

August-December
2007



EDITORIAL

Back to the Future?

With great satisfaction, indeed with increasing hope, we mark the award of the Nobel Prize for Peace this year. Though bowing to political expediency in the past, notably Kissinger and Arafat received it, this Prize remains a coveted one that focuses on peace and security of the community of nations. Al Gore and the Inter-Governmental Group richly deserve this honour because of the high profile and productive campaign that they carried on. By conferring the Prize, the Nobel Committee has squarely placed Global Warming at the centre of international consciousness, if such a thing exists. This is a wake up call for every nation, indeed for every citizen of the world to keep global warming, rising sea levels, increasing ferocity of Atlantic storms, floods, droughts, the shearing away of arctic ice caps and such disasters in mind all the time. It is also an exhortation for reducing our carbon footprints, for America to see why with 6% of the world's population it uses 27% of the world's energy, for China and India to reduce their high carbon emissions in the name of industrialization, for Brazil and Indonesia to guard their forests. It also exhorts individuals to reduce their individual carbon footprints - switch off lights when not in use, don't let the tap run while shaving, walk to the market instead of using the car, as far as possible don't use air-conditioning, use air travel as little as possible and such mundane every-day type of activities that contribute to global warming. The Prize also places in perspective the Chernobyl disaster that occurred 21 years ago and which continues to be a nightmare. A growing network of NGOs, under the leadership of PHM points person Alison Katz, will launch a long-lasting campaign "For an independent WHO", a campaign that asks the WHO to amend or repeal its binding treaty signed in 1959 with the International Atomic Energy Agency (IAEA). According to this agreement, public health research on radioactivity by the WHO must be agreed upon by the IAEA. This agency has vetoed whose planned congresses on radioactivity and public health in the past.

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A letter has been sent to the Director General of the WHO, Dr. Margaret Chan, asking her to examine the 1959 agreement and to recover total independence for the organization. Chapter II of WHO's constitution describes the functions of the specialised agency. The first function is "to act as the directing and coordinating authority on international health work".

At Chernobyl and on battlefields, including Iraq and Afghanistan, where depleted uranium has been used, the function for which the WHO was created has not been respected, because of the agreement with the IAEA.

People, rich or poor alike, from New York or Nanjing, urban or rural, black or white, will be or can be healthy only as long as our shared planet is healthy. An illness in one part of our global village has the potential to make the whole, sick. If the planet itself is sick, then we have a problem. Are we going to be part of the solution or be part of the problem?

This issue also carries the story of a festering sore from Egypt – Privatisation of health care which is sure to be a disaster for the large majority of Egyptians, the collusion between national and international ruling structures and the role of international commerce in health. This is a case study and a warning to other nations.

There are also reports of PHM involvement and activism in a wide range of activities.

The point is to build coalitions of people not only to oppose anti-planet activities but to take a proactive role, mainly in raising people's consciousness like PHM is doing through the Global Health Watch. As Mahatma Gandhi said, we are only as strong as the weakest link. Hence PHM's efforts in building country and regional networks, especially in Africa. Be a part of this on going struggle!

Prem Chandran John
Editor

Privatisation in Egypt

The Government of Egypt intends to pass a law on privatisation of health services during the coming session of parliament sometimes around next November. If this law is passed it will constitute a drastic set back to people's right to equal access to health care services, as well as eventually sell out the huge public infrastructure of health services built by the sweat of the Egyptian people to the new international and national private investors in health services including private providers and private insurance companies.

Among the essential points that we oppose the new law are the following:

1. Its stipulation that in addition to the premium, people will have to contribute 1/3 of the costs of any medical or surgical intervention or drugs. This is out of the reach of the vast majority of people, particularly in secondary and tertiary interventions or in medications for chronic diseases and of course is completely out of reach of the poor.

2. The idea of providing different health insurance packages according to the ability of people to pay.

3. The Prime Minister's decree of establishing a holding company which has the right to sell out the facilities of the Public Health Insurance Organization. The Association for Health and Development in Egypt (AHED) which is the hosting organisation for the PHM Global Secretariat and is an active part of PHM Egypt has made a strident call to open a national dialogue with all political parties, trade unions and syndicates, civil society organizations during the coming year to develop an alternative reform which is committed to equity and their right to health and not the maximization of profit of the private investors.

The World Bank, the USAID as well as the European Union are currently the major supporters of this law since their businesses stand to benefit. We call upon you to send letters and a petitions with the signatures of your organizations to support us in the above demands.

The current law goes against all the human rights conventions which Egypt is signatory to as well as to the constitution of Egypt which affirms people's equal right to health services. (Alaa Shukrallah, PHM Egypt)

What USAID has to Say about Egypt

~~For Immediate Release~~

18 April 2007

Press Release

EGYPT'S HEALTH REFORM STRENGTHENED WITH MEMORANDUM OF UNDERSTANDING SIGNED BY USAID, THE MINISTRY OF HEALTH AND POPULATION, AND PRIVATE PHARMACEUTICAL COMPANIES

CAIRO - Yesterday a Memorandum of Understanding was signed for a Global Development Alliance among USAID/Egypt, the Ministry of Health and Population and the Pharmaceutical Research and Manufactures of America (PhRMA), EIPICO Pharmaceuticals, Pharco Corporation and DGIMA Pharmaceuticals.

The objectives of this alliance are to substantially improve the leadership, managerial and financial skills of 270 hospital managers in Egypt over a 3 year period through executive education training program to take place in Egypt. For these 270 people who will be selected by the Ministry of Health and Population, the training program will help them move towards a radically different healthcare future in Egypt and will prepare them to lead the system towards that vision. The training program will provide them with new skills will provide them with new skills and will introduce new ways of thinking/acting based on experiences from outside Egypt.

USAID will provide \$1 million to support the activities of the alliance with a match from the Pharmaceutical companies of an additional million dollars. USAID will serve as the lead alliance member by engaging a United States training provider in a contractual agreement and will oversee the delivery of educational services.

