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2006

### PHM ORGANIZATIONAL TRANSITION - 2005-06

#### Editorial

Transition from one state to another sometimes is dicey, sometimes easy but almost always fraught with a sense of unease, tinged with some excitement. For a worldwide movement such as PHM, transition is a process that calls for much soul-searching and planning and action at various levels. Decision making needs to be participatory and as wide a cross section of the members should be involved, if not directly, at least through representatives. Regional and other considerations should be taken into account and appropriate human power strategies should be identified. Such a process, necessarily, is slow but an acceptable solution always evolves.

PHM has been through such a process to identify the next secretariat and the next coordinator recently and it has taken nine months, starting with Cuenca in July 2005 and now ending in May 2006. We had hoped that at Cuenca itself transfer would take place but due to a set of unusual circumstances, this was not to be. Hence a process began in Cuenca and will now reach completion in Geneva this month.

Now at last, with pleasure and renewed hope, PHM is glad to announce the shift of the Global Secretariat from Bangalore, India to Cairo, Egypt and the responsibility as the Global Secretariat Coordinator from Ravi Narayan to Hani Serag. With this step there is also a transition towards younger leadership which we hope will be reflected in the new Steering Council that would come about in a few months time.

The Secretariat would be hosted by Association for Health and Environmental Development (AHED), Egypt on behalf of the Middle East and supported by Global Secretariat support group that will include (1) Arab Resource Collective, Beirut, Lebanon (Ghassan Issa); and (2) Palestinian Medical Relief Services, Palestine (Jihad Mashal); and Chairperson of AHED (Alla Shukrallah). All three organisations and people named above have been very active in PHM, some before December 2000. This group will provide invaluable support to Hani when he takes over as Global Secretariat Coordinator, perhaps by June 2006.

The Global Coordinator and the Secretariat will also be supported in the interim by a Coordination Commission that will help the transition process by facilitating the evolution of the new Steering Council - that will replace the earlier Steering Group and strengthen the regional and country level mobilization - so that a representative People's Health Assembly evolves as well.

In order to make the whole process transparent, this Newsbrief contains minutes of some important meetings since Cuenca and the paths we have travelled since in evolving this organizational strategy for PHM.

Much of this has already been up on the PHM Exchange. Many people from Mexico to the Philippines have written extolling the process and warmly welcoming the new Coordinator. We invite you to write too.

**Prem Chandran John,**  
Editor.

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#### Editorial Committee :

Prem John (Editor), [prem\\_john@vsnl.net](mailto:prem_john@vsnl.net)  
Qasem Chowdhury, [gksavar@citechco.net](mailto:gksavar@citechco.net); Hani Serag, [hserag@yahoo.com](mailto:hserag@yahoo.com)  
Assisted by Prasanna Saligram; [Secretariat@phmovement.org](mailto:Secretariat@phmovement.org)



PHM Secretariat, C/O CHC, # 367, Jakkasandra 1st main 1st Block, Koramangala  
Bangalore-560034, India; tel: + 91-80-4128 0009  
fax: +91-80-2552 5372 email: [secretariat@phmovement.org](mailto:secretariat@phmovement.org)  
website: [www.phmovement.org](http://www.phmovement.org)



# PHM Activities

## **2. Building Regional Circles around regional needs, challenges and opportunities.**

- Efforts have been made in East Africa; Latin America, the Middle East, and Asia.
- These efforts are an important adjunct to the process of increasing PHM participation in World Social Forum and Regional Social Forum processes.

## **3. Facilitating PHM representation, participation in local, national, regional and international fora and meetings.**

There is regular PHM input/involvement in the World Social Forum, Regional Social Fora, the World Health Assembly, the Global Forum for Health Research, Health Promotion conferences; the Canadian Society of International Health meetings, meetings of National Public Health Associations, HIV and AIDS conferences and meetings. In many of these conferences, PHM resource persons have been on specific panels raising PHM concerns and perspectives. PHM also organises special seminars for those interested in PHM so that they get an opportunity to meet the PHM participants, learn about the movement and join the movement if they are interested. Report on these activities are posted in pha-exchange and in the PHM website.

