

CONCLUSION: BUILDING POWER IN THE STRUGGLE FOR HEALTH (JUSTICE): A CALL TO HEALTH ACTIVISTS

Introduction

Global Health Watch 6 is a book by and for health activists, people whose engagement in the “struggle for health” (Sanders 1985) reflects a personal commitment above and beyond any professional or institutional role. Throughout the previous chapters, we explained the motivations and needs for such activism, and showed many examples of what collective action by social movements entails and what it can achieve in transformative change towards “Health for All.” From the victories of the feminist movement to the resistance against extractivism and the push for more progressive environmental policies, to the ongoing struggle to regulate the super power of transnational corporations, we witnessed the capacity of people to both resist an unjust economic order and imagine/enact healthier ways to live together and with the planet. In this chapter, we weave these experiences together and with the wealth of previous learnings collected through the People’s Health Movement’s (PHM) 20-year history, and describe some of the practices that sustain movements resisting current systems of oppression and imagining what visions of an ecojust health look like.

Resistance goes global

The idea of changing the global political and economic system, and the underlying power structures that support it, can seem like an impossible task. But, quoting Ursula Le Guin, while the power of capitalism seems inescapable, so did the divine right of kings: “Any human power can be resisted and changed by human beings” (“Ursula K. Le Guin’s Speech at National Book Awards: ‘Books Aren’t Just Commodities’” 2014). As described throughout this edition of the *Watch*, the current situation – which endangers the health of people and the planet, and perpetuates inequality – was not given by the laws of nature. It was created and continues to be shaped by human beings.

There have long been individuals, organizations, and networks working to address the social determinants of ill health and to achieve better healthcare in many different settings and countries. Social movements, operating at local, regional, and national levels, have played and continue to play a critical role in creating the conditions for better health and access to affordable decent healthcare. Until recently, these movements were mostly local struggles addressing local factors, and the need to conceive and be part of a global movement was not so pressing. However, with the social and political pathways towards

better health, decent healthcare, and health equity increasingly determined at the global as well as national and local levels, even the most “local” issue or struggle has at least some roots in the globalization dynamics of the past several decades. Building a global movement has become a crucial challenge for civil society health activists worldwide. Such a “global people’s health movement” does not aim to coopt the huge diversity of individuals, organizations, and networks – each with their own history, commitments, and identities. Rather, it strives to create synergies across such movements, to participate in strengthening communication links and collaboration when appropriate while taking care to avoid compromising the diverse purposes, ways of working, and identities that are the rich diversity and historical strength of progressive social movements.

People’s Health Movement (PHM) as a field of practice and knowledge generation

PHM has always been reflective about its way of organizing as part of the social changes it aims to achieve. Such critical reflection respects its accountability towards the very claims it makes and its vision of “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 2000). These aspirational claims demand ongoing assessment of ways for improving the effectiveness of PHM actions and – particularly – increasing its power to influence the mechanisms that reproduce oppression.

Being a member of a people’s movement means sharing the responsibility and ownership of these strategies, including their impact on the movement itself. It also implies a need to plan strategically to build stronger links with existing organizations and networks, taking part in coordinated global, regional, national, and local actions, and promoting a shared culture which supports and spreads the values and aspirations of the movement. Responding to this challenge, between 2014 and 2018 PHM undertook an action-research project involving around 130 health activists in six countries (Brazil, Colombia, DR Congo, India, Italy, and South Africa) and at the global level (Bodini et al. 2019). The practices mapped throughout the research, and the underlying principles that make them work (see Table CONCL.1), became the axes of PHM’s theory of change and its subsequent strategic plan (PHM 2020). The underlying principles also informed a popular publication developed to support health activists in strengthening collective action (Viva Salud and PHM 2017). The publication explores a set of core practices identified as key building blocks for a global people’s health movement: building relationships and sharing values, managing power to decide on organization and strategy, building visible actions, encouraging participation, networking, and learning from experience.

