Building a movement for health

Peoples' Health Movement

viva salud
UNITED IN THE STRUGGLE FOR HEALTH

FOREWORD

cover picture: JSA (PHM India) rally against the privatisation of health services, Chhattisgarh state, India, 2013
JSA CHHATTISGARH

The struggle for health and social justice has a long and proud history that has been driven by diverse social movements involving many individuals and organisations in different contexts. Prominent historical examples include: the birth of the UK's NHS in the wake of the Second World War victory which was significantly the result of working class sacrifice, Brazil's wide-ranging health reforms ushered in after the overthrow of the dictatorship, and Zimbabwe's social progress in the 1980s following the popular struggle for liberation from minority rule, and many others.

As stated in the introduction this book is a tool to support movement-building at the country level, and to contribute to the creation of a global movement for health. Many will ask why such a tool is necessary. Are we not informed by the mainstream media and global institutions that health everywhere is improving ? And aren't progressive social change and health improvement inevitable ? Indeed, is it worth the effort to build a broad-based movement for health such as the People's Health Movement ?

Our point of departure is passionately conveyed in the testimony of a participant in the second People's Health Assembly: *"Illness and death every day anger us. Not because there are people who get sick or because there are people who die. We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us."*

We would add to this the following – excerpted from the publication of

the WHO Commission on the Social Determinants of Health 'Closing the Gap in a Generation' - *"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. [...] Social injustice is killing people on a grand scale."*

In short, while on average life expectancy and health status are improving globally, the rate of improvement is much slower than what is possible and the growing inequalities in health experienced between and within countries are both unnecessary and unacceptable. Today there are more than enough resources and technical know-how to prevent most suffering and premature death. This is the rationale for a social movement for health equity. This book is intended to be an aid in this struggle for health equity.

For those of us who have been intimately involved in trying, over several decades, to strengthen such a social movement, this book is timely and unique in the bewildering and growing mountain of literature on 'global health'. Chiara Bodini, the editorial group and the many contributors of the diverse case studies have succeeded in filling an important gap and provided us with a very useful weapon to assist us in the most important and pressing human endeavour, the struggle for health, which is the struggle for liberation from hunger, poverty and unjust socio-economic structures.

David Sanders
& Maria Hamlin Zuniga
founding members of the International Peoples Health Council and the People's Health Movement

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INTRODUCTION

In the People's Health Movement (PHM) we have been discussing for some time now the need for a tool to support movement-building at the country level, and to contribute to the creation of a global movement for health. This book is the result of this effort.

PHM Global Steering Council meeting in Bangkok, January 2016

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IN

In this introduction we will explore the book's contents and structure, learn more about how it was put together and how you can use it, and get a glimpse of the plans for the future.

A book does not build a movement... but it may help

We know that a written text can only be a tool within a broader strategy for movement building. However, we also feel that the wealth of experience within and around the PHM needs to be shared more, in order to increase the generation of mutual knowledge and help us learn from each other.

This book is not meant to be a guideline nor a toolkit, but more a source of inspiration for those who are engaged in the struggle for health. The stories illustrated speak about the building of a people's health movement - not just any kind of mobilisation for health. It means that a focus is kept on people's engagement and people in the movement having control over the actions.

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Sharing our stories

We felt that the best way to learn and share about how to build a movement was to collect stories from local actions that happen within the broad network of the PHM. When we say “broad network”, we are referring to the groups, networks and circles that are part of - or affiliated with - the movement and also those who consider themselves allied or sympathisers with PHM.

In order to collect these stories, we issued a call (see www.phmovement.org/en/node/10292) translated into different languages. We selected 25 case studies from those received, covering most world regions. A group of PHM volunteers from different countries worked together for two months to look at the stories, identify the practices, or key elements, of movement building (how the different groups got organised to lead action), and describe them in what later became the chapters of the book. In order to respect the plurality of voices that contributed to the book, we decided to maintain the style of each person as much as possible, even though this may result in some linguistic imperfections. A call for pictures was also issued, to collect further documentation and to accompany the stories from the movement with the faces of its people.

What's in the book

The preface of this book is meant to explain, in a summary, why there's a need for a local and global mobilisation for the right to health that is powered by people. The story of the PHM is also sketched, together with a description of its current structure and functioning. You may skip this chapter if you're already a PHM fan or member!

The core part of the book is dedicated to the practices of movement building, and we have seven chapters for that:

1. **Relationships, well-being, pleasure in doing things together, values**
2. **Decision-making, structure and organisation, sustainability**
3. **Advocacy, campaigns, communication**
4. **Participation, community action**

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5. **Networking (at local, national, international level), alliances and cooperation, resource sharing**
6. **Mutual learning, knowledge generation, participatory action-research**
7. **Popular education, creative and interactive training, transferable skill-building**

In each chapter, there are concrete examples of how groups - in different parts of the world - put these principles into practice in order to achieve their goals. The chapters are not meant to be read in a specific order, and you're encouraged to skip and search for what you feel is closer, or more relevant, to your own experience.

The final section is a summary of the stories collected, including references for further reading and contact details of all the authors.

What you can do with this book

This book can be used in different ways, depending on your level of engagement in activism and with the PHM. If you're new to the movement, we recommend you start by reading some of PHM's history and founding documents, such as the People's Charter for Health (see www.phmovement.org/en/resources/charters/peopleshealth) which is described in the preface.

If you're already engaged in forms of collective action for health, you can pick the parts of the book that match your priorities or your main challenges. For example, if you struggle to keep the group together and wonder how to nourish relationships within the group, then go to Chapter 1. If you're looking for good examples of engagement in action, such as advocacy or a campaign, then Chapter 3 is the place to go. If you are organising a course for young activists and want to make sure it's effective in ensuring their future engagement with the movement, find some good hints in Chapter 7.

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We recommend you use this book as a source of inspiration and a tool for mutual learning. It is not meant to be prescriptive and, as it is clear from the examples used, there is no limit to how you can be engaged in the struggle for health. Nevertheless, there are some principles that inform our action as a people's movement, and you will find mention of these throughout all the examples. One of the most important is the capacity to reflect on one's positions and actions, and this is easier to do when you take some time to learn from the experiences of other people.

Finally, we invite you to use this book for capacity-building within your own group or network. Pick a topic you find relevant for your action, read the related chapter and case studies, and organise a group session to learn from them and use them to better organise local actions. You may also decide to get in touch with those who wrote the case studies to find out more about their experience: through generating new links and relationships we strengthen the living structure of our movement.

From a book to a living library of shared experiences

We are aware that it is extremely difficult, from one point of view, to represent the richness of experiences in the movement that also capture the challenges and opportunities in different local contexts. For this reason, we see this book as a starting point for an ongoing effort to document movement-building practices in the struggle for health. We want to do this by creating an online library of experiences, open to contributions from everyone, as a tool to greatly expand the knowledge about how people effectively act together for Health for All.

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We want to hear from you !

As we said before, we hope that this book gives people new information and insight on movement-building as well as strengthen our movement for Health for All. We would love to hear your comments, reactions, and stories that come from your reading or using this book. Please leave us a comment on our facebook page or send an email to movementbuilding@phmovement.org that we can publish on the PHM website.

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PREFACE

Why we need a (global) movement for health

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PRE

Banner symbolising people's struggles at the World Social Forum in Tunis, Tunisia, 2015
CHIARA BODINI

Illness and death every day anger us. Not because there are people who get sick or because there are people who die.
We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us.

Voice from the People's Health Assembly, Cuenca, Ecuador

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> We live in capitalism.
> Its power seems
> inescapable.
> So did the divine
> right of kings. Any
> human power can be
> resisted and changed
> by human beings.
>
> **Ursula Le Guin**

In this chapter we will briefly sketch the key elements of the current global crisis that - with different characteristics in different local contexts - has multiple connected dimensions: economy, climate, finance, biodiversity, security and migration, politics and power relations - and importantly our health and wellbeing.

These highly interdependent issues cannot be addressed without a deep rethinking of our economic, political and social systems. At the same time, no change will happen without the mobilization of the people through the building of social and political power. We argue for the need to build or strengthen global social movements, and particularly a global health movement that includes groups that mobilise around health care issues as well as key social determinants of health.

Finally, we will speak about the People's Health Movement, presenting its history, organisation and current plan for action.

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The global (health) crisis and its roots

The current dominant model of development, based on market liberalisation and capitalist globalisation, has notoriously failed to deliver Health for All. In fact, our health and the health of the planet has been crushed by neoliberal policies that are typical of present day capitalism.

The global economy has had a rough time over the past few years, creating greater inequities in health and in its social determinants. This recent period is foreshadowed by a forty-year-old uncontrolled experiment in neoliberal globalization, during which a particular ideology - neoliberalism - dominated the rules by which capitalism has expanded. There are differing definitions of neoliberalism, but they distill to the same belief: that free markets, sovereign individuals, free trade, strong property rights and minimal government interference are the best recipe for improving human well-being.

Neoliberal globalisation has resulted in an immense concentration of power amongst a wealthy and corporate elite. The exploitation of many by a few is illustrated by the fact that - during a period of unprecedented wealth generation - the numbers living in poverty have increased especially in Africa and South Asia, and today the wealthiest 1% in the world has as much wealth as the rest of the planet's population combined (An Economy For the 1%: How privilege and power in the economy drive extreme inequality and how this can be stopped Oxfam Uk, 2016). This situation undermines democracy and social justice; even in countries with progressive governments, there is a lack of accountable, transparent and democratic decision-making, spaces for democratic participation are disappearing and protest is being criminalized.

Reports on the state of the world's health appear daily in the world's media. UN agencies, NGOs and academic institutions produce vast amounts of data, statistics and analysis. However, too often the state of preventable ill-health

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is framed as a problem of disease, geography, bad luck or poor government. Rarely is it properly framed as a symptom and outcome of political and economic choices, or the current form of globalisation which has created a deep division between a minority of 'winners' and a majority of 'losers', whilst simultaneously placing the world in an unprecedented environmental crisis. Widespread conflict and the resulting displacement of peoples from their livelihoods are also part of this picture.

In the view of the PHM, the current global health crisis is a consequence of the failure to address the social, political and environmental determination of health, resulting in an erosion of food sovereignty, in higher levels of inequality, as well as in a lack of fair and equitable access to water, housing, sanitation, education, employment and universal and comprehensive health services. Moreover, preventable ill-health and disability are being perpetuated by the aggressive marketing of unhealthy products such as tobacco, alcohol, junk food and beverages; by the pollution of our air, our land and our water sources; by the grabbing of lands and other natural resources; and by the forced eviction of vast numbers of people, including indigenous peoples, from their lands and homes.

Civil society as a driving force for change

Strong people's organisations and movements, struggling for more democratic, transparent and accountable decision-making processes, are fundamental to address and reverse this situation. While governments have the primary responsibility for ensuring an equitable approach to health and human rights, a wide range of civil society groups and movements, and the media have a critical role to play in demanding progressive policy development and in the monitoring of its implementation.

Over the last 20 years, the role of public interest civil society in influencing policies at the global level has been increasingly relevant, strengthened by the development of global networks and campaigns. Notable successes have included improved mechanisms for debt reduction in low-income countries, blocking the proposed Multilateral Agreement

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on Investment (MAI), the Doha Ministerial Declaration on Access to Essential Medicines, and blocking agreements of the World Trade Organisation (WTO) at WTO Ministerial meetings in Seattle and Cancún. The ongoing international campaign to stop new free trade agreements such as the Transatlantic Trade and Investment Partnership (TTIP) has won significant battles, especially to increase transparency in negotiations. However, at best, all these successes have been only able to limit the damage - trying to prevent decisions which would make the situation worse (e.g. MAI, WTO Ministerials and the TTIP), to limit the impact of previous adverse decisions (e.g. TRIPS), or, in the case of debt, to limit the side effects of the prevailing model of economic structural adjustment which had already imposed devastating costs for more than a decade. Where decisions have successfully been blocked, this has often been temporary.