## **4. Evolving an advocacy strategy to bring WHO back to a Health for All perspective and to focus action on social health determinants.**

The WHO-WHA advocacy circle has very effectively advocated with WHO at different levels. This has included: advocacy in the annual World Health Assembly, participation in the Annual Research Forum of Global Forum for Health Research, involvement with WHO Commission on Social Determinants on Health, submission of position papers on areas of WHO concern and PHM interest, participation in WHO meetings, participation by WHO team members at HQ and regional levels in PHM meetings including the Second People's Health Assembly, dialogue by PHM at regional levels with PAHO, EMRO, AFRO, WPRO and SEARO.

## **5. Building Global Solidarity through regular participation in the World Social Forum and Regional Social For.**

This active participation has been a unique opportunity for PHM to dialogue with larger global social movements —this strengthening the health related agenda in their movements.

## **6. Global Right to Health Campaign (since 2004)**

This has evolved through consultation at various levels, an extensive campaign with People's Tribunals organized by PHM India, and meetings at WHA and other fora with the UN Special Rapporteur on Human Rights. At PHA-2, after extensive discussion the global campaign was launched. Efforts are on now to get around 40 country PHM circles involved, making local diagnoses of the right to health care and adapting the campaign to local opportunities.

## **Coordinating Office**

*The Coordinates of the PHM Secretariat from June 2006:*

**Mailing Address:**

**People's Health Movement Secretariat (Global)  
CHC, # 367, Jakkasandra 1<sup>st</sup> Main,  
1<sup>st</sup> Block, Koramangala, Bangalore – 560 034, India.**

**Telephone numbers are:**

**+91-80-4128 0009 (Direct line)**

**+91-80-2552 5372 which number is also the fax**

**E-Mail contact IDs:**

**secretariat@phmovement.org**

**E-mail pertaining to communications/website should address:**

**communications@phmovement.org**

**Gonoshasthaya Kendra, Savar, Bangladesh is in-charge of publications, the News Brief and also the Archives. Dr. Qasem Chowdhury, the outgoing Coordinator (2000-2002) will handles this.**

**He is at: gksavar@citechco.net**

**Dr. Prem Chandran John helps edit the Newsbrief.  
He is at: newsbrief@phmovement.org**

## **7. Disaster and Humanitarian Responses**

- This PHM Circle has been promoting collective initiatives during the build up to the Iraq war, and during the tsunami (South Asia), the Bam earthquake (Iran) and some Latin America disasters.
- The Tsunami statement on the politics and power of aid (April 2005), several press releases, the Tsunami Watch project are examples of practical initiatives that have greatly helped to enhance the visibility of PHM.

## **8. Active participation in the Annual Research Forum organized by Global Forum for Health Research (GFHR).**

The WHO-WHA Advocacy Circle and the PHM Research Circle have been very effective in raising the profile of PHM on issues of relevant research important for People's Health.

## **9. The International People's Health University (since 2005).**

- This is PHM's response to the regional capacity building and training of younger generations of PHM activists.
- The IPHU functions linked to international and regional events associated with PHM.
- At PHA-2, the IPHC facilitated the first IPHU session from 10-16th July 2005, with 55 participants from around the world (2/3rd from Latin America). Two upcoming IPHU sessions are in planning stages.
- IPHU involves all potential academic, research and



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Charter. This effort has been more successful than earlier envisaged. The Charter is now recommended to students at the London School of Hygiene and Tropical Medicine, some of the Scandinavian Schools and other institutions. Mainstream journals have run articles by PHM resource persons. There is increasing interest in academics and 'evidence gatherers' in PHM concerns and analysis. The Global Health Watch report has been another such linking effort. Over 125 contributors to GHW1 included only 25 with a direct PHM linkage and similarly the Latin American GHW brought together over 30 resource persons from the region in a collective evidence gathering exercise. The IPHU and the WHO-CSDH knowledge hubs in which PHM is very involved are all additional opportunities.

