

Jan-Apr.  
2006PHM ORGANIZATIONAL  
TRANSITION – 2005-06

## EDITORIAL

Transition from one state to another sometimes is dicey, sometimes easy but almost always fraught with a sense of unease, tinged with some excitement. For a worldwide movement such as PHM, transition is a process that calls for much soul-searching and planning and action at various levels. Decision making needs to be participatory and as wide a cross section of the members should be involved, if not directly, at least through representatives. Regional and other considerations should be taken into account and appropriate human power strategies should be identified. Such a process, necessarily, is slow but an acceptable solution always evolves.

PHM has been through such a process to identify the next secretariat and the next coordinator recently and it has taken nine months, starting with Cuenca in July 2005 and now ending in May 2006. We had hoped that at Cuenca itself transfer would take place but due to a set of unusual circumstances, this was not to be. Hence a process began in Cuenca and will now reach completion in Geneva in May 2006.

Now at last, with pleasure and renewed hope, PHM is glad to announce the shift of the Global Secretariat from Bangalore, India to Cairo, Egypt and the responsibility as the Global Secretariat Coordinator from Ravi Narayan to Hani Serag. With this step there is also a transition towards younger leadership which we hope will be reflected in the new Steering Council that would come about in a few months time.

The Secretariat would be hosted by Association for Health and Environmental Development (AHED), Egypt on behalf of the Middle East and supported by Global Secretariat support group that will include (1) Arab Resource Collective, Beirut, Lebanon (Ghassan Issa); and (2) Palestinian Medical Relief Services, Palestine (Jihad Mashal); and Chairperson of AHED (Alla Shukrallah). All three organisations and people named above have been very active in PHM, some before December 2000. This group will provide invaluable support to Hani when he takes over as Global Secretariat Coordinator, by June 2006.

The Global Coordinator and the Secretariat will also be supported in the interim by a Coordination Commission that will help the transition process by facilitating the evolution of the new Steering Council - that will replace the earlier Steering Group and strengthen the regional and country level mobilization - so that a representative People's Health Assembly evolves as well.

In order to make the whole process transparent, this Newsbrief contains minutes of some important meetings since Cuenca and the paths we have travelled since in evolving this organizational strategy for PHM.

Much of this has already been up on the PHM Exchange. Many people from Mexico to the Philippines have written extolling the process and warmly welcoming the new Coordinator. We invite you to write too.

**Prem Chandran John,**  
Editor.

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# PHM Activities

## A BIT OF HISTORY

### FROM SAVAR TO CUENCA VIA BANGALORE - Reflections on PHM Realities and Future Challenges.

*Recognising the importance of documenting the experience of the early organizational history of this global movement, we have evolved this short paper as a constructive contribution to the further development of PHM.*

#### 1. PHM AS A MOVEMENT.

A movement is not an international NGO. What is it then?

From the beginning the PHM movement was a growing and diverse collective process of evolving circles at community, country, regional and international levels; it encompassed individuals, groups, organizations, networks and campaigns, linked by a commitment to the Health for All strategy, and to addressing the deeper determinants of health, with communities and marginalized peoples through health action.

PHM works in circles, not pyramids of decision making that are inclusive and not exclusive or ideologically straitjacketed; we build on trust, mutual respect, with an ethos of debate and dialogue; we accept diversity and plurality. From this perspective, PHM has evolved charters and declarations focused on the urgent needs of impoverished people and communities.

PHM's evolving country circles need to be inclusive, work with trust, mutual respect and responsibility, appreciate cross cultural diversity, and need to be non-hierarchical and participatory in decision making and focus their concerns and activities on people and communities.

They need to concentrate on capacity building for the above. Being inclusive, without being ideologically vague, is one of the biggest challenges for the PHM. PHM has been new experience with no direct parallel for comparison and hence is a very exciting development.

