

## Asia Regional Workshop, Colombo, 26-29 April 2016



The Regional Workshop for Asia was organized in Colombo, Sri Lanka in collaboration with Sarvodaya, a civil society organization working on livelihoods and empowerment in Sri Lanka. Sarvodaya is also responsible for the secretariat of PHM in Sri Lanka.

The workshop had 25 participants from 9 countries representing 3 of PHM's regional circles -- South East Asia, South Asia and India -- representing the Philippines, Cambodia, Malaysia, Australia, Pakistan, Nepal, India, Bangladesh and Sri Lanka. Participants were purposively chosen to represent a mix of young activists and senior PHM functionaries in countries.

The workshop was structured to accomplish several objectives: discuss with country representatives about PHM's global programs, review PHM's organizational situation and programmatic priorities in countries, share the findings of the IDRC research done in India and receive feedback from participants, and orient participants in some foundational issues.

The programme of the workshop was as follows:

<b>Tuesday, 26<sup>th</sup> April</b>			
<b>Registration of Participants: 9.00 am -9.30 am</b>			
<b>Introductory Session</b>			
Time	Agenda	Resource persons	Facilitator
9.30 – 10.00	Introductions of participants and explaining the agenda of the workshop		Delen de la Paz and Ganapathy Murugan
10.00 – 10.45	Introducing the PHM , followed by questions and clarifications	Amit Sengupta	
10.30 –	Break		
<b>Introductory Session (contd...)</b>			
11.00 – 11.45	Global Programs of the PHM, followed by questions and clarifications	Susana Barria	
11.45 – 12.30	Presentation on the aims, objectives and methodology of research program 'Civil Society Contribution to Health for All'	Amit Sengupta	
12.30 –	Lunch		
<b>Health Movement in Asia and Pacific</b>			
14.00 – 15.30	The Health movement and the PHM in: 1. Philippines (Gene Nisperos)		Shanta Lall Mulmi
15.30 –	Break		
16.00 – 17.00	The Health movement and the PHM in: 3. Bangladesh (Samia Afrin/ Farhad Mazhar)		
<b>Wednesday, 27<sup>th</sup> April</b>			
Time	Agenda	Resource persons	Facilitator
<b>Health Movement in Asia and Pacific (contd..)</b>			
9.00 – 10.30	The Health movement and the PHM in: 5. Pakistan (Nadeem Wagan) 6. Nepal (Shantalal Mulmi)		Gene Nisperos
10.30 –	Break		
11.00 – 13.00	The Health movement and the PHM in: 8. India (Raman/ Ganapathy)		
13.00 –	Lunch		

<b>PHM Research Study: Civil Society Contribution to Health for All</b>			
14.30 – 15.30	Presentation of research findings for the program ‘Civil Society Contribution to Health for All’	Kajal Bhardawaj; Susana Barria	Amit Sengupta
15.30 –	Break		
16.00 –	Discussions on Research presentation		
<b>Thursday, 28<sup>th</sup> April</b>			
<b>Globalization and Health</b>			
9.00 – 10.30	Presentation(s) followed by discussions on Globalization and Health	Farhad Mazhar; Amit Sengupta; Kajal Bhardawaj	Edelina P.dela Paz
10.30 –	Break		
11.00 – 12.30	Presentation(s) followed by discussions on Globalization and Health (contd..)		
12.30 –	Lunch		
<b>Social Determinants of Health</b>			
14.00 – 15.30	Presentation(s) followed by discussions on Social Determinants of Health	Amit Sengupta; Bilquis Rehman; Sopheha Roth	V.R.Raman
15.30 –	Break		
16.00 – 17.00	Presentation(s) followed by discussions on Social Determinants of Health		
<b>Friday, 29<sup>th</sup> April</b>			
<b>Health Systems and Access to Medicines</b>			
9.00 – 10.30	Presentation(s) followed by discussions on Health Systems and Access to Medicines	Edelina P.dela Paz; Indranil Mukhopadhyay; Manuj Weerasinghe	Shila Rani Kaur
10.30 –	Break		
11.00 – 13.00	Presentation(s) followed by discussions on Health Systems and Access to Medicines		
13.00 –	Lunch		
<b>Building the Health Movement and the PHM</b>			
14.30 – 17.00	Moderated discussion on Building the Health Movement and the PHM in the region: Common challenges and working together		Sirimal Peiris and Amit Sengupta

