

**IPHU COURSE, LONDON  
30<sup>TH</sup> MARCH – 4<sup>TH</sup> APRIL**

**FACILITATORS NOTES: FINAL 27th March**

**OVERVIEW AND PURPOSE:**

**Participants:**

Anticipated no: 25

**Venue:**

Development House

**Overall objectives:**

- To heighten awareness of the importance of developmental approach to health that focuses on social determinants, equity, social justice and the right to health
- To provide information on key documents and strategies, eg GHW 2, CSDH report, People's Health Charter,
- To raise awareness of the need for a long term commitment for change
- To facilitate networks for ongoing action, of people in the room, of key organisations and networks, eg PHM, and through literature and case studies.
- To sharpen people's skills to shift from theory to action
- To build on the experience, knowledge and skills of the participants

**Desired outcome**

A group of informed, enthusiastic and committed health activists, equipped with appropriate skills, ready to continue and develop the work in their own contexts.

**Approach**

Each day will have a specific theme. These together will provide a comprehensive overview of what is needed for developmental approach to health. Within each theme (ie, each day) there will be:

- a) a participatory activity where participants explore the issues relating to that theme – ie, building on their own experience and expertise
- b) a knowledge component, where an 'expert' speaker provides an input, followed by discussion. (DVDs or other media could be used if appropriate).
- c) a skills section, where specific skills relating to the day's theme are practiced
- d) a brief case study (5 minute 'shout'), building on the experience of participants, and/or included in the knowledge section. This will give participants an opportunity to tell others what they are doing, and to facilitate networking where shared interests.
- e) a practical exercise. This will be an ongoing group activity running all week. Small groups will develop an action plan on an issue they selected on the first day, to present to the rest of the participants on the final day.
- f) each day, after the first one, there will be a short feedback session from a group of selected participants (Eyes and ears team) who will inform about what worked and what didn't the day before).

**Additional optional evening sessions**

- 1) Presentation by Gill Walt, Tues pm
- 2) Informal gathering with Ravi Narayan and others, Friday pm

## PROGRAMME

### DAY ONE: THEME: WHAT IS HEALTH? A DEVELOPMENTAL APPROACH

#### **9.00 INTRODUCTIONS, EXPECTATIONS**

*Margaret Reeves, Medact,  
Andrew Chetley, HealthLink*

##### **Introduction**

Course members and facilitators introduce themselves.  
Expectations noted. Link with PHM stressed.

**9.30 – 10.40**

#### **PARTICIPATORY ACTIVITY**

*Ruth Stern, Medact, School of Public Health, University of Western Cape,  
South Africa*

**A Living Sculpture exercise**, where participants are given the topic and told to develop the story by positioning themselves as key players. Topic: teenage pregnancy

Followed by discussion:

- on potential solutions, including short and long terms solutions,
- who should take responsibility
- what skills would be required
- what would the differences be if the context was different, eg, a UK scenario rather than a developing country scenario

The purpose of this exercise is:

- A group activity to get people to know each other, ie, as an ice breaker
- For them to set the agenda for the rest of the week by raising the issues and required skills.

**10.40 TEA BREAK**

**11.00 – 12.00 THEORETICAL INPUT**

*Dave McCoy UCL*

##### **Neoliberalism, development and health**

Frame a discussion based on the topic of 'how does neoliberalism' affect negatively on development and health – this will be used to describe the nature and different kinds of political and ideological obstacles to equitable health. I then want to sketch

out the range of actions and locations that embrace health activism. Describing the different ways in which activists operate and the different levels – from local to global.

## **12.00 – 1.00 THEORETICAL INPUT**

**Paul Hunt, University of Essex,  
Professor in law, and member of the Human Rights Centre, at the University of Essex; former UN Special Rapporteur on the right to the highest attainable standard of health, 2002 - 2008**

**The right to the highest attainable standard of health: what does it mean and how can it help?**

Informal discussion, using the three readings from the reading list.

