



Health for All Now!
People's Health
Movement

GLOBAL NEWS

PHM-SOUTH AFRICA WORKS WITH KEY HEALTH SECTOR UNION

CONTRIBUTED BY LOUIS REYNOLDS

PHM-South Africa has developed a formal strategic relationship with the powerful National Education, Health and Allied Workers' Union (NEHAWU), aimed at the development of a conscious and progressive leadership that can engage with and influence policy and its implementation at a time when the realizing the right to health in the country is at a crossroads.

The stakes are high: the government's plan to develop a National Health Insurance (NHI) has opened up a critical terrain of the South African struggle for health. The NHI proposal explicitly recognizes "the responsibility of the state to ensure the progressive realisation of the right to health for all". One of its key components is the re-engineering of Primary Health Care. However, the process towards implementation has become bogged down in the murky and opaque world of power, patronage, corruption and private vested interests.



David Sanders addresses a NEHAWU meeting.
Photo: Louis Reynolds.

And while the powerful corporate sector is using all its channels and opportunities and its proximity to the process to influence the outcome in its favour, public awareness is minimal, participation practically non-existent, and positive contributions from civil society are largely ignored.

Against this background, PHM-SA regards NEHAWU, the most

powerful and influential organizing force within the health sector, as a key role player in campaigning for a "People's NHI". Our work with the union at different levels over 2 years has revealed a low level of understanding of the meaning of universal access to care and the details of the intended NHI among key members in leadership at all levels. There is an urgent need for developing capacity in the understanding and analysis of health systems and of policies such as the NHI and primary health care, as well as the social determinants of health.

Following their recent congress, the central leadership of NEHAWU is considering an internal proposal to strengthen health care development programme at provincial and regional levels with guidance, training and technical input from PHM-SA. The idea is for PHM to train and support a cadre of trainers, so that capacity development can be 'cascaded' down from the provincial and regional levels to reach branches of NEHAWU.

LATIN AMERICA TO HOLD REGIONAL HEALTH ASSEMBLY



PHM Latin America, MSP-LA will hold a Latin American Assembly in Cuenca, Ecuador, October 7-12, 2013. The Assembly will take place during the *International and Pluricultural Encounter: Well Being and Health*.

For more information, visit

<http://encuentro.saludelospueblos.org/site/index.php/programa-general-y-agenda>

The objectives of the Assembly are:

- To create spaces to understand health realities of the region, to recognize and exchange experiences of struggle and resistance, and to think about elements to build a common agenda.
- To reflect on, discuss and agree on who we are, what we want and where we are going in the short, medium and long term.
- To strengthen the presence and capacity of PHM in different countries of Abya Yala, with the committed effort and contribution of those involved in the FIRST MSP-LA Assembly.

PHM PUTS FORTH HELSINKI CALL TO ACTION AT GLOBAL HEALTH CONFERENCE

From 10-14 June WHO and the Finnish Government hosted the 8th Global Conference on Health Promotion in Helsinki, Finland. PHM had a number of representatives at the conference. Ravi Narayan who had been on the conference advisory group was a keynote speaker presenting a civil society perspective on health promotion. Like the seven WHO health promotion conferences before, this one also produced a conference statement: "Helsinki Statement on Health in All Policies (HiAP)" available at http://www.healthpromotion2013.org/images/8GCHP_Helsinki_Statement.pdf

PHM supporters reviewed the drafts of the conference statement and determined that, while the analysis in this Statement was reasonable, the action statements were weak. Consequently, we worked during the conference to draft the Helsinki Call to Action - Promoting Health for All and Social Justice in the Era of Global Capitalism. We applauded the leadership of WHO

Director General Dr. Margaret Chan in her opening address in condemning the economic power of large industries, including food, tobacco, soda and alcohol, and their destructive impact on the health of people around the globe. The call to action has sixteen points including:

(1) WHO should put in place effective and comprehensive systems to identify and manage individual and institutional conflicts of interest. Such



From left: Fran Baum (PHM-Australia), Eduardo Espinoza (Minister of Health, Ecuador), Anne-Emannuelle Birn (PHM-Canada)

transparency is essential to identifying, addressing and minimizing risks posed by conflicts of interest caused by close interaction between companies and public sector decision makers and institutions

(2) That all governments- regional, national and sub-national - give priority to people's health over corporate profits through transparent processes that involve all branches of government concerned and under the leadership of the head of government.

