



Health for All Now!

People's Health Movement

People's Health Movement

Supporting the Struggle for Health



People's Health Movement (PHM)

- Formed in **2000**
- **Global network** bringing together **grassroots health activists, civil society organizations, health professionals** and **academics**
- Presence in over **70 countries**
- Varies from a large network of networks (India) to a coalition of civil society groups (South Africa) to an umbrella of joint forms of activism in many countries
- PHM is committed to **Comprehensive Primary Health Care** and **addressing the Social, Environmental and Economic Determinants of Health**
- Guided by the **People's Charter for Health (PCH)**

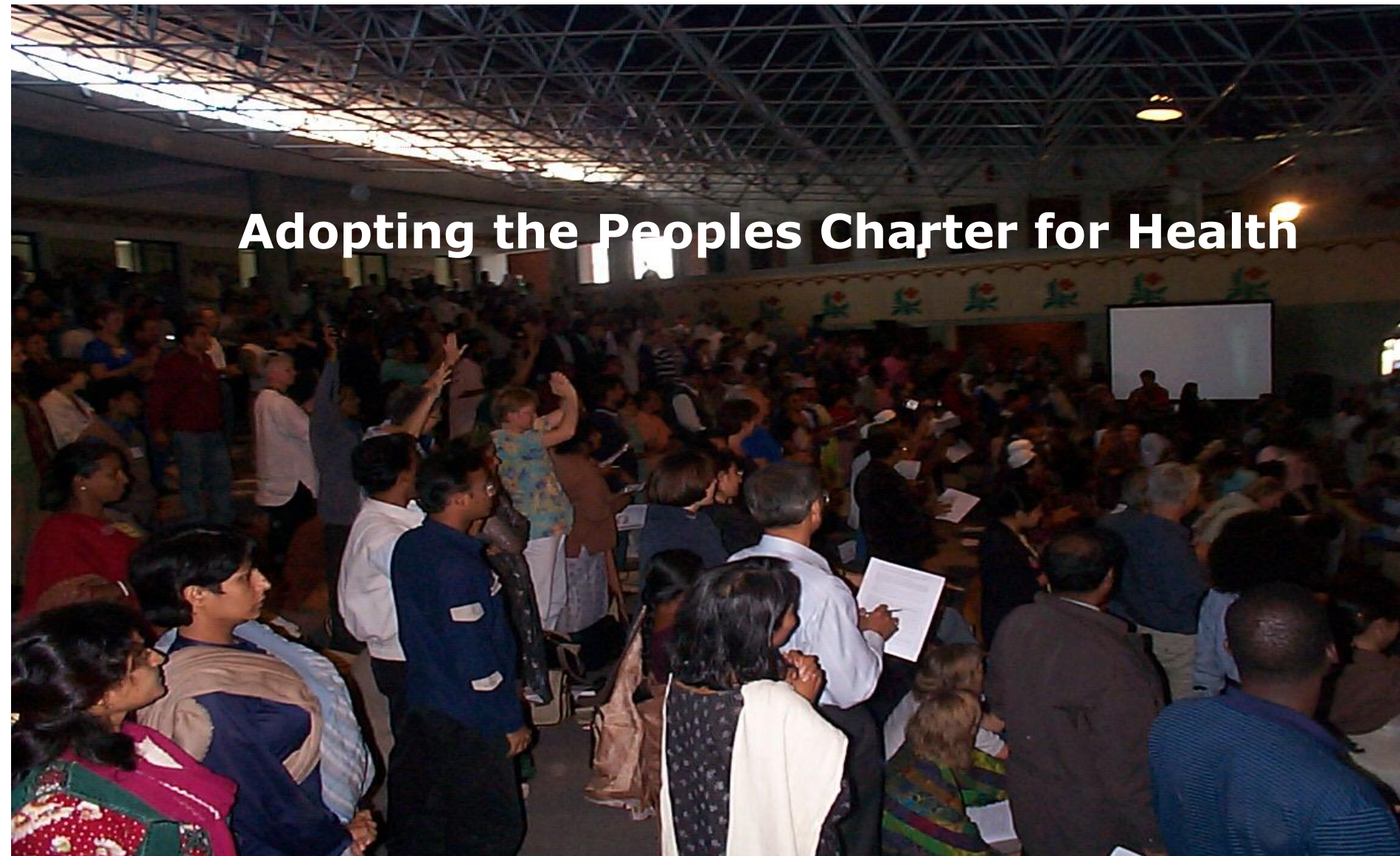
'People's Health Movement is the only movement that understands and works towards comprehensive Primary Health Care unlike other civil society networks who focus on specific diseases'

