

Evaluation Report for the Short Course on 'Primary Health Care and the Political Economy of Health' presented by the International People's Health University (IPHU) in Cuenca, Ecuador between 5-11 July, 2005.

International People's Health University

Primary Health Care and the Political Economy of Health

July 2005 Short Course (Cuenca, Ecuador)

This paper provides reports the evaluation of the IPHU Short Course ('Primary health care and the political economy of health') held in Cuenca, July 11-15, 2005.

The purpose of this evaluation is to inform planning for future courses

Background

Struggle for Health

Billions of poor people around the globe suffer from an intolerable burden of disease, injury and disability. This is not because the technologies of prevention and care are not available and not because the material resources could not be made available but because of the political and economic structures which maintain a grossly unfair and unequal distribution of opportunities and resources.

The global determinants of health (and the global risks to health) are shaped by the prevailing regime of global governance, supported as it is by the ideologies of neoliberalism. This regime includes international regulatory and funding bodies as well as a configuration of power relations based on rich world governments, global corporations, hegemonic military forces and the shared perspectives and common interests of richer classes in rich and poor countries.

Oppositional forces arrayed against this regime include popular movements around issues of national sovereignty, jobs, environment and health. Such movements are commonly local in their main focus whilst having variable intersectoral and international links. There are powerful social movements in many Third World countries with interests in health or which are centrally focused on health issues and there have been important examples from recent years of significant victories in

relation to such issues. These include delegitimizing SAPs because of their impact on health, challenging Big Pharma in relation to access to AIDS drugs and pushing to realise the promise of the Doha Statement on Public Health.

The International Peoples' Health University

It is the mission of the IPHU to contribute to the struggle for 'health for all' by strengthening people's health movements around the globe. It aims to do this by



- organising and resourcing opportunities for learning, sharing and planning for activists in the people's health movement, particularly for activists from Third World countries; and
- sponsoring and coordinating research into the conditions for Health For All, including decent health care.

IPHU teaching and research will address certain core themes including the strengthening of primary health care (PHC) and health care delivery in accordance with the PHC model; and the study, advocacy and mobilisation in relation to the political and economic determinants of health. Particular IPHU short courses will also address issues which are of particular concern to people's health activists in the regions and networks involved in sponsoring particular courses.



Figure 1. Health activists at Cuenca

It is expected that IPHU will concentrate on short courses in the short to medium term and making available resources for locally organised courses and workshops. More details with respect to the strategic directions for IPHU are outlined in a forthcoming draft strategic development document.

About IPHC

The IPHU has been developed as a contribution to the people's health movement by the International People's Health Council (IPHC) in collaboration with the Global Steering Committee of the People's Health Movement.

The IPHC was formed at a meeting in Managua in 1991 which involved community health activists working with oppressed and disadvantaged people from Central America, India, Bangladesh, South Africa, USA and Palestine. In the succeeding years it has undertaken projects, published reports and held meetings; all directed towards strengthening the conditions for 'Health for all'.

IPHC was involved in the organisation of the first People's Health Assembly (PHA) in Savar in Bangladesh and was one of the eight founding networks involved in the establishment of the People's Health Movement* following PHA1 in December 2000.



The Cuenca Short Course

Following preliminary discussions (within IPHC and PHM) about the long term role of the International People's Health University it was decided to launch the IPHU with a one week Short Course on Primary Health Care and the Political Economy of Health to be presented in the week leading up to the Second People's Health Assembly in Cuenca, Ecuador, in July 2005.



Figure 2. Sharing

It is this short course which is the subject of this evaluation.

Evaluation Methodology

Framework

The evaluation strategy adopted is summarised in Table 1 below. This table locates the evaluation of the Cuenca Short Course in the wider context of a longer term and more comprehensive IPHU evaluation strategy.

The evaluation is framed around the program logic of the IPHU including the educational logic of its courses and resources.

The evaluation is both summative (is this initiative worth supporting?) and formative (how can we do it better?).

The evaluation spans short, medium and long term time frames.

* In this evaluation report upper case *PHM* is used to refer to the organisation known as the People's Health Movement and lower case *phm* is used to refer to the wider people's health movement which PHM is committed to supporting. The PHM was formed as a 'network of networks'; IPHC is one of the founding networks. IPHU is a project of IPHC but very much part of the PHM network of networks.

Program logic and Educational logic	Evaluation Questions		Data Collections and Analyses		
	Summative	Formative	Short Term (this course)	Medium Term (follow up to this course)	Longer Term
Our goal is to achieve HFA globally	Are we moving towards HFA globally?	Could we contribute to HFA in other ways or more effectively?			Continuing reflection and research into the barriers to HFA and strategies in the Struggle for Health
... by strengthening the phm	Are we contributing to strengthening the phm?	Could we contribute to strengthening the phm more effectively?		What are our alumni doing in 6 or 12 months time? How much progress have the Cuenca projects made?	Continuing reflection on the needs of the phm and the contribution of IPHU to meeting those needs
... by providing learning opportunities	Are we providing learning opportunities	Could we organise learning opportunities more effectively?			How many courses? What locations? What topics
... which are well targetted	Are they well targetted?	How might we target our courses more effectively?	Who came? Who missed out? What are their involvements and commitments? How did we market and select? Could we do it better?	What are our alumni doing in 1-5 years?	Who have been through our courses? What have we learned about marketing and selection?
... address priority learning needs	Do they address priority learning needs?	How might we better identify the learning needs of our participants and design curriculum to meet those needs?	Immediate feedback from participants about curriculum and their needs	Follow up questionnaires to participants, seeking their reflection on learning needs and curriculum as presented	Reflection on how we identify learning needs in the longer term
... and are well designed and presented	Are they well designed and presented?	How might we improve the educational design of the resources and opportunities that we organise?	Feedback from participants and teachers Organisers' reflections and comment		More formal peer review regarding resources and presentations

Table 1. From program logic to evaluation questions to data collection and analysis - short, medium and long term

Short term evaluation (about this course)

Evaluation focus

As presented in Table 1, above, the focus of the short term evaluation encompasses the following questions

Targetting

Was the course well targeted? How might we target our courses more effectively?

