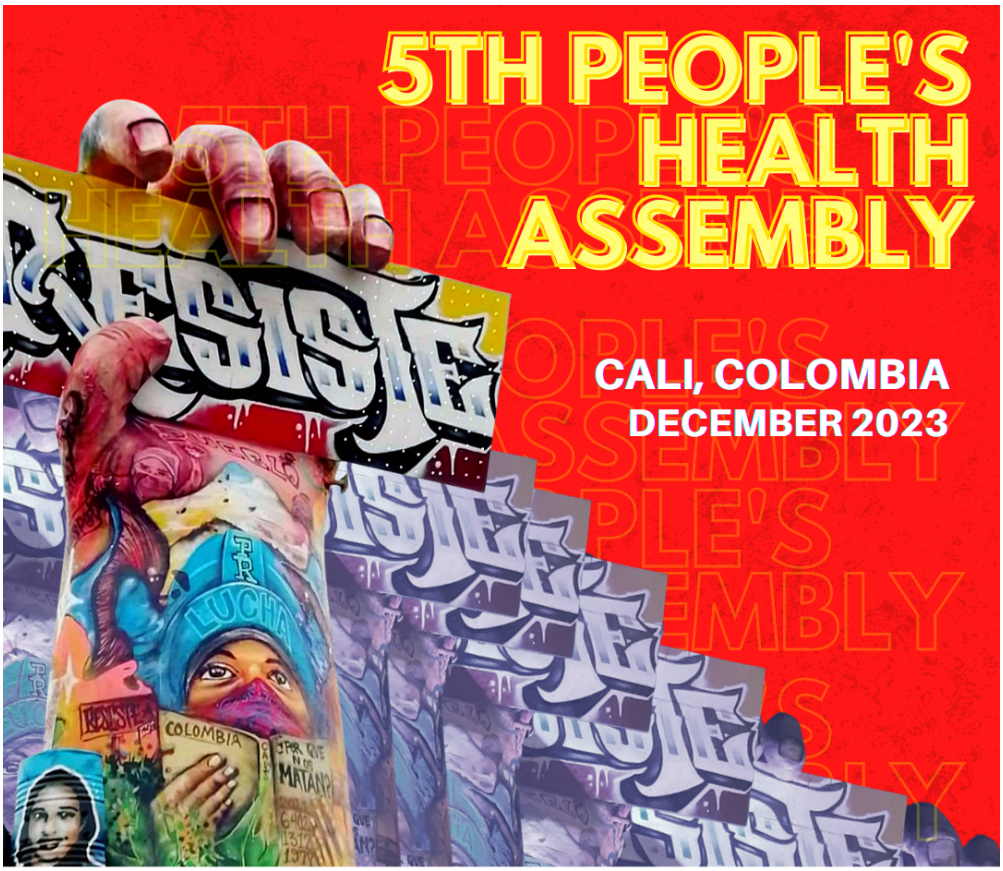

Health for All Now!
People's Health Movement

The 5th People's Health Assembly of the People's Health Movement will take place in the city of Cali in Colombia. This is the second time that PHA will take place in Latin America after PHA 2 was held in Cuenca, Ecuador in 2005. The tentative dates are 4-8 December 2023.

The Assembly will be preceded by an International People's Health University in Medellín, Colombia. Tentative dates are 27 November – 1 December 2023.

This is the background note for PHA 5.

Enjoy reading and join us in December!

Background Note

Health for All in a "post-pandemic" world: Challenges and strategies for health movements

Fifth People's Health Assembly (PHA)- 2023

People's Health Movement (PHM)

Website: https://phmovement.org
Twitter: @PHMglobal
Facebook: @peopleshealthmovement

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I.People's Health Movement (PHM)

People's Health Movement (PHM), was founded in 2000 by health activists in response to the failure of countries to achieve Health for All by the year 2000. PHM's vision is that equity, ecologically-sustainable development and peace are the core values for a better world free of exploitation, discrimination and oppression based on social class. gender, race, caste, ethnicity, disability, sexuality, religion, occupation, migrant and refugee status, a world where human rights and the empowerment and health of all communities are respected and promoted. PHM is committed to comprehensive primary health care and addressing the social, environmental, economic and commercial determinants of health through key strategies under the Health for All Campaign (HFAC) as its central.

