

Regional meeting of PHM West and Central Africa¹

RDC, Kinshasa, 16-18 March 2018



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1. This report is compiled by Chiara Bodini, who participated in the workshop in her role of Co-Chair of the PHM Global Steering Council, as well as co-Principal Investigator (PI) in the CSE4HFA action-research. Geraldine Malaise and Lies Busselen, from Third World Health Aid (TWHA) also gave their input.

Background

The opportunity to organise this regional meeting / IPHU arose as part of the IDRC-funded action-research CSE4HFA, which supported actions aimed at disseminating findings and approaches from the 6 study countries to the relevant regions. The workshop in West and Central Africa has been the latest of a series of other workshops that took place in the other regions. PHM members from some West and Central African countries had also the opportunity to attend the regional workshop organised in Cape Town for South and Eastern Africa in June 2016, which served in terms of capacity building and facilitated the organisation of a dedicated workshop in the sub-region.

The decision to host the workshop in DRC, as opposed to another neighbouring country, has been taken after some discussion within PHM Steering Council, the action-research PIs, and PHM-DRC. Above all, security issues were discussed, but finally it was decided to proceed and organise the workshop in Kinshasa. This decision was based on two key considerations:

- ⑩ the CSE4HFA action-research has represented a good opportunity to strengthen a country circle in francophone Africa, an area where PHM is less present than elsewhere, and particularly in DRC, a country with great challenges in terms of both health issues and civil society engagement; organising the workshop in DRC was yet another opportunity to continue on this strengthening path, that had already delivered promising results;
- ⑩ the Belgian NGO TWHA, affiliated to PHM, works with local partners in DRC who are also part of the PHM-DRC circle; organising the workshop in DRC facilitated the possibility for TWHA to contribute both directly, through some economic support, and in-kind by offering the work of some of its local staff to support the organisation.

Organisation and programme

The organisation has been led by Linda Mashingadze, part of PHM Global Secretariat and outreach coordinator for Africa, together with PHM-DRC. For defining the programme, key people have been involved such as the PHM Coordinator for West and Central Africa (Pacome Tometissi) and Chiara Bodini as co-PI of the action-research. David Sanders (also co-PI) and Lauren Paremoer, both key people of the action-research in South Africa, also gave their input, as did some of TWHA staff such as Lies Busselen (based in Kinshasa) and Geraldine Malaise (coordinator of South programme).

The local organisation has been facilitated by PHM-DRC, assisted by TWHA. Some aspects have been particularly challenging, such as the visa applications for some of the participants. This has caused a delay in arrivals, which implied re-defining the programme shortly before the beginning of the course, and slightly reducing the duration (beginning the afternoon of 16th March instead of the morning). See the final programme in Attachment 1.

Participants and facilitators

The workshop has been attended by representatives of PHM Benin (Pacome Tometissi), Gabon (Fabien Nkili Ndemezoho), Mali (Abdoulaye Kone) and Ghana (Kingsley Kwadwo Asare). PHM DRC was represented by around 15 participants. Additional participants included PHM-DRC affiliate organisations, such as the national

nurses union (SOLISICO), and members of the national movement for the right to health (MONDAS). Many authorities were invited (see also below under “Challenges”), but only one representative from the Ministry of Health participated to the second day. His presence was valued as very strategic by PHM-DRC, and a sign that the local authorities are increasingly listening to their voice as civil society.

In terms of gender balance, the situation is still very unequal: all PHM delegates from other countries were male; among the participants from DRC, only three (occasionally four) were female.

Facilitators included Chiara Bodini and Geraldine Malaise. The latter took the opportunity of a TWHA country mission that was already planned to also attend the workshop.

In terms of costs, most expenses were covered through the CSE4HFA budget. The tickets and live expenses of Chiara Bodini and Geraldine Malaise were covered by TWHA.