PHM’s practices are complemented by the effort to strengthen the Health for All Campaign in six thematic areas: equitable health systems, trade and

TABLE CONCL.1: Social movement practices of PHM, underlying principles, and strategic vision 2020–2025

PHM's practices	Underlying principles	Vision 2020–25
Increasing power through movement building	<ul style="list-style-type: none"> • Attend to all levels of the movement (individuals, relationships, communities, organizations and networks). • Understand the pathways to activism. • Community building, including mutualism, is part of movement building. • Collaborating with the state: a matter of judgement. • Social movements have deep roots: know your history. • Leadership is necessary but so is accountability. • Build constructive links between the Health for All movement and broader political movements. • Convergence (including solidarity, networking, and collaboration) is a key objective of movement building in the era of globalization. 	More governments recognize the Right to Health as a constitutional right, and that PHM contributes to a global movement towards an alternative economic paradigm: more egalitarian, without exploitation, towards Health for All.
Creating social change through campaigns and advocacy	<ul style="list-style-type: none"> • Campaign strategies bring together theories of change, forms of action, and contingency. • Networking for campaigning is empowering but requires investment and compromise. • Need to balance policy advocacy with structural critique. 	PHM's campaigns and advocacy efforts are recognized globally and PHM is considered as one of the largest movements, with world-wide participation.
Expanding the base of strong advocates through capacity building	<ul style="list-style-type: none"> • Beyond individuals, think relationships, think organization, think culture. • Think of capacity building in relation to pathways to activism (understanding, hope, resilience). • Build on informal learning opportunities as well as organizing formally structured training programs. • Link curriculum planning to practice opportunities. • Bringing "body knowledge" into discourse (through popular education and "systematization of experience") makes such knowledge available for sharing and building upon. • Avoid expert domination: value trust, reciprocity, and dignity. 	PHM country circles, regions, and global coordination are able to intervene more effectively on health rights and health equity issues, and that younger persons across the world share PHM values, analysis, and capacities to enact such interventions.
Spreading PHM's vision through analysis and knowledge dissemination	<ul style="list-style-type: none"> • New information flows can be empowering (from scientific, technical, and legal knowledges, to Indigenous knowledges which point towards new ways of understanding ourselves in the world). • Producing the knowledges that the activists need is a core social movement strategy, including: academic research, research synthesis, learning from activist practice, bringing lived experience into discourse, and re-appropriating history, culture, identity. • Knowledge sharing is a core social movement strategy, exemplified by <i>Global Health Watch</i>, but attention is needed to media, methods, and language, and awareness that knowledge sharing is embedded in relations of solidarity and relations of power. 	The political economy perspectives and health equity are widely understood and regularly used to make decisions and measure progress within governance bodies and more generally. PHM's input is sought by decision-makers, and PHM activists are regularly engaged with decision-making processes in all sectors that influence health.

Global and national policy change through global governance for health	<ul style="list-style-type: none"> • Critical policy engagement by social movements at the national level deals with both national issues and issues which have international ramifications. • There is an important role for critical policy engagement by social movements directly at the global level (linked to complementary advocacy at the national level). 	PHM along with other progressive civil society organizations are able to influence the World Health Organization (WHO) and other global health institutions so that they function more democratically. Policy makers and planners in low- and middle-income countries (LMICs) are influenced by PHM to use a critical outlook on global policy dynamics and build their own position and alliances on key issues that affect them.
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Source: Adapted from Bodini et al. (2019).

health, nutrition and food sovereignty, gender justice and health, environment and ecosystem health, war and migration and health. The more direct and cross-country engagement of PHM in these areas, through the development of six thematic circles, started prior to the fourth People's Health Assembly, held in Savar, Bangladesh, at the end of 2018, and is already giving promising results which are found in different chapters of this book.

Insights from *Global Health Watch 6* and implications for PHM

Moving from past PHM experiences to look at the new analysis and stories of struggle included in this *Global Health Watch* volume allows us to draw some lines of reflection on the current developments of the health movement worldwide, the leveraging points where activists might usefully engage, and the strategies we might collectively pursue.

