

Draft Evaluation Report for the Short Course on 'Promoting Health For All' presented by the International People's Health University (IPHU) and People's Health Movement (USA) at the US Social Forum in Atlanta, Georgia between 27-30 June, 2007.

'Promoting Health for All'
IPHU Atlanta June 2007
Draft Evaluation Report

This draft July 11, 2007

This paper reports the evaluation of the IPHU Short Course ('Promoting health for all') held in association with the USSF in Atlanta, June 27-30, 2007.

The purpose of this evaluation is to inform planning for future courses

Summary

The Atlanta IPHU ran for four hours per day for four days during the US Social Forum. Thirty to forty participants attended each day. There was a core of around 20 pre-enrolled people who attended everyday.

Activities included lectures, case presentations, plenary discussions and small group work. Topics covered included: PHM, PHC, RTH, globalisation and health, race and health, trade and health, intellectual property and access, right to water, environment and war, migrant workers' health.

The evaluation questions focused on targeting (was the course well targeted; who came; who missed out?), learning outcomes (did the course address the priority learning needs of the movement and of the individuals?) and planning and presentation (what were the strengths and weaknesses of the program we presented?).

Participation. The people who came included a large proportion of health and community activists working in a range of settings. There were also a good number of students who were keen to hear alternative perspectives and find ways of making a difference.

Learning outcomes. The participants were very positive about their learning through having participated in the course. Of course there were some gaps and suggestions for making the next course even more relevant.

Presentation. The link with the USSF was a mixed blessing. The energy was huge and there was much happening at the SF which complemented the course. However, the venue was not good and the delays in sorting venue and times led to some program glitches. Some useful suggestions about program planning, pedagogy and logistics have been identified.

Evaluation Methodology

The evaluation strategy adopted is summarised in Table 1 below. This table locates the evaluation of the Atlanta IPHU Course in the wider context of a longer term and more comprehensive IPHU evaluation strategy.

The evaluation is framed around the program logic of the IPHU including the educational logic of its courses and resources. The evaluation is both summative (is this initiative worth supporting?) and formative (how can we do it better?). The evaluation spans short, medium and long term time frames.

The data base for this evaluation included:

- the [Course Schedule](#) (Attachment 1, below) and [Notes of Course](#) (Attachment 2, below) and the website (<http://phmovement.org/iphu/>)
- immediate feedback from participants using the IPHU participant evaluation survey (see Attachment One)
- notes from an informal discussion with participants on the last day
- notes from a review and reflection discussion involving most of the planning group immediately after the course had concluded.

Program logic and Educational logic	Evaluation Questions		Data Collections and Analyses		
	Summative	Formative	Short Term (this course)	Medium Term (follow up to this course)	Longer Term
Our goal is to achieve HFA globally	Are we moving towards HFA globally?	Could we contribute to HFA in other ways or more effectively?			Continuing reflection and research into the barriers to HFA and strategies in the Struggle for Health
... by strengthening the phm	Are we contributing to strengthening the phm?	Could we contribute to strengthening the phm more effectively?		What are our alumni doing in 6 or 12 months time? How much progress have the projects made?	Continuing reflection on the needs of the phm and the contribution of IPHU to meeting those needs
... by providing learning opportunities	Are we providing learning opportunities	Could we organise learning opportunities more effectively?			How many courses? What locations? What topics
... which are well targetted	Are they well targetted?	How might we target our courses more effectively?	Who came? Who missed out? What are their involvements and commitments? How did we market and select? Could we do it better?	What are our alumni doing in 1-5 years?	Who have been through our courses? What have we learned about marketing and selection?
... address priority learning needs	Do they address priority learning needs?	How might we better identify the learning needs of our participants and design curriculum to meet those needs?	Immediate feedback from participants about curriculum and their needs	Follow up questionnaires to participants, seeking their reflection on learning needs and curriculum as presented	Reflection on how we identify learning needs in the longer term
... and are well designed and presented	Are they well designed and presented?	How might we improve the educational design of the resources and opportunities that we organise?	Feedback from participants and teachers Organisers' reflections and comment		More formal peer review regarding resources and presentations

Table 1. From program logic to evaluation questions to data collection and analysis - short, medium and long term

Evaluation Findings

Table 1, above suggests three broad areas which need to be addressed in this report.

- targeting
- learning outcomes
- planning and presentation

Was the course well targeted? Who came? Who missed out? What are their involvements and commitments? How did we market and select? Could we do it better? How might we target our courses more effectively?

Did the course address the priority learning needs of the movement and of the individuals? What was the feedback from participants about curriculum and their needs? How might we better identify the learning needs of our participants and design curriculum to meet those needs?

What were the strengths and weaknesses of the program we presented? What was the feedback from participants and teachers? What were the organisers' reflections and comments? How might we improve the design and presentation of the resources and opportunities that we organise?

Targeting

Who came? Who missed out? What are their involvements and commitments? How did we market and select? Could we do it better? How might we target our courses more effectively?

Origins

There were around **X** applications to attend of whom 34 finally participated. A further 18 people participated on one of the days during the course.

Participants came from 15 states of the USA: OR (8), GA (3), WA (2), MA (2), NC (2), CA (2) and one each from AL, FL, IL, OH, PA, SC, TX, NY and DC. There were five participants from other countries (Australia, Brazil, Kenya, Nicaragua) two of whom were international students studying in the US.

Participants were asked to describe their occupations and their interests on the application and registration forms. The largest single group were students, ranging from diploma level to PhD and including medicine, international relations and public health. Occupations listed included: nurse (2), primary care physicians (2), occupational health physician and naturopathic physician (2). Several identified their occupation in terms of

their work role rather than profession and these included: labour organizer, health promotion and community health (4), trainers (including academics) (4) and researchers (stem cell research and health policy research).

Participants also gave a brief account of their activist work. These included communications (community radio and press and podcast production); participation in various professional and NGOs (Population Health Forum, Jobs with Justice, Health Care Action Committee, Interfaith Health Program, Oregon Action Health Care Committee APHA, PHR, PSR, PNHP, CPATH, AMSA Natural Doctors International); policy advocacy (3); working in local free clinics (3); fair trade banana sales; Kenyan health activism and parent (of 3 special-needs adoptive children).

Marketing

The main method of marketing was a broadcast email announcement supported by the IPHU website. The announcement email went through a range of national networks including: PHM (USA), PIH (Partners in Health), Spirit of 1848, CCIH (Christian Connections for International Health), Hesperian Foundation, Physicians for a National Health Plan. We did not ask participants how they had heard about the course but anecdotally we heard that at least three applications came through PIH publicity; one through the Spirit of 1848; two through CCIH (Dave and Mimi); perhaps five through Hesperian and at least one through the USSF website.

