

May 2003

**PHM Global Secretariat in Bangalore**

From 1<sup>st</sup> January 2003, in a phased manner, the office of the Global Coordinator of PHM shifted to India and functions from Bangalore. Dr. Ravi Narayan, formerly of Community Health Cell, a resource group of health professionals and health activists is the new Coordinator. Ravi is a highly acclaimed public health thinker, practitioner and activist and has been closely involved with the organizing of PHA 2000. He has also been associated with several ongoing efforts of health activists in India and elsewhere, notably with Jan Swasthya Andolan, a conglomeration of Indian activist groups involved with a large variety of people-based initiatives. Ravi taught Community Medicine in St. John's Medical College in Bangalore before realizing that unless people's health is in people's hands, nothing will change at the ground level. He and his equally erudite and activist wife Thelma are involved with several levels of health action- with NGO groups, state and federal governments in India, with the WHO in Geneva and have contributed a great deal to the paradigm of *new public health* worldwide.

The shift to Bangalore had earlier been endorsed by PHM-India at its annual meeting on 15<sup>th</sup> July 2002 in Bhopal, India. In that meeting an *International Link Circle* in India consisting of Drs. Mira Shiva, Ekbal, Mohan Rao and Amit Sen Gupta that will support the Secretariat and help in decision-making was formed. The shift to CHC in India was endorsed at the PHM steering group meeting in November 2002 at GK Savar – Bangladesh.

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**Award for PHM**

Amici di Raoul Follereau (AIFO), the conglomeration of Italian Groups involved in health have conferred the Human Rights Award for this year to People's Health Movement. This award will be given away in their annual meeting to be held in October 2003 to three persons from PHM, one from Asia, one from Africa and one from South America. This award is recognition of the voices of the unheard that PHA 2000 projected and the subsequent clear focus of PHM on health as a basic human right.

The Secretariat will function under the newly evolving PHM Steering Group which includes representatives of core group networks and regional coordinators. A small secretarial support group will also shoulder different responsibilities from different locations.



Coordinating Group of the PHA: Asian Community Health Action Network (ACHAN); Consumers International (CI); Dag Hammarskjold Foundation (DHF); Gonoshasthaya Kendra (GK); Health Action International (HAI); International People's Health Council (IPHC); Third World Network (TWN); Women's Global Network for Reproductive Rights (WGNRR)



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# Post-Assembly Activities

## Thanks Qasem

At this point we want to place on record our deep appreciation for the immense contribution of the outgoing Coordinator Dr. Qasem Chowdhury to PHA 2000 and to the PHM. Qasem, as he is popularly known, is the most unassuming of persons though eminent in his own right, having held several important positions in GK and in the national and international NGO sector. When the Core group thrust the responsibility of organizing PHA 2000 at very short notice on his shoulders, he took it up willingly and his contribution can be measured by the spectacular success of PHA 2000 and the smooth manner in which it took place. Untold hardships and a lot of hard work went into the organizing of PHA 2000 but if you looked at Qasem, he looked as though he did it without raising a sweat, so cool, composed and unflappable did he look. The PHM owes an enormous debt of gratitude to him.

## Thanks GK

This is also an appropriate moment to place on record our deep appreciation for the contribution of every GK worker of whatever level (GK does not have many levels to start with, all staff being treated with equal respect). Please know that not many organizations with such limited resources could have carried off this very big international event to such success and also hosted the Secretariat thereafter for the next two years.

## Core Group Deliberations:

*Note: Being a people's movement, we believe it is important for all our members to know exactly how decisions are made and by whom. Also, being a people's movement, we are not saddled with rigid structures and systems. What we now have is what emerged through the last four years. It is not perfect and the form is still emerging. We invite inputs from our members and well wishers into the decision making process. Be assured that your suggestions, comments and recommendations will be treated with respect.*

A Core Group of PHM set up during the PHA 2001 consisted of nineteen people from all over the world, almost all of them having steered the PHA 2000 towards its successful conclusion and promoting follow-up. Gradually a steering group is emerging which represents the eight networks – that originally came together to evolve and support the People's Health Assembly and the thirteen regions of the world into which the 92 countries that were represented at PHA were classified in a PHM core group meeting in November 2001. Fifteen people out of this group met in Gonosasthya Kendra, Savar, Bangladesh, 20-22 November 2002 to discuss several important issues. The meeting discussed issues grouped into four sections:

*Section 1* looked at the Report of the Secretariat, the Evaluation of PHA 2000 done by a select group of people headed by Andrew Chetley, the Progress made

in the various regions, countries and the work done on specific issues and the involvement of PHM with the World Health Assembly, May 2002 in Geneva, the WSSD in September 2002 in Johannesburg and the World Social Forum in November 2002 in Porto Alegre.