The core work of PHM is informed by that of its constituent parts, in particular, country circles, regional chapters and international networks. PHM now has a presence in over 80 countries, with over 40 active country circles on six continents, 11 affiliated networks at the global level, and many more organisations working at regional and national levels. PHM supports a number of activities at global and regional levels that integrate the efforts of its country circles and its global and regional networks. Over the last 20 years, PHM has continued to grow in size, scope, and complexity of work, driven by the passion of hundreds of volunteers, a small Secretariat facilitated by a global coordinator.[1] (For more information on PHM, governance structure and activities, visit PHM website: https://phmovement.org/about-3/)

II. Context for People's Health Assembly

Important shifts in the global context of the struggle for health over the last decade include the threat to comprehensive primary health care; privatization of health services; shrinking welfare; the growing climate crisis; worsening conflicts and displacements; the erosion of democratic structures and authoritarian governments; rising right-wing political fundamentalism, the growing power of corporations; and the global economic crisis/economic inequality, high unemployment, increased food insecurity and the overall weakening of international human rights organisations.[2] All these disproportionately affect the socio-economically vulnerable groups, especially in the lower and middle-income countries (LMIC). Further, the struggles of cross-border migration to recognise displaced people as refugees and fulfil all rights and privileges that they are entitled to continue even today.

Corporations are indulging in the rampant destruction of ecosystems and biodiversity, generating enormous volumes of toxic waste, while endangering cultural identities, diversity and ways of living. As mentioned earlier, the complexities of conflict, migration, climate change, and threats to privacy – to name a few – are presenting new challenges every day. All of this, aided by unjust global and national economic and trade policies, is promoting an unsustainable and inequitable development paradigm and creating a complex canvas of determinants that are seriously impeding the realisation of health for all. Similarly, the austerity measures in both the global South and the North have further

[1] Strategic Plan, 2021, People's Health Movement (PHM)
[2] The Unravelling pandemic: Envisioning our intersectional feminist futures, Sama Resource Group for Women and Health, 2022

compromised access, often as a consequence of the dismantling of public services and the increasing reliance on private provision of healthcare.

Over the last three years, the world has experienced the most catastrophic health and humanitarian crisis during the Covid19 pandemic. The pandemic exposed the longstanding structural drivers of health inequities that exist in the predominantly neo-liberal, corporate-controlled world. The stark difference was not only limited to the inability of resource-strapped countries in ensuring the availability of essential items like Personal Protective Equipment (PPE), diagnostics, medicines, and vaccines but also their inability to leverage against transnational and pharmaceutical industries profiteering from the pandemic. Hundreds of healthcare workers have been affected by COVID-19 for lack of PPE and several people died because they did not have access to properly equipped ICUs, oxygen, or even access to basic healthcare services.[3]

Besides, the abrupt and extremely harsh response such as lockdowns to the Covid-19 pandemic in many countries has exacerbated social and economic deprivations and inequalities and precipitated a public health crisis and an economic crisis of mammoth proportions. Millions of people across the world have lost their livelihoods and incomes, and people in the informal economy have been the worst hit. These consequences are experienced disproportionately by the most vulnerable – at the intersections of caste, race, ethnicity, disability, age, class, gender identity, sexual orientation, occupation, refugee status, migration and other marginalized social locations.[4]

Furthermore, gender-based violence, hunger and starvation, and the gendered burden of labour and care are some of the many concerns that have been aggravated during the past three years. The stigma and violence including racial targeting of communities, migrants, refugees and patients are phenomena in the COVID context that have also deeply affected psychosocial well-being and compounded the fears and consequences of inequalities, discrimination and intolerance.

The distressing pandemic period has pushed us to reclaim the moment and assert social justice, health and human rights through collaborative regional and global action and solidarities. It is now of indispensable importance to face the deep fault lines in how our societies and worlds are organized. It is a moment of reckoning, of revaluation of which and whose health rights are essential and valued, of how to create caring societies able to provide access to health and health determinants, social protection and care. It is against this backdrop, at the 5th People's Health Assembly (PHA), we want to take a step further and go beyond that analysis but place our struggle for the right to health with more solidarity, empathy, equity and humanity, which safeguards human lives and ecosystems.