The full list of organisations which were contacted was based on an internet search using terms like "right to health" "health care reform" "single payer", etc.

We also advertised through our own personal lists (eg the Iowa PSR list, professional colleagues, and organisational lists with which the members of the planning group are associated).

We actively sought the participation of CPATH (Centre for Policy Analysis in Trade and Health), AMSA (American Medical Students Association), PIH (Partners in Health), Health Care Now, Praxis Project, PNHP (Physicians for a National Health Plan) and a number of other organisations. This commonly involved asking these other organizations to advertise the IPHU on their email lists but also inviting them to contribute to the IPHU program (and to other activities that PHM was involved with in the context of the USSF) as a way of building our relationships with those other groups.

Marketing commenced in late April (two months before the event) but some organisations and lists were not contacted until early June (two weeks before the event). Clearly two weeks is too late. Advertising should start three months in advance with one or two waves of follow up.

We need to remember to ask participants how they had heard about the course next time.

Applications process

Aside from the delays in advertising, the applications process worked well. The Application Form (see [Attachment Two](#) below) was posted on the website for downloading and despatch to a dedicated email address (iphu.atlanta@gmail.com).

In their feedback participants expressed much appreciation of the work of Katie and Bryson in managing the applications and scholarships processes and in managing logistics for participants.

However, there was criticism of the late notifications regarding the schedule and venue.

International students

There were applications from Ghana (2), Bangladesh (2), Australia and Iran as well as from nationals of other countries who were studying in the USA. However, of these only the Australian applicant participated. One applicant from Africa proceeded to apply for a visa but there was a long delay and this person was not able to attend.

There was some uncertainty and indecision within the planning committee as to whether the course would be useful to internationals. We started out without any strong policy about seeking and accepting international applicants. Since the opportunity was advertised on the PHA Exchange List the message was clear that international applicants would be accepted. However, as the international enquiries started to come in including requests for scholarship support the issue was reviewed.

Clearly the course would focus on US issues and on a US perspective on global issues but this was not necessarily a reason for discouraging internationals although the balance between national and international participants would need to be considered. The uncertainty in the planning group was conveyed to our international applicants and there .

In future courses we need an explicit policy about the balance between national, regional and international participation and to reflect this in our advertising, fund raising and counselling of applicants.

Need to plan separately for international participants; ensure that adequate advice is provided about the issues and perspectives being built into the program and to provide for separate scholarships.

Because of the likelihood of visa delays publicity for international participation needs to be commenced early enough to allow for visas and airline bookings.

Scholarships

The planning group raised about \$5,000; which was used for scholarships (paid for five hotel rooms and seven contributions to airfares). No one got all of their costs paid.

In kind support was provided by one Atlanta based participant. She hosted two other IPHU participants (plus her mum) in her one bedroom apartment.

Scholarships may have contributed to encouraging the commitment of people to keep on coming.

Conclusions

It seems that the targetting with respect to recruitment was largely successful. In the Announcement of the IPHU course (see [Attachment One](#), below) the Planning Group identified the following groups as targetted participants:

- health activist interested in sharing their experience with others and building their skills;
- healthcare workers concerned about social and economic issues affecting health;
- young people eager to learn more about US and international movements for health and human rights; and
- community leaders passionate about building bridges between health issues and broader issues of equality and justice.

It seems that the people who actually participated in the program correspond closely to this set of descriptions. It appears that the success of the recruitment (in terms of targetting) was due to the mix of email lists which were accessed and organisations who were approached. It suggests that the organisers correctly identified where the energy and need for such a course is emerging.

However, there were clearly problems with advertising and fund raising for scholarships and there were confusions regarding international participation. These are all issues for closer attention next time.

Learning outcomes

Did the course address the priority learning needs of the movement and of the individuals?

What was the feedback from participants about curriculum and their needs

How might we better identify the learning needs of our participants and design curriculum to meet those needs?

Curriculum

The (April) Announcement foreshadowed that the topics to be covered in the course would include:

- healthcare as a human right;
- socio-economic, racial, and gender inequalities as barriers to health and healthcare within the United States;
- connections between health, trade, agriculture, and war;
- the global movement for equal access to health and healthcare; and
- practical skills for transforming knowledge into action on health issues.

The topics which was actually covered in the program as delivered (see [Attachment Four, Notes from the Course](#), below) included:

- PHM globally and in the USA
- Race, culture and health
- Globalisation and health
- PHC and the RTH
- Trade and health
- Access to medicines (Thailand)
- Right to Water
- Environmental issues and militarism in the USA
- Indigenous health
- Crisis at Cook County Hospital (a case study of public health care in the USA)
- Migrant farmworkers' health
- HR676,
- the Cuban Latin American Medical School.

The practical strategies, methods and skills which were the focus of the small project groups included:

- pre-conditions for effectively addressing the health needs of excluded and underserved populations in the USA: the three transformations;
- methods in addressing the social determinants of health (testimonials, xxx and yyy);
- links between personal commitment and social action;
- project (campaign) planning (linking domestic issues to global issues).

Participant assessment of their learning outcomes

On the last day of the course 20 'pre-enrolled' participants completed the Evaluation Questionnaire (see [Attachment Five](#), below):

- 90% agreed that they had broadened their understanding of global health (35% strongly agreed);
- 80% agreed that they had deepened their understanding of the political economy of health globally (35% strongly agreed);
- 70% agreed that they had sharpened their understanding of primary health care as a policy model including the key debates and challenges (however, only 15% strongly agreed and 30% were unsure);
- 70% felt that they were better equipped to identify and critique different policy approaches to health development but only 15% strongly agreed and 25% were not sure;
- 95% felt that they acquired a clearer view of the roles that activists can play in the struggle for health, 40% strongly agreed;
- 80% felt that they had acquired new analytical frameworks, tools for engagement and skills for working with communities (40% strongly agreed);
- only 20% agreed that they felt more confident in applying a gender analysis to health problems (not surprisingly since there was only one presentation which touched upon this issue);
- 80% felt that they had acquired a deeper appreciation of the value and principles of a rights based analysis of health problems (35% strongly agreed);
- 100% agreed that they had broadened their own range of experience and deepened their understanding through sharing with activists from different backgrounds (70% agreed strongly);
- 95% agreed that they had deepened their understanding of the PCH (40% strongly).

Participants were asked what they had been hoping to gain through participation in the course. Answers to this question pointed towards learning:

- about health activism and the issues and dynamics involved;
- about health care reform in the USA and other health issues in the USA; and
- about health issues globally and the role of the USA in shaping health development globally.

