

Civil Society Engagement for Health For All

Guideline for country teams for Phase 1 of the action-research

[Background to the project](#)

[Methodology of data collection](#)

[Data organization and reporting](#)

[Theme 1 - Campaigns and Advocacy](#)

[Research strategy](#)

[Research questions and suggested tools](#)

[Theme 2 - Movement Building](#)

[Research strategy](#)

[Research questions and suggested tools](#)

[Theme 3 - Knowledge Generation and Dissemination](#)

[Research strategy](#)

[Research questions and suggested tools](#)

[Theme 4 - Capacity-Building and Training](#)

[Research strategy](#)

[Research questions and suggested tools](#)

[Theme 5 - Policy Dialogue and Engagement with Global Health Governance](#)

[Research strategy](#)

[Research questions and suggested tools](#)

[Appendix 1 - Sample table of activities](#)

[Appendix 2 - Provisional program logics](#)

[Theme 1: Campaigns and Advocacy](#)

[Theme 2 - Movement building](#)

[Theme 3 - Knowledge Generation and Dissemination](#)

[Theme 4 - Training and Capacity Building](#)

[Theme 5 - Policy Dialogue and Engagement with Global Health Governance](#)

Background to the project

The PHM IDRC project is a 3 year action research project intended to document (and support) the People's Health Movement (PHM) in its activities as a social movement that promotes 'health for all', while locating health in an understanding that embraces the structural and social determinants. Much of this work centers around 6 countries where PHM has activist groups: Brazil, India, South Africa, Italy, Colombia and the DR Congo. Other aspects of the study will be undertaken by PHM globally, through a small group of personnel located in three offices of the PHM: India, South Africa and Egypt.

While the study is designed to support the activities of the PHM, its scope includes not just the PHM but a range of CSOs that work to promote 'health for all'. Thus the project seeks to generate knowledge about how social movements and CSOs are influencing health systems and the social and structural determinants of health (and building a larger, stronger movement) at both national, and global levels. The term 'Health for All (HFA) movement' is used to refer in aggregate to the various civil society organisations and networks who are working, alongside the PHM, to achieve Health for All including for decent health care for all and for social conditions which support good health.

There are 5 main themes of the study, which interrelate and overlap to some extent:

1. Campaigns and advocacy
2. Movement building
3. Knowledge generation, dissemination and use
4. Capacity building
5. Engagement with global health governance

These 5 modules represent different facets of PHM's current and past activities; as well as those of other social movements working on health issues.

This document is intended to provide guidance to the country teams for 'Phase 1' of the project. This refers to the data collection and analysis during the first 18 months, after which research workshops will be convened to review initial findings, undertake group reflections on cross-case comparisons, make decisions about changes in PHM's strategies and activities, and plan new forms of data collection to monitor these changes.

Methodology of data collection

This document details, under each of the five research themes, a description of the priority areas we wish to study. Suggested research strategy, questions and tools are also indicated. At the country level, these suggestions will need to be discussed in order to develop a country plan. While developing the plan, country teams are invited to refer to the longer [draft integrated protocol](#) that has been circulated earlier, in order to see how the activities can be planned.

This document, together with the draft integrated protocol, can only provide guidance to country teams, who will have to decide upon how to structure their research activities according to local context, priorities, interests and capacities. According to the participatory action-research approach foreseen in the project, this is appropriate as the research activities must be planned and validated

because they ‘make sense’ (i.e. they produce knowledge that is meaningful) for those who are directly engaged in them (the activist-researchers).

In fact, the process of country plan development is in itself an action-research activity, as it tells us a lot about ‘what kind of PHM’ there is in each country and how it works (individuals or organisations, more or less structured; strong or weak in technical skills; strong or weak in grassroots outreach; more or less capable of recruiting volunteer work; etc.), and of course about the broader (activist) environment in that country. For this purpose, a suggestion is that each country keeps a ‘diary’ of the research that helps to provide background to the reflections and the reasons behind the choices that are made. This can be done individually or collectively and in a fairly structured way, and can, for example, include minutes of meetings and reports of workshops. It should be meant more for internal use, and to collect and retain information that will be useful to write the reports in order to motivate and explain the research process, methodology and challenges.

We also suggest that a focus group among PHM activists (and/or those involved in the research) is scheduled in each country in the lead-up to the workshops planned for the end of Phase 1, to review and comment upon the reports emerging from the inquiries. The commentary will be conveyed to the mid-term analysis and planning workshops for further consideration.

As you will see throughout the document, only qualitative methods are being suggested and many of these are based on interviews (individual or collective). The information included is intended to inform a semi-structured approach to interviews, that gives priority to the narrative of the ‘informant’ without binding it too much to pre-determined questions.

In order to have common elements across countries, a set of key topic areas is suggested under each theme, while leaving room for adjustments required to fit the purpose, needs and capacity of each local setting. As it is likely that the interviews in different themes may be with the same informants, it may be useful to schedule longer interviews (or focus groups) with a few key people.

Finally, it is suggested that, while developing their plan, country teams work on a matrix including the research themes and the research activities. A [sample](#) of this is provided at the end of this document, but countries are free to adapt it to local contexts and capacities. Please note that:

- Either (health) issues and/or more or less structured movements/organisations can be chosen as ‘entry points’ for conducting the research (this will be clearer when we refer to the ‘sample table of activities’ at the end of this document).
- We are not limiting our research to PHM activities and that is why most questions are generic. However, we should aim to document (also) PHM activities wherever this is possible.

While this document is targeted at country-level data collection and analysis, research at the global level will principally cover PHM’s global programs (i.e. IPHU, WHO Watch, GHW). The protocols for the global component of the research are also being developed currently, and will complement/inform the country work as appropriate.

Data organization and reporting

Cross-country communication while developing country plans is key in order to ensure that we build a base for later cross-case analyses and syntheses. A mailing list has been set up for this, as well as a shared Dropbox folder.