Contents and process

The **first (half) day** of the workshop was dedicated to the opening and introduction, and to provide a comprehensive view of PHM, both through a historical perspective and a summary of current actions and future plans, particularly with respect to the 7 April campaign (People's Health Day) and the upcoming fourth People's Health Assembly - PHA4 (15-19 November, Bangladesh). An update of the CSE4HFA project was also provided, in order to locate the workshop in the relevant stage of the action-research, both at the regional and at the international level. Finally, a note was made on the restricting space of civil society, in a period where violence and killings of (health) activists are on the rise. In a number of countries, including Turkey, the Philippines, several countries in Central and Latin America, and the occupied Palestinian Territory, also PHM activists are targeted, suffer violence and possibly death and/or imprisonment.

In the evening, the documentary “Bidons jaunes”, realised with the support of TWHA, was screened and discussed. The film makes a thorough and critical analysis of the situation in Lubumbashi, the second city in DRC, in terms of access to (safe) water. A subsequent discussion highlighted this issue, its structural determinants (from the inadequate public budgets dedicated to water and sanitation, to the land and water exploitation by the mining industry) and the health and social consequences it is linked to (water borne diseases, malnutrition, gender issues, etc.), as one of the priorities for health activism in the region.

The **second day** was dedicated to discuss strategies to strengthen civil society action and movement building. The PHM-TWHA publication “Building a movement for health” (French version) was presented and used as a background document. Also, Global Health Watch 5 (GHW5) was launched, at the presence of local authorities (representative of the Ministry of Health) and media. The discussion moved from the global experience to the local one, with integration with two relevant PHM programs that have implications at the regional and country level:

- ⑩ *WHO watch* - In this respect, the experience of PHM-Ghana was shared, where the participation in WHO watch has generated a watching activity at the country level, involving also several NGOs of the health sector (see the relevant case study produced as part of the CSE4HFA report). Participants also had the opportunity of doing a short 'watching exercise', in order to familiarise with WHO documents and the way PHM develops the civil society brief. Although WHO documents are available in French, the fact that most of the WHO watch activities and documents are in English still represents a barrier for the engagement of PHM francophone circles.

- ⑩ **PHA4** - The mobilisation process towards PHA4 was presented by Chiara Bodini and Pacome Tometissi, followed by group discussion on ways and strategies to apply the discussion on movement building to the mobilisation towards PHA4. With respect to the four axes of PHA4 (1. The political and economic landscape of development and health; 2. Social and physical environments that destroy or promote health; 3. Strengthening health systems to make them just, accountable, comprehensive, integrated and networked; 4. Organizing and mobilizing yet again for Health for All), after discussion number 4 was chosen as the most relevant for the region. Participants then organised in two groups, one composed of representatives of the 5 countries of the region, the other one of PHM-DRC members, in order to discuss concrete strategies towards PHA4. A series of events and opportunities to mobilise for PHA4 were highlighted, including launches of GHW5 and the 7 April campaign.

The **third (half) day** was dedicated to discussing campaigns as strategies for movement building. Three case studies from DRC (campaign on gender and on HIV/AIDS) and Gabon (anti-tobacco campaign) were complemented by key issues emerging from the CSE4HFA action-research as well as reported in the PHM/TWHA publication “Building a movement for health”. The group discussion that followed was meant at identifying a common campaign issue for the region. Two main ideas came out: 1) focus on water and sanitation, a common and still very relevant concern for most people living in the region; 2) focus on health systems and universal health coverage 40 years after Alma Ata, based on the fact that very little achievements have been made especially in terms of reaching the most vulnerable population. Since a decision could not be reached during the workshop (lack of time, but also lack of proper representation by many countries in the region), it was agreed that each country circle would continue the discussion and then report back to the regional coordination. In the meantime, all 5 countries have plans for the 7th April – People's Health Day, including a GHW5 launch in Ghana and activities around water and sanitation in DRC. Finally, a concrete solidarity action was made at the closing of the workshop, when participants held a sign in support of rights activists in the Philippines who are being targeted by the government as terrorists. A picture was taken and shared on social media as part of the solidarity campaign.