1. *Health activism in a pandemic's shadow*

A first consideration is taking account of the COVID-19 pandemic, and the restrictions it imposed on so many aspects of our lives including the possibility to organize, show our dissent, and practice our alternative ways of building society. Moreover, for a movement whose activists are, in a significant way, workers of the health sector, the pandemic also meant a period of incredible overwork, often coupled with increased care work at home due to school closures, where particularly (women) frontline health workers saw their (mental and physical) time for engagement dramatically shrink. Despite these challenges, activists' thirst for transformative change did not diminish. Indeed, the pandemic's magnification of the structural roots of health inequities made the reasons for our activism even more clear and compelling, both in the need to act in support of those who suffer the most from social injustices, and in the strive to bring about the radical changes needed for a more ecojust future.

That in-person meetings, let alone rallies and demonstrations, for months were extremely difficult if not impossible to organize in many parts of the world did not stop health activists. Online platforms, already widely used for international coordination, became an increasingly populated (and popular) space for disseminating up-to-date analysis on the pandemic situation, governments' reactions in countries (including increased repression of social movements, as in the case of the Philippines, Palestine, Colombia, to name a few), and new arenas for struggle (for instance, in the field of access to COVID-19 medical products). The availability and accessibility of critical information increased dramatically, although both language (predominantly English) and technology remain barriers for many activists, particularly in the Global South.

Activism during a pandemic was not only confined to virtual spaces. Health activists, including from PHM circles in countries such as the USA, Argentina, and India, joined protests organized by the Black Lives Matter (BLM), the feminist, and the farmers movements. Backed by the work of PHM thematic circle on gender and health, the global health movement grew in its analysis of the intersections between systems of oppression (see Chapter A2), which in turn further incents the need for convergence across movements calling for a systematic change in how we organize society and distribute power. Mutualism also grew during the pandemic and became more visible. Many civil society organizations and hundreds of PHM activists from Italy to India quickly mobilized



Image CONCL.1 White sheet action on April 7, 2021.

Source: Photo by Eva Gallova, PHM Scotland.

to deliver basic needs and improve healthcare accessibility for marginalized populations most vulnerable to COVID-19's spread and lockdown measures.

The pandemic gave rise to creative ways of demonstrating, combining street actions, visuals, performances, and music. On World Health Day 2020, also a Global Day of Action against the commercialization and privatization of health, a combined physical and virtual mobilization had enormous success across Europe. Under the slogan “spread solidarity, not the virus,” people wrote messages supporting public healthcare on posters and white sheets that they hung from their windows, then took pictures for sharing on social media (see Image CONCL. 1) (“PHM Europe: Spread Solidarity, Not the Virus” 2020). The lockdown amplified both the local and the global dimensions of the action: as everyone was staying at home, the posters were seen more by neighbors and across buildings; since people were spending more time on social media (and health issues had suddenly become everybody's worry) the mobilization soared in terms of virtual visualizations. Other examples of creative and effective social movement responses to COVID-19 have been collected by the Beautiful Trouble project (Bloch and Abileah 2020), while a crowdsourced research study has documented over 140 methods of non-violent action during the pandemic.¹ This capacity to pull together lessons in real time from direct experience, and turn small, dispersed initiatives into a pool of common resources, was also used in academic-activist environments. One example is the initiative of two USA-based



Image CONCL.2 “Public healthcare for all.”

Source: Sketch by Arun for *Global Health Watch 6*.

public health groups (Public Health Awakened and The Spirit of 1848) that crowdsourced a database to inform a public health response to COVID-19 that centers on equity, racial justice, collective care, and community and power building.²

2. *New threats, and new areas of engagement*

Along with unprecedented measures to control the spread of the infection, the pandemic brought unprecedented and widespread control of the population by governments. The “Only fighters win” campaign report by Viva Salud, a Belgian NGO affiliated to PHM, starkly warns that:

To contain the coronavirus pandemic, many governments are taking drastic measures. ... But in some countries these measures put human rights under strain. Some governments are curtailing democratic freedom for an undetermined time and deploy drastic measures to impose quarantine rules. A number of governments is also using the corona crisis against social movements and human rights defenders. They exclude social organizations from decision making, criminalize protests, impede vital humanitarian work and activists fall victim to police violence. (Viva Salud 2020)

The report finds that violence against human rights defenders and representatives of social movements persists, with activists and socio-cultural workers subjected to intimidation, bullying, false accusations, unlawful arrests, kidnappings, and even murder. All this at a time when we need social movements more than ever, including for the role they play in verifying that the impacts of COVID-19 are dealt with fairly and with respect to human rights, and in working for a healthier, more ecological and socially just post-pandemic society.

