

Impacts of Capitalism and Imperialism on Peoples Health- & the Struggle for Health - of People and Planet¹

Discussion Resource for International People’s Health University

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Chapter 1. Introduction

Major barriers to realising the right to health – Health for All - arise in the regular workings of capitalism and imperialism. This paper offers a framework for developing strategies to overcoming such barriers.

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The Right to Health and Health for All

The [WHO Constitution](#) declares that “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”. This affirmation was reiterated in Article 12 of the [1966 UN International Covenant on Economic, Social and Cultural Rights](#).

The ‘Health for All by the Year 2000’ commitment, was first articulated in [WHA Resolution 30.43](#) (May 1977), which “declared that the magnitude of health problems and the inequitable distribution of health resources throughout the world were intolerable” and “decided that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life”.

WHA30.43 was followed up with the [Declaration of Alma-Ata](#) (in September 1978) which declared that the prevailing health inequalities were “politically, socially and economically unacceptable”.

The broken promise of health for all

However, the right to health is breached on a daily basis for many millions, perhaps billions, of people today.

In **Chapter 2** the denial of the right to health is documented with reference to maternal and child health, access to water and sanitation, and expenditure on health care.

Links between the denial of the right to health and the workings of capitalism and imperialism

The People’s Health Movement has repeatedly pointed to the economic relationships of capitalism and the geopolitics of imperialism as critical barriers to realising the right to health (see [PHM declarations](#)). However, the circumstances in which such barriers operate vary widely.

PHM’s commitment is to confront the local and immediate barriers to the right to health but to do so in ways that also contribute to addressing the macro and global dynamics which reproduce those barriers. (see [Micro macro principle](#), below)

Chapter 3 provides a framework for analysing the different ways in different settings that capitalism and imperialism can impact on people’s health. Eight ways in which capitalism and imperialism drive health inequity are:

- Deepening economic inequality,
- Austerity including lack of fiscal capacity and the imposition of structural adjustment,
- Privatising health care,
- Patriarchy, coloniality, xenophobia: division and exploitation,
- Extreme intellectual property protection,
- Unsustainable global economic growth, global warming and ecological crisis,
- Food systems designed to maximise corporate profits rather than meet people’s needs, and
- War and conflict, occupation and ethnic cleansing, forced migration, authoritarian regimes.

It outlines how the operations of capitalism and imperialism generate barriers to health in each of these domains.

These dynamics are not independent of each other. Poverty and obscene wealth intersect with all other domains. Fiscal crisis drives countries into debt which is then used (by the IMF and other financial institutions) to implement further neoliberal policies. Debt-enforced structural adjustment has contributed to the reshaping of food systems. Environmental degradation is accelerated by capitalist food systems.

These dynamics do not operate in the same way across different times and settings. However, Chapter 3 provides a framework for analysing the different ways in different settings that capitalism and imperialism can impact on people's health

Mapping the contemporary world order

Chapter 4 provides a framework for 'mapping the contemporary world order'. This framework is designed to make visible the connections between the specific circumstances of local struggles and the global dynamics of transnational capitalism.

The elements of the contemporary world order which are discussed include:

- Transnational capitalism,
- The 'crisis of overproduction',
- Financialisation and debt,
- Imperialism,
- A new multipolar world,
- Institutions of global governance,
- Cross cutting oppressions of class, gender, ethnicity, religion, and ability, and
- Ideology.

The task of discerning whether and how these elements of the big picture might be operating in relation to local and immediate struggles, belongs to the local activist.

Possible futures, ideas that inspire

Chapter 5 explores possible scenarios of global change as a first step to identifying the most strategic points of intervention and possible modes of action at such points. These are choices are fundamentally local but have clear implications for the global struggle.

The chapter notes that current trends – business as usual – point towards disastrous outcomes but complex systems can take dramatic new turns. The focus of the chapter is on material developments which are creating new opportunities and on inspirational ideas which could mobilise millions of people to demand new directions. In this spirit the chapter explores:

- Ecosocialism and democratically accountable economic planning,
- Buen vivir, living well,
- Decoloniality, and
- New geopolitical configurations.

Implications for PHM: Confronting capitalism and imperialism in the struggle for health

Finally, **Chapter 6** reviews the implications of this analysis for PHM, in terms of movement building, cultural practices, and strategic choices. These choices are contingent upon local circumstances and immediate needs but should have regard to the more macro and longer-term implications.

The micro macro principle

Confronting capitalism is big picture material, but it is not an alternative to confronting the myriad of local and immediate issues that communities are facing, including demanding access to healthcare and engaging in the social determination of population health.

The activist challenge is to address the local and immediate issues in ways which also address the macro and longer-term structural issues. How this idea is realised will depend on local circumstances, but it will involve putting together the narratives which speak about these micro macro relationships.

The balance between direct cultural and political action and policy advocacy directed at driving government action

Strategies for system change may focus on direct cultural and political action *and/or* policy advocacy directed to government action. Both are necessary.

Cultural action (commoning, living differently) involves resisting commodification, alienation environmental degradation in our own lives, and in our communities. It includes direct action (cultural and political) to confront corporate and political crooks. It involves living differently and reclaiming the commons.

Cultural action is needed to restore and maintain hope; to build faith in the potential power of 'the people united'; and to create the community commitment and resilience needed to challenge and withstand the backlash of capital.

Policy advocacy demanding government action is also a necessary part of achieving structural change, at local, national and international levels. However, the effectiveness of policy advocacy in achieving change depends on the integrity, accountability, and the democratic accountability of government.

Under neoliberal globalisation the capacity of government to serve the people and to protect Mother Earth is limited by:

- lack of control over investment,
- the political power of the big corporates (campaign donations, bribes, revolving doors),
- the wider power of capital through 'market sentiment', and
- the threat of imperial intervention (financial sanctions, covert destabilisation, military action).

Unless government action is democratically accountable it will not be able to overcome these sources of resistance. Building the social and political movements, rooted in their communities, which can enforce such accountability involves direct cultural as well as political action.

Solidarity and convergence

The agency of the people is expressed in social and political movements. The People's Health Movement is part of one such movement; call it the 'Health for All movement'.

However, the struggle for health takes place beside many other struggles addressing different priorities in different settings although in many respects the underlying circumstances are framed by the same deep structures. However, while each of these movements pursues its own objectives and strategies, without collaboration across movements, the underlying structures, including transnational capitalism, remain unchallenged.

Coordinating people's voices across these different movements requires pathways of convergence across various progressive social movements. Convergence calls for deep listening across difference, for solidarity where others are hurting, and for recognition of the common structures of oppression and degradation.

Relations of oppression or discrimination structured around gender, ethnicity, ability, must be confronted, but we need to go beyond multiple separate struggles for liberation. We also need to recognise the role that capitalism plays in reproducing these separate oppressions. Specific identity struggles need to be contextualised within a wider analysis of capitalism, including its strategies of divide and exploit. All axes of oppression must be addressed; a politics of love and rights is critical for building the solidarity and convergence needed to overturn capitalism.

Prioritising our community connections

PHM's messaging and our political strength depend upon our having rich connections with the communities whose needs we seek to advance and whose voices we depend upon.

We must continue to build PHM from the bottom up, with priority to our work at the country and regional levels. PHM's [Strategic Plan \(2020-2025\)](#) commits our global programs and thematic circles to redirecting their organisation and activities to engage more closely with PHM activists (and potential activists) working in country and regional circles.

The project of movement convergence also starts at the local, country and regional levels. This involves building partnerships with political and social movements who are broadly aligned with PHM directions, developing communication and exchange with those allies (and potential allies).

Primary health care

The 1978 [Alma-Ata Declaration on Primary Health Care](#) remains an inspiration for progressive health workers. Clause 3 of the declaration cites the call for a New International Economic Order ([NIEO](#)) and in doing so locates the struggle for health in the context of global economics and politics.

The Declaration provides practical guidance to health workers about the importance of access to primary health care and the need for action on the conditions which shape community health. It invites health workers to see themselves as working in partnership with their communities, not just delivering medical services but working together to strengthen healthcare and to engage together in the production of healthy communities.

Appreciating the significance of Alma-Ata in promoting this community health partnership points to the importance of confronting the political forces which are seeking to marketise and privatise healthcare. Of particular concern is the World Bank/WHO campaign around 'universal health cover' which provides cover for the project of marketizing and privatising healthcare.

Alma-Ata was not the last word in relation to primary health care. There remains space for developing the primary health care narrative, including bringing the ideas of ecosocialism and *buen vivir* into the ongoing struggle to achieve Health for All.

Hope, uncertainty and action

In times past revolutionary struggle in countries was seen as the main pathway for the deep social and political changes needed to replace capitalism. Revolutionary struggle is still the necessary strategy in many settings but the scope for revolutionary transformation at a global scale in the era of transnational imperialist neoliberal globalisation is more uncertain.

However, history is unpredictable. In chaotic times small disturbances can drive complex systems beyond stability.

Our world is in deep crisis; understanding the root causes of that crisis is fundamental to determining the action needed to bring our world back into balance.
Health for All Now! remains our call and we shall work relentlessly to achieve that end.

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Chapter 2. The broken promise of Health for All

Health for All by the Year 2000

Failure to achieve Health for All

Health for All was not achieved by the Year 2000. Indeed it was because of the failure of WHO to address the fundamental health challenges facing grass roots communities, that people's health organisations convened the first *People's Health Assembly* (as distinct from the *World Health Assembly*) in December 2000 (see [the People's Charter for Health](#)).

In 2024, the vision of HFA remains unrealised with respect to both health care and population health. The UN's Sustainable Development Goals (adopted in 2015) provides a comprehensive set of indicators for the achievement of HFA, in particular, Goal 3.

In September 2023, the [UN High-level Political Forum on Sustainable Development](#) acknowledged that:

The achievement of the SDGs is in peril. At the midpoint of the 2030 Agenda, we are alarmed that the progress on most of the SDGs is either moving much too slowly or has regressed below the 2015 baseline. Our world is currently facing numerous crises. Years of sustainable development gains are being reversed. Millions of people have fallen into poverty, hunger and malnutrition are becoming more prevalent, humanitarian needs are rising, and the impacts of climate change more pronounced. This has led to increased inequality exacerbated by weakened international solidarity and a shortfall of trust to jointly overcome these crises.

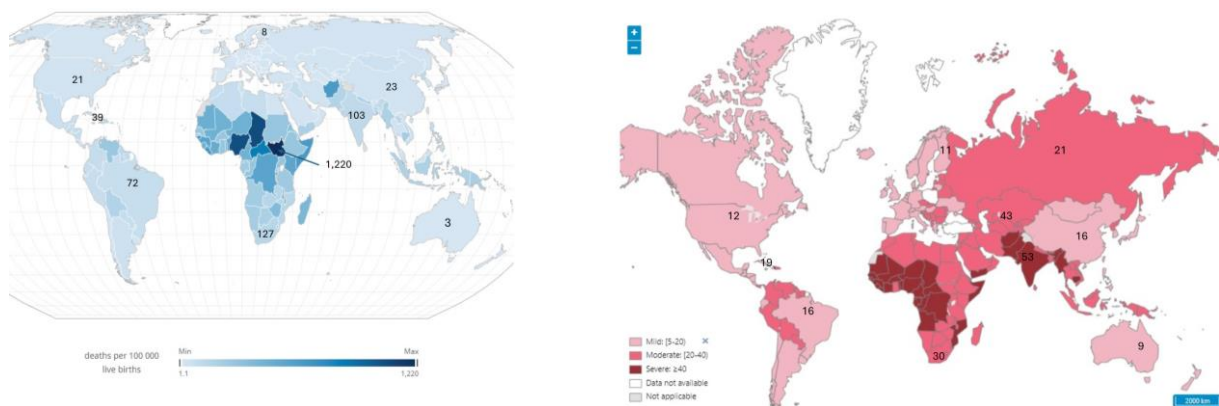


Figure 1. Maternal health. Left panel shows maternal mortality ratio, the number of maternal deaths per 100,000 live births (2020, [WHO data](#)). The right panel shows the prevalence of anaemia in women of reproductive age (ages 15-49, %, 2019, [WHO, link](#)).

A report submitted to the Executive Board in January 2024 ([EB154/21](#)) reviewed the lack of progress in addressing the social determinants of health. The report recalled three guiding targets set by the 2008 WHO Commission on the Social Determinants of Health. These were: to halve the gap in life expectancy between countries and between social groups within countries, to halve adult mortality rates in all countries, and to achieve 90% and 95% reductions in child and maternal mortality, respectively.

Progress has been made against all three targets, but the current rates of improvement are insufficient to meet the targets by 2040. Inequity persists between countries, and within countries, where data are available, the trends are often disconcerting. Disadvantaged population subgroups, such as those with

lower socioeconomic status and education levels and those affected by racial discrimination, experience shorter and unhealthier lives.

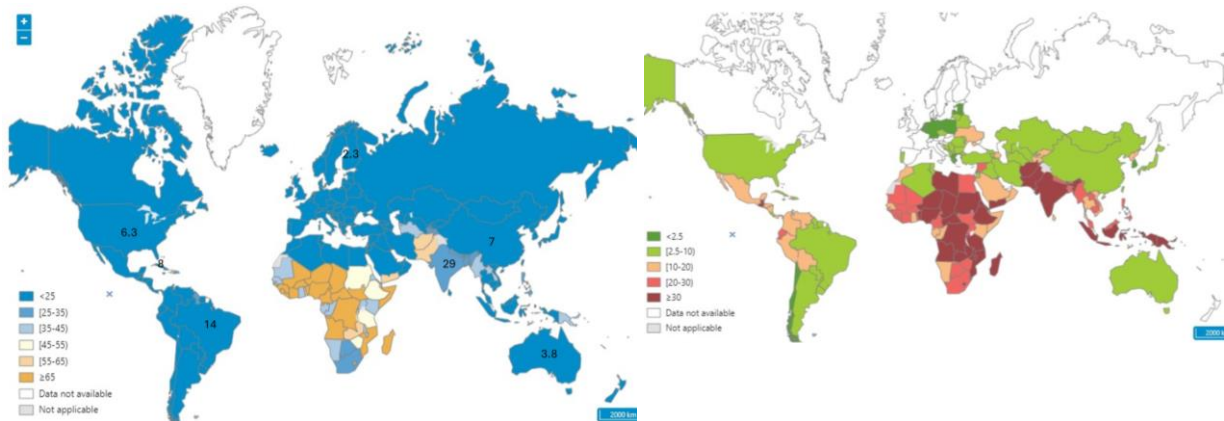


Figure 2. Child health. Left panel shows Under-five mortality (probability of dying by age 5, both sexes, per 1000 live births, 2021, [WHO](#)). Right panel shows prevalence of stunting in children under 5 years (% height for age <2SD, 2022, [WHO](#))

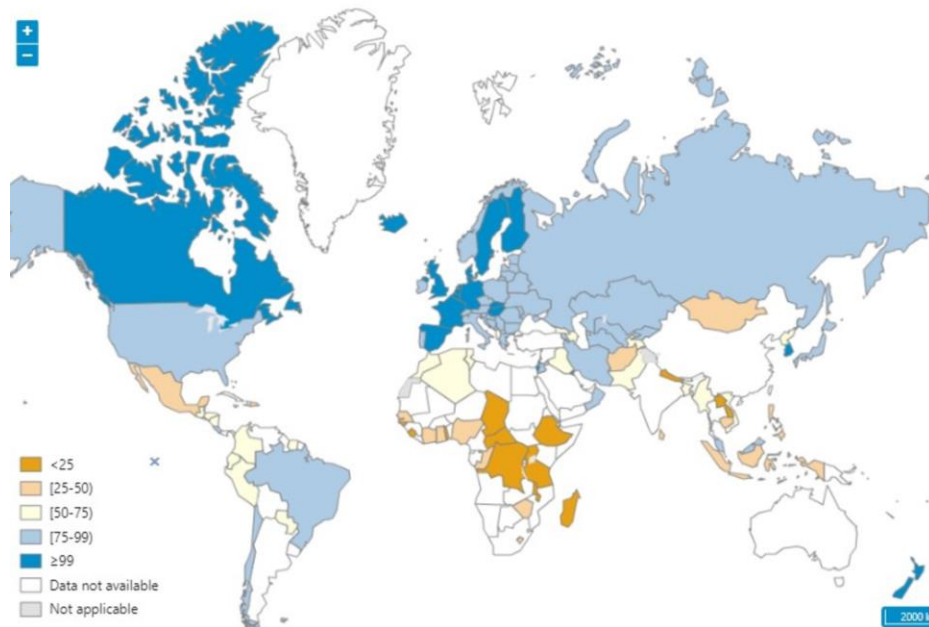


Figure 3. Population using safely managed drinking-water services (% , 2019, [WHO](#))

Another report submitted to WHO’s Executive Board in January 2024 ([EB154/6](#)) advised that:

Despite improvements until 2015, progress in coverage of essential health services decelerated and stagnated between 2019 and 2021, while catastrophic health spending worsened continuously between 2000 and 2019. [...]

