



*Health for All Now!*

**People's Health Movement**

## People's Health Movement Annual Report 2018



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## 1. About PHM

The People's Health Movement (PHM) is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). We have a presence in more than 80 countries.

Since its inception in 2000, PHM has played an increasing and significant role in global health: increasing capacity of community activists to participate in global health; monitoring global health policies and governance; and providing publication and a platform for engagement, advocacy and action around health for all. Much of this work has been carried out on a limited budget, with a small secretariat, and drawing significantly on volunteers.

Vision of PHM: "Equity, ecologically sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives..."

The objectives of PHM are to:

- Promote Health for All through an equitable, participatory and inter-sectoral movement and as a Rights Issue.
- Advocate for government and other health agencies to ensure universal access to quality health care, education and social services according to people's needs and not their ability to pay.
- Promote the participation of people and people's organisations in the formulation, implementation and evaluation of all health and social policies and programmes.
- Promote health along with equity and sustainable development as top priorities in local, national and international policymaking.
- Encourage people to develop their own solutions to local health problems.
- Hold local authorities, national governments, international organisations and corporations accountable.

## 2. Highlights from 2018

Despite challenges in fundraising, faced by PHM and many progressive organisations, we managed to raise sufficient funds to organise our 4<sup>th</sup> People's Health Assembly (PHA4), with many mobilisation activities taking place at country and regional level in the lead up to the Assembly.

PHM has four core programmes, namely the International People's Health University (IPHU), Global Health Watch (GHW), Global Health Governance (GHG) which currently focuses on critical engagement with the World Health Organisation (WHO Watch) and the Health for All campaign.

- **Global Health Watch (GHW)** provides a rigorous and critical analysis and practical policy suggestions on some of the most pressing issues in global health. In 2018 GHW5 was launched in over 15 countries with the help of a launch kit. A summary of GHW5 was produced in English which was translated and printed in Spanish by PHM Latin America.
- **The WHO Watch Program** focuses on two main activities, namely Watching the Executive Board (EB) meetings in January and the World Health Assembly in May. A number of

organised activities including capacity building workshops for young health activists from across the world, take place around each event; further details can be found below.

- **The International People's Health University (IPHU)** is PHM's main educational and capacity development activity. In 2018 2 global IPHU's, 1 regional and several country IPHU's took place. While all IPHU's include information on the politics of health, several were specialised around specific topics such as Gender and Health or Access to Medicines.
- During the PHA4, PHM re-committed to prioritising the **Health for All Campaign**. Specific sessions were allocated to discuss the 6 themes of the Health for All Campaign: Gender, Justice and Health, Trade and Health, Equitable Health Systems, Food and Food Sovereignty, Environment and Ecosystem Health, and War and Conflict, Occupation and forced Migration. On the 7<sup>th</sup> of April, World Health Day, PHM activists from around the world organised against the commodification of health under the banner: Our Health is not for Sale! This provided an opportunity for many PHM country circles to revitalise the Health for All Campaign Platform.

The PHA pre-mobilisation activities took place throughout 2018, and culminated in over 1400 health activists from 73 countries from around the globe, meeting in Savar, Bangladesh, to reaffirm PHM's commitment to the struggle for health. The Assembly was a resounding success, despite having to be moved to a new venue at the last moment: the programme gave focus to key issues and organized action, and the Assembly gave the opportunity to collectively evaluate PHM's organisation and brought new activists and new energy into PHM. The PHA4 Declaration gives PHM direction for the coming years.

The Assembly also provided the opportunity for regions to endorse or decide on new regional representation on the Steering Council. Quite a significant renewal process was required as a number of our SC members were nearing the end of their 2<sup>nd</sup> term (January 2019). PHM welcomes the new representatives on the SC and thanks those who have supported PHM central structures over the last years.

The year ended with the devastating news of the passing of our dear comrade, friend, globally respected health activist Amit Sengupta, one of PHM's founding members. His passing is a huge loss to PHM as well the progressive health community locally and globally. Amit's presence in PHM was large, and we will continue to be guided by his thinking and embrace the words of his closing speech at PHA4.

*"There was magic in the air for the last 4 days, the magic of people's strength."*

Further detail about achievements and challenges in 2018 are reflected below.

### 3. Global Health Watch



Global Health Watch 5 (GHW5) was published towards the end of 2017, and the initial launches took place early 2018. GHW5 was also made available for [download](#) (the entire book or specific chapters) free of charge via the PHM global website in the second half of 2018.