*Section 2* focused on planning for the future on the basis of our experiences so far and the involvement of PHM in the Asian Social Forum, the World Social Forum, in the selection of the next DG of WHO and the networking role of PHM especially with WABA, CI, and Global Fund for Health Research.

*Section 3* took an in depth look at the organizational aspects of the PHM such as: the PHM Secretariat and the working principles, financial situation and future funding, the organizational and decision making structure of PHM including working principles of geographical structures, working circles, the profile, the responsibilities, authority and accountability and also communications (website and media) and publications.

*Section 4* paid attention to certain specific issues of importance to our movement such as HIV/AIDS, a much needed critique of the Macro-Economic Commission, Intellectual Property Rights and access to Essential Drugs, Impact of GATS on the health sector and certain other pressing issues such as the kidney racket with the collusion of the medical profession and enunciating the PHM position on the situation in Iraq and the Palestine.

The Core Group, now renamed the Steering Group spent a lot of time looking into the various aspects connected with the shifting of the Office. These included the period, method of selection, location, the functions (planning, management, communications, linkages, monitoring, evaluation and coordination), responsibilities including project implementation, reporting to members and funders and financial management, criteria for selection including national and international experience and profile, identification and previous work for the movement, administration and networking capacity, availability of senior full-time professionals and legitimacy legal and organizational support, pre-requisites such as institutional support, infrastructure, human resource availability and such. Keeping in mind the future, these points are reported in detail here.

We encourage members to write to us for clarifications on any of the issues discussed at the Core group meeting. The role of such communication is invaluable in keeping us on our toes as well as in helping with participatory management in which every member has a potential role to play. We would like the PHM decision-making processes not only to be participatory but also transparent. Contact with the members of PHM is our life blood. (Further details on geographical circles and issue based circles will be featured in the next newsletter)

## Whither Alma Ata?

When the decision makers in health from around the world met in Alma Ata twenty-five years back and made the clarion call for Health for All by the Year 2000, they raised a lot of expectations, especially in democratization of health decision making. The deadline has come and gone (and meanwhile

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the very name of Alma Ata has been changed to Almaty in Kazakhstan, not to speak of the erstwhile USSR! ) and we are nowhere near the goals that were set then. In fact there has been a marked decline in the health status of the poor since then which has been exacerbated by the recent processes of globalization, privatization and the reduction in subsidies for public services primarily in food distribution systems, health and education as advocated by the World Bank and the International Monetary Fund. To mark this occasion (not to celebrate it) and ask critical questions why things have come to this pretty pass, PHM will hold a series of events throughout the year.

PHM's involvement starts with the Million Signature Campaign. The goal is to collect (and in the process conscientise) signatures from a million people from all walks of life, organizations, health workers, professionals, networks, like-minded movements and such who believe that Health for All is not only possible but feasible. This campaign, spearheaded by our Media Consultant Unnikrishnan will: Demand Health for All NOW, demand that the WHO, UNICEF, UN organizations, governments and the international community affirm and implement the principles and strategies enunciated at Alma Ata and that they should endorse the People's Charter for Health.

A feature film entitled "Reviving the Dream" is being planned by Unnikrishnan and Satya Sivaraman in partnership with a host of PHM contacts. Details of the background, concept, duration, contents and issues to be covered can be found by contacting Unni at unnikru@yahoo.com or Satya at sathyasagar@yahoo.com. This film will be launched simultaneously from several locations sometime during the year. Write to us, give us ideas, and be involved in this project. Of such involvement does success come.

Seminars, workshops and meetings at the local, district, provincial and national levels will be organized to review primary health care and the call of Health for All and to identify the constraints and obstacles as well as the challenges and the possibilities. The more 'evidence-based' ( a term beloved of the powers-that-be currently), these meetings are, the more effective they would be in evolving concrete action plans for the future.