Some answers to these questions may be found in the records of applications and in the experience of the organisers. We need to document and reflect upon: Who came? Who missed out? What are the phm involvements and commitments of those who came and those who did not? How did we market and select? Could we do it better? What don't we know about marketing and selection?



Figure 3. Group work

Curriculum and learning needs

Did the course address participants' priority learning needs? How might we better identify the learning needs of our participants and design curriculum to meet those needs?



Figure 4. Conscientisation

Information relevant to these questions come from the immediate feedback from participants about the curriculum (as seen from their own perspectives after completing the course) and from reflection by the organisers and wider faculty about how the curriculum was developed and how this process might be improved.

Educational design and presentation

Was the course well designed, organised and presented? How might we improve the educational design of the resources and opportunities that we organise in future?

Information relevant to these questions was collected through the feedback collected from participants and teachers.

Data sources

The data upon which this draft evaluation report is based derive from

- application forms;
- the website which was used to communicate detailed plans for the course to participants;

- notes of student feedback meetings and meetings of faculty;
- student feedback questionnaires;
- photographs collected from a number of different photographers.

A systematic protocol for collecting evaluation data was implemented during and after the course. This included feedback discussions with student representatives at the end of each day, a course evaluation questionnaire (in [English](#) and in [Spanish](#)) and a meeting of faculty following the conclusion of the course to systematically review the content, arrangements and outcomes.

Unfortunately all of the documents generated through these data collections, including the crude data and early analysis, were lost in a hotel robbery following the conclusion of the PHA2. An attempt to collect duplicate course evaluation questionnaires per email one month after Cuenca yielded a poor response rate.

The present draft evaluation report has been drawn from DL's memory to provide a framework which can be developed with further inputs from course participants (faculty and students). Fortunately DL had entered all of the quantitative data from the questionnaires prior to the robbery and had transcribed all of the English language free text responses providing a reasonable basis in memory for retrieving these results. Nonetheless much has been lost. Hopefully this consultation draft will assist other participants to retrieve their experiences, judgements and suggestions also.



Figure 5. Cuenca

Medium term evaluation

Many of the key evaluation questions presented in Table 1, above, cannot be answered on the basis of short term data from one course. Rather we need to plan for medium term and long term collections and analyses which take a longer term view of the outcomes of the Cuenca course and which incorporate the lessons from this amongst a range of other IPHU courses in making judgements about effectiveness and strategy.

Table 1 suggests follow up data collection from the alumni of this course at perhaps 6 months, 12 months and 5 years.

The key evaluation questions which would frame those data collections include:

- Are we contributing to strengthening the people's health movement over the medium to long term? Could we contribute to strengthening the people's health movement more effectively?
- Are our courses well targeted? How might we target our courses more effectively?
- Do our courses address priority learning needs? How might we better identify the learning needs of our participants and design curriculum to meet those needs?

We will ask questions about what our alumni are doing currently in their vocations and as activists. Are they working as part of the people's health movement? Did they benefit from participating in IPHU at Cuenca.

We will seek to document how much progress the five 'Cuenca projects' have made at 6 months, 12 months and 5 years. These are not the only measure of 'contribution to strengthening the people's health movement' but they are relevant.

What are the barriers our alumni are facing in their activist work? What are their ideas further down the track about learning opportunities which might help to address these kinds of barriers?

How might we improve the targetting of our course recruitment? Who are the people who need to participate but are not coming? What are the learning needs that they identify among their comrades in the people's health movement?

We may find that some of our alumni are currently not very active as people's health activists. Their returns may help us to find better ways of marketing and recruiting to IPHU courses.

Longer term data collection and analyses

Table 1 suggests a number of framework questions for consideration in the long term and suggests some ways of monitoring these issues and steering the development of the IPHU accordingly.

These procedures and arrangements belong more to the strategic planning of the IPHU than to the evaluation of this course and will not be considered further in this report.

Findings

This evaluation report comprises the following sections:

- description of the course,
- targetting,
- curriculum and learning priorities,
- educational design, resources and presentation,
- logistics,
- suggestions for consideration for future short courses.

Description of Course

This section of the evaluation report presents a general description of the course to provide context for the more evaluative comment emerging in the later sections.

Planning

The possibility of creating an educational program as part of the people's health movement was first discussed at the International Health Forum in Mumbai (run as part of the World Social Forum in Mumbai in January 2004).



Figure 6. International Health Forum, Mumbai, January 2004

It was discussed again in April 2004 when a PHM delegation came to Australia for the IUHPE Conference and did a speaking tour of Adelaide, Melbourne and Sydney. IPHC adopted the IPHU proposal in June 2004 and incorporated the proposal for the Cuenca Short Course in funding proposals made to both Medico International and Novib.

