

The People's Health Movement

Savar, 6 November, 2018

What is the People's Health Movement (PHM)?

- PHM is
 - a community held together, across diversity, by respect and solidarity, and by shared values, analysis, and commitment to collaborative activist engagement
 - an organisation
 - global coordinator, coordinating commission, steering council, regional circles, national circles
 - a network of networks
 - a national network of people's health organisations in many countries
 - an organised global network; a network of national PHMs and of global networks concerned with health policy, women's health, globalisation and health
 - a social movement
 - a scatter of struggles by community-based movements addressing specific local issues; in general terms, struggles for better health care (better health systems) and for the social conditions which make good health possible
- PHM is
 - based almost entirely on volunteers
 - supported by a very small global secretariat
 - with limited funds provided by sympathetic donors and
 - in kind support from supportive organisations

History

- December 2000
 - People's Health Assembly
 - 8 global networks
 - GK, Savar
 - pre-Assembly mobilisation
- 2001
 - Formation of People's Health Movement
- 2003
 - Transfer of Secretariat to Bangalore

More history

- July 2005
 - Second People's Health Assembly, Cuenca, Ecuador
 - 1st International People's Health University
- 2006
 - Secretariat moves to Cairo
- 2009
 - Secretariat extends to Capetown and (later) to Delhi
- 2012
 - Third People's Health Assembly, Cape Town

What does PHM stand for?

- PHM's goals and strategies are based on:
 - the People's Charter for Health (2000), and developed further in:
 - the Mumbai Statement (2004) and
 - the Cuenca Declaration (2005)
 - the Cape Town Call to Action (2012)

People's Charter for Health (2000)

- Vision (equity, sustainability, peace, a better world for all)
- The Health Crisis (ecological, political, economic, more)
- Principles (RTH, PHC, Government responsibility, participation, political economic determinants)
- Call for action (at all levels)
- Health as a human right
- Tackling the broader determinants of health (economic, social, political, environmental, conflict and violence, disasters)
- People centred health care (oppose privatisation, implement comprehensive PHC, more...)
- People's participation for a healthy world

More: <http://phmovement.org/charter/pch-english.html>

Where did PHM come from?

- 1990s: Eight People's Networks
 - disappointed by WHO's forgetting of the slogan Health For All by the Year 2000;
 - disillusioned by WHO's attempts to harness the financial power of the WB by taking on board the WB's residualist ideology; and
 - frustrated by the irrelevance of the World Health Assembly to the big issues affecting health
- Identified the need for a People's Health Assembly

DHF, ACHAN, IPHC, WGNRR, HAI/HAI(AP), GK, CI(CIROAP), TWN

PHA 2000

- December 2000
- GK, Savar, Bangladesh
- 1500 people from 62 countries
- five days of sharing and learning and planning
- finalising and endorsing the People's Charter for Health
- committing to the establishment of a People's Health Movement



PEOPLE'S
HEALTH
ASSEMBLY



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Mumbai Declaration (2004)

As for the PCH but highlighting six key targets:

- end corporate led globalisation
- end war and occupation
- implement comprehensive and sustainable primary health care
- confront the HIV/AIDS epidemic with primary health care and health systems approach
- reverse environmental damage caused by unsustainable development strategies
- end discrimination in the right to health

More: <http://phmovement.org/md/md-english.html>



WORLD SOCIAL FORUM (WSF) - 2004
ANOTHER WORLD IS POSSIBLE
PEOPLES MARCH FROM DHAKA TO MUMBAI
PEOPLES HEALTH MOVEMENT (PHM) BANGLADESH CIRCLE

PEOPLES HEALTH
MOVEMENT
KENYA
AFYA KWA WOT

WSF-2004 Meeting
Health for All is Possible
Health Village
Energy
Poverty
Inequality

Cuenca Declaration (2005)

- Reiterating same themes plus:
 - clearer focus on neoliberalism and neoliberal globalisation
 - also highlighting
 - regional issues
 - gender issues
 - occupational health
 - cultural and spiritual elements of the struggle for health

More: <http://www.phmovement.org/cms/files/english%20version.pdf>



The Cape Town Call to Action

- Confirms and elaborates on previous analysis and policy directions
- A new focus on what PHM must do:
 - movement building
 - communicating
 - campaigning



What does PHM do globally?