PHM would also link Alma Ata to all special anniversary celebrations during the year 2003. Some of these are :

The International Language Day	Feb 21 <sup>st</sup>
Women's Day	March 8 <sup>th</sup>
World Health Day	April 7 <sup>th</sup>
Consumer Day	April
International Workers' Day	May 1 <sup>st</sup>
International Children's Day	June 1 <sup>st</sup>
World Environment Day	June 5 <sup>th</sup>
World Population Day	July 11 <sup>th</sup>
World Breast Feeding Week	August 1-7
World Food Day	October 15 <sup>th</sup>
World Disaster Day	October 20 <sup>th</sup>
World AIDS Day	December 1 <sup>st</sup>
Bhopal Remembrance Day and International Day of Disability	December 3 <sup>rd</sup>
Human Rights Day	December 10 <sup>th</sup>

## Coordinating Office

*The Coordinates of the new office:*

*Mailing Address:*

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Gonosasthaya Kendra, Savar, Bangladesh will continue to be in charge of publications, the News Brief and also the Archives. Dr. Qasem Chowdhury, the outgoing Coordinator will handle this. We congratulate him on becoming the new Vice Chancellor of the People's University in Bangladesh (Gonobiswabidyalaya).

He is at: [gksavar@citechco.net](mailto:gksavar@citechco.net)

Dr. Prem Chandran John helps edit the Newsbrief.  
He is at: [prem\\_john@vsnl.net](mailto:prem_john@vsnl.net)

Other such days can be included. Suggestions are welcome, The point is to piggy back upon these days and push the PHM Alma Ata objectives.

All such activities and initiatives should be reported to Communications Group: Andrew Chetley at [chetley.a@healthlink.org.uk](mailto:chetley.a@healthlink.org.uk). Unni at [unnikru@yahoo.com](mailto:unnikru@yahoo.com), Satya at [sathyasagar@yahoo.com](mailto:sathyasagar@yahoo.com)

It was also suggested that as part of Alma Ata Anniversary year, PHM should consider recognizing some primary health care workers and activists all around the world who have maintained the spirit of Alma Ata in action even with the constraints of globalization, liberalization and privatisation. A committee to select appropriate candidates and the framework of the process and the mechanism of selection will be announced at the PHM meeting before the next World Health Assembly.

At the core of movement building is interactive communication from PHM members. Access the PHM website regularly, send contributions and responses for inclusion in the website and on the PHM exchange and send these to the PHM

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secretariat in Bangalore at the e-mail ID given above.

Dr. Debabar Banerji, Emeritus Professor at the Centre for Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi, India has been at the forefront of the fight for equity in health care. He has written an article entitled "A Watershed in Public Health" which recounts the principles of primary health care and gives the background of the constraints and how these can be surmounted. During this Anniversary year, it is vital to read Dr. Banerji's article, just to remind us not only of the principles of PHC but also the gap between rhetoric and reality and how PHM can work effectively towards bridging this gap. Those interested should E-mail him at [nhpp@bol.net.in](mailto:nhpp@bol.net.in) requesting for a copy of this excellent paper.

## Asian Social Forum

Just after the Global Secretariat shifted to Bangalore, a large, international event took place in Hyderabad, southern India. This was the Asian Social Forum (ASF), 2-7 January 2003. PHM was very actively involved in ASF and organized/helped organize/coordinated all health related events and workshops at ASF. Some of these are:

Right to Health Care:

Moving from Idea to Reality, workshops I & II

Politics of Population

Environment and Health

Towards Action for a Tobacco Free World

Disasters, Wars, Conflicts and Globalisation

Taking the PHM Forward

Health Issues in Adivasi Areas and Globalisation

Alma Ata and Primary Health Care: The Asian Experience

Women's Access to Health: Proposal for a Campaign

The ASF itself attracted 14,000 delegates and a further 6,000 participants who came and went. There were thousands of activists from various fields: women's groups, indigenous people's groups, large and vociferous groups of dalits ('outcaste' populations of India), village health workers as well as medical and other professional people, leaders from various fields, politicians from various countries of Asia, militant women – vary disparate but all very enthusiastic. The conference venue itself presented a very colourful picture, full of swirling colours, dust, music, noise, dance and such as well as small and big impromptu meetings – one had a top hatted man with the stars and stripes flag which was subsequently burnt after a long and energetic play denouncing modern imperialism. To look for achievement of objectives in such a large gathering is wishful but the very numbers made it a success.

PHM Bangladesh sent a 18 member team. Representatives from PHM Sri Lanka, Philippines, Malaysia, Nepal were also there apart from a large contingent from PHM India.

Deeper analysis of issues took place in the simultaneous workshops that took place in various scattered venues. In our estimate, the best were those ably conducted on behalf of PHM by CHC, even if we are patting our own backs! Very briefly we give below what happened in some of the workshops since it will be of interest to the members of PHM.

