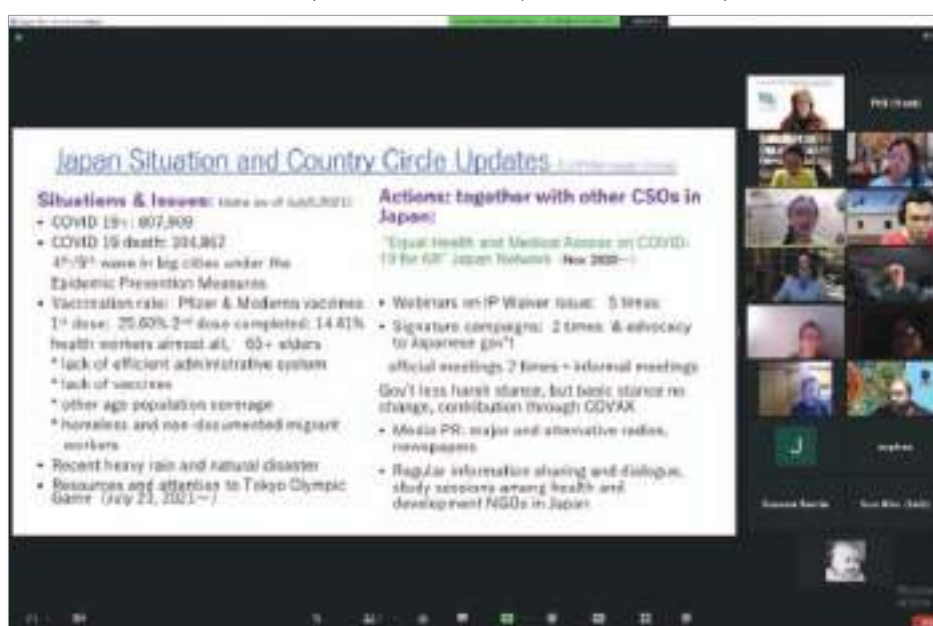


Photo 36: PHM SEAP region bimonthly meeting on 6 July, 6 October, (and 24 January 2022)



Zealand and Papua New Guinea (Pacific). Australia, Japan, Korea, PNG and the Philippines being the most active PHM country circles in the region. PHM SEAP launched a mailing group in March 2019 ([seap@phmovement.org](mailto:seap@phmovement.org)) with about 120, and growing members. The number of subscribers has been slowly growing – 90 in 2019, 110 in 2020, and 120 in 2021. PHM SEAP launched a new mailing group ([seap-co@phmovement.org](mailto:seap-co@phmovement.org)) in November 2019, as well as a WhatsApp chat group in December 2019, both consisting of PHM SEAP country coordinators and contact persons, called the PHM SEAP regional coordination committee. Bimonthly regional meetings took off from 6 July, 2021. The regional coordinator made a handbook for PHM SEAP region coordination as a guide for the new coordinator to ensure a smooth transition.

Several country circles strengthened the local movement in 2021. PHM Australia has its own mailing group ([phmoz@phmovement.org](mailto:phmoz@phmovement.org)) and does monthly teleconferences. The country circle also has social media platforms - Facebook group (/groups/PHM Australia) and Twitter account (@AustraliaPhm). PHM Korea has its own blog (<http://phmovement.or.kr>) and a subscription system for notifications of new blog posts. PHM Korea also has social media platforms - Facebook page (/PHMKorea) and Twitter account (@PHM\_Korea).

## 2. Movement Building in Latin American Regions

There are active circles in 12 countries of the four subregions that come under Latin America. In this region, PHM is affiliated with ALAMES. Many PHM activists are also activists in ALAMES.

The organizational forms are very different in different countries and regional coordination is now composed by two representatives of each subregion. In Mesoamerican subregion, PHM is represented by CRPSC which has affiliated organizations in almost all countries (Chiapas - México, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Dominican Republic), with the exception of Panama, Cuba and Haiti. Examples of associated organizations are: ASECSA in Guatemala, COSALUP in Dominican Republic, ALCISAHO in Honduras, ACCPS/FNS en El Salvador, CISAS y MCN in Nicaragua, REMISOD y PROCAFOHU in Costa Rica.

In the Andean subregion, there was the inclusion of the Colombian PHM circle in 2021, the second country circle together with Ecuador. The latter is represented by Ecuador People's Health Front. In the Southern subregion, Argentina and Paraguay are the two country circles, represented by movements like Laicrimpo, Red Jarilla e, and Maria Rivarola Movement for the Right to Health. The subregion was formed under the name of Julio Monsalvo, on 25 September with the motto: "Re-meet from the PHM-Southern Subregion and draw paths of hope". Thematic Circles were established in conjunction with the Brazil Subregion (Health Systems, Food Sovereignty, Circle of Mental Health and Circle of Ancestral Vision of Health). The Brazilian subregion is composed only of a single PHM circle. There are individual contacts in Peru, Bolivia, Venezuela, Uruguay, Chile, Belize, Cuba, Haiti. In Nicaragua and El Salvador, there is an increasing control on civil society activities due to political authoritarianism. There are no contacts in the English speaking Caribbean and Panama.

There are a number of listservs and WhatsApp groups for PHM Latin America at the continental and the sub-regional level. There are also some Facebook accounts. Latin American activists are also part of some TCs.

In 2021, PHM Latin America networks were involved in campaigns, capacity building, research, documentation, information dissemination and advocacy on issues related to the Covid-19 pandemic such as social participation and autonomous community experiences in pandemic response. In Mesoamerica, Andean and Southern subregions, the movement affiliated and partner organizations took part in activities and actions to

support, promote and disseminate people's response, to claim for equitable health systems, to protest against government failures during the pandemic and implementation of neoliberal policies.

Country networks, especially in Southern and Mesoamerican subregion, are very active in Gender Justice and Health TC, building several local and regional campaigns about women's rights and contributing to national debates, mobilisations in feminist forums. PHM Latin America activists participated in global campaigns demanding TRIPS waive and Shatha Odeh's freedom. Activists also contributed to the counter summit on UN Food Systems Summit.

### 3. Movement Building in Europe

Eleven countries are currently part of PHM Europe: Spain (including Catalonia), France, UK (with Scotland as a separate, but closely linked circle), Belgium, Germany, Italy, Croatia, N. Macedonia, Greece, and Turkey. There is also a group of health activists working as PHM Scandinavia, distributed over Sweden, Norway and Denmark, but communication with them oscillates. Several and/or individual contacts exist for Ireland, Bulgaria, Romania, Georgia, Austria, Switzerland, and the Netherlands. Since 2019, PHM Europe has based the intra-regional communication and coordination on a strategic document ([Communication and Coordination in PHM Europe](#)), aiming at involving more people, from all countries of PHM Europe, in decision making processes at the regional level (e.g. Germany was added to the decision-making group). In addition to several country-level communication channels (mailing lists, social media groups, Slack), the region continues to use a general mailing list, and hold regular bi-monthly Skype meetings.

Countries part of PHM Europe participated or have input into ongoing local campaigns, for example; PHM France works closely with trade unions *Sud Santé Sociaux* and *Solidaires*, and movement building is strongly correlated with what goes on in the health workers' movement. In the UK, PHM works closely with climate justice groups, so there is good communication between the two movements; the UK and Scotland circles also have well established communication channels for local needs, and often hold meetings and planning sessions. The same goes for PHM Germany and PHM Croatia. PHM groups in Catalonia have built upon existing relationships in the past year through several planning sessions for the Barcelona IPHU, and are using these contacts to raise the profile of PHM locally.

In general, there was a noticeable increase in local activities, but regional communications were a bit less intense than the previous year because country-level organizations were allocating a lot of time to the preparation of their own activities, so they had less to spend at the regional level. European Citizens' Initiative *Right to Cure* has given a really important boost to the health movement in Belgium.

PHM Europe has established a close partnership with the [European Network against Commercialization and Privatization of Health and Social Protection](#). Through the preparation of the Barcelona IPHU, we involved new people and also strengthened our ties with [Quepo](#). Also, giving local affiliations and networking, PHM Europe has ties with associations: *Medicus Mundi Mediterranea*, *Medact*, *HPA*, *Viva Salud*, *Centro di salute internazionale (CSI)*, *Medico International*, *Mezis*, *MMI*, *Organization for Workers' Initiative and Democratization (OWID)*, *IAHPE*, and *ESE (North Macedonia)*. These associations are directly feeding into PHM, but they also have their own local contacts who then take part in regional events (e.g. groups in the UK campaigning for better funding of the NHS and access to care, like *Just Treatment*).

PHM Croatia organized a series of health workshops for neighborhood groups in 5 parts of Zagreb. The



topics of the workshops relied a lot on materials on social determinants of health that PHM published and shared, and their aim was to nudge people in neighborhoods to start discussing what impacts their health, and what can be done at this level to improve it. The same PHM circle has done a mini-strategic planning to determine the areas of work they want to focus on in the next couple of years. In Belgium, Viva Salud, one of the Belgian associations contributing to PHM Europe, organized a [webinar on vaccine equity](#) during the civil society meetings hosted by G2H2 ahead of WHO EB 148.