Within countries, financial hardship was concentrated among the poorest (people living in the least well-off households) mostly owing to the higher rates of impoverishing out-of-pocket health spending. Catastrophic health spending was more prevalent among households with older members (aged 60 years or over). People living in rural areas and the poorest are the least likely to be fully covered by essential health services and they also face higher rates of financial hardship.

Location	CHE (US \$, 2021)	Countries	Population impoverished (millions, 2019)
High income	3,695		
Upper middle income	575		
Lower middle income	157	High income	0.63
Low income	45	Upper middle income	23.84
Australia	7,055	Lower middle income	105.36
Brazil	761	Low income	11.48
Cuba	1,186		
Finland	5,488		
India	74		
USA	12,012		

Figure 4. Resources for health. The left panel shows current health expenditure per capita in US dollars (latest data, from [WHO](#)). The right panel shows healthcare impoverishment, the total population pushed below the \$3.65 poverty line by household health expenditures (2019 data from [WHO](#))

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Chapter 3. The barriers to achieving HFA are rooted in the forces and dynamics of transnational capitalism and imperialism

In this chapter, eight critical links between the health crisis and the workings of transnational capitalism and imperialism are discussed:

1. deepening economic inequality,
2. austerity,
3. a global drive to privatise healthcare, impacting on quality, efficiency, and equity of access,
4. patriarchy, coloniality, xenophobia: drivers of division and exploitation,
5. extreme intellectual property protection,
6. economic growth, global warming, and ecological crisis,
7. food systems designed to maximise corporate profits rather than meet human needs, and
8. war and conflict, occupation and ethnic cleansing, forced migration, authoritarian regimes.

These dynamics are not independent of each other. Poverty and obscene wealth intersect with all other domains. Fiscal crisis drives countries into debt which is then used (by the IMF and other financial institutions) to implement further neoliberal policies. Debt-enforced structural adjustment has contributed to the reshaping of food systems. Environmental degradation is accelerated by capitalist food systems.

The burdens imposed by these different forces are exacerbated by gender inequality when the hardships at the household and community levels are mitigated through the unwaged and invisible social reproduction work of women and girls. [Oxfam \(2020\)](#) has estimated that women's unpaid care work globally amounts to 12.5 billion hours every day with an estimated monetary value of at least \$10.8 trillion.

These dynamics do not operate in the same way across different times and settings. However, the chapter provides a framework for analysing the different ways in different settings that capitalism and imperialism can impact on people's health

Understanding these dynamics and forces requires a recognition of their histories in direct rule colonialism, including enslavement and genocide. (See discussions of [imperialism](#) and [decoloniality](#) below.)

1. Deepening economic inequality

According to the 2022 [World Inequality Report](#), over the last two decades:

The gap between the average incomes of the richest 10% of countries and the average incomes of the poorest 50% of countries dropped from around 50x to a little less than 40x². At the same time, inequalities increased significantly within countries. The gap between the average incomes of the top 10% and the bottom 50% of individuals within countries has almost doubled, from 8.5x to 15x.

Economic inequality impacts on health in many ways: lack of food, poor housing, lack of basic urban and rural infrastructure, and various occupational exposures. In parallel economic inequality impacts on access to decent health care. For billions of people out of pocket costs are an insuperable barrier to accessing healthcare.

Deepening economic inequality is a direct consequence of how 21st Century capitalism works.

With free trade, big corporations have become global corporations and particular sectors have become dominated globally by just a few giant corporations which enjoy super-profits because of their status. Because of their market dominance, global reach and control of technologies they are able to avoid price competition and inflate prices. Because of their size they can force countries to compete for investment through a race to the bottom on wages, regulation and taxation. Because of their monopoly power they can force ultra-slim profit margins on their suppliers and distributors.

However, the combination of technological development and global supply chains mean that more stuff can be produced for global markets by fewer people. As a consequence, economic growth slows down because fewer people are able to buy stuff or buy a lot of stuff (referred to as a 'crisis of overproduction', [see below](#)).

With slowing investment in new global productive capacity, the increasing profits generated through global monopolies flow increasingly into the financial markets, buying and selling shares, companies, and debt (see [financialisation](#) below). The banks and other financial businesses participate in this bonanza by borrowing cheaply (by selling bonds, effectively IOUs) which are bought by companies and wealthy individuals) and lending money at higher interest rates to make their profits.

Lending to households (for housing, education, retirement, and healthcare) and lending to governments (where taxation is insufficient to cover recurrent public spending) help to support continued economic activity notwithstanding the 'crisis of overproduction' (in effect, debt-funded consumption). However, when households get into debt trouble (eg through interest rate increases) they lose their assets to the banks. When governments get into debt trouble, they are forced to cut public spending in order to service their debts.

2. It seems likely that this reduction reflects the economic performance of the BRICS plus countries. See [Tricontinental 2024 Part V](#).

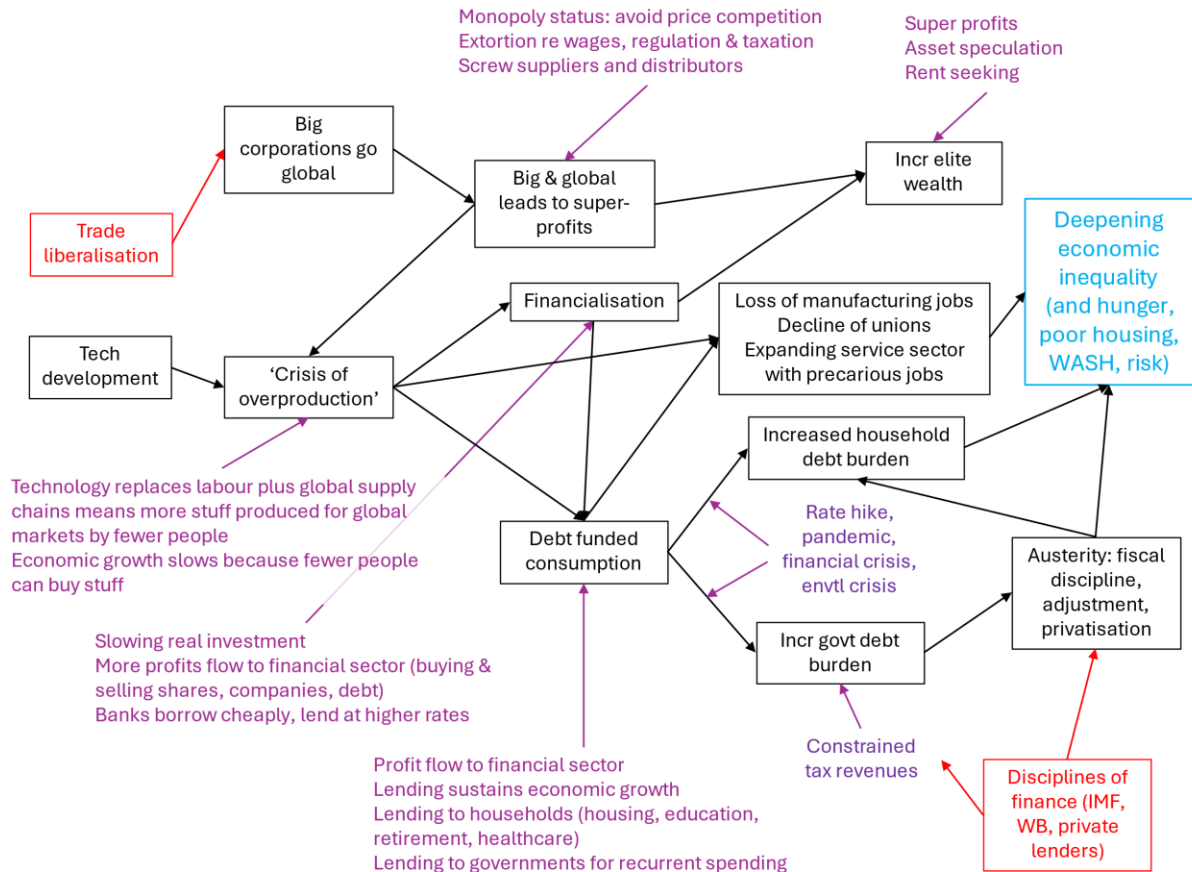


Figure 5. Deepening economic inequality: how 21st century capitalism works (read from left to right)

These dynamics contribute to deepening inequality in several ways.

At a macro level the wages share of national income (as opposed to the profit share) continues to fall (contributing to stagnant demand as a further consequence) while the proportion of household income coming from wages (as opposed to dividends, interest and capital gains) continues to fall.

As manufacturing labour is progressively replaced by technology and investment in manufacturing is increasingly concentrated in particular regions, an increasing proportion of people are either unemployed or employed in 'service industries'.

This category includes human services (education, healthcare, aged care), entertainment and hospitality, and finance and insurance. The quality of employment varies widely in the service industries. In the care sector it varies from overpaid medical specialists to precariously employed disability carers. In entertainment and hospitality it varies from media barons to precariously employed baristas. In the expanding finance sector it varies from banking executives to precariously employed call centre personnel.

With the loss of manufacturing employment and steep variation in remuneration, job security and intrinsic reward across the service industries the gap widens between unemployed, underemployed and precariously employed people versus the smaller number of wealthy and very wealthy people (on high salaries, dividends, capital gains or all three).

The expansion of the service industries involves a return to more naked master and servant relationships between the wealthy and the precariat, particularly in hospitality and the care economy, with wide gender inequalities (including unpaid care work).

Widening economic inequality, as a direct consequence of how 21st century capitalism works, is a major barrier to achieving the promise of Health for All.

2. Austerity

A second pathway through which contemporary capitalism reproduces health inequities is through economic austerity. 'Austerity' commonly encompasses

- sharply constrained public spending (on human services, infrastructure, economic support to households), and
- 'structural adjustment' which, as well as reduced public spending, may include
 - devaluation to increase export revenues but also lead to increased prices of imports,
 - privatisation of public utilities and services and marketisation of service programs,
 - wage cuts/caps and deregulation of employment relations,
 - pension reform.

Austerity is generally enforced by the IMF as a condition for debt bailouts; by the development banks and bilateral aid providers as conditions for development assistance loans; and by the private financial markets (threatening to sell off stocks and currency if public expenditure is seen as too high or if the policy settings are not seen as business-friendly).

The impact of structural adjustment policies imposed by the financial overlords exacerbates other constraints on tax revenues including:

- concessional tax rates demanded by (extorted by) foreign investors,
- the challenges of taxing the informal economy, and
- tax avoidance by corporations and the wealthy.

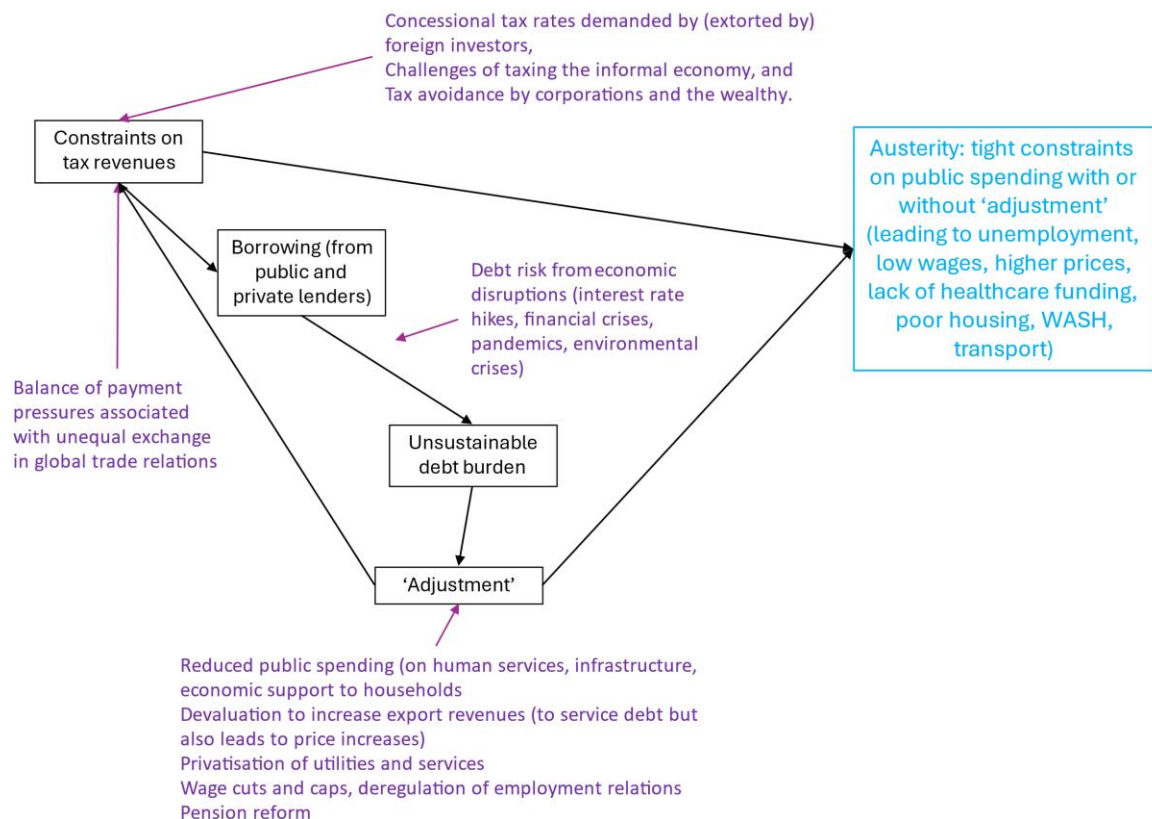


Figure 6. Tight constraints on public spending (with or without imposed 'adjustment')

Austerity impacts men and women differently, both in the formal economy, where women are a major part of the human services workforce, and in the world of unwaged work, where that burden increases due to the decline in socialisation of care work.

Tight constraints on tax revenues, particularly when exacerbated by imposed austerity regimes constitute major barriers to Health for All: through unemployment and underemployment, insufficient wages, higher prices, insufficient funding for public health services (associated with pressure to marketise and privatise health care), and poor housing and urban infrastructure (WASH, transport).