#### 2. PHM VISION – WHAT?

The People's Charter for Health (PCH 2000, available in over 40 languages), and its two updates the Mumbai Declaration of January 2004 and the Cuenca Declaration of July 2005 articulate PHM's vision. The People's Charter for HIV/AIDS was released in Bangkok in July 2004; statements on Macro-Economics and Health, Public Private Partnerships, Trade and Health, Primary Health Care, Health Systems Research, Disasters (Tsunami) and the Politics and Power of Aid, the Researchers for Health Statement (PHA 2); and a series of press statements by the PHM media group articulate evolving perspectives, responding to new international developments and challenges in health.

(All these are available on the PHM website <[www.phmovement.org](http://www.phmovement.org)>)

#### 3. PHM STRATEGY - HOW?

The real challenge to PHM is not vision but strategy and action. The challenge is to convert vision into meaningful strategic options at different levels.

An overview of the Charter highlights PHM's key strategic directions. To us, Health for All, among other, means:

**Challenging** the powerful interests of globalisation; **encouraging** people to develop their own solutions; **holding** authorities at all levels accountable; **demanding** that governments and international organizations reformulate, implement and enforce policies and practices which respect the right to health; **building** broad-based popular movements to pressure governments; **demanding** needed transformation of the World Trade Organisation and the global trading system including the intellectual property regimes; **pressuring** governments to introduce and enforce legislation to protect the health and rights of marginalized groups; **demanding** that education and health are placed at the top of the political agenda; **holding** corporations, public institutions and the military accountable for their activities; and **developing** people-centred, community-based indicators of environmental and social progress.

It also means **supporting** actions and campaigns for the prevention of natural disasters and the reduction of subsequent human suffering; **opposing** privatization of health care; **demanding** that governments finance and provide comprehensive Primary Health Care and ensure free and universal access to health; **demanding** a radical transformation of the World Health Organization (WHO) so that it responds to the needs of the poor, avoids vertical approaches, involves people's organizations in the World Health Assembly and ensures independence from corporate interests; **supporting and engaging** in actions that encourage people's power and control in decision-making in health; **demanding** that research in health is carried out in a participatory, needs-based manner; **building** and **strengthening** people's organizations to create a basis for analysis and action; **engaging** in actions that encourage people's involvement in decision-making in public services at all levels; **demanding** that people's organizations be represented in all fora relevant to health; and **supporting** local initiatives towards participatory democracy.

**This list is a selection from a much larger one in the Charters and represents those on which PHM has taken action or needs to do something urgently.**

#### 4. PHM CURRENT STRATEGIES (2003-2006)

##### a. Building country circles around community and national needs, challenges and opportunities.

.. These are ongoing in Bangladesh, India, Nepal, Pakistan, Italy, Sri Lanka, Philippines, South Africa, Egypt, Palestine, Lebanon, Iran, Australia, USA, Ecuador, Guatemala, Argentina and a number of other countries.

##### b. Building Regional Circles around regional needs, challenges and opportunities.

.. Efforts have been made in East Africa; Latin America, the Middle East, and Asia.  
.. These efforts are an important adjunct to the process of increasing PHM participation in World Social Forum and Regional Social Forum processes.

# PHM Activities

## **c. Facilitating PHM representation, participation in local, national, regional and international fora and meetings.**

There is regular PHM input/involvement in the World Social Forum, Regional Social Fora, the World Health Assembly, the Global Forum for Health Research, Health Promotion conferences; the Canadian Society of International Health meetings, meetings of National Public Health Associations, HIV and AIDS conferences and meetings. In many of these conferences, PHM resource persons have been on specific panels raising PHM concerns and perspectives. PHM also organises special seminars for those interested in PHM so that they get an opportunity to meet the PHM participants, learn about the movement and join the movement if they are interested.

## **d. Evolving an advocacy strategy to bring WHO back to a Health for All perspective and to focus action on social health determinants.**

The WHO-WHA advocacy circle has very effectively advocated with WHO at different levels. This has included: advocacy in the annual World Health Assembly, participation in the Annual Research Forum of Global Forum for Health Research, involvement with WHO Commission on Social Determinants on Health, submission of position papers on areas of WHO concern and PHM interest, participation in WHO meetings, participation by WHO team members at HQ and regional levels in PHM meetings including the Second People's Health Assembly, dialogue by PHM at regional levels with PAHO, EMRO, AFRO, WPRO and SEARO.