- People's Health Assemblies (PHAs)
 - GK, Savar, Bangladesh – Dec 2000
 - Cuenca, Ecuador – July 2005
 - Capetown – July 2012
 - GK, Savar – Nov 2018
- Health for All Campaign
 - food, extractive industries, health systems, gender and justice, health and trade
- Movement building
 - organising: local, national, regional
 - networking:
 - across issues, across borders, across difference
 - locally, nationally, regionally globally
 - communication (websites , Facebook, PHA Exchange, etc)
- Information for activism - Global Health Watch
- Training for activism (IPHU)
- Democratising Global Health Governance
 - multi level policy dialogue

What does PHM do nationally?

- National PHMs vary widely
 - from poorer, ‘developing countries’ to rich, ‘developed countries’
 - India, Philippines, Guatemala vs USA, Greece, Australia
 - from countries with rich and vibrant civil society to countries with more controlled and more passive civil society
 - India, Brazil vs China, Russia
 - from countries which are closely linked with PHM internationally to countries which may have an active people’s health movement but not named as such and not closely linked with PHM internationally
 - India, South Africa vs Thailand, Brazil

Governance Structures

- People's Health Assembly is the top authority
 - 2000 (Savar) and 2005 (Cuenca), 2012 (Cape Town) and 2018 (Savar)
 - but how to run an 'assembly' which exercises a governance role?
- Steering Council, moving
 - towards the ideal
 - elected at PHA
 - accountable to regional coordination bodies
 - from the current reality
 - some continuities in personnel from the global networks (who set up PHA 2000)
 - some new faces from the networks, the countries and the functions
 - beginnings of accountability to the regions (Latin America and India)
 - continuing focus on networking and movement building
- Coordinating Commission
 - part secretariat (functional coordinators)
 - part executive committee (representatives from SC)
- Advisory Council (elders)
- Secretariat (moving and multiplying)
 - from Savar (GK, 2000-03) to Bangalore (CHC, 2003-06) to Cairo (AHED, 2006 +)
 - to Cape Town, Cairo, Delhi,
- National (and regional) coordination
 - hybrid structures
 - variously: organisation, network of networks and social movement

PEOPLES HEALTH
MOVEMENT
KENYA
YA KWA WOTE



An organisation, or a network or a social movement?

- An organisation
 - identified members, agreed decision structures, perhaps incorporated
- A network of organisations and networks
 - formal federating process (or less formal affiliation process)
 - decisions taken by a coordinating group representing the participating networks
- A social movement (eg the 'Labour Movement', the 'Environmental Movement', the 'Women's Movement', the 'Islamist Movement')
 - autonomous individuals, organisations and networks, bound by
 - shared concerns, common values, broadly shared commitments re directions of change and
 - willingness to take (some) action together, may be well organised and complementary but not highly disciplined

Theories of change

- Globalisation theory
- Network governance
- Global class analysis
- Social movement theory
- Legitimation theory / ideology
- Convergence versus division
- PHC as a theory of social change

So PHM is:

- **A community** held together, across diversity, by respect and solidarity, and by shared values, analysis, and commitment to collaborative activist engagement
- An **organisation**, a **network** of networks, a **social movement**
- PHM is an organisation seeking to strengthen a global social movement around health by networking and movement building
 - focusing on health (health care, social and environmental determinants, links with equity, rights and sustainability)
 - focusing on primary health care practitioners and community based health organisations
- Networking and movement building
 - linking with national networks involved in health, especially those with strong community links
 - linking with global networks relevant to the struggle for health
 - creating opportunities for
 - dialogue, relationship building, joint actions, collaboration, affiliation, coordination
 - sharing, information, analysis
 - cooperation, collaboration, joint action, solidarity

How can I be active in PHM?

- Working on domestic health issues (and highlighting the global dimensions)
- Working in solidarity on international issues (and building support domestically)

How to build PHM in my country / region?

- Making the links to ‘peoples movements for health’ already operating
 - migration activism
 - hunger
 - access to medicines
 - gender based violence
- Find the spaces where PHM can contribute (global analysis, global solidarity)