Over 16 launches took place globally at conferences, PHA4 mobilisation events, public meetings etc.

The GHW5 launch kit was [made available on the PHM website](#) and shared with the movement via the PHM exchange and social media.

A summary of GHW5 was produced in English, and translated into Spanish. 2000 copies were printed and disseminated at various events in Latin America as well as at the 4th People's Health Assembly in Bangladesh. A digital copy can be found [here](#).

[Reviews of](#) the GHW5 were published: In [the BMJ](#) and in [Medicine, Conflict and Survival](#).



### 4. Global Governance for Health - WHO watch

The WHO Watch Program is designed to promote and advocate for Democratic Global Governance for Health. The program incorporates elements of resource development, advocacy and capacity building of young activists.

Activities in 2018 include Watching the Executive Board (EB) meeting in January and the World Health Assembly (WHA) in May. Activities for both include developing a detailed commentary covering items on the EB and WHA agendas; a preparatory workshop for 'watchers'; attending a civil society strategy meeting (organised by Geneva Global Health Hub) to discuss the approach of civil society organisations. The second phase involves 'watching' the EB meeting and the WHA as part of the delegation of Medicus Mundi International, intervening in discussions and advocating to the delegates on issues of importance.

Watchers are recruited through communication circulated to country circles and through PHM communication and social media, and selected using defined criteria such as: experience in activism and prior work in the field of health, especially on global health issues. The Watchers are oriented prior to going to Geneva and in Geneva are supported by a number of resource people (in Geneva and elsewhere)



The 5-day preparatory workshop is conducted as training on Global Health and specifically Global Governance for Health; to help watchers to engage, discuss, critically analyse and prepare statements on various agenda items; and as a training to facilitate specific interventions and advocacy work in the EB meeting and WHA; policy briefs for advocacy are drafted and statements identified and developed. Daily reports prepared by the Watchers are made available on the PHM website.

WHO Tracker was created (<http://who-track.phmovement.org/>) in 2017 as an accompaniment to the WHO Watch website (<http://www.ghwatch.org>), and allows users to follow the discussions at WHA and EB meetings; and is a knowledge management system for the WHO Watch activities.



### Watching EB-142

One of the main focuses of EB142 was the Draft General Programme of Work 2019- 2023. It was the first EB of the WHO after new DG Dr Tedros Adhanom took over from Dr Margaret Chan. The technical areas that were included in agenda of EB142 are [here](#).

A total of 69 applications were received. A list of prospective participants was shortlisted and nine individuals were contacted for confirmation (3 from Africa, 4 from Europe and 2 from Asia). A total of 12 statements were submitted to WHO (available [here](#)). The videos of statements being orally presented by the watchers can be accessed [here](#). A summary of the proceedings of EB142 is available as daily reports ([here](#)).



### Watching WHA71 and EB143

The technical areas that were included in the agenda of WHA71 are [here](#). Further refinement of the WHO Tracker website occurred during WHA71, and redesign of the [Global Health Watch](#) website was initiated as planned originally. A total of 11 watchers participated watching the WHA and EB (5 from Europe, 3 from Africa, 2 From Asia and 1 from Latin America).

A total of 14 statements were submitted to WHO (available [here](#)). The videos of statements being orally presented by the watchers can be seen [here](#). Policy briefs were prepared on 5 topics (available [here](#)). In addition, watchers produced a number of articles concerning different technical topics form WHA71, which were published on portal Newsclick and can be accessed [here](#).

WHO Watch program over the years has become more focused and is valued by many civil society activists for both interventions and capacity development elements. An increasing number of country delegates use the PHM commentaries and position papers to inform their own statements.

## 5. The International People's Health University – IPHU

The International People's Health University (IPHU) is PHM's main educational and capacity development course. In addition to providing young activists with content information around issues such as globalisation and trade agreements, health systems, social determinants of health, etc., the IPHU also provides training in analysis and advocacy.

In 2018 a total of 3 International People's Health University's (IPHU) were organized. One IPHU short course on the political economy of health was held and organised by PHM Middle East in Jordan with 29 participants from 8 different countries. Two specialised IPHU's, one on Gender and Health and another on Intellectual Property and Access to Medicines. Both these IPHU's took place in Savar, Bangladesh, immediately before PHA4 with a total over more than 60 participants.



