

People's Health Movement report 2016:

Introduction / Executive summary

The People's Health Movement (PHM) is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC).

Since its inception in 2000, PHM has played an increasing and significant role in global health: increasing capacity of community activists to participate in global health; monitoring global health policies and governance; and providing publication and a platform for engagement, advocacy and action around health for all. Much of this work has been carried out on a limited budget, with a small secretariat, and drawing significantly on volunteers.

The objectives of PHM are to:

- Promote Health for All through an equitable, participatory and inter-sectoral movement and as a Rights Issue.
- Advocate for government and other health agencies to ensure universal access to quality health care, education and social services according to people's needs and not their ability to pay.
- Promote the participation of people and people's organisations in the formulation, implementation and evaluation of all health and social policies and programmes.
- Promote health along with equity and sustainable development as top priorities in local, national and international policymaking.
- Encourage people to develop their own solutions to local health problems.
- Hold local authorities, national governments, international organisations and corporations accountable.

Like many other progressive organisations, PHM has in the last few years been challenged in raising resources, in particular core resources. Despite this, during the course of 2016 PHM strengthened and expanded, particularly in Europe and in West and Central Africa. Global and regionally, we used opportunities that arose to have face to face interactions, meetings, seminars, International People's Health Universities (see below) and regional assemblies were held in Europe, Africa, North America and Latin America. These interactions assisted with harnessing new energy and organized action. According to the regional reports submitted at the January 2017 Steering Council meeting, we now have a presence in over 80 countries globally.

PHM has 4 core programmes, namely the International People's Health University (IPHU), Global Health Watch (GHW), Global Health Governance (GHG) which currently focuses on critical engagement with the World Health Organisation (WHO Watch) and Health for all campaign. Global Health Watch has

produced 4 editions to date, and during 2016 started the process of developing GHW 5; there were a total of 8 IPHU's of various duration; and WHO Watch met in Geneva to engage with the proceedings of the Executive Board meeting (January) and the World Health Assembly (May). In addition, PHM engaged with various campaigns during the year.

A further overview of achievements and challenges in 2016 is reflected below.

Regional updates:

Europe: had 3 priority areas of action a) Struggle against health commercialization, b) Protect the health of refugees/migrants c) Work with the community. Apart from these, there were solidarity actions with Turkish academics for peace who face repression. One face to face meeting and regular Skype calls facilitated consolidation of the region. Planned campaign against health commercialization.

In Latin America there are ongoing campaigns concerning violations of rights of women, indigenous and peasant peoples, right to health and health care, right to water, to land, against extractive industries - mining, etc. There has been deepening of relationships with networks. During 2016 two IPHU were held in El Salvador with the Ministry of Health, the National Health Forum. These included persons from Guatemala, Honduras, Nicaragua, Bolivia, and also two Basque students

North America had several activities at the World Social Forum in Montreal 9 – 14 August (organized six sessions on the impacts of international trade and extractive industries on health and a People's Health Assembly); held an IPHU and organized seminars, for example on climate change and health; and submitted a brief on health concerns to an expert panel on environmental assessment processes.

India / JSA: carried out various campaigns and capacity building workshops both at state and national level. Strategies include (a) advocacy and policy engagement; (b) capacity building. The issues included reproductive health and rights, maternity entitlements and childcare provisions, private sector regulation, access to medicines, informalisation of employment in the Health Sector, privatization, HPV Vaccine, injectable Review of new Health Policy Developments, health budget related issues around Private Medical and Nutrition. Public activities have included: Public lectures (David Sanders on 'The double burden of malnutrition, non-communicable diseases and food systems in the era of neoliberal globalisation'); Public dialogue on depleting health care services and a call to increase public spending on health; Discussion on 'Citizens' Role to Protect Health Rights'; co-organised a National Consultation on 'Reform and Restructure Medical Council of India'; Active on issues of access to medicines, women's and reproductive health;

South East Asia and Australia: A campaign on anti-privatization of public health services in Australia, Malaysia and the Philippines; active participation in campaigns on trade and health; A joint meeting of members of PHM South Asia and PHM Southeast Asia and Australia was conducted in Sri Lanka in May to discuss the initial findings of the research on Civil Society Engagement for Health for All. It served as a good opportunity for movement building and sharing information.

