

NEW STRUCTURE OF PHA FORMED AT INTERNATIONAL MEETING IN SAVAR, DHAKA

A PHA International Meeting was held from 27 to 30 October 2001, at Gonoshasthya Kendra in Savar, Dhaka. Ms Pam Zinkin, Maria Zuniga, Andy Rutherford, Andrew Chetley, Dr Zafrullah Chowdhury, Amitava Guha of the PHA International Group, and Dr Qasem Chowdhury and M Farhad Hossain from PHA Secretariat were present at the meeting.

The meeting agreed plan to enable the development and strengthening of the People's Health Movement (PHM). The participants present at the follow-up meeting believe that it will provide the foundation for the People's Health Movement. By 2005 the People's Charter for Health should be 'on the table' and it and related documents, which share positive people-centered practice should be seen as credible alternatives. The movement is recognized as the People's Health Movement as opposed to the People's Health Assembly. The People's Charter for Health should be a guiding document both for the People's Health Movement, for a growing number of national governments (not just Ministries of Health) and parts of the UN institutions, i.e., the WHO, UNICEF, UNFPA, UNDP, etc.

The meeting has proposed new structures of the PHA for a People's Health Movement. The new structures will be built upon some principles to carry forward the movement. The first principle is to develop a feeling of belonging to a movement for change. Secondly, people and organisations will be enabled with different and diverse backgrounds to be part of the PHM, where a pro-people orientation remains fundamental. This will sometimes require positive action, i.e., for people with disabilities.

The new structures will be transparent, democratic and open, and representative of South/North, genders, ethnicity/race, Emailing and without access to email, different languages as possible, and ages/generations - especially young and older people. Diversity will be celebrated. Women's access to health needs to be challenged and changed. The PHM places importance on membership organizations, networks and movements with democratic decision making processes - this is key.

The **Circles** are the foundation of the new PHM structures. Circles are created and made up of people who are representatives and activists from organizations and are people committed to working on the issue or activity that is the focus of the circle. Circles will intersect and when formed will elect a link person(s) to link to other appropriate circles.

Circles are envisaged at different **geographical** levels and for different areas of work – **Working Circles**. **Geographical Circles** are envisaged at a minimum of three levels: National People's Health Movement Circles, Regional People's Health Movement Circles, and International People's Health Movement Circles. Different areas of work can generate different **Working Circles**. These are also envisaged to exist at the three geographical levels when appropriate. Some may first be established at the international level. As activity and interest is developed then connected regional and or national circles might be developed. **Linking of Circles** have been also envisaged. One of the most important parts of the structure is the way in which circles link together. Elected members of each circle will be the link person to other appropriate circles. This could be between two different working circles or between a working and geographical circle. The linking has many roles and responsibilities. The links can also enable us to join and co-operate with other movements and networks.



Coordinating Group of the PHA: Asian Community Health Action Network (ACHAN); Consumers International (CI); Dag Hammarskjold Foundation (DHF); Gonoshasthaya Kendra (GK); Health Action International (HAI); International People's Health Council (IPHC); Third World Network (TWN); Women's Global Network for Reproductive Rights (WGNRR)



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The world has been divided into several Geographical Regions. The initial regions are based on areas where the People's Health Movement has some strength with two exceptions. These are West Africa and China, where we plan to have some strength in due course. The initial regions proposed are: India; South Asia, not including India; South-East and East Asia, not including China; China; Pacific, Australia and New Zealand; Middle East and North Africa; West Africa; East and Central Africa; Southern Africa; Europe; South America; Central America including Mexico and the Caribbean; and North America.

Perfect regionalization of the world will be completed through discussion, consultation and evolution. A regionalization will be evolved, which reflects, what each region feels is a viable and a positive contribution to the People's Health Movement. National Circles would need to decide on what is the most suitable and appropriate for them.

National circles would elect link person(s) with a Regional People's Health Movement Circle. One elected representative from each of these Regional People's Health Movement Circles will be a representative for the International People's Health Movement Circle.

The International People's Health Movement Circle will be the reference body for the Secretariat. It is also proposed that the coordinator or facilitator of the Secretariat for the International People's Health Movement will be representative on the International People's Health Movement Circle. This will mean that initially the International People's Health Movement Circle has a minimum of fourteen members. It will be the right of the International People's Health Movement Circle to increase this if appropriate. Statutes and ways of working would be agreed for the International People's Health Movement Circle. It may be desirable for the International People's Health Circle to elect a smaller group who would be a reference group for the secretariat on certain agreed issues.

