GLOBAL HEALTH WATCH 6

Call for case studies

About Global Health Watch (GHW)

GHW is a collaboration of multiple activist academics and NGOs, defining itself as an **alternative world health report** that incorporates the voices of marginalized people and civil society into discussions around social justice and global health.

GHW aims to:

- provide a forum for global civil society to **question and challenge the influence of neoliberalism on health** and global health policy;
- shift the health policy agenda to recognize the **political, social and economic determinants of health**;
- monitor the activities of **global institutions**;
- highlight **resistance** and **alternatives**;
- make **recommendations for change**.

The periodic production of GHWs is led by the **People's Health Movement (PHM)** (https://phmovement.org/) with contributors elicited from a number of different academics and NGOs worldwide. For more information, please visit its home page at: https://www.ghwatch.org/.

GHW6 builds upon the previous 5 volumes updating ongoing struggles for health, introducing new topics and analyses, and describing the actions now being taken by health activists, and those that need more attention, in our era of profound ecological crises and global inequality.

Chiara Bodini (Italy; GHW coordinator within the PHM global Steering Council) and Ronald Labonté (Canada) are the co-editors of GHW6, supported by an Editorial Team: Mauricio Torres (Colombia), Sarojini Nadimpally (India), Penina Khisa (Kenya), Lauren Paremoer (South Africa / Senegal), David Woodward (UK), and Elias Kondilis (Greece). The volume will be published by Zed Books (UK).

How you can contribute

The GHW6 Editorial Team has identified broad areas to be covered in the 6th issue of GHW, which is officially scheduled for release in mid 2021. **We are now seeking your assistance in sourcing case studies that can add value to each of these important topics**.

These case studies and testimonies will form part of the electronic accompaniment to the development of GHW6 and in some cases may also appear in the electronic or print edition of the book (as boxes with the chapters or, with the help of the chapter lead author or GHW6 co-editors, may be integrated directly within the chapter text). The case studies will amplify and give a more

personal voice to the contents of GHW6. They will also make the issues more accessible and meaningful to readers who may be able to see their own experiences reflected in the experiences of others.

Case studies can be submitted by individual authors or by groups. Please **send all contributions to Chiara Bodini** (GHW coordinator within the PHM global Steering Council) at chiara@phmovement.org, **by May 31st 2020.**

Guidelines and criteria for submission

- We are looking for **short and concise submissions of 500-1000 words**. These can either be stories (personal story or reflections written in your own words) or case studies (synthesis of experiences which may include direct quotes illustrating an issue or a number of issues).
- They should be relevant for people's health, and reflect a personal or group experience.
- They should cover issues broadly falling within the framework of GHW6 outline (see below), for which lead authors have already been identified.
- Statistical information should not be used except in support of case studies/testimony and in which case it should be kept to a minimum.
- Please avoid academic and scientific jargon. The testimonies need to be accessible and readable.
- If possible, they should have a narrative / story telling character.
- Contributions can be submitted in the following languages: English, French, Spanish, Portuguese, Arabic (for additional languages, please check with Chiara Bodini at chiara@phmovement.org).

Please indicate:

- your organisation (if you are part of one);
- your locality/country/region;
- whether you want your submission to be anonymous and why;
- what section you think your case is most relevant to (see below).

The publication will be freely downloadable from the internet so effectively there will be no copyright. Please inform us if your story or case study has been submitted / published elsewhere. Also please make sure that there are no personal details that anyone would not want made public; names and place names can be changed.

The GHW6 Editorial Team will consider submitted stories and case studies for inclusion on the website or within the electronic and/or print edition of GHW6. Not all stories and case studies will be accepted for a variety of reasons including space and consistency. The GHW6 Editorial Team reserves the right to edit all submissions prior to publication.

Please note that case studies and stories posted on the website will have the following disclaimer: “The views expressed do not necessarily represent those of the editors of the GHW. While we make every effort to ensure that all facts and figures quoted by authors are accurate, the GHW and the editors of GHW cannot be held responsible for any inaccuracies.”