(3) That governments, with the support of public interest civil society, ensure participation in policy-making and processes related to the Health in All Policies approach, through community-led, democratic processes based on equitable gender, racial, and religious/cultural, and social class representation that shape priorities, policies and decisions to ensure accountability in all levels of governance.

Read the final statement at

<http://www.phmovement.org/en/node/7998>

JSA CLAIMS VICTORY OVER STATE PUSH FOR PRIVITISATION

CONTRIBUTED BY SULAKSHANA NANDI

In December 2012, the Chhattisgarh state government in India, took out a 'Request for Proposal' for outsourcing the lab and radiology facilities in 379 public health facilities. The plan was to cover all the Community Health Centers, most of the district hospitals and all the 24*7 Primary Health Centers. This proposal would have completely destroyed the existing diagnostic services being provided at these public health facilities and replaced them with privately provisioned services. These private units, set up within the public hospitals were to be allowed to cater to private external patients and charge fees for them.

Jan Swasthya Abhiyan (JSA/PHM-India) and PHM-Chhattisgarh put up an intensive struggle, including a statewide campaign, opposing this move by the government.

State-, district- and block-level rallies, marches and sit-ins were organised, memorandums opposing this move were sent to the Governor and the Chief Minister, and a signature campaign was undertaken. The PHM groups directed advocacy efforts towards the state government, central government and politicians. The regional and national media covered this campaign extensively.

Public health experts also opposed this plan. A former Secretary for Health, Government of India wrote an article in an English daily criticising Chhattisgarh government's move. Finally, the central government sent a team to the state in order to study this proposal and this team was

also critical of the plan and

recommended that it be reviewed.

Subsequently, the National Rural Health Mission and Government of India refused to provide funds for this programme and the state government has now been forced to put this plan on hold. The 'Request for Proposal' and the subsequent bids that had come in are no longer valid.

This has been a victory for the Peoples Health Movement!



JSA silent march and signature campaign

PHM-EUROPE PLANS FOR ACTION AT ALTER SUMMIT

CONTRIBUTED BY CHIARA BODINI

PHM members from within Europe attended the [Alter Summit](#) in Athens, Greece during 7-8 June 2013. The summit was an international gathering of activists and leaders of social movements and trade unions with the aim of converging local, national and European struggles to end austerity and claim a true democracy. The [Athens Manifesto](#), prepared over a period of six months and adopted at the Alter Summit, summarizes the aims and content of the event.

In the assembly, we heard about the daily struggles of people and groups. We heard about the struggles



Chiara Bodini (left, PHM-Europe coordinator) and activists from the Social Solidarity Clinic in Thessaloniki.

to survive, but all testimonies expressed the link between politics, resistance and the need to move from local to international struggles.

While acknowledging the effort made by the organizers (especially large European trade unions) to build a participatory process aiming at reducing the gap between different social movements, the result was in this sense quite unsatisfying. Besides formal representatives of the participant constituencies, activists were largely missing, including from Greece. Overall, participation was below expectations.

However, the event provided a unique opportunity to meet, exchange and express solidarity with the people suffering and resisting in different parts of Greece. In the health sector, we met activists involved in running several social solidarity clinics that combine provision of primary health care for the uninsured with political actions in defense of public and equitable health services. Beyond the health sector, we met with workers



of the self-managed factory [VioMe](#) and with people fighting against extractive industries in [Halkidiki](#).

Additionally, participants called for some immediate actions after the summit: (1) An 'Alter Summit Call' against the revision of the European directive on public procurement will be developed; (2) participants will denounce the European programme on medicine; and (3) the idea of a study or survey on the situation of health and healthcare in each country, including the damages caused by austerity, was put forth.

