









# PHM Activities

## A MESSAGE OF SOLIDARITY

(This message to PHA 2 is from Dr K Balasubramaniam, Advisor and Co-ordinator, Health Action International Asia – Pacific, Colombo, Sri Lanka and among the earliest initiators of the PHA process. Rightly, he is considered as the Father of PHM)

Though I am not in Cuenca physically, I am with you in spirit to express my solidarity with organizers and the participants of this historic assembly. PHA 2 is not like other humdrum summits convened by the United Nations on diverse issues. All the UN summits failed because the people were not involved nor were the people kept in the centre of development, Declarations were made from the top. **This Peoples' Summit, PHA 2 is a summit with a difference. The declarations coming out of this Peoples' Summit, like its predecessor PHA I in Bangladesh in 2000 are the voices of the unheard.**

Let us recall how this process of listening and learning from the voices of the unheard came about. A small group of health activists, members of ARDA (now called Health Action International Asia – Pacific (HAIAP)) had a dream. The dream was that they should work alongside with the people to usher in a world where families will live with dignity in their own homes, assured of adequate nutrition, clean environment, basic healthcare services, education, secure livelihoods and remuneration. This dream was in high contrast with Target 1 of the Millenium Goals "Halve, between 1990 & 2015 the proportion of people whose income is less than \$1 a day". This target, in my opinion, is an insult to the poor. There are enough resources and adequate technology available for the six billion people to live satisfying lives. This People's Health Assembly rejects this target.

Those early activists were convinced that this dream was quite achievable if the Alma Ata Declaration on Primary Health care was fully implemented. The dreamers and their allies went to the poor and marginalized to learn from them what they wanted, what they have, how they are organized and how they lived. These were collected and taken to Bangladesh in December 2000 and then condensed into the Peoples' Charter for Health – a declaration made and owned by the people themselves. The people took it back home with them and translated it into over 40 languages, widely distributed, endorsed and used for lobbying by Civil Society Organizations in their campaign for better health services.

PHA I was a great success. **I am sure PHA II will be even more successful. People around the world, wanting Health for All – Now, shall be following this assembly and watching it with great interest and look forward to the Declaration that will come out of this assembly. I wish you all a very successful assembly.**

## A MESSAGE FROM HALFDAN MAHLER

The presence of Halfdan Mahler, the former Director General of the World Health Organisation and the chief architect of the Alma Ata declaration was a great inspiration to all of us at the PHA 2 Speaking at the plenary session "Toward the resurrection of the spirit of Health for All" he said. **"I am handing over the flame of Alma Ata to PHM because PHM can rightfully claim the flame as it continues to embody the spirit of Alma Ata against the brutal forgetfulness of the rest of the world."**

## A MESSAGE FROM WHO

### Director General, Dr. Lee Jong Wook's Video Address to PHA 2

**I welcome this opportunity to express the support of the World Health Organization for the People's Health Assembly, and our appreciation for your many health activities around the world.**

**Our objective is the same, and our methods complement each other: working with governments and with nongovernmental groups to protect and promote the health of all peoples. By combining our strengths and uniting our efforts, we have achieved a great deal and we will achieve a great deal more together.**

This year, 2005, will be remembered as the one in which the Framework Convention on Tobacco Control came into force. It is a treaty ratified and enforced by governments but it is also the outcome of a strong social movement in favour of health and in opposition to a harmful industry. With that mass movement to sustain them, the governments of the world were able to reach agreement on measures to combat this major health problem. With continued mutual support, we are putting those measures into practice and ensuring that they get results...

People's health depends to a very large extent on the social conditions in which they live. Policies that can improve those conditions are among the best means we have of protecting health. We need to make sure that successful interventions are recognized and put into practice as widely as possible, particularly in developing countries. To help us do this, last March we launched the Commission on Social Determinants of Health, in Santiago, Chile.

The commissioners are seeking ways to make use of the vast amount of knowledge and potential for action represented here today in the People's Health Assembly. I am delighted that the Commission, as well as senior staff members of WHO, will be actively involved in the discussions here this week. Regional consultations on civil society participation in the Commission's work are also in progress. We look forward to seeing new ways to work together coming out of these discussions.