West and Central Africa : West and Central Africa, which was previously quite weak has grown significantly; a number of countries are engaged with / advocating around CHW; PHM Gabon has been involved in advocating around tobacco control; PHM Benin organized public seminars and dialogues on RTH and participated to the Pharmacists Campaign against street drugs; PHM Ghana engaged discussions with trade unions and participated to an Ebola Regional Conference; Like many countrycircles in the region, PHM DRC used to be relatively inactive, but conducting research under the CSE4HFA has had a beneficial impact on the country circle. As such they participated in the regional workshop, had a general assembly, participated in PHM activities in Vancouver.

East and Southern Africa:improved communication within some countries (Tanzania) and regionally; participation in WHO Watch activities in Geneva and regionally; participation in various regional meetings (ASHGOVNET Conference on HRH); There was a 5 day South African People's Health University (June) with a 2 day follow up in December; National Health Assembly (see below); research for CSE4HFA has increased opportunities for face to face engagement including a regional workshop took place from the 27th to 30 June 2016 and was attended by approximately 35 PHM members from South Africa, Democratic Republic of Congo (DRC), Kenya, Uganda, Tanzania, Zimbabwe, Zambia, Benin and Eritrea.

Middle East: had meetings around leadership renewal and committed to a process leading towards a meeting in Tunis 2017. A number of activities taking place in Tunisia around the right to health. More than 40 CSO are presently campaigning to safeguard and protect the engendered public health sector in Tunisia.

South Asia: active in Nepal, Pakistan, Bangladesh and Sri Lanka. A regional IPHU was held in Nepal with 50 participants. In Nepal there is a very active students' circle and a key activity relates to the new proposal to expand social health insurance. Sri Lanka has been active in promoting health rights and in the area of regulation of medicine prices. The PHM circle in Bangladesh has been reorganised recently and has a focus on women's health and community health care services.

Programmes:

Global Health Watch (GHW):

The GHW is an alternative World Health Report coordinated by PHM in partnership with other organisations, and written collaboratively by various authors from around the globe. To date, four reports have been published (GHW1,GHW2, GHW3 and GHW4) in 2005, 2008, 2011 and 2014 respectively. During 2016, activities for GHW were focused on coordinating the planning and production of GHW5:

- Coordinating a planning meeting in May 2016 in Geneva (linked to WHO Watch activities);
- Developing briefs and plans for chapters, contacting and following up with authors;
- Liaising with the editorial group and partner orgs
- Negotiating terms and costs with the publishers, Zed books

Global Health Watch 5 will be published late 2017

Global Health Governance / WHO Watch

The GHG initiative aims to improve the global environment for health by changing the information flows and power relations which frame global health decision-making and implementation. The project was launched as an initiative of the PHM, the South Center, the Third World Network and other international organizations and networks. The focus is currently 'watching' and providing critical support to the World Health Organizations (WHO).

During 2016 PHM participated to the Executive Board meeting of WHO in January (EB138) and the 69th World Health Assembly (WHA69) from 23 to 28 May through a Watching team of around 8 to 10. A Watching Workshop was also organised by PHM-Ghana in Accra, towards the Regional meeting of African Office of the WHO.

Since May 2016, the workshop was conceptualised as a capacity building space for health activists interested in global governance for health and was opened for activists independent from their participation to the Watching or to the WHA. As such, the agenda was adapted, making it one day longer and including sessions on key elements of global governance, developing necessary materials, as well as mobilizing activists for the workshop.

Since January 2016, the participation of activists from the student organisation Universities Allied for Essential Medicines (UAEM) has been consolidated – roughly half the watchers were from UAEM at the WHA69. This collaboration is very synergistic as UAEM brings solidly prepared activists with a deep understanding of medicines and UAEM activists have expressed that their participation gives them a more comprehensive understanding of health and global governance for health, which allows them to better work on their campaigns.

The Workshop in Ghana built on the experience at the WHO Watch; PHM Ghana called for a workshop with other interested organisations to review issues to be discussed at the regional meeting of the WHO in the African region (AFRO). Participants developed a joint position paper on key issues and shared it with the Ministry of Health and the representative of Ghana to the WHO. The leading role of PHM-Ghana in this process opened opportunities to strengthen relations with other organisations and to increase the visibility of PHM-Ghana in the country.