#### 4. Movement Building in East and South Africa

PHM Kenya held meetings with KMPDU, Community Health Volunteers, other Medical Bodies of Nurses, Clinical Officers, like-minded CSOs especially people living with HIV (PLHIV), Key Pops, persons with disabilities and sexual and reproductive health and rights (SRHR) groups. PHM Kenya added the Social Justice Centers across the country to be part of the PHM Kenya Movement through their Article 43 cluster that works on social economic rights.

Eleven community mobilization, engagement and dialogue forums were created across different counties including Nairobi, Mombasa, Kisumu and Isiolo. These forums brought together diverse participants including women, social justice centers, youth, people with disability, opinion leaders and local leaders to discuss UHC, reflecting on the survey and coming up with collective action points to influence and shape a people's UHC agenda. This included the need to focus on Primary Healthcare and incorporation of Community Health Volunteers into the system. Over 550 people participated in the dialogue forums.

PHM South Africa developed a Train the Trainer workshop for 3 practical settings: Physical, Online and Hybrid (participants in one room and facilitator on big screen online). It was attended by representatives from TAC, Social Justice Coalition, Equal Education, WWMP, MSF and PHM SA.

#### 5. Movement Building in West and Central Africa

Currently 24 countries are part of the region. PHM has contacts in about 14. Except DRC, which is a loose network of organizations, country units consist of standalone organizations. Active countries are part of the Regional Committee. For regional coordination there is a representative and an alternate. This year, the IPHU in Cameroon was an opportunity to strengthen the country circle, reorganize local organizations and recruit new members in PHM. A key win of the IPHU, apart from the co-opting of new members, was the adoption of a national constitution for PHM Cameroon. A national secretariat was established and working groups formed. The country circle will proceed with legalization of the movement by 2022.

Elected members of the national coordination unit are:

- National Coordinator: Michelle Ateba
- National Secretary in-charge of projects: Emmanuel Tangumonkem
- National Adviser: Rose Bouba

Overall, there has been a decline of political and civil rights in several countries of the region.

#### 6. Movement Building in South Asia

PHM Nepal reformed its organizational structure in the last year with the formation of the Country Circle Coordination Committee, Country Circle Advisory Council and Country Circle 5 Thematic Committees.

PHM Nepal participated in nearly all events organized by the PHM Global Secretariat and has shown its solidarity in the campaigns initiated by PHM. Outcomes of the campaigns and decisions of PHM Global are widely circulated and shared among country circle members.

The meetings and discussions organized by the Sri Lanka country circle served as a platform for the timely community awareness on pertinent issues related to Covid as described above and expanded the reach of the circle. PHM Sri Lanka took initiatives to invite long-standing PHM members from outside Sri Lanka to their meetings for special sessions. PHM Sri Lanka is part of an “open government partnership” with the Ministry of Health of Sri Lanka. It has a Facebook page and produces quarterly newsletters.

It is perceived that communication with the South Asia Regional Circle could be better than how it is happening at present. PHM Nepal has decided to take some initiatives to maintain bilateral communication with country circles of the region and multilateral communication with the regional circle to promote regional collaboration and solidarity.

## 7. Movement Building in India

Around 16 Indian states are active in Jan Swasthya Abhiyan (PHM-India). JSA has a national Secretariat and national Co-Conveners. The National Coordination Committee (NCC) is the main decision-making body. The NCC consists of the Co-Conveners, NCC member organizations and state representatives. Members mainly communicate through an inclusive e-group and social media. There is an e-group for national secretariat coordination (15 members), one for the NCC (77 members) and another larger group (JSA Discuss) with broader membership (510 members) that includes journalists, public health professionals, activists from other social movements etc. for discussing issues and building perspectives.

In 2021, JSA state units were involved in campaigns, capacity building, research and documentation and advocacy on issues related to the severe Covid-19 second wave, universal and equitable access to Covid-19 vaccines, rights of frontline workers, health budgets, and privatization of health services along with action on gender justice and solidarity with ongoing movements such as farmer's protest, Silger movement and so on.

The organizational forms are very different in different states. Some have a group of organizations leading the campaign, some have one or two. Few states nominate one organization to become the secretariat for a period of time. Leadership is rotational in some instances. JSA collaborates with other organizations, networks and social movements with regards to health rights and the linkages with various social determinants of health.

Several large organizations are affiliated to JSA, such as the All India People's Science Network (AIPSN), All India Drug Action Network (AIDAN), All India Democratic Women's Association (AIDWA), Bharat Gyan Vigyan Samiti (BGVS), Breastfeeding Promotion Network in India (BPNI), Catholic Health Association of India (CHAI), Centre for Community Health and Social Medicine, Jawaharlal Nehru University, Christian Medical Association of India (CMAI), Forum for Creche and Child Care Services (FORCES), Fed. of Medical Representative Assns. of India (FMRAI), Health Watch, Joint Women's Programme (JWP), Medico Friends Circle (MFC), National Alliance of People's Movements (NAPM), National Federation of Indian Women (NFIW), Prayas (Rajasthan), Positive Peoples Women's Network, Public Health Resource Network, SAMA – Resource Group For Women and Health, SATHI – CEHAT and SOCHARA, among others.



There has been participation from the region in most activities of PHM Global in the last year. Young JSA members attended the online IPHU on Gender Justice and Health. Many JSA volunteers are a part of WHO Watch, involved in IPHUs as participants and resource persons. JSA members are coordinators of thematic circles (gender, ecosystem and health, health systems) and responsible for various global programmes. A number of JSA members contribute to the thematic circles and global programmes as participants, including in webinars and other programmes. Members of JSA had significant contributions in the videos developed by PHM with support from PMAC.

JSA has also been contributing to Global Health Watch, WHO watch, IPHU, Global campaigns on right to abortion, Women's day and all other activities of PHM Global. JSA activists and state units contributed to the equitable access to Covid-19 technologies (EACT) initiative of PHM. JSA activists participated in global campaigns demanding TRIPS waiver and People's Vaccine. JSA members contributed to the counter summit on UN Food Systems Summit. JSA members contributed video narratives for the People's Health Hearing during COP26.

## 8. Movement Building in North America

PHM USA's involvement in COP 26 became a space for movement building, connecting health and climate activists across the world and laying the roots for ongoing organizing.

## 9. Movement Building at Global Level

### I. Steering Council

PHM conducted the annual Steering Council meetings in 2021. Other than the SC members, representatives from various network partners, thematic circle coordinators participated. This was the very first time that the SC was being held online which required considerable innovation and learning. The meeting was conducted over 7 days. Each day's meeting was of two hours duration. It was well-attended. Simultaneous interpretations were made available.

Agenda of the meeting was as follows:

- A. April 10th- Presentation of Financial statement, Annual Report and Draft Budget
- B. April 12th- Global Programmes
- C. April 13th -Thematic Circles and the HFA, EACT project
- D. April 20th- PHMs Covid 19 response and Regional Reviews
- E. April 21st- Regional Reports, Reviews and Plans
- F. April 29th- Communication Strategy and the PHM Handbook
- G. April 30th- Governance and Secretariat, including decision and process for transition of global secretariat to Latin America.

The SC meeting began with Fran's presentation on the challenging context of 2020 and within such a context, the progress that had been made by PHM. Progress of work for the Global Health Watch, the Global Health Governance (GHG) and IPHU was presented and reviewed. The GHW6 was expected to be published by year-end, but got delayed due to restrictions posed by the pandemic. For GHG and IPHU, four key action



points against which progress would be reviewed were finalized. Work of thematic circles and the EACT project was appreciated. But it was also realized that more needs to be done for coordination and resource support.

The regional reports had been shared earlier, allowing time for critical review of progress and discussion of the way forward. The online format gave the opportunity for many leading members from the regions, regional coordinators and alternate coordinators to be present and share views. There was a good discussion on communication strategy and on the PHM Handbook, the latter being the first step towards a systematic compilation of all rules and procedures of PHM for its organizational functions. Sub-groups were formed for examining these in detail and it was decided that the Coco would finalize this within the next few months. The other major strategic decision was for a shift of the global secretariat to Latin America and the process and time-frame by which this had to be achieved.

## II. Confirming and strengthening old and new partnerships

In 2021, PHM confirmed and strengthened many old and new partnerships. They are detailed below.

### 1. Prince Mahidol Awards Conference (PMAC)

PHM has collaborated with the PMAC for over a decade. This year the conference was in virtual mode and many PHM members were involved in organizing, chairing and contributing to sessions.

The theme of 2022 conference was “The World We Want: Actions Towards a Sustainable, Fairer, and Healthier Society”, PHM was involved in organizing health systems and SDG plenaries before the conference. For this the preparations started in 2021.

PHM produced three webcasts on the topic of Building Equitable Health Systems, Rethinking the SDGs... in the Pandemic Aftermath... and Post-Pandemic Global Economics: Re-structure, Reform or just Re-vitalize. The three webcasts were launched and screened in the Side Meeting (link) that was organized in the main conference in January 2022. The side meeting saw tremendous response and participation from people. The webcasts received positive reviews and offered a new platform to reach out to newer audiences.