II.People's Health Assembly (PHA)

PHA is an important part of PHM as it provides a unique space for sharing experiences, mutual learning, and joint strategizing for actions. It is held approximately every five years. It draws in progressive social movements, civil society organizations and networks, academia, health activists, health workers and students from around the globe. Previous Assemblies have been held in Savar, Bangladesh (2018), Cape Town South Africa (2013), Cuenca, Ecuador, (2005) and Savar, Bangladesh

[3] Project EACT: Equitable Access to Essential Health Technologies in the context of COVID 19, *People's Health Movement, 2020*

[4] The Unravelling pandemic: Envisioning our intersectional feminist futures, Sama Resource Group for Women and Health, 2022

(2000). Over the years, the Assemblies were attended by around 1500-2000 people from 70 countries.

The framework and outcomes from the Assemblies provided in the People's Charter for Health the Cuenca Declaration and PHA 4 Declaration are more relevant than ever before. The 5th Assembly takes forward the commitments made in the Declaration at the PHA 4.

The Assembly is expected that the various debates, exchanges and collective strategizing will enhance PHM's capacity to organize and mobilize for health. Concrete actions and medium and long-term plans are expected to emerge from the deliberations of the Assembly in major thematic and program areas.

The Assembly will be preceded by regional and local Assemblies and other forms of mobilizations in different countries. Special attention would be directed at supporting young activists to attend and participate in the Assembly and in pre-Assembly activities.

III.Objectives

The PHA 5 is expected to:

- articulate a common political assessment and strategies to ground the movement's work in the aftermath of COVID-19.
- strengthen the movement towards health equity, gender and social justice, solidarity, and *buen vivir*, based on diverse experiences over the past five years.
- shape strategies and build solidarity towards promoting transparency, accountability, inclusion and participation, particularly of marginalized communities, and from the LMIC/global South.

It is expected that the Assembly, through the various debates, exchanges and collective strategizing will enhance PHM's capacity to organize and mobilize for health and health determinants. Concrete actions are expected to emerge from the deliberations of the Assembly in major thematic and program areas. The Assembly seeks to further PHM's goal of health for all through focused deliberations on four thematic axes (discussed next). PHA5 will provide a critical space to deliberate upon specific objectives under each axis**.**

III.The Assembly Axes:

Discussions on each of the thematic axis will enable the deepening and nuancing of PHM's understanding of the issue drawing on the diverse experiences of participants. Although articulated as discrete thematic axes to allow focused discussions on each of them, they are deeply interconnected. These inter-linkages will also find representation through the convenings during the Assembly. While some of the thematic axes overlap with the existing focus of PHM thematic circles and may inform future strategies and actions of respective circles, the Assembly through the thematic axes will expand the discourse on each thematic axes as well as their inter-linkages with each other and health. The diversity of learning from the pandemic is also expected to contribute to the axes substantively.

Axis 1. The politico-economic landscape of development and health

An analysis of the political economy of health as we reflect upon the COVID-19 pandemic has necessitated a discussion on two fronts: trade rules vis a vis IPR and the accompanying issues of access to medicines, diagnostics and vaccines, and the global health governance.

The COVID-19 pandemic has shown us that the need for radical change to the global intellectual property system is more urgent than ever. As pharmaceutical corporations reap enormous profits and rich countries stockpile health products, developing countries are still struggling to offer to test, provide treatment and vaccinate their people. Millions of people have lost their lives to COVID-19. Transnational corporations (TNCs) seized the opportunities put forward for them by the COVID-19 pandemic, making billions on the production of tests, vaccines and medicines.[5] By prioritising profiteering and making billions on the production of tests, vaccines, and medicines through unjust trade policy agreements and prerogatives for the protection of intellectual property (IP), TNCs received favourable positions in the policy-making processes, including the global governance of health. They have been able to infiltrate almost every aspect of people's lives, often in partnership with co-opted international institutions, including through public-private partnerships. However, at the same time, millions of people/marginalised groups lacked access to those life-saving products. International trade law, including the IP law, perpetuate racialised and gendered forms of discrimination in access to medicines, and vaccines as they reproduced the transnational inequities in access to COVID-19 vaccines, treatments, and other technologies.[6]