## **1.00 LUNCH**

### **1.45 SKILLS SESSION**

**What's the issue? Who wants to know? Who are allies?**

This is an open space where participants will have an opportunity to share concerns, experience, ideas and issues. In a participatory process, we will negotiate how to identify a set of issues that small groups would like to develop further through the week. Participants can share their passion for a particular issue, learn about other people's concerns, see who is interested in working together, and begin to build a small team to explore a few key issues further. Along the way, we'll look at what worked in terms of persuasion, communication, advocacy and negotiation to get to some agreed choices. Some of these skills will be further supported through the rest of the week.

### **3.45: TEA**

### **4.00: PRACTICAL ACTIVITY:**

**Facilitators: Andy, Margaret, Ruth, Dave**

Small group activity. Selecting an issue. Discussion on how the issues will be taken forward for the rest of the week, building on issues raised during the day.

### **5.00 CLOSE**

## DAY TWO. THEME: HEALTH SYSTEMS

### **9.0 PARTICIPANT FEEDBACK**

Eyes and ears of the team: what worked and what didn't the day before

#### **9.05 - 10.25 PARTICIPATORY ACTIVITY:**

*Peter Poore, MEDACT, Liverpool Associates for Tropical Health and Evidence for Development.*

#### **'What is Health? What is a Health System? And what is it for?**

The session will look at: What is 'health'; what is a health care system; user involvement; problems experience by providers of health services, facilities, how data is collected, and what is a health system for. Examples from different countries will be used.

#### **10.25 TEA**

#### **10.45 - 11.45 THEORETICAL INPUT**

*John Lister London Health Emergency*

#### **Health systems in the UK: NHS: threats, incl privatisation**

A brief outline and critical discussion of the far-reaching changes in the National Health Service, most especially in England, in the last 10 years. This will lead in to a discussion of the policy initiatives, and the various assumptions and ideologies underpinning the drive from a centrally-planned, publicly provided service towards a competitive health "market" involving private, non-profit and public providers. The contrasting policies in Wales, Scotland and Northern Ireland will also be highlighted in a further discussion on democracy and accountability."

#### **11.45 - 12.45 THEORETICAL INPUT**

*Tony Klouda, consultant*

*focusing primarily on making health systems and projects relevant to social realities.*

#### **Current problems facing health systems in countries using external aid.**

To cover:

The topics are grouped as follows:

- The difficulty of relating to Social Determinants of Health;
- Population health versus the health of individuals or minorities
- DALYs and chronic conditions;

- The difficulty of working with NGOs, bilateral, Faith-based and other aid organisations;
- The difficulty of working in partnership with other sectors, institutions and organisations;

### **12.45 – 1.30 LUNCH**

#### **1.30 CASE STUDIES**

Brief examples from participants (Participants will be invited to give advance notice of the intention of presenting a case study. Suggest 5 mins each, so that discussions can be picked up over tea break)

#### **1.40 ANALYTICAL SKILLS**

*David Musenda, HealthLink*

##### **Participatory approaches**

How are decisions made about health systems, what questions are asked to determine priorities. How to get things on an agenda. Community needs assessment – its value and how to do it. What are some tools that could be used? (Rural Health Watch, Community Scorecards, Revenue tracking)

### **3.45 TEA BREAK**

#### **4.00 – 4.30 PRACTICAL SESSION**

Small group activity. Looking at issue decided on during day one. Identifying appropriate health systems for issue, assessment processes etc to influence its development to include developing a needs assessment (an 'evidence' base), planning a health system related to that issue

*Facilitators: presenters from the day plus members of the IPHU course planning team*

#### **4.30 PREPARATION FOR SITE VISIT ON DAY 3 :**

Discussion on what questions to ask on the site visit (follows on from skills discussion re analytical skills).

*Facilitator: Andrew Chetley, HealthLink*

### **5.00 CLOSE**

#### **6.00 – 7.30 EVENING LECTURE:**

**'Is health system strengthening the new PHC?'**

**Presenter: Gill Walt**  
(see separate info)

**DAY 3: THEME: SOCIAL DETERMINANTS OF HEALTH**

**9.00 PARTICIPATORY ACTIVITIY**

**SITE VISITS**

**1. Praxis**

Praxis is a busy centre in East London visited by over 10,000 people each year. It provides a wealth of advice and support services to migrants and refugees from all over the world, as well as a welcoming meeting place for displaced communities."