Hafdan Mahler, 2007

Peoples Health Assembly 1

(December 2000 in Dhaka, Bangladesh)

Adopting the Peoples Charter for Health



People's Health Assembly 2 (2005 in Cuenca, Ecuador)



People's Health
Assembly 2
JULY 17- 22, 2005 CUENCA-ECUADOR



People's Health Assembly 3

Cape Town, July 2012



People's Health Assembly 4

Dhaka, Nov 2018





People's Health Movement

Core Principles and Values

2009.03.31

The evidence of the GLOBAL HEALTH CRISIS is all around us...



Image INTRO.1 Lockdown; while some had the privilege to work from home and earn millions, millions of others lost jobs. Some walked hundreds of miles to reach home without food or shelter.
Source: Sketch by Indranil for Global Health Watch 6.



Image A1.2 "Who sustains life?" (2020).
Source: Belén Marco Crespo, Tricontinental: Institute for Social Research, New York City, United States.

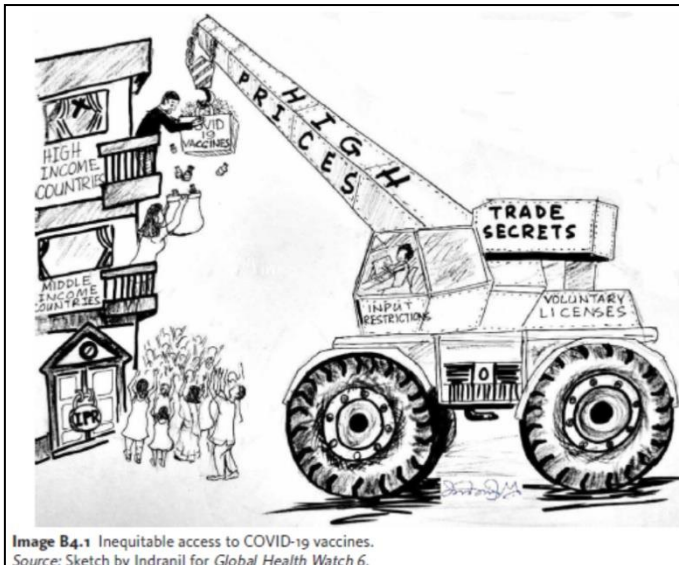


Image B4.1 Inequitable access to COVID-19 vaccines.
Source: Sketch by Indranil for Global Health Watch 6.



Image C2.1 "Attack on labour rights."
Source: Sketch by Arun for Global Health Watch 6.

'Politics is medicine at a large scale'



***Medicine is a social science,
and politics is nothing else but medicine on a large scale***

Rudolph Virchow

Our health is also fundamentally defined and determined by processes beyond healthcare