The proposed short course was discussed again at the PHM Steering Group meeting in Bangalore in April 2005 and it was agreed that the first IPHU short course would be scheduled for the week before the Cuenca PHA2.

From then until the commencement of the course, planning and communication were done mainly by email, webpostings and voice over internet communications.

Objectives

The objectives for the course were cast at two levels. In strategic terms it was seen as a way of contributing to strengthening the people's health movement globally by providing a learning opportunity for young health activists from around the world, particularly from developing countries. Providing an opportunity for activists from different countries, cultures and struggles to come together was seen as a critical element of strategy, for both widening our perspectives and building solidarity.

The more immediate learning objectives adopted for the Cuenca course were expressed as a checklist for potential applicants as shown in Box 1, below:

Course objectives

This course is designed for health activists. It will take the People's Charter for Health as its basic text. Check your learning needs now:

I want to:

- broaden my understanding of global health;
- deepen my understanding of the political economy of health;
- learn from the experience of Health For All: about comprehensive primary health care;
- learn about 'development assistance' in health and about the politics of 'health sector reform';
- explore the roles that health activists can play (are playing) in the struggle for people's health;
- acquire new frameworks for analysing health issues; new strategies of engagement; and new skills in working with communities and with social movements;
- work through the implications of gender equity in health work and acquire new skills and strategies for greater effectiveness in this field;
- explore the application of a rights-based approach to health issues.
- learn with and from health activists from other countries and settings;
- contribute my own experience to our collective learning;
- work with teachers who also want to learn from (and build on) my experience;
- deepen my understanding of the People's Charter for Health

If THESE APPLY TO YOU, THIS COURSE IS FOR YOU.

Box 1. Learning objectives for Cuenca short course

Faculty recruitment and topic preparation

The faculty was recruited from within PHM and IPHC drawing largely on people with academic or other teaching experience (in most cases extensive teaching experience). Most of the faculty were planning on attending PHA2 as well as participating in IPHU and this provided a rich field from which to recruit teachers. Some teachers from beyond the PHM / IPHC core were recommended and a few others volunteered.



Figure 7. Teachers: Fran Baum, Eduardo Espinoza and Françoise Bartens

Faculty were approached with (or volunteered) particular topics and the content of those topics was further negotiated between the convenor (DL) and the teacher. The focus of these negotiations was the detailed study program page on the website. Teachers were asked to provide a few summary paragraphs outlining their topic, some readings (as pdf files), some websites, some discussion questions and possible assignment topics. A few teachers provided material according to this template. Some teachers were not able to. In some of these latter cases the convenor sketched the required blurb for the website with some confidence that it would cover the topic as scheduled.

Teachers were also asked to prepare Powerpoint lectures with the slides in two column format (one column for English and one for Spanish) and with self-

explanatory notes in the notes pages (also for translation). Only a few lectures were provided in bilingual form in time to be accessed on the website prior to students departing for Cuenca. Several of the presentations were provided only days before their scheduled presentation which placed significant pressure on the translators. Several of the presenters chose not to use Powerpoint at all and either spoke from notes and provided no electronic resource or provided a written text.

Teachers also joined the participant discussion groups. In several cases, teachers who had not taken on topic responsibilities played a key role in working with these discussion groups.

Teaching program

The program comprised two formal ‘channels’:

- a number of ‘topics’ of programmed learning structured around lectures and other plenary presentations and
- opportunities for reflection, sharing and project planning in small discussion groups.

These two channels intertwined during the week of the course.

The agenda which guided the discussion groups included:

- introducing ourselves and sharing more about our experiences and challenges (as seems relevant to the discussion);
- debriefing after the most recent lectures (clarifying, debating, reframing, etc) and
- planning, for the presentation, on the last day, of a group proposal for an activist PHM-type project.

Participants engaged with each other in a less structured way outside the formal course; learning about each other and our different settings, struggles and strategies. This less structured engagement continued intensively, during the breaks, in the evenings and throughout PHA2.

The programmed learning was organised around a series of ‘topics’. Each topic typically included a blurb in the program, a bilingual lecture (in some cases with bilingual notes pages), background readings and websites, discussion questions and possible assignment topics. The topics were as shown in Box 2, below. These were quite interactive sessions although the information flow in most of them was largely from teacher to student.



Figure 8. Multicultural dinner

The right to health (Claudio Schuftan)
Macro economics and health (David Legge)
Trade and health (David Legge)
TRIPS and big pharma (Garance Upham)
Pesticides and health (Romeo Quijano)
PHC & health Systems (David Sanders)
Health sector reform (Eduardo Espinoza)
GATS and health care (Miguel Sansebastian)
Meaning, spirit and health (Julio Monsalvo and Arturo Quizhpe Peralta)
Gender and health (Leticia Artiles and Debora Tajer)
Research (Fran Baum)
Working with communities (Hari John and Prem John)
PHM - From Savar to Cuenca (Ravi Narayan)
Conscientisation and liberation education (Maria Hamlin Zuniga)

Box 2. Topics presented at Cuenca short course

In addition to these topics there was one open question and discussion session. Students were asked to commit to paper anonymously questions and comments around which they would like to have further discussion. The questions were organised and a very successful discussion was facilitated.

Arrangements on the ground

Travel and accommodation logistics for IPHU participants were integrated with the logistics arrangements for PHA2.



Figure 10. Meal time at IPHU

Room bookings, audiovisual resources, refreshments and lunches were all managed by volunteer venue coordinators from Cuenca University. This side of things ran smoothly.