Participants were asked about the relevance of our course objectives to their activist work. Most respondents felt that the course objectives (listed on the Evaluation Proforma) were very or moderately relevant to them. A few felt 'only slightly' relevant (they spoke of the need for more practical illustrations and perhaps more depth with respect to the social determinants of health). A few respondents indicated that they do not identify themselves as 'activists' although they were interested in the issues.

Responding to the last set of questions ('summing up'):

- 100% of respondents agreed that the course was intellectually stimulating;
- 90% would recommend this course to other health activists;
- a range of opinions were offered in relation to the proposition that ‘the pressure of time interfered with my learning’ (55% agreed, 20% disagreed and 25% were undecided);
- 85% agreed that “Overall I really enjoyed the course” (60% strongly) although 15% (3/20) were undecided.

Participants were asked ‘What did you like most about the course?’ A wide range of features were cited: the people (both faculty and participants), the commitment and passion, the content, the discussion, the group work.

The features which respondents liked least included the venue (noisy, distant from the rest of the USSF, lack of food and water), rushed lectures and lack of clarity (in the briefing and facilitation) regarding the small group project work.

Participant suggestions for next time included: more time for the course; a more appropriate venue and, assuming it is linked to an event like the USSF, the course should have been scheduled before rather than during the Social Forum.

Final comments included: thanks and encouragements, appreciation of the scholarships and a request for hard copy biodetails and more emphasis on the priority pre-reading.

Reflections on the curriculum (as presented)

We think that the program as presented may have been a bit disjointed, with scope for greater coherence. In fact the program was put together on the basis of several different members of the Planning Group approaching different resource people or looking for resource people for particular topics. As a consequence these various resource people and topics were not firmly integrated into a single coherent program. This perhaps points towards the need for a more pro-active program coordinator which would include being in direct communication with all of the facilitators and resource people and providing them with clear briefings regarding their contributions.

We have hitherto discussed the standard IPHU curriculum in terms of three core topics: health systems and PHC, the political economy of health (including trade etc) and the social determinants of health. Certainly the participants of this group were ready to hear about the social determinants of health and the idea that health is more than health care. However, we may need to put more thought into the analysis of SDH that we present and how we present it. The PCH, the Mumbai and Cuenca statements all provide useful entrées to SDH. Needs more thought.

These are the standard core topics. It is also standard to make provision for topics of special local / national significance. Scheduled topics which might be so categorised and which were presented in this course include:

- race and the social determinants of health,
- environmental issues and militarism in the USA,
- HR676,
- the Cuban Latin American Medical School

There were a number of important topics which were listed in early versions of the program but which were not in the end delivered. This was in large part due to the last minute timing of venues and schedules. Some important topics like the gender aspects of health and health care and immigrant rights were not covered because speakers were otherwise committed..

We have included in our core curriculum a rather diffused notion of ‘practice’ and ‘working with communities’ which we have sought to address through listening to and analysing case studies of practice and the small group project work. This area needs further consideration. What are the skill sets that are needed in the practice of political engagement and which of these should be given prominence in IPHU courses?

The methods and skills of *popular education* are important. Perhaps we need a plenary presentation which canvasses a range of different ways of communicating with communities and other constituencies. Likewise the general area of *advocacy* covers an important range of methods and skills; including policy advocacy and media advocacy. Many of the methods and skills involved in the practice of political engagement are quite generic: *working constructively in groups, project planning and management, evaluation and research, information technology, office administration.*

Likewise there are generic knowledge areas that activists need from time to time, eg public finance, economics, law, political science, sociology, epidemiology, etc. These are important but we do not have space within the short course framework to focus properly on such topics. Can we help to guide people who need such knowledges to where they may find further help? Perhaps we should emphasise the use of the Wikipaedia whenever we come across unfamiliar terms.

Another dimension of practical training for political practice involves confronting some of the attitudes that we bring to political work, in particular, how we approach people who are different from us (in gender, class, race, ability, culture, etc). This is commonly part of training for activism and usually in a fairly engaged way.

It may be that we also need a more didactic focus on ‘social change and activism’ to give more attention to building a shared language about different models of social change and the practice of political and community engagement:

- the idea of ‘social movements’;

- the idea of ‘networks of networks’ and of upper case lower case PHM/phm;
- conceptual frameworks for thinking about the big structures and the agency of individuals and groups;
- discussion of strategies of struggle and the underlying theories of social and political change.

We need to further consideration of how we identify priorities for capacity-building across the movement (in the country or region of the course) and the learning needs of our participants.

Planning and presentation

What were the strengths and weaknesses of the program we presented? What was the feedback from participants and teachers? What were the organisers’ reflections and comments? How might we improve the design and presentation of the resources and opportunities that we organise?

Flexibility and adaptability

There were significant difficulties confronted in the course of planning for and in presenting this course. However, these could have been much more burdensome were it not for the amazing flexibility, adaptiveness, creativity and stamina of participants and faculty. Many decisions had to be made on the run and most of them turned out for the best.

The link with the USSF

Opinions were mixed about the location of the IPHU within the program of the USSF; some appreciated the opportunities associated with mixing the two; but there was also some frustration about conflicts. Isaac thought that the SF not the right place for a course where continuity mattered; a series of stand-alone workshops would be OK, but not a continuing program. On the other hand Debra thought that the link was really great; it was not as taxing as a separate course; really enjoyed the format.

Among the benefits of embedding IPHU within the USSF:

- publicity and recruitment; some people found us on the USSF website;
- the energy of the SF and all of the activism on show adds to the experience of the participants; the curriculum of the IPHU is complemented by the activities of the SF
- many people (in the US) have only two weeks of vacation and the embedding of the IPHU enables them to maximise their opportunities within a short period;

- IPHU gives people comrades to accompany them while they wander the SF maze

Among the negatives of the embedding strategy:

- delays; we had no guarantee that we had the space until about three weeks before opening time; Bryson was involved in intensive liaison with the USSF Program Committee; but we were told repeatedly that our model did not fit what they were trying to do; the fact that we finally found a space on the program was partly because of repeated and high level lobbying;
- problems with the venue: noisy, thoroughfare, no food or water, lack of facilities, distant from hotels and other USSF venues;
- competition from parallel activities and day by day drop-ins did weaken the continuities across the sessions; but most of the people who had pre-enrolled stayed with us); in fact dropping out was as much a problem in relation to faculty as participants; many of our resource people were also required elsewhere; this was partly due to the late finalisation of venues and schedules which led to some double booking of resource people;
- the drop ins were not a big problem (surprisingly) and our contingency plans (special discussion) only needed a short briefing (but still was worth doing)

If we were to embed IPHU in a SF again we should consider the following lessons:

- having our group pre-enrolled was a strong positive; a major reason for holding the group together;
- we need to bring our own power boards, extension cords and data projector; and perhaps PA systems as well as an urn and tea/coffee/water capacity
- need to consider whether we need to hire our own venue; certainly need contingency plans for food and water;
- need clear and early understanding with the organisers of the SF about scheduling and venue (would help to have someone on the inside of the SF committee);
- also need commitment of core resource people to the IPHU (see reference to resource people dropping out above);
- need to give serious consideration to running IPHU back to back with the SF; last day of IPHU being the first day of the SF;
- if people were housed together they might have had more socialising

Write to Alice (cc to Armando and Amit) with evaluation report, saying that it worked.