Nonetheless, public interest civil society has a key role to play as a driver of change. Among the most important priorities for civil society activism is the democratic reform of global economic governance. Current governance arrangements are both a central cause of why the global economic system fails, and the greatest obstacle to overcome. An agenda of the needed change should include: significant reform and better regulation of the global financial system; rejecting austerity measures; implementing a much more progressive taxation system; closing tax havens; supporting a global taxation system; challenging the idea that the current model of growth is indispensable; reclaiming public space for people's effective participation. Unless and until global governance structures change quite radically, civil society efforts on other issues will inevitably remain limited to damage control, and at best partially successful.

The need for a global social movement

The idea of changing our economic system and the underlying power structures that support it can seem like an impossible task. But the current situation was not given by the laws of nature. Instead, it was created and continues to be shaped by human beings. As such, we can change it!

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Dr. Halfdan Mahler, three times Director General of the World Health Organisation and 'father' of Primary Health Care, supporting young PHM activists in Geneva, Switzerland, 2011
DAVID LEGGE

There have been people (as individuals, organisations and networks) working to address the social determinants of ill-health and to achieve better health care in many different settings and countries and for many decades (and centuries). Social movements, operating at local, regional and national levels, have played and continue to play a critical role in creating the conditions for better health and access to affordable decent health care.

Until recently these were mostly local struggles addressing local factors, and the 'need' to become part of a global people's health movement was not so pressing. However, in this era of globalisation, the social and political pathways towards better health, decent health care and health equity are increasingly determined at the global as well as national and local levels. And even the most 'local' issue or struggle has at least some roots in the economic and political dynamics and the policy-making processes at the global level.

Accordingly, the building of a global movement for Health for All has to be an important challenge for civil society activists. For the PHM, this project of building a global social movement, through which global as well as local barriers to Health for All can be addressed, is a critical priority.

The vision of a 'global people's health movement' is not to be seen as aiming to co-opt the huge diversity of individuals, organisations and networks into a monolithic, centrally organised and directed PHM. These individuals and organisations have their own history, commitments and identities. To call for a strengthening of the people's health movement implies calling for stronger communication links and collaboration when appropriate. However, the diverse purposes, ways of working and identities should not be compromised; indeed this rich diversity is the (strength of the) movement.

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A "people's" health movement

What I liked the most was meeting the 'P' in the HM.

participant in the IPHU in Brussels, 2016

This section is inspired by chapter 1 of "The barefoot guide to working with organisations and social change", The Barefoot Collective, 2009, pages 13-18.

While we may agree that a global health movement is needed, we should also consider what kind of movement we actually need or want to strengthen/build. We have already spoken about the value of diversity; we may now address another aspect that can be summarised as follows: it is not only 'what' a movement does that brings about change; it is the way we get there, how we get, stay and act together and the kinds of organisations we build. This determines the nature and quality of what we can achieve. In other words, the process of building the movement through its day-to-day functioning, as well as its actions and ends, should be aiming at promoting health and wellbeing, starting with the very people who participate in the movement. This manual calls for consolidating such a process.

A movement is made by people and can be described as a living system. It is important to pay attention to the more tangible things like structure, governance and decision-making procedures, formal policies and logical frameworks through which it plans and gets organised. But the question is: 'what makes it work ?'. To learn this, we also have to pay attention to the values, principles and practices which guide the behaviours and actions of the people in the movement, the quality of human relationships and the way in which the movement responds, learns, grows and changes over time.

Being a member of a people's movement means taking part in its coordinated global, regional, national and local actions and sharing the responsibility and ownership of these actions, including their impact on the movement. This implies a need to plan strategically so that what we do helps to build stronger links with existing organisations and networks (whose commitment to an equitable society is broadly aligned to ours), to reach into constituencies of people who may be inspired by the PHM project,

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to disseminate the PHM analysis and commitment more widely. Building the movement also involves working to create a shared culture which supports and spreads the values and aspirations of the movement.

History of PHM

The People's Health Movement (PHM) was created in December 2000 following the first People's Health Assembly (PHA) in Bangladesh. PHA 2000 had been convened by eight global civil society networks concerned that the slogan "Health for all by the year 2000" - which the World Health Organization (WHO) had promoted during the 1980s and 1990s - had not been achieved and that WHO in particular had progressively moved away from its strategy of comprehensive PHC aimed at achieving Health for All. The People's Health Assembly, was a reference to the annual World Health Assembly, where ministers of health gather in Geneva as the governing body of WHO. However, this was to be a people's health assembly.

Endorsement of the People's Charter for Health during the first People's Health Assembly in Savar, Bangladesh, 2000

PHA 2000 was attended by approximately 1500 participants from 92 countries (largely developing countries) and lasted five days. It included formal speeches, workshops, cultural programs, exhibitions, films and testimonies. The program encompassed the vast experiences of primary health care since Alma-Ata; reviewed the impact of structural adjustment and World Bank policies on health; explored a wide range of social determinants of health; and shared the experiences of the wider social movement for health around the world.

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PHA 2000 was preceded by a series of events held across the world. The most dramatic of these was the mobilization in India. For nearly nine months prior to the assembly, local and regional initiatives took place, including people's health enquiries and audits; health songs and popular theatre; sub-district and district level seminars; policy dialogues and translations into regional languages of national consensus documents on health; and campaaigns challenging medical professionals and the health system to become more oriented to Health for All. Finally, over 2000 delegates travelled to Kolkata, most riding on five converging people's health trains, where they brought forth ideas from 17 state and 250 district conventions. After two days of simultaneous workshops, exhibitions, two public rallies for health and a myriad of cultural programs, the assembly endorsed the Indian People's Health Charter. About 300 delegates then travelled to Bangladesh, mostly by bus, to attend PHA 2000. Similar preparatory initiatives, though less intense, took place in Bangladesh, Nepal, Sri Lanka, Cambodia, Philippines, Japan and other parts of the world, including Latin America, Europe, Africa and Australia.

PHA 2000 adopted the People's Charter for Health (see www.phmovement.org/en/resources/charters/peopleshealth), which outlined the global health situation,

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 can become 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.

People's Charter for Health, 1st People's Health Assembly, 2000

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No change will happen without the mobilisation of the people through the building of social and political power amongst people and communities.
We commit ourselves to building alliances with others who seek progressive and transformative change.

**Cape Town Call to Action,
3rd People's Health Assembly, 2012**

identified the main barriers to Health for All and adopted a set of principles, priorities and strategies to guide the people's health social movement globally. The Charter (since translated into more than forty languages) has proved to be a powerful leadership document in the years since December 2000. It expresses the commitment of PHM.

The second People's Health Assembly (PHA 2) followed in July 2005, in Cuenca, Ecuador, with 1492 participants from 80 countries. PHA 2 was organized around nine streams, including issues of equity and people's health care; intercultural encounters on health; trade and health; health and the environment; gender, women and health sector reform; training and communicating for health; the right to Health for All in an inclusive society; health in people's hands; and PHM affairs.

The third People's Health Assembly (PHA3) took place in Cape Town, South Africa, in 2012. It was attended by 800 people from around 90 countries, and celebrated the successes of a growing

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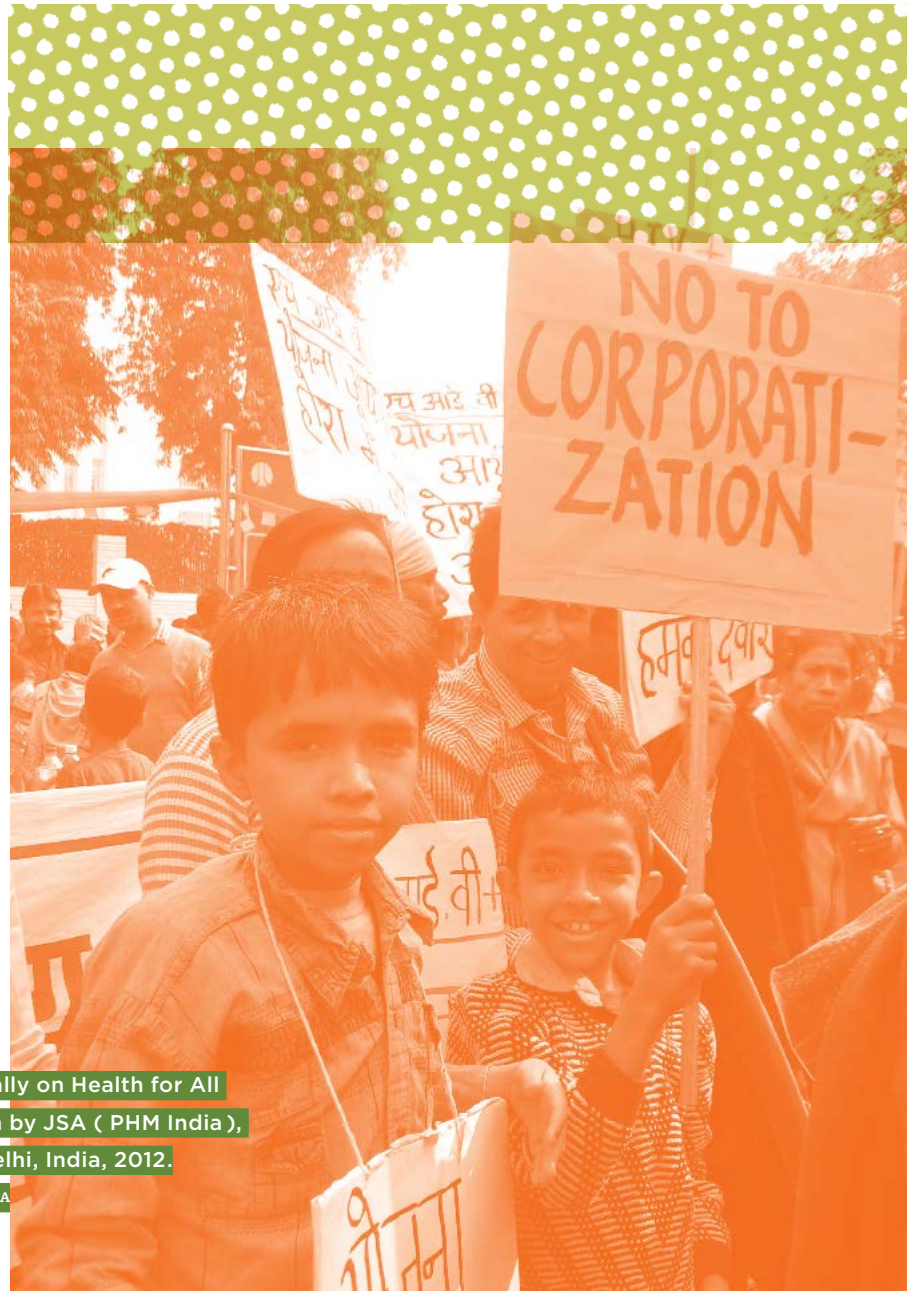
People's Health Movement, especially the development of new country circles in Africa. PHA3 recognised the need to build a more effective and broad-based social movement, and to this end committed - in a final document called the Cape Town Call to Action - to building alliances with others who seek progressive and transformative change, including movements of informal and formal health sector workers, the landless, indigenous peoples, women and youth, those struggling against big dams, nuclear power plants, dangerous mining, hazardous working conditions and others. Among other things, the Call to Action also engages the PHM to communicate more broadly its alternative visions, analyses and discourses, and to continue providing information and facilitating the sharing of information on the international context and country experiences.



Rally on Health for All
on by JSA (PHM India),
Delhi, India, 2012.
JSA

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How PHM is organised

PHM as an organisation and a network includes:

- country circles
  (core activists plus affiliated organisations)
- affiliated organisations and networks
  (globally, regionally and nationally)
- regional coordinating structures
- the global structures
  (the Global Secretariat, Steering Council and Coordinating Commission or Coco)

The Global Steering Council includes regional representatives of country circles and representatives of the various networks who are affiliated with PHM at the global level; the CoCo is the executive committee of the Steering Council. The Secretariat is the only paid staff of the PHM, its small number varies according to the needs and the available resources.

PHM Global is not a 'legal person' and does not receive monies or itself enter contracts directly. Since its formation in 2000 PHM has been supported by NGOs which are part of PHM, in most cases in the country where the Global Secretariat is based. These hosting organisations have managed incoming monies, banking, contracting, auditing and reporting. In some cases they have also provided additional administrative support for the Secretariat.