Figure 9. The Cuenca Short Course venue

Communications

IPHU Website

The IPHU website was designed with several functions in mind:

- to provide a general introduction to the IPHU for interested visitors including its longer terms development plans as well as details regarding current courses;
- to support communication with and amongst teachers during the preparation phase;
- to support communication with potential applicants and enrollees during the application and logistics phase (travel, visas, accommodation, etc);
- to provide a shared repository of resources, including the program, during the course presentation;

- to provide communications support to the five project groups in their project work after the course;
- to provide a growing repository of resources generated during particular courses but available on an ongoing basis to phm activists.

The website provided support to teacher and applicant communication as intended in the lead up to the Cuenca course. There is still quite a lot of work to be done in terms of developing the website to meet all of the purposes listed above.

Email

Most of the communication with and between teachers and applicants in the lead up to the Cuenca course was mediated by 1:1 email or various email lists.

This worked reasonably well.

Traffic has been much quieter after the Cuenca course. Returned mail following various mailout confirms that email addresses are not fixed. This is going to be a problem in terms of maintaining contact with alumni.

Internet telephony and audio teleconferencing

The planning group explored the use of Messenger, Paltalk and Skype as platforms for internet telephony and audio teleconferencing.

This is a very powerful technology which costs very little and can support quite complex discussions. It requires computers, headsets (headphones and microphone) and internet connection (not necessarily broadband). It also requires some confidence in the use of computer technologies.



For those members of the planning group who were able to master the technology it proved a very effective form of communication.

Applications

The primary avenues through which the IPHU course at Cuenca was advertised through a range of listserves (including the PHA Exchange and regional and national lists and various other special interest lists associated with the people's health movement) and on the website of PHA2. It was advertised in Spanish and English.

It is apparent that the advertisement for IPHU was on-posted to many lists but it is likely that there would be many more lists reaching potential course participants which did not carry postings regarding the course. This is an issue for consideration.

There was no attempt from IPHU to advertise in hard copy. We do not know if hard copy advertising was undertaken by any of the national and regional PHMs and related organisations. We know that hard copy brochures were printed off the web and distributed at many meetings in Latin America.

Application forms in English and Spanish were available for download from the website and were able to be filled in electronically and returned to the course convenor.

A set of criteria were adopted for acceptance. These included: youth and people's health movement activism with criteria applying to the acceptance process more generally including: gender balance, developing country dominance, spread of regions and countries.

A ceiling of 'around 50' was adopted, largely to ensure that the scale of the occasion did not detract from exchange and relationship building.

Actually, the availability of funding for travel and accommodation turned out to be a more significant constraint in determining attendance than any of the above selection criteria. However, funding was not the only barrier to participation.

There were several applicants, in particular from Asia, Middle East and Africa who had unforeseen delays in gaining visas. Several participants who were promised reimbursement of their travel costs were unable to come because they could not raise the upfront cash.

Once students were advised that they were accepted the arrangements for booking flights, visas, being met at the Quito airport, domestic travel inside Ecuador and accommodation were taken over by the logistics groups associated with PHA2 in consultation with the IPHU convenor.

IPHU had some involvement in raising funds for some applicants. This was a function which was arranged mainly on a case by case basis.

Bilingualism

Around one third of student participants were non-English speakers from Ecuador and beyond in Latin America. We made a commitment to bilingualism for the presentation of this course. This involved bilingual Powerpoint presentations, Spanish as well as English resources, simultaneous translation and a balance of Spanish and English lecture presentations.

The only area where bilingualism may have stumbled a bit was in relation to the formation of the small discussion groups. We made a choice to go with language specific groups and this may have been the only practical choice. However, there were some expressions of disappointment that we had not done more to facilitate engagement across the language barrier within the student body.



Figure 11. Wanted. People's Health Activists!



Figure 12. Solidarity: Ecuador & Australia

Academic accreditation

IPHU does not plan to enrol students in degree courses in the short to medium term. Rather we plan to offer short courses that are of a standard that can be recognised by more conventional universities for granting academic credit (or advanced standing) to students who have undertaken study undertaken through IPHU.

For a student who is enrolled in a conventional degree course and who completes an IPHU course IPHU undertakes to provide appropriate documentation of studies undertaken through IPHU which can be presented to the academic authorities of the other university for purposes of granting academic credit. Students planning on gaining credit through this pathway may be required to undertake appropriate assessment as well as participating in the course.

We anticipate that the documentation required by the 'home university' would include curriculum details, CVs of participating teachers, some kind of endorsement by the university collaborating with IPHU (Cuenca University in the present case), results of student assessment and documentation of the standards reflected in any assessment results. Preliminary discussions with the academic authorities at Cuenca University indicated that providing such endorsement would be considered.

IPHU proposes to negotiate affiliation arrangements with collaborating universities which would include an agreement in principle to provide such credits. (Collaborating universities includes universities who collaborate in presenting IPHU short courses (such as Cuenca University) and universities who endorse the participation of their staff in the work of IPHU as teachers as well as universities who agree to consider granting credit for IPHU studies for students who are enrolled in their degree courses.)

In the context of the Cuenca course, only one Cuenca participant enquired about academic credit through this pathway and on further investigation it became clear that there was no scope in his degree course for reducing his study load even if his university was willing to consider granting credit. As a consequence the arrangements for academic credit remain untested.

Finances

We do not have precise estimates of expenditure and revenue at this stage. We are presently working on budget estimates for future courses, based on the Cuenca experience.