PHM's Vision

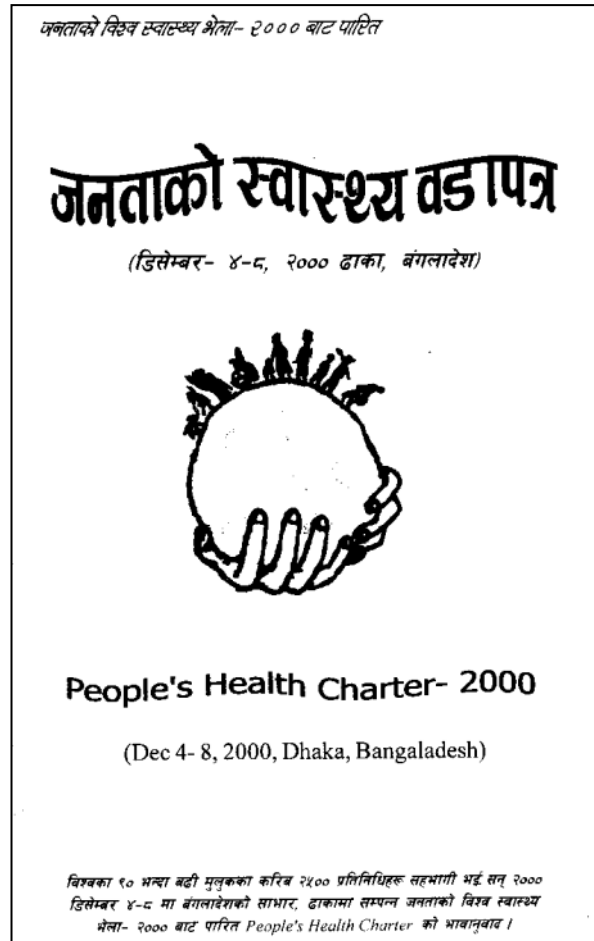
“Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people’s talents and abilities to enrich each other; a world in which people’s voices guide the decisions that shape our lives....”

PHM's Strategic Plan, 2020

Peoples Health Charter

Adopted at the Peoples Health Assembly
in 2000

Peoples Charter for Health (translated in 40 languages)



PRINCIPLES OF THE CHARTER

- Health is a fundamental human right
- The principles of universal, comprehensive Primary Health Care (PHC), should be the basis for formulating policies related to health
- The participation of people and people's organisations is essential
- Health is primarily determined by the political, economic, social and physical environment

Cape Town Call to Action



Third Peoples Health Assembly, Cape Town, South Africa, 2012

The Struggle for Health is the Struggle for a More Equitable, Just and Caring World



La lucha por la salud es la lucha por un mundo más equitativo, justo y solidario

Declaración de la Cuarta Asamblea Mundial de Salud de los Pueblos - ASP4

Savar, Bangladesh, 15-19 de noviembre de 2018

Esta Declaración se inspiró en la memoria y el espíritu de Amit Sengupta cuya dedicación absoluta a la lucha por un mundo más justo, más sano y más solidario seguirá inspirando a futuros activistas del MSP.

Nuestras luchas

Después de meses de movilización a través de asambleas nacionales y regionales, nosotros, más de 1,400 activistas de salud de 73 países de todas las regiones, nos reunimos en Savar, Bangladesh, seis años después de la asamblea en Ciudad del Cabo, para reafirmar nuestro compromiso con la lucha por la salud, que –según las palabras de Amit Sengupta– vemos como la lucha por un mundo más equitativo, justo y solidario.

La visión que ofrece la [Declaración para la Salud de los Pueblos](#) (2000) y la Declaración de Cuenca (2005) es más pertinente que nunca antes, ya que lamentablemente las causas fundamentales de la mala salud y la desigualdad aún persisten y no se han revertido. Sus raíces están incrustadas en profundidad en el patriarcado, sistema de castas, racismo, fundamentalismo religioso, discriminación contra las personas con capacidades diferentes, transfobia y heteronormatividad, y reforzadas por el paradigma actual de desarrollo, que se caracteriza por su individualismo, antropocentrismo y capitalismo neoliberal. Las comunidades de todo el mundo pierden cada vez más su acceso a la tierra, al agua y a los medios de vida, por un lado, y enfrentan, a la vez, un aumento del militarismo, la violencia y la represión, por el otro.

Este paradigma ha impulsado considerablemente la influencia de las corporaciones transnacionales, lo cual ha derivado en una enorme inflación de beneficios particulares y la creación de una clase de ejecutivos y accionistas transnacionales cuya riqueza y poder son amenazas directas a la equidad, la justicia y la salud del planeta. Los intereses que controlan el capitalismo corporativo erosionan sistemáticamente la soberanía de nuestros gobiernos, que de este modo ceden los derechos y



PHM's Alternative Vision: Equity, Ecological Sustainability and Health for All

People's Health Movement

Organisational and Governance Structures

Composition of PHM

The PHM is a network of networks, organizations and individuals.