GHW6 outline

Part A: **Global Political and Economic Architecture –** ***The World Health Check-Up***	**A1. Overview of our leading (existential) health crises -** economic inequalities, ecological degradation/climate change, migration/population pressures and xenophobia, crisis situations, taxation systems; include the rise of autocracy and nationalism/populism and the shrinking of political space for health (causes, consequences, movements of resistance).
	A2. Gender equity and health / intersectionality - gender discrimination/inequalities in health and responses by movements; systemic attack/setback towards sexual and reproductive health rights of women: gendered interrogation of the rising global trend of fundamentalism, gender based violence, social exclusion (abortion rights, Global Gag policy, rampant sexual violence faced by women refugees like Rohingya women, etc.)
	A3. Displacing the consumption/growth model - degrowth – wage/ green employment-led growth - redistribution; alternative metrics; fossil fuel (dis)investment; 'Glocalization/deglobalization' – revitalizing local economies of sustainability; rebalancing consumption (less for some, more for others, within environmental limits) -> applying these concepts to the health sector; Doughnut economics (focus on ecological safety/sustainability and social justice which are basic tenets of revised imagination of a fair and just economics system/as represented in Doughnut economics model)
Part B: **Health Systems -** ***Health for All: A Luta Continua***	**B1. Primary Health Care (PHC) / Universal Health Coverage (UHC) -** updating current discussion (move on from previous GHWs; increase in private insurance; failure of coverage, gender aspect/impact of private insurance policies); look at blended financing (Addis Ababa Statement) and equity issues in seeking to mobilize private capital and investment; case studies proposed by PHM Uganda (Public-Private Partnerships in UHC context + World Bank Global Financing Facility).
	B2. Health implications of new or emergent technologies - e.g. implications for health systems of Artificial Intelligence, robotics, digitalisation of healthcare; broader implications of breaking up the health tech monopolies, technology and surveillance state/surveillance capitalism and social determinants of health
	B3. Privatization - increased emphasis on role of private sector in UHC, drivers/mechanisms of privatization of health care, outsourcing and fragmentation of care, impacts of outsourcing on health of health workers in the private sector, role of private insurance in promoting privatization, p4p/new public management as drivers of privatization, role of private consulting firms in shaping health systems policies (including privatization)
	B4. Access to medicines - Essential Medicines List (EML), changes in politics of medicines, new trade treaty provisions, biologics, financing for research,

	transparency in pricing
	B5. Decolonising health - integrating indigenous/community health knowledges in health systems; respect self-care knowledge of different groups; framed in the broader resistance/political struggles of indigenous groups; contributions (short narratives) from different parts of the world.
	B6. Mental health care crisis in High, Low and Middle Income Countries - increased funding -> big pharma; overly medicalised approach; strengthening users networks; integrating with health system; social response; global led initiative and mental healthcare
Part C: **Beyond Health Care**	**C1. Austerity redux** - welfare benefits/entitlements/austerity and gender inequalities-inherent biases and their impact on women within policies driven by austerity measures; and failure of privatization of social protection
	C2. Transformation of labour - precarity, impacts on workers' health, informalisation; gendered implications, implications for health and rights – social protection and gender equality as a policy response; include Universal Basic Income (including feminist demand/analysis on basic income incorporating aspect of reproductive labour and social production)
	C3. Commercial determinants of health: Challenging the rise of unhealthy commodities - trade, corporate stuff (e.g. Philip Morris International and so-called smoke-free world, vaping), opposition to regulation, Chile (labelling, etc.); the rise of syndemics (bringing together climate change, under-nutrition and over-nutrition)
	C4. Protecting the health of the environmental commons - planetary health/ecological overshoot/biodiversity protection; climate breakdown; air and water pollution; pesticides; agrotoxics; One Health, antimicrobial resistance (AMR) and antibiotic resistance (ABR), and effective governance of AMR
	C5. Sustainable food systems, food sovereignty, food ecology
	C6. Challenging social exclusion and the rise of violent discrimination - rise in ethnic and racial forms of xenophobia (also linked to increased migration); examples of this being challenged and pushed back against (e.g. indigenous people movements, sex workers movement, etc.)
	C7. Conflict, repression, opposition, and peace - conflict and public health (revitalizing global peace movements), war and security industry
Part D: **Watching: Governing for**	**D1. WHO Watch**
	D2. Governing trade and investment for health - trade justice and gender equality (specific negative impacts of free trade policies on women and their economic/work security; overall impact/relationship of trade policy on women;

Health Equity	critically analysing the World Trade Organization - WTO joint declaration on trade and women's empowerment within the trade justice framework)
	D3. State of the UN: challenges for healthy global governance: human rights; Sustainable Development Goals (SDGs); box on International Conference on Population and Development ICDP+25 (Nairobi November 2019) and Commission on the Status of Women CSW64/Beijing+25 (New York March 2020): need for bringing in focus on gender equality and Sexual and Reproductive Health and Rights (SHRH) within UHC/SDG planning/commitment
	D4. Watching the IFIs - World Bank, International Monetary Fund - IMF, International Financing Facility - IFF, etc.
	D5. Corporate practices and behaviours - corporatization of civil society / participation in global partnerships; developing corporate health impact assessment; regulating transnational corporations (TNCs) – UN treaty; Corporate Social Responsibility (pros and cons)

Final chapter "Calling All Health Activists"