In terms of **facilitation**, the workshop has seen a shared contribution by more external participants (Chiara Bodini, Geraldine Malaise) and by PHM-DRC as well as the other country delegates. The methodology was very interactive, with few frontal presentation and several opportunities for group discussion. Although the time was shorter than planned, the work on the second day extended until the evening in order to complete the discussion on PHA4. Finally, on the 18th afternoon a visit to the city was organised, as part of the needed historical, social and environmental contextualisation of health issues (and activism) in DRC. The visit provided an important informal opportunity for extended exchange of experiences across the different countries and discussion on common challenges in the region.

Evaluation

The evaluation was made through the participatory methodology “Suitcase, trash can, megaphone”: three chairs are in the middle, each representing one of the three mentioned objects. Participants willing to share something they did not like will sit on the trash can chair; if they want to share something they learned and will bring with them, they will sit on the suitcase chair; if they want to send a message or make a proposal to the group, they will sit on the megaphone chair.

All participants contributed to the evaluation, which was very dynamic and rich; the result is reported in attachment 2 (in French). As part of the already mentioned gender (un)balance, two of the three female participants had to be explicitly and directly encouraged (by a leader of PHM-DRC) before they took the floor.

Challenges

Some challenges already mentioned include the **process (and cost) for obtaining visas**, which should have started much earlier in order to avoid the delay, extra costs, and huge stress by country delegates, facilitators and local organisers; and the **gender balance**, which remains unsatisfactory for PHM across the region.

In terms of **local organisation**, the result was good (thanks also to TWHA support) except for a bit of unclarity in terms of invitees and expected participants. The very day of the workshop beginning, 50 participants were expected, including representatives of local authorities. While the effort to increase PHM visibility and the need to respect local protocols is understandable, both the high number and the fact that these participants would be completely new to PHM could undermine the whole participatory structure of the workshop, agreed upon under the assumption that a) participants would not exceed 25; b) they would all be engaged with PHM, although with a mix of more experienced and newer members. A plan B was quickly put in place, to create a double track that could preserve a working space for PHM while allowing newer people to familiarise with the movement. In the end, this was not necessary as many of the prospected 'external' participants did not come, probably related to a late notice. Among those who came, a representative of the Ministry of Health which participated in the second day, assisting also to the launch of GHW5.

Another challenge concerns the apparent 'duplication' existing in DRC between **PHM-DRC and the national movement for the right to health (MONDAS)**. This issue has been coming up periodically in the past two years, since when MONDAS was created. The reasons for creating a different entity, by some of the key players of PHM-DRC, remain unclear. The situation at the moment, as described by Erick Kambale – both key person in PHM-DRC and leader in the creation of MONDAS, on behalf of his organisation Etoile du Sud (EDS) – is that MONDAS is larger in terms of number of organisation and geographic coverage, while PHM is smaller but has international connections (and scope), which MONDAS does not have. Apparently, there's a process that should lead to a convergence of the two entities, given the fact that the key players are the same (namely, the two organisations partner of TWHA: EDS and Codic); however, in order to do this the organisations that are currently members of only one of the two (either PHM or MONDAS) should come to an agreement. The suggestion by EDS is that all members of the PHM circle become part of MONDAS by signing on the movement's charter, and following that a general assembly can be called to deliberate on MONDAS participation as PHM at the country level. It is clear that this process has not started yet, and there may be obstacles related to personal, historical and/or political positions.

Opportunities and way forward

Compared to the beginning of the CSE4HFA action-research, and the initial involvement of PHM-DRC, the situation has undoubtedly improved for **PHM-DRC** in both quantitative and qualitative terms. The organisation of this workshop is an indirect sign of this, as it is the fact that more people identify as PHM and are more aware of the movements' scope and functioning. Still, in the evaluation many commented that the workshop served to clarify even more what PHM does and how.

The workshop has represented an advancement also in terms of **regional presence**, but even more of perceived regional identity. An aspect raised by many in the evaluation has been the awareness that people from different countries share the same (health) problems, and PHM presents an opportunity for joint action and greater impact.