3. Privatising healthcare

Privatising of health care including the marketisation of health systems is a third pathway through which contemporary capitalism reproduces inequities in health care access and outcomes as well as healthcare impoverishment.

Privatisation of service delivery is commonly implemented through 'marketisation' of healthcare financing. The profit incentive in such 'markets' commonly drives cost cutting and a focus on affluent consumers. Regulating for quality, efficiency and equity in such systems, while theoretically feasible, is in practice impossible.

Privatisation and marketisation are driven by a range of different pressures including:

- tight constraints on public spending, with or without imposed adjustment programs (discussed above),
- footloose capital looking for new market opportunities (rent seeking opportunities),
- competition for export earnings through the export of healthcare workers and medical services,
- resistance to universalising legacy stratified health insurance systems.

Opening up new investment opportunities

Because of the constraints on productive investment (associated with the crisis of overproduction, see [Fig 1](#) above) there has been increasing pressure from capital for new opportunities for profit-making through the privatisation of utilities and human services, including healthcare. Countries are particularly vulnerable to pressures to open up utilities and human services to privatisation during debt crises. These pressures come from the World Bank, the regional development banks, the IMF and the financial markets, as well as the corporations which are directly interested. The World Bank and some bilateral 'development assistance' agencies provide concessional finance to support corporations developing private hospitals.

The 'universal health coverage' campaign

The pressures of structural adjustment took different forms in different regions of the Global South. In Latin America there was a powerful onslaught of private capital from North America, directed to reproducing the privately operated pre-paid 'health maintenance organisations' model from the US ([Jasso-Aguilar et al 2004](#)).

Early structural adjustment policies ignored completely the impact of such policies on people's health but global revulsion at such policies (see for example [UNICEF 1987](#)) forced the World Bank to develop a more sophisticated story in which structural adjustment was represented as a form of health promotion ([WB 1993](#)). This story collapsed with the AIDS crisis and the rising demand for an appropriate healthcare response. The initial response to the AIDS crisis was based on philanthropy (championed by Jeffery Sachs in [WHO 2001](#)) but by the early 2000s the failures of this model (in particular high transaction costs and fragmentation of service programs) were increasingly apparent

and WHO was facing new pressure to endorse single payer financing and public sector healthcare delivery.

This was the context in which the Rockefeller Foundation with the World Bank launched the campaign for 'universal health coverage', taken up enthusiastically by WHO Director General Margaret Chan and her successor, Dr Tedros.

The UHC narrative promises public financing of an 'essential benefits package' to be delivered through public, private, and voluntary healthcare providers. In an apparent break with its long-standing support for competitive health insurance markets, the [World Bank](#) is currently endorsing single payer national health insurance for primary health care. Supporting PHC through health insurance would create pressure to 'autonomise'³ publicly administered PHC services and cultivate mixed (public, voluntary, private) service delivery. (Presumably the Bank would see secondary and tertiary care financed through a competitive health insurance market.)

What the official UHC narrative leaves out are the arrangements for the financing of 'beyond-the-package' services, to be delivered through a mixture of public, voluntary and private agencies, and financed presumably through competitive voluntary health insurance. This environment creates further pressure for publicly administered services to be autonomised and in due course, corporatised and privatised (Legge 2024).

What is being promised, under the flag of UHC, is a largely privatised model, carrying all of the drawbacks of such a system: inequity in distribution and access, high levels of out of pocket payment, lack of quality assurance, and administrative inefficiency (Legge 2024). Thanks in part to the WHO endorsement of the UHC model, it has become part of the structural adjustment / austerity policy package in both the Global South and North.

The pressures for privatisation do not end here.

Oxfam International has documented the spending, by European development finance institutions and the World Bank Group, of hundreds of millions of dollars on expensive for-profit hospitals in the Global South that block patients from getting care, or bankrupt them, with some even imprisoning patients who cannot afford their bills ([Marriott 2023](#)).

Export of medical services

In many countries of the Global South governments are also encouraging the development of private sector healthcare exporters, including medical tourism and cross border medical services. This model diverts a limited healthcare workforce into providing services for wealthy people from other countries, in order to generate export earnings for the national trade balance.

A fiercely contested current debate concerns the taxation and regulation of e-commerce including the trade in digital health. Countries from the Global South are demanding the right to tax such cross-border trade while big tech, supported by the countries of the Global North are pushing to liberalise such trade.

3. Preker, A. S. and A. Harding, Eds. (2003). [Innovations in health service delivery: the corporatisation of public hospitals](#). Washington, The World Bank., outline a sequence of necessary health service reforms, proceeding from autonomisation, to corporatisation, and finally to privatisation.

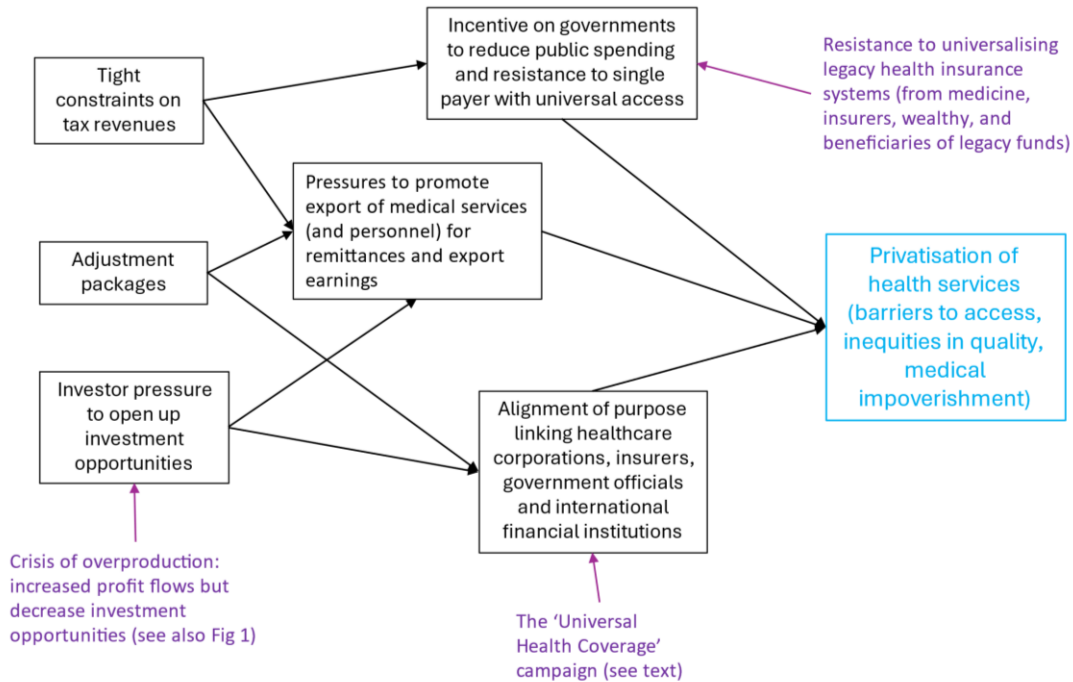


Figure 7. Privatising healthcare

Resistance to universalising legacy stratified health insurance systems

People’s demand for publicly provided healthcare, in many countries spearheaded by the labour movement, has been confronted by policy responses directed to preserving private healthcare delivery, financed through various mixtures of user-pays, public subsidy and employment-based insurance.

An early phase in the development of health insurance in many countries has involved employment-based schemes for higher income employees in the military, the public service or working for large corporations. As such systems develop, a mixed health insurance market emerges with different schemes catering to different constituencies, ranging from full coverage to minimalist coverage with extensive out of pocket payment.

Popular pressure for more equitable healthcare financing has generally called for public subsidies (or public provision), particularly for those without health insurance or with very limited cover. In some high-income countries national health (or health insurance) schemes have been successfully established although these remain under constant threat of dismantling and privatisation. Such pressure is strongest during periods of austerity but there is continuing pressure from private finance to open such schemes to marketisation and privatisation.

In the Global South⁴, popular pressure for publicly funded access to healthcare culminated in the 1978 Alma-Ata Declaration on Primary Health Care. However, within a few years the debt crisis exploded and, from the 1980s, structural adjustment policies, driven by the IMF, the World Bank and private finance, have maintained continuing pressure on countries in the Global South to reduce (or cease) public funding of health care.

4. ‘Global South’ is used in this paper to refer to the countries at the periphery of the world imperial system, the countries whose integration into the global capitalist system is characterised by continuing unequal exchange (see ‘Imperialism’, below). It is a more useful term than ‘developing countries’, ‘low- and middle-income countries’, or ‘Third World’, but the use of the term ‘Global South’ should not obscure important differences in the position of these countries and regions in relation to the world imperial system.

Privatising health care including the marketisation of health systems is a third pathway through which contemporary capitalism reproduces inequities in health care access and outcomes as well as healthcare impoverishment.

The home of private sector healthcare - the USA - demonstrates the many ways in which privatisation prejudices efficiency (maldistribution of resources and astronomical costs), access and quality of care (dependent on price), and financial protection (with medical impoverishment a risk for large sections of the population).

The achievements of Cuban healthcare including the contribution of Cuban doctors to healthcare globally, provides a stark comparison with the shame of US healthcare. The continuing illegal blockade of Cuba is directed to sabotaging the Cuban model generally, including Cuban healthcare, in order to extinguish the light that it shines on the US privatised model.

4. Patriarchy, coloniality, xenophobia: division and exploitation

A fourth set of obstacles to Health for All arise from the divisive and exploitative propensities of capitalism in relation to gender, race, ethnicity and their various intersections.

Divisive because, while people are encouraged to blame 'the other' for their grievances, they are less likely to recognise the structural drivers of disadvantage which they experience in common (eg patriarchal violence). Exploitative because, when 'the other' is seen somehow as a lesser human, we can accept regimes of power which impose unfair workloads, which deny fair remuneration, which deny access to decent living conditions, which deny fundamental human rights (eg colonialism and slavery).

The health consequences include inter-personal violence, communal conflict, exclusion and discrimination, occupational risk, and extra barriers to accessing decent healthcare. These constitute the fourth set of obstacles to Health for All which arise from the workings of 21st century capitalism.

Gender

As per the [Global Gender Gap Report 2023](#), no country in the world has achieved complete gender parity, instead showing varied trends and concerns emerging from the different geographical regions. The current estimated time to achieve gender parity is 131 years with the evolving gender gaps in the global labour market.

Furthermore, the Report notifies,

'At the current rate of progress over the 2006-2023 span, it will take 162 years to close the Political Empowerment gender gap, 169 years for the Economic Participation and Opportunity gender gap, and 16 years for the Educational Attainment gender gap. The time to close the Health and Survival gender gap remains undefined.'

Unpaid and underpaid work is a measure of the exploitative contribution of patriarchy to capitalism. The WHO Council on the Economics of Health for All comments (WHO Council on the Economics of Health for All 2022):

Pregnancy, childbirth and lactation are at the centre of Health for All but, since human reproduction is women's work, these activities do not count. [...] When given a market value, unpaid childcare becomes Australia's largest industry – three times the value of the financial and insurance services sector. The combined value of the rest of unpaid work is the second largest sector in the Australian economy. Similarly, in Europe, the value of unpaid household work represented 44% of GDP in Moldova (2014) and 63% in Switzerland (2013). The estimated value of all unpaid work in Latin America is between 15.2% of GDP in Ecuador (2012) and 15.7% in Costa Rica (2011).

Economic disparity thrives upon gendered forms of discrimination.

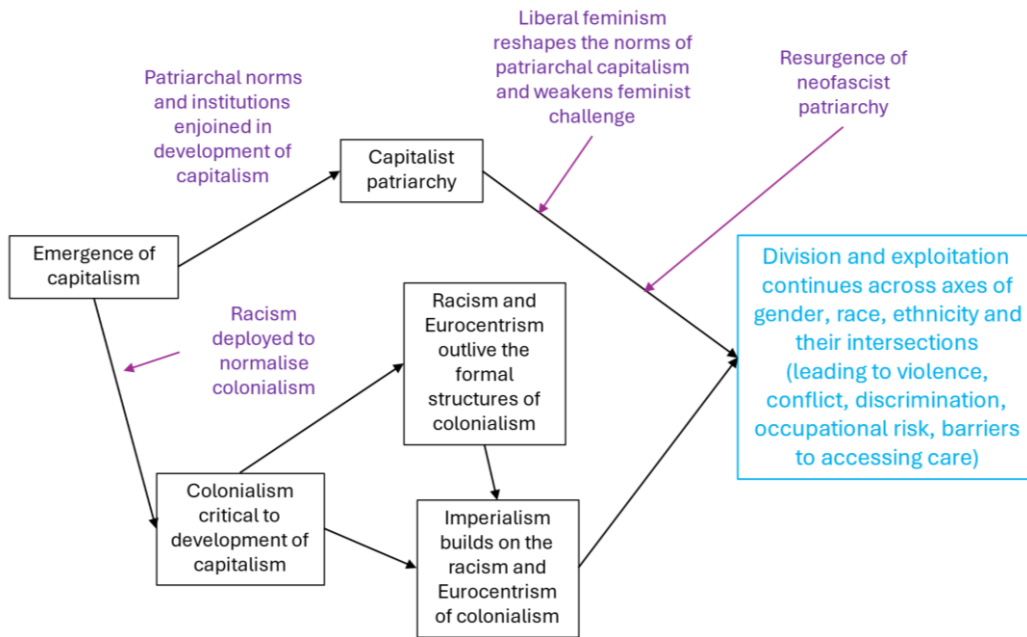


Figure 8. Division and exploitation continue across axes of gender, race, ethnicity and their intersections.

Racism and coloniality

Division and exploitation around ‘race’ has played a critical role in the development of capitalism, including plunder, slavery and colonisation. Notwithstanding, formalised decolonisation, discrimination across the axes of race and colour continue to divide people and promote exploitation.

‘Coloniality’ refers to the continuities between the overt racism of colonialism and contemporary cultural norms (ideologies, epistemologies) which continue to privilege (and universalise) the European tradition, particularly in establishment thinking (Grosfoguel 2011).

Intersectionality

The profit-making imperative and the entrenched neo-liberal policy designs have played their parts in organizing systemic oppressive norms that are both gendered and racialised.

In the global supply chain of care work the newer division of labour insidiously takes form as we see the racialised displacement of social and reproductive forms of work onto migrant women ([Salem 2019](#)).

The intersectional systems of oppression must be foregrounded today in our analysis to see the uneven outcomes of so-called ‘gains of capitalism’ for women of the world. While the mainstream narrative is preoccupied with individual accomplishments, liberal symbolism, and cultural representation, the failure of the ‘empowerment’ model has been questioned by feminist analysts. The fall of *Roe v Wade* in the US is a teaching moment to critically engage with the feminist industrial complex ([Alter 2022](#)). The need for renewed concerted engagements with the legal and political institutions to lay out the struggles of gender, social, and reproductive justice is critical.

While division and exploitation across gender, race, ethnicity and their various intersections were widespread before the rise of capitalism, they continue to play a major role in capitalist accumulation and the defence of capitalist privilege. They constitute the fourth set of obstacles to Health for All arising from the workings of contemporary capitalism.

5. Extreme intellectual property protection

The privatisation of knowledge through extreme intellectual property protection is the fifth link between the global health burden and the workings of contemporary capitalism.