"The Global Development Alliance (GDA) is USAID's commitment to change the way we implement our assistance mandate. GDA mobilizes the ideas, efforts and resources of governments, businesses and civil society by forging public-private alliances to stimulate economic growth, develop businesses and workforces, address health and environmental issues, and expand access to education and technology," stated Dr. Kenneth Ellis, USAID Director in Egypt. He added that he is proud to be cooperating with the Ministry of Health and Population and with private Egyptian pharmaceutical companies to support Egypt's health reform efforts

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What the Egyptians Have to Say

Statement from the National Egyptian conference for the rights to health and against privatization of health services.

The right to health campaign in Egypt developed in 2005 through the initiative of several Civil Society Organizations as a reaction to the declared intentions and continuous actions from the Government of Egypt to privatize the health care services and in its heart and as a first step the Health Insurance Organization (HIO). The campaign was joined by many other groups in the provinces and received much attention from several of the press agencies both opposition and independent press.

In 2007, the "Egyptian National Right to Health Committee" was established from a coalition of around 24 political parties and other civil society organizations as a culmination of the first stage of the campaign and as a direct reaction to the unconstitutional move from the side of the Prime-Minister to establish a holding company for the HIO, which was viewed as a first step direct and drastic step in its privatization. *

On Tuesday 2nd of October 2007, the first National Conference was held in the Journalist Syndicate in Cairo. The conference came as a culmination of the work of the committee and as a need to declare to the government of Egypt and the world a statement from the majority of political parties and civil society organizations in Egypt on its position from the newly proposed "Health Reform Law" that the government intends to pass in the next parliamentary rounds starting next November 2007.

Nearly Fifty political parties, syndicates and unions and other civil society organizations (signed below) state their total and firm refusal to the proposed law on the basis of:

1. The refusal of the discrimination between people in their right to access appropriate health services; through providing different groups with different packages of services according to their means and not their needs. As an alternative we propose one package for all Egyptians according to their real medical and health needs.
2. The refusal of enforcing patients' contribution to a percentage of the costs (without a ceiling) which can be and will be out of reach of the vast majority of Egyptian people. As an alternative we propose a premium which is related to the salary and income and a nominal contribution of a "fixed sum and not a percentage" on receiving the service if necessary.
3. The refusal of entitling the administrative bodies alone (whether through the Minister of Health or Prime-minister) to change the contractual basis between the HIO and the clients whether through changing the premium or the packages offered. Any change in the relationship requires a change in the law which does not take place except through the participation and agreements of the clientele.
4. The refusal of the move towards running the major governmental and health insurance services on the basis of profit and through for profit sectors which puts the burdens of the profits on the patients and questions its validity. We insist that the HIO and governmental services continue to run on the basis of non-for profit. The private sector can have its contribution as an additional complementary sector and not the major one which is to inherit the public sector, the major provider of services to date.
5. Finally, we totally refuse the introduction of the law in the coming parliamentary rounds on the basis that it was developed during the past two years in complete darkness and in the lack of any transparency and accordingly we demand that the law does not change without proper consultation. We propose holding a process of a national dialogue during the coming year through which an appropriate alternative could be developed with all the different political parties, syndicates and unions and other civil society organizations.

Built on the above we declare that the law in its current form is non-constitutional in that it goes against the equal right of all citizens to appropriate health care and that it goes also against all the human rights conventions and treaties that Egypt is signatory to.

This declaration was signed by: 8 national political parties, 33 NGO networks and NGOs, 4 large national-level trade unions
20 October 2007

* Note: The HIO "currently services more than 50% of the Egyptian people". The holding company has control over all assets and facilities of the HIO and accordingly could dispense with them.¹ It has been the experience of selling out the public sector in all other spheres of life that the establishment of the holding company is the first step in the liquidation of the assets of the public sector and selling it for peanuts to the new private investors.

(Alaa Shukrallah, PHM Egypt)

WHO supports industrial lobbies at the cost of life on earth

The best illustration of how far WHO has strayed from its mandate as the international health authority is its response (or non-response) to the catastrophe of Chernobyl. Today, WHO stands accused of "twenty-one years of silence, complicity and lies" (25). Since 1986, under pressure from private interests, it has actively participated in a cover-up of the health consequences of the world's most serious industrial accident.

It respects the infamous 1959 agreement with the International Atomic Energy Agency (IAEA) which prevents it from investigating and reporting freely on nuclear accidents (26). The mandate of the IAEA, a UN agency which reports to the Security Council, is to promote use of the atom. It is therefore, quite simply, an industrial lobby. If the International Federation of Pharmaceutical Manufacturers' Associations (the IFPMA) were a UN agency, it would be no more absurd.

The WHO/IAEA agreement can be terminated by either party at any time (in the case of WHO by a decision of the World Health Assembly). The WHO has chosen to honour a dishonourable agreement rather than provide care - on the basis of reliable data - to the victims (those who are still alive), for their numerous, horrifying and life threatening conditions (27). Furthermore, essential information for responsible decision-making relating to the continuation of life on earth is denied by the very authority mandated to inform the world's peoples on all matters relating to health.

In June 2007, the WHO, through its spokesperson, failed to tell the truth and misled the public, (not for the first time) by claiming that the proceedings of the International Conference on the Health Consequences of Chernobyl, held in Geneva in 1995, were duly published. (28) This is not so. The proceedings of the Geneva (1995) and Kiev (2001) conference on the same subject have never been published. The reason for this censorship has been explained with admirable candour by the former Director-General of WHO, Dr Hiroshi Nakajima, and recorded in a documentary made by Swiss television (29) and a book by the film maker (30).

If the evidence presented at those two conferences had been made available to the world's people and if WHO had conducted responsible studies on the health consequences of civil and military nuclear activities, from the time of the Second World War and throughout the weapons testing era, use of the atom would have been rejected as suicidal and/or genocidal. It is arguable that the Chernobyl accident would never have happened because wide dissemination of serious, scientific evidence¹⁷ on the health consequences of nuclear accidents/war would have made the construction of civil nuclear reactors impossible.

On the basis of hundreds of scientific studies published in the peer reviewed literature, (see for example the bibliography of "Chernobyl: the Hidden Legacy" 31), independent associations estimate that

the accident has caused more than a million deaths over 20 years, worldwide. At least two billion Curies of radioactive substances were released from the reactor – not 200 million Curie as claimed by the IAEA and the Soviet Union. Between 600,000 and one million young men (the 'liquidators') were involved in extinguishing the fire and then constructing the sarcophagus to seal the reactor. They saved Europe. By 2001, according to the register of the Minister of Health of the Russian Federation, 10% had already died, 30% were invalid and practically all had health problems (30, pp. 28). WHO and the IAEA still claim today that there have been around 50 deaths and around 4000 cases of thyroid cancers. The dimensions of the untruth in relation to the health of the local populations and especially the children, whose vulnerability to contamination is acute, are similar.