The watchers team worked together for close to two months before meeting face to face in Geneva. Pre EB and WHA, commentaries were prepared by the watching team and lead experts around the globe. These were used to prepare for the workshops and used as a background document for watchers. When meeting face to face, the watching team and others identified priority agenda items and developed policy briefs and statements. A joint civil society strategy meeting was organized with MMI and TWN pre WHA and EB. The watchers team prepared a series of policy briefs that were shared with country delegates; they made statements from the floor and ran a skype channel with live updates on the discussions (see www.ghwatch.org). The team actively engaged with delegates from several countries.

International People's Health University (IPHU) / Capacity building:

The IPHU is PHM's main educational and research program. We organise short courses entitled 'The Struggle for Health' of 2-week duration each. Many of the participants form the core of country circle organising and activities. During 2016, the following sessions of the people's health university were held:

- 22 – 29 November 2016. "Struggle for Health in South Asia", Kathmandu, Nepal. 34 people from India, Bangladesh, Pakistan, Sri Lanka and Nepal
- 8 – 10 April: EU IPHU titled "Mobilising for health: strategies, practices, alliances" in Brussels
- 21 -31 April: V Generation of IPHU with Ministry of Health in El Salvador with Civil Society and International participation
- 21 – 22 April: PHM-USA held its first "mini-IPHU" in Seattle April 21-22. It was two powerful days of learning, community-building, and organizing for action around the right to health. Over the course of the two days the IPHU had about 45 participants which included members of the Somali refugee community in Seattle, medical and public health students, health professionals, and local activists.
- June South African People's Health University (5 days); during the year a number of public meetings e.g. on the National Health Insurance and produced literature on various topics
- 2 – 4 June: IPHU London
- 26 November – 4 December: VI Generation of IPHU, Ministry of Health in El Salvador with Civil Society and International participation

Seminars:

- PHM North America on climate change (webinar)
- PHM South Africa hosts regular discussions
- PHM Benin organized public seminars and dialogues on RTH

Civil society Engagement for Health for All (April 2014 - April 2018 – funding terminates October 2017)

This is action-research, partially funded by IDRC and led by PHM. It's being undertaken in 6 countries (Brazil, Colombia, DR Congo, India, Italy, South Africa) and globally. The aim is to document and strengthen practices of social movements and civil society organisations in achieving health for all.

The data collection was grouped in 5 themes reflective of the PHM programmes and activities namely: Movement building; knowledge generation and dissemination (GHW); Capacity building (IPHU); Campaigns; Engaging with global health governance (WHO watch);

Research fields undertaken within Phase 1 in the 6 countries included:

- Brazil: case studies on social participation in the NHS and Alliance for Tobacco Control; participatory action-research on grassroots rural activism for health
- Colombia: case studies of experiences related to the involvement of civil society in improving health in urban and rural areas; peasants, workers, ethnic groups and issues around gender, LGBT and women
- DRC, India, Italy: questionnaire/interviews to civil society organisations, selected within and outside the PHM network, and based on the priorities felt by the PHM group;
- South Africa: SA People's Health University evaluation; interviews with activists (inside and outside PHM) on PHM programs and research themes;
- A regional workshop took place and was attended by approximately 35 PHM members from South Africa, Democratic Republic of Congo (DRC), Kenya, Uganda, Tanzania, Zimbabwe, Zambia, Benin and Eritrea.

Workshops were held in 5 regions to feedback findings, and were used for planning phase 2 (application of findings from phase 1) and for regional movement building. Some of the global programme Phase 1 research will continue into 2017. These workshops were also used for movement building and where possible we ran them back to back with other activities such as IPHU:

- Europe Brussels 7-10 April 2016 28 people. 10 countries,
- Asia Colombo 26-29 April 2016 25 participants, 9 countries, 3 PHM's regions (South East Asia, South Asia, India);
- Africa Cape Town 27-30 June 2016 35 people, 9 countries;
- Latin America, São Luis 15-17 July 2016 28 people (14 from different cities, 13 from São Luis), 1 from Nicaragua, 1 from Mexico;
- Latin America Bogotá September 2016 2 participants from Porte Allegra (Brazil), in addition to local participants

A number of global events were used to report on findings including the Health Systems Research Symposium in Canada.

Health for All campaign (HFAC):

The HFAC is a global organising framework for different mobilisation actions by civil society networks and social movements around the world and aims to inform and influence governments to address structural and systemic weaknesses in the health system.