PHM contributed to a number of articles for the [PMAC-BMJ collection on Covid-19: The Road to Equity and Solidarity](#). The article on [Covid-19 pandemic and the social determinants of health](#) by Lauren Paremoer, Sulakshana Nandi, Hani Serag and Fran Baum has since then been widely cited in important policy documents, media and other publications. Other examples include:

1) Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng - Sexual and reproductive health rights: challenges and opportunities during the Covid-19 pandemic <https://www.undocs.org/en/A/76/172>

2) European Observatory on Health Systems and Policies, Sagan, Anna, Webb, Erin, Azzopardi-Muscat, Natasha, de la Mata, Isabel. et al. (2021). Health systems resilience during Covid-19: lessons for building back better. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/348493>

3) World Health Organization. (2021). COP26 special report on climate change and health: the health argument for climate action. World Health Organization. <https://apps.who.int/iris/handle/10665/346168>



4) The Call for emergency action to limit global temperature increases, restore biodiversity, and protect health endorsed by more than 200 health journals [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00283-2/fulltext#articleInformation](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00283-2/fulltext#articleInformation)

## 2. People's Working Group on Multistakeholderism (PWGM)

PHM is part of an alliance created on the issue of [corporate take-over of global governance through multistakeholderism](#). The [People's Working Group on Multistakeholderism \(PWGM\)](#) is a collective formed by Corporate Accountability (CA), FIAN International, Focus on the Global South, Friends of the Earth International (FOEI), Geneva Global Health Hub (G2H2), Global Campaign for Education, IT for Change, People's Health Movement (PHM), Public Services International (PSI), Society for International Development (SID) and Transnational Institute (TNI). In the wake of the Covid-19 pandemic, transnational corporations are seeking to cement their control of global governance, ensuring it serves the interests of business and profits rather than the well-being of humanity. Transnational corporations are directly responsible for many of the global crises we face and they have also engineered the gradual corporate takeover of global institutions, such as the UN and other international bodies that take critical decisions over the governance of global common goods like food, water, health, internet and others. This trend has emerged in the nexus of relationships between the World Economic Forum (WEF), the Davos Class and the United Nations (UN) – more noticeably since the establishment of the Global Compact (2000) – a non-binding agreement giving corporations access to the UN.

The PWGM has been working together to analyze and unmask the global and systemic trend towards corporate capture, by showing how it operates in key sensitive areas, as well as taking the challenge to publicly denounce corporate interference in global governance and the evolution of a parallel “privatized multilateralism” made up of a myriad of “multi stakeholder” bodies. PHM has been actively involved in the group and provides inputs mainly on health and health governance.

The PWGM has recently published the book [The Great Takeover: Mapping of Multistakeholderism in Global Governance](#) that maps and analyzes more 103 multi stakeholder initiatives within various UN agencies on education, environment, health, data & internet, food & agriculture.

## 3. Progressive International

PHM participated in twitter storm on shock poll published by the Progressive International showing US population's support for Joe Biden to waive patents on Covid-19 vaccines at the World Trade Organization.

## 4. Global Health and Justice Partnership of Yale Law and Public Health Schools

PHM worked on a Commissioned Commentary “*A Political Economy Analysis Of The Impact Of The Covid-19 Pandemic On Health Workers: Making power and gender visible in the work of providing care*” <https://phmovement.org/a-political-economy-analysis-of-the-impact-of-Covid-19-pandemic-on-health-workers-making-power-and-gender-visible-in-the-work-of-providing-care/> for Yale.

PHM co-organised [online event on “Care Extractivism”](#), examining the global crisis of care and poor working conditions for nurses, CHWs, and auxiliary health care workers around the world. Speakers included Dr. Christina Colclough of The Why Not Lab, Pedro Zayas of New England Health Care Employees Union (1199NE-SEIU), A R Sindhu of the Centre of Indian Trade Unions (CITU)/All India Federation of

Anganwadi Workers and Helpers, Dr. Lauren Paremoer of the University of Cape Town/People's Health Movement, South Africa and Prof. Jennfier Klein of the Yale Department of History

## 5. IT for Change

In 2021 IT for Change and PHM collaborated for the health component of the larger project “Rebooting digital justice in a post-COVID world” being undertaken by IT for Change. Details are under the Health For All Campaign.

## 6. OWINFS

Since its announcement by India and South Africa in October 2020 PHM has been urging support for the proposed TRIPS waiver which is important to combat vaccine inequity and ensuring that treatments, diagnostics and other medical tools reach everyone in need..

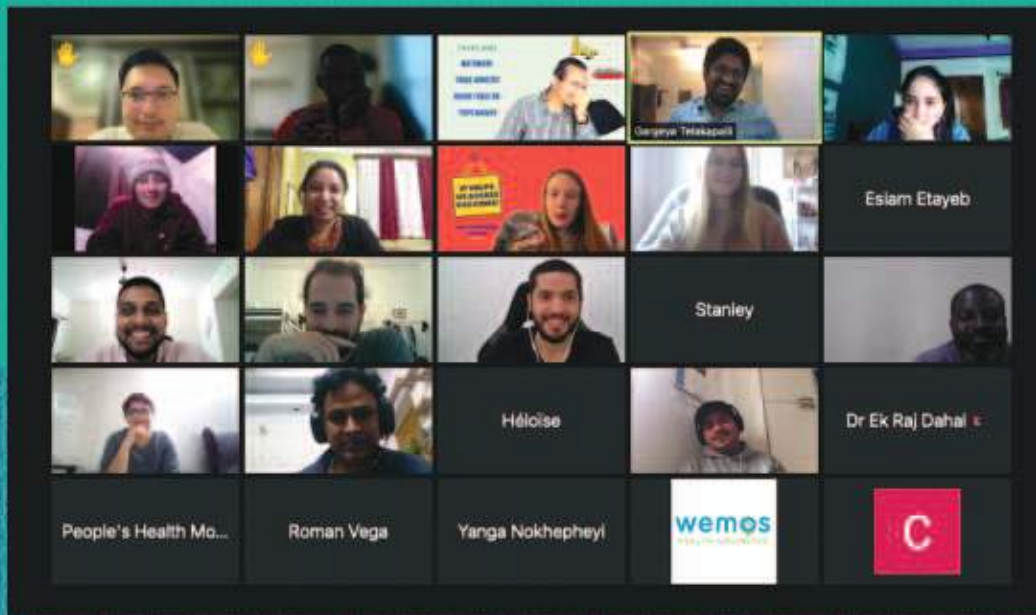
In the lead up to the 12<sup>th</sup> Ministerial Council of the WTO (MC12), PHM joined hands with other civil society organizations and social movements to garner support for the waiver in various forums of the WTO. In particular, PHM has worked closely with Our World is Not For Sale (OWINFS), which is a civil society network focused on the role of the WTO and its agreements and their impact on equity, sustainability and balanced economic development. As part of this collaboration, PHM worked with OWINFS on several webinars on the issue.

This collaboration with OWINFS aligns closely with PHM's work in GHG and in relation to trade and health coordinated through the Trade and Health Thematic Group. In late 2021 PHM joined OWINFS which will strengthen the organizations' capacity to monitor and advocate about the role of the WTO and its various agreements in shaping people's health.

## 7. ETO Consortium - Extraterritorial Human Rights Obligations

On behalf of PHM, Claudio Schuftan participated in the [webinar](#) on “Global Pandemic / Global Solutions - The Right to Health beyond borders in times of Covid-19”. The webinar was co-sponsored by PHM. He also represents PHM in the campaign focussing on the binding treaty on Transnational Corporations and Human Rights. Negotiations have been going on for more than six years. Rich countries are fiercely defending their TNCs. We have not been able to make many inroads. ETOC is now fighting a due diligence clause and is organizing regional and country work. The group meets at least monthly via zoom. In 2022, PHM will continue to strengthen this partnership by participating in the global conference of the ETO Consortium scheduled to take place in Germany.





## IV. Capacity Building and the International People's Health University



## IV

The International People's Health University (IPHU) aims to contribute towards the goal of 'Health for All' by strengthening people's health movements around the globe, by organizing and resourcing learning, sharing and planning opportunities for people's health activists. IPHU is a programme of the People's Health Movement, globally. The IPHU organizes short course opportunities for health activists from around the world; presents a range of learning opportunities, a growing collection of resource materials, and a wider network of resource people to progressively enhance its programmes. Sponsors research into the barriers and strategies for Health for All and to support the people's struggle for health.

### IPHU Global 2021

#### **"The Struggle for Health and Access to Covid-19 Medical Products"**

The IPHU on Access to Medicines is part of a 4 year joint activity of PHM and TWN under the project "Health for All: Increasing Access to HIV, TB and Hepatitis C treatment through effective use of TRIPS Flexibilities". Three IPHUs under this project have already been held. Two were in offline mode in Bangladesh (2018) and South Africa (2019). The third was conducted as an online course for the Middle East and North Africa region. It was planned that two courses will be organized in 2021. Due to travel restrictions, the IPHU's for 2021 were held as virtual online courses. Though the mode of interaction shifted to online, the objectives remained the same.

