



Global Health Watch 6. In the shadow of the pandemic

Introduction

Twenty-one years ago, in 2000, some 1,500 health activists from 75 nations representing scores of civil society movements gathered for a People's Health Assembly in Savar, Bangladesh, to mobilize a new global health movement to attain the aim written into the Constitution of the World Health Organization (WHO): "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." The Assembly drew up a People's Charter for Healthⁱ which named "inequality, poverty, exploitation, violence, and injustice" as the main drivers of ill-health, and began a global advocacy campaign around the aspirational theme of "Health for All." The Assembly also began the organizing process to create a *Global Health Watch* as a more critical and progressive companion to the (then annually issued) WHO World Health Reports.

The first *Watch* appeared in 2005, beginning a critique of globalization's failure to deliver its promised health and wealth benefits that remains a thread running through all subsequent editions. *Watch 2* appeared in 2008, the same year the final report of the World Health Organization's (WHO's) ground-breaking Commission on the Social Determinants of Health (CSDH) was released and just before the world was plunged into the chaos of the Great Financial Crisis. By 2011, *Watch 3* was able to delve into the immediate aftermath of that crisis, hopeful that leaders, buttressed by the findings of the CSDH and its rapid uptake by public health authorities worldwide, would give pause to consider the fundamental restructuring of the global economy needed after its public (government) rescue from near collapse. Unfortunately, as 2014's *Watch 4* lamented, there was a rapid return of a toxic neoliberal economic orthodoxy as the world's political and economic elites failed to embrace the transformative implications of the global financial crisis. Even as neoliberalism was increasingly being exposed as a flawed ideology, politicians seemed unable to break from its policy nostrums while economic elites continued to extol it for the benefits it garnered them. The following year two historic agreements were reached with portents for a different version of the future: the Sustainable Development Goals (SDGs), universally applicable to all countries, and the Paris Agreement, committing to greenhouse gas emission targets to keep climate change temperatures within human livable boundaries. These formed the backdrop to 2017's *Watch 5*, which expressed some optimism for a healthier future but remained wearingly critical of a persistent political and economic order that



continued to undermine the structural conditions needed to ensure an equitably healthy human population wholly dependent upon the ecological sustainability of a planet under threat.

And so, we reach the present moment, with this 6th edition of *Global Health Watch* appearing at yet another critical global health juncture: the COVID-19 pandemic. More than any previous period in the *Watches'* 15+ years of assessing the state of the world's health, the pandemic has revealed the depth of global inequities in access to resources essential for health and the risk this poses to our future survival. Even as the rich world sees itself tentatively emerging from the pandemic's shadow, much of the poorer world is unlikely to do so for another two or more years, or even much longer. As with all previous editions, the information and analyses in *Watch 6* remain embedded in a vision of a world and a human society that is more just, more equal, more humane, and more respectful of our ecocentric responsibilities to all other living things that share our fragile home. As with all previous editions, it also 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 *Watch's* second section focuses on "Health systems," drawing lessons for reforms made more urgent by the pandemic. The third section extends "Beyond health-care" 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 apprises the state of global governance for health with a focus on several key institutions.

We conclude this *Watch* with a rallying cry for health activists everywhere. We do not pretend that the tasks to achieve a health equitable and sustainable world will be easy to accomplish, but the book highlights many leveraging points where activists might usefully engage. And there are signs that, the rise in autocratic repression notwithstanding, activists' thirst for transformative change has not diminished.

The global and political architecture

The pandemic has undoubtedly upheaved much of our global and political architecture, a point made obvious in many of the book's chapters. Chapter A1 locates much of this upheaval in a continuation of three "existential" pre-pandemic trends: widening economic inequities, worsening ecological impacts, and growing movements of people seeking relief from poverty, conflict, climate change or all three. COVID-19 made it impossible to ignore or dismiss the extent to which our recent history of neoliberal dominance placed so much of humanity in inequitable peril. The irony is that the ability



of the rich world to publicly finance many of its pandemic-affected businesses (if big enough) and labor force (if highly skilled enough) created so much new money in the global financial space that those in a position to capitalize on it (the already billionaire class) grew hugely wealthier.

For a brief period, a collapse in global supply chains slowed or shut down huge swathes of fossil-fueled industrialization, and the planet breathed some momentary relief. But this relief was very momentary, with 2021's sixth Report of the Intergovernmental Panel on Climate Change warning us that we have only a few more years left to avoid a catastrophic tipping point. The policies dealing with the millions of the climate imperiled, conflict-displaced, refugee-seeking, or poverty-fleeing populations are still failing to protect the most vulnerable.