- Country Circles
- Affiliated networks

Governance structures

- Steering Council
- Coordinating Commission
- Advisory Council

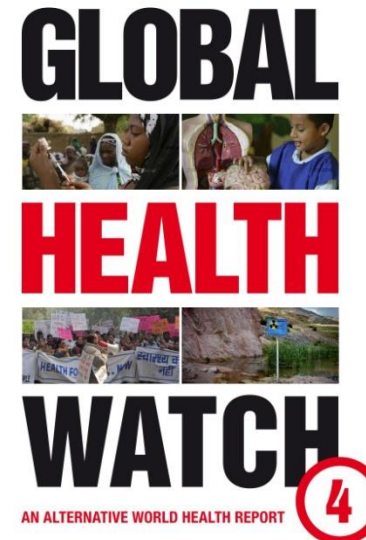
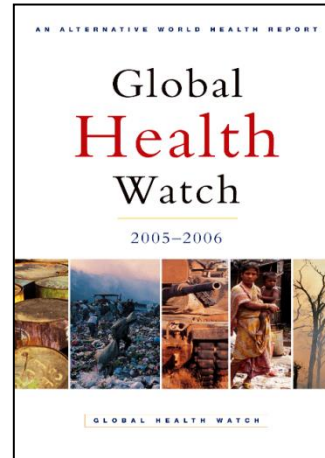
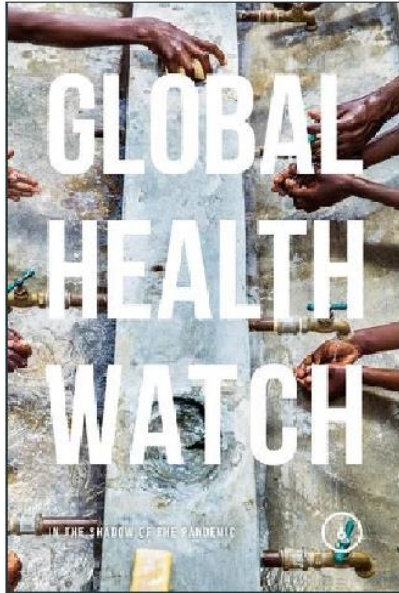
Global Secretariat

Global Programs

Peoples Health Movement

Global Health Watch

Research, Analysis and Watching



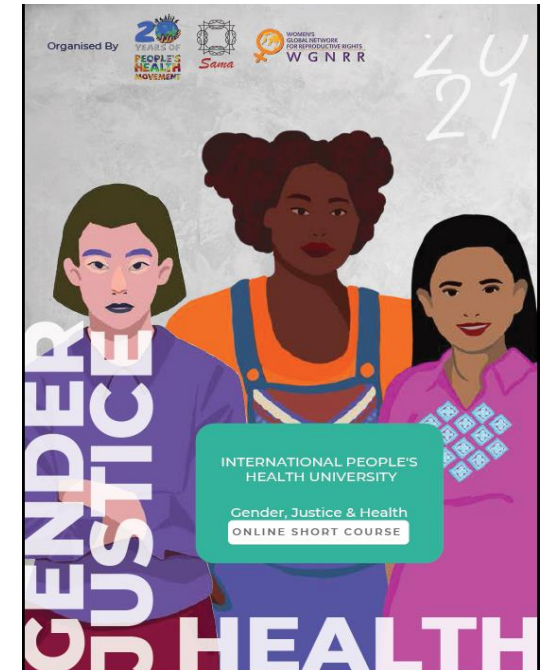
Platform of resistance to the neo-liberal dominance in health.