In view of the current pandemic and its close relation to the issues of access to medicines and medical products, the courses addressed the issues of access to Covid-19 medical products such as PPEs, therapeutics, diagnostics and vaccines. The courses took place in the backdrop of global demand for TRIPS waiver and incorporated a significant focus on aspects of advocacy and activism.

The online courses discussed the struggle for health during the Covid-19 pandemic with a focus on issues of access to medicines and medical products. They commenced with a broad overview of the context in which vaccines, medicines and other medical products remain out of reach for common people. In particular, the course covered issues around the science, research & development and intellectual property barriers such as patents and trade secrets. The courses also explored various solutions to increase access to the Covid-19 medical products including the usage of TRIPS Flexibilities and the TRIPS waiver proposal which has received



considerable support around the world.

The courses spread over four/three weeks encompassed lecture format and the other interactive methods such as panel discussions, group discussions and group work. Towards the end of the courses, students presented group work which included advocacy on TRIPS waiver proposal and also roleplay and recreation of real-world situations with the students grouped as civil society, local manufacturers and pharma corporations.

While the live classes were held on the Zoom platform, an in-house moodle platform ([www.onlineiphu.org](http://www.onlineiphu.org)) was used for uploading reading materials, presentations and lecture videos. The in-house platform was also to ensure a safe space for the lecture recordings to be uploaded. This platform will also act as a repository that can be used for future training.

### Online Course 1: 2 - 23 October

The first online course was provided as a add-on refresher course for those who attended the previous courses 'Struggle for Health and Access to Medicines' held at Savar in 2018, CapeTown in 2019, online in 2020 (for Middle East and North Africa) and few courses that were conducted by TWN in India. The intent of only inviting the students with previous experience was to offer a continuity of learning, association with PHM and also increase the level of expertise, advocacy and activism of the participants amid the new challenges faced in the pandemic. The learnings of this course were applied towards the second course which was open to everyone for applying.

The four-week course commenced from 2 October with classes every Saturday for a duration of at least three hours. In total, 34 participants were selected to attend the course. Of the selected, 21 students fulfilled the criteria of participation such as the minimum attendance and active role in the class. The gender wise breakdown of the participants of the online course was 11 females and 10 males.

### Online Course 2: 1 - 18 December

The second online course on the issues of access to Covid-19 medical products was opened to the public for applications. The three-week course commenced from 1 December with classes every Wednesday and Saturday for a duration of at least three hours for each session. In total, 46 participants were selected.. Of the selected, 31 students fulfilled the criteria of participation such as attendance and active role in the class. The gender wise breakdown of the participants of the online course was 14 females and 17 males.



Photo 37

## Regional, national capacity building

The IPHU in Cameroon in December 2021 on “The Struggle for Health” was held with the support of the Global Secretariat through its African outreach programme. Regular reports and day wise activities were shared with the Global Secretariat. The region had also planned to organize 4 IPHUs in Benin, Togo, DR Congo and Cameroon. However, only one could be organized due to the pandemic and restrictions in most of the countries. The others are still part of the future agenda. IPHUs are good opportunities to activate regional and country circles. The region hopes that the next global IPHU is held in Francophone Africa.

In May and June 2021, PHM Europe co-organized an IPHU in Barcelona together with Medicus Mundi Mediterranea and Quepo, who were working under their *Health, Rights, Action* process. Initially, there were over a 100 applications for the IPHU, so the decision was made to hold the course in two streams: one for selected active participants (around 60 of them) and one for those who did not really fit the defined profile. The participatory part of the course was completed by approximately 30 participants from circles in Europe, Africa, and the Philippines. Thanks to the *Health, Rights, Action* process, most materials used during the IPHU are still available for a wider audience through a dedicated [Youtube channel](#) (in English and in Spanish) and social media archives. The IPHU was called How to Transform our Healthcare Systems. Topics covered in the IPHU were: (1) An intersectional approach to health, (2) Health models & healthcare systems, (3) Privatization and commodification of health, (4) Activism, campaigning & social transformation, (5) Campaigns and communication for the right to health, (6) Advocacy: pushing for systemic changes, (7) Acting now: Building advocacy and communication strategies. The modules were conducted through a combination of introductory notes, work in small groups, and open discussions with resource persons. A more detailed outline (in Catalan)



Photo 38: Infographic used during European IPHU



can be found on the *Health, Rights, Action* [website](#). The experience of the Barcelona IPHU was very positive and got nice feedback from participants. On a country level, people active in PHM Spain have participated in the preparation of the regional online IPHU that was held in 2021. Although the scope of the IPHU was regional, a big part of the participants was from Catalonia and the rest of Spain, in good part from the organization *La Capçalera*. These activists have followed the modules offered by the IPHU, and they remain in close contact with the PHM-affiliated groups in Catalonia.

*Photo 38: Infographic used during European IPHU*

The first East and Southern Africa Regional People's Health University (ESA RPHU), jointly convened by the People's Health Movement (PHM) and Regional Network for Equity in Health in East and Southern Africa (EQUINET), was held virtually between 29 July and 12 November 2021 with the theme 'Past, present and future struggles for Health equity'. The course aimed to build and share evidence, experience, analysis, and knowledge on the drivers of health equity to support efforts and activism within countries.

An IPHU was organized jointly by the Gender, Justice and Health Thematic Circle of PHM, Women's Global Network for Reproductive Rights (WGNRR) and Sama Resource Group for Women and Health from 29 October - 20 November, 2021. The objective was to build the capacity of young girls, women, men, transgender and LGBTQI communities from the Global South to address inequities in health from the lens of gender and intersectionality to achieve health for all, particularly in the context of current pandemic and beyond. The course aimed to broaden understanding of the intersections of social determinants of health, including analytical frameworks, forms of struggle, and mobilizations.

The call received an overwhelming response where more than 400 applications from 48 countries applied. About 65 were selected of which 56 participants finally confirmed and completed the course and were provided certificates. The IPHU had sessions by many experienced feminists, academics and activists from India, Malaysia, the Philippines and South Africa. The topics covered were conceptual clarity on gender and sexuality, mental health, gender based violence, sexual and reproductive health, conflict and health, gender and health care technologies, feminist perspectives on climate change, advocacy and movement building etc. An [information pack](#) was developed by the WGNRR and Sama with details of the IPHU.

A specific session was held to inform the participants about the situation of health workers in Palestine and the ongoing campaign for Shatha Odeh. Shireen, Shatha's daughter, was invited to present during the session. David from Viva Salud shared the larger points through a PPT about the campaign. The thematic circle continues to support the campaign. The IPHU generated a lot of interest and participants came up with posters, music and blog posts on the topics covered.

The thematic circle plans to hold two IPHUs in 2022 in Africa and South America. Due to the language barrier, participants from these regions could not join despite showing substantial interest. Maria Zuniga and other PHM colleagues will be approached in the next few months to plan for a short course in the region in Spanish. A few feminist organisations were identified in the region and will also be approached to collaborate along with the PHM networks.



**V. Promoting  
a Robust  
Political Economy  
based  
Critical Analysis  
of Health**

**P e o p l e ' s   H e a l t h   M o v e m e n t**





## Global Health Watch

Global Health Watch (GHW) is PHM's flagship publication brought out every 3-4 years in collaboration with like-minded organizations. The core editorial group of sixth edition of GHW included Peninah Khisa (PHM, Kenya), Elias Kondilis (PHM, Greece), Sarojini Nadimpally (PHM, India), Lauren Paremoer (PHM, South Africa/Senegal), Mauricio Torres (PHM, Colombia), David Woodward (UK). Chiara Bodini and Ron Labonte were the main coordinators of the book. This entailed making sure that all chapters came in time and were updated to include the more recent information, particularly concerning the impact of Covid-19 on the political economy of health. Thus the subtitle "In the shadow of the pandemic". The Indian political cartoonists team contributed many cartoons, like the previous editions, capturing the political contradictions of our times. They greatly enhanced the book's content.

In July 2021, all chapters were handed in to the publisher Bloomsbury International, together with a list of images and figures. Each chapter had been internally reviewed several times by co-editors and experts from the PHM network. The manuscript was reviewed by two external reviewers after handing to the publisher. Their queries were also addressed. From there, the rather long process of proof corrections followed, together with the definition of all the details needed to complete the book, including the cover design. Towards the end of 2021, and in the beginning of 2022, as the timeline towards publication became clearer, a detailed plan for GHW6 dissemination started to be sketched.



*Photo 39: Cover of GHW6*



GHW6, in its final form, is a 468-page book including 20 chapters. Overall, 110 authors from 28 countries have contributed. PHM has led the editing effort, backed by a coalition of allied organizations that appear as co-producers of the book: Medact, Third World Network, Health Poverty Action, Medico International, ALAMES, Viva Salud and Sama. GHW6 has been dedicated to the two comrades whose leadership in the PHM, and particularly past editions of GHW, is sorely missed: Amit Sengupta and David Sanders.

As with all previous editions, GHW6 begins with a section on “The global political and economic architecture,” building connections between global and national level politics and policies and what they mean for the world we envision. The second section focuses on health systems, drawing lessons for reforms made more urgent by the pandemic. The third section extends “Beyond healthcare” to address several critical social and environmental determinants of health, with policy implications that cut across multiple public and private sectors. The final “Watching” section critically appraises the state of global governance for health with a focus on several key institutions. GHW6 ends with a rallying cry for health activists everywhere, highlighting many leveraging points where activists might usefully engage.