Finally, the workshop was a good opportunity to **share some tools of PHM**, such as the publication “Building a movement for health” and GHW5, and **mobilise for global initiatives** such as 7th April - People's Health Day, WHO watch and particularly PHA4.

In order to fully take advantage of the step forward made by the workshop, a **careful follow up at the regional and country level is needed**. Particularly, the regional coordination needs to be assisted in regularly sharing information e.g. on the PHA4 process, and convening periodic meetings (e.g. on skype, if feasible) in order to strengthen the collaboration between countries and involve/animate new or silent ones. The plans that have been initiated for a common regional campaign need to be shared with all countries in the region, further discussed and finally implemented. Also, the mobilisation towards PHA4 needs to be accompanied, particularly regarding three aspects: 1) fundraising possibilities at the regional level; 2) mobilisation and selection of potential participants; 3) the contribution/voice/experience from the region that the delegation will bring to Bangladesh.

From the side of **PHM global**, this could be done with two strategies that are already in place but could be possibly strengthened:

- ⑩ close and regular contact between the Global Secretariat, particularly Linda as PHM Africa outreach coordinator, and the regional coordinator + focal persons in countries;
- ⑩ translation into French of all key documents related to PHM campaigns, global programs and especially PHA4, that need to be shared and visible also through the PHM facebook page and website.

Attachment 1 – Programme

16 MARS 2018			
Time	Agenda	Orateurs	Facilitateur
16:00-16:30	Accueil Présentation des délégations Introduction, Objectifs & Attentes Rôles and tâches (rapporteur, etc.)	PHM DRC (Erick) Participants	PHM RDC
16:30-17:00	Aperçu de PHM Global, incl. CSE4HFA (20 min + Q&A)	Chiara Bodini	Erick
17:00-17:30	Documentaire "Bidons jaunes" (problématique de l'accès à l'eau)	PHM DRC (Sylvie)	Chiara
17:30-18:30	LUNCH		

17 MARS 2018			
Time	Agenda	Rapporteurs	Facilitateur
09:00-09:15	Rôles et tâches (rapporteur)		
09:15-10:00	Etat des lieux de la lutte pour la santé dans la région		Pacôme
10:00-11:30	Comment construire un mouvement pour la santé - Thèmes-clés (de CSE4HFA et du manuel PHM/M3M): structure, organisation, inclusion, etc. - Expériences des pays RDC: PHM RDC et MONDAS, réseautage dans la société civile congolaise - Discussion de groupe: facteurs capacitants et obstacles, opportunités stratégiques		Chiara
11:30-11:45	PAUSE		
11:45-13:00	Utiliser la connaissance pour l'empowerment du mouvement - Thèmes-clés (de CSE4HFA et du manuel PHM/M3M) - Expériences des pays RDC: utilisation des enquêtes sociales pour la mobilisation des villages genre - Discussion de groupe: comment GHW5 peut-il être un outil pour l'empowerment du mouvement (idées concrètes d'application, priorités régionales, synergies et opportunités)		Geraldine
13:00-13:45	LUNCH		

13:45-14:45	Engagement politique Focus sur WHO watch: quoi, qui, pourquoi et comment? Exercices de WHO watching Discussion: opportunité d'engagement régional		Kingsley
14:45-15:00	PAUSE		
15:00-17:30	Mobilisation pour PHA4 en Afrique C/O - Note conceptuelle sur PHA4 - TdR du comité de mobilisation Global Discussion de groupe: - Lier les thématiques pays/régionales aux thèmes/axes de PHA4 - Utiliser la campagne commune pour préparer PHA4 - Lister les événements globaux, régionaux et nationaux pour la promotion de PHA4 - Récolte de fonds et autres stratégies de mobilisation		Pacôme et Chiara
17:30-18:00	Réunion programme		

18 MARS 2018			
Time	Agenda	Rapporteurs	Facilitateur
09:00-09:15	Synthèse jour 2		Rapporteur du jour 2
09:15-10:15	Comment organiser une campagne pour la santé – études de cas - Thèmes-clés (de CSE4HFA et du manuel PHM/M3M; campagne du 7 avril) - Note conceptuelle de la Campagne DAS - Campagne de contrôle tabbac (Fabien) - Discussion de groupe: quels éléments peuvent favoriser le succès d'une campagne ou au contraire être un obstacle?		Abdulaye
10:15-10:30	PAUSE		