"Health for All" expresses not just an ideal but a fact. Health is for all people. Everybody needs and is entitled to the conditions for a healthy life. This has always been WHO's guiding principle, not just since the Alma-Ata Declaration in 1978 but since the Organization came into existence in 1948. The challenge has been taken up anew by the Millennium Development Goals and the global community's commitment to achieving their health-related targets.





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## FROM STRENGTH TO STRENGTH – REFLECTIONS ON IPHU

The International People's Health University (IPHU) course on 'primary health care and the political economy of health' was held in Cuenca, Ecuador from July 11-15, 2005. This preceded the Second People's Health Assembly (PHA – 2). The aim of IPHU was to contribute to 'health for all' by strengthening people's health movements around the globe, by organising and resourcing learning, sharing and planning opportunities for people's health activists, particularly from Third World countries.

This was the first course conducted by the IPHU, and the People's Charter for Health was used as the basic text of the course. IPHU is seeking to position itself as a global university providing short courses and other resources for health activists. Through its courses, it hopes to strengthen the global network of people's health activists. The course was structured such that there was pre-course reading and preparation, two channels of learning during the week of the course [(i) 'programmed learning' - involving lectures and associated exercise and (ii) 'activist learning' – through sharing among participants and small group discussions] and post-course activities.

### Week of the course

The week of the course lectures, associated exercise as well as 'activist learning' – through sharing among participants and small group discussions. The course content included lectures and discussions on right to health, political economy of health, environment, technology and health; health services and health systems; meaning, spirit and health; gender and health; and working with communities (including different paradigms of research and conscientisation). A session was also devoted to learning about PHM's journey in the past five years.

### Reflections

The fact that young and old health activists from around the globe could meet together, share experiences and passion, learn from each other and complete the course in a spirit of camaraderie and understanding of each other, while overcoming barriers of language, culture, political background and ethnicity was, in my opinion, the greatest achievement of IPHU. This was also a goal built into the course since the primary post course activity was the designing of projects that small groups in the class would collaborate on after the IPHU concluded.....

.....For those who were seeking a general orientation of various issues related to health, it was very useful. It was expected that the opportunities for activist learning would unfold spontaneously in the context of the small groups during the course. The learning in small working groups was to follow the principles of: sharing stories and sharing practices; expert inputs (through the

## **HEALTH FOR ALL NOW**

Gesundheit für Alle - jetzt!  
(German)

Afya kwa wote sasa!  
(Swahili)

Gesondheid Vir Almal Nou!  
(Afrikaans)

Kalusugan Para sa Lahat  
Ngayon Na! (Filipino)

Herkes Ýçin Sađlýk, Þimdi  
(Turkish)

Swasthya sab ke liye abhi  
(Hindi)

Ellarigu Arogya, Eega  
(Kannada)

( )  
Bengali

participation of faculty in the small groups) and content discussion; testing the expert inputs against the challenges of practice; and exploring new ways of framing practice. However, in actual practice, this could not work out as much as expected, because each group was asked to prepare a project on which they could work on after IPHU. This gave very little time for 'activist learning' in the groups.

### From Strength to Strength

The IPHU and PHA-2 have shown the meteoric rise and importance of PHM in the global health scenario today. As a movement representing people's voices in health, and as a body still believing in 'Health for All', PHM has proven to be a force to reckon with. As the five-year-old PHM moves forward, it would require energies and commitment from activists, academics and others committed to people's health, from all over the world. The presence of large number of young people and children in IPHU and PHA-2 was a sign of hope for the future of PHM. The enthusiasm and positive energy generated at these events is sure to propel the movement forward for some time to come.

### **Naveen Thomas**

(IPHU participant from Community Health Cell, Bangalore, India)





# PHM Activities

## RELEASES AND LAUNCHES at PHA2

The following were some of the books released at PHA2

### a. The stories of the struggle for health from South Australia

Produced by the Department of Public Health, Flinders University & PHM Oz. Copies of this publication can be obtained from the Department of Public Health, Flinders University, GPO Box 2100 Adelaide 5001, Australia or email: rebecca.ramm@flinders.edu.au

### b. The People's Health Charter

A booklet containing the People's Health Charter in three languages (English, Spanish and Kichwa was released by the Assembly Secretariat

### c. The Alternative Latin American Health Report

This report was launched at Cuenca on July 20 2005 by the Latin American chapter of the Global Health Watch

### d. Assembly on video

The proceedings of PHA2 from the opening ceremony to the final march was filmed and is available on DVD. Everybody who would like to have a copy may write to [asamblea05@yahoo.com](mailto:asamblea05@yahoo.com)

### e. The Cuenca Declaration

The Cuenca Declaration is available online in English, Spanish and French ([phmovement.org/pha2](http://phmovement.org/pha2))

### f. Health in Your Hands

A book on the Science of Finger Gestures by Dr. Hari John of India who was an integral part of the Harmony Circle that celebrated indigenous knowledge systems.