PHM is part of a much wider people's health movement including activists and organisations working in many different settings, not always linked with PHM. The wider people's health movement can be defined as including all of those activists and organisations who are working in various ways to achieve the kinds of outcomes - all of which are essentially integral to health and social equity - which are described in the People's Charter for Health.

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How to engage with PHM?

There are several ways to engage with PHM, at the local, regional or global level.

If you are new to the movement, the first thing that you can do is to browse through our website at www.phmovement.org.

From the website you can also subscribe to the PHM Exchange which is the movement's newsletter.

Check the "About PHM" section of the website to know who your regional representative is, and get in touch: he/she will be able to introduce you to the contact persons nearer to you, as well as give you information on the PHM global programs and regional activities.

Finally, you can follow PHM through our social media accounts on Facebook (PHM global) and Twitter (@PHMglobal).

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What PHM stands for

In one of the presentations at the third People's Health Assembly in Cape Town in 2012, four short, sharp, simple messages were suggested to indicate what the PHM struggles for:

- a life with security
- opportunities that are fair
- a planet that is habitable
- governance that is just

The first reclaims the security agenda by connecting it to employment, social protection, the environment and our safety and freedom. The demand for equal opportunities relates to how a fair taxation regime combined with higher social spending can level gross social disparities.

The need for a habitable planet needs little explanation; it is the ecology of the planet that will direct the radical politics of the future. Governance - the space where states, markets and civil society attempt to manage the crises of capitalist modernity - addresses the issue of social rights and political participation to decide where public investment should be made. People can mobilize in anger for a time, but it takes a larger and more inclusive vision of how we might live to sustain organized movements that can take us forward from there.

Another simple statement of purpose is the vision from the People's Charter for Health, which commits activists to achieving equity, an ecologically sustainable development and peace... a world in which a healthy life for all is made 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. There are more than enough resources to achieve this vision (People's Health Movement 2000).

There is a further challenge: activists in the progressive health movement need to revalorize the role of the state for its regulatory and redistributive functions; a state that provides the goods and services essential to public health. As we engage with this task, we need finally to reclaim the

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public space to fight for this. The world does not have a fiscal crisis. It is a crisis of inadequate taxation of the rich and unaccountable power of corporate capital. We are not living in conditions of scarcity. We are living in conditions of inequality. Our voices of opposition to neoliberal globalization need to be louder and stronger. Evidence and ethics are both on our side.

Where should health activists start ?

Tackling the underlying global (political and economic) determinants of health and injustice can seem an impossible task. Capitalism (neoliberal or otherwise) has proved incredibly resilient to crises. But there are several ways in which health activists can participate in mounting a challenge.

1 **Recognize** that the health sector is not alone in seeking a world that is just and sustainable. Peasants' movements, labour organizations, environmental groups, women's groups and many others are also critiquing the predatory inequities of neoliberal globalization and pressuring their governments for reforms.

2 **Globalization**, and particularly its several binding trade and investment treaties, has placed constraints on the abilities of governments to manage economies for socially useful purposes. But national governments can push back such agreements to ensure that they have much stronger and legally binding language that protects their rights to regulate in any way they deem necessary to protect public health, the environment and other public goods and resources. It is national governments that ultimately are responsible for the shape globalization takes; they are the first targets for health advocacy aimed at securing a healthy, equitable and environmentally sustainable future.

3 **Most countries have social movement** groups engaged in some form of advocacy work at the national level on one or another of the key globalization-related determinants of health within their borders. This work could be around improving or reasserting labour rights, expanding social protection coverage, increasing

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and improving the fairness of domestic taxation to finance public goods, ensuring access to quality healthcare without financial barriers, strengthening gender rights and those for marginalized or discriminated groups, protecting the environment and reducing fossil-fuel dependency, and so on. Such groups need to continue to 'act locally', but must progressively link up with their international counterparts to not only 'think globally', but also to 'advocate globally'. They also need volunteer resources. Pick a group that is closest to supporting your local interest and commitment, and support its work nationally while ensuring the globalization dimension is never lost sight of.

4 **Keep abreast** of globalization-related developments, and of useful critiques of neoliberal globalization and its reform and more revolutionary alternatives. Social media, blogs and online discussion groups have become important tools in maintaining a 'watching brief' on these developments.

5 **Avoid pessimism** of the intellect, and practise optimism of the will. Consider optimism as a purposeful act of political resistance.

Sources:

This chapter has been extensively based on PHM's previous publications, including the Global Health Watch 2 and 4, the People's Charter for Health and the Cape Town Call to Action. It has also drawn from unpublished papers by David Legge on people's health activism and social movements for health, as well as from publications from other groups.

List of main sources:

Global Health Watch 2 www.ghwatch.org/ghw2

Global Health Watch 4 www.ghwatch.org/node/45484

People's Charter for Health www.phmovement.org/en/resources/charters/peopleshealth

Cape Town Call to Action www.phmovement.org/en/pha3/final_cape_town_call_to_action

The barefoot guide to working with organisations and social change www.barefootguide.org/download-the-guides.html

Reimagining activism. A practical guide for the great transformation www.smart-csos.org/images/Documents/reimagining_activism_guide.pdf

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CHAPTER 1

Relationships, wellbeing, pleasure in doing things together, values

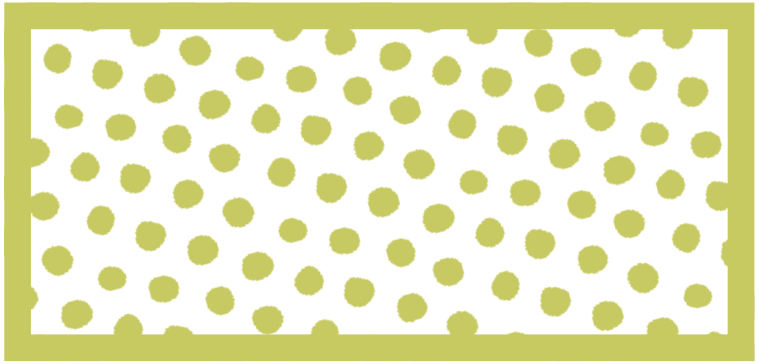
Workshop on food for health and for life, Laicrimpo movement, Argentina
GERARDO SEGOVIA

CH1

What holds us together

In this section, we will explore some of the "forces" that keep people together in movements, and particularly in the PHM. This aspect is related with the identity of the movement and lies at the core of its vision for change. It is also tightly connected to the idea of health as wellbeing, and with the fact that health activism should - in the first place - make activists feel better!

A health movement is made of people who get together to achieve a health justice goal they care about. In most cases, people explicitly discuss a strategic plan and what their programme will be to accomplish their goals, in order to decide how to organise themselves and how to act within the group/movement. However, what really holds people together are probably underlying "forces" like relationships, bonds, emotional connections, and the sharing of values and feelings. With whom we are connected, how we are connected, and how well we feel in these connections are important for the "health" of the movement and for its continuity over time.



Relationships and values

Our relationships are nourished by sharing common values. In the PHM, for example, we believe that health is a human right. We should act in solidarity to promote the right to health and to fight inequalities and the forces that create them.

Through endorsing the People's Charter for Health, PHM members commmit 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

> Caring for each other is key

Activists from PHM Maranhão (Brazil) joining hands in the struggle for health

PHM MARANHÃO

- 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.

Through solidarity we care about each other and are ready for mutual support. In the story of PHM Kenya, the group initially spent a lot of time trying to decide on organizational matters (such as means of communication, office bearers, criteria for membership, etc.). Without resolving many of these issues, the group ended up gradually building connections among its members. These connections proved to be key when they later worked to resolve internal disagreements that arose in relation to managing a collective property (assets obtained through a grant).

PHM in Argentina teaches us that, in order to care for and maintain relationships, small groups work better than large groups. They speak about a "human scale" that shows that smaller groups, especially those that are closer to the daily life of their members, allow for higher levels of engagement and deeper mutual knowledge and affection.

Explicitly addressing the importance of sharing a set of values, such as solidarity, can be very relevant, particularly when we have to decide with whom we will partner in our movement. In some PHM networks this exercise has been a founding step.

The Jarilla network, created in Argentina in 2003 for the exchange of practices around "plants for health" (plantas saludables), developed a set of principles to which all participants commit. When speaking about themselves, they say, "instead of projects, we have principles that guide us".

These principles include:

- voluntarism and being non-profit driven (objection to selling herbal preparations; emphasis on exchange of things as part of the social/solidarity bonds in the domestic space)
- mutual respect and collaborating without hierarchies
- defense of life in all its forms (the Earth as a living being)
- identifying with nature and plants based on the indigenous people's (cosmo)vision (spiritual dimension of plants)
- the idea that knowledge grows when shared.

Plants for health

The Jarilla network originally spoke of "medicinal plants" as there was an interest, particularly from health workers, to know more about their active principles. With time, people realised that there are many plants that do not only heal, but help to stay healthy, besides making people happier through their presence and beauty. In the words of a Jarilla network member: *"We share with the plants a time and a space in our home, the Earth, and we complement each other together with all the other beings. Speaking about "medicinal plants" conveys a utilitarian vision that we do not want. We prefer to call them 'plants for health'"*.

Values and respecting diversity

The idea that we should preferably partner with individuals and groups that share our values does not mean that we need to all think in the same way. On the contrary, many PHM groups and networks across the world value diversity of visions, backgrounds, and experiences. In the experience of PHM Kenya, it has been most important to have a core group of committed members and to also encourage diversity among the membership, bringing different skills, perspectives, and resources.

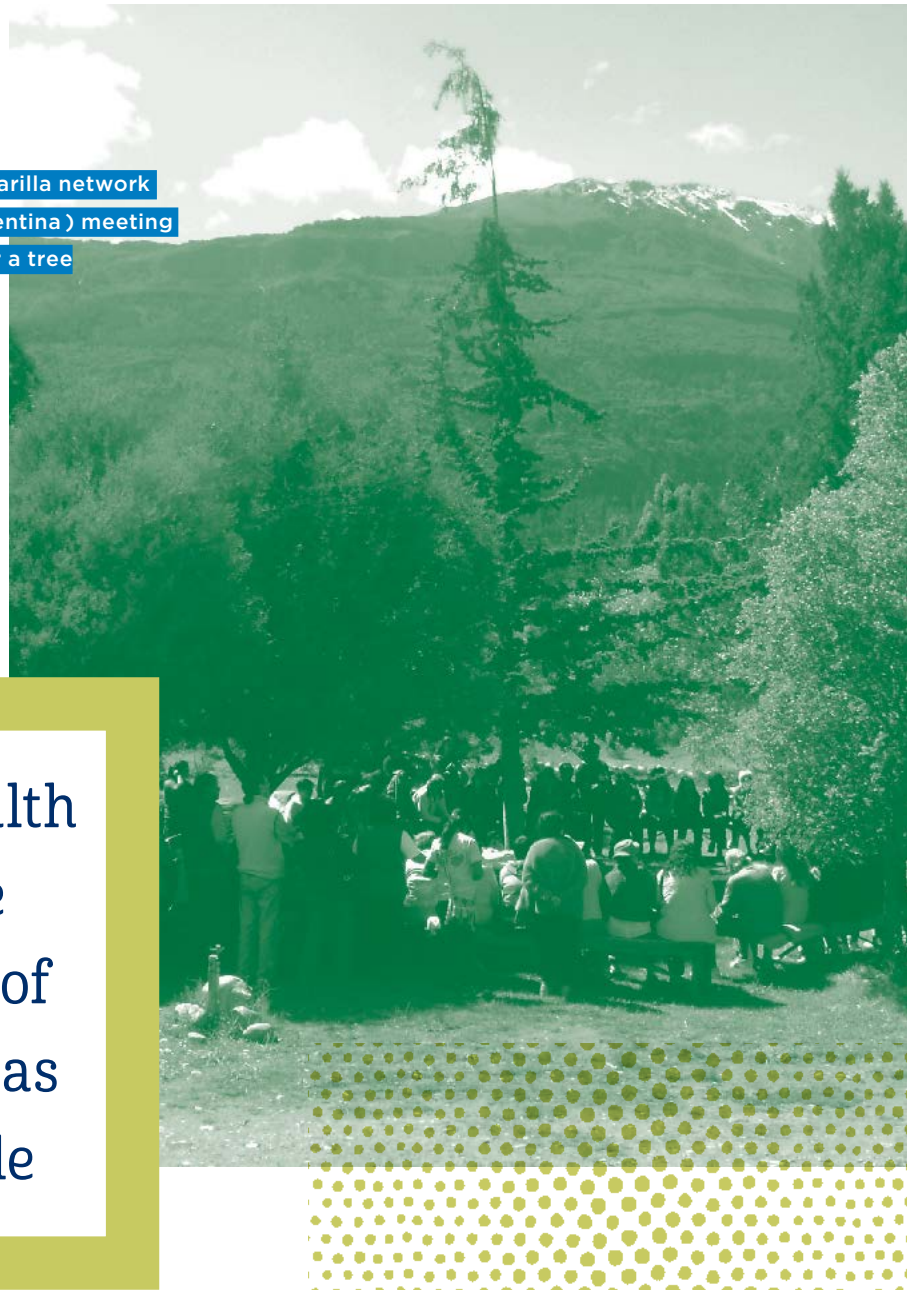
However, we need to understand that difference is enriching and then commit to it, because working across diversity needs the capacity to accept that our own vision is not "the only" or "the right" one. In the popular health movement Laicrimpo Salud in Argentina, for example, they believe that all participants are equally important: "we are all protagonists, we all know, we all do, we do not depend".

