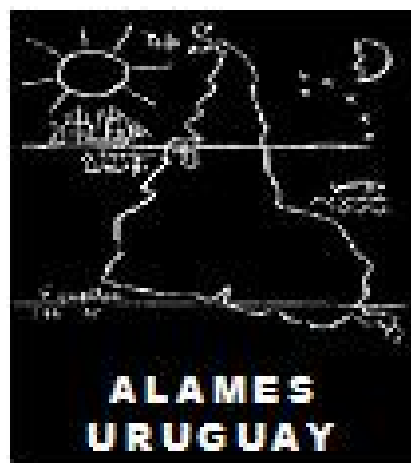
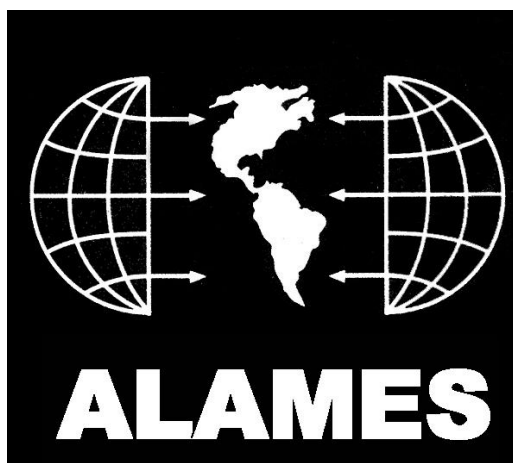


Campaign for **THE RIGHT TO HEALTH** **IN URUGUAY**

People's Health Movement

www.phmovement.org

Health for ALL NOW!!



The real first chance for us to adopt a public criticising position about the right to health in Uruguay, was at the "I world Forum in Defense of the People's Health: Health as a Human Need, as a Right of Citizenship and as a Public Good. Health for all is possible and necessary ..." in Porto Alegre – Brazil (January 2002). This was also our first contact with the People Health Movement (PHM).

Since then we have continuously worked on that subject, in different ways. The following summary only includes the most relevant actions undertaken from 2008, briefly noting some of the attributes of the Campaign for the Right to Health (RTH) in 2007, made with the support of PHM.

MOBILIZATION AND ORGANIZATION

Uruguay is a small country in terms of territorial extension and population. Urban population living in the capital and in the departmental capitals accounts 90% of the total. Despite that concentration and the consequent depletion of wide land areas, small populations persist and were initially crowd around the horse changing posts and around the railroad stops.

These populations, and also those that live around farms, comprise what we call "the deep inside" or "the real country". Information, opportunities for exchanges and discussing about human rights topics, and opportunities to make their voices sound, are too few for them, if reach them. These were the populations we prioritized in the RTH campaign 2007. There were more than 80 briefings in over 60 locations in the 19 departments, to promote an active participation in the regional and National Forums.

The qualitative meaning of that effort increases if we take into account that we were just a handful of volunteers from Montevideo. In some few weekends we were divided into a three teams, going to different directions, visiting 8 - 9 different locations. Lessons from Uruguay, from its people, its problems and challenges, became a huge experience for us.

Litoral Health Forum, Salto city, Sept/7th, 8th
North Litoral Health Forum, Bella Unión city, Sept/21st, 22nd
South Litoral Health Forum, Colonia city, Sept/28th, 29th
East Health Forum, Maldonado, Oct/5th, 6th
Metropolitan Health Forum, Atlántida, Oct/6th, 7th
Central Health Forum, Rivera city, Oct/12th, 13th 12
3º Uruguayan Social Health Forum and 1º South American Social Health Forum, Treinta y Tres city, Nov/8th-10th (2007)

After the Forum 2007, including the preparatory meetings and regional forums, we can say that we have had a dialogue "face to face" about right to health, with more than 2,500 people.

Now the question would be: beyond this closer rapport to know the reality where those populations live and develop their health-disease processes... **how useful was this mobilization? Which were our advances to the right to health? What changed from that moment?**

To answer these questions it is necessary to point out some key elements of context. On one hand, from March 2005 we have a progressive government which recognize **health as a right and as a responsibility to be ensured by the state.** This is a significant qualitative change, as previous government proposals were that the state should only worry about the homeless. On the other hand, when we performed the Forum in 33, the law creating the National Integrated Health System was still in debate (it was approved in December). Therefore, the Forum was an area of discussion focused on the health needs of people and their relationship with the health system response. That showed the necessity of a rapprochement between people and the system, the importance of social organization to act in demanding rights.

