

## **People's Health Movement and International People's Health University announce:**

**IPOL (IPHU On Line): 26 April -21 June, 2012**

### **Welcome and introduction**

Welcome to the first IPHU On Line (IPOL), running from 26 April to 21 June. 2012. The IPOL program involves 7 weeks of readings, exercises and discussion. The full reading program and associated exercises are set out below in this Study Guide.

### **Purposes**

PHM has two main purposes in inviting you to participate in this IPOL:

- to assist in finalising offers for participation in the (face to face) IPHU in Capetown in June-July 2012;
- to pilot the usefulness (and logistic requirements) of a more substantive ongoing program of IPOL courses.

### ***Finalising offers for the face to face IPHU in Capetown***

We have had a huge response to our invitation to apply to participate in the face to face IPHU planned for 24 June to 4 July in Capetown. We fewer than 50 places and it is not easy to work out who will gain most from the course (and who will contribute most as health activists as a consequence of participating in the course).

So we see the IPOL as a way of getting to know you a bit better. We are hoping that you will be happy to participate in this process.

Offers of a place in the face to face IPHU in Capetown will be finalised in the week of the 20 May. The IPOL program will continue with its weekly schedule across this period and all participants are urged to continue to participate in the IPOL to the last topic (Exercise 7) and group meeting (around 16-17 June) whether or not they are invited to come to Capetown for the face to face IPHU. There will be future IPHUs in Southern Africa in the next several years and further opportunities for participation in these.

### ***Piloting the usefulness of an on line IPHU (IPOL)***

Since IPHU was launched in 2005 it has been evident that there is a huge need for this kind of health activist training. However, it is quite expensive (travel and accommodation especially) and if we were able to offer an on line option we could reach many more people. However, there are a lot of unknowns about the feasibility and efficacy of this approach. So we are asking your help in trialling it in a shortened IPOL.

### **Study program**

The IPOL comprises seven topics:

- activism
- political economy of health
- health services

- social and environmental determinants of health
- working across difference
- about PHM
- right to health

Each topic includes:

- a reading program, and
- one exercise which requires a response to be posted on our IPOL Forum.

We will be working in small groups who will communicate with each other by email and via Skype (text and voice). Each small group will have a facilitator who is part of the IPHU family. You will be advised of your fellow group members and facilitator shortly. Each small group will have their own listserv identity. Write to this address and it will go to all the members of your group.

### Skype

If you are not already a Skype user, please [download Skype](#) now and start exploring its functions. Your facilitator will email you shortly to arrange the first Skype teleconference for your group.

### Internet problems

Please let us know if you have difficulty accessing the web, email or Skype; if so we will try to make alternative arrangements.

## Study Guide

### Topic 1. Activism and the struggle for health

#### Learning objectives

- identify and analyse the kinds of skills and knowledges needed to support health activism;
- identify personal learning needs and develop appropriate learning plans
- identify learning needs of my group/s, organisation/s, networks or movements and appropriate learning plans

#### Content

Scan the [Struggle for Health](#) page on the IPHU site. Work through the reference material listed under these headings:

- theories of social change
- working in groups
- using modern computer and information technologies
- working with communities
- conscientisation and popular education
- building the movement
- practical skills in organising
- meetings and governance
- policy analysis
- political advocacy

- learning and sharing

### **Exercise 1. Social change (post exercise reminder: Fri 27 April)**

Identify an episode of social change relating to health which involved popular struggle (eg Indian RTHC, South African TAC, Cochabamba); prepare a brief description of what happened; identify the dynamics of change; discuss the theories of change which might have informed the work of the activists. Post your ideas to your group listserve; be prepared to report on your thinking in our first Skype discussion.

**Responses to be posted by Wed 2 May.**

### **Topic 2. Political economy of health**

#### **Learning objectives**

- develop the background knowledge and conceptual tools for analysing the political and economic structures and dynamics (and the local, national and global linkages) which frame the determinants of health and which frame health policy and funding directions;
- develop the analytical skills needed to apply such tools to the analysis of a particular set of health issues.

#### **Content**

The discipline of political economy seeks to locate economic analyses within their political context and seeks to understand the interplay between politics and economics. This perspective is critical for understanding the roots of various health 'wrongs' (denials of the RTH) and the stability of the regime which reproduces such 'wrongs'. It is critical for evaluating strategic options in the struggle for health.

