

People's Health Movement: global action in defence of the universal right to health

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WELCOME TO THIS SPECIAL ISSUE OF 'SAÚDE EM DEBATE', focusing on the work of the People's Health Movement (PHM), a global network of health activists and activist organisations working across borders and boundaries to realise the 1978 vision of 'Health for All'.

This special issue is an initiative of Brazilian Center for Health Studies (Cebes) and Latin American Social Medicine Association (Alames) as a call for global action for the universal right to health.

While there have been some improvements in aggregate health indicators in recent decades, the health gap has widened and the absolute number of people who face catastrophic health expenditures has increased^{1,2}. As well as widening inequalities, the spectre of hunger, displacement, and conflict arising from global warming and environmental degradation looms large.

In some degree these risks arise from the weight of the human footprint on global ecosystems (although the responsibility for this burden is not evenly shared). However, the failures of governance which have enabled these developments and prevented effective action are economic and political. Capitalism, as a global economic system, is facing worsening instability. Underutilised productive capacity contributes to sluggish employment (particularly high wage employment). This holds back consumption expenditure and reduces the incentive to invest. The flight of capital from investment into speculation follows and leads to more bubbles and more crashes. Neoliberalism, the prevailing mode of governance since the 1980s, is directed towards protecting global elites from the consequences of the crisis, through economic policies which actually exacerbate the economic imbalances, drive further ecological degradation and deepen the crisis.

PHM works towards the social conditions for good health but in ways which also address the drivers of inequality and environmental degradation; PHM works for universal access to decent health care in ways which also address the political and economic barriers to the necessary institutional reforms.

PHM's 'theory of global change' centres on the dynamic of social mobilisation; working with communities who are at the frontline of denial and risk; exploring the differing ways in which global economic crisis impacts on health care and living conditions locally. PHM envisions a coming together of health activists across boundaries, borders and differences; facing their different denials and risks but working together to address the global dynamics and forces which are common drivers of those different challenges.

This 'convergence' of social movements extends beyond the health sector. PHM understands that comparable issues are being faced in many different sectors; in farming, labour unions, entertainment, environment, gender and indigenous issues and science and innovation. Likewise, there are social movements coming together in all these different sectors and across sectors.

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A wide range of analyses and stories from PHM activism are shared in this issue of 'Saúde em Debate'. These papers illustrate the links between the local health needs and global political economy and the ways in which health activists are confronting local needs in ways which contribute to building a global movement.

Baum, Sanders and Narayan describe and analyse the origins of PHM and how it works and discuss strategic questions facing the Movement at the current juncture. One of them is the real participation of social movements in decision-making processes in the context of global health governance, the focus of one of the main PHM projects at the global level, the World Health Organization Observatory (WHO Watch). Rocha, Martins and Farias analyse this theme from their experience as watchers in an article that discusses the possibilities of civil society influence in the decision-making processes of global governance in the World Health Organization (WHO). WHO Watch is a PHM initiative that aims to drive the democratization of WHO decision-making processes. PHM's role in training activists through the International University for Peoples' Health is reported by Zuniga, who describes a unique capacity building project in El Salvador which brought together health activists from civil society with ministry of health staff to share perspectives on health system development and action on the social determination of population health. Another key PHM project, the Global Health Watch report, which was last released in 2018, is reviewed of this issue by Falcão et al.

The concept of *Buen Vivir*, one of the founding bases of PHM in Latin America is discussed by Bobatto, Segovia and Rosas as an alternative path to the current hegemonic development model. *Buen Vivir* is understood as a political project of life; a process of collective well-being that empowers life in harmony and balance with the mother earth and the cosmos.

Raghunandan and Jayaprakash describe the action of the People's Science Movement (now part of PHM India) in responding to the Bhopal tragedy. They highlight the role of Amit Sengupta, a leader of PHM globally and in India, who tragically died in December 2018. In another article, India, the Philippines and the Europe, are the background to the discussion brought by Nandi and Vračar on the impact of neoliberal health reforms that have weakened countries' public health systems, through the commercialization of health care. Further on, Arteaga-Cruz et al. provide more stories of struggle in the essay that starts from the question 'Is financing national health systems with gains from the extractive industry compatible with the vision of the right to health?' The authors highlight the need to strengthen the link between struggles for the right to health and resistance against extractivism.

From Sao Luiz in Brazil (Torres et al.), through an interview with Sister Anne Wihbey, a pioneer of PHM in Brazil, comes a story which epitomises the interplay of the local and global in reproducing health needs and the ways in which one group of activists has worked to address local needs in ways which redress larger scale (and longer term) forces. Nowadays, in Rio de Janeiro, we have the experience of the No Less Health Services Movement, an example of resistance against the precariousness of public health services reported by Saffer et al.

The paper by Giugliani et al. from Porto Alegre describes an action research project which started out exploring whether (and why) the institutions of social participation in the Brazilian Unified Health System (SUS) were losing their bite and ended up with a project of revitalization of a school's forest which provided a very different image of social participation.

Urrego-Rodriguez reviews the struggles of indigenous peoples in Colombia for the realisation of the right to health. The Colombian people's struggles for the right to health are also the focus of the article by Torres-Tovar et al., the result of an investigative project linked to the PHM. Still in the context of an action research, the Italian group Grup-pa (Bodini et al.) proposes an interesting and relevant discussion about health as a commons, open to everyone's

participation, built on collective and solidary practices; linking the conception of social determination of health with the knowledge and practices shared in the commons and highlighting its transformative potential.

Back to India, based on the tragic history of the death of 150 children from acute encephalitis syndrome in Bihar state, Venkatachalam et al. demonstrate the importance of intersectional analysis in understanding inequities in health, understanding that the factors that produced those deaths are multiple and cross-linked.

Among PHM activist organizations and networks, this special issue highlights the work of the Cebes and the Alames. The performance of Cebes one of the main protagonists of the Brazilian health movement, which culminated in the creation of a universal public health system in Brazil, the SUS, is reported by Costa et al. The strategic alliances and convergences between PHM and Alames are analysed and illuminated by Stolkiner et al.

Finally, we invite all readers of this special issue to know and disseminate the Declaration of the 4th World Assembly for the Health of Peoples, which reaffirms that the struggle for health is the struggle for a more equitable, just and supportive world. A call to action.

The legacies of two of PHM's greatest leaders, Amit Sengupta and David Sanders, who recently left us, are inspiration and commitment to pursuing 'Health for All'. The moving testimonials from various PHM activists leave no doubt as to the teachings and transformative actions of these two giants.

Good reading!

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