The TRIPS Waiver proposal that was meant to provide a clear pathway to the local and regional production of COVID-19 health technologies has resulted instead in a non-waiver. This is despite the devastation that has resulted from the inequities in access and the billions of dollars that big pharma has reaped off the pandemic.[7]

These trends include the ballooning debt burden of LMICs, interpretations of the TRIPs agreement that undermine equitable access to medical technologies, and the pressure from the International Monetary Fund (IMF) on borrowers to implement austerity policies. These processes entrench the commercialisation of healthcare and constrain the implementation of policies to reduce inequalities between and within countries.[8] It is the duty of the state to improve and guarantee access to medicines to protect, promote and sustain this access and remove all obstacles to accessibility, including patent rights that could interfere with this access.

The PHA 5 provides the critical space and opportunity to:

- question whether these multilateral structures have become obsolete and whether alternate forms of engagement can be developed.
- demand accountability, which is a core obligation of these structures, institutions and governments within responsive public systems that must take responsibility for their actions. demand that patents on the drugs and vaccines should be revoked and licenses should be issued to indigenous manufacturers by sharing the know-how and technology and providing them tax exemptions for producing the drugs and vaccines.

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[5] Sama Resource Group for Women and Health. (2022). *The Unravelling pandemic: Envisioning Our Intersectional Feminist Futures.* https://samawomenshealth.in/the-unravelling-pandemic-summary-of-the-intersectional-feminist-framework/

[6] Project EACT: Equitable Access to Essential Health Technologies in the context of COVID 19, *People's Health Movement, 2020*

[7] Ibid

[8] Paremoer L, Nandi S, Serag H, Baum F. Covid-19 pandemic and the social determinants of health *BMJ* 2021; 372 :n129 doi:10.1136/bmj.n129

- bring back the voices and inclusive and meaningful participation of the marginalized to the centre stage.

Axis 2: Advancing Comprehensive Primary Health Care Towards Health Transformation

The COVID-19 pandemic has demonstrated an urgent need for countries worldwide to implement strategies that promote health systems strengthening and emphasize the need to transform health systems based on a primary health care approach (PHC)- governance, financing, health information, resource generation/health workforce, governance and service delivery. An increase in financing the public health sector is a long-standing demand from the health movements.

In recent decades the public healthcare system in many countries has been commercialised and dismantled, often under the guise of Universal Health Coverage (UHC). Austerity measures, combined with an emphasis on "purchasing" of services from the private sector have undermined public services and compromised equitable access to healthcare in both the Global South and the Global North. The vision of a comprehensive primary health care model as envisaged in the Alma Ata Declaration has been lost on the way. The impact of this was keenly felt during the pandemic, especially among marginalized groups. The crumbling state of public healthcare infrastructure pushed people into the throes of overpriced private healthcare providers, thereby increasing their out-of-pocket expenditures, with families facing financial insecurity and hardships. Even frontline healthcare workers, who remained at the forefront of the COVID-19 response were deprived of social and medical safeguards. Community health workers risked their lives without proper protection to minimise their exposure to the infectious virus and were denied fair wages or social protection.

Global multilateral institutions and governments of rich countries, influenced by the interests of transnational corporations and the healthcare industry, have been imposing a conception of health systems transformation based on the tenets of UHC. This is an approach to health and healthcare targeted towards the privatization and commercialization of health systems and excluding and eliminating worldviews and practices in health that are not suitable to the economic rationalities of profit-making. The Comprehensive Primary Health Care approach envisages health systems working closely with communities on the social and environmental determinants of health. In contrast, the UHC policy approach focuses on financial protection and argues explicitly for public, single-payer financing, but not necessarily through a public provider. It commits to health systems strengthening and stresses the importance of primary care but doesn't address issues of community engagement, nor is it critical about the role of private providers in driving up costs or posing a barrier to equitable access for all.

However, in recent years some positive examples emerge of governments and communities working to build strong public healthcare systems and incorporate action on social determinants of health and investing in health workers. Along with health movements and community organizations, health workers and their unions have been involved in campaigns demanding the reversal of privatization of public healthcare services and the strengthening of public health systems.

The PHA 5 provides the critical space and opportunity to:

- learn about organizing strategies among health activists, including health workers to strengthen public health systems and improve working conditions;
- share experiences about the consequences of the dominant UHC model on national health systems: Stories of derivatization; Experiences and lessons from the struggle against privatization, which would include examples of community organizing for protecting and

strengthening public health care and action on the policy level that enables comprehensive primary health care.