WHO's abdication of its responsibilities in radioprotection of populations will be qualified as a crime against humanity. If staff and directors of the technical departments dealing with ionising radiation in WHO were supported in their independence as international civil servants and were held accountable to the world's people for their interpretation of WHO's mandate, the cover up of the crime of Chernobyl (and the real health consequences and crimes of Hiroshima, Nagasaki, weapons testing and the use of depleted uranium in weapons today) would have been revealed years ago, many lives would have been saved and responsible decisions on energy options for the future would be possible.

Networking

Report on the PHM Southeast Asia Visit

From July 27 to August 11 this year, Dr. Prem John, Co-Chair of the PHM Steering Council and Dr. Delen De la Paz, PHM Coordinator for the Philippines and Southeast Asia, visited key cities in Southeast Asia to strengthen links with PHM members. Initially, the plan also included Dr. Hani Serag, PHM Coordinator, but unfortunately Hani could not join due to some pressing issues that needed his attention in Cairo.

The first leg of the visit started in Bangkok, Thailand on July 27 with Prem meeting with Dr. Ugrid, PHM Thailand Coordinator and several other NGOs who are part of the initiating group in Bangkok for PHM. Prem gave an overview of what the PHM is doing now and how PHM members in Bangkok can spread the word and organize and strengthen the PHM network in Thailand.

On July 30, after concluding the meetings in Bangkok, Prem flew to Manila and met with Delen. A series of activities was lined up including meetings with medical students who are interested in pursuing global health courses in the context of primary health care. A forum was held at the College of Medicine of the University of the Philippines in Manila attended by faculty and students of the university, village health workers from the community based health programs of the Council for Health and Development and the Community Medicine Development Foundation, and some faculty members of the nearby University of the City of Manila. Prem spoke of the global crisis and how health as a people's right is being affected. He also spoke of how the Philippine health care system is being affected especially with the out migration of its health professionals. Dr. Gene Nisperos, secretary general of the Health Alliance for Democracy, a member of PHM Philippines, gave a more detailed presentation on the impact of the global health crisis on the Filipino people and the need to strengthen education and organizing efforts among all sectors so that the people's voices and interests will prevail and not those of foreign commercial interests in health.

PHM Activities

A bigger forum was held in the University of the Philippines in Diliman Quezon City campus in which various sectors who are all members of the PHM Philippines participated. Notably present were the community health workers who came all the way from Nueva Ecija, a town north of Manila, which was 6 hours away by bus. There were also representatives of the urban poor communities, Filipino migrant workers, women's groups, children's groups, faculty and students from different health schools and universities, local government units and the Department of Health. Prem again presented the global health in crisis and prospects of change being done with the People's Health Movement. In this forum, too, Mr. Sonny Africa, Deputy Director of the IBON Data Bank which is a research group in the Philippines, gave an extensive and in depth discussion on the economic and political impact of current realities on people's lives particularly on health. He presented statistics based on their research which showed how trans-national corporations are really raking in too much profit on health at the expense of the people, mostly the poor. Delen highlighted what PHM has been doing with its ongoing campaigns in various countries. She highlighted the Campaign on the Right to Health and efforts to have WTO out of Health. She also spoke about the International People's Health University (IPHU).

The following day Prem and Delen went to Cebu City, a city south of Manila which was one hour by plane, to speak in several forums organised by the Visayas Primary Health Care Services, also a member of PHM. VPHCS organized a forum in the College of Nursing of the University of Southern Philippines which was attended by the Dean and administrators of the College, all the senior nursing students and their faculty members. The topic was again on the Global Crisis and its impact on the people's health, and the role of People's Health Movement. A similar forum was attended by members of various sectors such as the farmers, workers, fisher folk, urban poor women, professionals, etc. was held later in the evening. The following day there was an exposure visit to the urban

poor community along the port, which is now being converted into an international port, causing displacement of a lot of poor families. The VPHCS is organizing a group of women to become health workers and empowered members of the community, addressing their more fundamental economic and political rights

The Health Action Information Network (HAIN) remains the secretariat of the PHM in the Philippines with Delen as the PHM focal point.

Next they went to Jakarta, Indonesia. Perdhaki, a PHM member and the Catholic arm in health services, hosted Prem and Delen. Meetings were held with members of Muhammadiyah, the Moslem health arm, Pelkesi, the Protestant health group and other NGOs involved in health. Women's concerns, environmental issues, nutrition and livelihood issues were presented in a forum attended by various groups and organizations. FPKMI, the forum or the coalition of the various faith based organizations in primary health care has taken on the responsibility of promoting and expanding PHM membership and organising PHM Indonesia with Perdhaki as the secretariat. Sri Rahayu Wartono is the focal point and Dr. Sudibyo Markus is the Chair of the FPKMI or the Forum which will spearhead PHM activities in Indonesia.

Hanoi, Vietnam was the next city visited with Dr. Dien Hang organising the program. A meeting with the staff of the National Institute for Occupational and Environmental Health (NIOEH), the Vietnam Red Cross, and some nurses from different hospitals was held in the conference room of the NIOEH. A discussion of the Vietnam health situation in the context of the global health crisis, and the role of PHM were again expounded by Prem and Delen. The participants then decided to build up PHM in Vietnam and Dr. Nguyen Duy Bao of the NIOEH volunteered to chair the core group. Ms Dien Hang remains as the focal point for PHM Vietnam.

A disappointment in the trip was the visit to Cambodia where unfortunately our contact person was not able

to organise a meeting. A meeting with the Coordinator of the Coordinating Council for Cambodian NGOs highlighted the need to identify and forge links with more Cambodian NGOs with similar thrusts as PHM. for them to be the future core group of PHM Cambodia. This is the next challenge for us in Southeast Asia.