The specific harms arising in healthcare include price barriers to access, failure to invest in R&D for drugs with low profit expectations (including for diseases affecting mainly the majority world), and supply chain blockages in the event of emergency needs (as in the case of the Covid pandemic).

Prior to the creation of the 1994 TRIPS Agreement, which established a global intellectual property regime, countries adopted national IP regimes in accordance with their circumstances. The transnational pharmaceutical industry ('Big Pharma') was at the forefront of the development of TRIPS, led by Pfizer ([Drahos and Braithwaite 2004](#)). The global regime was further strengthened through a network of bilateral and plurilateral trade agreements which incorporated TRIPS plus provisions.

Big Pharma claims that monopoly pricing during the period of IP protection is necessary to generate funds for innovation. There are several problems with this claim: first, that much of the basic research and development is publicly funded and then gifted to private entities; second, that Pharma spends more on marketing (including driving overprescribing) than innovation; third, that through dividends and share buybacks Pharma returns more to its shareholders (generally the big financial corporations) than all other industrial sectors; and fourth, that this model directs investment to innovation in profitable market sectors, rather than making people's needs the priority.

The Covid experience

Pharma's refusal to loosen its IP rights, even where significant public health benefits would flow from such flexibility (and where the basic research had been publicly funded), was a feature of the Covid pandemic. The developed countries, in particular Europe, UK and the US, worked consistently to support Pharma profits rather than public health.

In the first few months of the pandemic WHO proposed the Covid Technology Access Pool (C-TAP) which would have involved patent holders sharing their IP in order to scale up the production of emerging technologies quickly. The C-TAP proposal was sneered at by Pharma and not supported by the developed countries. WHO also proposed Solidarity Vaccine trials which would have enabled head-to-head comparisons of different vaccines in independently designed and managed trials. Again, this proposal was boycotted.

Instead, WHO was forced to join the ACT-Accelerator (Access to Covid-19 Tools Accelerator), established as a public private multistakeholder partnership. This included Covax which was supposed to mobilise funds for equitable access to vaccines as they became available (vaccines as a 'public good'). The promises of Covax were unfulfilled, and gross inequities in supply eventuated because of the massive advance purchases by the rich countries and the underfunding of Covax. The construction of Covax as a 'public private multistakeholder partnership', well beyond the reach of the World Health Assembly (where all countries have a voice) contributed to its lack of engagement with, and accountability to, the proposed 'beneficiaries' (low-income country governments).

The Indian and South African [TRIPS waiver proposal](#) would have deployed provisions in the TRIPS Agreement to allow for scaling up the worldwide production of Covid-related health products. This proposal has been steadfastly resisted in the WTO by the rich countries and any similar provision in the foreshadowed 'pandemic treaty' has also been fiercely resisted.

The access barriers associated with extreme IP rights (monopoly pricing and distorted R&D priorities) have been a recurring source of conflict between Global North and South, within the governing bodies of the WHO, most recently in the debates over the proposed 'pandemic agreement'.

One of the more radical themes threading through this debate is the possibility of [delinking](#) the funding of R&D from the profits generated by high prices protected by IP rights. Under the present regime the cost of private sector innovation is met by the consumers and insurers through IP-protected high prices. An alternative would be to fund the R&D directly, publicly, and then enable open licensing so that the prices to consumers and insurers could be reduced to the actual costs of production. Public funding of R&D would also allow for public health priorities to guide the allocation of innovation funds.

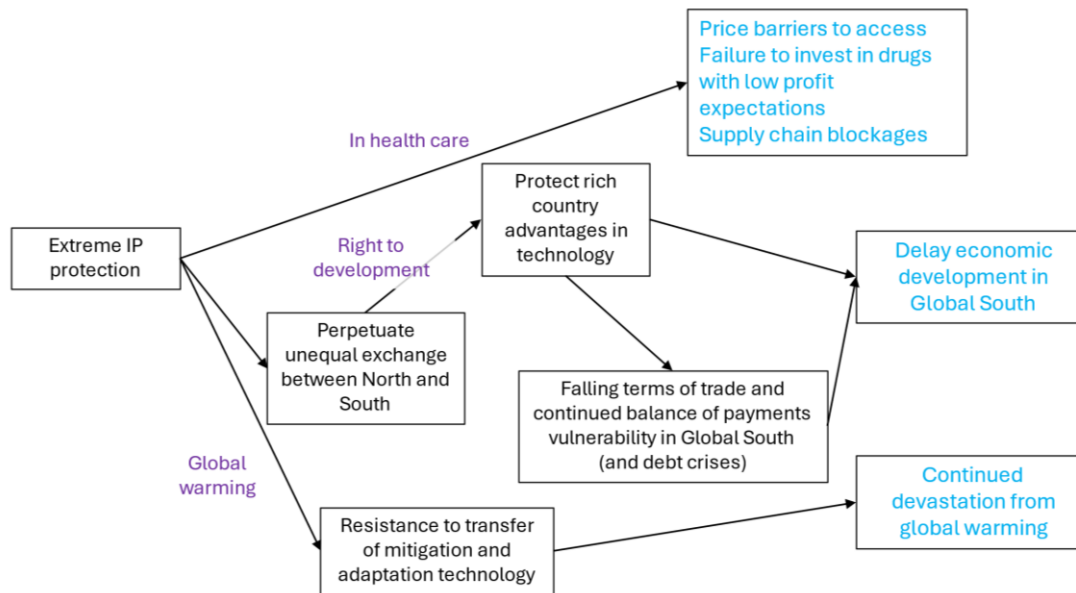


Figure 9. The fifth link: extreme intellectual property protection: impacts in health care, global warming and the right to development

Extreme intellectual property protection as a barrier to the sharing of technology more generally

Extreme intellectual property protection plays a much wider role beyond its significance as a barrier to accessing healthcare products. The use of extreme IP by the Global North to prevent technology transfer to the South is a key mechanism for maintaining asymmetrical trading relations between these groups of countries. For a clear case study see [Kwa and Lunenborg's 2018](#) analysis of 'US' Section 301 Actions: *Why They are Illegitimate and Misguided*'.

Support for technology transfer has been a key plank in the 'right to development' debates (see [Cheru 2015](#)) and regarding mitigation and adaptation in relation to global warming.

Because of the asymmetrical access to modern technologies, the terms of trade for developing countries continue to deteriorate. While commodity exports from developing countries are price competitive, technology intensive products, exported from the North, are protected from price competition through monopoly pricing and intensive marketing. Falling terms of trade refers to the fact that commodity exporters have to continue increasing the volume of exports to make up for the fall in export prices, relative to the prices being charged for (technology intense) imports. (See [Hickel et al 2021](#) on unequal exchange.)

China is an exception because it has managed to overcome the barriers to technological development. This is in part because of the broadscale economic planning and a huge investment in education and research associated with its state capitalist political regime.

Having failed to prevent China's development of technological capacity, the US and its allies have sought to contain the development of its economy, as in the case of Huawei electronics. More dramatically, after 40 years of trade liberalisation the US has now returned to tariffs and quotas to hobble Chinese exports and military provocation to bankrupt the country as Reagan did with the Soviet Union. As part of its trade war against China the US has found it necessary to sabotage the dispute settlement mechanisms of the WTO in order to prevent dispute settlement rulings that would confirm that its use of tariffs and quotas to hobble Chinese exports is prohibited under WTO rules ([Voon 2023](#)).

Extreme intellectual property protection, implemented and defended by US imperialism, comprise a steep obstacle to equitable, universal access to decent health care, including in emergencies. However, extreme IP protection is a key tool in preserving technological dominance (including military dominance) and preserving unequal exchange (see below) between the Centre and the Periphery. As such it is a barrier to social and economic development in the periphery and as such constitutes a major obstacle to HFA.

6. Unsustainable global economic growth, global warming and ecological crisis

The sixth obstacle to Health for All, which arises from the workings of contemporary capitalism, lies in the nexus between economic growth, global warming and ecological crisis.

Global warming

The threat of global warming associated with increasing CO₂ (and methane) emissions has been well understood in the scientific community for over 50 years.

Over the last 20 years the consequences of global warming have been increasingly evident in terms of forest fires, floods, drought, and storms. The consequences for people include hunger, heat stress, displacement, and conflict. Looming tipping points, such as the slowing of the Gulf Stream (and the freezing of Europe), the thawing of the Arctic tundra (and the release of tons of methane), and the loss of the West Antarctic Ice Shelf (and metres of sea level rise), threaten even more disruption.

The lack of North to South solidarity, evident during Covid pandemic, is likewise expressed in the gated communities of wealth in the Global North and the border walls and boat turn-backs directed to stopping the flow of refugees and asylum seekers. The rich country governments have stalled on the transfer funding and technologies needed for mitigation and adaptation in the Global South.

The fossil fuel industries have fought against the climate science and against agreements to mitigate and adapt. In this they have been supported by the governments of the Global North, even as those governments have mouthed acceptance of the need to mitigate and adapt. For the corporate elites of the Global North, the privileges of wealth and continuing profit streams associated with 'business as usual' outweigh the arguments for urgent action on climate change.

Ecological crisis

Global warming is but one face of a wider ecological crisis.

Marx used the term '[metabolic rift](#)' to describe how, with urbanisation, the nutrients conveyed from country to city (as food for urban workers) were not returned to the soil but discharged into the rivers flowing through the cities. In recent years the scope of the term has widened to include the ways in which the extractions and discharges, from and to the environment, are driving the cycles and rhythms of nature away from regimes which support human habitation (which are stable regarding the conditions for human life) towards new regimes which threaten to be literally *insufferable*.

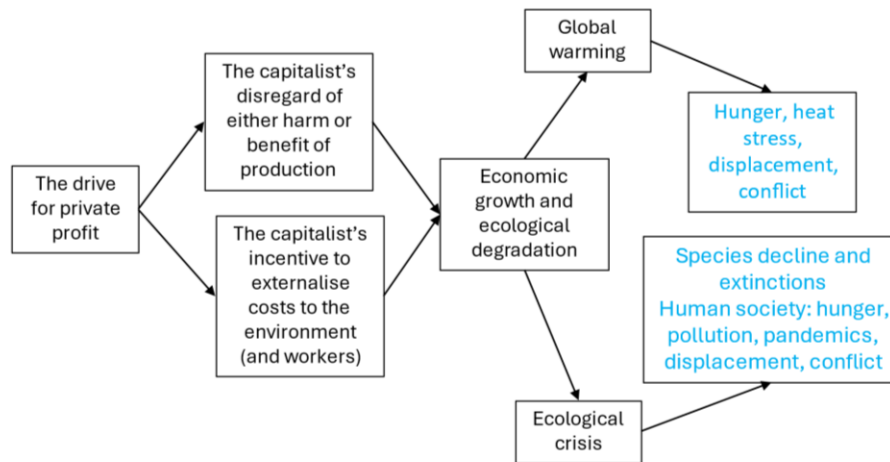


Figure 10. The private profit imperative: global warming and ecological crisis

Over the last 200 years the scale of these extractions and discharges has risen exponentially, driven by the pursuit of profit and the accumulation of capital. Even as the world recognises the existential threat to human habitat, the dependence of the capitalist system on continued growth (the capitalist's need for continued accumulation) has prevented the implementation of effective policies to manage global warming or biodiversity loss.

Among the many facets of ecological crisis, the global loss of insects is among the most critical and least prioritised. Intensive agriculture is the main driver of insect population declines, including through the heavy use of pesticides. Urbanisation and climate change are also significant factors. As well as the loss of individual species (including of insects), the loss of whole ecosystems proceeds in parallel, including the forests of the Amazon (to grow soy for feedstock) and of Borneo (for palm oil) and the loss of marine ecosystems due to global warming and (subsidised) over-fishing.

With the loss of forest ecosystems there has been an increasing encroachment of humans into the forests and various forest-dwelling species into human settlements. Ebola and Covid both illustrate the threat associated with increased human exposure to zoonotic viruses because of such encroachments.

The costs and benefits of the widening ecological rift are not shared equally ([Hickel 2020](#)). The communities who have contributed least to ecological degradation are commonly those who are most at risk from the industrial forces of extraction and discharge (such as mining, deforestation, dams, occupational hazards) as well as the consequences of such environmental degradation (global warming, pandemics, air pollution, etc).

Responding to the ecological crisis must involve addressing capitalism and profit driven eco-degradation, the neocolonial relationships which are deployed to protect such forces, and the wider forces of imperialism which deploy financial, diplomatic and military power to reproduce the regime which hosts such degradation.

The gathering movement behind the philosophy of *buen vivir* (see [below](#)) highlights the need to recognise the inherent rights of the other children of Mother Earth, apart from their 'usefulness' to

humans. The anthropocentric view which values the 'rest of nature' for its benefits for humans (and capitalism) is what has created the present ecological crisis; it cannot be part of the solution.

Reducing and redirecting economic growth

It is self-evident that continued increase in the material throughput of the global economy is unsustainable. However, the slogan 'degrowth' raises further questions.

- What are the drivers of economic growth and what will be required to achieve degrowth globally?
- How to manage degrowth in the high throughput societies of the Global North while facilitating the economic growth needed to guarantee the 'right to development' in the Global South? How to ensure that continued economic growth in the Global South is structured around human needs rather than private profit?

Economic growth is encoded in the DNA of capitalism. The drivers which apply to the entrepreneur, the corporate executive, or the passive shareholder vary with context but all enforce the commandment to make a profit, invest the profit, and make more profit. This maxim drives growth including the externalisation of costs to the environment and to the worker, wherever possible.

The drivers for the capitalist are supplemented by the interests of governments, for whom economic growth translates into fiscal capacity and electoral opportunity, and for workers, for whom economic growth points towards employment security and perhaps a wage increase.

Economic growth is not a consequence of the GDP fetish. The weaknesses of GDP as an indicator of societal well-being are well known; it gives equal and positive weight to socially harmful activities as it does to those which are socially beneficial. On some accounts (see for example, [WHO's Council on the Economics of Health for All](#)) this calls for improved indicators of societal progress (Human Development Index, Gross National Happiness Index, etc). Such proposals commonly suggest that capitalism's rapacious pursuit of economic growth is the consequence of a simple mistake, using the wrong indicator by which to steer public policy.

In reality, the causality goes in the opposite direction. The reason GDP dominates economic discussion is that it predicts profit opportunity for capitalists; steering the economy by GDP is in effect steering the economy to maximise private profit. 'Well-being indicators' will only be allowed to guide national policy making when the power of capital over policy is removed.

Reduced and redirected growth (material throughput) is incompatible with capitalism. It will require democratically accountable economic planning, which is to say, socialism. If such economic planning is to properly repair the metabolic rift it will require ecosocialism. (See [more below](#).)

Economic growth to guarantee the right to development in the Global South, in the context of the progressive reduction of aggregate global growth, will require democratically accountable economic planning with a strong cultural overlay of rights, equity, solidarity and community ([van Woerden et al 2023](#)).

The drive for private profit which is the engine of capitalism continues to stoke global warming and the wider ecological crisis with devastating harm to Mother Nature including humanity.

7. Food systems designed to maximise corporate profits rather than meet people's needs

Food systems structured to maximise corporate profit, rather than meet people's needs, is the seventh obstacle to HFA which arises from the workings of contemporary capitalism.

Global food systems are failing the nutrition challenge

In a report submitted to the WHO Executive Board in January 2024 ([EB154/22](#)) the lack of progress towards nutrition goals for women and children is highlighted.

Stunting. Childhood stunting has steadily declined at a rate of 1.7% per year from 26.3% in 2012 to 22.3% in 2022. If this rate of decline continues to 2025, the number of stunted children will be 138.5 million, a projected excess of 31.5 million stunted children by 2025, compared to the target of 107 million.