## **e. Building Global Solidarity through regular participation in the World Social Forum and Regional Social Fora.**

This active participation has been a unique opportunity for PHM to dialogue with larger global social movements — thus strengthening the health related agenda in their movements.

## **f. Global Right to Health Campaign (since 2004)**

This has evolved through consultation at various levels, an extensive campaign with People's Tribunals organized by PHM India, and meetings at WHA and other fora with the UN Special Rapporteur on Human Rights. At PHA-2, after extensive discussion the global campaign was launched.

## **g. Disaster and Humanitarian Responses**

.. This PHM Circle has been promoting collective initiatives during the build up to the Iraq war, and during the tsunami (South Asia), the Bam earthquake (Iran) and some Latin America disasters.

.. The Tsunami statement on the politics and power of aid (April 2005), several press releases, the Tsunami Watch project are examples of practical initiatives that have greatly helped to enhance the visibility of PHM.

## **h. Active participation in the Annual Research Forum organized by Global Forum for Health Research (GFHR).**

The WHO-WHA Advocacy Circle and the PHM Research Circle have been very effective in raising the profile of PHM on issues of relevant research important for People's Health by participation in the Annual Research Forum from 2002.

## Coordinating Office

*The Coordinates of the PHM Secretariat from June 2006:*

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Gonoshasthaya Kendra, Savar, Bangladesh is in-charge of publications, the News Brief and also the Archives. Dr. Qasem Chowdhury, the outgoing Coordinator (2000-2002) will handles this.

He is at: [gksavar@citechco.net](mailto:gksavar@citechco.net)

Dr. Prem Chandran John helps edit the Newsbrief.  
He is at: [newsbrief@phmove](mailto:newsbrief@phmove)

## **i. The International People's Health University (since 2005).**

- .. This is PHM's response to the regional capacity building and training of younger generations of PHM activists. The IPHU functions linked to international and regional events associated with PHM.
- .. At PHA-2, the IPHC facilitated the first IPHU session from 10-16th July 2005, with 55 participants from around the world (2/3rd from Latin America). Two upcoming IPHU sessions are in planning stages.
- .. IPHU involves all potential academic, research and training centres within the global and regional PHM circles in this international training initiative.

## **j. Global Health Watch**

This process towards regular Alternative World Health Report put together by a global coalition of resource persons in which PHM plays an active role is also an important activity. The first report was launched in the Second People's Health Assembly at Cuenca and in other parts of the world in 2005. Regional adaptations are in progress and work on the second report of GHW has just begun ([www.ghwatch.org](http://www.ghwatch.org)).

## **k. Communications and Campaigns.**

PHM has evolved a communication strategy to keep all its members informed about all that is happening. This includes: the PHM website; the PHA-Exchange list server, regular news-briefs every 6 months, a set of ad-hoc PHM publications, a set of audio visual materials.

# PHM Activities

## I. Campaigns.

PHM has also organized campaigns such as The Million Signature Campaign for the 25<sup>th</sup> anniversary of the Alma Ata Declaration, the No War, No WTO, Health for All Campaign, the Save UNICEF Campaign, the Women's Access to Health Campaign, etc. [see website for details]

## 5. GLOBAL GOVERNANCE AND DECISION MAKING IN PHM.

### a. The Global governance and decision making process in PHM includes the following component:

A global steering group which consisted of a group of founding networks and organizations and a group of regional focal points and a Global Secretariat with a coordinator and a secretariat support group.

b. Enhancing regional coordination is an important organizational imperative not only to reduce the overall burden on the inevitably small global secretariat team but also to enhance responsiveness, regional decision making, regional capacitation and regional communication.

c. Some regional processes that have been strengthened particularly in the mobilization phase towards PHA2 is being recognized and strengthened further. There is great potential and possibilities in enhancing regional coordination both as a concept and thrust of PHM in the next few years building on the ongoing processes discussed above.