<b>A1</b>	From pre-pandemic pathologies to post-pandemic hopefulness . . . .	17
<b>A2</b>	Gendered inequities during COVID-19 times: a view from the Global South . . . . .	47
<b>A3</b>	From unethical growth to ethical degrowth: can capitalism be transformed? . . . . .	65
<b>B1</b>	The Universal Health Coverage/Primary Health Care divide . . . . .	83
<b>B2</b>	Global Health 2.0? Digital technologies, disruption, and power . . . .	105
<b>B3</b>	Healthcare and COVID-19: privatization by stealth . . . . .	129
<b>B4</b>	Old/new politics of access to medicines . . . . .	147
<b>B5</b>	Transforming mental healthcare globally . . . . .	173
<b>C1</b>	Austerity rerun . . . . .	193
<b>C2</b>	Unequal labor markets meet a disequalizing pandemic . . . . .	211
<b>C3</b>	Confronting the commercial determinants of health . . . . .	235
<b>C4</b>	Development model, extractivism, and environment: knitting resistances globally . . . . .	253
<b>C5</b>	Transforming food systems for healthy people and a healthy planet . .	275
<b>C6</b>	Conflict and health in the era of coronavirus . . . . .	299
<b>D1</b>	WHO and the politics of pandemics . . . . .	317
<b>D2</b>	Shifting playing fields: how new trade treaties govern governments . . . . .	339
<b>D3</b>	The United Nations, global governance, and the toll of funding failures . . . . .	369
<b>D4</b>	Watching the international financial institutions: new rhetoric, old practice? . . . . .	391

*Photo 40: GHW6 Table of contents*

GHW6 will most likely be launched in a global event in the spring of 2022. The global launch will be followed by hybrid events in several countries, organized by PHM local groups and circles. Visual material will be produced to accompany the dissemination and the launches. According to [Bloomsbury International](#) website, the e-book will be available from 21 April 2022 and hard copies from June 2022. It is currently available for pre-purchase.

As with previous GHW editions, GHW6 will be actively disseminated by PHM members in countries, targeting health activists, public interest civil society organizations active in the fields of health and its social determinants, public health officials and decision-makers, university students and professors (in medical and public health schools in particular), journalists and media. At the global level, the book will be presented in relevant events, such as the upcoming International Union for Health Promotion and Education (IUHPE)



World Conference (Montreal, May 2022). Thanks to the reach of the PHM programme WHO Watch, that allows PHM activists to interact both with WHO officials and with Member States delegations, GHW6 will also be promoted within WHO in contexts such as the World Health Assembly (Geneva, May 2022). Finally, GHW6 will be extensively promoted and used ‘inside’ the movement to accompany different capacity building efforts, including the main PHM capacity building programme International People’s Health University (IPHU).

### **Some of the outputs by PHM Global detailed elsewhere in the report**

- a. PMAC-BMJ collection on Covid-19: The Road to Equity and Solidarity.
- b. The Great Takeover: Mapping of Multistakeholderism in Global Governance
- c. In Australia PHM has been advocating about the way the pandemic has highlighted existing health inequities – through language, work conditions, housing and overcrowding. These trends have been evident globally and PHM was involved in three papers in BMJ (Jan 2021): <https://www.bmj.com/content/372/bmj.n91> , <https://pubmed.ncbi.nlm.nih.gov/33509801/> , <https://www.bmj.com/content/372/bmj.n73>





## WHO WATCH TEAM FOR WHA74



NALIANYA



ALETHA



BEN



SURBHI



FLORA



PRITHIVI



JOHN



MATHEUS



LUCIANI



MAARJA



SARAI



SHRIYUTA



JASPER



SARAH



People's Health Movement



## VI. Global Health Governance





## VI

PHM's Global Health Governance (GHG) initiative aims to improve the global environment for health by changing the information flows and power relations which frame global health decision-making and implementation. It was launched as an initiative of the PHM, the [South Center](#), the [Third World Network](#) and other international organizations and networks. The focus is currently 'watching' and providing critical support to the [World Health Organizations \(WHO\)](#).

### Watching the World Health Organization (WHO)

The WHO Watch Program aims to promote and advocate for Democratic Global Health Governance. The program is designed to monitor and intervene in the WHO's Executive Board (EB) meeting in January and the World Health Assembly (WHA) in May. It is also an opportunity to advocate on issues related to Global Health Governance.

The program incorporates elements of resource development, advocacy and capacity building of young activists. Three cycles of 'WHO Watch' were conducted in 2021 – in January at the 148th session of the Executive Board (EB148), in May at the 74th World Health Assembly (WHA74) and in November at the World Health Assembly Second Special Session (WHA74.2) to discuss the 'Pandemic Treaty' proposal.

In 2021, the program involved 30 young activists as watchers who had the opportunity to experience first hand functioning of the WHO's governing bodies. More importantly, they were familiarized with a vision of "health for all" as espoused by PHM. Further, the regular drafting of a comprehensive commentary of discussions on the agenda of WHO's governing bodies and the development of the WHO Tracker are a valuable addition to the global health movement.

Year 2021 marked one year of Covid-19 outbreak being declared as a Public Health Emergency of International Concern (PHEIC). Despite the advances in medical sciences in dealing with the outbreak, a significant problem remained in the form of equitable access to solutions that were offered by science. In particular, Global Governance of Health failed to deliver and increasingly proceeded towards the route of multistakeholderism. PHM captured the sidelining of multilateral institutions such as the WHO in Covid-19 response related to vaccines to the benefit of multi-stakeholder initiatives such as the COVAX facility under



the ACT-A initiative. The paper can be found [here](#).

The pandemic also brought to fore issues of governance of public health emergencies, which was highlighted by a series of proposals by countries that resulted in the special session of the WHA during November 2021. Though genuine, the solutions proposed seem to be complex and risk further multistakeholderism as well as fargementing the governance of public health emergencies. In this regard, PHM organized deliberations among PHM activists to discuss the views towards the 'Pandemic Treaty Proposal' and brought out a policy brief. The policy brief can be found [here](#) in English and Spanish.

One of the common elements of advocacy and discussion throughout the year and during the governing body meetings has also been the 'TRIPS waiver' proposal at the World Trade Organization (WTO) that was supported by over 100 countries by the end of 2021. The TRIPS waiver campaign related information and material will be addressed in different sections of the report to avoid duplication.

Similar to the previous year, the EB/WHA were held virtually, which required the WHO Watch programme to adapt. Both the workshop and watching in January, May and November were held virtually and, in addition to the usual interventions in the official discussion, now held on zoom, special attention was given to projecting our interventions on social media platforms, especially Twitter. As the design of our previous year online format was successful, we created a mixed team of experienced and new watchers for the WHO-Watch sessions.

Considering the shift to online debates through Webinars in response to the restrictions to presential meetings due to the pandemic, PHM took lead in organizing topical webinars on the sidelines of the EB148/WHA74/WHASS2. Our webinars were well attended and allowed for wider debates with allies and civil society. More details on the webinars are provided later in the document.

### **PHM's Commentary and Tracker on Agenda of WHO governing boddies**

A very detailed commentary, covering all items on the agenda of EB148 and WHA74 was prepared by a team led by David Legge, in consultation with experts around the world. This commentary was used as the basis for discussions at the preparatory workshop. The commentary prepared by PHM is the only comprehensive overview available during the WHO's governing body meetings. In addition to informing PHM's positions on individual issues and in facilitating discussions at the preparatory workshop, the commentary is also shared extensively on the PHM-Exchange and PHM social media platforms. The PHM commentary is also acknowledged as the only comprehensive commentary of the entire agenda accessible to all delegates to the WHA.

The commentaries can be found on the following link: <https://who-track.phmovement.org/>

### **Recording the Proceedings and Collaborating with CSOs in online mode:**

WHO Watch made extensive use of social media, google docs and Skype channel as tools for collaboration and advocacy. Teams of Watchers, by rotation, recorded the proceedings of each session of the EB/WHA meeting though they were spread over different time zones. The outcome of the record of proceedings was focused towards creating visibility and interventions on social media (mainly Twitter).

Simultaneously, a Skype channel (only for WHA74 Special Session), subscribed by over 300 members from PHM and other CSOs, provided a gist of the discussions at the EB in real time, and allowed subscribers



to comment on the positions articulated by different governments during the deliberations in the meeting.

Some of the CSOs that are part of the Skype channel, collaborate with the PHM in various ways in promoting advocacy on different issues includes Third World Network, Medicus Mundi International, Medico International, Wemos, Health Action International, Knowledge Ecology Initiative, Universities Allied for Essential Medicines, Public Services International, MSF and International Baby Food Action Network (IBFAN).

In the last few years, it was noted that a considerable engagement on the discussions of EB/WHA was taking place over social media (mainly Twitter). In this regard, the team of watchers were involved in a series of coordinated activities such as tweeting discussions/debates live, informing PHM's standpoint on various agenda items through posters and also by uploading videos of statements delivered at the WHA and EB meetings.