The entire two week trip across South East Asia was an exhausting venture but a most rewarding one. It was heartwarming to meet with the people who are really involved with grassroots work trying to help educate and organise the communities towards empowering them to assert their rights. The People's Charter for Health was presented to them as an analytical reference and as an advocacy tool that they can use as they raise issues with their government, the academic administrators, and even their colleagues. South East Asia has a lot of issues on health which are very much affected by the global realities of neo-liberalism and globalisation. We need to strengthen our education, organising and networking thrusts at various levels so that PHM will surely become a group that can push forward our desire to make HEALTH FOR ALL a reality NOW. (Dr. Edeline P. Dela Paz)

More from the World Health Assembly :
May 2007

The last News Brief 20 shared some of the events in which PHM members participated especially the NGO forum sessions and the Round Table on Primary Health Care in partnership with WCC. However, as always there were many other interesting inputs as well in collaboration with many PHM partners and some additional details.

a) A PHM Coordinating Council meeting took place on 13th May in Geneva which was attended by Prem, Hani, Jihad, Arturo, Sarah, Alaa and Bridget (for David Sanders)

b) PHM participated in the joint WHO NGO briefing on Saving lives and Saving Money: Achieving rational use of medicines in health services on 15th May .Dr. Ravi Narayan of PHM was the co-chair. The session was organized by Health Action International (HAI) Ecumenical Pharmaceutical Network (EPN); Action on Antibiotic Resistance (ReAct) and WHO.

c) The NGO Forum for Health and CETIM session organised with PHM and CMC Action for Health on 15th May had Hani Serag, (PHM Global Coordinator); Thelma Narayan (PHM India) and Martin Khor (Third World Network) as panelists and Dr. Mirta Roses (PAHO Director) and Lida Lhotska (IBFAN) as co-chairs. 6 resolutions were presented for endorsement by the participants to support WHO in keeping to its fundamental principles.

d) Thelma Narayan and Kumanan, (PHM New Zealand) attend an interactive dialogue organized by the Health Systems and Services cluster with NGO and Civil society representatives on 17th May

e) Amando (PHM Brazil) was a panelist on Human Resource Development at the Save the Children Fund sponsored session on Social Insurance in Health on 17th May.

f) PHM participated actively in co-sponsoring an interactive round table with CMC Action for Health and the WHO Task Force on Primary Health Care on 17th May in a session entitled "Civil Society Revisiting Primary Health Care: from Policy to Action". 20 WHA delegates from 16 countries including Australia, Brazil, Egypt, Ecuador, India, Iran, Iraq, Nigeria, Palestine, sub Sahara and southern Africa participated.

- g) On 18th May a PHM team consisting of Hani, Ravi, Mira, and Armando had a short meeting with the new D G, Dr. Margaret Chan and briefed her on the movement and its concerns. The new DG also shared her views on partnerships and engagement.
- h) PHM participated in a joint civil society statement on WHA establishing fair framework for sharing of virus samples as well as vaccines and a draft resolution on public health innovation and intellectual property rights
- i) PHM released a press statement on Primary Health Care and protest letter on the arrest of the PHM related human rights health activist Dr. Binayak Sen in India.
- j) On 18th May a PHM team had a dialogue with a small team from the WHO cluster on Information Evidence and Research (IER) on the next World Health Report 2008 (WHR 08) which would focus on primary health care.
- k) PHM members and partners released various books and news letter at WHA. PHM publications, resource materials, and declaration were widely distributed.

News from the European Region :

- a) PHM Sweden: Dag Hammerskjold Foundation, Uppsala hosted a informal meeting of individuals and organizations on 12th June 2007 during the visit of Dr. Ravi Narayan, as a Scholar in Residence. After listening to a presentation on the development of PHM in India and Globally, the health situation in Sweden and the process towards establishing a PHM country circle was discussed. (for further information contact (Kajsa Overgaard: kajsa.Overgaard@dhf.uu.se.)
- b) PHM Germany: A meeting was hosted by Medico International on 22nd June during the visit of Dr. Ravi and Thelma Narayan to Frankfurt to discuss the development of the PHM country circle in Germany. Members from Buko Pharmakampagne, Misereor , Diakonie, Universities of Berlin and Frankfurt, Medico and other organizations attended. For further information contact (Andreas Wulf: wulf@medico.de).

PHM engagement with the renewal of Primary Health Care by WHO

As mentioned in an earlier News Brief, PHM had noted the commitment of the new DG to the renewal of Primary Health Care at the time of her appointment. Since then various opportunities have been explored to be a pro active partner in this renewal.

a) In the news brief 20 the PHM facilitation of the in house WHO seminar on Primary Health Care in April 2007 and the round table on Primary Health Care at WHA in May 2007 was mentioned.

b) PHM participated in the Buenos Aires conference organized by the Ministry of Health, Argentina , PAHO and WHO on 13th to 17th Aug 2007. The theme was 'From Alma Ata to a Millennium Declaration'. Ravi Narayan was a resource person in the panel discussion on Equity and Health and Financing and participated in the evolution of the Buenos Aires declaration " Towards a health strategy for equity based on Primary Health Care"

Buenos Aires Declaration – August 2007 (Extracts)

... We affirm that equity, solidarity and universality should govern health and development system and policies.

... The Primary Health Care strategy is based on values and principles that remain relevant and which much guide the structure and operation of the health systems at all levels and for all.

.... In order to achieve equity based health care it is imperative to strive towards universal and comprehensive coverage. In doing so policies and programmes need to be gender responsive, inclusive, non discriminatory and prioritize vulnerable groups

... Support rapid implementation of the above mentioned actions, in a frame work of equity and social justice, to achieve the enjoyment of the

highest attainable standard of health, which is one of the fundamental rights of every human being with out distinction to race, religion, political belief or economical or social condition....

source: see website www.buenosaires30-15.gov.ar

c) An informal discussion was held in Buenos Aires by the WHO cluster team in charge of the World Health Report 2008 which would have primary health care as its theme. Ravi Narayan of PHM participated in it.

d) The World Health Report core team met in Bellagio, Italy from 10th to 14th Sept 2007 along with some resource persons to plan out the perspectives and issues to be covered by the report. Thelma Narayan, a PHM resource person from India , participated.

e) PHM is participating in a multi-continent study on comprehensive primary health care facilitated by Ron Labonte , University of Ottawa, Canada and David Sanders, University of Western Cape, South Africa. This study covers most regions of the world and after a comprehensive literature review will also evolve a training strategy to encourage young researchers and activists to understand evidence and issues about comprehensive primary health care. (a more detailed report of this study will be carried in the next news brief)

f) PHM is actively participating in the round table on Primary Health Care organized at the Forum 11 of the Global Forum for Health Research in Beijing from 30th Oct 2007 . (The panelists include David Sanders, (South Africa) Ron Labonte (Canada) Eduardo Espinoza (El Salvador) and Thelma Narayan (India) among others.