In this respect, another important aspect to keep in mind is that we harmonize the way in which data is organized and reported. While we will need to refine it as the research in countries and globally takes shape, this is a preliminary idea about the structure of Phase 1 country reports:

- brief introduction
- process and methods
- chapters structured around the themes and inquiries (in each case summary reports of data collected and report of findings of the analysis)
- uncertainties and issues for further discussion in the mid-term review
- implications for Phase 2: program development, evaluation and research.

It is expected that the reports of in-country data collections will be analysed and commented upon by the local researchers and copied to the core research team (at the global level), who will undertake a further analysis of the assembled data from participating countries.

In order to frame the analysis of the data that we will collect across countries, it is important to articulate the assumptions underpinning the way we presently work (about planning, implementation and effectiveness) as a prelude to critically reflecting on (and collecting data about) those assumptions. In [Appendix 2](#) of this document you will find a set of provisional program logics for each research theme/strategy of CSE. These will be revised as the research progresses. Country teams may want to use them as a starting point, or revise them (before data collection and/or in progress) according to the assumptions that underpin the strategies and actions they engage with.

Theme 1 - Campaigns and Advocacy

For purposes of this research, a campaign is defined as sustained action, advocacy and activism around an issue/set of issues that have relevance while promoting HFA Campaigns may be around health systems (e.g. access to medicines, workforce reform, comprehensive primary health care, health care financing, etc.) or around the social determinants of health (e.g. food sovereignty, tobacco control, sanitation and water supply, air pollution, income inequality). They may be directed at the community generally (smoking, gender relations, health literacy) or particular institutions (corporate accountability, community accountability of health care providers, employers in relation to occupational health, etc.) or governments (health care financing, corporate regulation, trade and investment agreements, etc.).

We will study campaigns not only in terms of whether they achieved their objectives and/or contributed to achieving Health for All, but by reconstructing the underlying goals, objectives, logic and strategies as they evolved during the campaign.

Research strategy

Our purpose in this inquiry is to draw lessons regarding effective campaigning and to learn how to organise more effective campaigns. We propose to map the recent history of HFA campaigning in each country, and study a selected number of campaigns more closely.

The output should be a narrative account of recent campaigns (we could consider a cut off date of 2000 as ‘recent’) for each case study -- a coherent narrative based on the data gathered and providing sufficient contextual information to generate transferable lessons.

Research questions and suggested tools

Activities/questions	Tools
1. Mapping relevant campaigns in each country since 2000: <ul style="list-style-type: none"> - Which civil society campaigns, directed towards HFA, have been undertaken since 2000? - Which specific issues did they seek to address? - What was the socio-political context? - What was the impact and what were the lessons to be learned? 	Brainstorming within country teams; web search; document analysis
2. Select two (or more) case studies for more in-depth analysis, focusing on: <ul style="list-style-type: none"> - history of the campaign (including the political/socio-economic context and leading reasons for the campaign); actors/organizations involved - the goals, objectives, strategies and targets of the campaign as they evolved during the campaign - the underlying logic, including the longer term scenarios of social change which informed choice of issue and strategy - the role of the campaign in terms of organisational development - the effectiveness of the campaign in relation to the instrumental objectives and the various associated objectives - the effectiveness of the campaign in relation to available resources: 	Web search; document analysis; individual/group interviews; observation/journal if a campaign is ongoing

<p>human resources, information and money; and chance</p> <ul style="list-style-type: none"> - enablers/barriers to campaigning <p><u>Note:</u></p> <p>1. while selecting the campaigns, attention should be given to the following criteria:</p> <ul style="list-style-type: none"> - PHM led/non-PHM led (but followed)/non-PHM engagement - campaign succeeded/failed - campaign that is 'high' level-national/'low' level-local <p>2. in this inquiry, we are not looking for 'data saturation' but for the experiences of campaigners and campaign organizers: a single focus group and/or 2-5 interviews per campaign would likely be more than sufficient.</p>	
<p>3. Focus on the PHM Health For All Campaign Platform</p> <p>This activity will vary across countries, according to the development of the discussion and organization around the PHM HFA campaign platform in each country. Therefore, we suggest that information be collected from country teams about if and how a research question can be structured around this issue at this time. If/where (as expected for some countries) there is not much to research on at the moment, we could think about this as an action-research area to develop in Phase 2 of the project.</p>	<p>Brainstorming within country teams</p>

Suggested interviewees (which will depend on which campaigns are selected for case study):

- PHM activists
- Other CSO activists
- 1 or 2 individuals from each of the following two groups (chosen on the basis of their likely knowledge of the campaigns and/or campaigning organizations):
 - selected policy/program workers (for analysis of campaign influence on policy/program change)
 - selected journalists/media workers (for analysis of campaign influence on public discourse)

Interviews should be digitally recorded (or extensive hand-written notes kept, then transferred to digital format).

Interview prompts may include the following suggested questions:

1. What was the historical and political context of the campaign and how did the campaign start?
2. Who was/is involved?
3. How were resources (human and material) mobilized for the campaigning?
4. What knowledge was accessed for the campaigning, and how?
5. What strategies did the campaign use to identify the selected issue(s), mobilize participation, build coalitions, select the strategic actions, sustain participation, enhance skills/capacities for activists involved in the campaign, evaluate its outcomes?
6. What were enablers to campaigning, barriers to campaigning, activities to maximize enablers and minimize barriers?
7. What strategies did the campaigns use to achieve its demands? E.g.: demonstrations, petitions, lobbying (meeting with politicians, policy influencers), media, social media, education/awareness (e.g. community mobilizing, popular education)
8. What has changed (if anything) in with the discourse around the campaign demands?
9. What has changed (if anything) in actual policies/programs?
10. How did changes in the political context (if applicable) affect changes in the strategies used by the campaign, and its messaging and policy/program influence?