## d) PHM as a Generic, not a Brand.

PHM needs to be recognized by all partners and adherents as a generic process rather than as a brand of which one is a formal member. PHM recognizes network and campaign groups at local, national, regional and international level as natural partners and does not try to make them 'members'. PHM has met and worked with many groups and formations without too much hassle, encouraging groups to recognize PHM as a partner. This has also helped towards PHM's visibility and outreach. The challenge for maintaining this clarity between recognizing a lower-case-phm as spontaneous movements at every level and a higher-case-PHM which encompasses initiatives/events, associations sponsored by the Global PHM will continue to be a healthy impetus for the growth and evolution of PHM.

## 8. IN CONCLUSION

The next phase of PHM evolution and development post-PHA2 will hopefully be a phase marked by greater representativeness and responsiveness of PHM structures, for governance, action and communication. It needs to be:

- i. a phase of greater decentralization and regional- and country-level capacity building.
- ii. a phase of greater maturity and direction in our PHM initiatives focused on, as needed, engagement and/or confrontation with the mainstream policy and system building efforts.

**We must remember that PHM is fast becoming recognized as an Alternative to the Globalization of Health from above. The increasing recognition by the non-PHM world of the PHM world is a challenge, as well as a great responsibility for us. Are we building the movement adequately to be responsive to such expectations? That is the continuing challenge before us.**

*[This background note is based on the experience of the PHM Secretariat team in Bangalore and tries to identify some of the challenges and options before PHM. It was a background contribution to the PHM transition process and strategy meeting held in Frankfurt hosted by Medico International from 6-9<sup>th</sup> of February 2006.]*

## THE FRANKFURT DIALOGUE - Feb. 2006

The PHM Transition Advisory Group (TAG) met at Spenerhaus in Frankfurt on the 7th and 8th Feb 2006. The group reviewed a number of relevant [PHM documents](#) including minutes, reports and email discussions generated over the last 6-8 months plus a [comprehensive report from the outgoing secretariat](#).

A [detailed record of the discussions](#) is available. The purpose of this report is to capture the essence of the conclusions and recommendations reached.

### Mandate

The Transitional Advisory Group was commissioned at the SG meeting in [Cuenca, 23 July 2005](#) and was expanded over the next few months as the e-group dialogue evolved. Following the Cuenca PHA, Medico International offered to host a meeting in Frankfurt to take these discussions further. Further discussion within the SG across the email led to the acceptance of this offer and the identification of participants which included the transition team and some special invitees.

### Conclusions

#### Growth and its challenges for PHM

The movement is growing; the PHAExchange list has grown to 1800. We have an active presence in around ten countries; and are semi-active in another 20-30. We have been very well served by the outgoing global secretariat.

We have been welcomed in high places but we need to build a much stronger base in community health organisations around the world if we are to make sure that we are listened to. Are we being invited to the table because of the logic of our case and the power of our constituency or because our participation adds a patina of legitimacy to the deliberations of the establishment? Maybe both but we need to be alert to the latter.

We have a number of challenges organisationally. Our decision-making needs to be more transparent, efficient and participatory; at all levels and in all our fora.

While we are still a young organisation it is not too early to worry about regeneration and renewal. We must share our history, develop our analysis and welcome our future. We have a strong value base and political program, expressed most clearly in the Charter but we are a 'broad church' and we have different perspectives on some issues. We must neither paper over such differences nor let them divide the movement; rather we must analyse the facts and the politics of such issues and learn to speak together about our differences and be as inclusive as possible in our discussions especially in terms of including the experiences and aspirations of the people who have yet to achieve the right to health.

We come women and men, from many different countries, different cultures, different languages and different abilities. Our diversity is a threat but also an opportunity. We need to find the structures and ways of working that are more inclusive and responsive; learning by listening; building the movement locally and regionally as well as globally. Neoliberal analysis is in crisis. Every week there are more



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should be a process within the country showing some degree of democratic representation.

## **Regional Coordination**

1- Consensus on keeping the regional coordination in Palestine (PMRS, represented by Jihad)

## **Global Secretariat**

1- At the invitation of MENA region, represented by AHED (Association for Health and Environmental Development, Egypt), PMRS (Palestinian and Medical Relief Society, Palestine) and ARC (Arab Resource Collective, Lebanon), the Global Secretariat will move to MENA and will be hosted by AHED.