In the run up to the governing body meetings, PHM actively participated in [civil society discussions on the platform of Geneva Global Health Hub \(G2H2\)](#). During EB148, PHM organized a session '*Human rights and the Covid-19 response: lessons for the future, action for now*' (on 11th January). A WHO-Watch team member Aletha Wallace spoke in a session '*What can WHO contribute to making Covid-19 vaccines, treatments and technologies global public goods?*', organized by Vivasalud. During WHA74, PHM organized a session '*Beyond state control and corporate power: An alternative digitalization of public health*' (on 12th May).

### **WHO Watch: 148th Executive Board, January, 2021**

The WHO's governing body meeting EB148 was held from 18th to 26th January. A team of volunteers/watchers was created from the applications received towards the expression of interest for volunteers. The Watching team consisted of Shriyuta Abhishek (India), Rajeev B R (India), Surbhi Shrivastava (India/USA), Priyanka Gupta (Nepal), Alice Kuan (USA), Aletha Wallace (Belgium), Zziwa Joshua (Uganda), Giulia Loffreda (UK/Italy), Rhiannon Osborne (UK), Laura Nyiha (Kenya) and Luciani Martins Ricardi (Brazil). The team was supported by Susana Barria (India), Lauren Paremoer (South Africa), Ana Vracar (Croatia) and Gargeya Telakapalli (India).

The WHO Watch program was organized in two phases:

i) Preparatory Phase: involved calls to divide the work and a preparatory workshop on 9th, 13th, 14th and 16th January for the watchers to engage, discuss, critically analyze and prepare statements for the agenda items. In the workshop, there were presentations and discussions on the agenda of EB148.

ii) Watching Phase: The WHO-Watch team followed the discussions of the EB virtually and intervened through statements. Due to the virtual nature of the EB, WHO restricted the number of statements to be read out on the floor of EB. However, the watch team went beyond the restrictions and circulated additional statements in written form and recorded videos for circulation on social media. We used Twitter to reach out to a broader audience beyond those following the discussions through videos, posters and other information. The PHM statements were made in collaboration with Medicus Mundi International.

Find below the statements (hyperlinked) presented by WHO-Watch team for:

5. Global action on patient safety- [Statement](#)
6. UNGA HLM- NCDs and Oral Health- [Statement](#)



7. Access to effective treatments for cancer /rare/orphan diseases- [Statement](#)
8. GSPOA on public health, innovation and intellectual property- [Statement](#)
9. Antimicrobial resistance- [Statement](#)
10. Substandard and falsified medical products- [Statement](#)
11. Standardization of medical devices nomenclature- [Statement](#)
13. Integrated people centered eye care- [Statement](#)
- 14.1 Covid-19 response- [Statement](#)
- 14.2 WHO's work in health emergencies- [Statement](#)
- 14.3 Mental health preparedness-response for the COVID pandemic- [Statement](#)
- 14.4 Public health implications of implementation of Nagoya Protocol-[Statement](#)
- 15.2 Polio transition planning and polio post-certification- [Statement](#)
16. Social determinants of health- [Statement](#)

### WHO Watch: WHA74, May, 2021

In May 2021, The WHO's governing body meeting WHA74 (resumed session) was held from 24 May to 1 June. In this regard, a team of volunteers/watchers was created. The Watching team consisted of Surbhi Shrivastava (India/USA), Luciani Martins Ricardi (Brazil), Shriyuta Abhishek (India), Aletha Wallace (Belgium), Nalinya Emma (Kenya), Maarja-Liis Ferry (UK), Ben Verboom (UK), John Eliasu Mahama (Ghana), Matheus Falcão (Brazil), Sarai Keestra (Netherlands), Flora Noelle Wiegand (Germany), Jasper Thys (Belgium), Sarah Derdelinckx (Belgium) and Prithivi Prakash Sivaprakash (India/Australia). The team was supported by Susana Barria (India), Lauren Paremoer (South Africa), Ana Vracar (Croatia), Jyotsna Singh (India) and Gargeya Telakapalli (India).

The WHO Watch program was organized in two phases:

**i) Preparatory Phase:** involved calls to divide the work and a workshop on 13th,14th,17th,18th,19th, 20th and 21st of May for the watchers/participants to engage, discuss, critically analyze and prepare statements for the agenda items. In the workshop, there were presentations and discussions on the agenda of WHA74.

**ii) Watching Phase:** The WHO-Watch team followed the discussions of the WHA virtually and intervened through statements. Due to the virtual nature of the WHA, WHO restricted the number of statements to be officially read out on the floor of WHA. However, the watch team went beyond the restrictions and circulated additional statements in written form and recorded videos for circulation on social media. We used Twitter to reach out to a broader audience beyond those following the discussions through videos, posters and other information.

### WHA Today:

PHM collaborated with Medicus Mundi International and Geneva Global Health Hub in organizing the 'WHA Today' initiative. It was a daily civil society lounge where organizations looked ahead to the session of

the given day, talked over the agenda, briefed each other on important issues and shared assessments, positions and advocacy plans. The WHA Today was well attended and appreciated for connecting civil society in times where interaction has decreased due to the virtual nature of governing body meetings.

Find below the statements (hyperlinked) presented by WHO-Watch team for:

13.1 Global action on patient safety: Statement Poster Video

13.2 Prevention and control of non-communicable diseases: Statement Poster Video

13.3 Expanding access to treatments for cancer and rare and orphan diseases: Statement Poster Video

13.4 Global strategy & plan of action on health, innovation and intellectual property (GSPOA): Statement Poster Video

13.5 Antimicrobial resistance: Statement Poster Video

13.7 Standardization of medical devices nomenclature: Statement Poster Video

13.8 Immunization Agenda 2030: Statement Poster Video

15. Health workforce: Statement Poster Video

16. Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Statement Poster Video

17.1 Covid-19 response: Statement Poster Video

17.2, 3 & 4 Emergency preparedness and response: Statement Poster Video

18. Mental health preparedness for and response to the Covid-19 pandemic: Statement Poster Video

19. The public health implications of implementation of the Nagoya Protocol: Statement Poster Video

21. Poliomyelitis: Statement Poster Video

23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children: Statement Poster Video

25. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan: Statement Poster Video

26.2 WHO transformation and 26.3 WHO reform: Statement Poster Video

### Popular articles/videos and People's health Dispatch:

The WHA74 was also an occasion for the launch of 'People's Health Dispatch' which is a fortnightly bulletin published by Peoples Dispatch and People's Health Movement, focusing on the politics of health and the struggle for the right to health, including actions organized by workers in the sector. The first issue of the dispatch *'From the Frontlines of the World Health Assembly'* covered the WHA74 in detail and consisted of articles by the WHO-Watch team.

For the home page of People's Health Dispatch- [click here](#)

For the issue of the People's Health Dispatch covering WHA74- [click here](#)



*Photo 41: WHO Watch: WHA second special session, November, 2021*

The Second Special Session of the World Health Assembly was held from 29th November to 1st December 2021. The Special Session was necessitated from the discussions at WHA74 to assess the development of an international instrument on pandemic preparedness and response with a view to establishing an Intergovernmental Process. The Special Session relied heavily on the work of Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR) which was tasked with the amendments to International Health Regulations (2005) and the assessment of an international instrument, more commonly called as the Pandemic Treaty Proposal.

### Strategising and Policy brief:

Discussions on the Pandemic Treaty revealed varied opinions with some supporting the initiative while others noting that the initiative might be a fragmentation of the governance of pandemic response. In this regard, PHM organized a strategizing meeting on 13th August for PHM activists and representatives of the Steering Council. The strategizing was joined by allies and resource persons following the matter closely. In the meeting, it was decided that the discussions will lead towards a policy brief that would apprise the activists in PHM circles with a view that the 'Pandemic Treaty proposal' might strengthen only if it deal with the structural issues that are rooted in the structural problems posed by neo liberalism and without that, it would only risk further fragmentation and multistakeholderisation of pandemic/health emergency response. The policy brief 'Do We Need a Pandemic Treaty Now?' was released in the run up to WHASS2. For policy brief [click here](#)

To follow the discussions of the WHA Special Session and understand the issues, a team of volunteers/watchers was created. The team consisted of Lindsey Wagner (Canada), Alberto Martinez Polis (Canada), Maria Blandina (Indonesia/Germany), KritiShukla (India), Nafis Faizi (India), Marta Caminiti (Italy), Kiweta Bista (Nepal), Ben Verboom (UK) and Rachel McCormick (UK). The team was supported by Susana Barria (India), Lauren Paremoer (South Africa), Ana Vracar (Croatia), Jyotsna Singh (India) and Gargeya Telakapalli (India).



The Watch programme was organized in two phases:

i) **Preparatory Phase:** Involved calls to plan for the work and a workshop on 24th, 25th and 26th of November for the watchers/participants to engage, discuss and critically analyze the 'Pandemic Treaty proposal' and the discussions of WGPR. Though the agenda of the meeting was limited to the 'Report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly', we took the opportunity to discuss the issues around health emergency response and the governance. The watchers were joined by resource persons such as prof David Legge, Nithin Ramakrishnan, Priti Patnaik and Gopa Kumar to name a few.

ii) **Watching Phase:** The WHO-Watch team followed the discussions of the WHA Special Session virtually. During the session, the official statement was presented by Medicus Mundi International only. The WHO-Watch team was able to record and transmit the discussions on the Skype channel to the larger community of civil society organizations. Adapting to the virtual nature of the assembly, the watch team used social media to reach out to a broader audience beyond those following the discussions through tweets, videos and posters.