Activities falling within the health for all campaign (HFAC) take place at different levels and with different actions for example, activities around world health day coordinated regionally and within countries (Philippines); engagement of PHM in other campaigns, as is taking place for example with our engagement in campaigns around trade agreements; responding to issues / developing and/or signing onto statements; support of global for campaigns in countries / regions; writing articles or developing literature / doing research, etc.

- In Latin America: Solidarity campaigns concerning violations of rights of women, indigenous and peasant peoples, right to health and health care, right to water, to land, against extractive industries -mining, for example.
- In Europe, there is a focused campaign against commercialization of healthcare, support for Turkish academics, health rights of refugees
- North America works around several common areas of interest among our country chapters, including mining/extractive industries and health; trade and health; climate change and health; police violence as a public health issue; and single payer health care, among others.
- In Southeast Asia (Philippines, Malaysia and Cambodia) and Australia, anti-privatization of public health services campaign is being done. PHM in South Australia has been continuing to fight privatisation of health services using social media campaigns to oppose the government actions bringing about increased privatization. The Philippines has launched a campaign on the increase for budgets in health for both the national and local health budgets. A pamphlet on the People's Health Agenda was published to put forward this agenda to the presidential candidates in the elections held May 2016. This was discussed in schools, communities and professional circles, and subsequently presented to the newly elected president and his new Secretary of Health. Some recommendations were accepted but others such as the issue on privatization, have been rejected. In Cambodia, campaigns for the promotion of human rights, essential health care and affordable medicines for infectious diseases such as HIV, Hepatitis C and tuberculosis were conducted. PHM Cambodia and PHM Australia also linked with regional networks with strong advocacy against free trade agreements, TPPA, RCEP, highlighting their negative impact on health. Active engagement with stakeholders to provide inputs for policies and legislation was also done.
- In India campaigns against privatisation of public healthcare services have been conducted in several states, including Rajasthan, Chhattisgarh, Maharashtra, Madhya Pradesh and Karnataka. A two-day workshop with about 100 participants was organised in January 2017 to discuss a national study conducted on Public Private partnerships. In six states of the country a on 'participatory budgets' is underway in collaboration with the Centre for Budgets and Governance Accountability. After an initial two years first phase, the campaign is now in its second phase. Two workshops have been organised on conditions of health workers along with Public Services International. Several states have undertaken campaigns for effective legislations (called Clinical Establishment Act) to regulate the private sector. In Maharashtra PHM-India is part of a larger coalition pressing for social sector entitlements. Organisations affiliated to PHM-India such as the All India Drug Action Network have been actively pursuing legislations to control prices of medicines and medical devices.
- Africa: South Africa 5 campaigns chosen at the NHA: Community Health Workers; Clinic Health Committees; Health financing and Tax Justice; Stop Stock-Outs; Human Resources for Better Health;
- A number of countries have been working on / advocating for community health workers (CHW) including South Africa, Uganda, Tanzania

Movement building:

A number of activities undertaken support movement building globally and within the regions and countries. A significant achievement in 2016, was the work done on the long planned interactive manual of building a movement for health. The Civil Society Engagement for Health for All supported a number of report back and face to face interactions, used to support movement building. Using opportunities presented, a number of regions managed to organize People's Health Assemblies. Below are a few highlights / activities undertaken as part of the process of movement building. Some of the activities around movement building are reflected elsewhere in the report:

- In collaboration and with support of M3M, we have developed an interactive manual on building a movement for health. This has been launched in early 2017 and is available here: <https://twha.be/phm-manual>
- National Health Assembly in South Africa, in collaboration with Treatment Action Campaign and Section 27 (156 delegates from 31 organisations). The NHA was preceded by 8 provincial health assemblies
- London People's Health Assembly (7 – 9 October)
- People's Health Assembly, France, 24 September
- Regional report back in Sri Lanka (South Asia and SE Asia, Australia)
- Africa report back meeting of CSE4 HFA research; Tanzania health policy dialogue for cso;

Summary / Conclusion:

Despite PHM's continued funding challenges, we have continued to grow the movement. We have a presence in an increasing number of countries, and some regions and countries have strengthened.

During the course of 2016, we had IPHU's of varying duration in Nepal, London, South Africa, USA and Europe. The coordination of an online manual on building a movement for health was developed through participatory means for launch in 2017. And the coordinated development of GHW 5 and outsourcing of writing of chapters for GHW5 was undertaken.

We continue exploring ways to improve opportunities for strengthening the movement and regions, and for PHM activists and affiliated organisations to be further engaged.