## PHM's global programs

PHM's global programs -- Global health watch, WHO Watch, IPHU, and HFA campaign was presented, along with a presentation on PHM's current vision and activities at the global level. Discussions focused on challenges in linking local priorities and challenges with the orientation of global programmes. Better communications and the need for sustained regional co-ordination were stressed. Also identified as a challenge was the resource constraint faced at various levels of the PHM. Discussions focused on the need to encourage volunteer work and the need to harness and co-ordinate contributions from volunteers. It was emphasized that country circles are the main building blocks and the strength of the PHM, and global structures, given limitations of financial and human resources, should be seen to play a supporting role. Global structures, it was discussed, can play a key role by making available knowledge resources and capacity building opportunities, and work as a clearing house of experiences in diverse country settings. The task of mobilizing communities around key issues would need to largely be taken up by country circles and regional co-ordination Mechanisms. It was also discussed that attention needs to be paid at the country level to build ownership of PHM and its programs and at the same time PHM's global structures need to ensure that its global programs are better informed by local issues and priorities.

## PHM's organizational situation and programmatic priorities in countries



The regions and countries participating in the meeting represented a wide diversity, both in terms of the subjective country contexts and the object situation of the country's health movement. Among the countries present, India has the largest and most developed country circle. Country circles are strong in the Philippines and Sri Lanka, with both having a range of civil society partners.

Pakistan has a functioning country circle which is engaged in diversifying its reach beyond a few big NGOs, which are currently associated with the PHM.

Bangladesh had a vibrant organization but some unfortunate organisational circumstances had let to it becoming dormant for 3-4 years. The meeting had been very useful in stimulating discussions for a revival of the PHM in the country. (subsequent to the meeting the PHM circle in Bangladesh has been thoroughly revamped).

The Australian PHM is mature in terms of output of work on specific areas, such as trade and health, social determinants, health of aboriginal communities, etc. While not representing big mass based movements, PHM Australia is influential within the health civil society space in Australia.

PHM in Cambodia is young and includes a number of young activists. Currently its reach is narrow and limited to a few organizations. Challenge in Cambodia is to expand its reach to include a range of civil society organizations.

Nepal has started to organize its PHM circle with a good mix of senior health activists and new and young activists, many of them fresh graduates from medical colleges.

Malaysia is still in the process of organising a sustainable PHM circle. After the presentation from Malaysia there was an useful discussion that sought to look at various options and opportunities available in Malaysia to build the PHM. As can be seen from the above, a large part of the discussions focused on building the health movement in the regions represented and within them in countries.

### Sharing findings of the IDRC research

Presentations at the workshop shared the basic intent, objectives and methodology of PHM's research on Civil Society Engagement with HFA; a detailed presentations of the research in India was also presented. Discussions focused on clarifications sought by participants on the purpose and methodology of the research, as well as about the findings. Many of the discussions on country circle building were revisited in the light of the presentation on findings of the research.

### Orientation on foundational issues

The last part of the workshop was designed as a capacity building activity (a 'mini' IPHU) making opportunistic use of senior activists present as resource persons. The 3 areas presented and discussed were 'globalisation and health', health systems and medicines policy related issues, and social determinants of health.

### Closing discussions and summing up

The final session was designed to bring together all the strands that had been touched upon in previous sessions, and also to provide some direction to PHM's activities in the Asian region. Some of the important consensus points that emerged (with some identified responsibilities) through a rich discussion, were:

- 1) Strengthen links between global and local and vice versa, and through that build broader ownership of PHM in countries, and more focused efforts to align global programs with local priorities.
- 2) Strengthen both external (within PHM's structures) and external communications (between PHM and the outside world).
- 3) Harness volunteer contributions through strengthening of regional co-ordination.

### Action points suggested during the 'open house' included:

- Make better use of social media for communications
- Ensure attendance from regional structures in national meetings of PHM country circles
- Share information on FTAs, such as TPP and RCEP
- Organise in the regions joint campaign on securing public Health Care
- Pay attention to mentoring of younger activists



- Be more proactive, in regional and at the global level, in responding to important events which impact on health and its broad determinants
- More emphasis on policy dialogues and engagement with Global governance for health
- Make more sustained efforts to build Regional/global solidarity
- Participate in the global debates on: 1) UHC; 2) Medicalisation of healthcare; 3) Health financing; 4) Introduction of new Vaccines
- Contribute in supporting PHM regional/ global structures
- Develop a regional campaign on Intellectual Property and Access to Medicines
- Prepare guiding principles on Right To Health
- Build contacts/ movements in countries not represented
- Develop a communication group in each country
- Plan an IPHU on youth for health as part of leadership development
- Work to ensure gender balance in PHM's activities and structures
- Develop plans for securing finances and other resources
- Contribute to GHW, especially in developing primers/booklets/translations
- Plan for a separate regional meeting in South East Asia



Asia Regional Workshop