### d. Global Secretariat

Guidelines relevant to a PHM global secretariat were evolved in November 2002 in Bangladesh before the shift of PHM secretariat to CHC in Bangalore.

The concept of a global secretariat with a full time coordinator and a small team of communication officer, secretariat assistant etc., was a necessary aspect of the phase 2002-05 because the PHM was an evolving movement. However, as the movement has grown both in visibility and in terms of demands on global secretariat teams this is not a viable proposition now.

### e. Towards Regional Secretariats

A large number of activities/responses/functions presently carried out by the global secretariat and coordinator can be better done perhaps more effectively by regional coordinators if they have the capacity and aptitude to be inclusive, representative and responsive. Plan to operationalise. Plan to operationalise such a regional decentralisation are in progress since PHA.

## 6. ISSUE CIRCLES

The experience of the secretariat in supporting/facilitating issue based circles and campaigns have been very diverse.

a. Only three circles the WHO-WHA Advocacy Circle; the Research Circle and the War and Disaster Circle have been consistently active helping greatly to enhance PHM visibility, relevance, contribution and to some extent impact.

b. Efforts to facilitate a PHM – HIV/AIDS circle; A Macro-economics and Health Circle; Politics of Health Circle;

Disability and Economics Circle – had a very mixed response and track record.

c. More recently, a Global Health Watch, a Global Right to Health Campaign and a WHO-CSDH dialogue with PHM are three PHM-related activities which are evolving into relevant and perhaps effective circles of PHM members working together.

## 7. SOME STRATEGIC THRUSTS

The Bangalore phase of the PHM evolution has seen some strategic thrusts that are seen as crucial to long-term sustainability.

### a) Mobilizing newer and more youthful leadership.

An effort was made to identify and support younger leadership in PHM so that the movement was more sustainable and not over-dependent on the 'networkers' and 'activists' of the pre 2000 AD era. Efforts were made to give newer resource persons (who were less well known globally/regionally, but showed great potential capacity and enthusiasm) a greater opportunity to get more involved with PHM initiatives.

### b) Engagement with mainstream, not only confrontation.

Another major thrust was to shift the focus of PHM initiatives beyond confronting the mainstream through memorandums, protests, street actions and other modes of democratic dissent – (which are very necessary because of the over dominance and spread of neoliberal economic and political determinism) to a more confident and more strategic process of engagement with the mainstream using strategic openings and opportunities to build 'space for alternative thinking' even within mainstream institutions and the public health system.

### c) Inspiring and informing 'evidence gatherers'.

We have also attempted to take the PHM Charter to academic and research institutions so that mainstream institutions orient/inform their students about these perspectives and help to build up greater awareness among the future academics and researchers on the social determinants of health and the alternative socio-epidemiological analysis that is central to the People's Charter.

### d) PHM as a Generic, not a Brand.

PHM needs to be recognized by all partners and adherents as a generic process rather than as a brand. PHM recognizes network and campaign groups at local, national, regional and international level as natural partners, encouraging groups to recognize PHM as a partner. This has also helped towards PHM's visibility and outreach.

## 8. IN CONCLUSION

The next phase of PHM evolution and development post-PHA2 will hopefully be a phase marked by greater representativeness and responsiveness; It needs to be:

i. a phase of greater decentralization and regional- and country-level capacity building.

# PHM Activities

ii. a phase of greater maturity and direction in our PHM initiatives focused on, as needed, engagement and/or confrontation with the mainstream policy and system building efforts.