Contact: Bethan Lant, [Bethan@praxis.org.uk](mailto:Bethan@praxis.org.uk)  
<http://www.praxis.org.uk/index.php>

**2. Providence Row:**

Providence Row is a charity working to provide support and hope to homeless people in Tower Hamlets and the City of London. We are located off Brick Lane, in the east end of London, one of the UK's poorest and yet most populated areas.

Contact : Keith Armitage, [Karmitage@providencerow.org.uk](mailto:Karmitage@providencerow.org.uk)  
<http://www.providencerow.org.uk/>

**3. Health Unlimited:**

Health Unlimited works with some of the poorest and most marginalised communities in Africa, Asia and Latin America, often in very difficult environments. They work to enable these communities to achieve both immediate and long-term improvements to their health, promoting this as one of their fundamental human rights. At the same time we campaign for the changes in policies and practices needed to create and sustain good health among the world's poorest people.

Contacts: Martin Drewry, [m.drewry@healthunlimited.org](mailto:m.drewry@healthunlimited.org);

Lisa O'Shea: [l.oshea@healthunlimited.org](mailto:l.oshea@healthunlimited.org)

<http://www.healthunlimited.org> (but see Strategic Plan – available on the course)

**4. Camden Primary Care Trust (PCT)**

Camden PCT is responsible for all primary and community healthcare services for the London Borough of Camden. Primary care consists of pharmacists, dentists, opticians and family doctors. Community care includes services such as health visiting and district nursing. Camden is a very diverse borough. The PCT is committed to developing the wider equality & human rights agenda in their work.

Contact: John Zavuga, [john.zavuga@Camdenpct.nhs.uk](mailto:john.zavuga@Camdenpct.nhs.uk)  
<http://www.camdenpct.nhs.uk>

## **12.0 – 1.00 FEEDBACK FROM SITE VISITS**

### **1.0 – 1.45 LUNCH**

#### **1.45 – 1.55 CASE STUDIES**

Brief examples from participants (Participants will be invited to give advance notice of the intention of presenting a case study. Suggest 5 mins each, so that discussions can be picked up over tea break)

### **1.45 – 3.45 (OR 1.55 – 3.55) COMBINED THEORETICAL INPUT AND SKILLS**

**Alex Scott-Samuel, Liverpool University**

**Health impact assessment: towards public policy as if people mattered**  
Theoretical and practical session, using the Rapid HIA Workshop Tool

### **3.45 – 4.00 (OR 3.55 – 4.10) TEA BREAK**

#### **4.00 (4.10) PRACTICAL SESSION**

Small group activity, looking at how to tackle social determinants of their health issue, drawing on lessons from morning visit and HIA

**Facilitators: presenters from the day plus members of the IPHU course planning team**

### **5.00 CLOSE**

## **DAY 4 am: THEME: ENVIRONMENT/CLIMATE CHANGE**

### **9.0 PARTICIPANT FEEDBACK**

Eyes and ears of the team: what worked and what didn't the day before

#### **9.05 – 10.00 THEORETICAL INPUT**

Presentation on climate change and implications for health

**Facilitator: Tord Kjellstrom**

#### **10.00 – 11.00 PARTICIPATORY ACTIVITY**

The end of the world, sitting on the fence, government and individual action: what works in terms of presentation of information. Various articles / information about

activities / printouts are given to the participants. After reading these individually, they will work in groups to identify the strengths and weaknesses of each: are they likely to move the debate forward, who would they influence, would they have an effect on policy, who are they aimed at, would they be useful for PHM advocacy?

**Facilitator: Marion Birch, Sabine Gabrysch**

### **11.10 TEA BREAK**

### **11.30 – 11.40 PRESENTATION**

A case study presentation from the Karuna Trust, Bangalore, India

Probably: "Public Private Partnership in Primary health care and Good Governance in Health Care"

**Presenter: Dr H. Sudarshan**

### **12.30 – 1.15 LUNCH**

## **DAY 4 pm: THEME: CONFLICT**

### **1.15 CASE STUDIES**

Brief examples from participants (Participants will be invited to give advance notice of the intention of presenting a case study. Suggest 5 mins each, so that discussions can be picked up over tea break)

### **1.30 - 3.45**

### **THEORETICAL INPUT**

**Presenters: Marion Birch, Judith Cook, Salam Ismail**

#### **Conflict and Health, Humanitarian Assistance'**

Collecting good evidence in conflict – war, violence within countries.