However, it may be useful to list and comment on the main expense and the main revenue categories. Many of these items are listed by way of acknowledgement although it is not possible to precisely quantify them.

Expenses

The broad expense categories included:

- academic coordination,

- logistics coordination,
- development of teaching materials including translations,
- teacher (and other volunteer staff) travel, accommodation and personal living expenses
- student travel, accommodation and personal living expenses
- teaching facilities (rooms, AV facilities, catering services)
- simultaneous translation services

Academic coordination included: course planning, program development, website development, advertising, handling of applications, teacher liaison, fund raising liaison, management of course presentation, evaluation, etc. This category is largely staff time and was principally expended in Melbourne and Managua.

Logistics coordination included: travel advice, airport meeting, in-country travel arrangements, accommodation arrangements, making arrangements for venue, refreshments and lunches, AV facilities, simultaneous translation etc, individual support during course, receipt of course fees, etc. This category, again mainly staff time, was carried by IPHC, the PHA2 Organising Secretariat and Cuenca University.

Development of teaching materials included: lecture preparation, assembly of readings, translation of lecture notes, etc. This category, mainly staff time, was carried by teachers (employers or personal) and volunteer translators.

Income

Revenue items included the following:

- core grant (USD20,000 from Medico International),
- course fees (USD100 per student with provision for waivers),
- scholarship donations from national bodies (including support for PHA2 participation),
- donations of staff time by teachers' and volunteers' employers,
- donations of personal time by teachers and other volunteers,
- personal coverage of travel and accommodation costs and living expenses by students, teachers and other volunteers,
- administrative support through IPHC (drawing on Novib support),
- logistics support provided through PHA2,
- facilities support through Cuenca University.

IPHC received a grant of \$US20,000 from Medico International to support the Cuenca short course. Core IPHC staff, supported through Novib, provided administrative support to the Course.

Students were charged a course fees of \$US100 per student with provision for waivers as necessary.

Some students received travel and accommodation subsidies from diverse organisations including travel and accommodation support provided to a small number of individuals through PHA2 funding arrangements

Some of the staff time provided by teachers and other volunteers was subsidised by their employers. Some staff time was donated personally.



Students, teachers and other volunteers contributed significantly to the total cost of the course through personal contributions to travel and accommodation costs and living expenses.

IPHC staff provided administrative support in the lead up to, and during, the Course.

The IPHU short course benefited greatly from the support provided through PHA2 (in relation to logistic functions such as travel and accommodation liaison) and travel / accommodation support to some participants.

Cuenca University provided a significant in-kind contribution in the physical facilities and staff time.

Comment

IPHU has on-going core costs (coordination, website etc) and costs associated with short courses and particular projects.

IPHU will need to raise funds from donors, internationally and locally. However, it is important to acknowledge the degree to which IPHU benefits from in-kind support through host universities, participating teachers and other volunteers.

Targetting (marketing, application process, selection policy, funding support)

Was the course well targetted? How might we target our courses more effectively?

Some answers to these questions may be found in the records of applications and in the experience of the organisers. We need to document and reflect upon: Who came? Who missed out? What are the phm involvements and commitments of those who came and those who did not? How did we market and select? Could we do it better? What don't we know about marketing and selection?

There were between 80 and 100 applications to attend of whom 47 finally participated.

Countries	Applic ations	Partici pants
Afghanistan	1	0
Argentina	6	0
Australa (including four indigenous participants)	7	7
Bangladesh	2	0
Canada	5	3
Ecuador	40	18
Egypt	1	1
El Salvador	1	1

England	2	1
France	1	1
Guatemala	1	1
India	8	2
Iran	2	2
Lesotho	1	0
Malaysia	1	1
Mexico	1	1
Mozambique	1	1
Netherlands	1	1
New Zealand	1	1
Nicaragua	1	1
Palestine	2	0
Philippines	4	1
Sri Lanka	1	0
Tanzania	1	0
Uganda	1	0
USA	6	3
Vietnam	1	0
Totals	100	47

Table 2. Applications and participation by country

Applicants came from 27 countries but there were participants only from 18 countries. Of the countries that were represented 7/18 were ‘developed’ countries and 11/18 were from the ‘global South’. (While Australia had a relatively large delegation (7), four of these were from the Indigenous health movement.)

The countries from whence there were applications but no participants included: Afghanistan (1), Argentina (6), Bangladesh (2), Lesotho (1), Palestine (1), Sri Lanka (1), Tanzania (1), Uganda (1) and Vietnam (1). A further 9 applicants from India and Philippines were also unable to attend. Most of those applicants who did not attend were unable to do so because of the cost barriers.

The following quotes are taken from the application forms of those applicants from developing countries who were **not** able to participate because of cost barriers. The answers below were given in response to the following question, “*Why do you want to participate in this course and what you hope to be better able to do afterwards?*” They give a feel for aspirations which were common across all of the applicants for the course.