Chiara Bodini, PHM Europe coordinator, took part in the [thematic health session](#) "Austerity kills: The assault on public health care – Demanding health rights for all", providing an overview of the situation in Europe in relation to economic crisis, cuts to health care and welfare, and health of the population, including selected examples from countries to show the interconnectedness of the local situations and struggles. Minutes and statements from the assembly can be downloaded from the PHM website.

MOVEMENTS GAIN MOMENTUM ACROSS LATIN AMERICA

CONTRIBUTED BY MAURICIO TORRES

The first half of 2013 was rich in deliberation and mobilization for the right to health, defence of Mother Earth and *buen vivir* in Latin America. PHM circles joined strong demonstrations in Brazil, Chile, and Colombia, among other countries, fostering the idea that an "Arab Spring" could happen in their countries.

Marches in Mexico, Honduras and Ecuador set out against the devastation of Mother Earth and environmental damage due to the mining and the extractive nature of society. The Second Latin American Congress on Environmental Health

took place in Rosario, Argentina, strengthening the idea of the links between environment and health and the need to fight for the protection of our



environment. Additionally, the First National Conference on the Right to Health in Honduras sought to elicit an organizational process to strengthen the struggle for the right to health in

the country.

PHM members joined the Colombian Health National Movement and the National Alliance for Health, ANSA, in Colombia in a movement movement to repeal the health privatization model and establish a new health system in Colombia. And in Guatemala celebrated 35 years of the Asociación de Servicios Comunitarios de Salud (ASECSA) celebrated 35 years of work in community and public health. Based in indigenous communities, ASECSA the process of protecting the traditional knowledge in health and the protection of Mother Earth.

PHM BRAZIL: MOBILISATION ACROSS THE COUNTRY

CONTRIBUTED BY CAMILA GIUGLIANI

The PHM group in Porto Alegre has been meeting monthly to work on ongoing activities and on country circle building. Meetings with people from other regions in the country are frequently held on Skype.

One of the activities, that is now in its final phase, is the Community Action for Health Project, a participatory research program conceived to document and learn from community mobilisation for health. The field work and analysis is complete and written material, including a book to be distributed to the communities and to the health council and a scientific paper, is currently in production. This material is meant to be a formal feedback to all the people who participated in the project telling their stories of community action and contributing to the analysis of the case studies.

Katia Cesa, who was deeply

involved in one of the more successful community actions (Story of the Green Area of Morro da Policia, see http://www.who.int/sdhconference/resources/draft_background_paper24_brazil.pdf) is now coordinating a new project to recover deteriorated urban streams in several districts of Porto Alegre. This is an environmental education project working in communities and through intersectoral action with many representatives, including PHM.

Another member of PHM Brazil, Sílvia Giugliani, current coordinator of the Municipal Health Council of Porto Alegre, played a leadership role in a process of discussing primary health care services in the community, so that everyone was informed and able to participate in requesting that the local government invest in the organization, qualification and expansion of primary care services.

This participatory process led to the government approving resolution containing these requests. Also, the health council celebrated that the legal instances judged unconstitutional that the local government contract a private foundation to manage human resources for health. This kind of privatization in the health sector is happening in numerous cities in Brazil and is damaging the public health system.

PHM Brazil has sent signatures to the National Campaign Health+10, led by the National Health Council, with the purpose of requesting that 10% of GDP be invested in health.

On 9-10 August, PHM Brazil held its first national assembly in Rio de Janeiro and will be joining the Latin American assembly from 7-12 October. More news on these events in the next newsletter!

PHM-SINDH DEMANDS ACTION AGAINST MEASLES OUTBREAK

CONTRIBUTED BY BLIQUIS REHMAN

Members of the PHM-Sindh in Pakistan have raised their voices for death of children due to measles. They showed concerns on deaths of children during a measles outbreak in which more than 200 children died in Sindh province. A majority of the measles cases were reported in flood-hit areas, the stagnant water and lack of cleanliness contributing to the spread of disease. The measles outbreak started in the first week of December, especially in Sukkur district's Salehpat Taluka where more than 33 children had died

by the end of the month. Members of PHM-Sindh showed their grievances for the families who have lost their kids and protested against authorities responsible for timely vaccination and post-disaster health management, especially malnourishment in mothers and children.