Logistics

Travel

The delays in confirming acceptances and scholarships meant that discounted airfares were no longer available. The delays also meant that it was much harder for international participants to arrange visas and travel.

Accommodation

The accommodation problems arising on this occasion were a logistical nightmare. One problem was that the SF advice about hotel facilities (regarding four beds in one room) was simply wrong which meant that further accommodation was needed at the last moment. Such problems were beyond our control. However, we might have been able to manage better with longer lead time. We need to schedule close attention to accommodation.

The accommodation crisis might have been much worse if not for the local folk who provided beds for visitors at very short notice.

Venue

The venue was noisy, cold, no water or food and too far from other SF venues. There was no projection equipment. Need to check: power outlets, power boards, extension cords, screen and darkening capacity, data projector, access to computer and printer and internet for those without personal laptop as well as catering facilities.

It would also have been very convenient to have had secure storage at the venue so that heavy items like the the data projector could have been stored there.

Course design generally

Participants were asked to comment on course design:

- 75% felt that the mixture of lectures, plenary discussion, group work and informal learning opportunities was just about right;
- there was little support for the proposition that there were too many lectures;
- opinions were divided as to whether the project work requirements limited the topic discussion in the small groups; 20% agreed; 40% were undecided and 40% disagreed;
- there was some support for the view that there should have been more plenary panel discussions although 40% were undecided, perhaps not sure exactly what more plenary panels might mean;

- 60% disagreed with the proposition that there was too much content and a further 25% were undecided;
- 75% disagreed with the proposition that there was too much theory with a further 20% undecided;
- 60% agreed that there should have been more opportunities for sharing of experiences among the members of the class;
- 60% agreed that their own pre-existing experience, knowledge and skills were usefully drawn upon in the way the course worked (20% disagreed and 20% were undecided).

Asked about the strong aspects of the course design participants highlighted:

- the mix of activities
- the people they met
- the small group discussions
- the quality of the presentations

Asked about the weaker aspects of the course design participants highlighted:

- the venue (noise, distance, lack of water and food);
- inadequate emphasis in pre-course advice on the importance of pre-reading and identification of key texts for pre-reading;
- lectures too short, too pressured and too rushed;
- lack of clarity regarding the purpose and ground rules for the small group work; need for clearer facilitation of the small group work;
- not enough about PHM;
- not enough on global health issues and the links with the US role

Suggestions for future courses:

- more attention to pre-reading and perhaps a pre-course writing assignment as a way of orienting people to the practical focus of the course;
- more time to lectures (not necessarily more lectures) and slightly less to project groups;
- short bios on all resource people and participants available from the beginning;
- more time;
- clearer guidance to small group facilitators and participants;
- better venue.

Particular activities and resources

Preparation

Whilst pre-reading was mentioned on the website and on the application form many of the participants volunteered that the importance of pre-reading had only come clear to them during the course, when it was too late!

We need to emphasise the importance of pre-reading and emphasise a small number of core documents as necessary reading.

During our feedback discussion with the participants several folk mentioned that they were surprised by the orientation of the course around activism. Despite the references to activism they may have expected something else. In the course of this discussion it was suggested that asking them to write something about their own activism might help to orient them to this focus.

Asking enrollees to write something about their own interests and their own activist work would also help course organisers to think in advance how to integrate the learners as teachers in the course and make the course more participatory.

About the lectures generally

Participants were generally very positive about the lectures and other plenary presentations although there was general agreement that they were too rushed.

Probably should have arranged for clearer briefing for plenary presenters. Makani and Cedric were perhaps not fully briefed. Need a standard briefing template which can be developed as the basis for clear briefing for each resource person. Need a written briefing and perhaps a meeting of resource people before the course starts also for discussion and briefings.

Individual lectures and presentations

Sarah: generally very positive; perhaps needed a bit more detail about PHM.

Makani: mixed response; some very positive; some less so.

David: generally quite positive but should have been given more time.

Laura: responses a bit hard to interpret because Laura gave two presentations (one on PHC and the RTH and the other on HR676) but there was only one question. Perhaps we should have had a stronger and more detailed focus on HR676 and other single payer proposals

Lily: generally positive but too rushed.

Tanya: generally very positive but too rushed.

Jeff: good, interactive delivery appreciated, more details please.

Maureen: positive

Cedric: very positive; strong appreciation.

Plenary discussion

It appears from the responses that it was not clear what this question referred to. Some comment on the noise which make plenary discussion difficult. Several respondents suggest that the plenary discussions could have been more interactive.

From the Cuenca course we identified the value of scheduling a proper panel discussion (between faculty and participants, based on questions from the participants, eg what is your model of social change; how does it happen; what is movement building, what are the boundaries across which you will not cooperate; what are the elements of practice, the practice of engagement; including but going beyond comm strategies). In fact we did not schedule such a discussion. In retrospect we should have.

Four presentations by course participants

The four presentations from within the participants' group were great (with very positive feedback from survey respondents) but there was no discussion of the presentations (again a problem of inadequate briefings for moderators). We should allow much more time to think through the issues and the practice strategies in this activity.

Small group work and group reports

Most respondents enjoyed the small group work and appreciated the opportunity to work together in this way. However, there was some criticism of the failure to clarify the purposes of the project work and of loose facilitation. Some felt that the time given to the small groups might have been a bit much. However, survey respondents were very positive about the small group reports.

The small groups were in the main a success but they did not work as well as they should have. This was partly about the facilitation process. There was uncertainty among both participants and facilitators as to the purpose and logic of the task assigned. Need to explain the pedagogical purpose of the small groups: 'the journey is the outcome'. Clearer guidelines for both would have been useful. It is also the case that the task set for the small groups was quite hard; to move from a group of strangers to creating a defined product in four days!

Learning about the processes of project planning is an important part of the objective; learning from the exercise; learning from each other, making a contribution to PHM/phm is a secondary consideration. We need to tell the group what to expect as well as what we expect, you will wallow for a while.

There was also an apprehension among some people that perhaps PHM was trying to capture people. Perhaps we should have provided a clearer account of the 'network of

networks' charter of PHM and the movement-building commitment of IPHU which mean that we are not into capturing (as in transferring the allegiance of individuals) but rather in network building and movement capacitation. This is our contribution to the movement. People started to realise that after a while.