One of the ways in which governmental control is exerted is in the increasing use of new technologies, a field that saw an exponential growth in the pandemic period. Chapter B2, a new entry in the *Watch* series dedicated to the digitalization revolution, identifies this as a relatively new arena in the struggle for health, one that will require activists to learn how to unpack the complex issues of control and confidentiality inherent in how such technologies are deployed and devise strategies to reposition their use for emancipation and empowerment. Collaborating with groups and organizations that are active in the field is crucial, including organizations such as the Electronic Frontier Foundation, that documents efforts by activists to resist repressive surveillance, activist networks that develop ethical tech alternatives (for instance the Algorithmic Justice League, Allied Media Projects, Data for Black Lives, the Feminist Data Justice project, and Bot Populi), and others that educate and empower communities to exercise their digital rights (examples include the Our Data Bodies project in the USA and the Ippolita research group in Italy) (Electronic Frontier Foundation n.d.). Besides learning how to defend themselves from digitally powered surveillance systems, health activists are also called to denounce how discriminatory design,

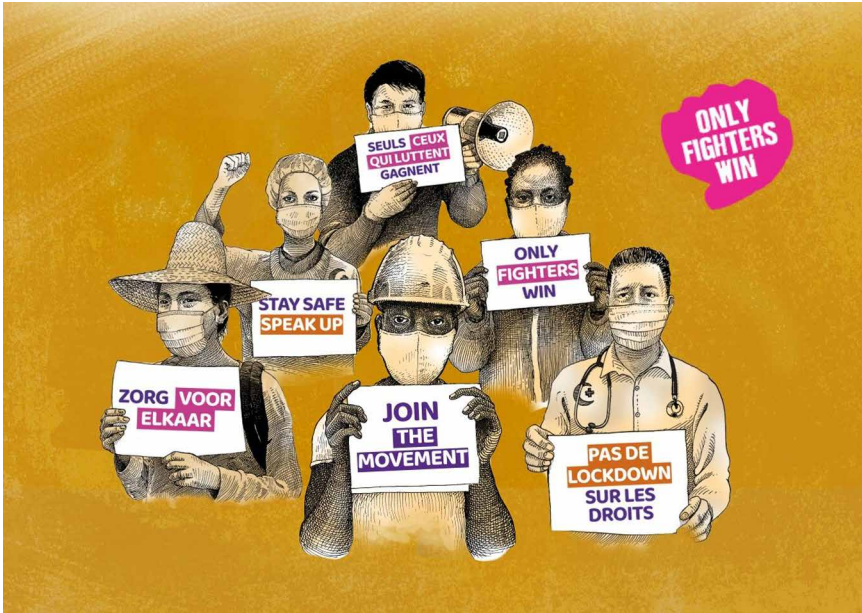


Image CONCL.3 “Only Fighters Win” campaign poster.

Source: Viva Salud. Licensed under CC BY-NC 4.0.

weak regulations, high costs, and questionable effectiveness challenge the ideal of digital public goods capable of advancing health equity, exposing the broader political determinants of digital health. As Chapter B2 concludes, “there is an urgent need for global health activists to include digital justice and regulation as a key part of their agendas ... pushing back on the commercial, governmental, and ideological powers that have given digital technologies so much control over lives and livelihoods, while also embracing alternate systems of knowledge-generation, connectivity, and innovation that will achieve health for all.”