Health authorities jumped into action after the notice taken by activists and media who blamed the epidemic on the health department's 'criminal negligence'. The World Health Organisation confirmed 210 deaths of children reported due to measles in Sindh in 2012, where most of the affected chil-

dren died due to post-measles complications such as pneumonia, post-measles encephalitis and diarrhea. Twenty per cent of deceased children were malnourished. PHM-Sindh demands accountability of related departments as billions of rupees have been allocated for the health department for vaccination but neither a vaccination campaign initiated in many areas the performance of the health department for its failure in initiating vaccination campaign against the measles in the children is seriously questionable.

The **HEALTH FOR ALL Campaign** is underway!

Explore with your country circle how to be a part of this campaign or contact your [regional representative](#) for additional information.

Find out more at

<http://www.phmovement.org/en/node/8043>

PHM INTERN REFLECTS ON TIME AT DELHI SECRETARIAT

CONTRIBUTED BY ABBY SPELLER

As a Canadian Master's of Public Health student from Simon Fraser University, I had the privilege of becoming involved with the People's Health Movement as a practicum student for 11 weeks from May until August 2013. During my practicum, I participated as a Watcher with the WHO Watch Team in Geneva at the 66th World Health Assembly and assisted the PHM Delhi Secretariat with the sourcing of case studies for the upcoming 4th issue of Global Health Watch.

Given my interests in global health governance, health systems, and the general status of health in the age of neoliberalism, I was immediately attracted to PHM's various watching initiatives. I was especially excited to work with a team of people who were organizing against the undemocratic nature of global health governance, which often translates into inef-

fective global programs and policies that do not adequately respond to the needs of developing countries. In particular, my time in Geneva and Delhi taught me the significance of advocacy approaches that demand more inclusive conversations about global health issues. Most importantly, I learned the value of working in the context of a Movement that is horizontal in structure. It is the horizontal nature of PHM that I find most inspiring. In Geneva and Delhi, I have witnessed how this structure creates a sense of openness, which nurtures creativity and collaboration across countries and amongst people from different professional backgrounds, ages, and cultures. This is at the crux of what a Movement for Health for All is about.

I would like to express my profound gratitude to PHM for providing me with the opportunity to

become involved with GHW and WHO Watch. I am also especially grateful to Susana Barria and Amit Sengupta for their support and guidance at the Delhi Office over the past two months. A heartfelt thank you as well to the WHA66 Watching Team for providing such a wonderfully collaborative learning and working environment. I look forward to continuing my work with WHO Watch, GHW and PHM Canada!



Abby taking up her future seat at the WHA?



Alex (left) and a comrade during the PHA3 march to Parliament.

CONTRIBUTED BY ALEX LUGER

In July of 2012, just days after the completion of my internal medicine residency, I boarded a flight to Cape Town to participate in the third People's Health Assembly. The experience was

BRINGING IT HOME: SHARING THE PHA3 WITH PHYSICIANS IN TRAINING

enlightening and inspiring, and I left with a renewed commitment to work within the framework of health as a human right. After returning to the United States, my former residency program invited me to give a talk about the People's Health Movement and the People's Health Assembly (PHA), and in April 2013 I returned to the hospital to meet with the residents.

During the talk I shared the history of the movement for Health For All, starting with the Alma Ata declaration, the formation of PHM at the first PHA, and the personal and professional significance that the third PHA held for me. The physicians in

training who attended this talk were quick to share their own observations of the social determinations that affected their patients' health, and I shared some examples I had learned at the PHA3 that illustrate the political economy of health inequities.

Since joining the People's Health Movement I have appreciated the opportunity to learn from many dedicated health activists. The collective experience of this international network has broadened my own analysis of the roots of health and illness, and I'm inspired to share the process of this analysis with others who are working for health for all.

WHO
Watch
Update

The WHO Watch is gearing up for another round of watches and is looking for health activists to join regional and global watches!