The key issue is the time which is allowed for the whole process. The groups gelled on the third day (1-2 days do not allow for this kind of group building). That said, it was already a tall order to fulfill the brief in four days. Importance of building group ownership; can't be achieved overnight.

We need more consideration of how we identify a limited number of topics which capture the interests of a sufficient number of participants to serve as the basis for defining the group. It might be not a good idea to set up a group around a pre-defined topic such as the RTH project. Better to let the group find their own project.

Informal opportunities for learning and sharing

Respondents were mainly very positive but a few respondents regretted that there was not more time for informal discussion.

Concluding ceremony

This was great. Thanks to Maureen for the Certificates and to Katie for the choreography. Provision for appropriate concluding ceremony needs to be included in the Manual.

The IPHU website

The IPHU website plays several roles in supporting the IPHU course. It supports communication about the forthcoming course to interested people, applicants and to enrollees and faculty people. It provides access to further resources (eg lectures presented to previous IPHUs) and to return to the resources presented during the course.

It is an important part of the IPHU vision that resources generated in individual courses are available to participants to revisit and perhaps share with local communities. This underlines the importance of documenting presentations including the PPT notes pages. Not all presenters have provided PPTs and it has proved very hard to persuade them to document their narratives in the notes pages. Perhaps this is partly because of the lack of systematic briefings to presenters.

Pedagogic strategies and styles

It may be that there were different perspectives within the planning group regarding the logic of the course and the logic of the different activities and that this contributed to the lack of proper briefings. IPHU is different from traditional academic courses by

virtue of our commitment to the practice of struggle and this has important implications for the pedagogic logic which need to be articulated more clearly. It is also the case that we attract people with rich experience which we need to share and to build upon. For this reason it should be highly participatory.

Making the process more participatory

There was much appreciation of the lectures and even calls for more time. However, there is also a sense from the respondents that the whole course could have been more participatory without losing focused time on important plenary presentations.

The four presentations by participants on their work were much appreciated despite the fact that we did not schedule enough time for discussion of these presentations. Likewise the project reports were appreciated by the survey respondents.

However, there is further scope for making the whole process more participatory. One pre-requisite for this is to learn more about our participants before the course so that the planners can start thinking about how to use the experience and expertise that the participants bring. Part of this may involve asking cleverer questions in the application form:

- frustrations in your own political engagements;
- weaknesses of the movement from the vantage point of your activist work;
- fields of activist work that you could present upon; and
- strategies, methods and skills in activism that you could contribute around.

Several participants have emphasised the need for brief bio blurbs (regarding participants and resource people) to be provided in the orientation pack. This suggests the need for an appropriate question on the application form.

Planning, organisation and management

The planning of this IPHU was supported by a virtual committee based in four locations: three members in San Francisco (Sarah Shannon, Laura Turiano and Tawnia Queen); two members in Boston (Katie Greenwood and Bryson Finklea); and a member in each of Iowa (Maureen McCue) and Melbourne, Australia (David Legge). This group communicated by email and met periodically by Skype voice conferences.

These arrangements worked but in retrospect they could have worked better. In thinking how it is useful to articulate the functions involved in setting up an IPHU course:

- marketing;
- enrolment and scholarships;
- logistics (travel, accommodation, venue),

- fundraising,
- program coordination (program planning, faculty recruitment, scheduling, briefing, evaluation),
- website,
- management of planning and implementation.

Marketing

Must start earlier and be repeated several times. The idea of searching the web for appropriate organisations is worth replicating.

Logistics

This function includes applicant liaison (receiving applications, enrolling people and administering scholarships) and may include coordinating travel and accommodation for resource people as well as applicants. These two functions might be managed separately.

Fund raising

It was hard to raise money. We should have started fund raising a lot sooner. Grant applications (5-6) to donors were not successful. Some donors were already supporting the SF; others said that they 'don't do' this kind of thing; don't do scholarships. Individuals and hosting institutions underwrote the donations. Funding applications should be submitted 2-3 months in advance if they are to have any relevance to international applications. In this case a lot of people had to cancel because notification came late and for others the airfare costs were higher because they were notified late. Better documentation of about the course might have helped with fund-raising; a bit more money and a lot earlier would have made a big difference.

In fact the bulk of the cash which was raised came from 'friends of PHM & IPHU': both individuals and institutional.

The course benefitted greatly from personal expenditures and in-kind contributions (in particular the accommodation support provided by Atlanta households).

Program coordination

We need to define the role of the program coordinator more clearly; this person should be the final common pathway with respect to the program design, finalisation and briefings. In which case he/she needs better information about the proposed resource people and their expected contributions, and should be in direct contact with them prior to the course and also the session moderators

Management

Do we perhaps need a role which might be best described as manager; one person to be in charge of following up with people to ensure that they are doing what they were supposed to be doing; being a manager in the sense of setting agenda for meetings; taking minutes, and following up

In the planning for this course we were a little awkward in broaching these issues; most of us in the planning group did not know each other and we were sensitive about treading on each others' toes. We need to address this issue at the opening of the planning process; ok awkward but can someone please take managerial responsibility; not in charge *per se* but responsible

Attachment 1. Announcement (late April 2007)

Save the date! June 27 – 30, 2007

Promoting Health for All

A short course for people interested in health and equality
presented by the International People's Health University
together with the People's Health Movement
at the US Social Forum, Atlanta, Georgia

Are you:

- A health activist interested in sharing your experience with others and building your skills?
- A healthcare worker concerned about social and economic issues affecting health?
- A young person eager to learn more about US and international movements for health and human rights?
- A community leader passionate about building bridges between health issues and broader issues of equality and justice?

Then join us and your colleagues this June as the International People's Health University (IPHU) presents **Promoting Health for All**—four days of learning and discussion at the first-ever US Social Forum in Atlanta, Georgia. Each day of the IPHU includes two hours of presentations by faculty followed by two hours of discussion and activities. Afternoons and evenings are free for exploring the hundreds of workshops and presentations at the US Social Forum and networking with other leaders and activists.

Topics will include:

- Healthcare as a human right—not a commodity to be bought or sold
- Socio-economic, racial, and gender inequalities as barriers to health and healthcare within the United States
- Connections between health, trade, agriculture, and war
- The global movement for equal access to health and healthcare
- Practical skills for transforming knowledge into action on health issues

To apply:

Applications and a daily schedule are available online at www.phmovement.org/iphu. You can also request an application or additional information by contacting the IPHU Communication Coordinators by email at IPHU.Atlanta@gmail.com, by phone at (678) 389-8808 or by mail at:

International People's Health University
Attn: Bryson Finklea and Katie Greenwood
c/o Institute for Health and Social Justice
641 Huntington Avenue, 1st Floor
Boston, MA 02115

We will begin accepting applicants after the preferred deadline of **May 21, 2007**. Applications submitted after May 21 will be accepted on a rolling basis until all spaces are filled. No more applications will be accepted after the final deadline of **June 13, 2007**.