10:30-12:30	<p>Concevoir la campagne régionale pour renforcer PHM en Afrique Centrale/Ouest</p> <ul style="list-style-type: none"> - Identifier des thématiques-clés à utiliser pour la mobilisation dans la région - Identifier des bailleurs au niveaux local, régional et mondial - Identifier des organisations hôtes pour de la récolte de fonds régionale - Equipe récolte de fonds/projet 		Fabien
12:30-13:00	Evaluation		
13:00-13:45	LUNCH		
13:45 ...	Visite de la ville		PHM RDC et M3M

Attachment 2 – Evaluation

Mégaphone (messages et propositions)

- ⑩ Merci PHM-RDC pour l'organisation, la facilitation des visas, l'encouragement: on est dans une dynamique
- ⑩ Santé pour tous, maintenant! Health for all, now!
- ⑩ Nécessité d'atteindre la santé pour tous, 40 ans après Alma Ata
- ⑩ Ensemble, c'est possible
- ⑩ Partager les messages de l'atelier/IPHU avec la communauté
- ⑩ Pérennisation de la dynamique de l'IPHU à travers la mise en place d'observatoires de la santé au niveau national, régional et Africain
- ⑩ Partager un rapport de l'atelier/IPHU sans délai, pour nous rappeler les choses à faire et les engagements pris, mais aussi pour faire connaître à tout le mouvement que PHM est actif au niveau de l'Afrique de l'Ouest et Centrale
- ⑩ «Je ne suis plus PHM Gabon, RDC, Ghana, Mali... je suis PHM régional, tout ce que je fais je dois le faire avec la région»
- ⑩ Rendre PHM plus visible et accessible à travers les médias sociaux, y compris en développant des apps pour les téléphones mobiles
- ⑩ Partager plus de ce qu'on fait en tant que PHM au niveau des pays de la région, et des difficultés qu'on rencontre
- ⑩ Agir ensemble pour que la santé soit un terrain de revendication en tant que droit fondamental, et pas quelque chose qu'on doit demander à ceux qui ont le pouvoir comme un cadeau
- ⑩ Dans la prochaine réunion régionale, partager plus de l'histoire de PHM dans la région, et surtout faire l'historique des réunions précédentes, des engagements pris, des choses atteintes et des difficultés au niveau des pays

Valise (apprentissages et choses à emporter)

- ⑩ Les problèmes de la RDC qui se retrouvent aussi dans les autres pays et le fait que là aussi il y a des militantes
- ⑩ Il y a des problèmes communs dans la région et on peut se mettre ensemble pour faire tous les mêmes actions; ça pourra influencer les décisions et les lois
- ⑩ Lutte commune en Afrique de l'Ouest et Centrale
- ⑩ Les problèmes des autres sont mes problèmes: unité en Afrique
- ⑩ On a les mêmes problèmes et il faut se mettre ensemble
- ⑩ Action régionale pour que l'unité régionale soit basée sur la santé, et non sur l'économie
- ⑩ Unité dans la diversité; solidarité

- ⑩ Meilleure connaissance sur le processus d'organisation de PHM régional et sur le contexte de la RDC
- ⑩ Meilleure compréhension de PHM au niveau mondial et de ses programmes
- ⑩ Faire partie de PHM global, dans un sens d'unité et de solidarité
- ⑩ Encouragement donné par le fait d'avoir réussi à organiser un rencontre régionale de PHM en RDC
- ⑩ Confiance en la RDC: la présence de PHM régional en RDC donne de la fierté et un coup de pouce pour le travail national
- ⑩ Sens de la lutte; prise de conscience collective
- ⑩ Encouragement et partage d'expériences qui donne plus d'énergie pour continuer dans la lutte
- ⑩ Expériences en RDC
- ⑩ Partage d'expériences qui motivent à l'action
- ⑩ Échange d'expériences entre pays donne une autre vision sur quoi et comment faire demain
- ⑩ Engagement mutuel
- ⑩ Potentialités de l'Afrique; toucher plus concrètement le PHM régional
- ⑩ Diversité comme force de PHM, richesse à capitaliser
- ⑩ La présence du ministre démontre qu'on peut avoir une collaboration avec les institutions