1. News From Argentina

a) A small core group in PHM Argentina organized a PHM Argentina conference in Rosario on 11th and 12th Aug 2007 on the theme of " Right to Health Care"

b) During Ravi Narayan's visit to Buenos Aires see 3b above PHM Argentina organized two sessions in Buenos Aires at the University of Lanus and at the University of Buenos Aires on 17th and 18th of August 2007 to share the experience and concerns of PHM with local NGO's ; Academics, Researchers, and Networks. An interaction with local medical students and a visit to their urban community health project was also organized. Halfdan Mahler a PHM enthusiast and advisor also participated in these activities

(For further information contact Carmen Baez : carmenbaez@infovia.com.ar)

2 PHM in mainstream Literature:

a) RENEWING PRIMARY HEALTH CARE IN AMERICA'S -A position paper of the Pan American Organisation / World Health Organisation (PAHO-WHO) published and released in 2007.

" Approaches to Primary Health Care Health and Human Rights Approach: Stresses understanding health as a human right and the necessity of tackling the broader social and political determinants of health. It differs in its emphasis on the social and policy implications of the Alma Ata declaration more than on the principles themselves. It advocates that the social and political focus of PHC has lagged behind disease - specific aspects and that development policies should be more " inclusive, dynamic, transparent and supported by legislation and financial commitments", if they are to achieve equitable health improvements" (A philosophy permeating the health and social sectors)"

"As the understanding of health has broadened so has the awareness of the limitations of traditional health services to address all

population health needs. For many in the region there is the feeling that " Health is a Social, economic and political issue and, above all, a fundamental right, and inequality, poverty, exploitation, violence, and injustice are at the root of ill-health and the death of poor and marginalized people"

Quoting PHM Sources.

b) UNDERSTANDING PUBLIC HEALTH : Open University series in UK in collaboration with London School of Hygiene and Tropical Medicine: Title In the series : 'GLOBAL CHANGE AND HEALTH' edited by Kelly Lee and Jeff Collin

Globalisation and health - Civil Society Response:

From the chapter on Gender, globalisation and health

"The People's Health Movement (PHM) is an ' international network of organizations and individuals that came together in 2000 to re-ignite the call for Health for All Now!" The goal of the PHM is 'to re-establish health and equitable development as top priorities in local, national and international policy -making, with comprehensive primary health care as the strategy to achieve these priorities.' Its main aim is to begin with the work done by people's health movements around the world to develop long-term and sustainable solutions to health problems.

Towards this end, in December 2000 it held a People's Health Assembly (PHA) in Bangladesh. The PHA was a unique gathering. Unlike the WHO Health Assemblies this one involved people in village meetings, in district meetings, in national events, and in regional workshops to prepare for the global gathering in Bangladesh. The assembly took place in a Community health center (GK) in Bangladesh where the accommodations were modest and where people had a chance to talk about their concerns regarding health. Over 1,400 people from 92 countries attended.

The preamble of the People Charter for Health agreed in 2000, draws on the WHO UNICEF Declaration on Primary Health Care agreed at Alma Ata in 1978 to achieve Health for All. The Charter states: ' Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence, and injustice are at the root of ill health and the deaths of poor and marginalized people. Health for All means that powerful interests have to be challenged, that globalization has to be opposed, and that political and economic priorities have to be drastically changed. This charter builds on perspectives of people whose voices have rarely been heard before, if at all. It encourages people to develop their own solutions and to hold accountable local authorities, national governments, international organizations and corporations.'

(This is followed by further quotations from the People's charter)

Activity3.3 (pg.40)

How might a gender perspective be useful for understanding the challenges of fulfilling the Charter's aim of achieving health for all?

Global health governance and the roles of Civil Society.

From the chapter on Health and an emerging global civil society :

Role 1 : Representing the voice of the People.

"The establishment and growth of the People's Health Movement (PHM) following the People's Health Assembly held in December 2000, is a good example of an emerging player in global civil society. The PHM is a transnational network, originally conceived of by a group of organizations with membership spread across the world (including Consumers International, Health Action, International Asia- Pacific and Women's Global Network on Reproductive Rights) and which now has emerging regional bases in South Asia, Latin America ,sub-Saharan Africa, Europe and North America. The

Movement's first assembly in Bangladesh was attended by over 1,400 people from around 90 countries. The Movement argues that urgent attention is required to address both the underlying causes of ill-health, such as poverty, and the need to create some more equitable and sustainable health systems.

The PHM has broad and ambitious goals; first, to re-establish health and equitable development as top priorities in local, national and international policy making and second, to promote comprehensive primary health care as the strategy to achieve these priorities. In order to do this it both draws on the supports people's movements in their struggles to build long term and sustainable solutions to health problems (www.phmovement.org) The PHM emphasizes increasing the participation of local people in global health debates - on hearing the 'voices of the unheard'

The PHM is run by a global coordinating committee, made up primarily of members of the founding CSO's and, since the Assembly, of elected regional representatives. On a day-to-day basis, the secretariat in Bangalore makes administrative decisions and puts forward strategic campaigning priorities such as the recent million-signature campaign for 'Health for All', although anyone is welcome to do so".

Activity 14.5

Use the information provided above to establish the core values and interests that the PHM appears to represent. Has the PHM undertaken appropriate actions to ensure its legitimacy and accountability?

Feedback

There is evidence from the organizational composition of PHM (it is network of networks); from the widespread support for its first Assembly; and from the developing regional infrastructure that the Movement has some degree of accountability.....

..... The complex structure of PHM governance highlights the extent to which the movement has sought to reconcile tensions between the commitment to democracy and the need for leadership and coordination. Organised around interacting circles based on issue-based representation as well as secretarial support, this structure seeks to reflect the diversity within PHM.

c) GLOBAL HEALTH - an introductory text book by Ann Lindstrand, Staffan Bergstrom, Hans Rosling, Birgitta Rubenson, Bo Stenson, Thorkid Tylleskar - published by Studentlitteratur in 2007 in Sweden.