Anaemia. From 2012 to 2019, the global prevalence of anaemia in women of reproductive age increased from 28.5% to 29.9%. If current trends are not reversed, 31.3% of women of reproductive age will still be affected by anaemia in 2025. [...] In 2019, the South-East Asia Region accounted for 42.8% of all cases of anaemia in women of reproductive age and the African Region for 18.5%.

Low birth weight. The prevalence of low birth weight in newborns slightly decreased from 15.0% in 2012 to 14.7% in 2020. [...] In 2020, the South-East Asia and African regions accounted for more than half of all babies born with low birth weight with 39.8% and 26.8% of the cases, respectively. From 157 countries with sufficient data, 11 are on track to reach the 2025 target.

Overweight. The global prevalence of childhood overweight has slightly increased, from 5.5% in 2012 to 5.6% in 2022 and is projected to remain at 5.6% in 2025. [...] The Region of the Americas observed an increase from 7.8% in 2012 to 8.5% in 2022, and in the Western Pacific Region the figure increased from 6.3% in 2012 to 8.1% in 2022.

Wasting. Childhood wasting decreased from its 2012 value of 7.5% to 6.8% in 2022. [...] More than half of all wasted children live in the South-East Asia Region (53.8%), followed by the African Region (22.3%) and Eastern Mediterranean Region (13.9%).

Notwithstanding the grand promises of their philanthropic cheer leaders, prevailing food regimes globally have failed to address contemporary malnutrition. The causes are multiple: poverty, global warming, conflict, and capitalism (contributing to these other more specific causes).

The development of contemporary food regimes has been closely entwined with the development of capitalism

'The enclosures' were a key step in the development of capitalism in England and set out the exploitative path it would take through colonialism throughout the world. Peasant farmers were denied access to what had been common land. Facing starvation, many migrated to the cities where they provided labour for early capitalism. The meat production enabled by grazing the commons provided food for the cities and the wool production supplied the woollen mills.

Similar relationships were recreated under **colonialism** where the colonies were prevented from manufacturing so that they were obliged to import metropolitan manufactures, while providing food for metropolitan labour and raw materials for metropolitan manufacturing. It was under colonialism that the early agrifood corporations developed.

The **Green Revolution** from the mid-twentieth century led to improved productivity and increased production. It also increased farmers' dependence on seed, fertiliser, pesticides and debt (and enabled the growth of transnational suppliers of these inputs). The Green Revolution favoured fossil fuel-dependent, broadacre monoculture farming as opposed to small family farms, driving urban migration leading to cheap labour and large informal settlements in the cities. The Green Revolution further deepened the metabolic rift.

The debt trap was set with cheap loans in the 1970s and was sprung with the interest rate hikes of the early 1980s. The debt crisis which followed provided the IMF and Northern governments with

increased power over the developing countries through **structural adjustment**. This policy package combined: devaluation of the national currency (in order to bring down the prices of exported goods and earn strong currencies to pay debts); reduction of public expenditure (reduction of budgets devoted to education, healthcare and family farming); large scale privatisations; reduction of public subsidies to some companies or products; and the freezing of salaries (to reduce public expenditure and encourage production for export).

Trade liberalisation has been a key element of structural adjustment with countries forced to boost exports, including farm exports, in order to pay their debt. This further encouraged large scale, fossil dependent farming with monocropping rather than diverse production. Fiscal constraint was a key element with cutbacks in various forms of public support for small farmers. Food security was jeopardized by this regime as farmers were more vulnerable to price volatility, interest rates, and exchange rates (with indebtedness and hunger as a common consequences).

Trade liberalisation, following the establishment of the WTO, drove further many of these trends. Under this regime, developing countries have faced increased pressure to promote production for export to ameliorate chronic trade deficits; chronic because of the structured decline in their terms of trade (falling export prices but increasing import costs).

Developing countries have also faced structured barriers to accessing Northern markets for food and other agricultural products owing to tariffs and domestic subsidies in the North somehow legitimised through the WTO Agreement on Agriculture. Agricultural surpluses in the North (in part owing to domestic subsidies) have increased the pressure on developing countries to dismantle programs seen as barriers to food imports from the North. India is presently under intense pressure in the WTO to dismantle [public stockholding](#). Pacific Island states trying to restrict the import of turkey tails from the US (on health grounds) were threatened with trade sanctions and were forced to drop import restrictions ([GHW4](#) 2015, p205).

Trade liberalisation has further deepened food insecurity in the Global South, where commodity production for export replaces more broadly based agricultural production for domestic markets (including rural self-sufficiency). Trade liberalisation has also stoked the growth of large transnational corporations dealing in supplies (seeds, fertilisers, pesticides and finance) and managing trade in grains, livestock, fruit and vegetables.

The soya bean – stockfeed cycle exemplifies these trends with forests cut down (and local people displaced) to grow and export soya beans which are used for intensive farming of pigs and cattle, providing meat protein for the global North and wealthier people in the Global South. The environmental costs include water, waste, biodiversity, and greenhouse gas production. The health costs include pandemic risk and antimicrobial resistance. The inequity associated with the (expensive) over-nutrition of the North and undernutrition in the South is obscene.

Innovation in food technology has played a key role in reshaping food systems with a major focus on shelf life to extend market reach and support the global grasp of the transnational food companies. Food processing has also focused on producing sweet, fatty and salty foods which have a long shelf life, are seen as tasty and are therefore particularly profitable, are very limited nutritionally, and contribute hugely to noncommunicable disease. The palm oil - ultra-processed foods conjunction illustrates the links between forest destruction, loss of local livelihoods and biodiversity, expansion of global supply chains and growth of transnational food corporations.

Global supply chains have also enabled the growth of retail monopolies who can leverage scale in purchasing from the global market at the cost of squeezing smaller retail outlets and domestic farmers whose pricing power shrinks as the size of the retail giants grows.

Standing behind the global agrifood corporations are the giants of the financial sector who are dominant shareholders of the agrifood corporations and who are able to make billions by disrupting and then speculating on food assets price and supply.

The political power of this assemblage of corporate stakeholders in food systems globally is significant. Their profit depends on the continuing dominance of neoliberal narratives, policies and regulations. The costs in terms of hunger, displacement, biodiversity loss, environmental degradation, malnutrition and pandemic risk come second.

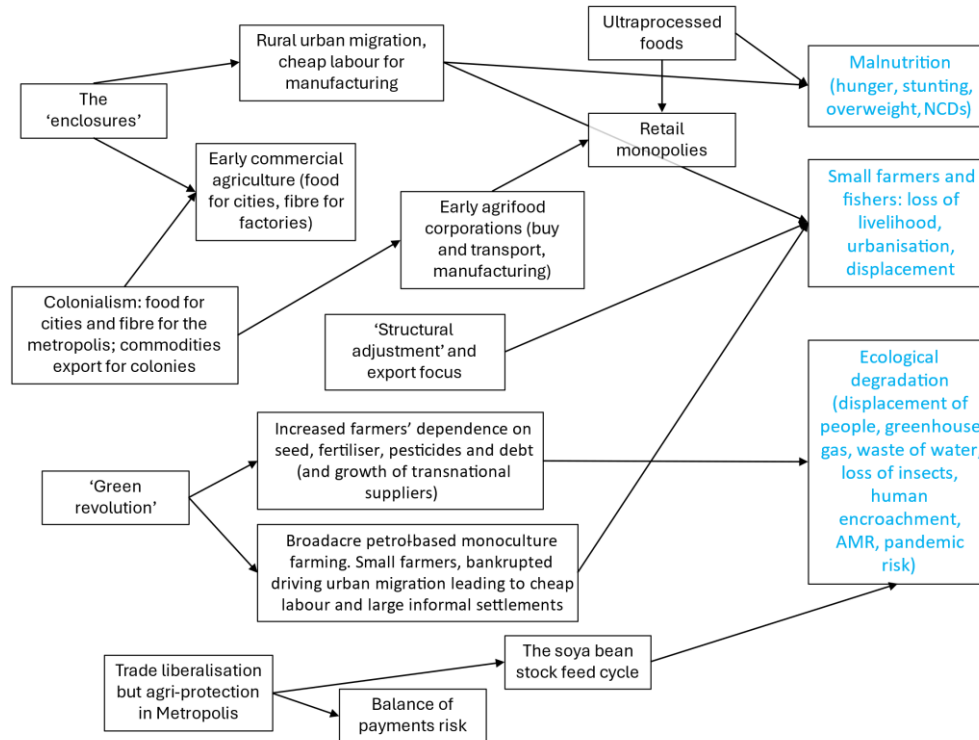


Figure 11. Capitalist food systems

Food sovereignty and agroecology

Food systems structured around the industrial agrifood model are challenged by the science and practices of agroecology and by the political movement for food sovereignty.

Agroecology is fundamental to repairing the metabolic rift. According to [FAO \(2018\)](#), the core elements of agroecology include:

- Diversity of crops, stock, environments, farming practices;
- Synergies across diversified food systems (eg intercropping with pulses), drawing on ecosystem synergies to support seed dispersal, habitat preservation and soil fertility;
- Efficiency through reducing external inputs and improving the use of natural resources;
- Resilience: of people, communities and ecosystems (all interconnected);
- Recycling, both at farm scale and within landscapes; closing nutrient cycles and reducing waste;
- Co-creation and sharing of knowledge, responding to context, drawing on tradition, sharing knowledge, building in research;
- Human and social values: valuing rural livelihoods, equity and social well-being; addressing gender inequalities; making space on the farm for young people;
- Culture and food traditions: supporting healthy, diversified and culturally appropriate diets; contributing to food security and community nutrition;
- Responsible governance, from local to national to global;

- Circular and solidarist economy: reconnecting producers and consumers; providing innovative solutions for living within our planetary boundaries; ensuring the social foundation for inclusive and sustainable development.

See also [FOE 2018](#) for a similar overview of agroecology.

'Food sovereignty' provides space for agroecology. FAO ([2014](#)) explains that food sovereignty

"... is rooted in the complex realities of producing, buying, selling and eating food. It is not a new idea, but rather it recognizes all the dimensions of a healthy, ethical and just food system. Food Sovereignty [...] recognizes that control over the food system needs to remain in the hands of farmers, for whom farming is both a way of life and a means of producing food. It also recognizes the contribution of indigenous peoples, pastoralists, forest dwellers, workers and fishers to the food system. It ensures that food is produced in a culturally acceptable manner and in harmony with the ecosystem in which it is produced. This is how traditional food production systems have regenerated their soils, water, biodiversity and climactic conditions, for generations."

Food sovereignty challenges the freedom of agribusiness to take over family farms and replace their diversity and resilience with monocropping dependent on seed, fertiliser and pesticide monopolies. It challenges the trade agreements which create the regime within which big food and agribusiness are able to control farming. It challenges the replacement of local produce with cheap, salty, fatty, and sweet products. It challenges the control exercised by supermarket giants over community food supply.

Corporate control of global food systems contributes to malnutrition, ecological degradation, and loss of livelihoods for small farmers and fishers. It is the seventh link between the workings of contemporary capitalism and the continued global burden of (potentially) avoidable disease.

8. War and conflict, occupation and ethnic cleansing, forced migration, authoritarian regimes

Health for All is a mocking taunt for communities caught up in conflict; locked in the privations of forced migration; facing occupation and ethnic cleansing; or facing arbitrary arrest, torture and disappearance under authoritarian regimes.

While such brutalities have long histories, they are reproduced and sustained in the present world by capitalism and contemporary imperialism.

The arms industry in the imperial North is a key driver with massive profits from government contracts linked to money politics and the revolving door between business and government. Profit is directly linked to strategic insecurity which is hyped to increase war budgets and arms procurement.

Imperialism is also a key driver of conflict in the contemporary world, directed to keeping borders open for transnational capital to extract and exploit. The 800 foreign bases maintained by the USA around the world, plus the aggressive expansion of NATO, serve to remind countries of the risk of invasion; a warning that is reinforced by the continuing program of regional warfare conducted by the US since WW2. The foreign bases and regional wars maintain the market for the arms industry; xenophobic lobbying in the capitals of the imperial North is good for military industrial complex.

Goading their adversaries into war preparations through provocation and uncertainty has been a common pattern, including challenging Russia through the expansion of NATO, and challenging China through repeated provocations in the Taiwan Strait. By some accounts the Korean war was precipitated by such means.

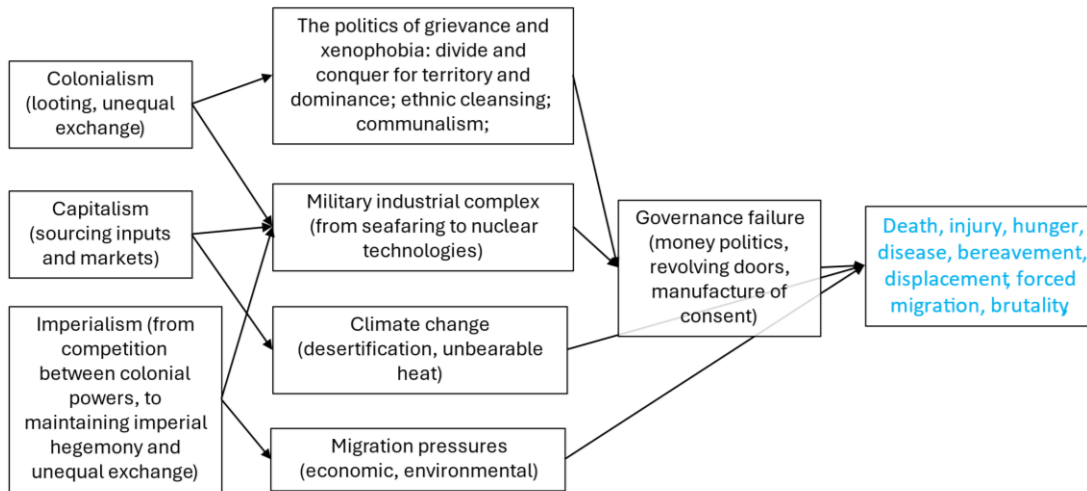


Figure 12. War and conflict

In some cases, the rationale for war is more directly linked to resources, in particular, oil. This was the case in the CIA 1953 coup against Mosaddegh and the installation of the Shah; repeated in the 2003 Iraq invasion (based on manufactured 'intelligence').

Direct military intervention is only part of keeping borders open for transnational capital. Other strategies include covert destabilisation, financial sanctions against individuals, the threat of trade reprisals, and currency sabotage.

Capitalism and imperialism are not the only drivers of war; religious and ethnic differences can be important factors. However, the imperial strategists are pleased to exploit such differences for imperial ends. The current atrocities in Gaza are driven by the Zionist project of ethnic cleansing; progressively driving Palestinians from their land, a project which dates back to before 1948. However, the Zionist project has also had the continuing diplomatic and financial support of the US as part of its Middle East strategy; directed to assuring continued access to Middle East oil.

War and conflict, global warming, and poverty all contribute to the forced movement of people, seeking shelter, seeking asylum, seeking a better life. South to North migration pressures are being met with astonishing brutality in many regions (Europe, US-Mexico border, Australia).

War and conflict (including occupation and ethnic cleansing, forced migration, and authoritarianism) comprise the eighth link between the workings of contemporary capitalism and the barriers to Health for All.