#### Video recording/discussion:

In addition, a video recording/video discussion was produced as part of the People's Health Dispatch in which Natalie Rhodes of the PHM and Priti Patnaik, Founding Editor of the Geneva Health Files, spoke about the Pandemic Treaty, what lies ahead, and how it could address future health emergencies. For video- [click here](#)



Photo 42:

#### Health workers call on WTO to put people's health over Big Pharma's profits, 4th May, 2021

PHM, in collaboration with Public Services International (PSI), called on healthcare workers all over the world to join our action to call on states at the World Trade Organization (WTO) to support the temporary TRIPS waiver proposal. This mobilization was held in the run up to On 5 and 6 May, the WTO General Council which was held on 5th and 6th may, 2021.

The campaign was very successful with messages of solidarity coming from many health workers. For further information, [click here](#)



Photo 43

Apart from the WHO Watch, there were many activities under the thematic circles which worked towards the objective of intervening and challenging the governance and decision making at the international level. The WTO Watch initiative by the Trade and Health Group, Public Health Hearing organized by the Environment and Ecosystems Health group during COP26, opposition to the United Nations Food Systems Summit by the Food and Nutrition group are some of the examples. The details of these activities are given under the thematic circles section above.

### Engagement by Regions/Countries

PHM Nepal contributed to the development of SEARO Regional Strategies of PHC implementation in the region developed by WHO SEAR Office (South-East Asia Regional Strategy for Primary Health Care: 2022-2030)

The southern subregion of Latin America attended PAHO's call for the development of the Regional Strategy and Plan of Action on Health Promotion, the case study "Community health in Formosa. 20 years of sowing and experiences of social participation in health" was prepared. It was presented at the workshop



“Building an agenda on social participation and health in the Region of the Americas”, where PHM took part as a civil society representative. Recommendations for PAHO and governments were also made.

Participation of people from PHM Europe in WHO Watch is quite continuous and established, also because in the times when WHO governing bodies were meeting in-person, it was relatively easy for people from the region to travel to Switzerland and take part. It is also worth noting that some of the PHM affiliated organizations in Europe take part in global health governance networks and events too, and that this represents an additional space for sharing a PHM point of view. For example, Viva Salud and Medact are both active in the Geneva Global Health Hub, where they have organized events which are complementary with what PHM advocates for.

The WCA region shared that active countries of the region and much of the region are francophone. Since WHO watch activities are in English, only people from English speaking countries could apply and succeed to any WHO Watch call.





**VII. Project:  
Promoting Equitable  
Access to  
Medical Products  
in the context of  
Covid 19 pandemic**

**P e o p l e ' s   H e a l t h   M o v e m e n t**





## VII

The ongoing Covid-19 pandemic has been a huge challenge to people's health movements. The consequences of the pandemic and the state responses have further exacerbated inequity, undermined freedoms, and the rise of autocratic state power. These are times when PHM is being called upon to communicate its understandings not only to health organizations, but to all democratic organizations and organizations of working people, and to many governments, not only on how to cope with the current pandemic, but how to build health systems that can cope with future pandemics. The huge crisis in health care precipitated by Covid-19 has now brought the very nature of production and allocation of health into the public discourse. The issue of equity in access to medical technologies is representative of all the contradictions and conflicts created when health and health care, including access to essential technologies, is seen as an opportunity for corporate profits, rather than as a global public good. It is in such a background, that PHM has undertaken the Program "Promoting Equitable Access to Medical Technologies in the context of COVID 19 pandemic". Since the immediate focus was on Covid-19 technologies the program title got abbreviated, in usage, to Equitable Access to Covid 19 technologies (EACT), and the first funded phase was referred to as the "EACT Project". This phase was initiated on 1st July 2020 and completed on 30th July 2021, after which it transitions into a more sustained voluntary phase.

### Structure and Objectives

The EACT Project, Equitable Access to Covid Technologies, was initiated from 1 July 2020. It involved activities in three of PHM's country circles – India, South Africa and South Korea –, coordinated by a global arm based at the global secretariat. The project was managed by a project committee comprising representatives of the global arm and of the three pilot countries, in consultation with the Trade and Health Thematic Circle, and supported by a project advisory committee comprising experts from various partner organizations. The project was funded through a grant which was used to support central coordination and fund specific country level activities. The objectives for the project were stated as: "Develop a stronger commitment within governments and global institutions and in the public discourse to make policies related to access to technologies based on public health priorities, rather than on market principles and corporate profits." In an initiating note called the project's "Theory of Change" the PHM identified the key drivers of change as:



- (a) Movement building that amplifies the demand for equitable access;
- (b) New alliances that strengthen demand for change and increase our reach/capacity;
- (c) New information contributing to changes in attitudes;
- (d) Engagement in public policy discussion linked to community mobilization; contesting the prevailing discourse and challenging the manufacture of consent for anti-peoples' policies;
- (e) Policy change and implementation (better policies and effective implementation achieves change); and
- (f) Institutional development (systems work better)

## Activities

- At the global level

The first two months (2020) led to the development of four essential background papers that were essential for building a common understanding with the PHM and allies on the main issues. The other major intervention was to prepare statements, a policy brief and organize webinars and use all channels of social media communication to mobilize international support for the South Africa-India proposal and WTO for the waiver of all TRIPS conditions for relevant medical technologies. This was across all country circles and some of the most effective actions were in developed countries where PHM circles pushed back on their countries efforts to block the waiver. As a corollary to the above campaign, the PHM also brought out and widely disseminated a COVAX policy brief that exposed the attempt to pose COVAX and ACT Accelerators as solutions to the crisis in access. The policy brief explained why these market-based solutions and conflict-ridden multi-stakeholder institutions were designed to fail, and the need for democratic movements and developing nations to come up with alternatives. Explaining policy requirements for greater domestic manufacture and alternatives to current patent regimes were also part of this work. The global arm was also required to support and build capacity in country circles and to put together a [resources hub](#) on the PHM website that was created in collaboration with the country teams that country circles could easily access.

- Country level Activities

The country level activities common to all three countries were:

1. All countries started with a webinar for a national consultation with other organizations and domain experts, that discussed the issues and helped chart out the work that the PHM country circle would take.
2. A Situational Analysis Study that traced both the issues of access to one or more technologies in the country and the efforts made by civil society organizations to improve access and the evolution of state policy in this regard (for example, [South African Analysis](#))
3. Dissemination of the policy briefs, and background papers brought out by global arm usually after adaptation to country contexts.
4. Community monitoring of the situation with regard to access to essential technologies. Each country chose a different method to do this, but for all of them it was one of the important steps. In addition, there were many country-specific actions that took place.

For example, **PHM South Africa** developed a tool kit to support community monitoring which included



the use of podcasts for community monitors to provide feedback and present their findings here. There was also a Covid-19 [vaccine literacy manual](#) and a number of other communication materials developed (for example, a [video](#) on the TRIPS). PHM South Africa built cooperative [relationships](#) with a number of other networks working on related matters including patent law reform, access to vaccines and together as People's Vaccine Campaign- organizing dissemination of information, development of a range of resources (training manual, videos, posters), and publications, to support the waiver advocacy and community mobilization around access, patent law reform and local production. In February PHM South Africa together with People's Vaccine Campaign and the [Fix the Patent Law Campaign](#) organized actions at 17 Embassies in Pretoria and Cape Town, a synchronized protest demonstration asking these 17 countries who were blocking it, to instead push for adoption of the waiver. The action included a flash mob outside the embassies as well as delivery of a letter. Simultaneously, each embassy was email bombed with the same letter from various civil society organisations. The pressure on various embassies contributed to the global pressure on northern governments, which we think helped to shift the US position on the waiver.

**PHM India** developed a focus of its situation analysis in the four states of Bihar, Chhattisgarh Karnataka and Tamil Nadu. Much of it was in the form of case studies and testimonies that contributed to describing the actual situation with regard to access of essential COVID and non-covid health services. Based on the information from these studies and background papers extensive capacity building programs were also organized. The country circle also published a large number of op-ed articles ([example](#)) in print media and made appearances on mass media ([example 1](#), [example 2](#), [example 3](#)), and shared messages on social media ([podcasts](#) for example) that disseminated information, held the government accountable for service delivery and pointed out policy and implementation gaps.

**PHM South Korea** produced briefing papers followed by interventions on 4 themes:

- a. Support for the [waiver](#)- using infographics.
- b. Policy development for domestic [manufacture](#) of essential products
- c. Policy development for [public sector](#) in production

d. The South Korea team focused on participating in national policy discussion ([policy papers](#), op eds, etc) about South Korea's position on the waiver and directions for developing national production. The SK team developed links with PHM circles in Japan and Indonesia and contributed to advocacy around vaccine equity and the proposed waiver.