There is no charge for the course, but participants must register for the US Social Forum once they are accepted. Individual registration for the Social Forum is on a sliding scale from \$20-\$125 (see www.ussf2007.org for details). **Scholarships to cover the cost of travel and lodging are available and people with lower incomes or from underrepresented backgrounds and perspectives are especially encouraged to participate.**

More information about the International People's Health University and the People's Health Movement

What is the International People's Health University?

The International People's Health University (IPHU) was created by the People's Health Movement to offer short courses (four days to one week) and other educational resources on issues of health and equality. Participants in IPHU courses examine the connections between politics, economics, and health, to develop a broader understanding of the current barriers to equal healthcare access and the challenge of achieving health for all. Courses are of a high academic standard, with faculty from the People's Health Movement leading presentations and discussions, and academic credit may be available for current students.

By bringing participants together with faculty from the People's Health Movement to study, share experiences, and make new connections, IPHU courses empower participants to further their work challenging barriers to healthcare access in their own communities and worldwide.

What do we mean by "Health for All"?

In 1978, world leaders met in the city of Alma Ata in Kazakhstan to discuss the need for access to healthcare worldwide. At that meeting, leaders from 134 countries signed a declaration pledging to achieve "health for all" by the year 2000. Known as the Declaration of Alma Ata, it states:

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right, and that the attainment of the highest possible level of health is a most important world-wide social goal.

This commitment gave hope to many poor people around the world that their call for equal access to healthcare had been heard. But the leaders of the world did not keep their pledge. By the year 2000, access to healthcare had become even *more* unequal, with some people in wealthy countries receiving high-tech, expensive medical care even as millions of poor children around the world continued to suffer and die from easily preventable disease and the lack of basic vaccines, clean water, or food.

What is the People's Health Movement?

In the year 2000, a coalition of activists, teachers, and community organizers from around the globe came together in the city of Savar, Bangladesh to focus attention on the critical need to provide healthcare for all. They called themselves the People's Health Movement, and challenged the leaders of the world to keep the promise of health for all they made in the Declaration of Alma Ata. At that meeting, known as the first People's Health Assembly, 1500 delegates from 75 countries signed a declaration they called the People's Charter for Health, which reaffirms the right of all people to health and healthcare:

Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives.

Since that time, the People's Health Movement has grown, with an international secretariat (currently in Egypt) and national chapters around the world. In 2005, a second People's Health Assembly was held in Cuenca, Ecuador, with over 1500 participants from 80 countries. To learn more about the People's Health Movement, please visit www.phmovement.org or the US circle website at www.phm-usa.org.

Attachment Two. Application Form

Promoting Health for All

**A short course for people interested in health and equality
June 27 – 30, 2007**

presented by the International People's Health University
together with the People's Health Movement
at the United States Social Forum, Atlanta, Georgia

Application Form

Preferred submission deadline: **May 21st, 2007**
Final submission deadline: **June 13th, 2007**

**First
name:**

**Last
name:**

What do you prefer to be called?

Age:

**Gender
identity:**

**Additional ways you
self-identify (optional):**

**Postal
address:**

Telephones:

home

office

mobile

fax

Email:

Please contact me by:

email

phone

post

Previous and current health activism (add more pages if necessary):

Why do you want to participate in this course, and what do you hope to be better able to do afterwards? (Add more pages if necessary.)

Please list your areas of particular interest relating to health, both professional and activist/personal:

Please describe your educational background:

Please describe your current occupation:

Please describe your previous occupations (if applicable):

Please list contact details (email, phone) for a reference who can speak about your health activism.

Cost for attending the International People's Health University:

The People's Health Movement is committed to offering this course free of charge for all participants. However, since the course will be held at the US Social Forum, all participants in the IPHU must also register for the US Social Forum. Individual registration for the Social Forum is on a sliding scale from \$20-\$125—you pay what you can afford. Please see www.ussf2007.org for details.

I understand that I must register for the US Social Forum in order to participate in the Atlanta IPHU.

Financial assistance for qualified participants:

The People's Health Movement is committed to working with lower-income participants to overcome financial barriers to attending the International People's Health University in Atlanta. We have limited scholarship funds available to assist qualified participants with the cost of transportation, lodging, and food so they may attend the IPHU. The US Social Forum has some scholarships available as well (see www.ussf2007.org). The IPHU can also assist participants seeking outside sources of funding (for example, from local community groups or schools and universities). Once participants have been accepted, the IPHU Communications Coordinators will be available to discuss options for financial assistance.

Contributing to the IPHU scholarship fund:

Could your school, organization, or community group contribute funding to allow a low income activist to attend the IPHU in Atlanta? If so, please contact IPHU Communications Coordinators Bryson Finklea and Katie Greenwood (see below).

The People's Health Movement described its vision of health for all in a document called the People's Charter for Health. **Because the People's Charter for Health is a the founding document of the People's Health Movement, we ask that all applicants to the International People's Health University read the People's Charter for Health.** The Preamble from the Charter reads:

Health is a social, economic and political issue, and above all a fundamental human right. Inequity, 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 corporate-led globalization has to be opposed, and that political and economic priorities have to be drastically changed.

You can find the charter at www.phmovement.org or by contacting the IPHU Communications Coordinators (see below).

I certify that all of the information contained in this application is true. *(Please sign your name here.)*

To submit this application (choose one):

- **Electronic:** Save this form to your computer, fill it in and email it to IPHU Communications Coordinators Bryson Finklea and Katie Greenwood at IPHU.Atlanta@gmail.com.
- **Paper:** Mail completed application to IPHU communications coordinators Bryson and Katie at:
International People's Health University
Attn: Bryson Finklea and Katie Greenwood
c/o Institute for Health and Social Justice
641 Huntington Avenue, 1st Floor
Boston, MA 02115

We will begin enrolling applicants after the preferred deadline of **May 21, 2007**. Applications submitted after May 21 will be accepted on a rolling basis until all spaces are filled. No more applications will be accepted after the final deadline of **June 13, 2007**.

Attachment Three. Course Schedule

PROGRAM

The International People's Health University (IPHU)
PROMOTING THE RIGHT TO HEALTH FOR ALL
US Social Forum June 27-30, 2007

BACKGROUND: The International People's Health University (IPHU) is a 4 day intensive course organized by representatives of the People's Health Movement (PHM) with the support of national and international health rights activists. Participation is endorsed and certified by the University Of Iowa Center for Human Rights. Interested student/activists working with diverse U.S. populations will explore the challenges and most effective approaches to actualize the right to health.