2- The above three organizations will be jointly responsible for the Global Secretariat.

3- The three organizations mentioned above will be known as the Global Secretariat Committee and will depute AHED to host and coordinate the global secretariat and to represent the Committee at the Coordinating Committee CoCo).

4- AHED deputed Hani to be the Global Secretariat Coordinator.

5- Internal decision making will be by the Committee of three who will work out the modalities between them.

## **INTRODUCING THE NEW SECRETARIAT HOSTS**

### **Association for Health and Environmental Development (AHED)**

A non-governmental, non-for-profit, membership organization established formally in November 1987 and it is based in Cairo, Egypt.

AHED strives to assist in the evolvment and implementation of alternative policies and systems in the area of community development in general and in the areas of health, environment and disability in particular. Policies, which are capable of responding to the needs of the Egyptian society as a whole, and the most disadvantaged and marginalized groups in particular - their needs should be identified through their active participation.

Hence, AHED does not see itself only as a service provider, but rather an actor of change, along with other activists and interest groups.

*Address: 17 Beirut St., Apt. #501, Heliopolis, Cairo, Egypt*  
*- Tel: +20 2 2565613 - Fax: +20 2 2565612 - Website: [www.ahedegypt.org](http://www.ahedegypt.org) - E-mail: [ahednet@ahedegypt.org](mailto:ahednet@ahedegypt.org), [hpsp@ahedegypt.org](mailto:hpsp@ahedegypt.org), [dis@ahedegypt.org](mailto:dis@ahedegypt.org) & [edp@ahedegypt.org](mailto:edp@ahedegypt.org).*

### **The Palestinian Medical Relief Society (PMRS), formerly UPMRC**

A non-for profit, community-based health organization, founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation.

PMRS's national health programs emphasize prevention, education, community participation, and the empowerment of people.

PMRS is the founder of the Palestinian NGO network and member of the steering committee ,member of the steering committee of the Arab NGO Network For Development (ANND) ,founding member of the IPHC and host of It's second International conference in Jerusalem, member of the steering committee of PHM and the regional coordinator of MENA region .

Being one of the largest health NGOs in Palestine, PMRS seeks to improve the overall physical, mental, and social well being of all Palestinians, regardless of racial, political, social, economic or religious status. Our comprehensive health programs focus on the needs of the most vulnerable members of Palestinian society: women, children, and the poor in rural villages, refugee camps, and urban centers. We pursue our mission of Quality Health for All in over 400 communities throughout Palestine. At these locations 26 permanent community health centers and hundreds of mobile clinics, conduct comprehensive Primary Health Care programs, including women's health, child health, community-based rehabilitation, school health, and specialty services.

*Address: El Earsal Street, Al Bireh, , PMRS Building, PO Box 572, Ramallah, Palestine - Tel: +972-2-296-9970 - Fax: +972-2-296-9999 - E-Mail: [pmrs@pmrs.ps](mailto:pmrs@pmrs.ps) - Web: [www.upmrc.org](http://www.upmrc.org)*

### **Arab Resource Collective (ARC)**

A regional Arab independent non-profit organization founded in 1988 and works with partners in 9 Arab countries ( Lebanon, Palestine, Iraq, Syria, Jordan, Yemen, Egypt, Sudan and Morocco).

ARC's objective is to works with its partners to develop knowledge, build capacities and develop the resources culture in the Arab countries. It contributes to better childhood, Health, education, communication and community development by producing books (publisher of "Where There is no Doctor" in Arabic), training manuals, community health care and development guidelines, newsletters, and other educational materials through networking and convenes workshops with a view to developing human resources.

ARC builds on the capacities of each person in order to develop knowledge and translate rights into reality. It adopts a Holistic integrated, participatory and collective approach in its work through consultation, networking and partnerships, in order to capitalize on people's experience.

