

Day 5 Report: Friday November 16, 2007

Day's programme:

7:00 a.m- 8:00a.m	Breakfast
8:30a.m- 10:30 a.m	Social determinants to health
10:30- 11:00	Break
11:00-1:00p.m	Country groups
1:00p.m- 2:00p.m	Lunch
2:00- 3:30	Right to Health
3:30-4:00	Break
4:00- 4:30	Right to Health
4:30- 6:00	Panel Discussion

Social Determinants to Health:

This session was facilitated by Dr. Hani Serag, PHM Global coordinator, in which participants identified social determinants to health as; Gender (marginalization of women), Health systems, corruption, conflict (war), work, Transport, among others.

After a short discussion on strategies to address these determinants, participants were requested to form groups in which they would **identify strategies through which the social determinants of health should be addressed.**



Some of the strategies that the groups came up with included;

- Community mobilization and creation of discussion forums.
- Information provision and arguments and identify the right information and areas of action
- Girl/female/women education
- Working with communities where there is social exclusion (viet nam)
- Inter-sectoral collaboration
- Food security

Participants were asked to look at ways in which they could actively participate in the collection of evidence, monitor the initiative and see where it is going. They were told that the strategies should be a process of mobilization.

Participants were asked to read two reports:

- ii. Knowledge on Globalization
- iii. Report on social determinants of health

Farewell to Prem John:

Prem John was bade farewell after he informed participants that he could no longer stay with the group because had other equally important commitments that he had to attend to. He thanked participants for the sharing and asked each participant to contribute, by writing an article, to the next issue of the PHM news brief.

Country Groups:

These groups met to continue discussing their project ideas for either starting or strengthening PHM within their respective countries. These groups were South Asia, Africa, India, Bangladesh and European countries. (Iranian participants joined to the Africa group)

Right to Health:

This session was facilitated by Laura who pointed out that the social determinants of health are inter-related and interdependent.

She noted that services for attaining the Right to Health must be accessible, affordable, acceptable (considering traditions) and must ensure quality.

The facilitator told participants about a special rapporteur on the Right to Health at the United Nations Human Rights Commission (UNHRC), whose roles include; gathering information of right to Health, Dialogue, among others.

A website where all his reports are written is available (**google: paul hunt**)

The Right to Health is a long term campaign and the accountability mechanisms in place are not well developed. These areas of accountability include; Human rights specific accountability, judicial accountability e.g. bill of rights, Administrative accountability,

The advantages of using the approach include among others; its simplicity and easily understandable concept, it focuses on functional outcomes of a policy.

It should be noted however, that different countries require different moves of activism.

Panel Discussion:

The discussion was highly interactive and the topics for debate were:

1. "MDGs" what is good and what is bad?
2. "Role of traditional health care"
3. "right to health mobilization" (visit the right to health campaign website for details)