In 2018 several country IPHU's took place. For example, PHM South Africa organised 2 mini- IPHU's on Gender Health Justice, PHM Kenya together with Health Poverty Action organised a country IPHU and PHM Benin organised a mini-IPHU on adapting the human rights-based approach to the reproductive health of young people and women. In India, a seven-day Gender Justice and Health training was by Sama with JSA Bihar Chapter conducted on gender and health rights in Hindi in Patna, Bihar, India in December.



## 6. Health for All Campaign

During the PHA4, there was renewed commitment to organise the Health for All Campaign around the 6 themes identified during PHA3 in Cape Town.

- Gender Justice and Health
- Trade and Health
- Equitable Health Systems
- Food and Food Sovereignty
- Environment and Ecosystem Health
- War and Conflict, Occupation and forced Migration

The PHA4 declaration states a clear role and vision for these thematic groups and how PHM commits itself to advance each of the themes. Countries or regions can adapt these and organise activities according to their local priorities.

As part of the global Health for All Campaign, on World Health Day (7<sup>th</sup> April), PHM circles organised “People’s Health Day” activities against the commodification of health under the banner “Our Health is not for sale!”. Organised actions took place in several cities around the world, and were recorded on an online map. Many of these activities were also used to mobilise for the PHA4. Below are examples of activities that took place:



- **PHM Nepal** organised a symposium on Reclaiming Universal Health Care in Kathmandu with focus on equitable health financing, and a rally and talk program in Chitwan District.
- **PHM Australia:** lead a “twitter hour of power”, highlighting the extent and impact of out of pocket healthcare costs amongst other topics.
- **PHM Philippines:** a picket rally was held outside the WHO Western Pacific Regional Office, Manila, focusing on the failure of the Universal Health Coverage debate to promote publicly funded health systems, and “to protest the issue of the government’s neglect of public health facilities, the deterioration of public health systems and the continuing disregard for the people’s right to health”. Around 60 doctors, nurses, hospital workers, community health workers, community people attended.
- **PHM Tunis:** The Tunisian association for defending the right to health/PHM circle participated in a series of events: more than 40 CSO supporting the right to health and defending the public sector celebrated the event. The association took part in a conference convened by the Tunisian forum for economic and social rights and a paragraph supporting the right to health and defending the public sector appeared in the final declaration. The PHM Circle addressed a meeting by Ministry of Health and WHO on April 7th in Tunis.
- **PHM Palestine:** Palestinian Medical Relief Society (host of PHM regional coordination) with other health civil society organizations in Gaza called for a peaceful protest in solidarity with Palestinians and their rights on Sunday April 8th. The activity shed light on the ongoing Israeli violation against Palestinians and their right to health and called for an end to the blockade of Gaza so Palestinians could enjoy their health rights.
- **PHM Paraguay:** had their first joint activity: a Day of Mourning and Repudiation for Death of Girls and adolescents at the time of childbirth.
- **PHM Argentina:** On the 21st of April a Provincial Health Meeting of the Province of Missions "laicrimpito" under the theme "Agroecology, Memory, Seed and Path to Hope for a Single Health" was organised during which struggles worldwide were shared and solidarity to the Palestinian struggle was expressed. In Buenos Aires, PHM celebrated in a popular village ("la carbonilla") with many citizens, mostly mothers and a lot of children.
- **PHM Ghana** mobilised civil society organisations and media and launched GHW5. They used the platform to promote PHA4 and to have a dialogue on UHC.
- **PHM East and Southern Africa:** organised a regional launch of GHW5 on the 9th of April in Kenya as part of the 7th of April action and PHA4 mobilisation. PHM Kenya, Zimbabwe and Uganda attended the A position on Universal Health Coverage and Call to Action was



- developed.
- **PHM Europe:** On April 2nd, PHM Europe groups from Belgium, Italy, Croatia and France participated in the demonstration and conference “Our Health is Not for Sale!”, in Brussels, organized by European Network Against the Commercialization and Privatization of Health and Social Protection. The demonstration was attended by approximately 1000 people, and had extensive media coverage.

2018 is the second year so many PHM health activists organised under the same banner. Social media platforms were used to share pictures and small reports of the event creating global solidarity.

## 7. People’s Health Assembly

The People’s Health Assembly (PHA), is organised approximately every 5 to 7 years. The 4th PHA was hosted by PHM-Bangladesh from November 15 to 19, 2018 at the campus of BRAC-CDM, Savar, Dhaka.