Working Circles will be formed to enable the development and strengthening of the PHM. Working Circles could be developed for activities that are key to the development and strengthening of the People's Health Movement itself. These will begin as International Working Circles. Initially these are proposed to be a minimum of people-centered communication; publications; communication for advocacy; Charter – popularizing, translating and promoting; representation – developing PHM positions and agreeing meeting attendance etc.; resources, funding and budget; developing and updating the website; network liaison development; and relationship

with and lobbying the WHO.

Working circles could also be developed for specific areas of policy and lobbying work. Some of these might be of a short duration and related to an activity others may be ongoing. This is an open-ended list. If there is the commitment and energy to establish and contribute, these might initially include: Health and Militarization; Trafficking of Women; Violence against Women; Privatization; PRSPs and Health; GATS and Health; Women's access to health; Rational drugs; Macro-economics and Health; Good examples of people-centered approaches to Primary Health Care; Medical Education and Health/Health Human Power Education; and Indigenous People and Health rights. Many Working Circles might be first established at the International level. In some regions for some working circles, regional circles may be appropriate and desirable. For some working circles, national circles may be appropriate and desirable. Each level of working circle will need a focal link person/organization as outlined above. The working circle will elect this person/organization. It is desirable for this role to rotate at a frequency agreed by the circle. Specific attention will be given to the ways that the circles work and interact and outlining the principles they can work with in more detail. Specific work and even a dedicated circle - a 'Ways of Working Circle', is likely to be need for this.

The process of establishing National PHM Circles is different in each country. It is proposed that National groups initiate National PHM Circles between **December 2001 and the end of March 2002**. The National PHM Circles that are initiated by then the Secretariat will work with National groups to initiate Regional PHM Circles between **April 2002 and the end of August 2002**. Some Regional PHM Circles will be able to be initiated before this period. It is planned for the first International PHM Circle meeting to take place by the end of **October 2002** at the latest.

It is proposed that there is a Secretariat for the International People's Health Movement. The Secretariat will play an important role in catalysing and facilitating the different circles and their inter-relationships. The Secretariat is likely to rotate after an agreed period if this was felt to be desirable and feasible. It is expected that the Secretariat will move every few years. It would not be permanently in one place. The role and functions of the Secretariat would need to be agreed.

Post-PHA Activities

ASIA

Bangladesh: Recently a roundtable conference on 'Poverty Reduction and Health: National Budget 2001-2002' in PRSP perspectives was organized by DORP, a member of the PHA Bangladesh Chapter. Dr Zafrullah Chowdhury, Dr Qasem Chowdhury and Dr Morshed Chowdhury of the PHA Movement took part in the conference. DORP plans to organize health movement at the grassroots level in the light of the 'People's Charter for Health'.

India: The PHA National Coordination Committee/Working group of India was held in Chennai in December 2001. Network representatives and state level coordinators met there. Dr. Qasem Chowdhury, Coordinator, People's Health Movement Secretariat attended the meeting. He and Dr. Ravi Narayan presented the new structure of People's Health Movement to the participants. The objective of the meeting was to take stock of all the organizational issues and technical initiatives that have evolved in the country since the last meeting in Mumbai in September 2001. *Jan Swasthya Abhiyan* (JSA) released a critique of the Draft National Health Policy in the light of the People's Charter for Health through press release in different states of India.

Sri Lanka: The National PHA was held in Sri Lanka enthusiastically at the Community Education Centre in Malabe on 1st September 2001. Nearly 400 health activists of 31 organizations gathered at the Assembly from various parts of the country. Mr Paul Perera of the Community Education Center chaired the Assembly. He warmly welcomed all the participants and read out messages received from the foreign organizations. Then Mr Sirimal Peiris from the Alternate Community Health Action presented the 'History of the People's Health Assembly'. Dr Balasubramaniam, a PHA activist, from Consumer International (CI) was also invited at the national PHA event, presented the keynote address there. Several speakers from different types of professions presented papers. At the end of the Sri Lanka National PHA, the participants approved the People's Charter for Health. They vowed to carry on this campaign facing any challenges and difficulties that come their way with commitment and dedication to the cause of people's health.

EUROPE

Italy: A meeting on the PHA was held in Assisi, Italy, from 2 to 4 November 2001. AIFO, an Italian NGO organized the meeting where more than 500 persons from all parts of Italy participated. There were representatives from AIFO-supported projects and partners from 19 countries of the world.

The theme of the meeting was 'PHA and the Charter'. The Charter was printed in Italian and distributed among the participants. Almost all the 500 participants signed the PHA declaration form to affirm their willingness to support the PHA Movement. The speakers included Dr Halfdan Mahler and Dr Mira Shiva of the PHA Movement. A representative of the Italian Foreign Ministry was also present there. National and local TV and radios covered the meeting with interviews of different speakers. Moreover, since the AIFO conference in Assisi, 600 declarations have been signed and the signatories include doctors, pharmacists, biologists, nurses and other individuals. The Italian version of 'The People's Charter for Health' has been published in book form with print-run of 5,000 copies. So far, about 2,000 copies of the Charter have been already distributed. The Charter was also published in the AIFO monthly magazine in Italian language with a print-run of 35,000 copies, which were disseminated to all the AIFO supporters. The AIFO calendar for the year 2002 on the PHA Charter is being printed in Italy, each month highlighting one theme taken from the charter. A print-run of 5,000 copies of the calendar will be printed.