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Chapter 4. Mapping the contemporary world order

In this chapter some key features of the contemporary international political and economic order are surveyed. The chapter provides a framework to explore the connections between the specific circumstances of local struggles and the global dynamics of transnational capitalism

Transnational capitalism

Transnational capitalism refers to globally integrated operations of transnational corporations (including financial corporations). Transnational capitalism is managed by, and in the interests of, the transnational capitalist class. The transnational capitalist class comprises the captains of industry and finance, the wealthy elites (including their philanthropies and 'think tanks'), and allied political elites in government and intergovernmental institutions. The transnational capitalist class is self-conscious, well networked and enjoys a shared culture and lifestyle. It confronts a dispersed melange of national working classes (and excluded classes).

At the national level, the capitalist class comprises two fractions, one deeply invested in transnational capitalism, the other more preoccupied with the domestic economy. The rise of Trump in the US, and his reversal of various Obama policies, underline the differences between these two fractions of national capital. The transnational fraction demands governments implement policies which promote the continuing domination of the world economy by transnational corporations, particularly those domestically based. The national fraction of capital demands protection from the cold winds of trade liberalisation and financial liberalisation. The transnational fraction of the national capitalist class is also part of the transnational capitalist class and deploys national/imperial power in the interests of the transnational capitalist class more broadly.

The various modalities of power deployed by the transnational capital, the levers through which it maintains its global dominance, include:

- investment extortion (the leverage corporations exert over government where investment is proposed) and capital flight (the discipline imposed by the threat of capital flight),
- the control of technology (including through extreme intellectual property laws mandated through trade agreements),
- the geographical flexibility of transnational corporations in terms of how they structure their global value chains (the ability to transfer the sourcing of inputs and the location of manufacture, assembly, and head office functions),
- 'market sentiment', expressions of fear and greed, demand and refusal, mediated by movements in share prices and currency values, coordinated by the ratings agencies and the financial media, with potentially devastating impact on countries;
- money politics and revolving doors,
- imperialism, the deployment of hegemonic state power in the interests of the transnational capitalist class.

The crisis of overproduction

The crisis of overproduction has been mentioned earlier as a major contributor to deepening economic inequality. 'Overproduction' here means a structural imbalance of productive capacity over market demand. This reflects the increasing power of technology, the global reach of supply chains, and the flexibility corporations can exercise in plotting the geography of global supply chains.

The imbalance of productive capacity (over market demand) leads to fewer productive jobs, but this is compensated for by more precarious service jobs – the gig economy (including jobs pandering to the rich). The reduction in decent jobs further reduces consumer demand and exacerbates the overhang of productive capacity.

financialisation the big financial corporates own and buy and sell the businesses, including for speculative purposes as well as actual production.

The big pharmaceutical companies are now owned by private equity funds, hedge funds, and wealth funds. Decisions about investment and production are no longer the strategic choices of senior company officials. Rather, they are made by the barons of finance through the buying and selling of particular businesses and parts of businesses.

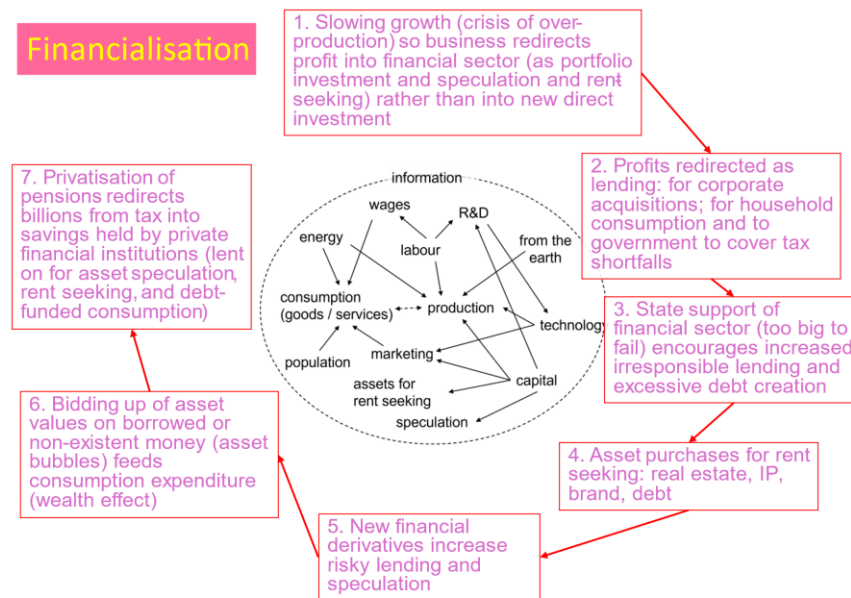


Figure 14. Financialisation

Imperialism

Imperialism has been described as ‘the highest stage of capitalism’; the economic forces and dynamics described above are intrinsic elements of imperialism. However, the economic forces operate in a geopolitical field and need to be contextualised within that field.

Imperialism is defined by the distinction between the centre (or metropolis) versus the periphery and the relations of unequal exchange between centre and periphery. The US at the centre of the centre but its governing role is shared, to some extent, with UK, Europe, and Japan. Amin (2015) refers to the ‘collective imperialism’ of the Triad (Amin 2015).

Contemporary imperialism emerged out of colonialism which was based on directly governed colonies. The mechanisms of capitalist accumulation under colonialism include the structures of unequal exchange which continues to play a dominant role as well as direct expropriation (looting, plunder) which has played a major role. Vast wealth was generated by the colonisers and in the colonies from slavery. The competition between the European powers for colonies played a central role in the deaths of millions in two world wars.

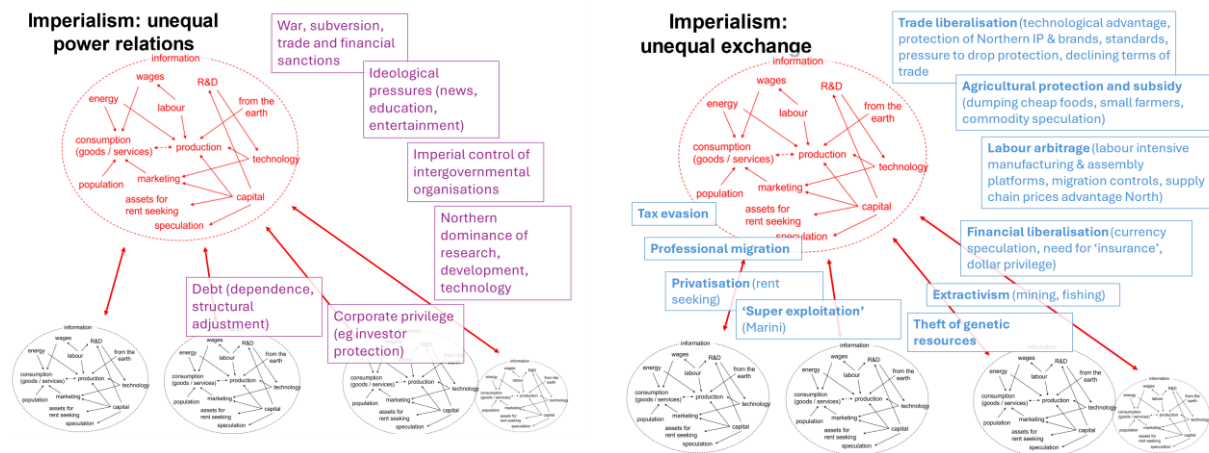


Figure 15. Imperialism: unequal power relations; unequal exchange

While the US is a colonial power (Hawaii, Philippines, Cuba, Puerto Rico, Marshall Islands, etc), it set itself apart from the direct rule of European colonialism through a preferred model of indirect rule or neocolonialism, involving bribery, periodic invasion, covert action, etc. Neocolonialism continues the relations of exploitation through unequal exchange but without formalised direct rule.

The colonial relationship involves much more than direct or indirect governance. It also includes the liquidation of cultural heritage and the imposition of cultural norms and social formations which suit the colonial project. These continuing manifestations of ‘coloniality’ include racially and gendered hierarchies of power; the anthropocentric assumptions of extractivism; and the Cartesian reductionism of the European Enlightenment. The project of ‘decoloniality’ seeks to name these persisting manifestations of colonialism, including in relation to healthcare and population health. Decoloniality involves not just naming these colonial shackles, but also driving the institutional transformations which are needed for a new dispensation. (See more on decoloniality [below](#).)

The transfer of value from the periphery to the centre is fundamental to the idea of imperialism. A range of different mechanisms unequal exchange mediate this transfer:

- Accumulation by looting is the primordial relation. It is generally identified with the colonial period including colonial dispossession, slavery and indentured labour, and the forced de-industrialisation of India by the British (the imposition of unequal exchange). However, a range of mechanisms for continued looting persist under contemporary imperialism; these include: judicial negation of traditional links to land (including through ISDS litigation); dumping of subsidised foods undercutting small farmers, driving them to the cities as cheap labour; precarious employment; malnutrition of women as a condition for the feeding of children and male workers; and extractivist projects displacing communities who are then forced to try to survive as artisanal miners.
- Unequal exchange is the defining relationship of imperialism. In its contemporary form this involves manufactured products from the metropolis (with wide price discretion because of their monopoly status) being exchanged with commodities (from the periphery) selling in a highly competitive market. With each innovation the price of the manufactured goods increases but commodity prices remain tight. Because of this deteriorating ‘terms of trade’ the countries of the periphery need to export increasing volumes of commodities simply to maintain their balance of payments.
- A critical aspect of this relationship is the intellectual property protection enjoyed by the manufacturers of the metropolis and the barriers so imposed on domestic manufacture in the South. The other face of intellectual property protection is the flow of resources from South to North for licensing of IP owned in the North. The US is the largest exporter of IP by far.

- Unequal exchange is also mediated through the structuring of global value chains by transnational corporations which have strategic control over the sourcing of inputs and labour, have monopoly control over technology and, because of their monopoly/monopsony⁵ status, are able to ensure that value created by workers in the South is realised as profit in the ports of the North (Smith 2016).
- The slogan of 'delinking' (Amin 1985) is a direct response to the way the structures of unequal exchange have become embedded in the norms of imperialism. Policies to promote delinking, and South South trade, envisage limiting access by the Global North to the resources and markets of the South while developing necessary technologies and more equitable trading relationships between countries of the Global South.
- An important mediation of value transfer arises from the privileges of the U.S. dollar. As developing countries succumb to the pressures to liberalise capital controls (to deregulate incoming capital flows and the repatriation of profits), they are increasingly vulnerable to currency speculation. To 'insure' against speculative currency attacks many developing countries invest much of their foreign earnings in the buying of US Treasury bonds which they can convert to dollars and defend their currency against attack. The buying of US Treasury bonds pushes up the value of the US dollar and the buying power of the US importers and consumers.
- Currency speculation is only one of the games available to the financial giants. Speculation on the price of food commodities is a significant contribution to global hunger – and financial profit.

Currency speculation

Buying Thai baht slowly and quietly contributes to currency optimism (increasing value of the baht) and leads to further buying by other players. Selling suddenly at the peak yields a large reward, the difference between the earlier lower value and the peak value of the currency. The value of the Thai baht crashes which means that the cost of imports into Thailand soars, impacting employment and cost of living for millions. Government debt becomes unsustainable because of the increased cost of buying US dollars to service such debt.

The pressure on the countries of the Global South to deregulate capital flows across their borders is a critical issue in the relation between centre and periphery (Amin 2015). As the financialisation of transnational capitalism proceeds, the pressure to liberalise capital flows increases and the need for the countries of the periphery to retain capital controls (as a base for economic sovereignty) becomes increasingly important.

The economic relations between centre and periphery are embedded in a spider's web of bilateral, plurilateral and multilateral trade and investment agreements. The agreements administered through the WTO play a key role in regulating transnational capitalism and the relations of imperialism. In relation to healthcare and population health, the TRIPS Agreement, the Agreement on Agriculture, and the General Agreement on Trade in Services (GATS) are of particular significance. The provisions for Investor State Dispute Settlement in various bilateral and plurilateral agreements have a powerful chilling effect on governments considering regulating for health.

The creation of a global trading regime which would facilitate the social and economic development of the countries of the Global South was the central objective of the 1974 Declaration for a New International Economic Order (NIEO), see below. The hopes pinned on the NIEO were crushed by

5. Monopoly refers to the position of sellers in the marketplace; monopsony refers to the position of buyers in the market.

structural adjustment after the 1980s debt crisis and the rise of neoliberalism and the establishment of the WTO with its various agreements.

The cynicism of talk about a 'rules-based order' is evident in the freedom enjoyed by the US in breaching WTO rules when it suits them. The US has effectively sabotaged the WTO dispute settlement procedures over the last several years in order to prevent the Tribunal from finding it guilty of breaching the 'rules' in its trade war against China.

Delinking and prioritising South South trade has been advocated as necessary strategies for self-determination and for social and economic development for the countries of the periphery for several decades (Amin 1985). The significance of this policy is reflected in the imperial disciplines which are imposed on countries who refuse to integrate or seek to delink (Russia, China, Cuba, Iran, North Korea, Venezuela).

The case for imposing imperial disciplines is supported in the imperial centre by the military industrial lobby and by the sentiment of the financial sector, recognising the role of military spending in the management of the capitalist economy (essentially burning money).

A new multipolar world

The geopolitical balance has shifted in recent years with increasing economic strength of the 'emerging economies', and the development of new alliances among the governments of the Global South including the BRICS (and BRICS plus), the Group of Friends in Defence of the UN Charter ([FUNC](#)), the Community of Latin American and Caribbean States (CELAC), the Bolivarian Alliance for the Peoples of Our America - Peoples' Trade Agreement (ALBA - TCP), the Union of South American Nations (UNASUR), the African Union, and ASEAN.

China has launched or supported several initiatives designed to challenge the US empire and to make space for South South cooperation. These include the Belt and Road Initiative, the Shanghai Cooperation Organisation, and the New Development Bank. China (and several peripheral states) are also diversifying their foreign currency holdings away from the US dollar and increasing the use of other currencies, including the yuan, in mediating trade.

The reduced grip of unipolar imperialism is reflected in the proposal from India and South Africa, for a waiver of TRIPS provisions to allow a more rapid scale up of medical products availability in the context of the Covid pandemic. This debate has continued in the negotiations for a 'pandemic treaty'. At this time, the unified voices of the imperial North have successfully rebuffed such waiver proposals.

There is some distance between seeking the renegotiation of imperial trade rules in the halls of power versus breaking the rules as Chavez did in terminating Venezuela's unequal deals with ExxonMobil, and ConocoPhillips in 2008. These two cases – India and South Africa seeking agreement to a TRIPS waiver *versus* Chavez nationalising parts of the Venezuelan oil industry – point to some uncertainty regarding how far governments in the Global South will go (will be able to go) in challenging the rules of imperialism. The 'radical' positions adopted by India in international trade negotiations stand in sharp contrast to the neofascism of the Modi government and the influence of neoliberal thinking in its domestic policies.

The Indian case underlines the importance of domestic politics in determining how far the governments of the Global South will go in challenging imperialism. India's economic progress in recent decades has been associated with its integration within the global capitalist economy and there are powerful class interests in maintaining and expanding that engagement. India has taken progressive positions on a number of health and trade issues in recent years, in particular, the proposed TRIPS Waiver in relation to health care products in an emergency. However, domestically the Hindutva corporate alliance ([Patnaik 2019](#)) brings together neoliberalism, neofascism, communalism, disregard of human rights and deepening inequality.