Welcome difference

The experience of PHM Scotland demonstrates that local PHMs need "a range of perspectives [...] with a willingness to adapt to one another's perspective" in their steering groups. Involving both academics and health/community practitioners, united by a "passion for improved population health", PHM Scotland led a very successful participatory action research initiative and developed a People's Health Manifesto that's now being used for advocacy at the political level. This was possible because "those who have become active in PHM Scotland have often adapted their pattern of work", and "those involved in the steering group had their thinking challenged and stretched by the encounter with people with similar values but with very different perspective and experience".

PHM Kenya advises to plan in advance on how to handle conflicts among members before they happen and to be sure that all value solidarity so that the movement does not suffer.

Relationships with "life as a whole"



The Jarilla network (Argentina) meeting under a tree

Relationships can be not only among people but include links with nature (land, plants, animals), the Earth, and the transcendent (the spiritual/immaterial world, the ancestors). In the vision of many Indigenous people, for example in Latin America, to speak about health is to speak about the wellbeing of all this and the balance between all the elements. For example, in the city of Porto Alegre a public health intervention was successful in mobilising (with) the community because it started off by recognising the spiritual roots of the link between water and life (referring to "the divinity of water"). This recognition, backed by good will and honest collaboration, helped to build trust and mutual understanding, which were key for the success of the project. As a result, the marginalised community became more and more able to assert its rights.

> Our health is the health of nature as a whole

What is buen vivir, or Sumak Kawsay?

Buen vivir is a different way to see and live life which is deeply spiritual, political and economic. It is not an intellectual model, but a concrete practice for the life of people and organisations that challenges the hegemonic patriarchal, colonial and capitalist order and its deep forms of domination, subjugation, dispossession and violence.

In the Kichwi or Runa Shimi language, SUMAK means fullness, complete, realised, beauty, excellence; KAWSAY means life, existence, living together, full life or fullness in life.

It is a form of existence which is full, balanced, sober, harmonic, that can be reached collectively through creating and nourishing mutual relationships with all living beings.

"Buen vivir is a political life project, it is a process of satisfaction and collective wellbeing that aims to strenghten life in balance with mother nature and the cosmos, in order to reach harmony"

El Sumak Kawsay como alternativa al desarrollo. Luis Maldonado Ruiz (2011). Escuela de gobierno y políticas publicas para las Nacionalidades y Pueblos del Ecuador

El Ütz'ilaj Kaslemal - El Raxnaquil Kaslemal. "El Buen Vivir" de los Pueblos de Guatemala (2014), www.altaalegremia.com.ar/Archivos-Website/BUEN_VIVIR_Pueblos_Guatemala.pdf

Wellbeing and pleasure in doing things together

Have fun

As activists in a health movement, we should (also) care about our own health! In many cases, however, we seem to struggle with balancing activism and well-being: overcommitment, long tiring meetings, stressful travel, challenges of working with few resources and great ambitions, managing conflict, and so on. Some PHM groups have decided to place the wellbeing generated by participating in activism at the centre.

Children are welcome in the meetings of the Jarilla network (Argentina)
GRISELDA SIMONELLI

Since family relations are meaningful for everyone, in the meetings of the Jarilla network in Argentina participants bring their children, and there's a dedicated space for them in the activities. Moreover, they pay attention to aspects such as the setting of the meeting (in beautiful, natural spaces), preparing and eating meals together, and including dance and music as these are considered important aspects of "being well, together". This is particularly important in the Jarilla network because they believe that if people participate out of pleasure, they will feel free, and the positive feelings will be regenerated for the benefit of all.

Some groups, such as the popular health movement Laicrimpo Salud, explain this using the concept of "alegremia", the happiness that flows through our bodies - a key determinant of our health!

PHM in India also values this "immaterial" contribution that's generated when people share something. In the mobilisation that led to the first People's Health Assembly and the creation of PHM in India, new partners shared dimensions beyond knowledge, skills, and finances. They "brought new confidence and new optimism. Groups working in the field or in isolation experienced the warmth of peer recognition of their work from others working for the same cause.".

CHAPTER 2

Decision-making, structure and organisation, sustainability

Community meeting in Ntwentwe, Uganda

CH2

Understanding power

This set of practices, related to how we organise for action, is often considered as something less important than the action itself. However, linked to these practices there are key issues such as the democracy of our movement as well as its potential to survive in an increasingly challenging (financial) environment. We will explore some of these aspects in the following section.

Power relations are at the heart of our world. As a movement we unite to influence them. To the power of money, we oppose the power of people. Power does not always come in the tangible form of a policeman's gun. Sometimes power is hidden in procedures: imposing a specific language, dress-code or written forms of expression before allowing someone to speak can exclude certain people and their concerns. Other times power is almost totally invisible. An ideology convincing people that poverty is due to individual failure makes economic power structures of exploitation invisible. Outside power relations do not suddenly disappear within movements. Women often speak up less during meetings. The use of academic language can intimidate and exclude grassroots activists. For our movement to be both broad and effective, we need to act on these dynamics. Ensuring structures are in place to allow effective work together is important to movement work.

Read more at www.powercube.net, a resource for understanding power relations in efforts to bring about social change.

Decision-making and power

There are several ways to make decisions in a group or an organisation.

The **authoritative way** is when a single person (e.g. the chairperson of the organisation), or a small group of persons (e.g. the steering committee), takes a decision for the rest of the group; this can come after a process of consultation, but those who are consulted do not have a say in the final decision.

Advantages: Rather quick decision

Disadvantages: Lack of information from "below", lack of ownership by members which may lead to lack of unity

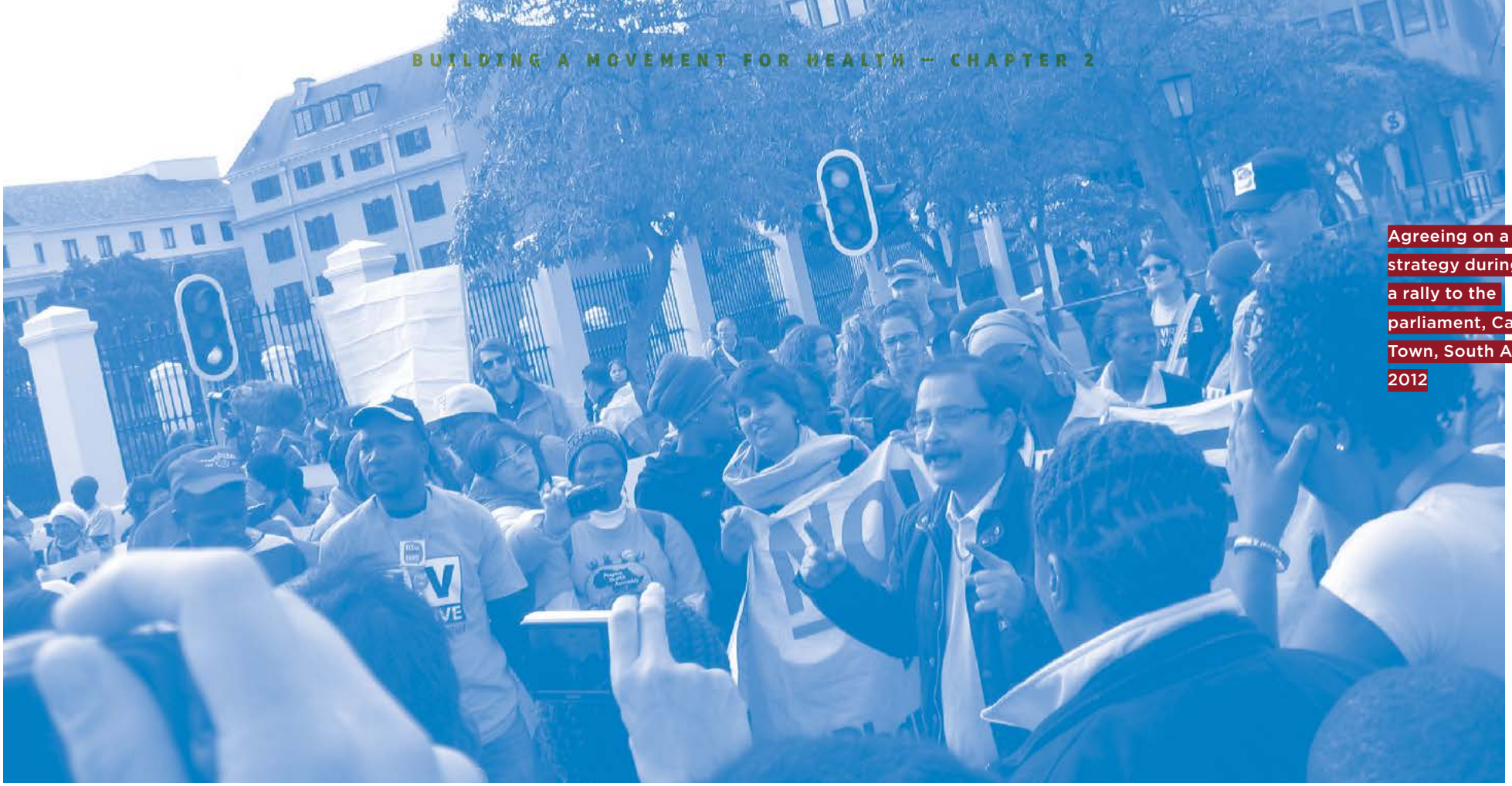
A different case, widespread in social groups of different kinds, is the **decision by majority** (voting): the position supported by at least half of the group plus one person is endorsed. Sometimes "qualified majority" is used, where for example at least 75% of the entire group needs to agree. Even though this is generally seen as a democratic process, experience shows that it can be quite oppressive for the minority who is in disagreement. Or, lead to a generalised consensus based on the more or less explicit pressure that the majority puts on the minority.

Advantages: Broader debate, potential of giving higher weight to certain groups

Disadvantages: Decision against part of the group, might forget about implicit, hidden or invisible power structures (did all really participate?)

Decide how to decide

Finally, decisions can be made through a process called "**consensus**", based on the principle of inclusivity and with an explicit focus on the freedom and capacity of participants to express themselves. The process is facilitated so that participants may understand the reasons behind the different positions expressed by people, and may decide to change their opinion or to



Agreeing on a strategy during a rally to the parliament, Cape Town, South Africa, 2012

endorse the position expressed by the majority of the group while highlighting their reservations. Overall, the process aims at increasing the listening and mutual learning within the group, as well as the responsibility and ownership for the direction the group is taking.

Advantages: highly participatory, well-informed process, increased ownership, leads to better understanding of each other and the functioning of the group

Disadvantages: might be a rather long process, potential veto-power for one individual or a small group

In Italy many groups and movements reached through an action-research led by PHM noticed that, when the term "consensus" is used simply to indicate that people do not vote and seek to reach unanimity, it often means that the power dynamics are not managed and remain implicit. This can hide the existing imbalances, thus worsening their impact. Some groups highlighted how the consensus method is an ongoing process based on a "culture of consensus", that develops self-awareness and self-consciousness but also requires taking good care of the relationships within the group.