From Chapter 1 What is development?

1.1 Definitions of Development

"Non governmental organizations, united in networks such as the People's Health Movement, argue that the involvement of local communities in development is a prerequisite for sustainability, effectiveness and the achievement of self esteem and freedom, as well as for the other broader objectives of development".

1.8 Development strategies (the last 50 years)

" In many low income and middle income countries in Africa, Asia and the Middle East opposition to the neo-liberal policy of the 1980's was not dominated by the traditional political left, but by other movements. A movement know as the Peoples Health Assembly' effectively voiced health focused opposition. The People's Health Assembly is an international grassroots network of organizations and individuals with thousands of participants. It arose spontaneously in 2000 at a meeting in Bangladesh . The participants defend public investment in the health service and debt relief for poor countries.

1.9 Globalisation (the present)

A strong voice in the global health debate for free primary health care is the people's health movement, which in 2000, presented the People's

Health Charter (Box1.7). The charter argues strongly for a publicly financed health services and for development policies that favour health. The charter advocates strongly against the commercial aspects of globalisation. This network presently led from Bangalore in India, is a leading representative for NGO's in the global health debate. This global network is itself a new aspect of globalisation".

(A reference to website - www.phmovement.org is also provided)

d) GLOBALIZATION AND HEALTH : Edited by Ichiro Kawachi and Sarah Wamala, Oxford University Press, 2007

From the chapter - Monitoring the impact of Globalisation on Health

"There is an urgent need to widen capacity for producing knowledge that can inform health impact assessment (HAI). Fortunately as from 2005, the People's Health Movement, the Global Equity Gauge Alliance (GEGA) and Medact are planning a two yearly report on global health issues that will examine the operation of organization such as the world bank"

From the chapter - What's Politics got to do with it?

Conclusion: The Politics and Ethics of Health Equity:

"History suggests that such changes often demand radical forms of political mobilization and action, although history has not yet encountered such a demand on a global scale. No simple precedents exist, but several forms of mobilization are already being pursued. These include, in no particular order of importance"

* The increasing prominence of human rights discourse in national and global frames of reference.

* The simultaneous rise of a global civil society movement pressing for political actions to shift

the rules of contemporary globalization (see eg People's Health Movement et al, 2005)

* Direct actions by local, national, and regional grouping of actors attempting, to hold their governments, and multinational enterprises accountable for the impacts of their policies and practices on health and human development.

* A growing web of linkages among labor, women's, environmental, and other groups, both within and across borders, that may prevent elites whose interests are threatened by economic and social justice or environmental sustainability from engaging in divide- and -conquer tactics" .

The above four books from main stream literature including two textbooks in Sweden and UK mentioned the development of PHM as an important response of Civil Society to tackling the problems of globalization and health. It is heartening to see that we are being watched, reviewed and being written about increasing our visibility, credibility but also encouraging us to be more accountable and responsive. If any of you have come across any other such references or descriptions in main stream literature please send extracts and references to the PHM news brief editor at (prem_john@vsnl.net)

Coordinator's Corner



Dear Friends,

- * At the time of writing this note, the global secretariat is working hard to support one of most vital processes for the PHM, namely the International People's Health University (IPHU)

The IPHU was launched and conducted its first short course on political economy of health and primary health care one week prior to the 2nd People's Health Assembly in Cuenca, Ecuador - July 2005. Since then, the IPHU has conducted three training modules for health activists: in Bhopal, India (March 07); Vancouver, Canada (June 07); and Atlanta, USA (July 07).

The IPHU jointly with the Gonoshasthaya Kendra (GK), Bangladesh and the PHM global secretariat are preparing for the 5th IPHU short course "Struggling for Health" in Bangladesh from the 12th to the 23rd of November 07. The course's major themes are: globalization and political economy of health; primary health care; social determinants of health; and environment and health.

My personal enthusiasm about this course is due to:

- * This course will be hosted by the GK which witnessed the birth of the movement and the launch of the People's Charter for Health" when hosting the first people's Health Assembly in late 2000.
- * Over 50 participants from 23 countries are expected to join. Almost one fourth of these participants will be from Africa which is the continent of concern during the current PHM coordinatorship.



- * The current course will be followed, for the first time, with a fellowship program in which, around 10 participants will be enrolled in different GK projects for three months as a practical application of the course.

Believing in the IPHU process, I assume that this course will result in the initiation or further strength of 23 country based circles. For further information, please visit the PHM website.

The PHM global structures extend their solidarity and full support to all national campaigners struggling for the right to health and against the commercialization of health care in South Africa, Congo, Benin, India, Egypt, Uruguay, Guatemala, Ecuador and many others. We urge all the health activists to learn more about the PHM Right to Health Campaign and get engaged with its process in many countries.

Hani Serag
PHM Global Coordinator



Global Coordinator in Australia

A Report from PHM USA

This past June the first ever US Social Forum took over downtown Atlanta, Georgia and brought together over 10,000 people to dream, plan, strategize, and act toward a just society. Members of the People's Health Movement were very involved in helping to organize Health Justice activities at the US Social Forum. This was a great opportunity for building greater unity of vision and strategy among US health and health care activist and organizations through the exciting events on the right to health in the US.

PHM's primary contribution to the US Social Forum was to organize a concurrent short course "Promoting Health for All" of the International People's Health University. Designed to stimulate critical thinking in the health and healthcare sector and to encourage action around the social determinants of health, IPHU is an effort to direct attention at the ways in which access to health is denied by structural inequalities, both in the US and around the world. The IPHU was a great success and was attended by over 40 committed health activists from diverse backgrounds, ages, and nearly 20 states.

Each day of the IPHU included two hours of presentations by US and international health activists and academics, followed by two hours of discussion, activities and networking among the participants

Participants in the IPHU looked at the health impacts of global warming, militarism, the pharmaceutical industry, water privatization, racial, and gender inequalities as barriers to health, and other issues, and brainstormed about campaign strategies to bring about health equity.