ARC programs cover the fields of : 1) Early childhood care and development; 2) Children's rights in Arab societies; 3) The child-to-child program; 4) Health for all: a. primary health care, b. women's health, c. Rational use of drugs & d. Mental health for a new generation in the Arab countries; 5) Youth and healthy living; 6) Disability, special needs and inclusion; 7) Training, learning and communications; 8) Digital solidarity program in refugees





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Dear Fran, Prem, David Legge and Friends in the transition team,

Greetings from the PHM Secretariat in Transition!

Hani and I have spent a whole week reviewing all the developments / initiatives / communications since Cuenca, as part of the transitional process. Prem was with us for the first 2 days.

During this week, we have looked at PHM organizational structure, funding and financial management, regional mobilization and overview of regional and country circles, PHM communication challenges, and also looked at all the minutes of meeting since Cuenca, including Frankfurt and Cairo. The draft Cairo minutes are completed and will be sent to you shortly after the approval of the new global secretariat committee in the Middle East. This report will include a summary of the key agreements made during the meeting which can be more widely circulated.

During our discussions, we have looked at all the ongoing dynamics of the PHM transition and would like to made the following suggestions about the next steps for consideration by the transition team.

**1. The transition process, as of now, has included the following:**

- a. The PHM steering group in Cuenca (23<sup>rd</sup> July, 2005) – Minutes are available.
- b. Three assignments were made. 1) Fran to review the offers for host of Global Secretariat and facilitate the process of selection, 2) Prem to review communication and explore options for shift of the website to new management / editor, and 3) David Legge supported by Andy, Maria and Thelma to review all organizational / structural changes suggested by the steering group members and evolve the framework of a new governance structure which is more responsive to the needs of the decentralized growth of the movement by activating functional and geographical circles and mobilization.
- c. By the end of September, 2005, the website was transferred from the Bangalore Secretariat-based group to Intal – PHM Belgium with Wim as the new manager editor and all the website managers of PHM-related country and issue websites and many other volunteers were invited to support the new editor within the framework of the communication circle. The re-designed has been launched recently.
- d. Since the Central American region, withdrew their offer to host the global secretariat, the process initiated by Fran took a little longer time to find an alternative. The Middle Eastern region which has also offered to host the secretariat at Cuenca, however at a later phase, was requested to evolve a current

proposal.

- e. To handle this contingency, a transitional team was announced in October 2005 consisting of 6 members who would follow up on certain organizational matters and initiatives to maintain the momentum of the movement while the new structures were being developed. The transition team, chaired by Prem, included in addition, Fran (Coordinating secretariat shift and WHO's CSDH), David Sanders (coordinating the GHW-2), Andy (PHM funding), David Legge (coordinating IPHU) and Ravi (as the outgoing coordinator to support guidelines for the transition, funding and capacity building). Maria was also invited to join the transition team, but she declined.
- f. Prem and Ravi would continue to be the hub of the secretariat in transition and support dialogue and initiatives evolving a new governing structure.
- g. At the initiative of Medico-International, Germany, the newly formed transition team could meet in Frankfurt on 7-8 February 2006. The meeting participants included: Prem, Fran, David Sanders, David Legge, Andy and six others who were invited as special invitees, including: Maria and Claudio (who were attending the IPHU review), Hani representing the Middle East as a potential host of the global secretariat, Alexis as the new European regional coordinator and Andreas and Thomas as the meeting host. Ravi, Thelma and Jihad were not able to be there and Hani was a late replacement for Jihad.
- h. The group reviewed a number of relevant documents including minutes, reports and e-mail discussions generated over the last six months plus a comprehensive report from the outgoing secretariat.
- i. The report of the Frankfurt meeting "In the spirit of Allegremia – Report of the PHM Transition Advisory Group, February 2006" is now available for wider endorsement, especially its recommendations for a modified governing structure which includes a "People's Health assembly" as a mandate renewing event, a "Steering council", a small "Coordinating Commission" and the "Global Secretariat" supported by a small number of functional coordinators (responsible for the website, GHW, WHO liason, PHA3, Fund Raising and IPHU).
- j. The Frankfurt dialogue participants also endorse the offer of the Middle East region to host the global secretariat and