### **SKILLS SESSION**

**Presenters: Marion Birch, Judith Cook, Salam Ismail**

#### **Dilemmas in humanitarian action: examples from the field – what would you do?'**

Working in situations of conflict. What is appropriate action? Who do you work with/identify with? Risks involved. Negotiation skills – how to develop dialogue.



### **3.45 TEA BREAK**

### **4.00 - 5.00 PRACTICAL SESSION**

Small group activity. Incorporate environmental/conflict issues into group task.

*Facilitators: members of the IPHU course planning team to circulate and support participants, plus facilitator from skills session.*

## **DAY 5 THEME: HEALTH AS A DEVELOPMENT ISSUE, SOCIAL MOBILISATION**

### **9.00 PARTICIPANT FEEDBACK**

Eyes and ears of the team: what worked and what didn't the day before

### **9.05 – 10.30 PARTICIPATORY ACTIVITY**

*Facilitator: Mike Rowson, UCL*

**What have you learned? What has challenged you? What next?**

Group discussions. This comes back full circle to day one. Health is political, it is influenced by globalisation, it is 'top down'. What can be done to counter these influences? What influences do donors have, and how can this be challenged? What is the role of civil society?

### **10.30 TEA BREAK**

(Incorporated into the session, as appropriate)

### **10.45 – 12.45 SKILLS**

*Facilitator: Rhona MacDonald, The Lancet*

**How to make your voice heard and get your message across: some tips for success**

What makes some campaigns more successful than others? What is the difference between advocacy and campaigning? This session will take a very practical look at what works in campaigning and advocacy and what is the most useful way you get your message across.

### **12.45-1.30 LUNCH**

### **1.30 – 1.40 CASE STUDIES**

Brief examples from participants

### **1.45 – 3.45 COMBINED THEORETICAL INPUT AND SKILLS**

*Ravi Narayan, PHM India*

Globalization of Health Solidarity from Below : **Understanding the PHM as Civil Society Mobilization towards the Right to Health"**

The challenges of globalization to health and health care in the late 90's and present PHM action and initiatives at Global and some national levels as an example of a countervailing movement/campaign to tackle these distortions and policy challenges so that Health For All can become reality some day. My presentation will be part theoretical (in the sense that I shall draw upon current literature describing PHM and related initiatives /social movements in different ways but the focus will also be on action not just analysis - mentioning PHM case studies from many parts of the world. I have requested Brenden to share from his on going doctoral thesis on PHM India and Prasanna to share from his participation on the patents campaigns in India to liven up the presentations.

### **3.45 TEA BREAK**

### **4.00 – 5.00 PRACTICAL SESSION**

Addition of issues and practical skills looked at during the day. Completion of group proposal, ready to be presented on final day.

*Facilitators: members of the IPHU course planning team to circulate and support participants, plus facilitator from skills session.*

### **EVENING:**

Informal evening and dinner with Ravi and others.

## **DAY 6: GROUP FEEDBACK AND EVALUATION**

### **PARTICIPATORY ACTIVITY**

**9.00 –9.30**

**Finalising of group presentations.**

**9.30 – 10.30**

Group feedback on proposals developed throughout the week.

Discussion on issues raised

**Facilitator: Ravi or Andy**

**Proposed audience: Members of IPHU steering committee and facilitators**

**10.30 TEA BREAK**

**10.50 COURSE EVALUATION**

Feedback, checking expectations

**11.30 WHERE TO FROM HERE? (FOR DISCUSSION)**

Discussion on what participants will do next, and the support they need – building on the CSDH recognition of a generation for change, so in recognition that short fixes are not useful.

**Andy**

**Finale – consolidation, etc.**

**Margaret**

**1.00 CLOSE**