**We must remember that PHM is fast becoming recognized as an Alternative to the Globalization of Health from above. The increasing recognition by the non-PHM world of the PHM world is a challenge, as well as a great responsibility for us. Are we building the movement adequately to be responsive to such expectations? That is the continuing challenge before us.**

*[This background note are extracts from a larger paper (see website) based on the experience of the outgoing PHM Secretariat team in Bangalore and tries to identify some of the challenges and options before PHM. It was a background contribution to the PHM transition process and strategy meeting held in Frankfurt hosted by Medico International from 6-9<sup>th</sup> of February 2006.]*

## FAREWELL FROM THE BANGALORE SECRETARIAT

Dear Friends,

For nearly 30 month, since January 2003, we have been at the hub of the global People's Health Movement, coordinating the global secretariat supported by the Global Steering Group. It has been a great experience - full of inspiration, solidarity and challenge - some of which we have shared in the reflection (see page 2-5). For us, it has been a positive experience of team work bringing together full timers, part timers and volunteers from India and many parts of the world. Its a time to say THANK YOU to all of them and to all of you for the enthusiasm, support, goodwill and the encouragement that we have received in the last three years.

Its also a time to recognise and say a very special thanks to the Community Health Cell, Bangalore - Thelma and her team - for the institutional support and cooperation that made our total involvement in PHM possible. They remain the unrecognised silent workers behind the scenes.

Its also a time to remind you all that this unique involvement in PHM must continue, supporting the new coordinator and the new global secretariat hosts.

Let's all continue to build the People's Health Movement and make our dreams and hopes for Health for All come true.

With gratitude and in continued solidarity,

Ravi Narayan  
on behalf of PHM Secretariat Team (2003-2006)  
(including Prasanna, Srinidhi, Prem, Unni, Abraham, Nagaraj, Anil, Mathew, Nisha, Sunil and many others.)

## THE FRANKFURT DIALOGUE - Feb. 2006 - In the spirit of Allegremia

The PHM Transition Advisory Group (TAG) met at Spenerhaus in Frankfurt on the 7th and 8th Feb 2006. The group reviewed a number of relevant [PHM documents](#) including minutes, reports and email discussions generated over the last 6-8 months plus a [comprehensive report from the outgoing secretariat](#).

A [detailed record of the discussions](#) is available. The purpose of this report is to capture the essence of the conclusions and recommendations reached.

### Mandate

The Transitional Advisory Group was commissioned at the SG meeting in [Cuenca, 23 July 2005](#) and was expanded over the next few months as the e-group dialogue evolved. Following the Cuenca PHA, Medico International offered to host a meeting in Frankfurt to take these discussions further. Further discussion within the SG across the email led to the acceptance of this offer and the identification of participants which included the transition team and some special invitees.

### Conclusions

#### Growth and its challenges for PHM

The movement is growing; the PHAExchange list has grown to 1800. We have an active presence in around ten countries; and are semi-active in another 20-30. We have been very well served by the outgoing global secretariat.

We have been welcomed in high places but we need to build a much stronger base in community health organisations around the world if we are to make sure that we are listened to. **Are we being invited to the table because of the logic of our case and the power of our constituency or because our participation adds a patina of legitimacy to the deliberations of the establishment? Maybe both but we need to be alert to the latter.**

We have a number of challenges organisationally. Our decision-making needs to be more transparent, efficient and participatory; at all levels and in all our fora.

While we are still a young organisation it is not too early to worry about regeneration and renewal. We must share our history, develop our analysis and welcome our future.

We have a strong value base and political program, expressed most clearly in the Charter but we are a 'broad church' and we have different perspectives on some issues. We must neither paper over such differences nor let them divide the movement; rather we must analyse the facts and the politics of such issues and learn to speak together about our differences and be as inclusive as possible in our discussions especially in terms of including the experiences and aspirations of the people who have yet to achieve the right to health.

# PHM Activities

We come women and men, from many different countries, different cultures, different languages and different abilities. Our diversity is a threat but also an opportunity. We need to find the structures and ways of working that are more inclusive and responsive; learning by listening; building the movement locally and regionally as well as globally.