The chapter offers some signals of positive change. In the wake of high-income country (HIC) spending to hold their economies and societies together over the past two years, there is finally talk of national and global tax reform. The proposed minimum level of corporate global tax (15%) is too low, companies might still be able to dodge it, and most of the revenues will go to HICs. But it is a start. Movement on marginal income and wealth taxes, though, is desperately needed. Why should Amazon's Jeff Bezos (like other billionaire uber-rich) be able to avoid paying almost any income tax (Kiel, Eisinger, and Ernsthausen 2021), and instead custom-build a half-billion-dollar yacht (Pendleton and Stone 2021)? Countries are tripping over each other in a rush to be "green," and even if the green economy measures are limited and from a planetary ecosystem vantage deeply flawed, they nonetheless create change platforms that activists can seize upon. In our world of vaccine apartheid, however, any potential benefits from these initiatives will take some time to reach the dispossessed.

This dispossession is also strongly gendered, as Chapter A2's focus on the pandemic's inequities describes. Gender has been a topic in almost every *Watch*, largely in connection to sexual and reproductive rights; this remains true with the present one. Chapter A2, however, is careful to expose the multiple and intersectional nature of gender discriminations and oppressions. The focus is on gendered pandemic inequalities in the Global South, particularly south Asia, with attention to how COVID-19 has disproportionately and negatively impacted women in their roles as healthcare, social, and domestic workers. It incorporates an analysis of the "shadow pandemic" of gender-based violence, extending this to a spectrum of gender identities beyond cisgender women to include trans, intersex, and non-binary persons, all of whom are more likely to be marginalized. It also recounts two narratives of activism on gender rights: feminist campaigns to resist the sharp turn right in Brazil with a strong emphasis on building mutual aid, and Argentina's



successful “green wave” campaign that led to legalization of voluntary abortion up to the 14th week of pregnancy. Facing stiff opposition to abortion reform from Argentina’s Catholic church and evangelicals (amongst others) it was the persisting and mass mobilizing of “green wave” feminists that led to a successful “pro-choice” outcome that is sure to ripple across neighboring countries with more restrictive policies.

The section ends with a return to some of the themes flagged in the first chapter. There are predictions of rebounding economic growth, reckoned by “chief economists” to be around 6% (Centre for the New Economy and Society 2021). Consumption is set to rise dramatically. While there is a lot of talk about a “green recovery,” there is little firm commitment to reducing overall ecological resource extractions. Chapter A3 tackles this head on with a look at the provocative concept of “degrowth” – a managed down-scaling in aggregate human consumption by putting the Global North (and elites in the Global South) on a strict diet, essential to create consumption space in poorer countries where such growth is needed to create healthier lives. Degrowth (what some prefer to call “fair growth”) will require a radical de-throning of capitalism’s intrinsic “consumptogenic” economic model, in which the mantra of “growth, growth, and growth” is based on the speed with which new things are produced and consumed, energy expended, and commodities tossed on the rubbish heap. There are, however, multiple alternatives to this model being played out at local scales, from alternatives to capitalism’s growth metrics to circular economies, and from labor market reforms to an emphasis and proper valuing of low-resource consuming “caring” work. As with the Indigenous concept of *Buen Vivir* (encountered in earlier *Watches* and in later chapters in this edition), efforts to transform an excessive and inequitably consuming world will almost certainly arise first in those local spaces where people live in close harmony with one another and with a respectful caring for all living things.

Health systems

The five chapters in our second section narrow the scope of the book to the immediacy of health systems and the terrain of most health activists’ work. Every past *Watch* spent considerable time unpacking a host of issues related to the equitable provision of quality health services to all, invoking the Alma-Ata principles and the clarion call of “health for all.” The very first *Watch* reminded us of the importance of the Alma-Ata principles, and what they meant for a primary health care (PHC) approach. The public/private issue it underscored (and the risks inherent in health care commercialization) remains with us. Subsequent *Watches* parsed out different slices of these is-

sues: the health of migrants, health system financing, the problematic rise of universal health coverage (UHC), new public management as “privatization by stealth,” and the role of opposition by certain states to a more state- (rather than market-) centred approach. Country experiences were frequently highlighted, often critically, but also with narratives of progressive change and struggle. Chapter B1 in this current edition builds on past *Watches* by providing a slice-in-time analysis of the global state of UHC/PHC debates that finds that UHC is everywhere and PHC has become stuck in the margins. Low- and middle-income countries (LMICs) are supposed to generate their own domestic financing (something the pandemic has since called into undisputed question), market rhetoric suffuses health systems reform, and the rising global policy discourse on engaging with the private health sector has investors’ cash registers ringing. There is nothing inherently wrong with the *idea* of UHC, the chapter points out, but its focus on financing and its agnosticism over any downside to increasing the role of private providers (but always with a backstop of state funding support) has led to less than impressive or health equitable UHC implementation. The health future must be public; but it is the activist public that needs to make it so.