Meanwhile, groups involved with PHM, such as Doctors for Global Health, the Poor People's Economic Human Rights Campaign, Partners in Health, and Hesperian, held workshops on liberation medicine, environmental justice, food sovereignty, and other crucial topics. The following are a sample of the other workshops, discussions, and panels at the Social Forum that PHM organized or contributed to:

Coordinating Office

The Coordinates of the PHM Secretariat from June 2006:

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communications@phmovement.org

Gonoshasthaya Kendra, Savar, Bangladesh is incharge of publications, the News Brief and also the Archives. Dr. Qasem Chowdhury, will handle this.

He is at: gksavar@citechco.net

Dr. Prem Chandran John helps edit the Newsbrief.
He is at: prem_john@vsnl.net

Defending Our Water and Protecting Our Food:

Bringing Family Farmers and Water Rights
Advocates Together

Our Bodies, Our Water: Our Right to Safe Water
and Health

A human rights approach to health advocacy and
activism

Health for All: a peoples vision for health and
justice

Access to essential medicines advocating locally
and globally

What Is Social Medicine?

A Peoples Healthcare Truth Hearing

We know that many who attended the USSF and especially those who attended the IPHU and other PHM workshops have returned to their homes revitalized with new knowledge, a stronger analysis of the problems we face, and energized by the awareness that they are part of a worldwide movement for positive change. (Sarah Shannon, Coordinator, PHM USA)

PHM Right to Health Care Campaign September 2007 Update

In this email:

- * If you want funding from the global campaign...
- * Local fundraising ideas
- * New financial support for the campaign
- * Campaign Assessment Guide Now Available in French
- * Discussion group "Together for Equity and Health"
- * Update on Campaign organizers
- * Sign up for the list serve
- * Country news

If you want to receive funds

We have funds to give to PHM country circles to carry out the campaign. To receive these funds a country circle must meet certain criteria to ensure that there is a structure in place to use the funds effectively and to account for the use of the funds.

These criteria are:

1. A PHM circle must be formed, if there isn't one in the country already. The country circle is composed of individuals and organizations that endorse the People's Charter for Health and operate under its principles. The country circle can undertake any activities it wants to, one of the possible activities being the Right to Health Care Campaign.
2. A committee to carry out the campaign must be formed.
3. The committee must have the participation of at least 3 different organizations
4. The committee must have at least 2 meetings in different parts of the country to present the concept

of the campaign and enlist participation from groups and individuals.

5. The committee must select (through some kind of open process) one person to be the main country contact for the campaign. The role of this person is to facilitate communication between the global coordinators and the local campaign and facilitate people to get involved.

6. The committee must select (through some kind of open process) one organization that will serve as the fiscal sponsor for the campaign in that country. This organization will receive and distribute the campaign funds and be responsible for the accounting requirements we must maintain.

7. You must report to the global coordinating group what you have done; who the participating organizations and individuals are; who the country contact is (including full name, address, phone number and email); and which organization will be the fiscal sponsor (including full name, address, phone number, email, bank account information, and the names of the director and contact person in that organization).

Funds will be distributed on a "first come, first served" basis - those circles that meet the above criteria will receive funds until they are used up. It is important to note that the amount given out will be small and that each country will have to do some of its own fund raising in order to carry out all the activities it would like to do. (Please see the "Local fundraising" section below.) Participants should be aware that the first amount of money will be given to carry out the initial mobilization and assessment. We are reserving some funds to be distributed later for country strategy meetings and Phase 2. If we receive more grants, we will have more support to give.

All committees must meet these requirements to receive funds. Well-established PHM circles are not exempt.

Local Fundraising Ideas

There are many ways local or national campaign committees may be able to raise funds or stretch the funds they have. Some ideas:

- * Grant money may be available from national foundations. Some international funders have interests in particular countries. You can find out about these grantmakers by doing research on the internet. Let us know if you need help with the research. Once potential funders have been identified, we can help you write the grant if you need that kind of assistance.
- * Ask for donations from sympathetic people who have some money to give away to people doing good work. Not all people who have money are against our goals. Don't be afraid - the worst they can say is "no".
- * Hold a benefit party or dance. You can charge admission, sell food and drinks, and pass the hat after you tell the guests about the campaign.
- * Include the local offices of international health and human rights organizations on the campaign committee. They may have resources they can contribute such as meeting space, office supplies, and computers.

If your committee has a fundraising event that works well, please share it with us.

New funding awarded to the campaign

We'd like to thank Diakonisches Werk / Bread for the World and Misereor for their generous grant to PHM to launch the campaign in 4 Asian and 3 North African/ Middle Eastern countries.

Campaign Assessment Guide Now Available in French

Thanks to the contributions of Aziz Rhali in Morocco, Cristianne Rocha in Brazil, and Pacome Tometissi in Benin, the campaign assessment guide is now available for download in French at <http://www.phmovement.org/en/campaigns/righttohealth>. There are also versions in English, Spanish, and Portuguese.

Discussion Group "Together for Equity and Health"

Folks working on the campaign in Latin America should join this new discussion group on Google that is going to serve as the central point of support and coordination of the campaign in LA. It was formed as one of the outcomes of a workshop at the Congreso Salvador 2007 organized by INICIATIVA HONDUREÑA POR EL DERECHO A LA SALUD (IHDS), ASOCIACIÓN LATINOAMERICANA DE MEDICINA SOCIAL (ALAMES), and SOCIEDAD INTERNACIONAL POR LA EQUIDAD EN SALUD (ISEqH).

After pre-conference discussions and the workshop at the conference, the participants agreed to support the campaign, along with other related ongoing efforts and many of them have returned to initiate the campaign in their home countries. The group will help to find and share resources like educational materials in Spanish and Portuguese, develop and share curricula for training people on topics related to the campaign, share experiences of how to utilize the guide, and help to coordinate later regional activities.

To sign up go to <http://groups.google.com/group/junto-asporlaequidadysalud/about>. Click on "Send

email to the owner" to send an email asking to be subscribed. You will also need a Google account.

The global coordinators would like to thank the workshop and discussion group organizers for the support they have offered us.

Update on Campaign Organizers

In previous communication about the campaign we have discussed the idea of using campaign organizers to visit countries to support their campaign efforts. Thanks to everyone who was interested and sent us all your information. As the campaign has developed, particularly in Latin American, we have reexamined this strategy. Via the discussion group described above, campaign participants will be able to decide what kind of support they need and how to get it. We will resolve these needs as they arise in a more collective fashion within the region. We hope this new structure will encourage the development of regional leadership.