Decision-making is often linked to the structure that a group or an organisation decides to have, that in turn is related to the distribution of power within the group. More hierarchical or structured groups tend to have a vertical process of decision-making, where the higher a person is in the structure, the more decisional power he or she holds. Less structured groups, who often call themselves "horizontal", tend to adopt majority or consensus decision-making.

While this distinction may be done on paper, in real life social movements are much more complex. Managing power in a group is a big challenge, and choosing not to have a structure is by no means a solution as power is attached to many characteristics such as charisma, experience, resources, gender, age, profession... and not only to the role or position that one holds in an organisation.

For a good and concrete description of the consensus process, see www.m3m.be/sites/default/files/mailing/c_fiches3m3_prisedecision.pdf (in French)

How to sabotage your organisation?

In 1944 the predecessor of the CIA published a manual teaching sabotage of meetings. Some of their advice we need to avoid:

- Make speeches. Talk as frequently as possible and at great length. Illustrate your points by long anecdotes and accounts of personal experiences.
- When possible, refer all matters to committees, for "further study and consideration". Attempt to make the committee as large as possible (never less than five).
- Bring up irrelevant issues as frequently as possible.
- Haggle over precise wordings of communications, minutes, resolutions.
- Refer back to matters decided upon at the last meeting and attempt to re-open the question of the advisability of that decision.
- Slow down a decision. Advocate "caution". Be "reasonable" and urge your fellow-conferees to do the same and avoid haste which might result in embarrassments or difficulties later on.

http://uk.businessinsider.com/oss-manual-sabotage-productivity-2015-11?r=US&IR=T

Structure, organisation and governance

The way in which PHM circles, groups and networks are organised is extremely diverse. In some cases, PHM is a registered organisation (as in the case of PHM South Africa), while in others it exists as an informal entity.

Registered organisations normally need to have a structure according to the laws and regulations of the country, including key roles and responsibilities (including legal responsibilities) that need to be defined. Non registered or informal organisations are, on the opposite, totally free to set up their own organisation.

In the case of smaller groups, this may consist of an assembly of members and, in some cases, a coordinating/steering group. When the organisation is more complex, different solutions can be adopted. For example JSA (Jan Swasthya Abhiyan, which is the PHM network in India), being a nation-wide network as well as a social movement, decided to adopt a flexible framework and both formal and informal governance structures. The formal structure comprises a National Coordinating Committee and a secretariat, that meet regularly. There are at least two meetings in a year with one at the larger level convening all members.

In the Italian experience, associations that act in collaboration with institutions tend to prefer more conventional forms of organisation, often based on hierarchy and representation, while self-organised experiences tend to opt for models that are more open

> A group's structure is a means to an end and not an end in itself

to participation and shared responsibility. While being registered increases the opportunities to participate in projects and receive funds, being non registered allows for a more plural identity, participation and diversity (e.g. in the experience of JSA). They are also able to act and to position themselves using a wide variety of strategies and tactics.

The structure of a group is linked to the capacity to take decisions and act. In Italy many groups and movements reached through the action-research led by PHM talked about the challenge to be inclusive and participatory while deciding on action within tight and often unpredictable timelines (e.g. to react to undemocratic decisions by a local government, or protect an occupied building from eviction). In order to address this challenge, movements choose different organisational models, also in relation to their political culture and to the historical and social context in which they operate. Some groups, including Grup-pa (PHM-linked network), choose to explicitly say that the organisation, though guided by participatory practices, includes different levels of operational responsibility depending on the interests, available time and personal involvement of each individual.

Membership

In terms of membership, PHM adopts different settings. In parallel with the structure and, to a certain extent, the longevity of the circle, this ranges from more formal procedures to much looser ways of affiliation. The settings differ also in that they are more targeted at organisations or at individuals.

In India, mostly collectives and platforms have been targeted as opposed to individuals or small NGOs. However individual NGOs are encouraged to join at the State level. The People's' Health Charter did form a basis for membership, but not necessarily in any direct way and often people join JSA because of more recent campaigns or activities. The attraction of JSA lies in the platform it provides for health rights, and more generally in the sense of belonging to a larger group. Joining the JSA enhances the ability of single organisations to contribute to change, it provides peer recognition of the work and fulfills the desire to show solidarity. For the approval of new members the process is formal and is taken up by the national secretariat and the application is passed on to the National Coordinating Committee, where membership is approved

Meeting of members of PHM Maranhão, Brazil

if two members recommend it and if there are no strong or serious objections.

In most other countries, PHM membership is composed by both individuals and organisations and no formal process is in place. Members become so by informal affiliation that usually happens after taking part in some of the activities organised and then remaining connected via electronic media (mailing lists, newsletters, etc.).

In many PHM groups there is ambivalence about the issue of membership, with no clear system for signing up members, and certainly none to resign! Follow up of members is a common challenge, and while there are very few instances of people or groups leaving the PHM, in most cases they tend to become dormant, some because of a lack of follow up and others because they have their own priorities and feel a specific issue has not been taken up that should be. Openness to other people's priorities is necessary for keeping members engaged, which may not happen if a single group is dominating leadership.

Advantages of membership organisations: facilitate structure, people take up formal commitment, feel they belong to something, offer contact data and facilitate communication, potentially allow for a broad and more transparent decision-making process

Disadvantages of membership organisations: too open member structure can increase vulnerability to repression, engagement of members can be time-consuming and require significant resources (human and material)

Social movements and the community

As a social movement, PHM addresses issues that are relevant to the whole of the population, and not only to those directly engaged in health such as health professionals or patients. For example, the People's School of Health in Medellin (Colombia) - a popular education strategy that has made important contributions to the social movement in the city and has enriched the dialogue between academia, social movements and popular organizations - is a space of convergence for 23 social organizations and some municipalities, including health care user associations, patient groups, victim committees, trade unions, organizations of students, professors and pensioners, as well as health activists.

In terms of engaging the broader (non-activist) population, many PHM groups organise outreach activities directed to the community. For example, the organisations involved in PHM in the Democratic Republic of Congo periodically organise activities with the population to clean the roads and the common spaces in the neighbourhood. PHM Brazil has also been involved in such a programme in a marginalised area of the city of Porto Alegre. And many of the activities of JSA in India target the general population.

> The community is a space for building bonds of trust and solidarity

Many groups in Italy do not speak of “target groups” but see the community as a space for building bonds of trust and solidarity. This is a key aspect of their political project and reflects the central role attributed to relationships, and to experiencing them in a new way. They see territories as networks of relationships and affections, in which it is possible to imagine new wor(l)ds and ways, because they are made of stories, memories, strengths, conflicts, daily life frustrations, mutuality, confidence, and creativity. Breaking with a merely geographical vision of territories, some movements speak about the existence of an “emotional geography” that links them with other movements further away. These experiences tend to be far from the institutions, and often define themselves “clandestine”; they narrate and create every day an alternative to the capitalist system, based on new forms of social organisation that put into practice values such as cooperation, mutuality and openness.

Sustainability of the movement

Besides reaching out to new organisations, a real challenge is how to sustain the commitment and the work, both in terms of core functions and in follow up of members and network organisations.

In the experience of PHM South Africa, to develop and sustain programmatic activism is not a quick process. And, in the quest to build a people's health movement more broadly, you may end up producing members for another organisation: while this may contribute broadly to building a health movement, it does not build PHM's capacity, without which it will not have the strength to broaden its engagement. Key elements for continuity seem to be the importance of sustained leadership; the delicacy of organisational affiliation and alliances (where you may lose relationship with organisations when their members leave the PHM steering committee); the variability of conditions on the ground; the vagaries of funding; and that organising invariably takes a long time.

> For greater sustainability, rely on multiple resources

Enablers of movement building according to JSA are the following:

- continuously updating strategies in keeping with newly emerging situations;
- ensuring maximum inclusiveness and continuous outreach;
- good quality, updated analysis, which addresses concerns that people are facing;
- need to be constantly in touch with the network members;

- place for network members to display their individual/organization identity without undermining the group solidarity;
- activities where many can contribute, some in a major way, some in a minor way;
- strategies of financing, both the node and other key constituents;
- a good proportion of the membership should come from individuals/organizations who do not depend on this work for their incomes, but have the time to contribute to this work.

When it comes to resource mobilisation, it definitely is a concern of most PHM groups that heavily rely on voluntarism.

In JSA most resources are generated in kind and through informal contributions, volunteer time and use of existing offices. From time to time, JSA has also received funds for specific activities or for support to the secretariat, such as WHO support for work on social determinants. Largely the organization is self financed and this is considered to be a historical approach given that in the mobilisation for the National Health Assembly there was no central proposal and no central receipt of funds. People were asked to use their own resources to come to the meeting and contribute their bit to the total meeting expense. This remains the guiding principle. If there is a specific project that JSA undertakes, one of the members will receive the funds and there is strict documentation. Some JSA members have provided infrastructural support, hosting the secretariat for instance. Mass organisations who are part of JSA contribute very small amounts as they have no fundraising or project activity, while others who have some form of resources contribute more. Financing by members is based on their capacity. While there are occasional attempts at creating a buffer or raising funds, this seldom takes shape and in many respects the JSA respondents felt the approach to resources was fine.

In Italy almost all the groups need to look for funds in order to support their activities and projects. In many cases, there are activists who sustain the group's activities without any compensation, while investing in them much of their energies and time. In a social context of general and widespread precariousness, several experiences reflect on the possibility of self-sustenance through militancy. Many questions arise from this issue, for instance whether the fact of being paid alters the nature of the political action,

PHM Italy discussing strategies to build a national movement for health

CHIARA BODINI

transforming activism into a job. To this question movements give different practical answers. In some cases, the idea of remunerating activism has been rejected. In others, mixed solutions have been found, with some people acting on a voluntary basis and others being paid. This solution requires however a higher degree of organisational complexity, and is often a cause of conflicts, also as a result of the social taboo that surrounds money. From an organisational point of view, many experiences are still experimenting, often with a tendency not to create rigid rules but rather to tolerate high, or very high, degrees of autonomy, while prioritising working on the process and taking care of the interpersonal relationships.

Starting from the need of economic sustainability, some experiences in Italy have elaborated reflections and experimented different practices of economic management. These are often inspired by the principles of self-management and self-income, and rely on mutuality and solidarity developed in support networks that do not only exchange money or material work. Many groups highlight the importance of these networks as forms of self-sustenance, rejecting the idea or possibility of a stand-alone self-sufficiency. Support networks and mutuality are key also in generating forms of indirect income, based on the

possibility to access, for free or contributing according to the resources that a person has, to training opportunities, cultural activities, services, as well as accommodation and food, and not least to spaces for social relations.

Besides the above mentioned forms of self-sustenance, the main way to access economic support is through public calls for projects (issued by public institutions, private foundations, etc.). This requires the groups to adopt a recognised, and often pre-registered, legal form. As a consequence, the number of associations has grown a lot in recent years, leading to increasing levels of competition among groups. It also causes groups to focus on problems for which there is funding available, limiting the political power of addressing unpopular or marginalised causes. In this way, the system induces a fragmentation of the existing groups, rather than promoting aggregation and synergies. It could be argued that this is a strategy to allow the existence only of what is consistent with the current economic and social system, and perhaps to increase the control and limit the potential harm of alternative social groups.

Can activism be a profession? Thoughts from Italy

A key issue raised by many groups and movements in Italy concerns the delicate balance between work and activism. On the one hand, some highlight how professionalising activism may lead to having a paid workforce, but one that needs to respond to external priorities and timelines (e.g. in terms of project deadlines, funding allocation, etc.). On the other hand, the need to combine work and activism arises when activism is a full-time occupation, that requires to be economically sustained. An interconnected aspect is the consideration that, in order to be fully sustainable, political activism needs to take into account also personal needs. Several groups try to address the issues of life and activism as a whole, and do not seek sustainability in each of the two separately. Remunerating work seems to devalue the noble motive for voluntarism (including political action) and this can lead to a paradox: a full-time form of "existential activism" that is however not worth any income. In these conditions, activism can result in self-exploitation, even if in its premises it declares to oppose any form of exploitation in society.