The creation of the Movement of Users of the Private and Public Health as a formal organization in November 2007 has been an important step. There are some particularly remarkable facts about this movement: it includes representatives of the nineteen departments; it has been recognized as an official task force by the national health authority; and it has designated one of its leaders to integrate the **National Board of Health** which is the highest health authority in health policy with social integration as it includes workers. The Forum, which acts as a chapter of the PHM in Uruguay, served as a joint space between the Movement of Users of the Private and Public Health, ALAMES, the Uruguay Medical Union and the Uruguayan Federation of Health (non-medical workers).

As a continuity of the Forum 2007, we made the 4th Uruguayan Social Health Forum in Rio Negro (November-December 2008) emphasizing the importance and validity of that joint between different movements. At that time, colleagues of the PHM-Brazil presented the Report of the Center for Global Health ... and an expression of the continued participation of representatives from PHM in Latin America (they have participated in 4 Forums). So, the Forum is a space that connects the national problems and experiences with the Latin American and global agenda for people health.

AWARENESS - TRAINING CONTINUES

Linking to the mobilization strategy, a training agenda for health activism has been developed, being the most important activities the following:

- **ALAMES Training Workshops, for the National Movement of Users of the Private and Public Health.** Two meetings were held with representatives from this movement across the country in order to enhance the organization around the people rights to health. We discussed crucial items such as participation, considering that some new spaces has been opened to the social movements for they to make part of the health policy and health management in our country. Each meeting involved about 120 people.
- **Meeting - Workshop of the National Movement of Users of the Private and Public Health** (Canelones September 27, 2008), organized and coordinated by the ALAMES. The event featured 70 representatives from different localities of the department of Canelones and its aim was to consolidate the Movement of users at the departmental level.
- **Training workshop on Participative and Strategic Planning in Health** (Montevideo and Salto) Coordinated by Dr. Germain Crespo, Director of Planning, Ministry of Health and Sports of Bolivia between 2006 and 2008, member of ALAMES-Bolivia and founder of Bolivia's Permanent Human Rights Peace Assembly. There were more than 100 representatives from various social

organizations, community workers, technicians, nurses, social workers, psychologists, social psychologists, artists who were involved in the proposal, and people from Paysandu, Topador, Artigas, Bella Union, San Carlos, Canelones...

- **Supporting the organization, academic collaboration and participation in the training area of the "Itinerant University to People's Health - IPHU-POA 2008."** We leaned on the organization of the first course, exchanging ideas with the Brazilian and international coordinators about the content and methodology. The course was promoted by social networks.

Currently, we make part of the **International Committee for the second IPHU course in Havana, November 2009.**

- **Training Course for Health Promotion from the workplace. Sponsors:** MUNICIPALITY OF MONTEVIDEO, Institute for Municipal Studies - Department of Planning, Occupational Health Service - Division, Personnel Management - Human Resources Department, **Co-Sponsors:** ALAMES, PHM. This course has the support of itinerant Chair Juan Cesar Garcia, IPHU, ALAMES and the PHM.
- There have been many conferences and workshops, tending to strengthen the local units, mostly in Montevideo, Salto, Santa Rosa (Canelones), Maldonado, Colonia and Cardona.

The most relevant result of those training activities has been the **dissemination of an alternative thinking in health**. The representatives of the movement have modified their discourse from the demanding for better health care services to the demanding for the right to health, as a comprehensive vision (including the social determinants of health). It is also important the growing relationship with trade unions beyond the health sector and various community organizations and NGOs interested in RTH, such as the public university. The relationship with provincial governments has also been useful to ask for and to create opportunities for interaction with the Ministries of Health, Labor and Social Security and Social Development.

DISCLOSURE

Since 2004, we are collaborating with other organizations in the preparation and presentation of the Annual Reports on Human Rights in Uruguay, especially in chapters concerning right to health, advances and setbacks in the country. This is the only independent systematic (19 years) and plural (involving various social organizations and independent informants) report we have. We even have contributed to the last 6 reports, three of them in prior to the 2007 campaign for the right to health.

In 2008 we edited a newspaper "People's graffiti." We have also made a blog, although its updating is not systematic.

INVESTIGACIÓN

Primary Health Care Project. In our scenario of the National Integrated Health System Reform, which places special emphasis on the APS, our research project "The role of PHC and community clinics in the new NISS" arises. We share the conviction

that in our country, the term APS has been used to describe multiple ways of operating the primary care level and that there has been no a real development of PHC in the right sense.

This idea of research and research training in the comprehensive primary health care, is framed in the call for the **Canadian Initiative for Global Health Research and its research program 'Teasdale-Corti' - Revitalizing Health for All**. The project has already reached the subRegional instance of intensive training in Bogota, and has started its implementation in Uruguay in November 2008. It is currently initiating the systematic phase of fieldwork and a continental meeting of the project team is planned by December 2009 in Montevideo.

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