For regional watches contact your regional representative

For global watching activities contact globalsecretariat@phmovement.org

To learn more about the WHO Watch visit www.ghwatch.org/who-watch

PHM CASE STUDIES FEATURE IN THE LANCET

CONTRIBUTED BY SUSANA BARRIA

The People's Health Movement provided several case studies for a report published in *The Lancet* in August 2013. The case studies demonstrate the impacts that global processes and policies can have on people's lives, health and well-being. They are part of the work of the Lancet-University of Oslo Commission on Global Governance for Health and will serve as evidence to the arguments and analysis of the report of the Commission. The recommendations of this report will be presented at the United Nations General Assembly in 2013.

The Commission was established to examine aspects of governance, at national and global levels, within all arenas that impact health directly or through the health sector. Its work is based on the premise that actors and forces outside the global health system and their impact on health merit increased attention.

The case studies were a result of collaboration of PHM circles from across the globe and covered a wide range of topics reflecting the work of PHM across the globe. Below are brief summaries of the case studies.

Food Sovereignty

This case study investigates the link between the existence of a billion hungry people and two billion overweight or obese people and the loss of food sovereignty by communities and poor nations and control over the use of their own resources. The case looks specifically at India and the Pacific Islands.

The Impact of Fiscal Policies on Access to Health Care

This case study looks the impact of fiscal policies on access to health care. It demonstrates how austerity measures in Europe are changing the landscape of health care services as a universal health care system is dismantled and informal solidarity movements of doctors and health workers emerge.

The Health Implications of Extractive Industries

Through evidence from local situations, a case study from Ecuador and Canada elaborates on how extractive industries promote an unsustainable model of development, predicated on looting of natural resources, promotion of corruption and a skewed paradigm of development. The studies show that, due to extractive projects, communities face the burden of displacement, loss of social services, land, water and livelihood, heightened militarization, violence and repression, and increased incidence of communicable diseases and health problems resulting from exposure to toxins.

Militarization and Occupation in Palestine

A case study on militarization and occupation in Palestine shed light on the interplay of factors that affect health and health care in wartime and during occupation, providing evidence on how these circumstances disrupt all basic services and have a negative impact on health care delivery systems.

WHO Constricted by Governance Processes

Two case studies looked at governance processes that impact decision-making at the WHO. The WHO's ability to provide leadership in the arena of global health has been seriously compromised in recent years, with its mandate now being shared by multiple agencies, such as the World Bank, the World Trade Organization (WTO), and global public private partnerships (PPPs).

One case study looks at negotiations in the WHO on the issue of 'counterfeit' medicines and interrogates the tension between the WHO's responsibility as a state-driven organization and its relation with the pharmaceutical industry. Another pertains to negotiations leading up to the proposal of a global research and development treaty and focuses on the roles played by blocs of developing and developed nations.

PHM around the world

ZIMBABWE - PHM Zimbabwe held its planning meeting on the 28th of June 2013. Highlights of the meeting include discussion on funding opportunities, IPOL (PHM on line course), Case Studies for Global Health Watch, PHM Zimbabwe Web Page, Right to Health Campaign in the context of the new Zimbabwe Constitution, MDGs Post 2015 Dialogue and Zimbabwe 2013 Harmonized Elections.

PHM Zimbabwe also organised a dialogue with Professor David Sanders on the 10th of July focusing on "Africa's Health Crisis in the context of Neoliberal Globalization - What is being done and what is to be done". The event was attended by more than 30 participants from the civil society, government, NGOs, Media and academia.

For more information on PHM Zimbabwe contact

GABON - PHM Gabon was engaged in awareness raising activities on the dangers of high blood pressure. See link for more details [PHM Gabon](#) and if you are interested in getting involved in PHM Gabon activities, email: p hm-gabon@coopgabon.net.

SINDH, PAKISTAN - In December 2012, on World AIDS Day, PHM-Sindh, Pakistan held a demonstration demanding that the government provide HIV/AIDS services, including awareness programs, testing of HIV/AIDS at initial stage and provision of medicines for HIV/AIDS patients on an equal basis. The demonstration also condemned the monopoly big pharmacies and multi-

nationals have under the International Patent Act, due to which medicines are very expensive and not accessible to the poor. The group demanded that HIV/AIDS medicine be prepared in local pharmacies to make the medicines more affordable.