3. *Emerging fields for convergence – gender, food, environment, trade*

One of the key principles that emerged through the PHM action-research is “convergence,” which in our usage refers to a coming together of people, organizations, and movements who share similar concerns about health and are critical of the role of neoliberal globalization plays in sustaining health inequities. Convergence includes the process of building consensus, understanding, trust, and collaboration between different streams of anti-hegemonic activism, across geographic borders, issues, and identities. One of the most dramatic examples was the “Battle of Seattle” in 1999 (Smith 2002), a mobilization centered on World Trade Organization (WTO) negotiations which brought together many different constituencies in a rowdy opposition to neoliberal economic globalization. One important challenge for convergence is that, while the current global order may be influencing people’s health chances in different countries and settings,

its influences are mediated through local structures and forces and manifest in many ways. Throughout the PHM network, convergence is clearly happening on issues related to gender justice and health, where the dedicated PHM circle has continued to build cross-country solidarity and initiatives since the fourth People's Health Assembly in 2018 (PHM n.d.[a]). The circle's vision is to create accountable and equitable health policies and health systems in the context of intersectional justice, and to enhance access to quality public healthcare. The short-term goals focus on integrating a gender and intersectional justice lens into PHM's broader work, and capacity building among activists. Chapter A2 in this *Watch* is an example, together with a series of webinars organized by the group around past and present learnings on pandemics and public health.

A second challenge for convergence is that PHM's political economy analysis of neoliberal globalization as a barrier to better health, and of the social determination of health, are not shared by many other movements in the global health field. However, learnings from the PHM action-research suggest a loose pathway towards convergence involving networking across different social movement organizations, expressions of solidarity across the different streams of activism, development, and deepening of personal relationships across streams, dialogues of analysis and strategy, recognizing areas of agreement, working on issues of difference, and deepening understanding and trust through collaboration in action. While this is not a linear process, it can be traced, for instance, in the development of a closer relationship between PHM and the global movement for food sovereignty, from the engagement of key individuals in PHM in the field of food and nutrition, to the mutual reinforcement of ongoing struggles through solidarity, to building stronger personal relationships, to developing joint strategies. The creation of the PHM thematic circle on nutrition and food sovereignty (PHM n.d.[b].), and Chapter C5 in this *Watch* coordinated by FIAN International, a network for the right to food and nutrition, are good examples of this growing convergence, as is their joint mobilization against the corporate capture of UN Food Systems Summit (see Chapter D3).

The PHM thematic circle on environment and ecosystem health, contributor of Chapter C4, illustrates another example of convergence spanning several countries where extractivist powers act in similar ways to dispossess people and exploit the environment. Circles in the Global North such as PHM-Canada, act through a set of movement practices (generation and dissemination of popular and academic knowledge, responding to community requests for campaign support and appeals for urgent actions, and participating in direct action) to protest the harms of Canadian-based global extractive firms and to support communities in conflict with them at home and abroad. Communities and PHM activists in the South are not only part of the struggles in the affected sites but contribute to the vision that informs them through their conception of life and (collective) health rooted in the ancestral relationships between human beings and territories (*Sumak Kawsay* or *Buen Vivir*, see Case study

1 in Chapter C4). The view, expressed in Chapter C5, that these include both “material territories” – ecosystems, water, soil, land, seeds, or biodiversity – and “immaterial territories” – knowledge, care, ties, or cultures (Rosset and Martinez Torres 2016) is particularly useful to understand (and enter) them as contested spaces of struggle.

The individual and collective participation of many PHM activists to global environmental movements such as Fridays for Future and Extinction Rebellion is yet another (early) step in the direction of convergence, backed by the perception that climate change, as declared in an editorial published in September 2021 in more than 200 medical and health journals worldwide, is the “greatest threat to global public health” (Choi-Schagrin 2021). Acknowledging this, in recent years health NGOs, such as Medact in the UK, built dedicated programs focusing on educating the health community about the science of climate change and the threats posed to human health, supporting the global fossil fuel divestment movement, promoting a transition towards more sustainable forms of food production and consumption, and enabling a more informed debate about what a healthy energy policy would look like. Medact also organizes trainings for health workers aimed at empowering them to speak to media about these threats, leveraging their credibility to sensitize the public and influence decision-makers.