The importance of vigilance towards, and opposition against, the ongoing global tilt to privatization is starkly presented in Chapter B3, which locates health care privatization within the broader incursion of private financing and services delivery in most “public good” sectors. The chapter begins with recounting how earlier years of health system privatization (and associated shrinking of preventative public health budgets) left even some of the world’s richest countries ill-prepared for COVID-19. Chillingly, it illustrates how the pandemic quickly became a feast-day for private actors blessed with public financing to do anything from running quarantine hotels, special COVID-19 wards, and contact tracing apps or, if already operating in a country’s private care sector, benefiting from pandemic surcharges and/or generous government operating subsidies (the USA is a standout in this regard, but is far from alone). Public or not-for-profit health care facilities may not always have done well in coping with the pandemic, but they generally outperformed private facilities, especially those caring for older adults, COVID-19’s earliest and still hardest hit demographic. Despite the high public costs of coping with the pandemic, governments have little choice but to significantly strengthen their public healthcare systems. As Chapter A1 pointed out, there is more than enough global wealth to do so. It’s just tied up now in private hands satisfying no useful public purpose.

Chapter B3 also briefly describes some of the innovations that arose in digital and information technologies as a result of the pandemic. This section’s Chapter 2, sandwiched between the two chapters focusing largely on



health systems privatization, introduces a new *Watch* theme: a detailed exploration of the digitalization revolution that touches on most aspects of peoples' lives, including their health. The “disruption” of digital technologies (from Big Data and Big Brother corporate or state surveillance, to apocalyptic or mundane biasing worries over the growth in Artificial Intelligence) holds both potential benefits and risks within health systems. Health technologies had been given only passing attention in past *Watches*, over cost, control, and confidentiality concerns or equitable access to new medical products. Chapter B2 is the first time a *Watch* probes deeply into how such tech is (or could soon be) reforming health systems. It acknowledges digital tech's plausible benefits (more “personalized medicine,” improved health outcomes, reduced costs, better care quality, empowered “patients”) although finds a paucity of evidence for these, at least for now. It examines more critically their complex privacy downsides, from the rise of “surveillance capitalism” and Big Tech ownership and profiteering, to the risk of entrenching a deep global “digital divide.” It also details how the pandemic is incentivizing ever cozier relations between governments and the tech giants, as the latter see new healthcare market opportunities arising in COVID-19's wake. This leads the chapter to caution on digital governance falling too far behind digital innovation, noting the challenge facing the “open-source” digital activist movements in their efforts to prevent corporations from laying monopoly claim to what should be regarded as a global public good, with justice at its core.

This concern over monopoly rights lies at the heart of Chapter B4, and a return to one of the *Watches'* most frequently featured health system challenge: the role of trade agreements' protection of intellectual property rights in creating barriers in access to medicines. The chapter updates the parlous state of access (for low-income groups or countries, drug costs are still the biggest out-of-pocket healthcare expense) with the COVID-19 pandemic dramatically increasing inequities in drug (and especially vaccine) access. Not only did high-income countries scoop up vaccine supply in their advance market purchases; they did the same with most medical products (treatments, diagnostics). One of the root causes is the global intellectual property rights (IPR) regime first developed in the World Trade Organization's (WTO's) Agreement on Trade-Related Intellectual Property Rights (TRIPS) and then enhanced in bilateral and regional trade deals. The chapter reviews the tawdry tale of Big Pharma refusing to share their vaccine patents or technologies (despite much of the vaccine costs being publicly funded or guaranteed through governments' advance purchase agreements) and the efforts of LMICs, led initially by South Africa and India, to push for a temporary waiver for key TRIPS rules to facilitate rapid vaccine scale-up. It took 8 months of



campaigning (October 2020 to May 2021) to initiate “text-based” negotiations for a waiver, whose scope and chance of success is still moot. Big Pharma remains opposed, the European Union does not believe the waiver is necessary, and the USA (whose agreement to consider a waiver in May 2021 sparked some forward movement) is restricting it to vaccines and to patents only (see Chapter B4). A TRIPS waiver will not in itself immediately resolve inequitable access to COVID-19 vaccines or health products, though it is a start; and there are other regulatory concerns in TRIPS and “TRIPS-Plus” intellectual property regimes. The waiver campaign has nonetheless provided health activists globally with a rallying moment and an advocacy platform with a potential to create more fundamental changes to ownership, control, and management of the “knowledge commons.”