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- s. A Suitable opportunity, preferably in Cairo, has to be explored when this transition process is completed and the new steering council and CoCo are established. This could be around the AHED's general meeting (dates not yet finalized) or around the Forum 10 of the global forum for health research (29<sup>th</sup> October – 2<sup>nd</sup> November). It may be also be possible to link both these events to create a larger opportunity (larger number of participants).
3. While the transition process proceeds as above, some **PHM ongoing initiatives will continue to be supported in the next few months concurrently**:
- . Prem and Hani will use the opportunity of HAI-AP anniversary in GK Savar to meet and discuss with whoever participated from PHM Asia country coordinators.
  - a. News-brief 16 and 17 will be finalized shortly by Prem, Qasem and Hani in GK next week and published for distribution at WHA.
  - b. PHM Europe coordinated by Alexis is organizing some events and sessions during the European Social Forum in 1<sup>st</sup> week of May in Greece. Till now, at least some of PHM people from the idle East confirmed their participation. To learn more about it, please go to [www.healthp.org/documents](http://www.healthp.org/documents), select "Health Policy – PHM – REDS" and Open the Athens ESF health program.
  - c. Ravi and Dave McCoy are exploring the possibility of an informal PHM dialogue in London on 14<sup>th</sup> June during Ravi's visit to attend meetings of the BMJ editorial board and a LSHTM seminar in June.
  - d. PHM participation in various events is being explored and prepared for. This includes:
    - i. The National Health Assembly in Peru – July 2006.
    - ii. The World Public Health Conference in Rio, Brazil in August 2006.
    - iii. Geneva Forum towards Global Access to Health on 30<sup>th</sup> August – 1<sup>st</sup> September – organized by the Geneva University Hospital and the University of Geneva.
    - iv. Australia Conference in September 2006 (Fran please add details).
    - v. The Canadian Conference on International Health of the Canadian Society for International Health "Who cares? The human dimension of the global health" – October 15-18, 2006 – Ottawa, Canada (consult <http://www.csih.org/csihindex2.html>).
- f. The PHM involvement in the civil society process within the framework of the WHO's CSDH in different region will continue. New opportunities to participate in the knowledge hubs is also evolving well. Thelma Narayan (India) has been nominated for the "Measurement" knowledge network on evidence for policy change, Alaa Shukrallah (Egypt) was nominated for the knowledge network on "Early Childhood Development" and Hani Serag (Egypt) for that on "Urban Settings" and Earlier David Sanders (South Africa) became a member of the network on "Globalization". The next Civil Society Facilitator meeting will be taken place most probably during the first week of May 2005 (in Geneva or Cairo).
- g. Andy, Olle and Ravi are negotiating with SIDA (Sweden) for an interim grant to cover the remaining PHA-2 / PHM debt to CHC, IPHC and Arturo and also raise funds for the transition period.
- h. MENA-based new secretariat committee are evolving a project proposal to support the next phase of the PHM secretariat work. This will be done in consultation with Andy, Prem and Ravi.
- i. The GHW 2 secretariat has been established in South Africa, David Sanders and Bridget have circulated a structure of the GHW2 plus a plan of action for discussion and comments.
- j. The forum 10 of the global forum for health research will be held in Cairo from 29<sup>th</sup> October to 2<sup>nd</sup> November 2006. David Sanders has submitted an abstract on behalf of PHM to describe a capacity building process to produce a cadre of researchers who understand the complex methodological requirements of conducting evaluative research on complex comprehensive primary health care. Ravi as a newly elected GFHR foundation council member is also exploring how PHM resource persons and PHM concerns can be included in the forum program.
- k. Claudio and Abhay are continuing to evolve the global right to health campaign and its project proposal. Several drafts were circulated for discussion and comments and a final proposal was reached. A dialogue among PHM circles in 20 countries to evolve country level adaptation of the campaign is proceeding.
- l. A review of the IPHU has taken place in Frankfurt on 9<sup>th</sup> February 2006 and a report on this and plans for future courses



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