

A photograph of a public water station with several faucets. Multiple hands of different skin tones are seen washing their hands under the running water. The scene is set in a simple, possibly outdoor or semi-outdoor, environment with a metal sink and concrete walls. The overall tone is one of daily hygiene and public health.

GLOBAL HEALTH WATCH

IN THE SHADOW OF THE PANDEMIC

6

Praise for Global Health Watch 6

Global Health Watch 6 will assist readers to better understand the causes and consequences of the health crises now afflicting human and planetary health, from the COVID-19 pandemic to the climate emergency, deaths of despair, and rising health inequities. Even better, the book connects readers to the many organizations, movements, and individuals that are working to create a healthier, more equitable, and more sustainable world.

—**Nicholas Freudenberg**, Distinguished Professor of Public Health, City University of New York School of Public Health, author *At What Cost Modern Capitalism and the Future of Health* (2021)

Global Health Watch 6 provides an extraordinary collection of evidence, perspectives and importantly a number of propositions to move reflection and activism on health and well-being from exposure and complaint to justice-driven organization, challenge and action. With COVID-19 and ecological degradation reflecting and intensifying “the acquisitive inequities” of a neoliberal globalization, the *GHW* contributes analysis that merits debate within different regions and contexts for both self-determined and convergent action to build forward fairer.

—**Dr. Rene Loewenson**, TARSC/ Equity Watch Cluster, EQUINET East and Southern Africa

An essential guide to the many global and national forces that are threatening our health, our planet and our equity. While this analysis is frightening, the celebration of the power and force of progressive civil society like the People's Health Movement is a call to collective action and to remaining hopeful.

—**Fran Baum**, Professor of Health Equity, Stretton Institute, University of Adelaide, Australia

The Global Health Watch is a broad collaboration of public health experts, non-governmental organizations, civil society activists, community groups, health workers and academics. It was initiated by the People's Health Movement, Global Equity Gauge Alliance and Medact as a platform of resistance to neoliberal dominance in health.

GLOBAL HEALTH WATCH 6

IN THE SHADOW OF THE PANDEMIC

People's Health Movement
Medact
Third World Network
Health Poverty Action
Medico International
ALAMES
Viva Salud
Sama

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To Amit Sengupta



(1958–2018)

Our dear comrade and friend, your death in 2018 has left a huge gap, but your writings and memorable actions will continue to guide and inspire us in the struggle to achieving social justice, equitable control on resources, and health for all!

It is deserved recognition and moral necessity that this 6th edition of *Global Health Watch* (GHW) be dedicated to Amit Sengupta, our ex global associate coordinator of People's Health Movement (2009–2018). Amit was the managing editor and coordinator of the 3rd, 4th, and 5th GHW editions and a part of the editorial team for the first two editions.

Amit has been a visionary political leader, tireless health activist, and skilled strategist. He, in a masterly way, weaved and molded the direction of GHW with his vast knowledge of health and the broader health, pharma, political, and trade environment.

Amit brought this political, organizational, and leadership capacity to the People's Health Movement, mentoring and guiding those who needed it, often guiding direction while standing in the background, thereby allowing others to grow in capacity and confidence. When Amit made a statement, it was done so with solid fact and was unquestionable. His life was dedicated to social justice, politics, and the struggle of ensuring universal health (in its broadest sense) to all.

In addition to his high work ethic and intellectual brilliance, Amit was a joy to work with, bringing his warmth, his wry sense of humor, contagious giggle, and commitment to a more equitable world into all he did.

To David Sanders



(1945–2019)

David was one of the founding fathers and leading lights of the People's Health Movement. He was a fierce critic of the impact of neoliberalism on the health of people and never hesitated to speak of this truth to those holding power. With a slight tilt of the head and a quixotic grin that would put the Cheshire Cat to shame, David would slowly rise from his chair to politely (or otherwise) and with deliberate cadence give some posturing plenary apologist a withering riposte.

David was an accomplished researcher, academic, and mentor to many. He managed to bridge the often-divided worlds of academia and activism. He used his great intellect to pursue research in the service of health justice and made good use of his knowledge and academic achievements to bring light to the struggle for health for all. He continues to be an inspiration to health activists globally.

Although it is with tremendous sadness that we mark his premature passing, we find some comfort in knowing that he spent the last day of his life pursuing his other great passion: fly-fishing in creeks dressed up in hip-waders and wearing his handtied fishhooks.

Adieu, dear friend.