Meanwhile, vaccine supplies are still critically low as corporate profits from first-wave sales to HICs accumulate, the most public example of which is that of Pfizer. By its own acknowledgement to its shareholders Pfizer expects to generate \$33 billion in vaccine sales this year, with profits of close to 30% (“high 20s”), say around \$10 billion, not accounting for what it will earn from “booster” shots. The taxes Pfizer pays on its profits average only 5.8% due to its tax-avoiding practice of setting up hundreds of “letter-box” companies in tax haven nations. Under TRIPS treaty rules and current international tax laws, Pfizer can claim that it is only doing what it is allowed to (“Pfizer Using Dutch Letterbox Company to Avoid Taxes: Report” 2021). Moderna, which produces the other mRNA vaccine, is no better, with 2021 profits of between \$8 and \$10 billion on just \$18.4 billion in sales. Profits will be held in one of two low-tax “tax havens:” the state of Delaware in the USA and Switzerland in the EU (Kiezebrink 2021). Whether or not this legally permissible behavior is ethically permissible is another matter.

The section’s final Chapter B5 tackles an issue rising in pandemic importance: mental health. The psychosocial sequelae of COVID-19 are increasingly seen as one of its long-lasting health challenges, especially for younger people whose peak socializing years have been shuttered by lockdowns, school closures, and an uncertain future. Past *Watches* examined slices of the mental health challenges associated with social inequalities, the fallout of the 2008 financial crisis, and critiques of Western biomedicine’s tendency to treat any of its burgeoning list of “mental diseases” with drugs. This latter theme is picked up in the present chapter which, while acknowledging some of the benefits biomedicine brings to mental health, discusses the importance of primary prevention (dealing with the determinants of mental ill-health at a systems level) and expanding the use of therapeutic alternatives to drugs and institutionalization, such as psychosocial interventions by front line health workers and peer support networks. Strategies such as these



have the potential to overcome the troubling paucity of mental health workers, another glaring deficit in the global health workforce described in Chapter B1 that strengthens Chapter A3's argument for investing in a post-pandemic recovery based upon a "care economy."

Beyond healthcare

That health is determined by much more than health systems has been long known, albeit a knowledge eclipsed by the dominance of Western biomedicine through much of the past century. The six chapters in this current *Watch* continue the series' focus on what are commonly referred to as social determinants of health, but which can be described more critically as the hierarchic, gendered, racialized, and economically stratified systems of social oppression and marginalization that create inequitable health risks.

Chapter C1 returns to an issue given considerable attention in *Watch 4's* dissection of the austerity agenda, which globalized the fiscal yokes of earlier structural adjustment programs that the rich world had deemed essential for poorer nations to follow to preserve the liquidity of their own financial privileges. The pandemic's economic fallout, like that of the 2008 financial crisis, appears set to orchestrate a repeat performance. Despite a change in rhetoric at the top (notably that of the International Monetary Fund), neoliberalism's policy shibboleths still dominated the advice it proffered the world over (which LMICs dependent on lending assistance took as obligatory) as if the commitments made in 2015's SDGs and Paris Agreement did not require a radical economic re-think. Civil society activism successfully challenged austerity's cuts in several HICs, but this has not been the case in most LMICs despite the waves of anti-austerity protests on every continent. Having set the stage for the pandemic's grossly inequitable health outcomes, austerity is now being reinvented as necessary fiscal prudence to reduce governments' deep public debts created by COVID-19. As many as 4 of every 5 countries are in fiscal retreat, shrinking their public expenditures as a percentage of their already shrinking GDPs – even as third and fourth pandemic waves continue to buffet peoples' lives and livelihoods. The chapter identifies important options to reverse this course similar to those noted in Chapter A1. Some of these are already commonplace in some countries, while newer ones are being sluggishly pursued, and all require a "more accommodating macroeconomic framework." Whatever that framework might be, it must attend to the ecojustice (degrowth) agenda discussed at length in Chapter A3.