I want to be better able to working with people who are victims of war, like in Afghanistan, my homeland. There are many people, especially women who are in great suffering with health issues, they are unaware of many health care issues. And in many cases men don't allow their wives to go to a male doctor. So in that case, it is a good thing that I as an Afghan woman, can be to helpful and trustworthy to those women who need help. (Afghanistan)

I would like very much to participate in the International People's Health University because I would like to learn more about how I can train myself to be able to improve the health of my community. Indigenous communities around the world often suffer from discrimination, poverty, and lack of resources- my community is no exception. I would like to have the opportunity to learn how I can make the voices of my people heard. I want to learn concrete skills that will help me advocate for my community. I would also like to have the opportunity to learn from other people around the world who are working and living in similar circumstances. I plan to share what I've

learned at the People's Health University in my work as a health promoter and a women's health promoter. (Argentina)

I want to share my experience with other people's from other country and learn to be organized much more to be a health activist. (Bangladesh)

I would like to be able to learn from the experiences of senior people and this should make me a better professional and activist here in Jharkhand. At work we are attempting a major socio political process – facilitating to set up 55,000 health workers for the state. This training will help me identify the right processes to get this going. I am also planning to get actively involved in the occupational health and mining issues which are present in our state and to the Right to food and work campaign. (India)

By attending the course I hope to get a better understanding of the socio-economic-political dynamics at national and international levels that affect the various determinants of health and access to health care. The learnings from the course and the experience of interacting with people from different parts of the globe would help in developing newer and better strategies to advocate and lobby for the causes I am interested in. (India)

At the national and international level various economic and political factors influence the primary health care policies. There is direct impact of these policies on the health of the people dependent on the public sector, especially women and children. Perhaps it is the impact of these policies which is visible in the form of declining child sex ratio, increasing violence against women, malnutrition, epidemics etc. (India)

I think that this course will be very useful for me personally to strengthen my activist, advocacy skills, public health knowledge; the topics to be covered match with my fields of interest. As a young public health activist and a member/volunteer of the Peoples Health Movement I feel that this course will provide me the knowledge and skills to be able to do activism for a more equitable and efficient healthcare system globally. I will also be able to interact and learn from experienced faculty members and discuss with them my concerns and ideas for change. I will also network and make partnerships especially with other young activists as we are the future of the Peoples Health Movement, and there is a need to strengthen the PHM using our enthusiasm. [...] On my return from Cuenca, I will participate in dissemination and feedback/reporting back activities about the course, and also share my learning. (India)

I want to participate in this course because it will give me the opportunity to learn from colleagues who have been involved with the kind of issues that we deal with locally. For instance, there is an increasing move away from primary health care as the basis for provision of health services in my country. All gains of the past are being lost as different donor agency runs its top-down health programs as against the grassroots approach that primary health care recommends. I hope that at the end of the course I would be better equipped to advocate for reforms and work with like-minded individuals and agencies to ensure better health care and equitable development policies for disadvantaged people in my country in the context of a globalizing world. (Lesotho)

Educational knowledge and learning from the experience of others around the world; exposure to experiences and new ideas; strengthening my background in the issue of primary health care so as to influence policy and research through my work and daily involvement in the society; work hand in hand with others in the field; ability to find solitarily to confront the new global and local challenges that our world and specifically Palestinians are facing. (Palestine)

Primary Health Care as an approach to health and development can be more powerful as it aims to be, when the youth like nursing students and other health sciences students are trained and developed within the framework of comprehensive primary health care. This one-week course will help me better forward my advocacy for community health development and at the same time help develop motivated student for primary health care. (Philippines)

I would like to attend this course to widen my perspective on health issues, especially how to relate our local issues to global economic and social trends. This perspective would help us deepen our advocacy and campaign work regarding health issues. My other objective is to network with groups with similar interests and concerns so that we are able to tap their expertise, resources and support for our local issues, while at the same time assist these groups in any way we can. (Philippines)

After reading the email from the IUDC listserve, I instantly became interested and clicked on the links to find out more about this course. [...] As a fresh doctor who knows what he wants but does not know how to get there, I think that this course is but perfect for me to see the whole picture of things and be exposed more to the issues at a bigger level. (Philippines)

I hope after participate this course I can improve my knowledge about health and politics. This course covering wide range of topics related to health. Most of the topics are not teaching in conventional type of educational system. This is good opportunity to exchange my experiences with others. (Sri Lanka)

I hope to acquire better knowledge and skills to talk for the voiceless in issues of equal opportunities in as far as health care to women and children are concerned. Advocating and ensuring equitable distribution of resources to the less advantaged is my main goal where I can..(Uganda)

I hope to learn more knowledge and skills from colleagues on public health care and exchange experience with them. (Vietnam)

Very similar aspirations were expressed by the applicants who were able to participate.

Conclusions

Advertising

We could perhaps have advertised the course more widely and perhaps commenced advertising earlier. In fact we had no idea what kind of response to expect and, conscious of the constraints in terms of total numbers and funding support, chose not to embark on an aggressive marketing campaign.

In part the pattern of applications reflects the strength of PHM in different countries as well as the degree of active recruitment supported through national PHM circles. As PHM gets stronger more applications from closer to the movement might be expected. In future we should perhaps encourage national PHM circles to take a more pro-active role in recruitment. It is our impression that pro-active recruitment through PHM and related networks was quite variable.

Targetting

From the experience of working with the participants in the first course and reflecting on the aspirations of the people who were unable to participate it seems that

we are targetting health activists fairly accurately although, if we were aiming to give priority to the younger folk associated with the PHM, we could have done better if more national PHM circles had been more active.

Funding

In fact the availability of funding is a much more immediate constraint on participation than the application of any criterion for activist potential. All of the non-Latin developing country applicants who did participate received full or partial funding support, either through PHA2 / PHM or through other donors.

We had a rich and enthusiastic faculty for the Cuenca short course. Most of them were planning on attending PHA2 as well; perhaps as their primary purpose of travel. This meant that IPHU did not carry the cost of travel for the teachers.