Advantages of voluntarism: political autonomy, freedom from donor influence and conflictual issues of income redistribution

Disadvantages of voluntarism: does not challenge the functioning of the current system, or lead to creating viable social, political and economic alternatives

Read more at gruppaphm.noblogs.org/report-di-fase-1/

CHAPTER 3

Advocacy, campaigns, communication

PHM marching at the World Social Forum in Dakar, Senegal, 2011

CH 3

This is the more action-oriented set of practices. It includes examples of advocacy and policy dialogue, campaigns and demonstrations, presented as tools to build/strengthen the movement, in addition to their impact on policy and decision-making.

Set winnable short-term objectives within a framework of long-term change

A long journey starts with a single step (in the right direction!)

Any mobilisation, any action, any campaign, any movement has a purpose. In most cases, the experience within PHM suggests that a combination of both short-term, immediately tangible change and long-term structural change is highly desirable.

It is really important to have concrete goals that can be achieved, even if they are small. Victories fuel mobilisation, by keeping people motivated. But a broader framework is useful to overcome the tendency to make things happen - "do stuff" - without thinking through how it better serves the objective.

It is important to realise that different people/groups will have different priorities in terms of goals. In order to find out what were the priorities in health, PHM Scotland created an online survey and organised meetings with the (disadvantaged) communities through an action-research initiative. While the online survey, completed largely by academics and policy advocates, focused primarily on the bigger picture (social determinants of health), the communities declared that their most urgent problems were very practical, such as the accessibility of public services.

Struggles around short-term objectives benefit from being embedded in a vision of broader social transformation.

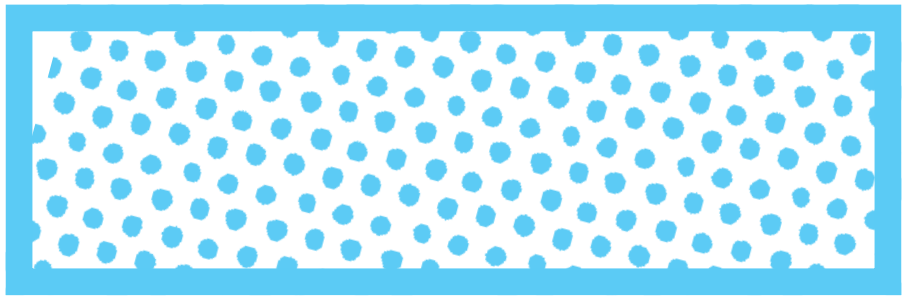
In El Salvador, workers of two hospitals that had been closed to await privatisation, took up the struggle, not as a struggle for their jobs, but as a broader struggle against privatisation. They created a coalition of peasants, students and public sector unions by linking the outsourcing

Demonstration of the youth movement in Palestine

FIRAS ADASI

of services, the privatisation of the public health system at large, and privatisation of other essential services. A very practical short-term objective - stopping privatisation - contributed to creating a wider movement against privatisation, and eventually to the emerging of the National Health Forum (FNS), an influential nation-wide civil society network.

In Vermont (USA), activists wanted to promote a change in health systems towards universal public healthcare. Instead of talking only about the economic benefits of such change, they spoke about health as a human right putting people (back) at the center of policy and practice. The shift in discourse from costs to needs and from figures to values united communities long divided on other issues. It set the stage for a broader movement for all economic and social rights. Similarly, the high participation of the general population (not only activists) in the Italian water referendum showed that the theme resonated strongly with a wider audience.



Broadening people's participation

Most experiences within PHM still appear to be initiated by a relatively small core group of passionate actors: one single organisation, a number of health professionals or academics, community leaders or organisations.

Having such a committed steering group is important. But it is imperative that oppressed groups set their own objectives and that the way work is done itself changes power relations. This process requires being conscious of one's own social, economic or other status might be in a group setting. Listening is more critical than talking, and communication should keep in mind one's social position accordingly. PHM India shares the importance of taking the struggle beyond selected intellectual and NGO circles and making it part of the public consciousness. Without it one cannot succeed in placing Health for All on the political agenda of the nation.

Underlying this approach is an analysis of power relations. All actors have power, sometimes overwhelming power. Awareness raising very often starts with raising the idea that change can happen. Bringing people together in determining their own destiny is a central feature of empowerment, understood as influencing power relations.

> Understand your own position and power relations, join with others

In several Latin American experiences this ended up contributing to government change. In Nicaragua, the struggle around the Rancho Grande municipality was a case in point. With a state apparatus initially supporting the interests of a Canadian mining company, activists set out to raise awareness but also organise local communities. They did so by

identifying potential allies, including parents of school children, worried about education, and local priests, even though the Church elsewhere appeared less supportive. Initial awareness-raising was followed almost instantly by organising strategies, including door-to-door visits, organised trips, meetings, and creating a space for the organisation. Organising in turn reinforced awareness-raising practices and facilitated mobilisation, with a semester-long "school-strike" as a particular highlight.

Joining other diverse mobilisations can be helpful. In El Salvador the National Health Forum (FNS) connected with other health platforms joining, broadening and supporting trade union demonstrations on salaries. In India a major dimension of the process was the linkage between advocacy/agitation for policy changes and voluntary/NGO work amongst communities including work in health care delivery. By providing space for synergy, the number of networks involved and therefore the outreach and the credibility of the entire process could be enhanced.

Plenary session during the national meeting of the Laicrimpo movement, Argentina
GERARDO SEGOVIA

Mobilising material resources for action

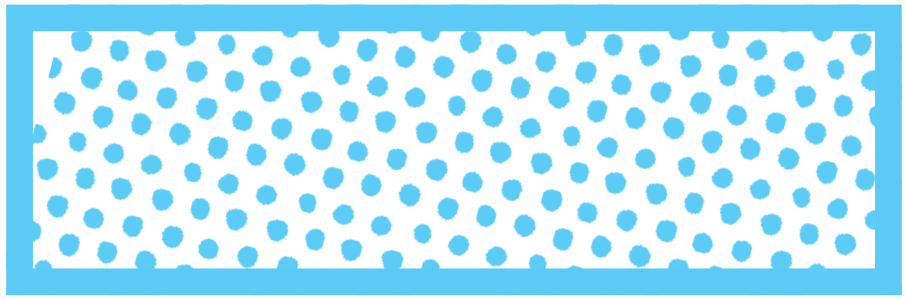
A movement needs resources. Material resources might come from donors. However, several experiences within PHM point to the risk of overly depending on a limited number of donors regarding material resources.

On the one hand, funds can disappear. With austerity, community groups involved in PHM Scotland are working in contexts of entrenched deprivation; while faced with cuts in programmes and salaries and retrenchment of staff. On the other hand, even with the best intentions, donors can influence priorities, strategies, actions or even absorb local initiatives. As donors support one specific type of action rather than another, a movement might lose its holistic, system-critical or long-term perspective.

Material resources can be found through pooling or independent fundraising. The Italian campaign against the privatisation of water was entirely self-funded through individual donations. For the referendum, with more funds required, the campaign asked citizens to "bet on the yes" by giving money to the organising committee. Involving a broad network of organisations with each contributing according to their abilities, is another obvious way of sharing costs. The network strategy of PHM India illustrated how this may be done. People's mobilization met over 85 percent of the costs incurred, but a critical 15 percent for centralized expenses at state and national level was made possible only by extensive sharing of financial resources. Some organizations had a training infrastructure and supported boarding and lodging expenses. Others contributed to promotion activities. Others funded booklets. PHM in Maranhão (northern Brazil) used an approach in which members contributed a small sum each, periodically, to fund the movement.

Manage money

The experience of PHM Kenya shows the importance of transparently and democratically managing resources even when a vision is shared. Obtaining funds and assets was for them both a benefit and a source of problems. Managing and sharing internal assets among different groups can provoke conflict and undermine solidarity of the movement. Consider carefully before collaborating with separate funding managed by members themselves, versus creating a joint programme with shared assets.



Targets of actions

In many cases PHM groups seek to target key actors and influence them over policies and decisions or behaviors that have an impact on health.

These actors often include a mix of national or state policy makers, local authorities, or even communities. Within a rights-based approach, public authorities are logically the central targets of mobilisations and in PHM experiences their role as duty-bearers becomes obvious in practice. They are the focal point of advocacy, policy dialogue, campaigns and demonstrations.

Depending on the concrete context, the interaction with, and ways of influencing, these actors take several forms, from cooperative to outright confrontational. As actors react and/or change, so does interaction. A key actor can be cooperative or repressive, attempt to co-opt or divide. Cooperation can have many advantages. In the experience of PHM Brazil, the involvement of local authorities supporting long-term public health concerns of a community allowed for real change. In El Salvador a new government, resulting from the support of trade unions and national public health movements, took a very cooperative stance towards the movement. This influenced not only straightforward health issues, but also tax reform. However, the movement did not limit itself to supporting one or the other actor during elections. It did not pin all its hopes on government cooperation. So when the cooperative, progressive government lost its parliamentary majority, street mobilisation could still be counted on to influence power relations, in favour of more progressive policies. Both in Brazil and El Salvador,

> Identify the appropriate target for what you wish to accomplish

cooperation did not mean merger. Social mobilisation remained independent. This way, movement-building enables continued influence on power relations.

Division in the social movement can occur for many reasons. Repression is one. But concessions by authorities might also convince some people to stop the struggle. However, seeing the bigger picture, in which the concessions are framed as but an intermediate victory, might limit this tendency. Outright repression clearly asks for a special set of answers. Finding innovative ways of protesting, within the limits set, but also more covert organising helped to deal with repressive environments.

The co-optation by public authorities of Indigenous peoples' initiatives in Australia was a mixed blessing. These primary health care initiatives existed for many years, when authorities decided to co-opt them. On the one hand, because they were now part of a national policy, means at their disposal for service delivery increased tremendously. On the other hand, bottom-up control and participatory management lessened. Ownership of the initiative has shifted away from the communities towards less accountable entities.

Demonstration against climate change (Intal and M3M, Belgium)

INTAL

Actions that are visible, attract people and make an impact

Visible actions are an essential part of communication and movement building. When the Canadian Ontario Coalition Against Poverty (OCAP) symbolically set up a hunger clinic in front of Ontario Legislature, this attracted a huge amount of interest.

On one day, the highly visible action gathered millions in valuable income for poor people. The Nicaraguan school strike, albeit on a longer timescale, appears as a similar example: when parents learned that a mining company would be allowed to give "environmental education" directly every week to the children, (sanctioned by the Ministry of Education) parents simply kept their kids at home. The school strike garnered attention in ways that previous protests marches hadn't. Finding media that would publicize their resistance - locally, nationally and internationally - was also important.

PHM India shows the usefulness of linking advocacy to service-provision by voluntary/NGO work amongst communities including work in health care delivery. Service provision can be a highly visible means of work, and also feeds the experience of the direct impact on people into the advocacy work.

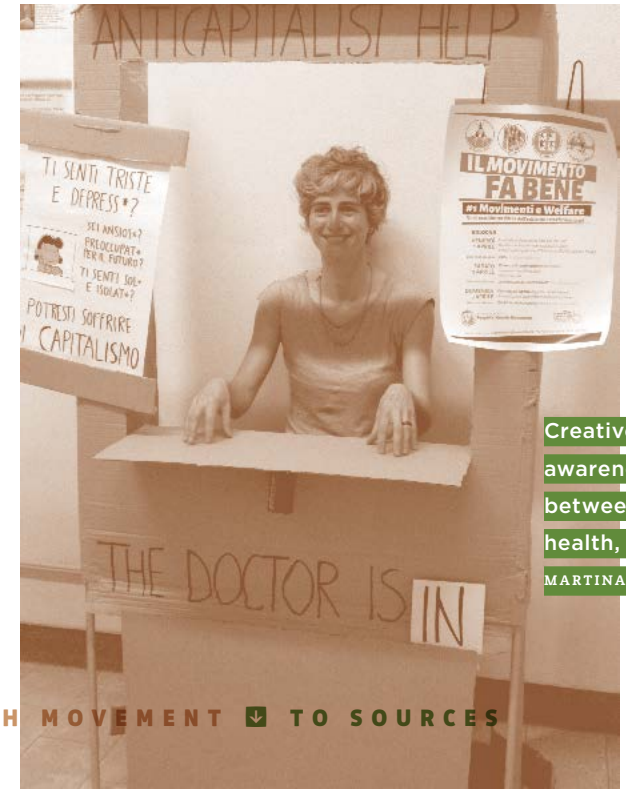
> Do work that people notice

A PHM-linked experience from the Philippines of Advocates for Community Health illustrates how undertaking mental health workshops assists in the painstaking process of winning trust in oppressed and traumatized communities. Helping people to collaborate allowed for finding allies like local church communities and youth organizations, changing the balance of power and pressuring local authorities. Empowerment and increased assertiveness helped to achieve a temporary mining ban, and reduce military repression.