Neoliberalism has provided the overarching policy framework for structural adjustment and for trade liberalisation. It has driven financial liberalisation (reducing capital controls and allowing foreign financial institutions to come in); and harmonisation of standards and regulations (in accordance with the preferences and interests of the corporations). However, most governments in the Global South have signed up to this program, sometimes under hegemonic pressure, and sometimes where local politicians identify with the interests of transnational capital.

Cuba is an exception and the 50-year US blockade, warning other countries against taking the same path, is a measure of the importance of the neoliberal project to imperialism. However, Cuba's continuing resistance demonstrate to the world that, even under such pressure, economic self-determination is possible.

A new international economic and political order

There are lessons to be learned from the 1974 call for a New International Economic Order. This was a major attempt by the countries of the Global South to renegotiate the terms of their participation in capitalist globalisation based on a strengthened solidarity among the developing countries coming together in the Non-Aligned Movement. (See Box 1, below.)

The 1974 call for a New International Economic Order (NIEO)

The establishment of a New International Economic Order was declared by the UN General Assembly 50 years ago this year in [Resolution 3201 \(S-VI\)](#) and [Resolution 3202 \(S-VI\)](#). The NIEO was conceived, developed and sponsored in the UN by the countries of the Global South through the Non-Aligned Movement and the G77.

The NIEO was influenced by Dependency Theory which argued that a net flow of value from South to North was entrenched in the structure of the global economy and suggested that developing countries should use tariffs (import taxes) to make manufactured imports more expensive so local producers could get established; should use import quotas to restrict the volume of manufactured imports; and should use subsidies and infrastructure supports to increase the competitiveness of their exports in world markets. Dependency theory also recommended the cultivation of South South trade to avoid the unequal exchange embedded in South North trade.

The NIEO comprised a series of transformative policy demands which converted dependency theory into a series of practical policy demands regarding global economic governance. The NIEO:

- called for preferential treatment for developing countries in all fields of international economic co-operation;
- affirmed the state's right to nationalize or transfer of ownership of foreign-owned assets to its nationals;
- called for giving the developing countries access to the achievements of modern science and technology and promoting the transfer of technology and the creation of indigenous technology for the benefit of the developing countries; and
- called for the extension of active assistance to developing countries by the whole international community.

The hopes of the NIEO were extinguished by the 1980s debt crisis and IMF structural adjustment policies imposed as a condition of debt bailouts; by the wider influence of the neoliberal economic policies from that time; and by the trade agreements introduced with the establishment of the WTO in 1994. The WTO agreements, and subsequent regional trade and investment agreements, have progressively forced national borders open to trade and finance (but not technical knowhow or people).

Box 1. The 1974 call for a New International Economic Order

The original NIEO has been criticised for developmentalism and statism. The first criticism is that it did not challenge the fundamental architecture of globalisation; rather, it sought more equitable conditions for the participation of the countries of the Global South in globalised capitalism. In view of the continued environmental degradation since 1974, the lack of any critique of the extractivist character of transnational capitalism is also recognised as a significant limitation of the NIEO.

The second criticism of the NIEO has been its 'statist' orientation. The demands of the NIEO reflected the priorities of governments, trying to overcome the barriers to social and economic development arising in a regime of unequal exchange. This statist orientation is reflected in the contrast between the progressive rhetoric of the NIEO and the authoritarian character of many of the regimes leading the drive for the NIEO. Without a powerful demand from civil society for more radical strategies, the governments of the Global South were limited to seeking more equitable participation in, rather than the dismantling of, transnational capitalism. If the security of government depends on domestic suppression, more radical demands for restructuring at the global level will also be suppressed.

However, the need for a new international economic and political order has not gone away.

A suite of transformative policy demands is currently being advanced by governments of the Global South, academics and civil society organisations. Claims being debated in the WHO, WTO, IPCC, and other forums include:

- special and differential treatment,
- the right to development,
- technology transfers,
- a loss and damage funding mechanism to support adaptation to climate change,
- common but differentiated responsibilities,
- the TRIPS waiver,
- equity in pandemic preparedness and response,
- the regulation of transnational corporations,
- food sovereignty and agroecology, and
- delinking the funding of pharmaceutical innovation from the prices charged for medicines.

These claims are not making great progress. Transformative slogans are necessary but not sufficient.

The promise of progressive international policies from governments in the Global South, including as part of wider alliances, needs to be accompanied by a deepening of the struggle for democratic accountability domestically and a convergence of social movements globally to drive the radical break with imperialism.

How much the new solidarities of the Global South will be able to achieve is unclear. The determining factors will include whether:

- there is sufficient new policy space being opened up through the new multipolar world to drive the structural changes which are needed;
- the shared interests of the Global South are sufficient to hold together a phalanx of power behind these kinds of demands;
- the demands advanced through such new alliances assume the continuing prevalence of capitalism and globalisation, while demanding more equitable terms for participation or look towards structural change (ecosocialism);
- there is a willingness among peoples and governments to go down the more radical path of ecosocialism and delinking; calling for the dismantling of TRIPS instead of seeking to negotiate a waiver; would there be sufficient popular support to withstand the responses of imperialism?
- the prospect of global warming and the degradation of human habitat has changed the willingness of governments and peoples to go down the path to ecosocialism?

Institutions of global governance

A global 'rules-based order' for global governance, is a good idea, a necessary objective.

The world is a long way away from having a global government; the more realistic scenario is of a complex regime of global governance, including institutions for discussion and decision and agreed rules to guide international relations and national governments. In form, this is what is now in place: institutions (such as World Bank, the IMF, the WTO, the WHO, the IPCC, the ICJ) and norms (trade rules, human rights principles, the law of the sea, WHO guidelines, etc). However, it is evident that these structures are shaped in many respects by the demands of imperialism, mediated through the governments of the Global North, the direct demands of transnational capital, the capitalist ideology machine, and capitalist philanthropies.

The WHO provides a case study of how the structures and norms of global governance are shaped by the needs of imperialism, in particular through the control of WHO funding. Over the last forty years the rich countries have manoeuvred WHO into a position where it is totally dependent on donor funds for all of its technical programs. Mandatory assessed contributions are down to less than 20% of total expenditure and the remaining 80% from the donors (countries and philanthropists) is tightly earmarked to the donors' preferred projects.

This is the context within which successive WHO directors-general have been forced (by Rockefeller, the World Bank and the US) to adopt the 'universal health coverage' model which, as outlined earlier, provides cover for the marketisation and privatisation of healthcare.

The imperial control of global governance (including global health governance) is contested by progressive governments and by a myriad of political and social movements (including PHM). While these political and social movements organise and advocate in both the international and domestic domains, their base, their roots, are necessarily domestic.

The dissolution of US imperialism will involve action by progressive governments (held accountable by their peoples) and alliances of progressive (and democratically accountable) governments and by political and social movements organising nationally and internationally. Such actions for the dissolution of imperialism will include renegotiation of agreements, the creation of new institutions, and where necessary, radical breaches of the norms of the empire.

Individual countries and peoples will be particularly vulnerable at different times (just as Palestinian people are at this time); a further condition for success will be solidarity across borders, solidarity across difference.

Cross cutting oppressions of class, gender, ethnicity, religion, and ability

The dissolution of capitalism and imperialism are necessary conditions for preserving a habitable world, for healing the metabolic rift, and for an equitable, sustainable, inclusive world. It also simultaneously requires addressing the oppressions and discriminations across the hierarchies of power across gender, race/ethnicity/caste, class and ability. While these oppressions generally antedate capitalism, they are inflamed by the strategists of capital as part of a campaign to divide and conquer and many of the exploitations imposed through such oppressions have been created or elaborated by capital. Examples include the unpaid labour of women; the discriminations in jobs and education across hierarchies of race, caste and class; and the exclusions of disability.

However, the hurts of such oppressions cannot be attributed solely to the exploitations and strategies of capital. They have other roots, in many cases much older than capitalism. Addressing such hurts requires an understanding of how the oppressions across hierarchies of power are mediated and experienced. These mediations include customary ways of thinking (and speaking), and the institutional forms and practices which normalise such oppressions.

Addressing such assumptions and practices in our own lives and our activist engagements involves personal reflexivity, deep listening across difference (making space for experience to be shared) and being open to feedback. It involves building solidarity across difference into our activist engagements, including solidarity in action. The unity forged through such reflexivity and solidarity can vastly strengthen the movement.

The concept of intersectionality recognises the several different axes of difference across which oppression, exploitation, and exclusion may operate. It also highlights how the ways of thinking and the practices associated with liberation across one axis of difference (eg across gender) may yet incorporate the structures of oppression across another (eg across race/ethnicity).

Intersectionality is not an invitation to the fragmentation of people's movements with narrowly defined identity groups, each pre-occupied with their own struggles. Rather, it makes the case for building reflexivity, deep listening, and being open to feedback into all of our engagements with people who are (or who might be) different. It makes the case for cultivating solidarity in our activism.

Ideology

The stability of the contemporary world order depends on maintaining a cultural milieu which is consistent with economic inequality and rapacious extractivism. This involves the deliberate shaping of people's subjectivity (cultivating insecurity, individualism, materialism) and the shaping of wider social norms of good and bad (the 'manufacture of consent').

One of the key elements of this program is the illusion that 'liberal democracy' is somehow identified with people's sovereignty and its electoral processes yield accountable, representative government. In fact, 'liberal democracy' entrenches the freedom of capital *from* democracy. Investment decisions shape history but under democratic liberal capitalism such decisions are taken privately and in the interests of private profit. Concerning the well-being of people and planet, the only justification for such a system would be the magical beneficence of the 'invisible hand' of market forces; this is a dubious proposition.

Neoliberalism is an ideological framework built around the beneficence of market forces and the profit incentive. Poor people need lower incomes to make them work; rich people need higher incomes to make them work. Trade liberalisation as a fundamental 'good' is part of this framework.

The institutions which manufacture consent to extractive patriarchal racialised capitalism are diverse and operate in different ways. In many cases their ideological function is grafted onto other social purposes: educating, news services, entertainment, marketing.

The challenge of reaching out to people who have been hurt by inequality or injustice and who are being drawn towards fascism, is a critical capacity for social movement activists. Neither shouting down, nor rational argument has a positive record. Indeed, the rising tide of neofascism finds reassurance in shouting matches and in many settings has completely dispensed with fact and logic. Listening to their lived experiences and demonstrating a commitment to fairness and justice might have a greater likelihood of building bridges.

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Chapter 5. Possible futures: implications for the Struggle for Health

Strategy requires foresight; informed speculation about how history will unfold.

Current trends with respect to human habitation suggest:

- continued emissions, extractivism and growth,
- accelerating warming,

- more regions becoming uninhabitable,
- food insecurity, population displacement, and conflict,
- more desperation and more concrete barriers.

Current trends with respect to the global economy point towards:

- deepening inequality,
- continued evaporation of good jobs, employment increasingly dependent on precarious, exploitative, low paid employment, and
- deepening fiscal crisis and austerity.

More broadly, in terms of how societies operate, current trends suggest:

- securitisation of nation and class (border walls and gated communities),
- alienation, hopelessness, retreat to echo chambers, chauvinism, communalism, and fascism.

Business as usual in geopolitics suggests:

- continuing US decline,
- heightened US China conflict,
- continuing imperial wars, increasing likelihood of major war, and
- continued diversion of resources to military expenditure.

This is a dismal view.

More hopeful possibilities

More hopeful scenarios include:

- accelerating environmental degradation drives global insistence on addressing the drivers of global warming and environmental degradation; such insistence manifest by peoples united globally and through governments of the Global South and increasingly governments of the Global North;
- increasing pressure for a more equitable global response to global warming including fairer sharing of the costs of adaptation; driven by peoples united globally and the governments of the Global South;
- increasing resistance to the degradation of employment; led by labour movement globally and providing support for structural changes in global economic governance;
- rising refusal in the face of deepening global inequality; increasing resistance to fiscal austerity in the face of the obscene wealth of the 1%;
- widening cultural rejection of the chauvinist, xenophobic, nationalist and fascist responses to the polycrisis;
- the decline of US imperialism, and new centres of geopolitical power make space for the governments of the Global South to gain new leverage over global governance; the return to prominence of the non-aligned movement (NAM); a new multipolar world.

Speculating about the future is full of uncertainty; unforeseen trends and events will arise. However, hopeful trends do not just 'emerge'; they need to be actively achieved.

A new movement of internationalism would be a new space of hope. From this point of view, the role of PHM as a global movement is precious.

Determination to change history needs hope and hope needs inspiration. The rest of this chapter reviews some ideas which inspire: ecosocialism, buen vivir, decoloniality, primary health care, and new geopolitical configurations.

Ecosocialism and democratically accountable economic planning

Investment choices play a fundamental role in shaping our futures. Private, profit-motivated control of investment has failed to respond to the real needs of people and nature and will continue to fail. The

voraciousness of capital - the search for profit, investment and more profit - is driving global warming, the loss of biodiversity and deepening inequality.

Capitalism is driving ecological degradation and resisting any movement towards ecological sustainability. It is self-evident that we need some kind of ecosocialism ([Hickel 2023](#)), but what kind and what pathways?

Liberal democracy claims to provide an institutional framework for planning and implementing a rational response to societal problems, like ecological crisis. However, hidden in the term 'liberal democracy' is the freedom *from* democracy provided for the owners of capital; freedom to invest as the manifestation of property rights. But investment decisions are critical in shaping social and economic development. If we are to build a global civilisation that lives within our planetary limits, investment decisions need to be subject to democratically accountable planning; economic planning.

Historic models of socialism have not been attuned to the planetary limits to growth. Indeed, the externalisation of production costs to the environment was a prominent feature of socialism in the Soviet Union.

Ecosocialism will need to remain within planetary limits. Consumption spending under ecosocialism will be subordinate to a wider culture of living well. The good life will be progressively uncoupled from material consumption, but people will still need food, clothing, lighting, and heating, and transport. In particular, the communities who have been impoverished under capitalism will need an increase in resources for consumption. The good life will have space for creative pursuits, companionship, local food production and many other non-material values.

Investment spending and accumulating resources for such spending will remain a feature of any future economy. The communities who have been impoverished and excluded under capitalism have the right to homes, hospitals, schools, and roads and will claim such rights under ecosocialism. In the rich world too, there will still be a need for some investment spending, within a living well culture, including, for example, the restructuring of energy systems to mitigate global warming.

Resources for necessary investment spending can be accumulated in different ways, including a surplus generated in production and commerce as well as taxation. What matters is that generating such surplus is not the driver of the economy; rather it is the need for such investment which drives accumulation, within the context of firm limits on humanity's aggregate ecological footprint.

Rejecting the claims of 'liberal democracy' must not mean an abandonment of the principles of accountable, transparent, consensual politics. Such a politics will be essential in building ecosocialism; redressing inequality, cultivating living well rather than maximising consumption, and valuing the rights of insects, forests, and coral reefs. In short, a new kind of democracy. What kind?

We cannot be too prescriptive about what ecosocialism will look like and how the principles of democratic politics will be expressed in different cultures and times. It should be sufficient for now to identify the broad contours of such scenarios and work towards them while leaving the details to be worked out in the context of the necessary transformations.

Buen vivir, living well

The concept of buen vivir or living well has made a major impact on progressive thinking in Latin America. Breilh (2021) has provided a rich introduction for English readers, centred around 'wellness':

Wellness in fact denotes the cultural–spiritual embodiment of a material healthy social reproduction. In this sense, it is an important component of health in the paradigm of critical epidemiology. Wellness therefore entails both a material embodiment of protective, supportive, empowering, safe, satisfactory, healthy modes and styles of living— that successfully overcome the contradictory elements of destructive, undermining, alienating, and unhealthy ones— and a

subjective cultural and spiritual proactive embodiment that springs from satisfaction related to safe, rewarding, pleasurable, creative, collective and personal activities.