Theme 2 - Movement Building

The purpose of this inquiry is to assemble an historical overview of the recent development of the 'Health for All' movement in each country; to explore the drivers, constraints and dynamics which have characterised the development of the HFA movement, having regard to the context of place and time; and to review, evaluate and learn from the different strategies used by different social movements and CSOs, including, importantly, the PHM, to facilitate movement building. The expected output is a narrative which will be presented in the mid-term analysis and planning workshops for further consideration.

Research strategy

We aim to collect data in each country with a focus on:

- the drivers of HFA which emerge from local movement building
- infrastructure, processes and dynamics of movement building
- strategies to support movement building, including PHM's country circle support activities (if relevant).

While selecting other-than-PHM movements/campaign issues to investigate, that may or may not be linked to the PHM, country teams should keep in mind that we are not looking for a representativeness, however their inclusion in the study should be highlighted and motivated (e.g. relevance in the country HFA movement, links with the PHM, impact achieved, etc.).

The expected output is a narrative on the history of the HFA movement in each country, including the history of PHM in that country.

Research questions and suggested tools

This inquiry involves country level document analysis and interviews (as individuals or as groups).

Suggested interviewees:

- PHM activists
- other CSO activists/members
- selected policy/program workers
- selected journalists/media workers

Interviews should be digitally recorded (or extensive hand-written notes kept, then transferred to digital format).

Suggested focus:

1. History of the HFA movement and context (which include: political culture, existing institutions, cultures and practices of professional and industry bodies, morale and political literacy among various HFA constituencies):
 - a. What has been the history of mobilizations and campaigns in relation to HFA?
 - b. What specific issues did these HFA initiatives seek to address?
 - c. What were the political and policy/program opportunities (the context)?
 - d. How were these country-level initiatives linked to global HFA efforts (by PHM and other CSOs), and what were the effects on how the national level efforts unfolded over time?
2. History of PHM country circle (*):

- a. When did PHM circle start and who were the activists early on?
 - b. What precipitated the circle development and what initial strategies/activities (etc.) did they undertake?
 - c. What was the implicit or explicit program logic of circle building?
 - d. Does PHM target specific individuals/groups, or use a 'big tent' approach (anyone who agrees with the Charter and its principles, more or less)?
 - e. How do people hear about PHM? Why are people attracted to PHM? Why do some people leave PHM?
 - f. What are the governance structures in country circles (decision-making)? How effective are these in attracting people to become active?
 - g. Does PHM have a committed political ideology (e.g. anti-neoliberalism)? Can it be defined? What are the benefits/risks of having an explicit political ideology?
 - h. How are resources mobilized for circle building?
 - i. What are enablers to PHM circle building, barriers, activities to maximize enablers and minimize barriers?
 - j. What strategies does the PHM use to achieve its goals? E.g.: demonstrations, petitions, lobbying (meeting with politicians, policy influencers), media, social media, education/awareness (e.g. community mobilizing, popular education)
3. PHM country circles and PHM global:
- a. How do global PHM activities contribute to circle building in countries?
 - b. What role do regional forums play in the links between local (country circles) and global (PHM and its other CSO allies, activities and campaigns)?
 - c. What are the governance structures globally, and how do these enhance or impede work at the country circle level?
 - d. What are the strengths/weaknesses of changing PHM governance to a model of membership vs. non-membership, incorporation vs. non-incorporation?
4. PHM and other CSOs:
- a. How are other CSOs chosen for PHM collaboration? How are they approached?
 - b. How do different social movements with which PHM engages agree on campaigns, strategies and analyses? What are some of the successes in doing so, or failures (and why)?
 - c. How are PHM and its campaigning and circle building activities regarded by other activist CSOs?

(*) Questions under points 2-4 may be addressed in a group interview involving several PHM active members; the questions could also be emailed to active members (individually) as a sort of survey to have them answer to their best ability, although interviews would probably elicit richer responses.

Theme 3 - Knowledge Generation and Dissemination

Our purpose under this theme is to learn more about how knowledge generation and dissemination by civil society contributes to movement building, strategies, actions and impact. The intent is to explore if there are transferable principles of ‘best practice’ that relate to knowledge generation and dissemination.

Research strategy

We aim to collect data in each country with a focus on:

- knowledge gaps as barriers to achievement of HFA (includes lack of knowledge and gaps in access), and how CSOs like PHM identify them
- content development and design (what types of knowledge products are created and why some are chosen over others; how the choice relates to movement-building and advocacy/campaign work)
- knowledge dissemination strategies and challenges
- knowledge utilisation for strategy and advocacy

Research questions and suggested tools

This inquiry involves country level interviews (as individuals or as groups) and possibly document analysis.

Suggested interviewees (*):

- PHM activists
- other CSO activists/members

(*) A group interview or a short emailed survey could work to accomplish this.

Interviews should be digitally recorded (or extensive hand-written notes kept, then transferred to digital format).

Suggested focus:

1. Which CSO knowledge products have been most useful in country circle/movement building, how and why?
2. Which PHM knowledge products have been most useful in country circle/movement building, how and why?
3. Specific to GHW:
 - a. Have there been events (such as launches or other organised efforts) to publicise the GHW?
 - b. How important or useful is GHW to you in your local/country campaigning and movement building? (why or why not?)
4. For all CSO and PHM knowledge products:
 - a. What are the strengths and weaknesses of existing resources for HFA movement building and campaigning?
 - b. How can the effectiveness and reach of these resources be improved?
5. Knowledge practices and products:
 - a. How do global PHM activities contribute to knowledge access, generation and dissemination in countries?

- b. What are the international linkages between country circles, their campaigns and knowledge needs and PHM global knowledge generation and dissemination? How can these be aligned better?

Theme 4 - Capacity-Building and Training

The purpose of the inquiries under this theme is to throw new light on capacity building as part of building a global HFA movement. In the case of the PHM country circle, (where relevant/possible) the IPHU will be considered for how it contributes to strengthening PHM and allied health movements through participants acquiring new knowledges and skills, re-imagining themselves as activists and building relationships. Other training experiences of PHM activists and/or activities organised by other CSOs should also be included in the research.