The PHA4 aims to evaluate and critically analyze current processes and policies impacting health and healthcare at global, regional and local levels and aims to launch renewed sustainable structures and dynamics, both within and outside the health sector, that will continue to drive coordinated action to secure universal and equitable access to health and health care.

In the lead up to PHA4 mobilization activities took place in PHM regions across the globe: some PHM regions and countries had specific pre-assembly and mobilisation events, for example India, Latin America, Nepal and Australia. Others linked mobilisation activities to existing events including Ghana, Middle East and North Africa, Gabon, Kenya, PHM EU and PHM West and Central Africa. A number of countries used the PHM Health for All (HFA) campaign / World Health Day or GHW launch to popularise and mobilise for PHA4.



Over 1400 health activists from 73 countries across all regions, met in Savar, Bangladesh, six years after the assembly in Cape Town, to reaffirm PHM’s commitment to the struggle for health, which — in the words of Amit Sengupta — PHM sees as the struggle for a more equitable, just and caring world.

The PHA4 program was developed with input from PHM activists globally and gave space for academic and case study presentations. There were nine plenaries and eighteen sub-plenary sessions and series of thematic strategy discussions, workshops and cultural activities spread over four days. The discussions at the Assembly revolved around four “thematic axes” – (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, and (4) organizing and mobilizing for Health for All.

Plenary sessions focused on the major themes of the Assembly. An additional special plenary session on the last day was on 40 years of Alma Ata Declaration. Parallel discussions took place on different thematic axes of PHM’s Health for All campaign to develop strategies to align and co-ordinate activities and struggles across continents. There was space for participating groups to organize workshops on topics related to their own priorities. There were more than 10 concurrent self-organized workshops every day, with a total of 43 workshops being held. The program also allowed for significant time for regions to meet and discuss/plan their regional movement building strategies.

Participants in the Assembly, the majority of whom were young activists, included representatives of various organisations, including popular social movements, trade unions, women’s organisations, other civil society organisations, governments, inter-governmental bodies, and academic institutions. The majority of participants were from the global South, with over half coming from Bangladesh. A large number of people from Nepal and India travelled many days by bus to attend the PHA4.

Approximate breakdown per region:

Africa	7%
Australia	1%
Europe	4%
India	18%
Latin America	3%
Middle East	2%
North America	1%
Nepal and Sri Lanka	9%
South East Asia	4%
Bangladesh	52%

PHA4 was not without challenges: the Assembly was almost cancelled at last minute by Bangladesh government, but after delicate negotiations it was allowed to continue at a new venue and as a four rather than five day event. The organisers managed to arrange a new venue (thanks to BRAC), rework the 5-day programme into 4 days, print the programme, and avoid any rancour from delegates. Unfortunately, during the period of uncertainty a few participants cancelled or broke their journeys. Many delegates spent hours in immigration before being allowed into the country and a few were deported/not allowed to enter. The difficulties some faced entering Bangladesh seemed to feed into the strong sense of solidarity at the Assembly.

The Assembly discussed key processes and policies that affect health and healthcare all over the world. It offered space to enhance the capacity of civil society health activists to engage with and intervene in

the policy making process, to monitor and drive policy implementation and to ensure accountability in the functioning of health systems with a focus on constructive dialogue, planning and mobilization around the broader social determinants of health. A wide range of health workers and activists attending the assembly shared experiences and pledged to take actions to secure universal and equitable access to health and health care. Please find the report with more detail about PHA4 [here](#).



At the end of the assembly, activists committed to strengthening the PHM and to building and strengthening country circles, and to engage new and especially young people. It was agreed that PHM's work in the short term will be organised around six different thematic and action areas with specific objectives. Please refer to HFA campaign above, to see identified themes.

PHM released the final version of the [Declaration of the Fourth People's Health Assembly \(PHA4\)](#) early 2019. The Declaration, which is dedicated to PHM's dear friend and comrade Amit Sengupta, further expands the vision and actions of the 6 thematic groups as discussed during the PHA4. The text went through extensive consultation and is currently being translated to Spanish, French, Arabic and Hindi.

## 8. Communications

In 2018, the PHM website was redesigned to improve PHM's visibility and communications, to increase accessibility and to increase protection against cyberattacks. The website, which is still being populated, has a more contemporary lay out with more focus on visual content.

PHM is increasingly active on social media with an active [global Facebook page](#). There are also many country and regional Facebook groups and twitter accounts ([PHM global twitter](#): @phmglobal and #phmovement).