## THE RIGHT TO HEALTH CAMPAIGN - AN UPDATE

In every development process there are two types of actors: claim holders and duty bearers. Claim holders have to demand their rights from the duty bearers; if they do not do it, it is in part their fault.

The RTH is thus violated, because claim holders do not have the capacity to effectively demand (claim) their rights and because duty bearers do not have the capacity or will to fulfil their obligations (correlative duties).

Therefore, in the HRBAP one has to carry out two types of analyses:

a) situation analyses in which one determines the causes of the problems placing them in a hierarchical causality chain of immediate, underlying and basic causes or determinants, and

b) capacity analyses in which one determines who are the individuals/institutions that bear the duty to do something about the above causes calling them then to fulfil their duties as per their countries' obligations as signatories of the UN HR covenants.

These two types of analyses have to be carried out with the community and the beneficiaries of the health system so that the rights being violated can be identified jointly and those responsible can be confronted—for them to do something about the problems identified.

As PHM, we do NOT look for health policies that favour the poor... We seek poverty reduction policies that revert the violations of the RTH. The Campaign for the RTH gives us the possibility of advancing our political agenda that strives for equity and thus strives for structural changes behind the social, economic and political determinants of health. The challenge is to now disseminate these concepts to a wider public. (See the how the proposed steps of the Campaign below is the best vehicle for this dissemination).

We are no longer going to go to beg for changes to be implemented; we are now going to demand them based on existing international law clauses already in force in most of the countries where we work. Disseminating this concept is in itself empowering and is part and parcel of this Campaign.

We have to overcome the culture of silence and apathy about the HR violations in health we all know are happening. This, because HR and the RTH will never be given to poor, marginalized, discriminated and indigenous persons. Repeat: rights are never given, they have to be taken! And this is what the RTH Campaign will attempt to do.

### Suggested focus of the Campaign

Within this broad framework, a strong argument can be advanced; the PHM Campaign will, in its first phase, focus on the 'Right to Health Care' as an urgent issue in the context of weakening health systems in many countries; this issue of access to quality health care can be, to a significant extent, acted-upon from within the health sector. This, of course, requires broadening our vision of health care to a vision that includes, not only the entire range of preventive, curative and rehabilitative health services, but also promotive services like those that are nutrition-related, those that ensure drinking water quality and adequate health-related education and information systems, i.e., all the activities carried out with the primary and express purpose of improving health. It does not need to be emphasised that specific important aspects of this Right such as women's and children's right to health care, mental health rights, HIV and AIDS-affected persons health care rights, workers' health rights, the right to essential drugs, etc. need to (and will) be woven into the Campaign, bringing diverse branches of the global health movement into a broad coalition working for public health systems that strengthen universal access to health care.

At the same time, PHM and its partners will document violations, which can help push for changes in the key wider determinants of health; they will also denounce and act upon adverse existing and new policies that are having negative impacts on health. These will be identified at the country level and will be taken up as part of the proposed Campaign. This focus could then even be broadened in the subsequent phase of the Campaign.

Launching a RTH campaign will involve organizational work, making alliances, spreading relevant ad-hoc information, carrying out extensive education, denouncing and monitoring of the whole process of health care delivery.

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# PHM Activities

## b) NATIONAL HEALTH CONVENTION OF PHM PAKISTAN

PHM Pakistan organized a National Health Convention at Lahore on June 25, 2005. Below is an excerpt from the statement that emerged from the convention  
Pakistan was one of the 116 countries which were responsible for the arrangements of the Alma-Ata conference and drafting of the Alma Ata Declaration. However, despite international commitments and pledges, health scenario in Pakistan remains complicated and needs a serious consideration.

Today's global health scenario requires more emphasis on 'Health For All' than ever before. PHM is more relevant in contemporary world with a view to re-set the agenda of health and social development.