Research strategy

We aim to collect data in each country with a focus on:

- training/capacity building programs (such as IPHUs): impacts and outcomes
- training needs analysis and curriculum planning
- course presentations, recruitment and logistics

The analysis will focus on a full documentation of, and comparison between, how training needs, curriculum and pedagogy are developed by PHM and other CSOs; with the intent of linking certain approaches, curriculum content and pedagogy (learning styles) to sustained and more effective activism amongst participants in such training.

Research questions and suggested tools

This inquiry involves country level interviews (as individuals or as groups).

Suggested interviewees:

- IPHU alumni/participants in capacity building programs run by other CSOs
- organizers of IPHUs or other capacity building/training programmes
- PHM/CSO activists

Interviews should be digitally recorded (or extensive hand-written notes kept, then transferred to digital format).

Suggested focus:

1. How are training needs identified, curriculum assembled and pedagogy developed (what principles guide educational planning within the training/capacity building program)?
2. How are the recruitment and selection processes for participants handled?
3. How do such programs affect the activist/career choices of participants, and how do they influence participants' future engagements with PHM or other HFA movements?
4. How can we enhance the impact of training/capacity building courses (preparations, structure, content, dealing with language, enhancing relevancy, etc.)?
5. To what extent have these courses contribute to the strengthening of the PHM or other CSOs/movements at the country level?

Theme 5 - Policy Dialogue and Engagement with Global Health Governance

The purpose of this inquiry is to collect and analyse evidence of how well the long term, sustained and effective civil society engagement in the dynamics of global governance, including global health governance (GHG), is manifest in:

- improved decision making by intergovernmental bodies such as the WHO (or other intergovernmental and/or multilateral bodies such as the WTO);
- a stronger policy voice exercised by progressive governments from the global South (democratisation of GHG);
- stronger accountability of national governments for their contribution to global health governance.

One of the strategic questions to be interrogated, as regards the PHM and its engagement with Global Health Governance, through its 'WHO Watch' is whether the approach adopted in WHO Watch, and civil society engagement in GHG generally, has promise and if so how best to develop this strategy. Similar interrogation is possible of other CSO led initiatives that engage with other agencies.

Analysis will trace the ways information flows from CS 'watching' (including WHO Watch) is, or is not, directed into strategic action and advocacy at the local, national and global levels, and does, or does not, facilitate the formation of new alliances. We hope to evaluate the products and media used to support these information flows (both within WHO Watch and by other 'watches') with respect to efficient and effective processes and use of resources, and the perceived quality of the 'watching' products. Our interest concerns also the involvement in GHG projects (such as WHO Watch) as a form of (individual and collective) capacity building (including experiential learning as well as more formal orientation programs).

Research strategy

We aim to collect data in each country with a focus on:

- Dialogue, advocacy and action, relations with governments and inter-governmental organisations
- New information flows
- Movement building; strengthening relationships with other CSOs
- Capacity building
- Logistics, efficiency, quality and cost-effectiveness

Research questions and suggested tools

This inquiry involves country level interviews (as individuals or as groups).

Suggested interviewees:

- PHM activists
- other CSO activists/members

Interviews should be digitally recorded (or extensive hand-written notes kept, then transferred to digital format).

Suggested focus:

1. How important is it to build local knowledge about the kinds of issues being debated at the global level? (For those who are familiar with WHO Watch) How useful is WHO Watch for this purpose?
2. How important is it to engage national governments in dialogue around the national positions taken in international fora? (For those who are familiar with WHO Watch) How useful is WHO Watch for this purpose?
3. How important is civil society advocacy in influencing global health governance? (For those who are familiar with WHO Watch) How useful is WHO Watch for this purpose?
4. What is the role of PHM global and PHM country circles in following this watching and feeding it into political mobilisation at the country level?
5. What is the potential use of information generated through GHG watching for country level activism, campaigning, movement building, including new policy dialogues and alliances with other 'watching' and HFA activist CSOs?
6. What are the barriers to the full realisation of this potential; including gaps in the watching, weaknesses in the documentation and analysis, and weaknesses in dissemination and communication (including linguistic exclusion)?
7. How could the logistics of the watch be undertaken more efficiently?

Appendix 1 - Sample table of activities

	ACT. 1 Campaign mapping	ACT. 2 Campaign case studies	ACT. 3 History of HFA mov.	ACT. 4 PHM activists perspective s	ACT. 5 PHM observers perspective s	ACT. 6 Other CSOs perspecti ves	ACT. 7 Other CSOs observers perspectives	ACT. 8 IPHU alumni interviews	ACT. 9 IPHU stakeholder interviews	ACT. 10 Late focus group
THEME 1 Campaigns - advocacy	X	X	X	X	X	X	X			X
THEME 2 Movement building		X	X	X	X	X	X	X	X	X
THEME 3 Knowledge gen.+diss.			X	X	X	X	X	X	X	X
THEME 4 Capacity building			X	X	X	X	X	X	X	X
THEME 5 Engageme nt w/ GHG			X	X	X	X	X			X

Note: As this table illustrates, different entry points are possible for the actual data collection. Data collection can be done by looking at a selected list of CSOs/movements/organisations -- including the PHM (Activity 4, 5, 6 and 7). It can also be done by looking at specific campaigns (e.g. access to medicines, right to health, etc.) around issues (Activity 3). Countries can also use a combination of the two approaches.

The above is a suggested table of activities and countries can tailor their data collection activities based on local contexts. For example, activities 8 and 9 are important where the IPHUs have played a major/important role in PHM circle building. In other situations, activities 8 and 9 can be collapsed into activity 4.

Appendix 2 - Provisional program logics

In order to frame the analysis of the data that we will collect across countries, it is important to articulate the assumptions underpinning the way we presently work (about planning, implementation and effectiveness) as a prelude to critically reflecting on (and collecting data about) those assumptions.