## 9. Statements/Conferences/Publications

### Alternative Civil Society Astana Statement on Primary Health Care

PHM was represented on the Astana Primary Health Care conference (40<sup>th</sup> anniversary of Alma Ata conference) advisory group and submitted formal comments to two drafts of the official declaration, and engaged with a number of documents and processes related to the conference.

David Sanders represented PHM and presented in a session in the Global Conference on Primary Health Care, Astana. While we agreed with the objectives and much of the official statement, PHM had some concerns that the declaration framed PHC primarily as a "cornerstone"/ foundation of Universal Health Coverage (UHC). PHM believes that PHC is broader and indeed subsumes UHC. PHM

together civil society organisations across the global developed the **Alternative Civil Society Astana Statement on Primary Health Care**. <https://phmovement.org/alternative-civil-society-astana-declaration-on-primary-health-care/>. The alternative statement was signed by 158 organisations from 45 countries and by 266 individuals from 40 countries.

### **The struggle for Health: an emancipatory approach in the era of neo liberal globalisation**

The publication “The struggle for Health: an emancipatory approach in the era of neo liberal globalisation” has its origins in a meeting in autumn 2016, attended by over thirty activists, researchers and health professionals from Africa, Latin America, Asia, Europe and North America. PHM was well represented at this meeting. After intensive discussions and debates the meeting concluded unanimously that the struggle for health is a political struggle which challenges the fundamental practices of our society and the trends which shape them. The booklet was finalized in 2018 by PHM and published by Rosa Luxemburg. The booklet was disseminated through various media channels and can be found on the PHM website.

### **Building a movement for health, key practices for movement building**

In 2018, based on the interactive manual “Building a movement for health” developed by PHM and Viva Salud, a new section on the PHM website was developed, dedicated to movement building. In this area, it is possible to browse through six key practices of movement building (relationships and values, organisation and strategy, visible actions, participation, networking, learning from experience); access more than 25 case studies of health activism from all over the world; and to contribute one's experience by submitting a case study. This interactive material is intended to be an aid in the struggle for health equity, to support movement-building at the country level, and to contribute to the strengthening of PHM worldwide.

## **10 Governance**

In January 2018 PHM used the opportunity of the Prince Mahidol Awards conference to organise a Steering Committee (SC) meeting in Bangkok. The organisation of PHA4 in Bangladesh was a major discussion item on the agenda.



The regions where the term of the SC representatives was coming to an end<sup>1</sup>, used the PHA4 mobilisation activities to select new SC representatives. Following the PHA4 an extended SC took place to reflect on PHA4 and to take the actions of PHA4 forward.

This SC renewal shows an increase in elected members of younger age with a gender balance.

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<sup>1</sup> Each SC member can do a maximum of two 3 year terms on the SC



## 11 Regional Activities

Much regional activity in 2018 was around mobilising towards PHA4, strengthening and renewing regional organising structures, and governance renewal. In addition, many regions and countries organised launches of Global Health Watch. Many country circles organised simultaneously on the 7<sup>th</sup> of April World Health Day / People's Health Day as part of the global Health for All Campaign. More information on these activities can be found under the Health for All Campaign section.

### Southern and Eastern Africa

Active countries in this region include South Africa, Zimbabwe, Uganda, Tanzania, Kenya, Zambia and Djibouti. Key issues are: national health insurance systems and human resources for health, including CHWs. Activities and campaigns have included an increasing emphasis on Universal Health Coverage (UHC); monitoring implementation of Economic, Social and Cultural rights and National Health Insurance schemes.

PHM South Africa (PHM SA) ran a number of "South African People's Health University" (SAPHU) for Community Health Workers including two with a focus on gender health justice. PHM SA is part of a coalition that is organizing around a "People's National Health Insurance". The circle actively supports community health committees, writes media pieces and lobbies government on key health issues. PHM SA is part of several broader civil society coalitions and coordinated the submission of a shadow report on Health for the International Covenant on Economic, Social and Cultural Rights (ICECSR) report.

PHM Kenya participated in the IPHU organised by Health Poverty Action (HPA). The faculty included PHM activists from Africa and Europe and covered topics on Health and Human Rights Advocacy work. In 2018 PHM Kenya formed a new secretariat and held a strategic planning. They were represented at the workshop on Universal Periodic Review (review of fulfilment of economic social and cultural rights in Kenya) and used this as an opportunity to mobilize for PHA4. PHM Kenya held a press conference on the crisis of Maternal Health and used the platform to raise other challenges within the health system and together with other civil society to commemorate World Human Rights Day. PHM Kenya raises funds to implement many of its activities.