It will also have to pay heed to global labor markets that continue to be in turmoil, with all but a small number of highly skilled (generally tech-based)



workers still facing diminished earnings, insecure employment, loss of social security benefits, and an ever-smaller share of the world's economic pie. Informal labor arrangements are nothing new, especially in the world's LMICs whose employment opportunities (however exploitative) improved with globalization and outsourcing. But they are becoming the global default, with a "gig" economy powered by apps and labor platforms transforming increasing numbers of workers into "just-in-(part)time" laborers. Chapter C2 finds that COVID-19 is making a bad situation worse, even if some HICs that are reaching national vaccine herd immunity and rebooting their economies are seeing a reversal of their initial pandemic employment losses. Low-wage sector workers fared worst (no surprise there), as did part-timers and those working in high-risk sectors (agriculture, manufacturing, food services) and, as Chapter A2 documented, health care. The gendered aspect of pandemic recessionary disruptions has led some to call it a "shecession," with women taking the hardest labor market hits and being less likely than men to return to employment. There has been no shortage of labor activism in response to both pre- and post-pandemic workplace health and social insecurities, with a healthy rise in unionization drives. But with labor markets likely to remain stressed by globalization's undoing of the earlier era of a social contract between government, labor, and the market, more attention is being given to the concept of unconditional cash transfers: a universal, tax-funded basic income guaranteed as a citizen's right. While neither a panacea nor a substitute for stronger labor regulations, such transfers bind more strongly the struggle for "decent work" with the drive to create "social protection floors" for all.

One of the right-wing concerns with unconditional cash transfers is that the poor, with more money in their pockets, will just spend it unhealthily on ciggies, junk food, and alcohol. There is no evidence to support this association with such cash transfers, but the concern over the "commercial determinants of (ill)-health" is warranted, as Chapter C3 documents. COVID-19 may have re-asserted our human susceptibilities to novel infections, but what WHO calls the "slow-motion disaster" of non-communicable diseases (NCDs) has not lost its enduring importance. Moreover, the "risk factors" for NCDs are every bit as transmissible as those for infectious disease, largely the result of the global diffusion of "unhealthy commodities" produced and marketed by commercial, capital-accumulating transnational corporations. The chapter reviews some of the well-known strategies deployed by the tobacco, obesogenic food, and alcohol industries to advance their interests (marketing, lobbying, litigation, and the smokescreen of corporate social responsibility), but updates these with a look at how the pandemic has created new digitized niche pockets for their purveyance. Enforceable trade and investment



treaties remain potent barriers to activists' efforts to reduce the spread of these "unhealthy commodities," although there have been some successes in limiting their de-regulatory damages, primarily with respect to tobacco control measures. Despite extensive corporate opposition, and with the support of strong civil society mobilization and public health advocacy, more governments are also turning to labeling and taxation policies to restrain the consumption of health-harming products.

Ultimately, and particularly regarding healthy food production and consumption, national and global governance must give greater attention to protecting the health of our environmental commons. Every past *Watch* has commented on the declining state of our planetary health and, with it, the future (indeed, already current) risks to our human health. Climate change, water loss, and extractive industries have all featured in past editions, and remain present throughout many of the chapters in this one. Extractives are the dominant topic in Chapter C4, a compelling weaving together of narratives from multiple countries and contributors who are part of the Peoples' Health Movement (PHM) Environment and Health circle. They take aim at the concept of development itself, and its reliance on endless extractions of so-called "natural resources," a phenomenon accelerated by right-wing governments but no stranger to supposedly left-wing ones either. The chapter opens by contrasting capitalism's development world view with that of *Sumak Kawsay*, the Indigenous philosophy of Ecuador, also known as *Buen Vivir* and common to the philosophy of many Latin American Indigenous peoples. Several of the chapter's nine case studies concern mining, while others focus on water (and water rights), the gendered impacts of climate change, the toxic rise of agroindustry, and the ongoing struggles to defend Indigenous-inhabited, biodiverse regions of the planet against rapacious commercial and complicit government attacks. In highlighting the extent and intensity of activist opposition to extractivism's inherent pathology, the chapter does not minimize the extent of damage still being fomented by extractivism's "development" myth. But it is clear on the need to challenge it, and some of the means for doing so.