RATIONALE/OVERVIEW: This short course examines the dynamics of health and disease in a social context. Health problems evolve within particular social, political, cultural, and economic realities, as do their solutions. Growing income inequality, increasing privatization of the commons, a culture of consumption, stalled progress toward racial equality, and increasing corporatization of the US government, all characterize life in the US today. Physical responses to the circumstances of modern living have been medicalized and deferred to costly professional experts to resolve – yet many are excluded on the basis of income, race, disability, age, sexual orientation, educational background, or some combination of these and still other factors. Responding to the health challenges faced by so many here in the US and around the world can be overwhelming and immobilizing. In the IPHU process, students gain skills needed to promote health within under served or marginalized communities. Information is incorporated into a holistic analysis and then elaborated within small working groups. Participants will identify effective strategies, campaigns and actions to address people's health concerns and/or ameliorate risks to their health.

COURSE OBJECTIVES (original):

1. To examine the complex social, economic, political, and related factors contributing to poor health status;
2. To provide participants with an understanding of health and disease patterns, particularly the inextricable relationship between poverty, economic globalization, and health conditions as they vary between regions and populations, and inner city or rural areas versus more wealthy areas in the States and around the world;
3. To place US health issues and struggles in a global context and examine some of the proposed solutions emerging from the global health movement;
4. To prepare participants with the essential skills needed to work effectively with at-risk populations and the legal, medical, and policy makers involved in these health outcomes.

COURSE OBJECTIVES (personal)

1. I have deepened my understanding of the complex social, economic, political, and related factors contributing to poor health status;
2. I have deepened my understanding of health and disease patterns, particularly the inextricable relationship between poverty, economic globalization, and health conditions as they vary between regions and populations, and inner city or rural areas versus more wealthy areas in the States and around the world;
3. I have a clearer sense of US health issues and struggles in a global context and of some of the proposed solutions emerging from the global health movement;
4. I have strengthened my skill base for working with at-risk populations and the legal, medical, and policy makers involved in these health outcomes.

COURSE FORMAT: Four hours daily with a short break midway. Two hours of formal lectures/panels and case studies followed by 2 hours of informal, smaller and more issue focused working groups designed to determine and support appropriate and effective actions promoting the right to health.

READINGS: The Alma Ata declaration, People's Health Charter, and the Universal Declaration of Human Rights will serve as required basic reading materials with which students will be expected to be familiar upon beginning the course. See [Program Page](#) for further websites. Additionally, participants are encouraged to consult *Global Health Watch 2005-06: An Alternative World Health Report*. Zed Books 2005 (www.ghwatch.org). Readings from appropriate internet sites and supplemental readings will be distributed as needed.

Day #1 Wed. June 27 2007

9.00 am, - 1.00pm

Room 1204, 12th floor of the Westin Peachtree Hotel

Hour 1 Introductions, Basic Concepts: Moderator McCue

IPHU Faculty & PHM representatives: David Legge, Sarah Shannon, Maureen McCue, Laura Turiano, Lanny Smith, Hani Serag, Katie Greenwood.

30 Mins *Discussion/Introductions Program, Goals, Faculty, Students* (McCue, et al.)

10 Mins *[Introduction to PHM Global/ US](#), Global solidarity, campaigns and visions; role in addressing both right to health in the US including policies of our gov't that affect people's health around the world* (Shannon)

20 Mins *Racial disparities and health in the US, introduction to the role of race and culture as determinants of health* (Makani Themba-Nixon.)

Hour 2 Exploring Right to Health and Right to Health Care– (Moderator Greenwood)

20 Mins *Social Determinants of Health: [Globalisation and health](#)* (Legge)

20 Mins *[PHC and the Right to Health Care](#)* (Turiano)

Break 15 Minutes

Hours 3-4 Working Groups:

- Right to Health Care Campaign (US & globally) and education, culture change, paradigm change
- Trade and health and access to essential medicines (and related intellectual property issues)
- Environmental justice and health; commodification of food and water; health impacts of militarization
- Vulnerable peoples, incarcerated juveniles, immigration and health

Day #2 Thurs June 28, 2007

1.00pm -5.30pm

Trinity United Methodist Church Fellowship Hall,
265 Washington St SW, Downtown Atlanta

Hour 1 *Diseases of Modernity and Corporate Led Globalization* (Moderator Legge) 20 Mins Ea.

[*Overview Trade Policies*](#) (Lily Walkover),

[*Access to medicines: Thailand as a case study*](#) (Tanya Wansom)

Hour 2 *Threats to Personal and Global Health* (Moderator Shannon) 20 Mins. Ea.

Privatizing Water Bad for All Our Health (Conant)

Warming and warring (McCue)

Break 15 Minutes

Hours 3 & 4 Reassemble into Working Groups as determined on day 1. Continue Discussion and Plans for Effective interventions against identified challenges

NOTE: New participants form a separate sub-group and get a “phm 101” – Information/discussion format with the content of Day 1 (Faculty Resource: Shannon)

Day #3 Friday June 29, 2007

1.00pm -5.30pm

Trinity United Methodist Church Fellowship Hall,
265 Washington St SW, Downtown Atlanta

Hours 1 & 2: Panel and Case Presentations: *Health Risks of Membership in Excluded Minority Populations* (Moderator Smith)

20 Mins HR 676, (Laura Turiano)

30 Mins JIT presentations (space for IPHU students to make case presentations)

Lachlan - Indigenous health in the rich world: case of Australia

Mark - Migrant farm workers

Rachel - Crisis at Cook County

Lupe - Farm workers' health

15 Mins Exporting the US model! Egypt as a case study (Hani Serag)

Break 15 Minutes

Hours 3 & 4 Reassemble into Working Groups as determined on day 1. Continue Discussion and Plans for Effective interventions against identified challenges

Day #4 Saturday June 30, 2007

1.00pm -5.30pm

Trinity United Methodist Church Fellowship Hall,
265 Washington St SW, Downtown Atlanta

Hour 1: *What Works?*—Panel and Case Presentations (Moderator: Legge)

60 Mins Turning public health knowledge into political action; exploring effective models, legislative tools, from the U.S. and abroad. Dr. Cedric Edwards – First US Graduate of Cuba’s Latin American Medical School (LAMC)

Break 15 minutes (including final preparations for group presentations)

Group Reports (1.5 hrs)

Working group leaders will share with the whole group their strategies for change as developed over the preceding 3 days. Comments, questions, queries, elaborations taken from the whole group to create most effective campaign strategies.