PHM Tanzania organized a march and discussions about UHC on UHC day 12<sup>th</sup> of December; PHM Zambia put effort into revitalizing the country circle and published an article on access to gender health; there is growing interest and action in reviving PHM Malawi. PHM Zimbabwe launched the GHW5 on the 9<sup>th</sup> of November 2018.

In 2018, at the Medicus Mundi International (MMI) conference, PHMSA, PHM Uganda and the regional outreach coordinator Linda Shuro met with Mozambicans activists and laid the foundation for a PHM circle in Mozambique.

There were coordinated regional pre PHA4 activities which included regional online meetings; a regional GHW5 launch in Kenya attended by PHM Zimbabwe, Kenya and Uganda; documentation developed (on UHC, extractivism). A series of preparatory meetings were held for a self-organised workshop on PHC and UHC held at PHA4. Zimbabwe, Tanzania, Uganda, Kenya, South Africa and Ghana country developed a country analysis of PHC and UHC and out of this aUHC statement was developed.

## West and Central Africa



In [West and Central Africa](#) PHM has a presence in 18 countries of which 7 were active in 2018, namely Cameroon, Mali, Togo, Ghana, Benin, DRC and Gabon. Campaign issues in the region have included human rights, UHC, anti-tobacco. In July, PHM Benin organised a mini-IPHU on adapting the human rights-based approach to reproductive health. This workshop is the first in a series for West and Central Africa, calling for integration of the human rights-based approach into government policies.

Thirty participants from Mali, Benin, Belgium, Italy, Gabon and DR Congo took part in a regional workshop organized by PHM DRC and Viva Salud, 16 to 18 March in Kinshasa, DRC. The workshop aimed to: share research findings of the Civil Society Engagement for Health for All project; mobilize for PHA4; strengthen PHM DR Congo; explore synergy between country circles and how more active ones can support regional processes and assist build less active ones. The GHW5 was launched at the workshop.



PHM Ghana organised a forum on “Universal Health Coverage in the 40th year of Primary Health Care” on World Health Day; PHM Gabon organised a workshop on the role of the tobacco industry in public health to celebrate the world no tobacco day. This activity was used to raise awareness about PHA4 within the region.



Following the launch of the regional mobilization for PHA4 in March in DRC, a coordinated effort took place to share ideas for PHA4 mobilization activities and to organise a self organized workshop at PHA4. Several of the above mentioned country level activities included mobilization for PHA4.

## Latin America

In PHM LA, challenges in communication and language within the region remain. The political climate in some areas have resulted in a difficult environment for civil society. Connections were made with the Fundacion Soberania Sanitaria - "Health Sovereignty Foundation". During 2018, PHM Argentina campaigned for the struggle to decriminalise abortion.



In the lead up to the PHA4, a Regional PHA (5-7 September), held in Guatemala celebrated 40 years of Alma Ata. There was mobilisation both within countries and within the region such as weekly skype calls across the region, and the communication team assisted with the production and dissemination of pre- and post PHA material.

Key issues/ campaigns in the region include: food sovereignty, nutrition, seed sharing fairs, mobilising against extractive industries and against privatization of health / health services; interactive mapping; defence of territories and water, including indigenous lands; Buen vivir; right to water; agro-ecology, social participation in health, and defence of the SUS (Brazilian National Health System).



PHM Brasil together with the Public Health School organised a short course for Public Health students around the GHW and participated as an effective member in the Nutrition Alliance, with several community activities to promote Public Health. They also participated in a breastfeeding symposium in Porto Alegre. Integrating the Civils Society Action for Health for All research, several workshops were organised on subjects such as permaculture, theatre, good living, community garden, motivation of teenagers on taking part in health actions 2018 brought new connections with CEBES and the Brazilian Center for Health Studies.

## PHM North America

In both PHM US and PHM Canada, the regional focus has been on extractive industries, resisting privatization of health care, trade and health, and reproductive justice. The country circles organize quarterly coordination calls to give updates on actions and opportunities, educate members on other organizations working in the health justice space, and to provide an opportunity for networking and



getting to know each other. Each region hosts an active listserv that shares articles, events, actions, and other information, as well as social media outlets that provide the same.