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ACRONYMS

| | |
|----------|--|
| ACT | Access to COVID-19 Tools |
| ACT-A | Access to COVID-19 Tools Accelerator |
| AI | Artificial Intelligence |
| ASEAN | Association of Southeast Asian Nations |
| ASHAs | accredited social health activists |
| BAT | British American Tobacco |
| BITs | bilateral investment treaties |
| BMGF | Bill & Melinda Gates Foundation |
| CDC | Center for Disease Control and Prevention |
| CDoH | commercial determinants of health |
| CETA | Comprehensive Economic and Trade Agreement |
| CFE | Contingency Fund for Emergencies |
| CFS (UN) | Committee on World Food Security |
| CHWs | community health workers |
| CIW | Canada's Index of Wellbeing |
| COVAX | COVID-19 Vaccines Global Access |
| CPTPP | Comprehensive and Progressive Transpacific Partnership Agreement |
| CRPD | United Nations Convention on the Rights of Persons with Disabilities |
| CSEM | Civil Society Engagement Mechanism |
| CSM | Civil Society and Indigenous Peoples Mechanism |
| CSOs | civil society organizations |
| CSR | Corporate Social Responsibility |
| C-TAP | COVID-19 Technology Access Pool |
| DALYs | Disability Adjusted Life Years |
| DPKO | Department of Peacekeeping Operations |
| DRD | domestic regulation disciplines |
| DSSI | Debt Service Suspension Initiative |
| EPA | Economic Partnership Agreements |
| EPZs | Export Production Zones |
| ESA | Eastern and Southern Africa |
| ETAF | Equitable Technology Access Framework |
| EU | European Union |
| Eurodad | European Network on Debt and Development |
| EV | electric vehicles |

| | |
|-------|--|
| FCTC | Framework Convention on Tobacco Control |
| FDI | foreign direct investment |
| FENSA | Framework for Engagement with Non-State Actors |
| FOPNL | front-of-pack nutrition labeling |
| FTAs | free trade agreements |
| FTTs | Financial Transaction Taxes |
| G20 | Group of 20 (Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Republic of Korea, Mexico, Russia, Saudi Arabia, South Africa, Turkey, the United Kingdom, the United States, and the European Union) |
| G7 | Group of 7 (Canada, France, Germany, Italy, Japan, the United Kingdom, and the United States) |
| GATS | General Agreement on Trade in Services |
| GATT | General Agreement on Tariffs and Trade |
| GBV | gender-based violence |
| GDP | gross domestic product |
| GHW | <i>Global Health Watch</i> |
| GMHPN | Global Mental Health Peer Network |
| GND | Green New Deal |
| GNH | Gross National Happiness |
| GNI | gross national income |
| GPI | Genuine Progress Indicator |
| GRI | Global Redesign Initiative |
| HCP | Human Capital Project |
| HIA | health impact assessment |
| HICs | high-income countries |
| HW | healthcare worker |
| ICD | International Classification of Diseases |
| ICH | International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use |
| ICSID | International Centre for Settlement of Investor Disputes |
| ICU | Intensive Care Unit |
| IFC | International Finance Corporation |
| IFIs | international financial institutions |
| IFPMA | International Federation of Pharmaceutical Manufacturers Associations |
| IHRs | International Health Regulations |
| IAs | international investment agreements |
| ILO | International Labour Organization |
| IMF | International Monetary Fund |
| IOAC | Independent Oversight and Advisory Committee for the WHO |
| IP | intellectual property |

| | |
|--------|---|
| IPCC | Intergovernmental Panel on Climate Change |
| IPHA | international public health alert |
| IPHU | International People's Health University |
| IPPF | International Planned Parenthood Federation |
| IPR(s) | intellectual property rights |
| ISDS | investor-state disputes settlement |
| JIU | Joint Inspection Unit |
| LGBT | lesbian/gay/bisexual/transgender (people) |
| LICs | low-income countries |
| LMICs | low- and middle-income countries; lower-middle-income countries |
| MAI | Multilateral Agreement on Investment |
| MDGs | Millennium Development Goals |
| MEAs | multilateral environmental agreements |
| MFP | Maximizing Finance for Development |
| MMT | Modern Monetary Theory |
| MOU | memorandum of understanding |
| MSI | Multistakeholder Integrity |
| NAFTA | North American Free Trade Agreement |
| NCDs | non-communicable diseases |
| NGOs | non-governmental organizations |
| NHRC | National Human Rights Commission (of India) |
| NHS | National Health Service |
| NIEO | New International Economic Order |
| ODA | official development assistance |
| OECD | Organization for Economic Cooperation and Development |
| OEIGWG | Open-Ended Intergovernmental Working Group |
| OOP | out-of-pocket |
| OOPPs | out-of-pocket payments |
| PEF | Pandemic Emergency Financing Facility |
| PFHI | Publicly Funded Health Insurance |
| PHC | Primary Health Care |
| PHEIC | public health emergency of international concern |
| PHM | People's Health Movement |
| PMI | Philip Morris International |
| PPE | personal protective equipment |
| PPPs | public-private partnerships |
| PTSD | post-traumatic stress disorder |
| QE | quantitative easing |
| QSE | quality, safety, and efficacy (of medicines) |
| R&D | research and development |
| RCEP | Regional Comprehensive Economic Partnership |
| SAPs | structural adjustment programs |