Members of PHM-Sindh ex-



pressed concern that Pakistan is included among the five countries in the world that allocates the least amount their budgets to health. This budget allocation must be increased to keep

the health situation under control. In the last year, the number of AIDS patients has increased from 85,000 to 100,000. It is of utmost importance to invest in the health sector, especially concerning

HIV/AIDS, to prevent a human crisis in the future. Activists must accelerate their efforts in pushing the government. All government and non-governmental institutions should step forward and be a part of the HIV/AIDS global program.

GHANA - Members from PHM Ghana represented their organizations on the Post MDG forum on Maternal Health organized by the Coalition of NGOs presenting papers on universal access to health care. PHM-Ghana also participated in the forum. PHM Ghana is also considering establishing a secretariat for the movement in Accra and engage volunteers to assist in activities.

SOUTH AFRICA - PHM-SA, as a partner of Oxfam International and the Oxfam affiliates, participated at the Southern Campaigning and Advocacy learning meeting in Dakar Senegal. PHM-SA will write up a case study covering the PHM-SA campaign goals, context of campaigning in the South African context and a brief summary on the achievements, lessons and implications for the right to health for those living and working in South Africa.

Also, PHM-SA was asked by the Government Spending Watch initiative to participate in a panel discussion chaired by The Guardian's Larry Elliott with Development Finance International, Oxfam International, Save the Children, Overseas Development Institute and Action Aid. The panel discussion launched the Government Spending Watch 2013 report, website and database. PHM-SA felt that this was an important initiative to support because it is the first initiative of its kind aiming to provide the latest available information on governments' spending towards achieving the Millennium Development Goals.

To get involved with PHM-South Africa and for more information email phmsa.organiser@gmail.com and visit the website www.phmsouthafrica.org.

International People's Health University

Thessaloniki, Greece
24 November – 1 December 2013

For more information
<http://www.iphu.org>

There are many ways to get involved with PHM. Check the website for more ideas!
www.phmovement.org

- Read, endorse and sign the Peoples' Charter for Health
- Spread the Cape Town Call to Action
- Connect with your local PHM country circle
- Find our page on Facebook!
- Join the global or your regional mailing list to stay up to date.
- Contribute to this newsletter

THEMATIC CAMPAIGN CIRCLES

Thematic campaign circles have formed as part of the PHM Health for All Campaign as PHM activists realize the common nature of threats facing health.

The campaign circles focus on the following topics:

- Gender Health Justice
- Extractive Industries
- Food Sovereignty
- Fair and Healthy Work
- Health Systems
- Trade and Health

Contact the Global Secretariat for more information
globalsecretariat@phmovement.org

GLOBAL HEALTH WATCH 4 CALL FOR CASE STUDIES

Global Health Watch 4 is set to be released in
October of 2014!

The editorial collective is looking for short and concise submissions of 500-2000 words. They can either be personal stories or reflections or they can be case studies which synthesize experiences across a number of issues.

For more information on Global Health Watch 4 and submitting case studies:

visit www.ghwatch.org

email GHWcasestudies@yahoo.in

Newsletter Submissions

You are welcome to make submissions to be included in the next edition of PHM Global News. Consider submitting some of the following:

- Brief news of your activity as a PHM representative or news of special interest to PHM (200-250 words)
- Announcements of research, book releases/reviews, conferences, or other important activities or dates
- Reports on country circle or regional activities (100-150 words)

Make your submission by 5 October 2013 to newsletter@phmovement.org

Health for All Now!
People's Health Movement



People's Health Movement promotes Health for All Now as a human rights issue and calls for changes in international and domestic policy which negatively impacts health status and systems. Please feel free to visit our website or contact us with any questions or for information about PHM in your area.

Contact us:

globalsecretariat@phmovement.org

Visit our website:

www.phmovement.org