There were several major actions and series of events that took place: PHM US took part in April 7 activities and PHM Canada engaged with the SaskForward austerity and health report. In an ongoing project, PHM-North America is collecting stories from around the world of successful movements to protect public health services. Lessons are used to reinforce and inspire PHM's work to achieve public, accessible, affordable health care. PHM US has spoken out about the ongoing crisis on the US-Mexico border involving family separation and the mistreatment of migrants and their families. PHM US has used the PHM ["extractive industries statement"](#) for outreach to US-based groups working against fracking, mining and oil extraction and pipelines and interested in working on these issues through a health justice perspective.

PHM NA held a series of meetings prior to the People's Health Assembly to discuss goals and objectives of the Assembly. Following PHA4, PHM NA had a debriefing call and the PHM NA website was updated with a report on the Assembly. Two additional "debrief" calls have been organized to support continued activities and networking among PHM members.

PHM NA was present at the American Public Health Association conference in November and organized a series of events, including several presentations hosted by Hesperian (including a presentation on the PHM NA Resisting Privatization project); a social hour to promote GHW5; and support for a policy condemning and ending police violence.

### [Middle East and North Africa \(MENA\)](#)

The political situation characterized by war in Iraq, Syria and Yemen and the continued occupation of Palestine has limited PHM activities. Despite this, there has been some progress in the region: there are currently seven active countries in the MENA region: Egypt, Jordan, Morocco, Lebanon, Palestine, Tunisia and Yemen.

IPHU Jordan brought together health activists from all these active countries, to learn more about the politics of health and also strategized a way forward for PHM MENA. MENA had a large delegation at PHA4, including several of the IPHU Jordan participants.





## Europe

The region has 11 countries with an active PHM group (Italy, Spain, Greece, France, Belgium, Germany, Norway, Sweden, UK, Turkey, Croatia); and 5 countries with individual contacts. Coordination takes place through online bi-monthly Skype meetings, with responsibility for convening the calls being rotated between different countries.

PHM Europe is mostly focused on health systems (particularly against the privatisation of health care, including access to health care/health care legislation, the position and role of health workers, social determinants of health) and issues surrounding migration.

Members of PHM Europe are also members of PHM thematic groups Trade and Health, Gender and Health, Health Systems, and Food and Nutrition, and several people and groups are active in the field of Access to Medicines.



The main campaign in PHM Europe is organised around 7 April as People's health day, focused on opposing health commercialisation and particularly healthcare privatisation. Also, there has also been activity on the situation facing Academics for Peace in Turkey. Several groups and people from PHM Europe are active on migrants' and refugees' health and rights.

Additionally, PHM Europe are active participants in the WHO Watch programme. WHO Watch has enabled PHM Europe to link and liaise with other organisations, such as Students for Global Health - UK and UAEM. A small group of PHM Europe participants also followed and analysed selected topics of the 68th meeting of the WHO Regional Committee for Europe, and intends to continue this activity in 2019.

## South East Asia, Australia and Asia Pacific

PHM in this region has a presence in: Australia, Cambodia, Indonesia, Japan, Malaysia, Myanmar, New Zealand, Pápua Nèw Guínea, Philippines, South Korea, Thailand and Vietnam.

PHM Philippines has an active country circle with various activities including: Human Rights anti-privatisation campaign; 7th of April rallies; raising issues of indigenous people; etc. They participated in the Senate Hearings on the Proposed Abolition of the Continuing Professional Development Law; and on the December 10, International Human Rights Day rally, highlighting the violations on the right to health. In addition, several discussion fora were held in different colleges of medicine, sponsored by the Philippine Medical Students Association. The PHM perspective on PHC and the issues on UHC as presented in the Astana Declaration were clarified with the students.





PHM Australia works with a coalition of organisations to lobby for reinvestment in PHC and Health Promotion, continued advocacy about TNC's, advocacy on trade and health. In the lead up to PHA4, they organised a workshop designed to examine the impact of neoliberal globalisation on health and health care, on the social determinants of health and health equity in Australia, the region and globally. PHM Australia is involved in advocacy work around the RCEP. The South Australia group worked on a campaign for the Federal election (May 2019) on public health and against privatisation. They have also been writing in social media about the adverse health effects of the attack on media freedom in Australia.

PHM Cambodia translated the Alma-Ata Declaration into Khmer language and with their alliances, co-organized a women art forum with approximately 700 public participants. This women's art forum is the space for public mobilization and awareness raising on the issues of women's rights in access to essential services including healthcare.

In Japan, outreach to several civil society organisation and activists started in the follow up of PHA4.