In Africa, several campaign leaders will be attending the upcoming International People's Health University in Savar, Bangladesh (see www.phmovement.org/iphu). At the IPHU we will discuss how to best support the country level campaigns in Africa and what kind of regional support and coordination mechanisms might be most effective. These leaders may be called upon to travel to assist other countries' campaign organizing efforts in the future, but we will make these decisions together with the regional campaign participants. We will keep you updated on any developments. If you have any suggestions please let us know.

Stay in touch with PHM

To stay on top of what is going on in PHM and global health, sign up for the main PHM listserve, the PHA-Exchange at <http://lists.kabissa.org/mailman/listinfo/pha-exchange>. This is principally an English language list.

For Spanish and Portuguese speakers, you can sign up for the Redlatinoamericana at <http://mx.groups.yahoo.com/group/REDLATINOAMERICANASALUD/>.

For RTHHC Campaign support in Latin America, join the Junt@s por la Equidad y Salud discussion group at <http://groups.google.com/group/junto-asporsalaequidadysalud/about>. From there send an email by clicking on "Send email to the owner". You will have to sign up for a Google account.

Country news

Here are just a few examples of campaign activities going on around the world. Send us photos and reports about your campaign and we will share them via this newsletter and the website.

On August 11-12, 2007 PHM Argentina held its first national meeting. About 100 people attended and agreed to implement the campaign. PHM Argentina has an email group at <http://ar.groups.yahoo.com/group/saludelos pueblos argentina/>.

In Ecuador several RTH Campaign workshops are taking place in different cities. Several committees are working on different items related to the right to health in the context of the new draft constitution. A very

progressive statement has been included in the constitution draft proposal.

From the The Cape Argus, Cape Town, South Africa, September 09, 2007:

Sporting placards reading "SA Health Crisis is bigger than Manto vs Routledge", "Public Health before Private Wealth" and "Health for all NOW", hundreds of people marched through Site C, Khayelitsha, on September 8, 2007 to mark the launch of the People's Health Movement's Right to Health Campaign in South Africa. Leslie London, head of family health at the University of Cape Town and one of the movement's organisers, said the movement aimed to change current approaches to health and development in poorer countries. "This is not just an organisation, it's a network. The movement is a united front to fight the government for proper health-care facilities, proper medication, more staff at health-care facilities and a healthier living environment." London said South Africa needed a "strong, local and independent" civil group to hold the government accountable for their actions. "There are policies in place, but they are nothing if we don't understand them and if they are not implemented correctly," he said. The PHM South Africa consists of local organisations including the Treatment Action Campaign, The Girl Child Organisation, Cosatu, the South African Democratic Nurses' Union and community churches

For more information about PHM in South Africa, see <http://www.phmsa.memberlodge.org/>.

During the month of September the Uruguayan campaign has held over 15 local meetings in different regions of the country and 1 regional health

forum. Over 630 people have participated and the events have been covered by local media. The meeting began discussions on themes that will be brought up to the National Forum on Health in November: the right to health, the national health system reform, sexual and reproductive health, and the environment and health. Participants have engaged in a very high level of discussion and often leave with a commitment to continue local organizing and to outreach to other communities. A major concern is to improve the health system characterized by inequity and inaccessibility, particularly in small rural communities.

The global coordinators are actively following all leads from interested groups in over 20 countries. We are encouraging local groups to go from manifesting an interest to getting organized. The assessment phase of the campaign is in full swing and we are ready to provide the needed support. We encourage anyone interested to join by following the steps above. To those already engaged, we pledge keeping up our support.

PHM Activities

Global Health Watch

The writing for Global Health Watch 2007/08 is almost complete and many of the chapters look to be quite exciting! While there are a few chapters where we are still waiting for the first draft, others are out for review at the moment, and some are very close to being completed. All content has to be completed by the end of November (written, reviewed and edited) when we will be submitting the first draft to Zed books. We intend to launch Global Health Watch 2007/08 in May 2008.

We continue to get good feedback about Global Health Watch 2005/06. After a presentation at a conference in South Africa in October 2007, one of panelists giving feedback said "a website that can keep me going well after midnight has to have good content - I would suggest everyone reads this"! We frequently hear about people quoting or referring to G H W.

We want to use the GHW report as a vehicle to revive and revitalise the ethic of the Alma Ata, and to push for a progressive economic agenda which promotes health and social justice more broadly. Our intention is for GHW to be a tool that mobilises civil society and leads to advocacy and action, rather than a book that sits unused on a bookshelf. To realise this, we need support of PHM colleagues around the globe.

Please let us know if you are able to assist with any of the following:

- * Advocacy;
- * Launching GHW 2007/08 - please let us know if you can organise and support a launch in your country or region.
- * Translation of key documents into other languages (French, Spanish and other languages);
- * Fundraising
- * Raising the profile of GHW;
- * Referring to it in presentations and at meetings

GHW is run on a very small budget and with a very small secretariat pulling it together. We are happy to have additional assistance from Emily Hansson, an intern organised through Human Rights Internet who joined the GHW team at the beginning of September.

If you are interested in becoming involved in Global Health Watch in any way, please contact the secretariat on ghw@hst.org.za. If you are interested in getting more information on GHW, please look at the website www.ghwatch.org and you can subscribe to the newsletter by emailing GHWatch-newsletter-subscribe@yahoogroups.com (Bridget Lloyd, PHM South Africa)

FOR ADDITIONAL INFORMATION....

PLEASE VISIT PHM RELATED WEBSITES AROUND THE WORLD

- 1) www.phmovement.org
- 2) www.health-now.org
- 3) www.iphcglobal.org/iphu.org (International People's Health University)
- 4) www.ghwatch.org (Global Health Watch)
- 5) www.saveunicef.org
- 6) www.righttowater.net
- 7) www.phmoz.org (Australia)
- 8) www.phm-usa.org (USA)
- 9) www.phm-india.org (India)
- 10) www.aifo.it/english/alliances/phm.htm (Italy)
- 11) www.thenetwork.org.pk/phm-htm (Pakistan)

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