Curriculum and learning needs

Did the course address participants' priority learning needs? How might we better identify the learning needs of our participants and design curriculum to meet those needs?

Information relevant to these questions come from the immediate feedback from participants about the curriculum (as seen from their own perspectives after completing the course) and from reflection by the organisers about how the curriculum was developed and how this process might be improved.

Student feedback on curriculum

Students were asked a series of questions corresponding to the learning objectives adopted for the course as advertised on the website.

All students registered 'agree' or 'strongly agree' for the following propositions:

"As a consequence of attending this course:

- 1. I have broadened my understanding of global health;*
- 2. I have deepened my understanding of the political economy of health, globally;*
- 3. I have sharpened my understanding of primary health care as a policy model, including the key debates and challenges;*
- 4. I feel better equipped to identify and critique different policy approaches to health development (including selective PHC, health sector reform, etc);*
- 5. I have a clearer view of the roles that activists can play in the struggle for health;*
- 6. I have acquired new analytical frameworks, tools for engagement and skills for working with communities; and*
- 9. I have broadened my own range of experience and deepened my understanding through sharing with activists from different backgrounds."*

There was less agreement with the proposition that *"I feel more confident in applying a gender analysis to health problems"*. Some students reported that the

framework for gender analysis which had been offered to them was quite familiar and / or of limited value in their cultural circumstances.

There was some ambivalence also with the proposition that “*I have a deeper appreciation of the value and principles of a rights based analysis of health problems*”. There was a sense that the students were looking for more practical examples, preferably stories of successful rights-based engagements, to illustrate the usefulness of the rights approach and how it can be deployed. There were a few criticisms of the presentation of the rights approach also, along the lines that it could have been a little more open ended.

There were a few respondents also who demurred from the proposition that “*As a consequence of attending this course, I have deepened my understanding of the People’s Charter for Health*”. In fact there was not a great deal of time devoted to the study of the PCH. This may have been a mistake.

In the final part of the Course Evaluation Questionnaire there were a few general summary comments with the general pattern of response as indicated in the second column in Table 3, below.

The course was intellectually stimulating	Overwhelming agreement
I would not recommend this course to other PHM activists	Total (double) negation among the English respondents. Three of the Spanish respondents agreed to this proposition. I think they tripped over the double negative. Checking their other answers did not reveal any other negative valuations
The pressure of time interfered with my learning	A range of interesting comments, the main burden of which was that everything was important but we needed more time!
Overall I really enjoyed the course	Overwhelming agreement

Table 3. Responses to summation questions

Several respondents were critical of what they saw as inadequate coverage of the practice of activism, in particular, the skills involved in working with communities, activist organisations and social movements. There were several comments about the need for a greater focus on popular education as a strategy of political action.

Respondents were asked to comment upon each of the topics covered in the ‘programmed learning’ (the lectures).

Six of the topics / lectures attracted uniformly positive comment. These were *Primary health care* (David Sanders), *Health sector reform* (Eduardo Espinoza), *GATS* (Miguel Sansebastian), *Research* (Fran Baum), *From Savar to Cuenca* (Ravi Narayan) and *Conscientisation* (Maria Hamlin Zuniga).

Three of the presentations (*Rights, TRIPS and Gender*) attracted comments which in various ways were about balancing or integrating passionate commitment with reflexive and critical analysis. The importance of the topics was not questioned nor the content and direction of the presentations. Rather there was a suggestion that the presentations reflected a relatively closed analysis rather than opening up questions for further consideration and providing analytical tools to facilitate such further questioning.

The *Right to health* was recognised as important but a few students indicated that it left them a bit confused. Informal feedback pointed to the interplay between the legal, moral and strategic perspectives on rights as an area of difficulty and the need to study specific settings where rights based advocacy had been successful. A small number of respondents suggested that some of the uncertainties of the rights based approach should have been addressed directly.

Three presentations attracted comment regarding the heavy burden of detailed content. Students who had no prior acquaintance with these areas (*Macroeconomics, Trade and health and TRIPS*) found these topics difficult to get into. This could be partly because of the ways the lectures were presented. For some topics it is clearly important to have pre-reading and perhaps preparatory exercises posted on the web well in advance and to encourage students to explore that material before attending. These comments also underline the importance of ensuring that re-readings and follow up readings are posted on the web for attention after the course.

The presentation on *Gender and Health* was criticised by a few students. This area might have been better addressed in seminar format which might facilitate engagements with and between different feminisms and exploration of the different ways in which gender relations are constructed in different cultures and societies and the implications for health and activism of these differences.

A few respondents expressed some frustration with the *Working with communities* topic. This relates to a broader criticism of the whole program which was that this whole area was relatively neglected. We will need to consider further how to address this area; including more stories from the students as well as teachers and more of a workshop approach to drawing the lessons from such stories.

The presentation on *Spirit and meaning* attracted a few criticisms; not the ideas nor the passion of the presentation but some respondents would have appreciated more attention to the practical challenges of building the spiritual dimension into activist practice.

The presentation on *Pesticides* was seen by a few respondents as being a bit out of context as it was the only topic dealing directly with environmental issues yet was highly specific in its focus. However, the analysis and strategies presented were greatly appreciated.

Many of the respondents 'apologised' for their criticisms emphasising that their evaluation was overwhelmingly positive but since they had been asked for criticisms they were conscientiously articulating them.