Seau

- ⑩ Difficultés dans l'organisation, notamment dans l'application pour les visas (reportés par beaucoup de participants, soit des délégations des autres pays, soit du comité organisateur en RDC); la prochaine fois, il faudra commencer avec l'organisation beaucoup plus tôt afin d'éviter ces problèmes et faire face aux difficultés qu'on connaît vu le contexte compliqué
- ⑩ Le coût des visas et le fait qu'ils soient nécessaires pour voyager même entre pays africains
- ⑩ On a terminé l'atelier sans un accord sur une activité commune au niveau régional
- ⑩ Difficulté au niveau de certains invités qui n'étaient pas au courant du changement dans le programme (début l'après midi et non le matin)
- ⑩ Organisation/fonctionnement de PHM au niveau mondial pas trop clair

Attachment 2 – Evaluation

Megaphone (messages and proposals)

- Thank you PHM-DRC for the organization, the facilitation of visas, the encouragement: we are in a dynamique
- Health for all, now! Health for all, now!
- Need to achieve health for all, 40 years after Alma Ata
- Together, it's possible
- Share workshop / IPHU messages with the community
- Sustaining the momentum of the IPHU through the establishment of health observatories at national, regional and African levels
- Share a report of the workshop / IPHU without delay, to remind us of the things to be done and the commitments made, but also to make known to the whole movement that PHM is active in West Africa and Central
- "I am no longer PHM Gabon, DRC, Ghana, Mali ... I am regional PHM, everything I do I have to do with the region"
- Make PHM more visible and accessible through social media, including developing apps for mobile phones
- Share more of what we do as PHM at the country level in the region, and the difficulties we face
- Act together to make health a ground for claiming as a fundamental right, not something that should be asked of those with power as a gift
- In the next regional meeting, share more about the history of PHM in the region, and especially the history of previous meetings, commitments made, things achieved and challenges at the country level

Suitcase (learnings and things to take away)

- The problems of the DRC which are also found in other countries and the fact that here too there are activists
- There are common problems in the region and we can work together to do all the same things; it can influence decisions and laws
- Common struggle in West and Central Africa
- The problems of others are my problems: unity in Africa
- We have the same problems and we have to get together
- Regional action so that the regional unit is based on health, not on the economy
- Unity in diversity; solidarity
- Better knowledge of the regional PHM organization process and the context of the DRC
- Better understanding of PHM globally and its programs
- To be part of global PHM, in a sense of unity and solidarity
- Encouragement given to having managed to organize a regional meeting of PHM in the DRC
- Confidence in the DRC: the presence of regional PHM in the DRC gives pride and a boost for national work
- Sense of struggle; collective awareness
- Encouragement and sharing of experiences that gives more energy to continue in the fight
- Experiences in the DRC
- Sharing experiences that motivate action

- Exchange of experiences between countries gives another vision on what and how to do tomorrow
- Mutual commitment
- Potentialities of Africa; more concretely to the regional PHM
- Diversity as a strength of PHM, wealth to capitalize
- The presence of the Minister demonstrates that we can collaborate with the institutions

Bucket

- Difficulties in the organization, especially in the application for visas (reported by many participants, either delegations from other countries or the organizing committee in the DRC); next time, it will be necessary to start with the organization much earlier in order to avoid these problems and to face the difficulties that are known given the complicated context.
- The cost of visas and the fact that they are necessary to travel even between African countries
- The workshop was completed without agreement on a joint activity at regional level
- Difficulty for some guests who were not aware of the change in the program (early afternoon and not in the morning)
- Organization / functioning of PHM globally not too clear