The field of trade is not a new space for social movement convergence, as it is where much of it began. From the “Battle of Seattle” on, health activists have joined with other civil society organizations pushing back against trade and investment agreements whose rules could imperil health. Activism on trade issues also shifted from earlier street protests of general opposition (though these still exist) to media campaigns and formalized advocacy in efforts to have new treaty rules be more health protective (see Chapter D2, Box D2.3). Currently, the PHM circle on trade and health is particularly concentrated on issues related to intellectual property and availability and accessibility of medical products, the importance of which cannot be underestimated during a pandemic.³ However, as several chapters in this *Watch* have documented, the impact of trade regulations on health happens at multiple levels and deserves our coordinated attention. We have powerful country experiences that could be scaled up, for example the ACT Health Promotion Network in Brazil that systematically monitors industry activity in tobacco, food, and beverage, and alcohol production, promotion, and consumption. Such monitoring is used to inform their advocacy and activism efforts (see Chapter C3, Box C3.3), such as exposing a new partnership between Coca-Cola and the Brazilian Ministry of Health, as well as revealing the extent of government subsidies to the soda industry. This work resulted in national press coverage and is mobilizing support to end these subsidies.

Underlying these struggles is the power imbalance between transnational corporations and states as illustrated in Chapter D5. Focusing on building power from below, Box D5.1 in Chapter D5 presents several cases that, starting in

the 1960s, combined resistance strategies (in advocacy, public mobilization, and juridical case work) with proposals for alternative development models, succeeding in pushing the issue of corporate impunity to the top of the international policy agenda. This set the basis for creating a Global Campaign to Reclaim Peoples Sovereignty, Dismantle Corporate Power and Stop Impunity in 2012, led by affected communities, trade unions, social movements, and human rights networks.⁴ Two years later, the Campaign obtained a historical victory when the UN Human Rights Council adopted a resolution on the elaboration of an International legally binding instrument on transnational corporations (TNCs) and other business enterprises with respect to human rights. As negotiations continue, the Campaign has increased its reach and engagement in order to organize broad consultations, provide critical feedback and make sure that the Binding Treaty is a key issue in the agenda of movements in a growing number of countries.

Other areas where the global health movement could grow in terms of convergence are labor and war and health, addressed in this *Watch* in Chapters C2 and C6 respectively, documenting leveraging points where activists could engage for change. Both are fields of commitment for individual PHM members, and for some of the country circles or regional chapters. For example, PHM in Europe partners with health sector trade unions for the day of action against the commercialization and privatization of health, and engaged some of their representatives in an International People's Health University (IPHU) organized in May–June 2021 together with the Barcelona-based network Health Rights Action. The PHM Middle East and North Africa region, for obvious geopolitical reasons, is very involved in exposing the devastating impact of war and conflict on people's health.

Box CONCL.1: PHM global programs and the pandemic

As with other organizations, PHM had to adapt to the pandemic situation moving most of its activities online. For a global movement, the virtual space has always been crucial to allow the ongoing exchange and coordination that keep it alive, but some in-presence activities regularly happened and provided vital energy to the movement. Among these have been the presence of “WHO Watchers” in Geneva during the meetings of the WHO Executive Board and its World Health Assembly, and numerous IPHUs (short training for health activists) that have taken place in all of the world's regions. Since early 2020, both activities had to be shifted online. In the case of the WHO Watch, there was no other option since WHO meetings also became virtual. Given the increased possibilities of widespread reach,

and the greater media and public attention to global health topics, PHM activists put even more effort into communicating about ongoing discussions by member states and critical positions by civil society. Participating in the civil society network Geneva Global Health Hub, they contributed to a series of online policy dialogues prior to the World Health Assembly to disseminate critical analysis of the WHO's policy and program agendas in an effort to address the shrinking space of civil society voices within WHO. Watchers also created visual posters to illustrate the content of the statements delivered, increased social media presence, and recently contributed to a bulletin by the international media organization People's Dispatch dedicated to global health issues.⁵