Neoliberal analysis is in crisis. Every week there are more publications in scientific journals giving negative evaluations of neoliberal health reform; critiquing core elements of the neoliberal program; describing positive examples of primary health care. **The Empire is in crisis; it is a moment of heightened risk but full of opportunity.**

## What sort of organisation is PHM

PHM brings together two separate entities: the People's Health Movement (upper case) and the people's health movement (lower case). PHM (upper case) is an organisation which has set itself the task of contributing to the development of the people's health movement (lower case) and to the achievement of the goals which define the people's health movement (lower case).

The people's health movement (lower case) comprises those organisations, individuals and communities of interest who are working on health related issues (at all levels) and who are struggling to give voice to the unheard; to develop health systems that work; redress inequities in access and power; to counter insecurity and exclusion which also shape people's health chances and to strengthen the accountability of governments and donors. These organisations, individuals and communities constitute a 'movement' in so far as there is a generally shared sense of direction and a certain collective consciousness and even solidarity. This is the 'movement' which PHM (upper case) seeks to support and participate in.

Clearly the effectiveness of PHM depends upon its relationship with the phm and we need to have a clear analysis of our relationships with the people's health movement and a clear sense of how that relationship will develop.....

## Recommendations

### a) Directions and principles

#### We must:

- .. decentralise and regionalise;- harness our diversity; build our capacity; build our geographical circles;
- .. widen our network linkages;
- .. develop our thematic strengths
- .. listen to the experiences and aspirations of our different communities
- .. develop our organisation through action.

### b) Broad framework: structures and relationships

We propose the following model:

Our organisational mandate comes from and is renewed through the People's Health Assembly. Between assemblies the organisation is steered by a Council (of no more than 20 people) representing our regions, networks and campaign areas. The Council meets face to face once or twice a year and by email in between.

The week by week work of the organisation at the global level is managed by a small Coordinating Commission, effectively an executive to the Council. The daily work of the organisation at the global level is carried out by the Global Secretariat with a global coordinator supported by a small number of functional coordinators (responsible for GHW, the website, WHO liaison, PHA3, fund-raising and IPHU).....

### c) Capacity building: developing the regions; developing national and local PHMs

A concerted program of development work is needed to develop PHM at the local, national and regional levels. Some possible strategies include:

- visits and speaking tours;
- working closely with people at the grassroots
- opportunities to exchange experience across and between different country and regional circles
- having national and regional link people in relation to global functions such as Global Health Watch (GHW), International People's Health University (IPHU), Right to Health Care (RTH)
- action around particular issues, campaigns, projects; not just talk;
- build from the Charter; what does it mean at the neighborhood and local levels;

We need opportunities to share strategies and experiences; case studies of experiences; this is our richness; something that is inspirational.

### Build links across the movement; use the support to build a stronger People's Health Movement.

[These are extracts of the Frankfurt Meeting. The Transition Advisory Group acknowledges with appreciation the vision of Medico International in supporting the meeting.]

## THE PHM INTERIM COORDINATION COMMISSION (COCO)

A Global PHM Interim Coordination Commission (PHM CoCo) will take over in April 2006 to oversee the evolution and implementation of the organisational recommendation from Frankfurt dialogue and help the global secretariat transition from Bangalore, India, to Cairo, Egypt and support the new Global Secretariat and coordinator for a year June 2006 - May 2007.

Fran Baum, Australia (Chairperson)  
Prem John, India (Co-Chairperson)  
Hani Serag, Egypt (Incoming Coordinator)  
Ravi Narayan, India (Outgoing Coordinator)  
David Sanders, South Africa (GHW II and PHA 3)  
Arturo Quizhpe, Ecuador  
Nadia van der Linde, Netherlands  
Margarita Posada, El Salvador  
David Legge, Australia (IPHU)  
Andy Rutherford, UK (Finances)  
The PHM CoCo takes over from the outgoing steering group and will help evolve the new Steering Council and strengthen the regions and country level circles.