The International People's Health University (IPHU)

Capacity Building program

Short Course for health activists

- Learning, sharing, activism research
- Networking among health activists



Democratising Global Health Governance

WHO Watch

- WHO-Watch 'watches' annual World Health Assembly, Executive Board meetings and meetings of the Regional Committees
- Collaboration with a range of networks
 - ❖ Medicus Mundi International,
 - ❖ Third World Network
 - ❖ Medico International
 - ❖ Wemos
 - ❖ ALAMES
 - ❖ IBFAN
 - ❖ G2H2

WHO WATCH EBI48: CALL FOR PARTICIPATION



15.1 & 15.2

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE

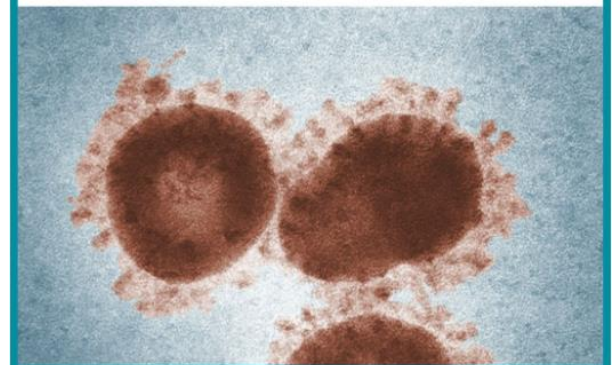
- To better respond to emergencies, strengthen public provisioning of healthcare and bring focus back on comprehensive primary healthcare
- Include TRIPS flexibilities and TRIPS waiver to address intellectual property barriers in accessing in accessing medical products during emergencies
- Promote governance mechanisms accountable to WHO governing bodies without private sector participation
- Ensure principles of access and benefit sharing (ABS) in BioHub and other similar initiatives



Do we need a Pandemic Treaty now?

A PHM Policy Brief

NATALIE RHODES



The Health for All Campaign

Linking local, regional and global initiatives around broad themes

- ❖ Gender justice and health
- ❖ Environment and ecosystem health
- ❖ Nutrition and Food Sovereignty
- ❖ Trade and health
- ❖ Equitable health systems
- ❖ War and conflict, occupation, forced migration



- Working with other networks
- Building links across particular sites of struggles
- Researching issues and documenting struggles
- Cross-learning and strategising





On Human Rights Day, 10 December 2021

Health Workers and Activists
demand release of Palestinian
Health and Human Rights Activist
SHATHA ODEH

Click below for the video



PHM calls member countries and networks to speak up against corporate capture & marginalisation of Civil Society voices in UNFSS '21

Mobilise Against United Nations Food Systems Summit '21

WTO HEALTH WATCH: ADVANCING THE TRIPS WAIVER (NOVEMBER-DECEMBER 2021)



Apply By: 27th October

Making the Connection: Fracking, Plastic and People's Health

Join us for a discussion about the connections between fracking and plastic production and disposal, and how raising awareness about harmful health impacts can strengthen local and global struggles against this chain of extractive processes.

THURSDAY, FEBRUARY 4
7:30pm Eastern/ 4:30pm Pacific
[REGISTER HERE](#)

https://zoom.us/join/register/WN_fle8mgblq-0X0EtCShg

Speakers from the Southwest Pennsylvania Environmental Health Project and the Global Alliance for Incinerator Alternatives will provide an overview of the human and environmental health harms from the extraction of fracked gas, its conversion into different petrochemicals, the production of plastics, and the disposal of plastic products. Speaking from experience, the challenges and successes of focusing on health concerns to strengthen organizing and advocacy will be addressed.

This webinar is organized by the Extractive Industry Circle of the People's Health Movement (PHM), a global network of activists opposing extractive industries, and Hesperian Health Guides, a non-profit publisher of health information and education materials to support people in their struggles to realize the right to health.

Spanish and French language interpretation will be available if requested in advance at hesperian@hesperian.org.