UK: One World Action (UK) hosted the first PHA European Anniversary meeting entitled "Health for All: a question of social justice." Many participants from all over Europe attended the meeting.

THE PACIFIC REGION

Australia: In the Pacific region, most of the activities include reporting back on the PHA 2000 event to a variety of constituencies. Marie Russell who represented the Rural Women's Network at the PHA 2000 has produced a report on the Assembly. Her report has been put on the Rural Women's Network Website www.agric.nsw.gov.au/rwn. It has been linked to PHA 2000 Website. Marie has also spoken at a number of meetings in rural Australia about PHA and the impact of globalization on health. Fran Baum has written an article on the Assembly for the national newsletter of the Public Health Association of Australia. Both Fran and Frank Tesoriero have provided report back sessions on the Assembly to the South Australian Community Health Association and South Australia Public Health Association. Forty people attended the session and formed small groups to work what local action could be taken. They have also incorporated the People's Charter for Health

Who

to contact?

CONTACT the **Regional Coordinators** at your respective regions/countries to get into the PHA loop!

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in a topic they teach on Flinders University on Primary Health Care in developing countries. Frank has given papers on the work of the PHA to the meeting of the International Federation of Social Works and International Association of Schools of Social Work in the Asia Pacific. He has discussed the Assembly and its outcomes with the staff of primary health care project in Tamil Nadu, India, who were unable to attend the Assembly. Fran has also written an article reporting on the Assembly in the **Journal of Epidemiology and Community Health**.

THE PEOPLE'S CHARTER FOR HEALTH AND AFTER 11 SEPTEMBER 2001

In December 2000, more than 1,400 people from 93 countries met in Bangladesh at the world's first People's Health Assembly (PHA). They developed a People's Charter for Health, which describes the vision of 'a world that respects, appreciates and celebrates all life and diversity'. Today, such a vision is needed more than ever.

The Charter points out that:

'War, violence, conflict and natural disasters devastate communities and destroy human dignity. They have a severe impact on the physical and mental health of their members, especially women and children.'

The Charter also notes that:

'Strong people's organisations and movements are fundamental to more democratic, transparent and accountable decision-making processes'.

Within its call for action, the Charter calls on people of the world to:

- * Condemn and seek the reversal of any policies, which result in the forced displacement of people from their lands, homes or jobs.
 - * Oppose fundamentalist forces that threaten the rights and liberties of individuals, particularly the lives of women, children and minorities.
 - * Support campaigns and movements for peace and disarmament.
 - * Support people's initiatives to achieve a just and lasting peace, especially in countries with experiences of civil war and genocide.
 - * Demand that the United Nations and individual states end all kinds of sanctions used as an instrument of aggression, which can damage
- The Charter also calls for the radical transformation of the UN Security Council so that it functions democratically. In today's crisis, a democratic, representative Security Council could provide the international leadership required to steer a safe

path through the present global tension.

The People's Health Assembly Movement is interested in your views of how we can work together towards a just and lasting settlement of the global terror that threatens to undo development activities and undermine efforts to improve health around the world.

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PHA IN THE NEXT WORLD HEALTH ASSEMBLY IN MAY 2002 IN GENEVA

Civil Society Initiative (CSI) of WHO has agreed to organize a one and half hour technical briefing session at the next World Health Assembly for PHM to present the Charter to the WHA delegates. The suggested theme is "Civil Society Perspectives on Health: the People's Charter for Health". Please mobilize interested groups in your country to come and join the PHM in the next World Health Assembly to be held in May 2002 in Geneva.

PHA PRESENTATION AT GLOBAL FORUM FOR HEALTH RESEARCH

Luis Currat, Executive Secretary, Global Forum for Health Research had earlier informed Ravi Narayan, a PHA activist that Dr Ekbal, another PHA activist had been invited to speak at the closing plenary session. Four panellists included were Chris Murray; Secretary of Ministry of Health, Tanzania; Former Chair of World Federation of Public Health; and Dr Ekbal as a representative of PHA Movement. As Dr Ekbal was not able to attend the closing plenary session, later Ravi Narayan was included in the panel with the title: 'A People's Charter for Health and beyond'. Over 600 copies of the Charter were distributed to the delegates from over 90 countries. Dr. Zafrullah Chowdhury also attended the meeting.

If undelivered, please return to:

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