A similar argument is advanced in Chapter C5, which brings together themes from the previous two: unhealthy (industrialized) foods, and the unsustainable extraction of planet's ecological resources. The chapter's argument is simple: the global food system is broken. It pollutes, consolidates control in a few oligopolies, and ravages the land needed for production, while failing to meet the world's need for healthy and nutritious food. The chapter builds on previous *Watches* that explored the roots of malnutrition for some and overnutrition for others, the growth in food insecurity, the increased reliance on corporate technologies to compensate for malnourishing



foods, and the need to protect communities' right to food sovereignty. The chapter digs deep into the history of the dominant agro-industrial model, contrasting it with agroecological alternatives that have persisted despite the ongoing corporatization of agriculture. It finds considerable evidence of agroecology's capacity to meet both human food needs and planetary sustainability, citing encouraging examples. COVID-19 has set back some of these initiatives: long shelf-life and packaged processed foods seemed safer than local food markets in a mobility-restricted, mask-wearing pandemic "new normal." But mobilizing work to shape a transformation in global food systems continues to build through the Civil Society and Indigenous Peoples Mechanism (CSM) that is part of the UN Committee on World Food Security. A critical juncture in the short-term will be the extent to which agroecology can prevent technical/corporate solutions and their underpinning economic interests from dominating global food governance.

The section closes with Chapter C6, which sounds a somber note on the state of global conflict and the prospects for revitalizing the global peace movement. The wealth and resources consumed by what we once short-handed as the "military-industrial complex" become more absurd in a context of acute health and social need as the world tries to move past its pandemic crises. The chapter reminds us of the extent of health carnage perpetrated in two of the world's worst conflict zones (Yemen and Syria), made worse by COVID-19, and how these proxy wars are underwritten by state and commercial interests in the arms trade. It describes how Islamophobia, partly under the cover of the pandemic, is seeding what many activists regard as genocides; and finds that too many countries are "weaponizing" COVID-19 in their responses, with autocracies seemingly set to challenge democracies in many of the world's regions. But there is also praise for reform: the Treaty on the Prohibition of Nuclear Weapons which entered into force in January 2021, the rise in "peace from below" (the grassroots initiatives to build the conditions for peace and social cohesion), and the prominent role played by women in many of these efforts.

Watching

The very idea of a *Global Health Watch* is to "watch" – to observe, study, analyze, and interrogate the global forces that give rise to the possibilities of health, through their effects on the social and environmental pathways to health, and their role in achieving greater (or lesser) equity in those possibilities. The themes running through this section can be summed up in two words (global governance) and the threat to its democratic accountability (the surging power of the world's economic and corporate elites). In the ab-



sence of global government (outside of UN Security Council decisions that can be backed up by force), we have a multiplying plurality of multistakeholder governance platforms. Governments (elected or otherwise) sit around these collective decision-making tables, but they are gradually being outnumbered by private actors, the “philanthrocapitalist” uber-rich and the corporate sector, whose wealth and power our UN system of intergovernmental agencies is increasingly reliant upon.

Chapter D1 sets the tone with its excoriating critique of WHO’s diminishing role as the world’s global health agency. This is not new and has been a feature in several *Watches*. But the situation worsens, with little of the WHO’s funding coming from “assessed contributions” over which, via the World Health Assembly (WHA), it has spending control. Its programmatic functions are now solidly dependent on a few wealthy countries and private wealthy donors which gives these donors privileged agenda-setting rights over those of the more representative WHA. WHO’s funding shortfalls also lie beneath some of its stumbling in the early months of the pandemic where, like its wealthier member states, the preparedness lessons of SARS and other threatening pandemics were not matched by protected finances should a new “public health emergency of international concern” (PHEIC) erupt. COVID-19’s global response, instead, fell to a public-private partnership (PPP), the Access to COVID-19 Tools Accelerator (ACT-A), in which WHO participates but does not lead. Created largely following the design and funding supplied by Bill Gates, it is a model that refuses to challenge corporate interests (primarily the IPR monopolies of Big Pharma discussed in Chapter B4) and that so far has failed to remedy the preventable tragedy of vaccine apartheid. Whether a post-pandemic look-back leads to another round of revisions to the International Health Regulations or to a spanking new Pandemic Treaty is moot; the need for WHO member states to proportionately increase their assessed contributions is not. The extent of WHO’s funding crisis is the more evident in 2020 creation of its own Foundation, headed up by a former Big Pharma CEO, which is seeking corporate and private individual donations which return on investment would provide WHO with some new working capital. That this model instantiates WHO in the same global financialized system that has helped to create the surge in income and wealth inequities noted in Chapter A1 is an irony that has gone unnoted by most.