PHM Health System Thematic circle invites you for a webinar

**The struggles of
Community Health
Workers on the Covid
frontline- Essential but
Unrecognized**



Date: 20th July 2021 (Tuesday)
Time: 11 AM UTC
Webinar ID- 920 0972 5688
Password- 461564
Translations- Hindi & French

SPEAKERS

1. Surekha, ASHA workers Union & CITU
2. Dickson Namsima, Senior CHW, Malawi
3. Kate Lappin & Banaani Deka, PSI
4. Catia Calage-Community Health Agent from Brazil
5. Karl Briscoe, CEO, NAATSIHWP, Australia
6. CHW voices from South Africa, & Philippines

Moderated by- Helen
Schneider, University of
Western Cape



A PHM Policy Brief Unpacking the COVAX black box June 2021

1. What is Covax?

The "COVID-19 Vaccines Global Access Facility", abbreviated to "COVAX", is a global facility for equitable access to COVID-19 vaccines.

Covax is sponsored by most rich nations, global health partnerships, private philanthropies and pharmaceutical industry. This was their response to make vaccines against COVID-19 disease available to all as a global public good and a basic human right.

However, Covax has been unable to deliver on its promises; its failure was rooted in its genesis and design.

The Access to Covid-19 Tools Accelerator (ACT-A)

Covax is part of the Access to COVID-19 Tools Accelerator (ACT-A). The Accelerator was initiated in April 2020 with some of the leading global health players including the World Health Organisation (WHO), Bill and Melinda Gates Foundation (BMGF), the GAVI Alliance, Consortium for Epidemic Preparedness (CEPI) and other organisations (more). ACT-A has four pillars – diagnostics, therapeutics, vaccines and health systems. The diagnostics arm is led by Foundation for Innovative New Diagnostics (FIND) and Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM); the therapeutics arm is led by Unitaid and Wellcome Trust; the vaccines arm (including Covax) is led by CEPI and GAVI and the health systems arm is led by World Bank and GFATM. The Accelerator is constituted as a multi-stakeholder partnership including UN bodies, private philanthropies and pre-existing public-private partnerships. It reflects a significant shift away from multilateralism.

Partnerships and collaborations



COMMENT

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

PHM Health Systems Thematic Circle | Alba Llop-Gironés, Ana Vračar, Ben Eder, Deepika Joshi, Jashodhara Dasgupta, Lauren Paremoer, Sulakshana Nandi, Susana Barria

July 2021

Health and auxiliary workers are at the forefront of the COVID-19 pandemic response. They have been applauded as heroes by patients and politicians, but this has not translated into political risk of infection, on communities and families (V) workers deserve protection,

Illustration: Chuan Ming Ong

Covid-19 pandemic and the social determinants of health

Lauren Paremoer and colleagues call for action to create a fairer and more sustainable post-covid world

The covid-19 pandemic has exposed the longstanding structural drivers of health inequities, such as precarious and adverse working conditions, growing economic disparities, and anti-democratic political processes and institutions. These important determinants of health have intertwined with class, ethnicity, gender, education level, and other factors during covid-19 to exacerbate existing social vulnerabilities in society.

Numerous warnings of the dangers of inequity have emerged over the past decades. The Alma Ata declaration convincingly argued that "health for all" could be achieved only through a New International Economic Order and people's participation in decisions affecting their community's health.¹ These principles were affirmed in the report of the Commission on the Social Determinants of Health² and the 2008 World Health Report.³ The commission proposed "tackling the inequitable distribution of power, money, and resources" that drive systematic inequalities in health outcomes, and improving daily living conditions especially

for those in vulnerable circumstances.⁴ Historically, the social determinants of health agenda has been influential in highlighting and reducing inequities,⁵ and in relation to covid-19, academics and activists have called for a social determinants of health approach.^{6,7} From a social determinants of health perspective, global economic trends create enduring health hazards. These trends include the ballooning debt burden of low and middle income countries (LMICs), interpretations of the Trade-Related Intellectual Property Rights (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 implementation of policies to reduce inequalities between and within countries. Additionally, the marginalisation of certain groups because of ethnicity, race, caste, migrant status, gender, class, or nature and conditions of work, for example, continues to undermine health.