### PHM in Pakistan

Since its inception last year, PHM Pakistan today has a visible presence in all the provinces and AJK, FANA and FATA regions. A network of 44 civil society organizations and committed individuals belonging to these organizations is working on voluntary basis for the cause of accessible, affordable and equitable health system. PHM Pakistan believes that foundations of such a system should be built on a sound, evidence based and participatory health policy. The mobilization of people at grass roots level would create a sense of ownership of such a policy through incorporating voices of unheard.

### Savar to Cuenca

Hence, the convention noted with a degree of satisfaction that today prior to the 2<sup>nd</sup> Peoples Health Assembly which is going to be held in Cuenca, Ecuador next month, we the public health and right based activists in Pakistan stand united at the platform of PHM Pakistan.

### Peoples Health Declaration Calls For

\* This convention urges upon the government to fulfill its commitment made at Alma Ata in 1978 regarding 'Health For All'. In this regard, strategy of Primary Health Care should be adopted in its true spirit.

\* The convention calls for a new National Health Policy based on the principles of Alma Ata. Such policy should be based on evidence and broader consultations with all stakeholders including civil society, medical community, private providers and above all the people who use the health services.

\* The convention calls for enhancement in health budget which at its present level of US\$16 per person per year and out of that only US\$4 from the public sector is extremely low. This level of financing has excluded poor, marginalized and vulnerable from the health system.

\* The convention calls for gender mainstreaming which will ensure rights of women to make them part of every sphere of life.

\* The convention shows its grave concern on the moves of neo-liberalization to which globalization is being used for anti people and anti health objectives through privatization of health, education and other services.

**People's Health Convention, PMA House, Lahore, June 25, 2005**

Full text of declaration and proceedings available on [phmovement.org/pha2](http://phmovement.org/pha2)

## EVENTS (AFTER PHA 2)

### 1. Global Forum for Health Research, Forum 9: (12 to 16 September 2005, Mumbai)

PHM participated in Forum 9 the focus of which was "Poverty, Equity and Health Research." Released at Forum 9 was the statement of the researchers at the Research Encounter organized by PHM and the University of Cuenca shortly before PHA2 as a small booklet entitled "Research for People's Health" – in English and "Encuentro Mundial De Investigadores Para La Salud De Los Pueblos" – in Spanish.

### 2. The 10<sup>th</sup> International Women and Health Meeting (September 21-25 2005, New Delhi)

Participants at IWHM included Maria Zuniga (Nicaragua). Nadia Van der Linde and WGNRR delegates from many other regions, a ten-member team from GK (Bangladesh).

- Workshop: 'Population and Resurgence of Population Policies: The Global Context' (facilitated by Mohan Rao and Sarojini on behalf of JSA)
- "Global Barriers to poverty reduction and women's enjoyment of their sexual and reproductive health and rights: How we resist"

c. Paper presentation: The Right to Healthcare Campaign in India (Dr. Vandana Prasad)

### 3. PHM and the WHO's Commission on Social Determinants on Health

a) On 8-10 August 2005, a meeting was organised of Civil Society Facilitators for the Commission on Social Determinants of Health by the WHO, in Geneva. Amit Sengupta of Jan Swasthya Abhiyan and Prem John of ACHAN was at the meeting on behalf of PHM.

b) Dialogue with civil society and related meetings have been held since September 2005 at Ahmedabad-India, Cairo-Egypt, Nairobi-Kenya and in Uruguay.

c) All Knowledge Networks related to the Commission have civil society representatives as well.

**For more information on the commission:**

[http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)

## TSUNAMI UPDATE

\* The final version of the "**Chennai Declaration**" based on the two day workshop on 'Humanitarian Aid to Community Empowerment' organized by People's Health Movement in Chennai, India on 8-9 April 2005 is available online (<http://phmovement.org/events/tsunamichennai.html>)

\* Also available is "**Goodwill is not enough: A reflection on Post-tsunami disaster response**", a discussion video "

22 minutes, English, VCD PAL

Produced by PHM Global Secretariat around the Tsunami Dialogue held in Chennai in April 2005

Director: Magimai Pragasam

**For more information about the video please contact the PHM Secretariat**  
[secretariat@phmovement.org](mailto:secretariat@phmovement.org)