- Right to Health Care Campaign (US & globally) and education, culture change, paradigm change
- Trade and health and access to essential medicines (and related intellectual property issues)
- Global environmental issues (including food and water) and militarization
- Vulnerable peoples, incarcerated juveniles, immigration and health

Loose ends and next steps

30 Mins Plenary discussion of burning issues, issues left hanging, disputations, clarifications.

30 Mins Where to from here? Active, cohesive, coordinated, focused, strategic, effective. Developing our own activist work as part of the PHM network. (Sarah)

Evaluation

Discussion and survey sheet.

Concluding remarks

Attachment Four. Notes from IPHU @ Atlanta (June 2007)

(from <http://phmovement.org/iphu/en/atlanta/notes>)

Day One

We commenced with introductions. It was evident that we had a rich mix of different backgrounds and a deep reserve of experience and expertise.

Sarah Shannon introduced [PHM Globally and PHM US](#). She spoke of the particular responsibilities of PHM US arising from the global role of the US in perpetuating an unjust and unhealthy global regime.

Makani Themba-Nixon spoke about racial disparities and health in the US and spoke about the role of race and culture as determinants of health.

David Legge then presented a brief introduction to [globalisation and health](#).

Laura Turiano spoke about [primary health care, the rights perspective and PHM's Right to Health Care campaign](#).

We then discussed the project topics on which we will work during the remaining three days of this course. We adopted the following topics and assorted ourselves into these groups and commenced our project work:

- Right to Health Care Campaign (US & globally) and education, culture change, paradigm change
- Trade and health and access to essential medicines (and related intellectual property issues)
- Environmental justice and health; commodification of food and water; health impacts of militarization
- Vulnerable peoples, incarcerated juveniles, immigration and health

The brief given to the groups was to develop a project proposal for PHM US to be presented for plenary discussion on the final day of our course. However, the purpose of the group work was not just the development a project proposal; it was also about sharing our knowledge and analysis of the issues and, in particular, sharing our experience and insights into the practice of health development (activism, political struggle, organising, popular education, etc).

Day Two

We continued the globalisation theme on Day Two.

Lily Walkover from CPATH presented an overview of [Trade and Health](#).

Tanya Wansom of the AMSA, provided a further description of TRIPS and related issues and then [a case study of the current struggles of access to medicines in Thailand](#).

These presentations elicited a wide ranging discussion.

We then changed direction somewhat with a presentation / discussion presented (facilitated) by Jeff Conant on the Right to Water.

This was followed by a presentation by Maureen McCue on Warring and Warming, linking global environmental issues to the drivers and effects of militarism.

We then re-assembled into our project groups.

Day Three

Commenced with an overview and update on various proposals for Single Payer reform in the US by Laura Turiano, focusing on HR676.

We then had four presentations from different participants:

Lachlan on indigenous health

Rachel on the crisis at Cook County Hospital

Mark on migrant farmworkers' health

Lupe on farmworkers' health

These were followed by a presentation by Hani Serag, [Do health systems serve people's health?](#)

We then re-assembled into our four project groups and continued to work on our project tasks.

Day Four

Day Four commenced with a presentation by Cedric Edwards, the first US graduate of Cuba's Latin American Medical School.

Following this we had presentations by representatives of the four project groups:

[Transforming health care for underserved and excluded communities](#)

Social determinants of health

[The right to health](#)

Trade and health

We then undertook an evaluation of the IPHU experience involving completion of the questionnaires plus an informal discussion.

Finally Katie handed out certificates, congratulated each of us and we celebrated the completion of the course. [See photos](#) (search for 'iphu.atlanta')

Attachment Five. Evaluation questionnaire



Part 1. Did the course achieve its objectives?

As a consequence of attending this course:		1. Strongl y disagre e	2. Disagre e	3. Neither disagre e nor agree	4. Agre e	5. Strongl y agree
1.	I have broadened my understanding of global health					
2	I have deepened my understanding of the political economy of health, globally					
3	I have sharpened my understanding of primary health care as a policy model, including the key debates and challenges					
4	I feel better equipped to identify and critique different policy approaches to health development (including selective PHC, health sector reform, etc)					
5	I have a clearer view of the roles that activists can play in the struggle for health					
6	I have acquired new analytical frameworks, tools for engagement and skills for working with communities					
7	I feel more confident in applying a gender analysis to health problems					
8	I have a deeper appreciation of the value and principles of a rights based analysis of health problems					
9	I have broadened my own range of experience and deepened my					

	understanding through sharing with activists from different backgrounds					
10	I have deepened my understanding of the People's Charter for Health					

Part 2. Were these the appropriate objectives?

1. What were you hoping to gain from participating in this course? _____

2. How relevant were the course objectives to your activist work? _____

Part 3. Course design

Please think about the whole course in answering these questions

		1. Strongly disagree	2. Disagree	3. Neither disagree nor agree	4. Agree	5. Strongly agree
1.	The mix of lectures, plenary discussion, group work and informal learning opportunities was just about right					
2.	There were too many lectures					
3.	The project work requirements limited the topic discussion in the small groups					
4.	There should have been more plenary panel discussions					
5.	There was too much content packed into four days					
6.	There was too much theory					
7.	There should have been more opportunities for sharing of experiences among the members of the class					
8.	I felt that my own pre-existing experience, knowledge and skills were usefully drawn upon in the way the course worked					

Part 4. Improving course design

1. What were the strong aspects of course design? _____

2. What were the weak aspects of course design? _____

3. How would you improve course design for future course presentations? _____

Part 5. Please comment generally upon the following aspects of the course

1. Lectures? _____

2. Plenary discussions? _____

3. Small group work? _____

4. Reports by project groups? _____

5. Informal opportunities for learning and sharing? _____

6. Four presentations by course participants? _____

7. Other? _____

Part 6. Please comment upon the lectures specifically

1. Intro to PHM (Sarah)? _____

2. Social determinants and racial and gender relations (Makani T-N)? _____

3. Globalisation and health (David)? _____

4. PHC and the Right to Health (Laura)? _____

5. Trade and health (Lily)? _____

6. Intellectual property and access to medications (Tanya)? _____

7. Right to Water (Jeff)? _____

8. Warming and warring (Maureen)? _____

9. Health care and medical education in Cuba (Cedric)

Part 7. Please comment on logistics, organisation, management

1. Marketing, application and enrolment _____

2. Arrangements during the course _____

3. Other? _____

Part 8 Some details about you

1.	Which state/country do you come from?				
2.	Your age group				
3.	Your gender	Female		Male	
4.	Project group (please indicate)				

Part 9 Summing up

		Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1	The course was intellectually stimulating					
2.	I would not recommend this course to other health activists					
3	The pressure of time interfered with my learning					
4	Overall I really enjoyed the course					

Part 10 Last words

What did you like most about the course? _____

What did you like least? _____

What changes would you make to this kind of course in the future to improve it? _____

Any other comments? _____