| | |
|----------|--|
| SARS | Severe Acute Respiratory Syndrome |
| SDGs | Sustainable Development Goals |
| SDRs | Special Drawing Rights |
| S-G | Secretary-General |
| SPF | Social Protection Floor |
| SPS | Agreement on Sanitary and Phytosanitary Measures |
| SSA | Sub-Saharan Africa |
| TBT | Technical Barriers to Trade Agreement |
| TNCs | transnational corporations |
| TPNW | Treaty on the Prohibition of Nuclear Weapons |
| TPP | Trans-Pacific Partnership Agreement |
| TRIPS | (Agreement on) Trade-Related Aspects of Intellectual Property Rights |
| UAEM | Universities Allied for Essential Medicines |
| UBI | universal basic income |
| UHC | Universal Health Coverage |
| UK | United Kingdom |
| UN | United Nations |
| UNCITRAL | United Nations Conference on Trade and Investment Law |
| UNCTAD | United Nations Conference on Trade and Development |
| UNECA | United Nations Economic Commission for Africa |
| UNESCO | United Nations Educational, Scientific, and Cultural Organization |
| UNGPs | UN Guiding Principles |
| UNHCR | United Nations High Commissioner for Refugees |
| UN-HLM | UN High-Level Meeting |
| UNHRC | UN Human Rights Council |
| UNICEF | United Nations Children's Fund |
| USAID | US Agency for International Development |
| USMCA | United States/Mexico/Canada (trade) Agreement |
| VAT | value-added tax |
| WB | World Bank |
| WEF | World Economic Forum |
| WFP | World Food Programme |
| WHA | World Health Assembly |
| WHO | World Health Organization |
| WTO | World Trade Organization |

IMAGES, FIGURES, BOXES, AND TABLES

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ACKNOWLEDGMENTS

This 6th edition of *Global Health Watch* is appearing a little later than planned. By mid-2019, chapter details were mapped out. By the end of the year detailed outlines had been developed, and contributors lined up. We expected *Global Health Watch 6* to appear sometime in mid-2021. What we hadn't expected was a long-predicted and routinely ignored global pandemic. To say that this put a hiccup in our careful plans is an understatement. For almost two years now we have lived "in the shadow of the pandemic" – the subtitle coined for this particular edition – and many will continue to reside in its deadly and disruptive shade for some time to come.

Logically, then, COVID-19 figures prominently in *Global Health Watch 6*. At times it comes close to overwhelming the rest of our "alternative world health report," but the pandemic is always approached from a vantage that locates its rise, impacts, and governance responses within a critical political economy of health framework. In doing so, we retain the structure of previous *Global Health Watch* volumes, beginning with a review of global political and economic policies affecting health before unpacking current debates of their health system impacts. We then look at several key social and environmental determinants of health, before turning to our "watching" of the global institutions whose governance and decision-making invariably "trickle down" to affect communities' health, lives, and livelihoods and planetary well-being. One difference from earlier editions: we integrate narratives of resistance and social movement activism throughout our new volume, rather than group these in a closing section. We conclude with an editorial reflection on what these interwoven stories of hope and change mean for a progressive, post-pandemic health activism.

As with all previous volumes, *Global Health Watch 6* is the work of scores of volunteer contributors. Some, individually or as organized groups, authored chapters or one or more of their many boxes. Others served as chapter reviewers or added specific content advice as the *Watch* took shape. Our Indian political cartoonists are back, capturing the political contradictions that define much of the book's content, sometimes with humor, other times with outrage. We thank all of these persons for their freely given labor to a project driven by care and commitment. In keeping with our almost two decades' practice, individual authorship is not indicated and, instead, all who contributed to *Global Health Watch 6* are listed at the end of this volume. We give special thanks to Pamela Bernal, for her efforts to edit and format all of the contributions, ensure copyright permissions are obtained, and apply her language skills for some

Spanish-to-English translations. In our role as co-editors of this volume, we have engaged extensively with contributors, striving to avoid repetition and retain consistency in content with the vision that has propelled all *Watches*, past and present. But we have also been mindful of retaining the voice, language, and sometimes the choice of terms made by different contributors. The global health movement of which all are a part has its founding beliefs (noted in the book's Introduction), but it is also heterogeneous. Its diversity is a strength that we embrace.

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Finally, and with tremendous sadness, we have dedicated this edition to two of our comrades whose leadership in People's Health Movement (PHM), and particularly past editions of *Global Health Watch*, is sorely missed: Amit Sengupta and David Sanders.

Chiara Bodini, Ronald Labonté (co-editors, *Global Health Watch 6*), on behalf of the editorial group: Peninah Khisa (PHM, Kenya), Elias Kondilis (PHM, Greece), Sarojini Nadimpally (PHM, India), Lauren Paremoer (PHM, South Africa/Senegal), Mauricio Torres (PHM, Colombia), David Woodward (UK).