## Workshop on Alma Ata – What Next?

This workshop attracted a large number of participants and was chaired by Dr. Mira Shiva and Dr. Ravi Narayan. Broadly the workshop looked at: i. the principles of Alma Ata and how, over the years, they have been sacrificed at the altar of expediency, ii) initiatives and programs from India based on Alma Ata principles which have successfully demonstrated that people, ordinary and poor as they are, can successfully handle their own health problems and iii. The challenges for Health for All in the poorer countries of Asia.

Some of the points that emerged during these discussions are:

Unless people are involved in all stages – planning, monitoring and implementation, PHC will not work. It has not worked in the past twenty five years precisely because people were discounted. PHC should address the basic determinants of health including industry induced determinants such as tobacco, alcohol, pharmaceuticals. Sensitisation of medical professionals and health decision makers towards the needs of the poor is a vital need. There needs to be inter-sectoral coordination. If people's health is indeed to be in people's hands, indigenous knowledge systems have to be taken note of, encouraged, refined and integrated into mainstream systems where it should be accorded equal respect.



## Workshop on Action Towards a Tobacco Free World

Participants were from several South Asian countries – NGO workers, activists against Tobacco, ex-tobacco cultivators, physicians and experts on this issue. There are only two causes of death which are increasing worldwide – Tobacco-related and HIV. Tobacco usage is the single most preventable cause of death in the world. WHO estimates that 4.9 million annual deaths worldwide are related to tobacco usage. This is expected to rise to 10 million deaths by the year 2030. Till date over 100 million people have died due to this cause. India is the second highest producer and consumer of tobacco in the world with over 800,000 deaths annually. Tobacco is a public health problem even at the grassroots level worldwide. Lower income groups use much more tobacco and therefore are more susceptible to illness. Therefore it is an

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issue of social justice. Corporate profiteering and aggressive advertisement in the media, both direct and indirect, contribute heavily towards rising tobacco related health problems.

Strong civil society responses are needed to counter act this problem. Advocacy, media coverage, intervention into national and international regulations, prevention of cigarettes in films, high tax rates to discourage usage, local and national workshops, training programs, research and publicizing of research findings relating to tobacco and health were some of the recommendations made among many.

## Workshop on *Taking the PHM Forward*

This was a crucial workshop for us at the helm of PHM concerned with expanding the movement while sustaining the tempo of PHM. Among others, various levels of workers from over twenty NGOs from several Asian countries participated and were able to relate PHM objectives to the grassroots. These workers while describing their involvement in PHM through local action were able to identify processes and methods through which we should move forward.

Local, district, provincial level workshops and training programs, sector-based organizing (eg. Bringing Health Workers, women etc., together), rallies, study groups, inclusion of women's concerns in all action, working with and influencing the local and national media, bringing policy discussions back to the grassroots, formation of national circles which can undertake such action (like in Bangladesh, where there is a strong, independent PHM movement) were some of the suggestions that came through.

## In the Eye of the Storm -PHM's own Media work

Unnikrishnan and Satya Sivaraman, our media team have been very active and have kept us informed through a series of e-mail messages and press releases. The Million Signature Campaign demanding Health for All again which was launched in January 2003 in cooperation with International People's Health Council is one such initiative. Hundreds of thousands, ranging from Nobel laureates to grassroots workers from across the globe have already endorsed this call. The goal is to re-establish health and equitable development as top priorities in local, national and international policy making processes, with comprehensive primary health care as the strategy to achieve these priorities.

Well researched articles with firm data relating to the Iraq war and its effects on public health were also a part of the PHM strategy. Along with this came calls for the boycott of American, British and Australian products and for expelling Britain from the Commonwealth. Of special interest have been the heart rending stories of the children of Iraq and the deteriorating public health situation there. On World Health Day 2003, the PHM released a special press release on the plight of Iraqi children. Many thanks Unni and Satya for

keeping us not only abreast of the events but also for sensitizing us to the plight of Iraq. It needed great courage for Unni to be in Baghdad when the bombing was imminent.

They are at : [unnikru@yahoo.com](mailto:unnikru@yahoo.com),  
[satyasagar@yahoo.com](mailto:satyasagar@yahoo.com)

## STOP PRESS

### Countering Global pillage in the Global Village

Trade Related Intellectual Property Rights, General Agreement on Trades and Services and the World Trade Organisation together spell doom for consumers in most of the world. Coming January 2006 for some countries such as India and January 2010 for some countries such as Bangladesh, IPR guidelines will be strictly enforced. The immediate consequence will be on the health sector. A rise of 100 to 350% in the prices of commonly used pharmaceuticals alone, not to speak of other goods and services is on the cards.

