

IPHU SHORT COURSE – GK, SAVAR
REPORT OF THE DAY – 1st DAY, 12/11/2007

KEY MESSAGES OF THE DAY

1. INITIAL PRESENTATION:

- PHM sees the fact of hundreds of thousands of preventable deaths each day as a political issue and is concerned about constructing a strong sense of solidarity across the world.
- The short course may be a space for sharing and exchanging and for organizing plans and ideas to work for PHM objectives.

2. INTRODUCTIONS (34 participants, 13 countries):

- Introducing ourselves and sharing our expectations about the course
- Starting to build relationships and make friends
- Most common hopes shared: understanding PHM processes, learning from each other, learn more about equity in health, politics and health, and global policy advocacy, amongst others.



3. HOUSEKEEPING:

- We have times for meals and we should respect them.
- 8:30 = 8:30
- Computers and internet available at GK; exploring PHM site recommended for those who haven't done it yet.

4. PROGRAM:

- Program can change according to the group's (participants and facilitators) feelings.
- A class committee will be formed at the end of the day with members of all the working groups.

5. GROUND RULES:

- Listening and contributing
- Encouraging others to participate
- Speaking loud and slowly and asking for clarifications.

6. COMPUTERS AND INFORMATION TECHNOLOGY:

- The most important is that we know how to use computers and IT tools to strengthen communication and build networks, so that PHM national circles can be coordinated and there is a step forward towards global solidarity.
- Some examples (South Africa, USA) have demonstrated that communication and information can hold people together for mass mobilisation.



- Open-source software is an alternative that should be encouraged along the way, because it's not linked to any private company, meaning there are fewer barriers for people's access.
- Some volunteers in the group are willing to share their IT experience with others who are not so familiar with it.

7. GROUP WORKS AND COUNTRY GROUPS:

- The purpose of groupwork is to build relationships, make friends, learn with others and plan skills together.
- Project groups should prioritise project possibilities and focus on strategic planning towards change.
- Project groups were divided in 3 main topics:
 - o Right to Health Campaign
 - o Social determinants of health
 - o Globalisation and health inequities
- Country groups should work on project planning and local/regional PHM development. Groups were divided as:
 - o Bangladesh
 - o India
 - o Southeast Asia
 - o South America
 - o Africa
 - o Europe
 - o Middle East

8. THE STORY OF GK (by Qasem Chowdhury):

- Since 1972, GK has been developing a primary health care model, now with projects in 15 locations in Bangladesh, with the final objective that it could be implemented in the whole country by the government.

- Is an example of solid non-governmental initiative, the pioneer one in Bangladesh, that functions intersectorally, since it has integrated actions in education, income generation, research, women's empowerment, and environment.
- Paramedics (trained students) make the link between communities and medical services.
- GK was one of the 8 organizations that initiated PHM, being a fundamental contribution to its foundation.
- GK made 2 main recommendations for national health policy in Bangladesh: banning of doctors who were doing private practice in the public sector, and decentralization of health care, to strengthen local governments.
- The great challenge for GK is that this model be adopted nationally by the government. Since it has been run on a parallel basis for 35 years, it is possible that



the increasing expansion and strengthening of the NGO could weaken national political commitment. How to deal with this? How to stimulate government commitment?

- Another challenge of GK as an education project is to integrate people's knowledge into modern knowledge, and that its medical studies be community-based.

9. GROUPWORK AND REPORT:

- Groups worked on their topics for about an hour, and then reported to the big group:
 - o Right to health campaign:
 - Discussed the existing model in India
 - How such a campaign should be
 - Each country's experience
 - o Globalisation and health inequities
 - Discussed each one's understanding of globalisation
 - Ideas for PHM action concerning trade and health (PHM country circles lobbying); PHM Australia (website).
 - Each country's experience with the brain drain problem



- Each country's experience in pharmaceuticals
- Engagement of PHM in development assistance
- For the next meeting, 3 subgroups will work on sketch plans: Intellectual Property, Brain Drain, and Development Assistance.
- Social Determinants
 - One group will plan a campaign focusing on 3 things: nutrition factors, community education, and food distribution.
 - The second group will work on the WHO Report on Social Determinants of Health, and rebuild the framework for action from the macro-level to the micro-level.

10. PANEL DISCUSSION:

- The difficult question was: "Living out what we talk. How do people in PHM personally factor in climate change and fossil fuel use. PHM flies. How do we reconcile need to meet and network with Peak Oil and Global Warming?"
- PHM needs to balance and move on with small steps. More videoconferencing could be used, but some presentational meetings are very important. Maybe PHM could develop a guideline to classify which flights;trips could be avoidable. In general, travelling by land and meetings in the continents should be encouraged.
- People need to take action in their personal lives.

11. POINTS – FEEDBACK OF THE DAY:

- Different levels of understanding in the group.
- Tight program (short schedule).
- Content and methodology was good.
- Suggestion of starting the discussion by the basic concepts, such as globalisation, social determinants, etc.
- Suggestion: participants from Bangladesh could have an orientation on PHM with Bangladesh leaders of PHM.

SO, there is a lot to be done. IPHU needs initiative, action and people who are ready to help PHM move forward. Changes don't come by themselves. There are always agents in the process of transformation.

Report by: Camila from Brazil, Tej Ram Jat & Premdas from India