In other words, we have to try to articulate the stories which are presently guiding our explanations and strategies with a view to reflecting on those stories, interrogating our experience (including newly collected data), and reworking them.

The logical frameworks that follow, structured around the five project themes (which in turn represent strategies of civil society engagement), are an attempt to move in this direction, describing the processes through which civil society engagement can drive progress towards HFA.

They are of course provisional, as the research itself will help to enrich, develop, strengthen, and adapt them through the experiences collected in the six participating countries and globally.

Theme 1: Campaigns and Advocacy

Our assumptions about effective campaigning are as follows:

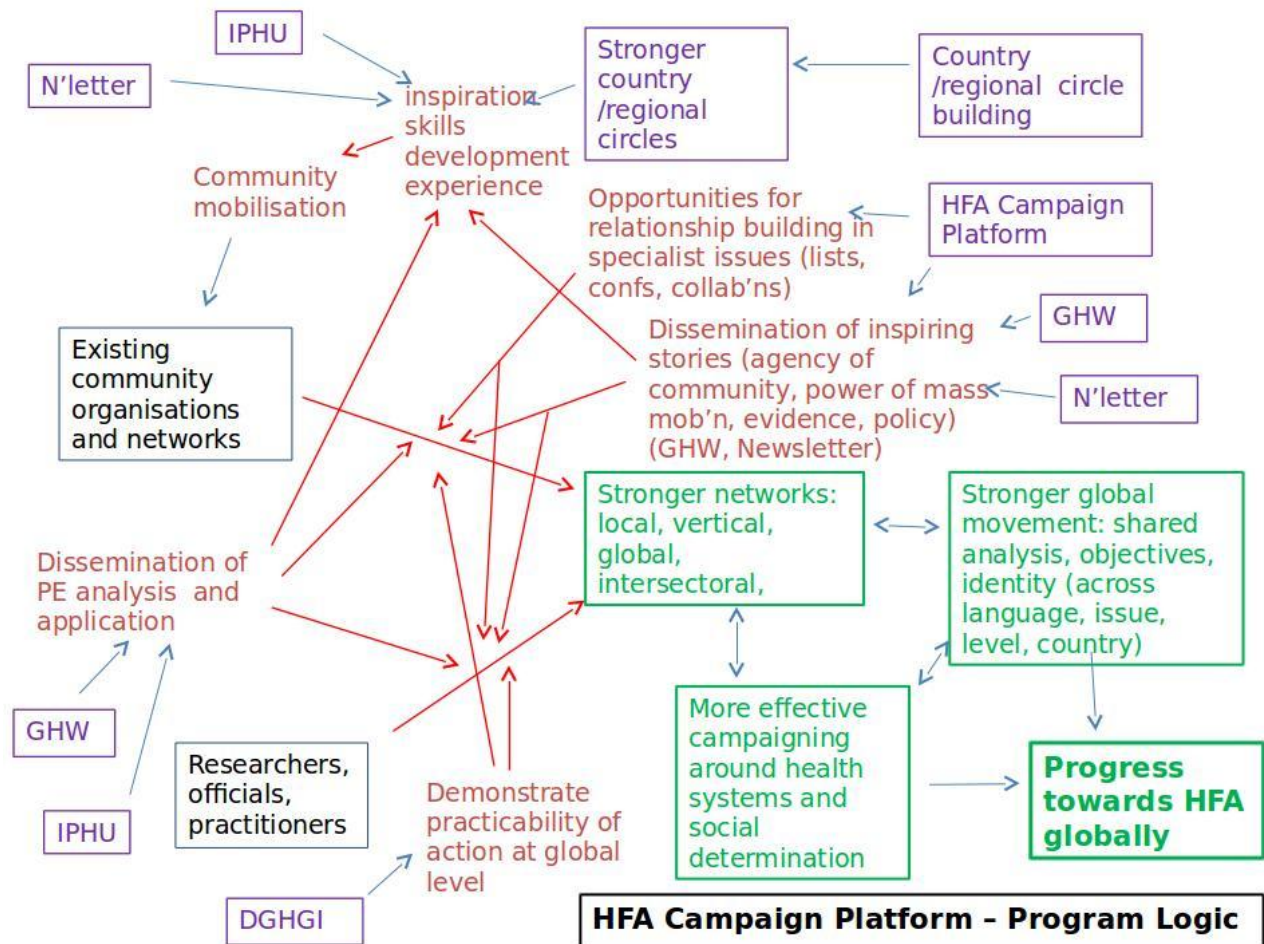


Figure 1. Provisional program logic for campaign development (including PHM's HFA Campaign Platform)

Figure 1 should be read from the bottom right. Progress towards HFA is driven by more effective campaigning which depends on building a stronger global movement and both in turn depend on stronger networking (local, vertical, global and intersectoral). Stronger networking (and campaign collaboration) includes (in black) first, building relationships and collaboration with existing community organisations and networks and secondly with researchers, officials and practitioners.

The activities which support relationship building with these groups include:

- Demonstrating the feasibility of action which addresses both local and global dynamics (eg WHO Watch)
- Dissemination of a political economy analysis and its application in practice (eg GHW and IPHU)
- Dissemination of inspiring stories (illustrating the agency of community, the power of mass mobilisation, the importance of evidence, the sharp policy analysis) (eg through GHW, PHM Newsletter, social media)
- Opportunities for relationship building and campaigning in relation to 'specialist issues' (lists, conferences, collaborations) (eg HFA Campaign Platform, WHO Watch)
- Inspiration, skills development, experience (eg Newsletter, IPHU, stronger country circles)

Theme 2 - Movement building

Our assumptions about movement building for HFA are as follows:

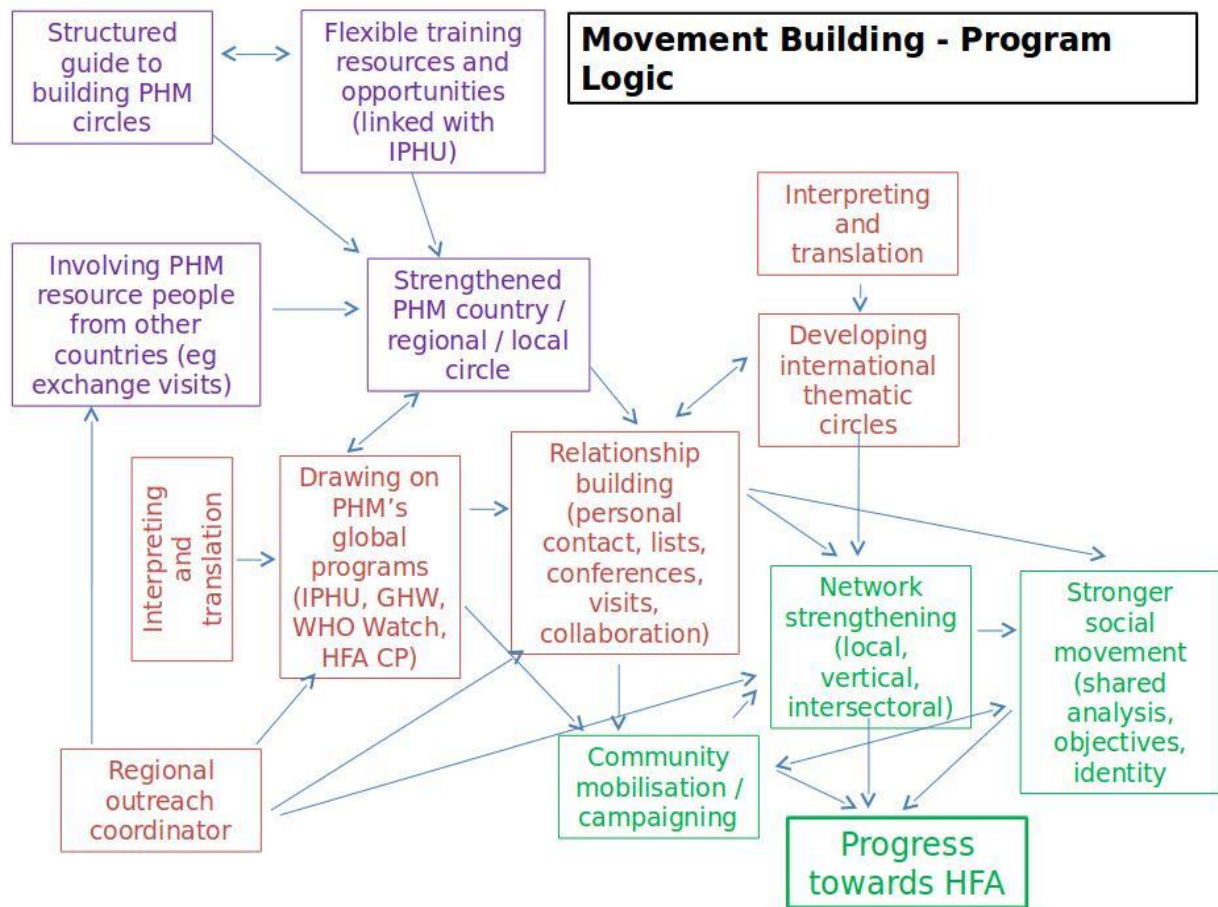


Figure 2. Provisional program logic for movement building (including PHM's country circle support activities)

Figure 2 is to be read from the bottom right corner. Progress towards HFA is driven by:

- Community mobilisation / campaigning
- Network strengthening (local, vertical, intersectoral)
- Stronger social movement (shared analysis, objectives, identity)

These drivers depend on infrastructure and process (in orange):

- regional (and global) coordination,
- community level activists participating in international activities (eg PHM's global programs),
- community level activists making links with various networks with a more specialist focus (nutrition, health system, access to medicines, mining, etc)
- resources for interpreting and translation,
- relationship building (personal contact, lists, communication, conferences, visits, collaboration)

In the purple in the top left are listed strategies for movement building at the country level:

- identifying local priorities and resources,
- identifying and mobilising in areas and issues where there is need and potential for activism,
- building a base in communities; involvement in community struggles and actions,
- structured guides to movement building,
- building capacity among activists,
- outreach from more specialist networks and global projects (including PHM's global programs),
- solidarity exchanges of activists between countries including experienced activists.

Theme 3 - Knowledge Generation and Dissemination

Our assumptions about knowledge access, generation and dissemination in relation to movement building for HFA are as follows:

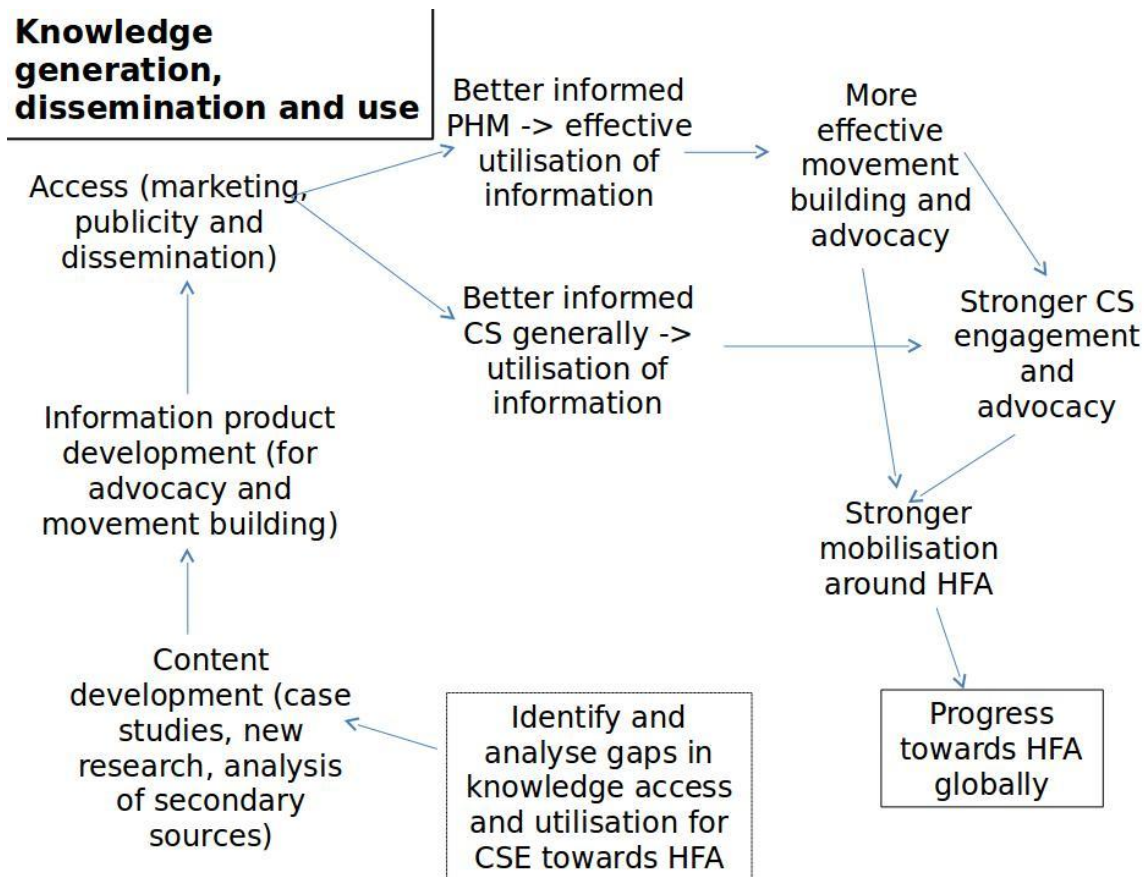


Figure 3. Provisional program logic regarding knowledge generation and dissemination

Figure 3 postulates a logic regarding the role of knowledge generation and dissemination in mobilisation around HFA. Progress towards HFA is driven by:

- stronger civil society engagement (as a consequence of better informed civil society) and
- more effective movement building and campaign collaboration (as a consequence of better informed PHM).

The input and process pathways, which contribute to better informed PHM and better informed CS, include :

- priority setting with respect to information needs,
- content development,
- product and media development
- dissemination.

Theme 4 - Training and Capacity Building

Our assumptions about capacity building and training in relation to movement building for HFA are as follows:

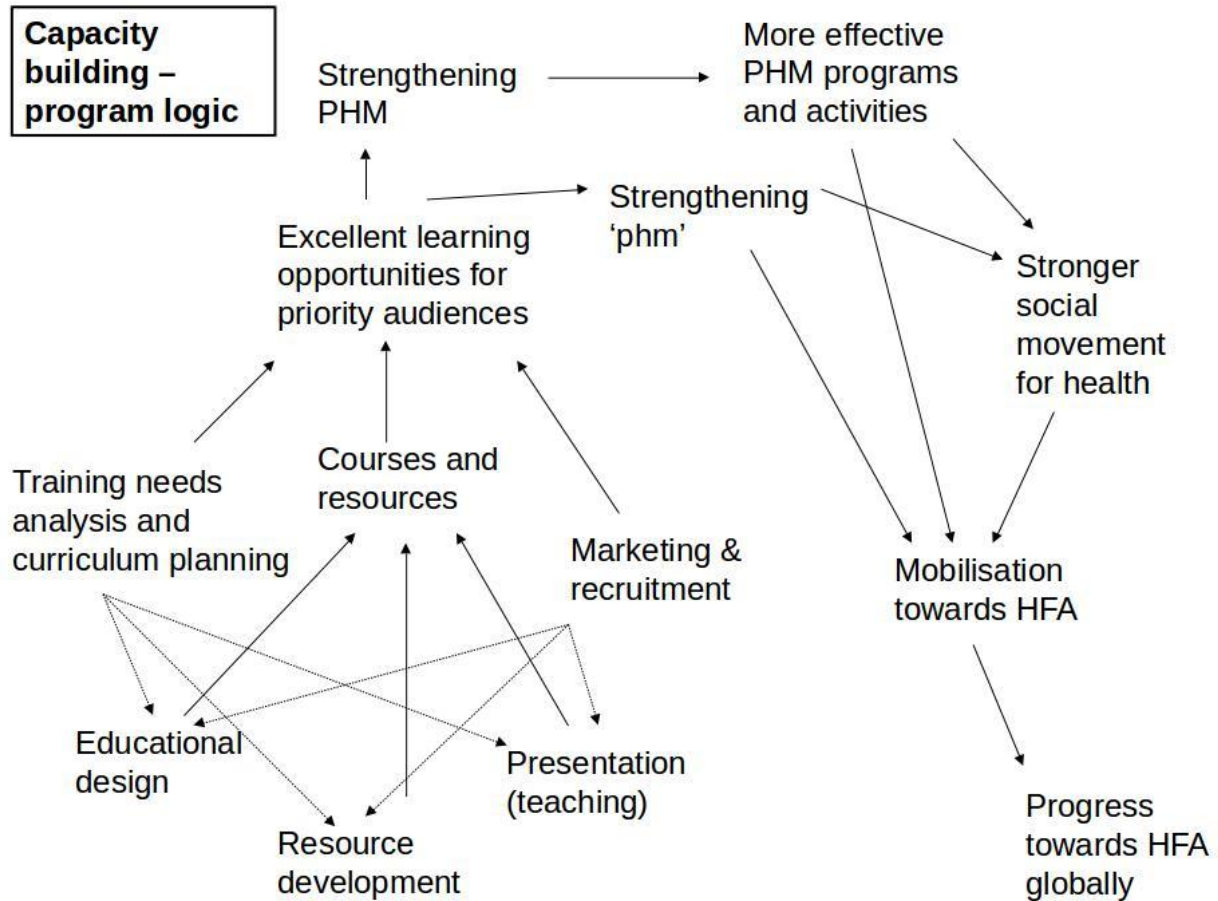


Figure 4. Provisional program logic underpinning capacity building and training activities including IPHU

Figure 4 postulates a logic regarding the role of capacity building and training in mobilisation around HFA. Progress towards HFA is achieved through mobilisation towards HFA as the result of:

- a stronger social movement for health, and
- more effective PHM programs and activities.