IPHUs have also been held online since the beginning of the pandemic. These include a course on access to affordable medicines, with a focus on Middle East and North Africa, held in late 2020, and one organized by PHM and EQUINET in East and Southern Africa in the second half of 2021, focusing on health equity. PHM Europe held its regional IPHU online in May to June 2021, thanks to a collaboration with a Barcelona-based network, "Health, Rights, Action." The network includes an organization dedicated to communication for social change (Quepo) that empowered health activists with much-needed tools to improve PHM practices in strategic planning, power mapping, and communication. Despite undeniable challenges, including access to technology and data, the IPHU "from Barcelona" also managed to involve activists from outside Europe and to create a learning space that – hopefully – will continue to be accessible after the course.⁶

If the experience of in-person meetings is not replaceable, and the energy that the movement draws from events such as People's Health Assemblies is crucial for its survival, it is also imperative for a global health movement to master the online possibilities for dissemination of its views and values, and for reaching out to new activists. Once again, partnering with media organizations and communication networks is crucial, both in terms of effectiveness and of convergence of struggles.⁷

Conclusion

As we look back at the past two years, the collective challenges of the global movement for Health for All, and the personal challenges of many of its activists, have greatly increased. Due to the pandemic and the failures of the collective response to it, some of us have lost their family, others their jobs, some their lives. Moreover, from the Philippines to Colombia, from Turkey to Nicaragua, health activists face increasing repression and violence.

The Palestinian health NGO Health Work Committees (HWC), affiliated to PHM, has come under repeated attacks by the Israeli Occupation Forces,

culminating with the arrest in July 2021 of its president Shatha Odeh, member of PHM's Global Steering Council. One month before, the HWC's central office in Ramallah was severely disrupted and a military order forced it to close for six months (Amnesty International 2021). These violent acts are faced by local and global resistance: two weeks after the raid, Palestinian people removed the seals and reoccupied HWC office, and Palestinian and international activists are now joining forces in a legal battle and global campaign calling for justice and freedom for Shatha Odeh, including a letter requesting that WHO intervene for her immediate release (Devi 2021).

Both the outrageous acts of repression (HWC is one of the main providers of health services in the occupied Palestinian territories and has been at the forefront of the COVID-19 response), and the determination of the people's reaction symbolize well what we face and how we need to respond as a health movement in this era.

The history of people's movements, and the health movement is no exception, is full of acts of resistance that, though limited when considered as such, become relevant when combined in a joint narrative. The role of social movements is not only that of building coordinated action that may have the power to bring about change, but also that of providing a space for different struggles and lived experiences to know, learn from and mutually strengthen one another. We hope that this *Watch* contributes to these goals. In dedicating it to two comrades who passed away in recent years, Amit Sengupta and David Sanders, we stand on their shoulders and carry on their vision – and their stubbornness – towards Health for All, Now!

Notes

1 View the collection of cases at https://docs.google.com/spreadsheets/d/179ghz-OKrfcAr3Ooxi_Bfz9yQcK917fbLz-USxPZ3o_4/edit#gid=0.

2 View this database at https://docs.google.com/spreadsheets/d/1mUOMJK_bSP3hlcUYPWsKMsSo_fHQDdnOe5ayECLuxvA/edit#gid=412443731.

3 See PHM's Trade and Health home page at <https://phmovement.org/health-for-all-campaign/trade-and-health/>.

4 Visit the website of the Global Campaign to Reclaim Peoples Sovereignty, Dismantle

Corporate Power and Stop Impunity at <https://www.stopcorporateimpunity.org/>.

5 This bulletin can be accessed at <https://peoples-health-dispatch.ghost.io/bulletin-1-from-the-frontlines-of-the-world-health-assembly/>.

6 To access infographics and videos of the Barcelona IPHU, visit <https://agora.salutdretsaccio.org/assemblies/IPHUCommunity/f/1903/>.

7 For more information on PHM's global programs, visit www.phmovement.org.

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[healthcare/?fbclid=IwAR3ehNSOtLjTUUXwnYxfk3QZhsZd93DEghtMz2SUwz6CvyCbMDF_USFpAA](https://www.amnesty.org/en/latest/news/2021/06/israeli-army-shutdown-of-health-organization-will-have-catastrophic-consequences-for-palestinian-healthcare/?fbclid=IwAR3ehNSOtLjTUUXwnYxfk3QZhsZd93DEghtMz2SUwz6CvyCbMDF_USFpAA).

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