## THE CAIRO CONSENSUS - February 2006

In early February 2006, upon a call from the transition advisory group, a planning meeting was convened in Frankfurt, Germany. Beside many other outputs of the meeting, it was decided to move the Global Secretariat to the Middle East. This secretariat was to be hosted in coordination by three active PHM member organizations in three different countries (Palestine, Egypt, and Lebanon). The decision was based on a proposal from the region to host this global secretariat. On 25<sup>th</sup> and 26<sup>th</sup> of February 2006, a follow up meeting was held in Cairo, hosted by the Association for Health and Environmental Development (AHED), to evolve further action by consensus.

Agreements reached during the two-days meeting were :

### Global Secretariat

1. At the invitation of MENA region, represented by AHED (Association for Health and Environmental Development, Egypt), PMRS (Palestinian and Medical Relief Society, Palestine) and ARC (Arab Resource Collective, Lebanon), the Global Secretariat will move to MENA region and will be hosted by AHED.
2. The above three organizations will be jointly responsible for the Global Secretariat.
3. The three organizations mentioned above will be known as the Global Secretariat Committee and will depute AHED to host and coordinate the global secretariat and to represent the Committee at the Coordination Commission of PHM (CoCo).
4. AHED deputed Hani to be the Global Secretariat Coordinator.
5. Internal decision making will be by the Committee of three who will work out the modalities between them.

### Regional Coordination

Consensus on keeping the PHM regional coordination in Palestine (PMRS, represented by Jihad).

### Strengthening of MENA region

1. The region would use the chance of presence of the global secretariat to strengthen itself.
2. Use the process of civil society engagement with the CSDH that AHED coordinates in the region to include more countries as well as country based and regional based organizations and networks in the PHM. PHM in the region should be very inclusive for all types of civil society organizations and networks.

## INTRODUCING THE NEW GLOBAL SECRETARIAT HOSTS

### Association for Health and Environmental Development (AHED)

A non-governmental, non-for-profit, membership organization established formally in November 1987 and it is based in Cairo, Egypt.

AHED strives to assist in the evolvement and implementation of alternative policies and systems in the area of community development in general and in the areas of health, environment and disability in particular.

Website: [www.ahedegypt.org](http://www.ahedegypt.org) -

E-mail: [ahednet@ahedegypt.org](mailto:ahednet@ahedegypt.org), [hpsp@ahedegypt.org](mailto:hpsp@ahedegypt.org), [dis@ahedegypt.org](mailto:dis@ahedegypt.org) & [edp@ahedegypt.org](mailto:edp@ahedegypt.org).

### The Palestinian Medical Relief Society (PMRS), formerly UPMRC

A non-for profit, community-based health organization, founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation.

PMRS's national health programs emphasize prevention, education, community participation, and the empowerment of people.

E-Mail: [pmrs@pmrs.ps](mailto:pmrs@pmrs.ps) - Web: [www.upmrc.org](http://www.upmrc.org)

### Arab Resource Collective (ARC)

A regional Arab independent non-profit organization founded in 1988 and works with partners in 9 Arab countries ( Lebanon, Palestine, Iraq, Syria, Jordan, Yemen, Egypt, Sudan and Morocco).

ARC's objective is to work with its partners to develop knowledge, build capacities and develop the resources culture in the Arab countries.

In Cyprus : EMail: [arccyp@spidernet.com.cy](mailto:arccyp@spidernet.com.cy).

In Lebanon: Email: [arcleb@mawared.org](mailto:arcleb@mawared.org) & [www.mawared.org](http://www.mawared.org).

## NEXT GLOBAL SECRETARIAT COORDINATOR

**Hani Serag**, Director, Health Policy and Systems Program (HPSP) and vice executive director, AHED.

An Egyptian physician in mid thirties of age, graduated from the medical school and studied epidemiology – worked in AHED since 1994 and for a while as a clinician – has a sound experience in implementing public health-related research, training, evaluation and advocacy – has experience in coordinating networks and networking on local and regional levels. .

## GLOBAL SECRETARIAT COMMITTEE (MENA)

**Jihad Mashal**, Director General, Palestinian Medical Relief Society (PMRS).

A public health specialist, with 25 yrs of experience in an extensive range of health and development related activities. He has an extensive experience in lobbying and advocacy at national, regional and international levels on a variety of health and development issues.