Excellent learning opportunities for priority audiences contribute to both strengthening progressive health movements generally and strengthening PHM, and depend upon:

- quality of training needs analysis and curriculum planning,
- availability and quality of training opportunities and resource persons and materials,
- effectiveness of publicity and recruitment.

These three success factors depend on:

- educational design,
- resource development,
- course organisation and coordination,
- presentations and teaching.

Theme 5 - Policy Dialogue and Engagement with GHG

Our assumptions about policy dialogue and engagement with global health governance in relation to movement building for HFA are as follows:

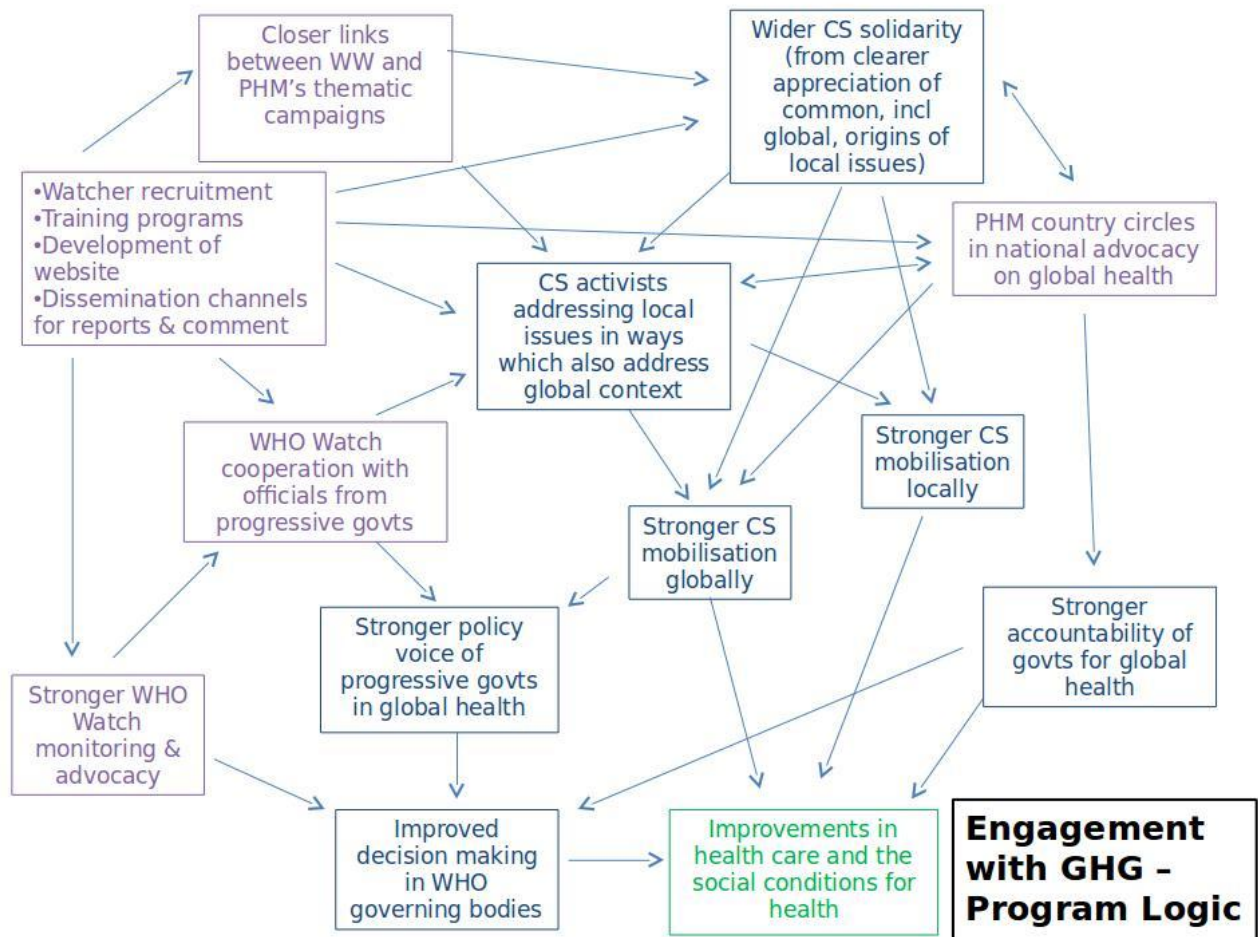


Figure 5. Provisional program logic relating to CS engagement in GHG as a strategy for HFA

Improved health care and social conditions for health are supported by:

- improved decision making and program implementation through WHO,
- stronger CS mobilisation around global health governance; globally, regionally and locally,
- stronger accountability of governments for global health.

Improved decision making in WHO is driven by three inputs:

- WHO Watch monitoring and advocacy,
- stronger policy voice of progressive governments and
- stronger accountability of governments for global health.

Stronger civil society mobilising (both local and global) is driven by:

- civil society activists addressing local issues in ways which also address the global structures and dynamics which frame the local context;
- wider civil society solidarity, across issues and countries (arising from clearer appreciation of common, including global, origins of local issues).

Stronger accountability of governments for global health is driven by stronger and more effective advocacy by PHM circles (and civil society more generally) around global health at the national level.

Stronger policy voice of progressive governments is supported by stronger civil society mobilisation and advocacy (nationally and globally) and through closer cooperation between WHO Watch and health officials from progressive governments.