Breilh acknowledges the contribution of indigenous traditions to the growing appreciation of 'living well':

Latin American societies with a strong presence of indigenous cultures do provide some motives for optimism. A critical, academic, emancipatory paradigm related to society, life, and health can easily be harmonized with the philosophy and the principles of indigenous peoples' knowledge, their harmonious ecosensitive ways of relating to Mother Nature, and their community-based ethos that replaces competitiveness with sharing and mutual provision.

[Bobatto et al](#) (2020) speaking from the perspective of PHM in Latin America (MSP-LA) describe the indigenous cosmovision (cosmomiento) which has inspired and informed the wider social and political adoption of *buen vivir*.

In each of the cultures a cosmogony is produced as a result of the relationship between people and nature. It is the way in which human beings represent the origin of the world, their place in the cosmos, their conception of the universe, the sense of human passage that creates an image of the world that a society gives to itself as a result of the most varied knowledge, of 'cosmomiento', traditions and intuitions. The 'cosmomiento' is a word proposed in the 3rd Continental Summit of the Native Peoples of Abya Yala [the Americas] and refers to the fact that it is not only the knowledge of the human being, which in anthropocentric culture is associated with power and social prestige, but also the knowledge of all visible and invisible beings, organic and non-organic, organic, tangible and intangible.

Ancestral wisdom, from the depth of the world views of the people who have always inhabited our AbyaYala, remind us that there are other ways of feeling and living life, that we belong to a force superior to us, that at the same time constitutes us.

[...]

As members of the MSP-LA we are convinced that Good Living, Living Well is the way out of this predatory system. It is the only alternative to the colonial capitalist model, to modernity, to development and extractivism. Millennial good living can save the planet, the emancipatory world views of indigenous peoples are revitalized, reconstituted and can be the basis of political projects of the people after 521 years of resistance. We are going towards the free self-determination and autonomy of the people and on this path from our Movement we seek to contribute to build the Health Sovereignty of our people.

In recent years, Good Living has been presented as an important current of reflection in Latin America. It implies a profound change in the current civilizational model.

The idea of *buen vivir* has had a wide impact, beyond Latin America.

Other indigenous and traditional cultures are also contributing to thinking our way out of this predatory system. Traditional knowledges in the indigenous cultures of Australia are carried in stories but, as distinct from the Enlightenment tradition, these are knowledges which encompass morality and agency as well as history, science, geography and astronomy. The 'Enlightenment tradition' imagines knowledge as the description of a supposed reality (stripped of morality because it is 'objective') and with no space for the subject who knows or for agency (the subject who acts). Enlightenment knowledges stand outside the 'real world' because they are a description of it. So where do they stand? On the moon? Is the academy also outside the real world?

These ways of knowing are not necessarily in opposition but while origin stories can accommodate scientific insights, reductionist knowledges have no space for ethics, subjectivity or agency.

Cultural insights from other traditions are also building the scope for cultural action including contemporary feminist thinking which has sought to integrate the anti-coloniality of Third World feminism with the anti-patriarchal insights of 'second wave' feminism.

It is necessary to confront gender discrimination, racism, disablism and other forms of discrimination on the grounds of human rights, justice and solidarity. However, it is also part of challenging capitalism because it weakens the power of divide and conquer strategies. In cultures where gender and ethnic diversity is valued, hate speech and xenophobia have a more limited reach.

Decoloniality

Decolonisation is not just about replacing the structures of colonial rule with new institutions of representative governance. The residuals of the colonial presence persist in the institutions of education, utilities, services and commerce, and in our minds.

The experience of European colonisation leaves behind assumptions about people in the world (white man at the centre) and about the nature of knowledge (a representation of a singular reality). The anthropocentrism of the colonial legacy contributes to a continuing extractivist orientation. The realist, representational view of knowledge is unable to perceive the different subjects who are speaking in different knowledges and is unable to hear that the ex-colonial masters are still speaking.

Decoloniality questions the anthropocentric view of humanity in our relation to nature and seeks to make space for the sovereignty of rivers and plankton and insects. Decoloniality challenges the epistemology of representational truth and recognises the presence of the subject in different knowledges, and the pluralism of knowledges corresponding to the lived experience of the knowers.

New geopolitical configurations

The power structures of imperialism and transnational capitalism are under challenge from the governments of the Global South including new alliances and new possibilities in the spaces between the US and China.

There are grounds for optimism arising from new alliances among the governments of the Global South (see discussion of [New Multipolar World](#), above). However, the experience of the 1974 NIEO suggests some risks and certain conditions for success.

The intergovernmental solidarity expressed in the drive for the NIEO was not easy to achieve and involved extended negotiations to deal with different interests of different blocs within the Non-Aligned Movement. Contemporary alliances must also deal with different perspectives. (For example, the interests of the Cairns Group of agricultural exporters (which includes several developing countries) do not align completely with the interests of those developing countries who need to protect domestic agriculture.)

A second lesson from the NIEO arose from the contrast between the progressive policy directions advanced by the participating governments and the authoritarian domestic policies of some of those governments. If the global transformation in prospect is to go beyond 'making space' for developing countries in a regime of neoliberal globalisation, the necessary policy directions (which include moving towards ecosocialism) will need to be associated with a powerful convergence of social and political movements, defending living conditions and their various cultural and environmental inheritances, which can push democratically accountable governments beyond the 'making space' objectives.

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Chapter 6. The struggle for health: confronting capitalism and imperialism

This chapter reviews the implications of the foregoing analysis for the People's Health Movement; for movement building, cultural practices, and strategic choices. These choices are always contingent upon local circumstances and immediate needs but should also seek to address the more macro and longer-term dynamics.

The People's Health Movement

PHM is a network of activists and organisations working to build a global movement for Health for All.

The foundation of PHM's Health for All commitment is the work of PHM's country circles, working in local communities, and networking at district, provincial, national, and regional levels.

PHM country and regional circles are engaging with the social conditions which shape population health. They are also working on healthcare issues, including health systems strengthening, access to decent health care, realisation of primary health care principles, and driving community involvement in health system management, planning and accountability.

PHM's global programs and thematic groups support in various ways the work of our country and regional circles. The global programs include the policy analysis carried in Global Health Watch, the engagement with global health governance through WHO Watch, and the opportunities for networking and experience sharing through the International People's Health University. The thematic groups provide forums in which the specific challenges of health systems, environment, gender, trade, conflict and food can be explored. Underpinning the work of country and regional circles, global programs, thematic groups are the organisational resources including PHM Exchange and the PHM websites.

The structures, forces and dynamics of capitalism clearly play a powerful role in shaping health care and population health. This was recognised in the [People's Charter for Health](#) (December 2000):

Political, financial, agricultural and industrial policies which respond primarily to capitalist needs, imposed by national governments and international organisations, alienate people from their lives and livelihoods. The processes of economic globalisation and liberalisation have increased inequalities between and within nations. Many countries of the world and especially the most powerful ones are using their resources, including economic sanctions and military interventions, to consolidate and expand their positions, with devastating effects on people's lives.

The [Cuenca Declaration \(2005\)](#) focused attention on neoliberalism, privatisation and "free trade":

The global economic framework of neo-liberalism, privatization and "free trade," made operational through the WTO and international financial institutions, has played a determinant role in the transfer to the corporate sector of the control of the determinants of health. This leads to environmental destruction, toxic pollution, denial of rights to water, food, and life itself. The human right to health and health care must take precedence over the profits of corporations, especially the profiteering of pharmaceutical companies.

The [Cape Town Call to Action](#) (2012) reinforced this:

Our health has been devastated by neoliberal policies that are the hallmark of present day capitalism. The global health crisis is a consequence of the failure to address the social, political and environmental determination of health. The current capitalist crisis has several inter-related dimensions, among them: political, food, economic, financial and ecological. Its roots lie in the neoliberal model of globalisation.

And again, in the [Dhaka Declaration](#) (2018):

The vision provided in the People's Charter for Health (2000) and the Cuenca Declaration (2005) is more relevant than ever before, as unfortunately the root causes of ill health and inequality persist and are yet to be reversed. These root causes are deeply embedded in patriarchy, caste-ism, racism, religious fundamentalism, able-ism, transphobia and hetero-normativity and reinforced by the current paradigm of

development, which is characterised by individualism, anthropocentrism and neoliberal capitalism. Communities the world over are increasingly losing their access to land, water and livelihoods on the one hand, while facing heightened militarisation, violence and repression on the other.

The [Mar del Plata Call to Action](#) (2024) affirms that the struggle for health is a struggle for liberation and against capitalism.

The capitalist world is in a persistent and deepening crisis with on-going structural problems becoming more and more evident. It is an irreversible crisis of capitalism and imperialism, and the People's Health Movement sees an opportunity to upend the political hegemony and transform the world in a way that makes health for all a reality.

PHM comes together within a rich spectrum of political and social movements confronting capitalism and imperialism. Critical tasks are building a convergence of social and political movements based on solidarity and a recognition of common cause and deepening strategic alliances with progressive governments across the Global South.

The focus of this paper is on the role of capitalism in the social determination of people's health. The concept of 'the social determination of health' focuses our attention on the structures, forces, processes and dynamics which shape the conditions in which we grow, learn, play, work and grow old. This usage contrasts with the common use of 'social determinants' which focuses attention on the prevailing features of our social environment that shape people's health without giving systematic attention to the social, political and economic processes which reproduce those features.

What are the implications, for PHM strategy, of recognising how the barriers to HFA are reproduced by the forces and dynamics of capitalism and imperialism?

We have reviewed the broken promise of Health for All and explored eight ways in which capitalism and imperialism are obstacles to achieving Health for All.

PHM has recognised the challenge in the various statements quoted above from the sequence of People's Health Assemblies.

Now the question is, 'What is to be done?' How shall we build our movement? Where shall we put our efforts?

The micro macro principle

This paper has been prepared with a specific focus on confronting capitalism in the struggle for health. This is big picture material, but it should not be seen in any sense as an alternative to confronting the myriad of local and immediate issues that communities are facing, including access to healthcare and the social determination of population health.

The activist challenge is to address the local and immediate issues in ways which also address the macro and longer-term structural issues. How this idea is realised will depend on local circumstances, but it will involve putting together the narratives which speak about these macro micro relationships.

Direct cultural and political action

Cultural action (commoning, living differently) involves resisting commodification, alienation environmental degradation in our own lives, and in our communities. It includes direct action (cultural and political) to confront corporate and political crooks. It involves living differently and reclaiming the commons.

Cultural action is needed to restore and maintain hope; to build faith in the potential power of 'the people united'; and to create the community commitment and resilience needed to challenge and withstand the backlash of capital.

Cultural action for health will be informed by the insights of decoloniality and the principles of *buen vivir*.

Policy advocacy directed at government action

Strategies for system change may focus on policy advocacy directed to government action *and/or* direct cultural and political action.

Government action is a necessary part of achieving broadscale structural change, at local, national and international levels. However, the effectiveness of policy advocacy in achieving change depends on the integrity, accountability, and the democratic accountability of government.

Under neoliberal globalisation the capacity of government to serve the people and to protect Mother Earth is limited by:

- lack of control over investment,
- the political power of the big corporates (campaign donations, bribes, revolving doors),
- the wider power of capital through 'market sentiment', and
- the threat of imperial intervention (financial sanctions, covert destabilisation, military action).

Unless government action is democratically accountable it will not be able to overcome these sources of resistance. Building the social and political movements, rooted in their communities, which can enforce such accountability involves direct cultural as well as political action.

Solidarity and convergence

The agency of the people is expressed in social and political movements. The People's Health Movement is part of one such movement; call it the 'Health for All movement'. PHM has worked in many ways over the last 24 years to build networks across this wider global Health for All movement.

The struggle for health takes place beside many other struggles addressing different priorities in different settings although in many respects the underlying circumstances are framed by the same deep structures. However, while each of these movements pursues its own objectives and strategies, without collaboration across movements, the underlying structures, including transnational capitalism, remain unchallenged.

Coordinating people's voices across these different movements requires pathways of convergence; convergence across the labour movement, the gender justice movement, the environmental movement, the agroecological and food sovereignty movement, various national liberation movements and their affiliated solidarity movements. Convergence calls for deep listening across difference, for solidarity where others are hurting, and for recognition of the common structures of oppression and degradation.

Uses of 'identity' are commonly structured around particular axes of oppression or discrimination (gender, ethnicity, ability, etc). Such oppressions must be confronted; but we need to go beyond multiple separate struggles for liberation.

The notion of intersectionality highlights the multiple identities that each of us carries and the role of context in bringing different identities to the fore or leaving them unrecognised. In a social movement such as PHM, patriarchy, ethnic stereotypes, heteronormativity and ableism can all bring unreflexive discriminations into our collaboration. Openness to feedback and deepening solidarity through listening across difference are critical resources in movement building.

We also need to recognise the role that capitalism plays in reproducing these separate oppressions. Specific identity struggles need to be contextualised within a wider analysis of capitalism, including class analysis. All axes of oppression must be addressed; a politics of love and rights is critical for building the solidarity and convergence needed to overturn capitalism.

Prioritising our community connections

PHM's messaging and our political strength depend upon our having rich connections with the communities whose needs we seek to advance and whose voices we depend upon.

We must continue to build PHM from the bottom up, with priority to our work at the country and regional levels. PHM's Strategic Plan (2020-2025) commits our global programs and thematic circles to redirecting their organisation and activities to engage more closely with PHM activists (and potential activists) working in country and regional circles.

The project of movement convergence also starts at the local, country and regional levels. This involves building partnerships with political and social movements who are broadly aligned with PHM directions, developing communication and exchange with those allies (and potential allies).

In Latin America, for example, PHM has been building and consolidating new alliances with a range of networks including the Agroecological Latin American Movement (MAELA), the Movement of Social and Solidarity Economies, La Via Campesina, the Campaign for a Global Curriculum, the Buen Vivir University, the Sao Paulo Forum and many more.

Primary health care

The Alma-Ata Declaration on Primary Health Care remains an inspiration for progressive health workers. Clause 3 of the declaration cites the call for a NIEO and in doing so locates the struggle for health in the context of global economics and politics.

The Declaration provides practical guidance to health workers about the importance of access to primary health care and the need for action on the conditions which shape community health. It invites health workers to see themselves as working in partnership with their communities, not just delivering medical services but working together to strengthen healthcare and to engage together in the production of healthy communities.

Appreciating the significance of Alma-Ata, in promoting this community health partnership, points to the importance of confronting the political forces which are seeking to marketise and privatise healthcare. Of particular concern is the World Bank/WHO campaign around 'universal health cover' which provides cover for the project of marketizing and privatising healthcare.

There remains space for developing the primary health care narrative, including bringing the ideas of ecosocialism and *buen vivir* into the ongoing struggle to achieve Health for All.

Hope, uncertainty and action

In times past revolutionary struggle was seen as the main pathway for the deep social and political changes needed to replace capitalism. Revolutionary struggle is still the necessary strategy in many settings but the scope for revolutionary transformation at a global scale in the era of transnational imperialist neoliberal globalisation appears more uncertain.

However, history is unpredictable. In chaotic times small disturbances can drive complex systems beyond stability.

Our world is in deep crisis; understanding the root causes of that crisis is fundamental to determining the action needed to bring our world back into balance.
Health for All Now! remains our call and we shall work relentlessly to achieve that end.

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