**Ghassan Issa**, ARC Co-founder, member of Senior Management Team and Senior Health coordinator responsible for Health for all programs. A pediatrician and lecturer in Community Pediatrics, Pediatrics Department, Faculty of Medicine, Lebanese University since 1990 and an activist of civil society organisations since 1975.

**Alaa Shukrallah**, Chairperson of AHED - Co-Director and Head of Research and Training unit, Development Support Centre (DSC). An experienced public health and community based rehabilitation specialist, who has participated in founding many people's health related initiatives.

## PHM INVOLVEMENT IN HEALTH ACTION - ONGOING PROCESSES AND FUTURE EVENTS

- a. PHM Europe coordinated by Alexis organized some events and sessions during the European Social Forum in 1<sup>st</sup> week of May in Greece. To learn more about it, please go to [www.healthp.org/documents](http://www.healthp.org/documents), select "Health Policy –PHM – REDS" and Open the Athens ESF health program.
- b. PHM participation in various events is being explored. This includes among on. :
  - i. The National Health Assembly in Peru – July 2006.
  - ii. The World Public Health Conference in Rio, Brazil in August 2006.
  - iii. Geneva Forum towards Global Access to Health August – September, 2006.
  - iv. The Canadian Conference on International Health of the Canadian Society for International Health "Who cares? The human dimension of the global health" October 15-18, 2006 – Ottawa, Canada
- c. The PHM involvement in the civil society process within the framework of the WHO's CSDH in different region is continuing. New opportunities to participate in the knowledge hubs have evolved. PHM is represented by David Sanders (South Africa) in network on "Globalization"; Thelma Narayan (India) in "Measurement" knowledge network on evidence for policy change. Alaa Shukrallah (Egypt) in knowledge network on "Early Childhood Development" and Hani Serag (Egypt) in "Urban Settings" and Earlier The next Civil Society Facilitators meeting will take place in May 2006 (in Geneva).
- d. The GHW 2 secretariat has been established in South Africa, David Sanders and Bridget have circulated a structure of the GHW2 plus a plan of action for discussion and comments.
- e. The Forum 10 of the global forum for health research will be held in Cairo from 29<sup>th</sup> October to 2<sup>nd</sup> November 2006. David Sanders has submitted an abstract on behalf of PHM to describe a capacity building process to produce a cadre of researchers who understand the complex methodological requirements of conducting evaluative research on complex comprehensive primary health care.
- f. The global right to health campaign and its project proposal in evolving. A dialogue among PHM circles in 20 countries to evolve country level adaptation of the campaign is proceeding.
- g. A review of the IPHU has taken place in Frankfurt on 9<sup>th</sup> February 2006 and a report on this and plans for future courses will be circulated shortly. Opportunities of linking IPHU course with already planned events are being explored.

FOR ADDITIONAL INFORMATION.....

**PLEASE VISIT PHM RELATED WEBSITES AROUND THE WORLD**  
1) [www.phmovement.org](http://www.phmovement.org) 2) [www.health-now.org](http://www.health-now.org)  
3) [www.iphcglobal.org/iphu.org](http://www.iphcglobal.org/iphu.org) (International People's Health University)  
4) [www.ghwatch.org](http://www.ghwatch.org) (Global Health Watch)  
5) [www.saveunicef.org](http://www.saveunicef.org) 6) [www.righttowater.net](http://www.righttowater.net)  
7) [www.phmoz.org](http://www.phmoz.org) (Australia) 8) [www.phm-usa.org](http://www.phm-usa.org) (USA)  
9) [www.phm-india.org](http://www.phm-india.org) (India) 10) [www.aifo.it/english/alliances/phm.htm](http://www.aifo.it/english/alliances/phm.htm) (Italy)  
11) [www.thenetwork.org.pk/phm-htm](http://www.thenetwork.org.pk/phm-htm) (Pakistan)

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