Axis 3: The struggle for gender justice is a struggle for health

Gender and intersectional justice are imperative to achieving the goal of health for all. Any understanding of health inequities bereft of a gender intersectionality analysis is an incomplete one. In our struggles to dismantle unjust systems of power, foregrounding the most invisibilized and often normalized forms of gender discrimination/s and injustice(s) without compromise or delay, is urgent. PHM must reiterate its commitment to the understanding of gender oppression as intricately linked to other systems of oppression and their interactions as deeply compromising health/ well-being.

The recent pandemic has further visibilized the gendered intersectional implications of systemic injustices on the one hand, and the exacerbation of their impact on people's health and lives on the other. Moreover, it has amplified the conspicuous absence of gender-intersectional responses by governments, and international organizations/institutions in the contexts of health and humanitarian crises that preceded and continued to prevail during and after the pandemic.

Women, girls and gender non-conforming/gender diverse persons experienced deepened inequities in access to COVID-19 health information, care, therapeutic products and services, and gross negligence of reproductive and sexual health care. All of these amalgamated into a disastrous web that implicated their mental health as well. Aggravation of gender-based violence was experienced across the globe but did not receive the necessary responses for its prevention or redress of health and other consequences. The pandemic authoritarian measures that worsened poverty, hunger and access to other socio-economic health determinants were particularly experienced by girls, women and gender non-conforming/ gender diverse persons. This is expected to have an adverse long-term impact on their health and lives.

The PHA 5 provides the critical space and opportunity to:

- frame more emphatically our understanding, analysis, actions, and struggles with regard to the crisis of the political economy of health, climate, health systems, hunger and other health determinants by gender and its intersections with race, caste, ethnicity, disability, sexuality, religion, ethnicity, occupation, geography, etc.
- persist and strengthen our resistance against global agendas to diminish gender justice, sexual and reproductive health rights drawing on praxis and evidence, including in the contexts of health and humanitarian crises.
- build synergies and linkages between the struggles of marginalized communities and their struggle for health.

Axis 4: Centering issues of climate crises and responses

The post-COVID future should eschew a carbon-intensive economic system driven by fossil fuel and oil, and based on patriarchy and neoliberal capitalism. A just and equitable future requires a transformational shift from the privatization and commodification of resources towards regenerative, sustainable, cooperative, and collective models. It should address the needs of workers across the global supply chains and those whose livelihoods have been disrupted by climate change, which includes women working in the fishing, agriculture, and care sectors. There is a

compelling need to reinvest in critically important social and public goods and services such as public health, safeguards for frontline employees, and build low-carbon infrastructure through economic recovery packages to 'build back better'. A just and equitable future requires a transformational shift from the privatization and commodification of resources towards regenerative, sustainable, cooperative, and collective models.

Climate change is one of the biggest health hazards the world is facing. The impacts are already being felt as some regions recently encountered extreme weather events, leading to the displacement of thousands of people, a situation that was accompanied by outbreaks of cholera and waterborne diseases.

Extractivist exploitation of land and resources is, among other things, threatening food sovereignty. Countries having people already grappling with hunger and poverty got exacerbated during the pandemic. The food sector is inextricably linked to the sustainable use of natural resources, and to securing the food supply to ensure the well-being and sustenance of life for all, across the regions. Loss of social and natural capital-land, water, and livelihood, weakened social security, increased incidence of communicable diseases and health problems; along with heightened militarization, violence and repression- form an ongoing experience for many communities worldwide who are being directly affected by the extractivist growth and inequitable development model.[9] Such a model requires immediate revisiting and reorientation towards people-centred growth and sustainable development.[10]

An increase in private wealth has corresponded to decreases in social wages (the goods, services, and payments that the state provides to all residents as a basic right). Combined with the commodification of food, land, seeds, and essential services, austerity policies that have reduced social protection measures have had a devastating effect on vulnerable groups and, during the pandemic, increasingly on the middle class. Social protection measures introduced during the pandemic, such as tax relief, cash transfers, unemployment benefits, and food and nutrition assistance, have mostly been inadequate as they have excluded or been inaccessible to those who need them the most, such as informal workers, migrants, young people, and displaced and indigenous populations. An 82% increase in hunger levels is predicted as a result of the pandemic, and the number of people facing acute food insecurity is expected to double, especially in countries affected by conflict, climate change, and economic crisis.[11]