Lessons for the future

The course needs to meet the learning needs of the students who attend and there should be some flexibility to respond to the expressed needs of participants during the course.

However, it would not be practicable to survey participants in advance to identify their learning needs given the uncertainties about who might come and the lead time required to plan and advertise a course.

It is more practical and perhaps more strategic to plan our courses around an appraisal of the training needs of young people who are active in the people's health movement and then advertise such courses so that the learning needs of the applicants match the learning objectives adopted for each course.

Undoubtedly the feedback from earlier courses will continue to strongly influence the planning for future courses. One of the very clear messages from the Cuenca course is to allow more time in the program to listen to and discuss the challenges and experiences of struggle that the participants bring with them to the course.

However, the need for more systematic methods for researching the training needs of the people's health movement remains a continuing challenge for the IPHU. A basic part of this process will be wide consultation across the circles and networks involved in the presentation of particular short courses to identify topic areas of importance. The teachers' evaluation meeting identified primary health care and the political economy of health as core topics which should be included in all courses. The need for more systematic methods to research training needs within the people's health movement remains a challenge.

Educational design and presentation

Was the course well designed, organised and presented? How might we improve the educational design of the resources and opportunities that we organise in future?

Information relevant to these questions was collected through the feedback collected from participants and teachers.

Students were asked about the mix of lectures, plenary discussion, group work, project work and informal learning opportunities.

Most of the lectures were judged to have been valuable although the concept of 'topics' (which would comprising pre-reading, websites, lecture, discussion starters, follow up readings and exercises) was only partially realised. Part of the concept of the IPHU is that resources generated for particular courses will be available for courses to be presented by alumni in their own local networks. This will be much more practicable if all teachers can be persuaded to create more rounded topics rather than just lectures.

There were some criticisms of a few of the plenary presentations which have been referred to above.

The small discussion groups were generally identified as one of the special highlights of the course. The discussions were deep and wide ranging and rich new relationships and networks were formed. The small groups were working under considerable pressure (to debrief the lectures, introduce and share personal experiences and project planning) and some respondents indicated some frustration with such an ambitious agenda versus the constraints of time.

The plenary discussions were much valued, especially the submitted questions and plenary discussion on the last day. One of the limitations of the lecture format is that one expert presents his or her story and even if there is some time for discussion with students after the lecture, the genre does not encourage high level engagement and debate between different members of faculty. Several students commented that listening to the teachers debate the issues and joining in that discussion was a very useful learning opportunity.

Mention has been made of the need to schedule more discussion of the practicalities of working with communities, organisations and social movements. This was addressed in two plenary sessions at Cuenca. Several students suggested that a richer learning opportunity might have involved more time spent sharing more participants' experiences (students' and teachers') and discussing and learning from those testimonies.

Lessons for the future

More work is needed to present topics rather than just lectures.

More focus on the People's Charter for Health.

More time needs to be scheduled for question and discussion plenaries.

More time needs to be scheduled for sharing people's experiences of struggle (including their strategies and skills) and drawing the lessons for the rest of us out of those discussions.

Arrangements for Enrolment, Travel and Accommodation

Marketing, application and enrolment

Not all PHM circles and networks advertised the Cuenca short course and / or identified young activists to put forward. This may be partly because it was new, partly because it was overshadowed by PHA2 and partly because there was no guarantee of travel funding. Not all PHM circles are equally strong.

Funding for travel and accommodation will be crucial to get young health activists from developing countries (beyond the region in which the course is held) to attend.

Travel, visas and accommodation

There were some confusions associated with travel arrangements, visas and accommodation. These were related to the organisation of PHA2 rather than IPHU.

Arrangements during the course

The arrangements for teaching rooms, plenary and small discussion group room, and for refreshments and lunch worked very smoothly.

The simultaneous translation was excellent and quite indispensable.

Suggestions for the future

A number of suggestions have already been discussed: more time committed to questions and discussion; more time for stories of practice and learning from experience. The general pattern of plenaries and small groups worked well.

The absolute importance of funding for travel and accommodation for people from beyond the region has been established.

Both teachers and students were in complete agreement that the course was a success and should be repeated.

The teachers' meeting looked towards repeat short courses in South Africa, Egypt, Greece, Bangladesh, El Salvador, Indonesia and many more places. The teachers' meeting felt that the course should continue to cover the same general themes of PHC and the PE of health but developing these themes in directions corresponding to the local issues in the particular region.

Conclusions

The first IPHU short course at Cuenca in July 2005 was a success.

A wonderful bunch of 47 young health activists from 18 countries got together broadened their horizons, made rich new connections, and deepened their knowledges about political economy of health and about primary health care. Unfortunately around 20 people from nine developing countries were accepted but unable to attend largely because of the cost of travel and accommodation (also visa delays and lack of upfront cash).

As the IPHU becomes better known we should look towards greater involvement of activist organisations (within the phm) in sponsoring participants and fund raising for them locally.

Nineteen teachers from 14 countries (nine from the South, five from the 'North') assembled to participate in the teaching. They gave with generosity and enthusiasm. This extraordinarily rich resource was assembled partly for IPHU but also because of PHA2. The benefit of organising IPHU courses 'back to back' with larger gatherings is clear.

We have learned a lot about presenting IPHU courses. In future there should be somewhat less emphasis on lectures and more sharing and learning from the practical experience of participants. Providing access to course content in advance through the IPHU website should free up time for more interactive engagement.

We will do better next time. There will be a next time.



Figure 13. Final plenary