Close cooperation between affected countries is an immediate necessity. Appropriate legislation, use of certain practices such as parallel imports and compulsory licensing and such need to become common knowledge among law and policy makers. To this end Health Action International-Asia Pacific (HAI-AP) convened, a close collaborator and member of the core group of PHM, a meeting of policy and decision makers as well as activists from thirteen countries with a total population of 2.5 billion, 17-21 April 2002 in Colombo Sri Lanka. This meeting was co-sponsored by WHO, the Ministry of Health in Colombo and HAI-AP.

For more information contact: [bala@haiap.org](mailto:bala@haiap.org)

## Claudio – Our indefatigable Editor of PHA Exchange

With great amazement we watch the plethora of articles of topical interest that our energetic Editor Claudio Schuftan puts out from Vietnam. In our mailboxes we find daily messages from him, some times even twice or thrice a day. These articles are eclectic in their breadth, some of them being: Food for Children, Sugar and WHO, Macro-issues in Human Rights, State of the World's children, Social Exclusion and Human Rights, Alternative Approach to AIDS, Politics of Health, The Poverty Trap, Unsafe Health Care, PHC-A Reminder of Its Principles, Whose Data is it Anyway?. An Agenda for Women's Rights – these being just the tip of the iceberg!

Congratulations Claudio on all your efforts to educate us and make us into activists! Claudio is at: [aviva@netnam.vn](mailto:aviva@netnam.vn)

## Tilting at Windmills?

Remember the World Health Assembly (WHA) that is held each year in WHO, Geneva and brings together the health decision-makers of the world. They have been

meeting for fifty years but nothing much seems to have changed at the ground level. This was the one, single reason that gave the impetus for PHA 2000. With all the frustration that we have against UN bodies, WHO (and to a lesser degree UNICEF) still appear to be amenable to listen to the stake holders. This is what impels us to play an advocacy role during WHA each year. This year too many will be there and taking advantage of this the PHM Steering Group and other members too will meet in Geneva. The schedule during May is :

- 14-15 IPHC Meeting, Geneva.
- 16<sup>th</sup> PHM – Geneva will coordinate a meeting on Alma Ata and other key issues.
- 17<sup>th</sup> PHM Strategy / Steering meeting.
- 18<sup>th</sup> WEMOS workshops on WTO Agreements and Public Health Effect of GATS on access to health, effects of WTO agreements on food And nutritional security.
- 19<sup>th</sup> PHM & WCC workshop on Public and Private Health Care-Challenge of Financing an optimal health care system.
- 20<sup>th</sup> At the WHA -
  - \* Primary Health Care and framework convention of Tobacco Control.
  - \* NGO Forum for Health General meeting–The Primary Health Care movement after 25 years of Alma Ata – a Civil Society perspective.
  - \* Medicine Prices-a new approach to measurement, policy, access, rational use–HAI, CI.
- 21<sup>st</sup> National Capacity Building for Health promotion.
- 22<sup>nd</sup> Recent Developments in Health and Poverty Policies.

More information on this from: [p hmsec@touchtelindia.net](mailto:p hmsec@touchtelindia.net) and [nance@aids-bells.org](mailto:nance@aids-bells.org)

These meetings will be preceded by a PHM evaluation meeting hosted by Exchange in London UK on 9<sup>th</sup> to

12<sup>th</sup> May 2003. <[chetley.a@healthlink.org.uk](mailto:chetley.a@healthlink.org.uk)>

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## SECOND PHA

There was a proposal that the next PHA should be held in Africa taking into consideration the state of public health in most of the continent, the need of the people of Africa for people-based approaches that PHM advocates and the desire of our NGO partner networks. But in a consultative process that went on between core group members soon after the Health Forum meeting preceding the WSF 2003, it was finally decided that the next PHA will be held in South America. In a symbolic gesture, Porto Alegre, the eastern Brazilian city where the World Social Forum has taken place successfully has been chosen as the venue. This will be in July 2004, giving plenty of time for all of us and our contacts to prepare to make PHA 2004 as much of a success as PHA 2000 was. On to Porto Alegre!

### IN OUR NEXT ISSUE OF NEWS BRIEF

PHM in Global Forum on Health Research (GFHR) : November 2002

PHM in World Alliance of Breastfeeding Action (WABA) : Arusha November 2002

PHM in World Social Forum (WSF) : Porto Algre January 2003

PHM Workshops : East Africa (Kenya, Uganda, Tanzania), USA, Sri Lanka

PHM in World Health Assembly (WHA) : May 2003

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