The PHA 5 provides the critical space and opportunity to:

- provide the space for sharing people's experiences of struggles against extractivist activism, including organized opposition; look into the inter-relation between the climate crisis and changes occurring in agriculture and fishing, with a specific focus on the experience of groups who are paving the way for alternative food systems;

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[9] Beyond Development and Extractivism; New Paradigms for Health. (2022). By Erika Arteaga, Todd Jailer, Baijayanta Mukhopadhyay, and Amulya Nidhi—People's Health Movement Ecosystem and Health Working Group. *Science for the People*, *Volume 25, no. 2, Bleeding Earth*

[10] Ibid

[11] Paremoer L, Nandi S, Serag H, Baum F. Covid-19 pandemic and the social determinants of health *BMJ* 2021; 372 :n129 doi:10.1136/bmj.n129

- learn about the immediate effects of climate change on communities, including the push it causes when it comes to forced migration, and think about the ways we can organize ourselves in order to change that.

Axis 5: Strengthening resistance against forced migration, occupation and war

Wars, the rise of authoritarianism, economic insecurity and climate change are all interlinked factors leading to unprecedented rates of forced migration and displacement. One in seven people in the world is living in fragile or conflict-affected countries, and almost 80 million people are forcibly displaced. People living under occupation, like in Palestine, and situations that resemble sieges, like in Tigray, face the threat of collapsing health services and barriers to accessing essential health care. Further, rising right-wing political fundamentalism, occupation and wars disproportionately affect the socio-economically vulnerable groups). It is in these difficult times the role of human rights defenders, and their commitments towards advancing and protecting the health and human rights and freedoms are being threatened and persecuted.

The health of migrants is jeopardized by the precarious conditions that they experience before leaving, including shattered health systems and infrastructure, as well as those they encounter during their voyage and upon arrival. While travelling to countries in the Global North, migrants are exposed to physical violence by border guards and the police and are often left without any form of health care. Even if they do reach a destination in the Global North, they are excluded from the local health system, being forced to pay for services that are available free of charge for the local population - or not seeking care at all out of fear of being persecuted by the authorities. It comes as no surprise that the health of migrants and refugees is shattered as much as health systems in zones of conflict.

PHM recognizes that lockdowns, restrictions on movement, and stigmatization are deeply embedded in power structures and arrangements at the global, national, and local levels. The public health response should be inherently caring, intersectional, non-authoritarian, and democratic; it should never compromise, contradict, or undermine human rights.[12]

The PHA 5 provides the critical space and opportunity to:

- build international solidarity with migrant and refugee communities, especially those displaced by long-lasting conflicts disregarded or fuelled by Global North countries
- look into ways of strengthening and expanding health services for migrants and refugees, based on experiences from the ground; learn about ways that health workers can protect and support the health care of refugees and migrants, and oppose discriminatory and punitive practices taken against them.
- develop strategies of resistance and collective efforts towards building social and political stability in fragile contexts and in leading cultural, political and social transformation; and steps that the national governments and the international institutions need to take to

[12] Sama Resource Group for Women and Health.(2022). *The Unravelling pandemic: Envisioning Our Intersectional Feminist Futures.* (A summary). https://samawomenshealth.in/the-unravelling-pandemic-summary-of-the-intersectional-feminist-framework/

recognise and support their work and provide protection to the human rights defenders and health workers.

The PHA 5 provides an opportunity to build our capacity, for research, analysis and action that will lead to social mobilization; campaigns and for strategizing for action. It will provide a space for the stories, and lived experiences of these local actions and struggles to be told, as sources of inspiration and as a platform for sharing experiences, mutual learning and strategizing for future action. Further, the PHA 5 facilitates and inspires collective action and solidarity, by working alongside other rights-affirming social movements, and regional circles of PHM. The Assembly provides an opportunity to understand the health context, amplify the voices and stand in solidarity with the people, the marginalized from the region where PHA 5 will be held.

Note Prepared by Sarojini N with inputs from Ana and other PHM Members