Start your reading on globalisation on the [Political Economy of Health](#) page of the IPHU site and from there click to [Globalisation and Health](#). Find the link to the report of the [globalisation knowledge network](#) of the WHO Commission on SDH (on the IPHU globalisation page). The Globalisation Knowledge Network states that over the last 15 years there has been a net flow of wealth from the global South to the Global North.

What are the main mechanisms mediating such resource flows.

Go also to [Chapter A1 of GHW3](#). What is the picture of globalisation that emerges from this chapter?

### **Exercise 2. Trade (post exercise reminder: Fri 4 May)**

What are the main avenues, positive and negative, through which trade agreements which involve your country affect population health? Post brief notes on the group listserv.

**Responses to be posted by Wed 9 May.**

### **First Skype Discussion (around 12-13 May)**

How is the course going?

Have you had logistic problems?

What did you think of exercises:

1. Social change

## 2. Trade and health

### Topic 3. Health services and health systems

#### Learning objectives

- become more familiar with the language of health systems policy: the jargon, the theories, the principles, the cases;
- become more familiar with the main debates in health systems policy globally, including the arguments at the technical level as well as the politics of those debates;
- become more familiar with the links between global debates over health system policies and the politics of the regulation of the contemporary regime of globalisation;
- become more familiar with the principal debates regarding health policy nationally including the technical arguments and the political dynamics;
- be more skilled in policy analysis and policy development at the local, national and global levels.

#### Content

See [Health Services page](#) in IPHU Library for more extended background

Read the [Alma-Ata Declaration](#). To what extent does PHC in your country conform to the principles of PHC elaborated in the Alma-Ata Declaration.

WHO is presently promoting *universal health coverage* but this is a fairly broad slogan; what kind of universal coverage should PHM be promoting?

#### Exercise 3. Structural adjustment (post exercise reminder: Fri 11 May)

During the worst years of the debt crisis (from the early 1980s) the IMF structural reform packages caused great damage to health systems through reduced funding and supplies, frozen salaries and increasing user fees. By the late 1980s the brutality of IMF policies was widely criticised.

In the early 1990s the World Bank entered this field of health policy in support of the IMF. Rather than simply starving health systems the WB model claimed to be 'reforming' health systems; hence the rise of the slogan of 'health sector reform'.

What is the experience of your country of 'structural adjustment' and 'health sector reform'? What were the drivers of this experience? Post your notes on the listserv and be prepared for the on line discussion.

Responses to be posted by Wed 16 May.

### Topic 4. Social determinants and physical environments and health

#### Learning objectives

- identify the full range of social and environmental determinants which affect the health of the communities they are working with;
- be broadly familiar with the evidence regarding the pathways and mechanisms through which social determinants and physical environments shape the health chances of communities;

- be familiar with the political and economic dynamics, from national to global, which reproduce health damaging environments;
- be familiar with the principles of comprehensive primary health care and the dynamics and pathways through which PHC can support action on the social and environmental determinants of health;
- be familiar with the broad range of strategies which may be used to address the social and environmental determinants of health;
- be skilled in planning campaigns and other initiatives which will help to address the social and environmental determinants of health;
- broad familiarity with 'other social movements' which are working on environmental issues and issues which are also social determinants of health;
- awareness of the opportunities for collaborative projects and campaigns involving the people's health movement and the other social movements, at local, national and global levels.

## Content

A good place to start is the [WHO Commission on Social Determinants of Health](#). There is a lot to read including the [Final Report](#) and the reports of the various [Knowledge Networks](#) and the report of the Civil Society Consultation.

See [SDH page on IPHU site](#) and also the [SDH page on WHO Watch](#) site

See [Environment and Health](#) page for broad overview of environmental issues

### Exercise 4. Primary health care (post exercise reminder: Fri 18 May)

What is the role of primary health care practitioners (and agencies) in promoting health through action on environmental and social determinants of health? Can you bring forward examples from your experience?

Post your notes on the IPHU Forum and be prepared to comment in our online discussion.

Exercise responses to be posted by Wed 23 May.