In Pápua Nèw Guínea, activists reached out to PHM Oz to start PHM in their country with the first activity planned early 2019.

PHM South Korea is organizing a 'network' for dissemination of the PHM related knowledge and information. One of the main activities was to mobilize participation in PHA.

#### [JSA / PHM India](#)

2018 was a year of stabilizing and strengthening [JSA \( PHM India\)](#). Activities included advocacy, capacity building, perspective building and knowledge creation on health systems (critiquing privatisation and advocating for strengthening public health systems), sexual and reproductive health, access to medicines, patients' rights, rights of health workers and occupational health. There was a special emphasis on political engagement geared towards the state and national elections.



The third National Health Assembly (NHA3), took place 22-23rd September at Raipur, and around 1500 delegates participated from 24 States. NHA3 brought together activists, academics, representatives of peoples' movements and members of civil society organisations to mobilise towards setting health as a priority prior to the upcoming general elections in the Country. Ten policy primers and booklets were published and the assembly provided opportunity to build momentum and mobilisation towards PHA4.



District, Regional and state Assemblies were held in the run up to the NHA. The assembly and the pre-assembly activities have strengthened and energised state and national JSA and built solidarity within JSA and with other networks, campaigns for social justice and health worker unions. The Assembly was held just before the State elections, and the content of the NHA was fed into the political parties manifestos.

JSA members (Sarojini, Sulakshana and Amulya) are involved in coordination of the

PHM thematic groups on Gender, Health systems and Environment and many JSA members are part of these circles.

JSA members have been involved in developing various statements, policies and plans including on critical issues like the expanded publicly funded health insurance scheme, health workers' strike, introduction of factory-based nutrient packet in government meals, health budgets and committees and advertisements by the government, occupational health, rehabilitation, sexual harassment in the workplace critical statements and perspectives on current market-based health system reforms and policies. JSA participated in various campaigns and protests including on transgender rights, Right to Food, patients rights, violations and denial of health services, unethical clinical trials.

A People's health manifesto (includes gender, health system strengthening, environmental health, nutrition) was prepared through a long consultative process, for the general elections at National level in 2019; its dissemination and discussions with political parties is ongoing.

At the end of 2018, JSA was confronted with the devastating passing of comrade Amit Sengupta who was a leader within JSA and key to conceptualizing, and supporting most of these activities in JSA.

## South Asia

Active countries are Nepal, Bangladesh, Pakistan and Sri Lanka. PHM Pakistan is attempting to influence the policy making processes to align with the PHM charter; there have been efforts to grow PHM and there are now over 150 grassroots organisations affiliated to PHM Pakistan. PHM Sri Lanka hosts regular meetings and has been lobbying government to stop privatisation and to ensure implementation of the Drugs policy, and, in addition, working on occupational health issues.



PHM Nepal formally launched GHW5 and widely disseminated its contents. A National People's Health Assembly was organized in September to discuss and finalize Nepal's position and agenda in PHA4. Students from different Universities of Nepal engaged in students circle and young activists who had participated in IPHU Nepal conducted series of meetings and discussions over the PHA4 program to gain understanding and be able to make a critique.



## 12. Amit's passing



2018 ended with the sad passing of our dear comrade Dr Amit Sengupta, a beloved colleague, friend, mentor and activist. Amit passed away on 28 November 2018, in a swimming accident in Goa, India. Amit was a founding member of PHM at its creation in 2000 in Savar, Bangladesh.

Trained as a medical doctor, Amit dedicated his life to the struggle for universal access to health, and worked on issues related to public health, pharmaceuticals policy and intellectual property rights. He led several research projects in the area of public health and medicines policy, and was associated with several civil society platforms and networks, including the All India People's Science Network. He was the Associate Global Coordinator of People's Health Movement (PHM) and coordinated the editorial group of the Global Health Watch and the WHO Watch. He was the Co Convenor of Jan Swasthya Abhiyan (JSA), the Indian Chapter of PHM. He wrote regularly for journals and newspapers across India and the world.

Amit played a key role in the 4th People's Health Assembly in Dhaka, negotiating the complexities of moving PHA to a new venue and condensing a 5 day programme into 4 days. Amit brought enormous political, organisational and leadership capacity to PHM. We were privileged to have him as a co-traveller. He leaves us a wonderful legacy: the magic of his life, his intelligence, warmth, honesty, joy, wry humour and his steadfast commitment to a just and equitable world.