Understanding what a post-covid world could look like necessitates an examination of key structural determinants that have contributed to the disproportionate effects of the covid-19 pandemic on marginalised and other groups, beyond the proximate drivers of the current crisis. Interventions to tackle systematically reproduced conditions of vulnerability would contribute towards a fairer and more sustainable world.

KEY MESSAGES

- The covid-19 pandemic has affected groups that face discrimination and historical injustice hardest
- Poor and exploitative working and living conditions have increased health risks and enabled inequitable distribution of income
- Support systems that should have been geared to respond to this crisis proved inadequate
- Many (usually authoritarian) governments have used the pandemic to further undermine civil and human rights and promote extractivism
- A post-covid world must ensure equity, social justice, solidarity, and a shift in the balance of power and resource to people living in poverty and otherwise marginalised

Precarious work and adverse working conditions The covid-19 pandemic has highlighted that precarious work and exploitative and adverse working conditions intersect with multiple factors, including ethnicity, migrant status, class, and gender, to influence which population groups are most exposed to covid-19 infection. People in precarious forms of work have limited access to sick leave and healthcare services and their often low wages mean they cannot afford sufficient quality food, water and sanitation, and housing. They may also be hesitant to quarantine when they have covid-19 because they cannot afford to lose income and are unable to work from home. For example, major covid-19 outbreaks have occurred among meat workers globally.⁸ Working conditions in slaughterhouses are hazardous to health even without a pandemic,⁹ and covid-19 intensifies existing health risks. The physical configuration of slaughterhouses and communal housing and transport make social distancing near impossible.¹⁰ Some workers' immigration status makes them reluctant to join unions or challenge exploitative practices.^{11,12}

In the UK, people of colour make up 60% of warehouse and delivery workers and 74% of cleaning services workers.¹³ Partly as a result of this, ethnic minorities have been over-represented among covid-19 cases and deaths.¹⁴ A similar pattern has been seen in the UK, where the death rate from covid-19 is twice as high in black communities as in white communities.¹⁵ The more severe effect of covid-19 among people in precarious work is starkly illustrated in India, where lockdown caused migrant workers to lose their income and forced their return to home villages. One estimate suggests at least 971 deaths occurred among migrant workers and their families because of starvation, financial distress, injury, suicide, police brutality, and lack of access to medical care.¹⁶

Globally, women constitute 70% of those employed in health and social work. They are often engaged in lower status and poorly paid frontline worker positions and are at a greater risk of covid-19 because of their working conditions, especially in LMICs.¹⁷ For example, community health workers have undertaken covid-19 surveillance, contact tracing, and monitoring quarantine and isolation, along with their regular tasks.^{18,19} Their work subsidises the public health system²⁰ yet they are paid irregularly and inadequately, and often do not have adequate personal protective equipment.²¹

doi:10.1136/bmj.m2021.02.02.21261291

Reclaiming Public Health

Experiences and Insights from Europe

Virtual Launch & Discussion

Join PHM Europe for a walk through this collection of case studies, presenting alternatives to privatization, with their authors and with health activists from across the globe.

29 Sept 14:30 CET

Register:
bit.ly/reclaimph

Contact:
ana@phmovement.org

Download: bit.ly/3DNkV1z

THE GREAT TAKEOVER

MAPPING OF MULTISTAKEHOLDERISM IN GLOBAL GOVERNANCE

RESEARCH BY:
MARY ANN MANAHAN AND MADHURESH KUMAR

2021 | PEOPLE'S WORKING GROUP ON MULTISTAKEHOLDERISM

PEOPLE'S HEALTH DISPATCH

How to join PHM?

- To become part of the PHM, one simply endorses the People's Charter for Health

How to be involved in PHM?

- Subscribe to the People's Health Exchange
- Explore the PHM Website phmovement.org
- Follow PHM on
 - ❑ Twitter @PHMglobal
 - ❑ FB www.facebook.com/peopleshealthmovement/
 - ❑ Youtube @peopleshealthmovement3650
- Get in touch with PHM members in your country
- Get involved in PHM mobilisation and action



Thank You!

phmovement.org