The funding/global governance/privatization triad recurs in later section chapters. Chapter D2, however, casts its reproving gaze on a different facet of governance: the enforceable trade and investment rules that have shaped the global economy (and environmental commons) for at least the past quarter century. It focuses on shifts away from the multilateralism of the WTO to the trend to bilateral or regional trade agreements that, pretty



much by definition, are WTO-plus. The new treaties it spends some time assessing for their new potential threats to public health are the CPTPP (the Comprehensive and Progressive Transpacific Partnership Agreement) and the USMCA (the US/Mexico/Canada Agreement). Both tighten reins on policy measures governments might take that could inhibit trade, with new rules on how future regulations should be developed, including allowing or even mandating the involvement of corporate actors from other countries. Improving regulatory coherence across trading countries may not be a “bad” thing, but it depends on whether that coherence is based on health equity, labor rights, and environmental protection outcomes. Despite the inclusion of new labor and environment chapters in a few bilateral and regional agreements, these may prevent (or at least slow down) a “race to the bottom” but are hardly an empowering “reach for the top,” although the USMCA labor chapter does have some pro-worker potential, particularly for Mexican factory workers feeding the US-based industrial sector. The most troubling aspect of such treaties lies less in trade, and more in investment. International investment treaties have become one of the most predatory forms financialized capitalism, with speculative investors, corporate law firms, and transnational companies holding governments (and the people they represent) hostage to a vaguely worded treaty rules and secretive tribunal proceedings. The latest: efforts underway, or planned, to sue governments fiscally challenged by their pandemic rescue packages for the public health measures they had to impose, since such measures may have interfered with the projected profitability of their investments.

The chapter does note some windows of opportunity in health’s ability to influence trade and investment treaty negotiations, even if the underlying (and still largely neoliberal) economic rationale still prevails. The WTO is one small part of the global governance system, even if its dispute settlement rules make it one of the most powerful. The UN is a much larger network of intergovernmental organizations charged with a huge range of tasks, many, like the WHO, dealing with the social protection side of the economy/society teeter-totter. As Chapter D3 chronicles, this post-War network has been as severely underfunded as the WHO since the 1990s – the same decade that neoliberal economic orthodoxy had become so dominant that some heralded (albeit prematurely) an “end of history.” The chapter is particularly critical of UN efforts to play nice with transnational corporations in order to access their financial support. Playing nice translates into an unenforceable “global compact” that gives far more credence to the cult of “corporate social responsibility” (CSR) than evidence of CSR that merits any kudos. A more positive development, driven by continues civil society pressure, are efforts to create a binding treaty on transnational companies’ human rights obliga-



tions. Opposition to such a treaty from those it would govern is unsurprisingly fierce; but the pandemic might give it the nudge it needs to cross the negotiating finish line. But until there is a new “funding compact” to support the core functions of UN agencies (including that which oversees states’ compliance with human rights treaties) powerful economic self-interests will continue to infiltrate what is still the most enduring effort at peace-making global governance.

Chapter D4 focuses on two global organizations whose governance has long been questioned: the World Bank (WB) and the International Monetary Fund (IMF). Concerns with the policies and practices of both were raised in earlier chapters. As D4 finds, the language of structural adjustment may have disappeared, but its basic premises have simply been re-packaged. The WB exchanges neoliberal tropes for the idea of “human capital,” in which at least the importance of investing in health and education are given post-SDG prominence, but less as ends in themselves and more as means to that perennial favourite: improved economic growth. Its human capital project is tied to its policies aimed at improving business opportunities and sits comfortably with its private-sector lending arm, the International Finance Corporation, and its strategy of “building markets” and positioning private sector growth as a post-pandemic priority. The internal dynamics of the WB and IMF, however, are in some contradiction, as their combined 2020 meeting was replete with references to “investing in people.” The contradiction rests with where that investment is to come from: another round of social investment bonds (hopefully learning from the excessive capital-generosity accorded by the failed pandemic bonds), more public-private partnerships, or, in the case of the IMF, more generous special drawing rights (SDRs) for LMICs (which countries can use as they see fit but not without IMF “policy advice...to ensure that countries do not postpone needed macroeconomic adjustment and reforms” (International Monetary Fund 2021))? Both institutions have released funds to LMIC governments to assist in coping with COVID-19, including the WB providing money to the COVAX vaccine initiative. Yet, disappointingly, the WB (or at least its US-appointed Director-General) is opposed to the TRIPS waiver.