Etoile du Sud, a PHM member organisation of the DR Congo, decided to organise weekly neighbourhood activities around hygiene. These bring people together to work around cleaning their streets, front gardens or improving sewerage. They create groups, connections and ideas that can last. This contributes significantly to their ability to mobile larger crowds during crucial advocacy moments.

If more high-impact actions are not possible, simply holding regular activities contributes to keeping the momentum going. Ideally, activities are in line with key strategic goals for the movement, but in the case of PHM Uganda consistently organising activities helps maintain relationships in an otherwise unclear environment, when relationships may otherwise lapse. Actions show people the movement exists, help to identify that it is real, even when coordination is minimal.

Most of PHM Kenya's activities are conducted by members through their own group, organization or as individuals. Even though others in the movement are not aware of many of these activities, they often use the name of PHM Kenya and the global call for "Health for All... Now!". This also shows members' dedication to the movement's principles.



Creative installation to raise awareness about the links between global economy and health, Bologna, Italy, 2016
MARTINA RICCIO

Don't let them off the hook

Every struggle requires continuous follow-up for a variety of reasons.

1 Every concession can make ground for another. When the health movement in El Salvador blocked privatisation, they stepped it up and supported the reform of the national health system. Health continued to be a major issue for years. As progressive health reforms were enacted, the movement started demanding fiscal reform to broaden state revenue.

2 Tit-for-tat strategies are useful, requiring monitoring of decisions made by authorities. The Canadian Ontario Coalition Against Poverty (OCAP) started off by helping people to register for a benefit called the Special Diet, providing up to $250 a month per person. Then tit-for-tat started. When authorities rejected applications, OCAP followed each one closely to get them accepted. Mass delegations were taken to authorities to overturn adverse decisions. The fact that people had to fight to obtain the benefit actually added to the momentum of the campaign. When the administration tried to restrict access, OCAP occupied the Mayor's office, while allied health care providers protested vigorously. When the benefit application form was adapted, OCAP crashed a fundraising dinner for the Liberal Party and held a large night march. When, five years later, authorities tried to abolish the benefit, a march on the headquarters of the Ontario Liberal Party and a small occupation blocked it. When conditions were tightened, people walked into supermarkets, filling up their carts with items totalling very near the $250 amount provided under the benefit. When items were rung through, they explained the money to pay had been taken away by the Government and asked the supermarket to provide them free of charge and send the bill to the Premier of Ontario.

Be persistent

3 Wins can be precarious! The Italian right to water campaign pushed authorities back in a two-step strategy. First, many local water committees, trade union representatives, political parties and associations

Demonstration of the youth movement in Palestine
"HERAK SHABABI MUSTAKEL"
FACEBOOK PAGE

elaborated a proposed law to protect water and its quality, and bring integrated water services and management under public control through participatory democracy. The goal was at least 50.000 signatures required to present the law proposal before Parliament. In the six-month campaign, 406.626 signatures were collected. In spite of this success, the proposal was never discussed, and finally expired. Several initiatives were nevertheless organised to make Parliament discuss it, including a large demonstration in December 2007. When the government, in 2009, approved the privatisation of all local public services, guaranteeing profit for the service provider, water movements proposed a referendum in order to cancel these decrees. In a three-month period (April-June 2010), local committees collected almost 1,5 million signatures; only 500.000 were necessary for a referendum. Over 27 million Italians (more than 50% of those who could vote, and over 90% of voters) agreed to cancel the decision. The government never obliged.

Communicate

Good and targeted communications that resonate with specific audiences are key. It matters not just what is communicated (a resonating narrative/message), but also how (socioculturally sensitive) and often by whom (local leaders, respected activists). In the experiences of PHM Kenya and Canada the importance of frequent communications between the movement's members is highlighted (google groups, facebook, informal networks...). In India, Scotland and Bolivia PHM activists put great emphasis on empowerment of target groups through local presence and socio-culturally adapted communications: make it simple.

The "Health Care is a Human Right" campaign in Vermont USA highlights how politicians and most media outlets will go out of their way to overshadow the role of a people's movement in fighting for and securing positive social change. The coverage of Vermont's universal healthcare breakthrough focused on a handful of politicians, policy experts and doctors, while largely ignoring the collective voice and unified action of thousands of Vermonters. This serves to contain and potentially neutralize our policy victories and to lull community members into passivity.

> We need to tell our own stories

Since we cannot depend on the mainstream media to cover our mobilizing efforts, values, needs and demands, we must tell our own stories, our own people's history of how human rights were won for future generations. People must understand that without their own actions and their own media, change will not happen.

In order to make their voices heard, PHM groups use all sorts of media. In Bolivia, a national network for the right to health used short radio messages in a simple language, translated in local languages, to reach the most underprivileged population groups. Local leaders were involved, including through sharing material for community education and providing independent updated information to groups of patients and health workers.

Similar strategies are used in Nicaragua (municipality of Rancho Grande), where the population is fighting against the large gold mining company B2Gold. Their struggle has been successful in forcing the government to issue a "declaration of non-viability" that will keep open pit gold mining out of the area. Building awareness in the community is a key aspect of their struggle, that they do through door-to-door visits, community radio, organized trips to mining communities, videos about mining effects on the quality of water and forests in mining communities, finding media that publicize the resistance locally, nationally and internationally.

In India, during the mobilisation for the first People's Health Assembly (PHA), a public awareness campaign was organised. In all states, the number of people involved in workshops, seminars, peoples' dialogue, surveys and conventions was the main form of building up public awareness. A People's Health Charter and five booklets had been prepared through a participatory process and translated in different local languages, and they became the central instruments through which the public understanding of the crisis in health care was built up. Poster campaigns also played a major role. The kalajathas - traveling street theatre - took the message to numerous districts. Rallies and processions also contributed - especially the rallies in Delhi (1,200 people) and Chennai (3,000 people) and of course in Kolkata (over 30,000 people mobilized).

Many PHM groups use public gatherings, participation in conferences and meetings as opportunities to spread a message to support the struggle for health. Some PHM material can be extremely useful in this sense. Besides the People's Charter for Health, the Global Health Watch (GHW) can be used to organise dissemination and awareness raising meetings. To overcome the limitations represented by language (GHW is currently available only in English, although a Latin American edition of GHW4 has been published by ALAMES in 2015), in Porto Alegre (Brazil) the PHM group organised an open public course, addressing themes of the book to trigger discussions on global health and the social determinants of health. This course was promoted at the Federal University of Rio Grande do Sul and the state School of Public Health, it lasted two months with weekly 2-hour meetings; attendance was free and 35 people participated effectively.

New media use

In some countries, PHM relies a lot on social media in order to both organise its work, and to reach a broader audience. This is the case, for example, of PHM Tanzania and PHM Uganda.

In countries where media, and the political discourse in general, are controlled by the government and/or by political parties, the use of new social media becomes particularly useful. In Uganda, for example, the current government is intolerant to dissenting views from the public, especially those that look political. The movement responds by using social media (especially Facebook and Whatsapp), which have become instrumental in challenging the status quo.

In Palestine, a youth movement has (although briefly) managed to emerge in an otherwise stagnating political environment, dominated by the traditional political parties trapped in a hierarchical and conflicting power structure. This was linked also to the use of social media, that helped in overcoming the censorship of traditional forms of communication and the oppressive social control of older generations.

Social media are widespread also in other contexts where the political environment is less oppressive. The challenge here is how to navigate a huge flow of information. In Belgium, the PHM affiliated NGO Thirld World Health Aid (TWHA) has developed a tool to help movements in shaping their messages for social media.

Read more at
www.m3m.be/sites/default/files/mailing/b_fiches3m3_reseaux.pdf
(in French)

Setting up a social media account: Advice from PHM Europe

When creating a social media account it is important to consider the objectives as well as the work required for managing it. The following questions may be useful to guide the reflection:

- What will the account be used for ?
- Who will manage it ?
- How many hours per week can be allocated to manage it ?
- Are the person/persons that will manage it experienced in working with social media ?
- Which language will be used ?

In summary, there can be three levels of use, corresponding to different time, skills and effort needed. Note: all levels require some degree of regular (daily) interaction such as answering comments, responding to messages, etc.

Level 1:

INFORMATION + CONTENTS SHARING

What type of people could be interested in following our account ? What type of contents are we going to share with such people ?

It would be useful to develop a contents calendar identifying themes to be covered and ways in which they are to be covered. We could share:

- Links to news, reports, publications
- Quotes from well-known people on issues of interest

- Photos, videos (sharing multimedia material will increase the number of interactions with our account)
- Posts from other accounts
- Our own and other people's statements and campaigns.

Level 2:

LEVEL 1+ CONVERSATION + INTERACTION + CREATE AND EXTEND THE NETWORK

Level 1 would indicate we are at the initial stages of our account. After several weeks of activity the account should move into level 2. This implies sharing and interacting with others. Hence we should develop a strategy, no matter how simple, to identify those we want to interact with:

- Universities, institutes and centres involved in our issues
- Organisations linked to PHM
- Media
- Influencers
- Politicians and political organisations

This would allow us to increase the number of actors we can interact with and participate in future advocacy strategies.

Level 3:

LEVEL 1 AND 2 + DIGITAL ADVOCACY STRATEGIES + CYBER ACTIONS

This is the most advanced level of networking. Involves joint work on digital strategies, lobby and advocacy within the framework of specific campaigns.

CHAPTER 4

Participation, community action

Community meeting in Ntwentwe, Uganda

CH 4

Participation is good for health

Participation can be seen as an approach to social action, as well as a practice or action in itself. In this section, we will explore how - in the PHM experience - participation can be part of several aspects of the life of social movements.

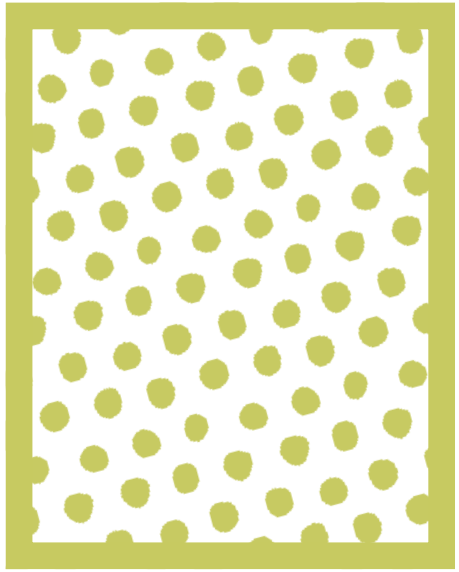
Participation in health can be loosely defined as the involvement of people in communities to identify their health needs and devise solutions to these needs. Participation is voluntary, people cannot be forced to participate, but their participation is crucial. The World Health Organisation is clear that more real participation in health systems leads to better health results.

Governments and local authorities can, but often do not, create the necessary space that allows people to truly participate. Social movements like PHM are about ensuring that communities have decision-making power also through demanding and acting in this space.

Participation can range from people having no ultimate power, to being given token access to participate (consultation), or to really exert some power as equal partners or, best of all, to achieve ultimate people's control. Consultation may be part of, but cannot be equated with participation. Usually those who consult already have the power to decide what to do with the information gathered, perhaps even ignoring the opinions of those who are consulted. Participation means people take an active part in a process, activity or event, they are not just bystanders or

yes-sayers, but act as key players with voice and influence to decide the direction and content of any given action.