## Impact

It is difficult to attribute real world changes to the work of the project. However, at the end of one year, we believe that the project has contributed significantly to all the drivers of change listed earlier, with its main achievement being wider mobilization around the pandemic response generally, and community engagement and policy interventions at country level.

## The next steps

The impact of the pandemic in many LMICs is more severe now than it was during the last year, and the responses of many governments remain inadequate. Big pharma remains determined to exploit to the full the market opportunities the pandemic has presented; supported by transnational corporate and political elites.



There is therefore the need and scope to continue the EACT initiative as a platform to build upon and deepen PHM's advocacy and mobilization around the links between widespread denial of the right to health and the structures and forces of transnational capitalism and imperialism. This new phase (2022-x) could:

- (i) Follow up existing commitments arising from the first phase of EACT; This includes dissemination of COVAX policy brief, completion of policy briefs where work is in progress and the developing of a tool-box for PHM circles to draw from and in considering how they might build on the experience gained so far.
- (ii) Extend the scope and depth of PHM's advocacy and mobilization to broader questions beyond access to health care products and taking on a wider range of campaign themes that address barriers to health care that are located to health systems development and social determinants.
- (iii) Extend reach by scaling up the existing project from 3 to 30 countries; at least in community monitoring and supportive regional actions.



## **VIII. PHM Global Organization**

**P e o p l e ' s   H e a l t h   M o v e m e n t**





## VIII

### Global Secretariat transition

The Annual Steering Council Meeting held in April 2021 reached a decision to shift the Global Secretariat to Latin America in 2022. This transition has been long overdue. Since it was established the GS has rotated across South Asia (Bangladesh); MENA ( Egypt), Africa (South Africa) and India (twice). PHM understands the strategy of periodic rotation of the Global Secretariat to different regions as a process of renewal, that encourages movement building in different regions, and as a process that brings fresh partnerships, perspectives and experiences to the global scene.

Subsequent to the SC decision, the Coordination Commission set up a transition committee consisting of the co-chairs, Fran and Sulakshana, and other members being Bridget Lloyd, Hani Serag, Wim De Ceukelaire and co-convened by Maria Zuniga and the then Global Coordinator, Sundaraman T.. The initial decision was to have two or three representatives from the LA region- but this was modified to state that all the regional and alternate coordinators together would be a coordination committee for the transition.

The LA coordination team which was convened by Maria and who provided its link to the global transition team, had a number of consultations where transition team members explained what a transition to LA would mean in terms of the responsibilities involved and the team required and how these responsibilities could be shared. There was also clarity that all functions need not necessarily shift to LA.

Efforts were made to discuss with our main donors, and secure an increased funding from both OSF and Medico International to support an expanded GS and higher envisaged expenditure consequent on the shift. These efforts were successful.

The position of global coordinator was advertised at the end of September. In early November from the eligible applicants, one applicant was short-listed for a discussion with the transition team, and after this the selection of Dr. Roman Vega was finalized and shared with the Steering Council for its endorsement. After endorsement he joined and later in December took over the task of convening the transition committee.

Other positions for the GS that had been advertised were also reviewed, and the positions immediately



required finalized and based on it two persons were recruited, and four more positions advertised. Three of the existing GS members continue in the positions they were holding.

The current global secretariat has the following positions:

1. Global Coordinator - Roman Vega
2. Communications Officer - Jyotsna Singh
3. Programs manager - David Verstockt
4. Program coordinator GHG - Gargeya Telakapalli
5. Program coordinator HFA - Deepika Joshi
6. Program coordinator HFA - Leonardo Mattos
7. Program coordinator GHW - Chiara Bodini
8. Program Coordinator IPHU - Yasser Ebeid
9. Global Coordinator Assistant - Candelaria Araoz Falcon

One more position – another communications manager – has been advertised and in process of selection.

## 2. The PHM Handbook

The PHM Handbook provides the structure and functional processes that govern PHM. These rules have been compiled from pre-existing sources, reviewed, updated and finalized as the current version in use. These are subject to modifications, but help because they reduce reliance on subjective recall and e-drafts, and help the organization shift to a clear rule based functioning. In its current level of development, that took place over the year 2021, the Handbook has the following chapters:

1. Why a PHM Handbook: The Strategic Plan Requirement.
2. Principles of PHM Governance
3. Main Governance Structures: Steering Council, Coordinating ( Commission and Finance Committee
4. Advisory Council
5. Thematic Circles
6. Regional Coordination & Country Circles (DRAFT)
7. Global Secretariat & Global Communications (
8. Protocol for Support/Endorsing Statements(
9. Friends of PHM & Alliance Partners of PHM
10. Gender Policy & Action Against Sexual Harassment (DRAFT)
11. Grievance Redressal (DRAFT)

Those chapters are yet preliminary drafts. Even the other chapters/rule-sets, as per a recent coco decision,

would be subject to a review by a sub-committee of the Coco consisting of the two co-chairs, the current global coordinator and Susana Barria.

### 3. Communications

PHM's Strategic Plan 2020-25 has laid out communications as an important part of its work. Effective communication helps the movement to grow. It fulfills the need to reach new audiences including a broader cross-section of activists and the broader public. It allows the activities of different country circles to be documented, shared and fed into the global narratives of PHM. PHM has been expanding its online presence significantly. Through communications, we want to convey our understanding of the political economy of health to achieve the goal of 'Health for All'.

#### a. Repository of PHM's work

PHM's Thematic Circles and Regional/Country circles produce a lot of work throughout the year which is used to strengthen the movement. It is necessary to keep the work in one place for ease of finding it whenever needed and ensuring institutional memory over the long term.

Website: All of the work is uploaded under appropriate heads on PHM's website. In 2021, PHM team created 92 new posts and 28 new pages on the website. They contain information from PHM's campaigns such as mobilization against [Corporate Capture of UN Food Systems Summit '21](#) and [Struggle for Freedom and Justice for Palestine](#) to organizational announcements such as [call for applications](#) for International People's Health University. It also includes a separate page on resources produced as part of the project [Equitable Access to Covid-19 Technologies](#) and has valuable information regarding access to medicines.

YouTube Channel: PHM has a rich repository of videos which includes recordings of webinars, statements that are presented at the World Health Organization, short documentaries and other short videos. They are available at our YouTube Channel (People's Health Movement): <https://www.youtube.com/channel/UC7XdHhP7awq-isx8Qs9QytA/videos>. In 2021, PHM uploaded 52 videos on its YT channel. It includes recording of webinars such as the one on [Care Extractivism](#), short videos conveying PHM's understanding on relevant issues such as the [TRIPS waiver](#) and statements by [WHO Watchers](#).

#### b. Social Media

PHM actively engages with its audience and activists through social media channels, primarily Twitter and Facebook.

**Twitter:** [@PHMglobal](#)

1. Almost all the information uploaded on the website is shared on Twitter with appropriate tags and hashtags to ensure maximum dissemination.
2. PHM participated in many Twitter campaigns organized with the larger civil society. The most notable were campaigns on TRIPS waiver with Public Services International and Amnesty International and against corporate capture of global governance on food systems with ALAMES and many other organizations. Both campaigns received active support from PHM members and activists. PHM also conducted its own stand-alone campaigns. The most notable here were twitter storms for the release from prison of Shatha Odeh, PHM's Steering Council member. These campaigns received good



support with other organizations also joining in.

3. Two of WHO's annual meetings — Executive Board and World Health Assembly — are followed by PHM closely. For the past two years, they have been held virtually due to the pandemic. (More on it in a different section.) PHM quickly adapted to the new mode and has been disseminating its positions widely through social media, especially Twitter. PHM made and uploaded close to 20 posters with specific positions and demands regarding different agenda items ranging from maternal and child health to standardized nomenclature of medical devices. Some of the posters were shared widely on Twitter. The WHO Watch team recorded videos of all the statements that were read on the floor of WHO and were posted on Twitter and shared widely.

4. A number of articles written by PHM's members were shared on Twitter. Other articles of relevance were shared too. PHM Twitter handle has nearly 5,700 followers. Nearly 1,000 of them joined in 2021.

**Facebook:** [@peopleshealthmovement](https://www.facebook.com/peopleshealthmovement)

Most of the activities on Twitter are carried out on Facebook too, except for the campaigns and Twitter storms as they are more Twitter-specific in nature.

### c. PHM-Exchange

PHM's listserv is a robust platform for information sharing. It has nearly 3,500 members from across the world. All the information regarding PHM activities and campaigns is shared on PHM-Exchange. Other members also share relevant information which reaches the entire group.

### d. People's Health Dispatch (PHD)

PHM launched People's Health Dispatch in May 2021. It is a fortnightly bulletin published jointly with media organization Peoples Dispatch. It focuses on the politics of health and the struggle for the right to health, including actions organized by workers in the sector. Through the bulletin, PHM and PD aim to highlight people's resistance to the commodification of health and radical analyses of the politics around it, especially in the Global South. Most of the contributors are PHM members and activists, thus providing them a suitable platform to present their views. It is also an endeavor towards capacity building by providing editing support. Each issue carries 4-5 original articles; one video,





usually an interview on a timely subject, one data section and a list of articles from other publications. 15 issues were published in 2021. All the bulletins of PHD can be found [here](#).