### Second Skype Discussion (around 26-27 May)

How is the course going?

Have you had logistic problems?

What did you think of exercises:

3. Structural adjustment and health sector reform

4. Primary health care

## Topic 5. Working across difference

### Learning objectives

- a broadened range of conceptual frameworks for thinking about identity and difference in social relations and in particular in relation to the determination of people's health chances and the directions of social change and norms of organisational practice;

- a clear understanding of the mutually reinforcing links between ideology, institutional structures and interpersonal practice in maintaining inequality across various axes of difference (gender, race, class, caste, etc) and the implications of this conceptual framework for developing strategy and practice;
- a heightened reflexivity regarding their own assumptions, attitudes and practices in relation to 'others' who are 'different'; likewise a heightened reflexivity regarding the culture and norms of the organisations of which they are part;
- a broadened range of strategic options for organising at the local, national and global level to address the health consequences of unequal relations across gender, class, race, caste etc.

## Content

See [Working across Difference](#) in IPHU Library

See in particular the 'Discussion Questions about Activist Practice'

## Exercise 5. Patriarchy (post exercise reminder: Fri 25 May)

How does patriarchy shape maternal health?

Post your comments and prepare for online discussion

Responses to be posted by Wed 30 May.

## Topic 6. About PHM, IPHU, GHW

### Learning objectives

- understand the activist orientation which defines PHM and IPHU
- be familiar with the PCH, including not just the commitments but the underlying logic and assumptions
- be familiar with the content of GHW

## Content

PHM ([www.phmovement.org](http://www.phmovement.org)) is made up of 'country circles' and a number of global networks. Between PHAs it is governed by the Global Steering Council.

The People's Charter for Health

(<http://www.phmovement.org/en/resources/charters/peopleshealth>) is the foundational document of PHM. It was developed before and during the first People's Health Assembly and adopted in the final session of the Assembly. The Charter reflects the broad commitment which holds PHM together.

IPHU is a training program for activists; for people who are committed to activism for 'health for all' ([www.iphu.org](http://www.iphu.org)).

GHW is 'the alternative World Health Report'. GHW3 is now posted as pdf for downloading (<http://www.ghwatch.org/ghw3>).

Browse through the PHM website ([www.phmovement.org](http://www.phmovement.org)), in particular, browse through:

- the first and second People's Health Assemblies;
- the country circles; and
- the news and analysis department.

## **Exercise 6. The Charter (post exercise reminder: Fri 1 June)**

Read the Charter. Take the Quiz (<http://www.iphu.org/iphu/files/phcquiz.html>). How do you think we should use the Charter in building PHM? Are there important issues missing from the Charter? Are there statements in the Charter that you feel need to be modified or strengthened? What? Why? Post brief notes on the listserv and be prepared to comment in our online discussion.

**Responses to be posted by Wed 6 June.**

## **Topic 7. The Right to Health**

### **Learning objectives**

- be more familiar with existing international covenants that give legal force to the right to health;
- understand more deeply the basic principles of the human rights approach to the struggle for health;
- be more familiar with case studies where the rights approach has been used successfully
- be more confident in analysing health issues in terms of the rights framework and in developing strategies for ensuring the realisation of the right to health;
- be more familiar with the PHM RTH campaign and the experience of RTH struggles in different countries.

### **Content**

See [RTH page](#) on IPHU Library site. Read key documents linked from here.

## **Exercise 7. The right to health (post exercise reminder: Fri 8 June)**

Read General Comment 14 which is the main official document explaining the Right to Health. See also the webpage of the Special Rapporteur on the Right to Health. Read about the Indian RTH Campaign and PHM South Africa RTH Campaign.

What is the legal status of the RTH in your country? Is it in the constitution (explicitly or by implication)? Which HR treaties has your country ratified? What are the most pressing health problems in your country where a rights-based approach might be effective? How would you develop such a campaign? Have there been such campaigns? What were the lessons?

Post brief notes on the listserv and prepare for on line discussion

**Responses to be posted by Wed 13 June.**

## **Third Skype Discussion (around 16-17 June)**

How is the course going?

Have you had logistic problems?

What did you think of exercises:

6. The People's Charter for Health

7. The right to health

Final feedback on IPOL Program