The IMF and WB both appear aware of the risk of widespread social rebellion and governmental collapse unless efforts to end the pandemic quickly and fairly are enacted. This becomes the more important when considering that, as HICs emerge first from the pandemic, their economic growth will be on a slow uptick while speculation in the real estate and financial markets continues inflating a massive bubble of historic size. The net outcome of both trends is a likely end or slow-down in the pandemic era of “cheap money,” the surge in COVID-19 relief measures, post-pandemic stimulus spending,



and increased money supply via modern monetary theory. As Chapter A1 cautioned, rich countries that were able to afford these policies are poised now to increase interest rates to minimize downstream risks of inflation. Their tightening of monetary conditions is likely to trigger major debt crises in many LMICs which were already (again) debt-burdened pre-pandemic and now the more so. If such crises are met (again) with austerity measures, as seems likely, growing social unrest is likely to increase worldwide, along with the autocratic government responses.

The section's closing Chapter D5 presents a searing critique of what it calls our current era of corporate impunity. Some topics repeat from other chapters (notably a more in-depth look at negotiations for a binding treaty on transnational corporations and human rights, and a review of corporate malfeasance and community resistances since the 1990s) but its main argument is how the World Economic Forum's (WEF) post-pandemic "Great Reset" is poised to anchor private capital and corporate rule within the heart of the UN system. *Watch* readers are likely quite familiar with the WEF, the annual gabfest of the corporate, financial, and (occasional) scholarly elite generally convened in Davos, Switzerland. WEF's founder, Klaus Schwab, has for some years preached a gospel of multistakeholderism and what he terms "stakeholder capitalism," in which corporations redefine their role away from maximising shareholder value to one that (with echoes of CSR) recognizes their responsibilities to their workers, their customers, and their communities. Alas, past behavior does not bode well for such a "Reset" with activists more than a little worried that it becomes yet another fig leaf for a disequalizing business-as-usual. The immediate concern expressed in this chapter: its slow enfolding of the WEF within the UN governance structures, reinforcing the more disquieting overlapping of corporate/capital interests with the few more democratically accountable global systems of governance.

This rather sober ending to the section gives pause for us to reflect in the final chapter on the potential for activist opposition and a truly transformative post-pandemic pivot. We are not sufficiently naïve or uncritically idealistic to ignore how, even pre-pandemic and now under the pandemic's shadow, autocratic regimes are increasingly shutting down public protest. Democracy (especially in its Western liberal form) has never been a perfect system; and the rise of China globally under a state capitalist regime that makes no pretence of democracy creates a particular challenge for those civil society movements whose capacity to agitate, act, and advocate is at least somewhat protected by legal democratic norms. Whether we hold to Chapter A3's "glocalized" idea of a degrowth post-pandemic future, where our social and environmental obligations to one another are enacted in a more human scale, or to a revitalized socialist vision of governance and gov-



ernment across multiple levels implied in chapters that span this edition, the need to continue to “speak truth to power” – indeed, to shout wisdom to the willfully unhearing – remains the force that feeds our activist animus.

Doing so amidst the growing number of activism’s challenges is the topic of our concluding chapter, which emphasizes some of the lessons learned from two decades of PHM’s “Health for All” organizing and campaigning. It draws first from a reflective study of PHM’s work, a self-accountability to the many activists worldwide who advocate under its name and visionary aims. Involving scores of activists worldwide, the study synthesizes several principles drawn from practice and how these are mirrored in PHM’s planned future efforts. It recaps several of the pivotal examples of such principles in action that appear in chapters throughout this edition of the *Watch*. A key theme is that of convergence: “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.” There is no certainty that such a convergence will create the eco-just world that drives the efforts of most progressive social movements. But these efforts are as much ends in themselves as they are essential means to our healthier future; and this edition, as with all previous *Watches*, is a modest attempt to honor them.

Finally, contributors have made efforts to keep their chapters as up-to-date as possible given a rapidly shifting global health landscape. Chapters were first completed in late June 2021, and most were updated in mid-September 2021. Although much of their content extends beyond immediate global health concerns, readers should bear in mind that some of the data or events described reflect information and analyses current to September 2021.



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Notes

i To access the people's Charter for Health, visit <https://phmovement.org/the-peoples-charter-for-health/>.