From the outset, PHM members in Argentina have been guided by the principle that health must be under the control of people/the community, starting from the local environment and the household. Pursuing control by the people led them to set up a highly participatory process in which they used their activism to strengthen health practices starting with those that are in the hands of the people (e.g. local knowledge on healthy plants). The lessons to be drawn here are a) that participation has to be part of the very early steps of organization, and b) that a continuous reflection on the unfair power relations between communities and, in this case, service providers, is very important. Both lessons are important in that communities can thus begin to identify the actions that should be taken for meaningful and effective participation of community members that can lead to changes that modify power relations.



Joint health needs identification, assessment and prioritization

This is where PHM members have expressed their individual and collective opinions about the problems they face and the priority needs they see. They have negotiated and demanded from authorities the improvements they deem indispensable, either by themselves or together with selected partners with whom they have collaborated for specific health improvements.

For example, in Canada, motivated health professionals formed a group known as Health Providers Against Poverty as a way to address issues of common health concern. Following their outreach, people from poor social groups and neighborhoods joined the cause, because the issues discussed by the members of the group reflected their own concerns.

In Brazil, eliciting participation at community level was successful because it formally recognised the struggles of previously "invisible" people. The communities were thus formally recognised and acknowledged as citizens and as full claim holders of the right to health care. This promoted inclusiveness from the very beginning. It encouraged, motivated and empowered people to participate in a process for change that increased solidarity. It engaged them in a respectful manner, starting with acknowledging their struggle and their commonly perceived problems to then assess priorities. This example teaches us some key practices relevant for participation, namely that:

1 The action was centred on the values of respect around water and spirituality. This focus made sense to the community and broadened the scope of their identified needs and the identification of solutions to address them. It also allowed a positive dialogue that led to understanding and trust between public institutions and the community, resulting in the registration of people and their subsequent recognition as equal legal and political citizens who can and do demand protection from the law.

2 Emphasis was placed on forging partnerships and relationship building, i.e. they particularly valued the importance of individual interactions (and friendships). This is crucial, to build not only needed support, but also solidarity to reinforce bottom-up change.

Participation in health often demands new forms of progressive action and education. These help to develop a widely shared strategy pointing towards effective change that improves people's wellbeing. It is thus not only about using participation to critique and denounce the status quo, but also promoting a new set-up, one with a more empowering attitude towards health, offering truly viable alternative actions. Whenever they can, PHM members strive to be proactive, not merely reactive. For them, it matters to challenge the dominant agenda and to redefine the strategies that provide more equitable and participatory health care and also combat preventable ill-health and malnutrition by addressing its national and global structural determinants.

Jointly building capacity, forging partnerships and adding new knowledge

Sometimes, PHM members have needed new knowledge or a new set of skills to help them deal with their prioritised health needs. Broadening participation is a great way of doing so. Gaining new skills or knowledge has involved formal and informal learning from others. This can happen through exchange learning, attending workshops and/or reading new ad-hoc materials. Experts have been invited to come and interact with the community, teaching as well as learning from them. Building capacities enhances understanding and opens new ways to address priority problems. For this, communication and advocacy has helped to engage PHM rights holders with service providers and specific duty bearers.

There are several ways in which communities can participate in building their capacities for participation in health. In Tanzania for example, PHM members used social media, emailing and whatsapp to bring-in and train new activists. They then engaged in a popular education campaign to hold the national health system to account. The ultimate aim was to build a culture of health advocacy.

In El Salvador, the experience of the foundation of the National Health forum (FNS) teaches us some additional key practices relevant for participation, namely that:

1 We need not only to reflect on new institutional ways of supporting grassroots initiatives, but also need to become proactive in organizing them and then helping generate new forms of knowledge and new practices of local democracy and local government.

2 We need to move away from top-down practices involving imposed acceptance and, instead, persistently move into consensus-building practices involving legitimate rights holders' discussion and approval.

3 We need to help define a new type of collective rather than individual identity and community responsibility.

4 We need to help legitimize and enforce all UN-sanctioned people's rights.

Public event in Bologna (Italy) to discuss the need for a national movement for the right to health
CHIARA BODINI

Jointly planning for action and increasing negotiation and bargaining capacity

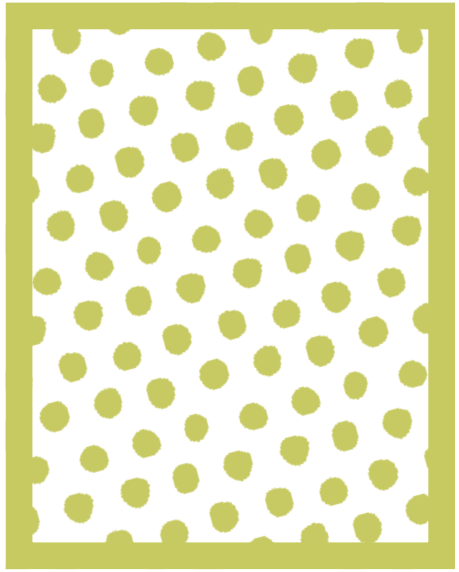
There is no single way of planning for participation. PHM circles have used different approaches based on their specific country contexts. They have variously engaged in formulating goals and objectives considered critical for their plans of action. It is at this stage that together they arrived at consensus on priority health problems so as to plan the best and most feasible solutions to address the problems at hand. When planning for action, members identify roles for everyone who is involved, including those that may not have been participating in planning meetings, but will be interested in engaging.

The experience of Vermont (USA) teaches us yet other key practices relevant for participation, namely that:

- We need to increase the negotiation and bargaining capacity of vulnerable groups we work with so they can stake their claims to the respective duty bearers (empowerment and mobilization are part of this).
- We need to aim at overcoming constraining local, formal and informal policies and political structures as needed.
- We need to concentrate on changing the local generational dynamics when required (actively involving the youth), and especially on changing the role of marginalised population groups, including women, in overall development.

Jointly acting on health - meaningful participation at community level

Commitments need to be sought from everyone to begin doing what was agreed. This includes management, operation and support activities for the plan. In the case of Vermont (USA), grassroots organizing was specifically based on applying the human rights framework. For other country circles, the approach for meaningful participation has been different. In Nicaragua, for example, participation revolved around organizing and carrying out actions of resistance, starting with a semester long school strike including protest marches. This was used as an awareness building step (also using door-to-door visits, community radio and videos as means for the students to get organized). Early on, these students learned the importance of being connected with outside organizations, as well as finding the right media outlets to publicize their resistance. It must be pointed out that the movement has been guided by the ideas behind peaceful resistance. Relatedly, colleagues in Australia progressively built a broad-based alliance of civil society organizations to address the social, economic, and political causes of ill-health (not just working within the health sector).



Jointly reflecting on past experiences to inform a planning and acting on health

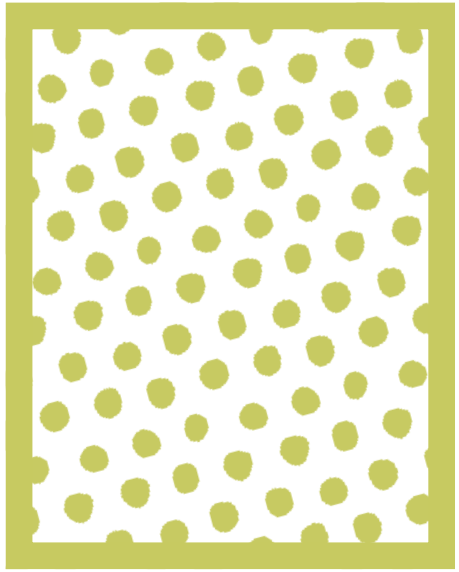
It is indispensable to track what the agreed plan has committed members to do. This way we can draw on the lessons learned and make sure all challenges are addressed in the preparation of the ensuing activities. In this perspective, monitoring and evaluation is an integral part of participation through action.

For instance, **in Scotland**, the PHM circle reflected on their previous work and identified key health issues. Thereafter, they generated a consensus to build a People's Movement for Health Equity. The process eventually led to holding an open health assembly in which participants called for concrete proposals for collective action based on a collective effort to assess past experience. Demands were circulated to existing PHM mailing lists, soliciting inputs from the whole of PHM. This ensured that each demand was finally endorsed by community support. This led to PHM Scotland developing a Scottish People's Health Manifesto through an approach combining participatory action-research and proactive public health advocacy. Such decisions did not just happen, they came about as a result of reflecting on what worked before and what did not in light of strengths and weaknesses. Understanding strengths and weaknesses helps to critically assess what works to further strengthen the most important elements and turn the weaknesses into strengths. The process was mobilizing in that it also facilitated the collaboration between different organizations. For this, the focus was on building links and collaborations with other organizations addressing either health or democratic accountability issues. This led to working together and to drawing-in people from the

other networks. The aim was to unite forces with people with similar values, but with often different perspectives, strategies and experiences.

These activities all impinge on participation. But as we have seen from PHM experiences, they do not necessarily have to occur in any order; they rather are part of a cyclical process. Working collectively is a must, because alone, each of us is helpless to change very much. Divided we beg, united we demand. We thus have plenty to learn from the lessons of mutuality or even of militancy. Charity/compassion is not the PHM way; organized solidarity is.

Different contexts call for context-sensitive ways and forms of participation. Collective acts are happening all the time, mostly the result of non-political and personal leadership initiatives. To make these really count and add up to something, they need to be progressively channelled into new patterns of higher political meaning and impact. Unless we emphasise continuity, follow-through actions and translate these popular struggles into action, they remain mere words, unable to solve or challenge current health injustices.



CHAPTER 5

Networking (at local, national, international level), alliances and cooperation, resource sharing

Working group during the annual meeting of the Laicrimpo movement, Argentina
GERARDO SEGOVIA

CH 5

Networks are our strength

In this section, we will see how networks seem to be key for the survival of health activism experiences. Across PHM's experience there are many examples of how networks work and what keeps them going. The PHM itself can be seen as a network of networks, with distinctive features at the global-local "juncture" that can be explored.

Networks lend strength to any health activism and movement. Across PHM, they highlight partnerships formed between different types of people, communities, organizations and networks; from community, civil society and public institutions or government. These networks, though varied, seem to follow certain common principles and show certain similar characteristics, presenting a set of strengths and also challenges in their functioning

How are networks formed ?

Networks are formed when people or organizations come together for a common cause, idea or goal. It can be for promotion of local food produce and medicinal plants and against corporatization as with the Jarilla network in Argentina; to improve the health and sanitation and protect natural resources as in the experience of Morro da Policia (Porto Alegre, Brazil); against healthcare privatization and tax evasion as the National Health Forum in El Salvador (FNS); for improved population health and against government's regressive policies (PHM Scotland); against climate change and free trade agreements (Save the climate, stop free trade campaign in Belgium), and so on.

Sometimes networks are initiated through an event. For the popular health movement Laicrimpo Salud in Argentina, it was an annual event that led to the coming together of people and formation of the network. For PHM Scotland, the first People's Health Assembly in July 2012 was instrumental in its formation. Belgian network Action Platform Health and Solidarity (PASS) was created in 2008 after a conference. Similarly, the first global People's Health Assembly in Dhaka (Bangladesh) in 2000 galvanized mobilization of organisations, networks and individuals to participate in PHM, including in India, as evident from the Indian PHM experience.

Often networks are formed in response to an urgent issue or campaign. In some instances, networks are formed due to the urgent need of the hour, and there seems to be a spontaneous and organic emergence of the network in order to deal with the situation. For example, the National Health Forum (FNS) in El Salvador emerged out of a larger struggle and broader alliances against the government policy of privatization of health services and other reforms in the 2000s. In the Rancho Grande movement in Nicaragua, the community, the church and local and national NGOs came together against the mining operations in their area.

Who can form a network ?

Network formation may be initiated by any one of the partner organizations. For instance in the experience of PHM Brazil project in Morro da Policia (Porto Alegre), it was the health surveillance department that reached out to members of the women's association (AMUE, an NGO called Women's Association United for Hope) to work together. The Jarilla network in Argentina was initiated by women health workers/traditional healers. In this process, we find that there may also be "networking networks" or organizations/networks that facilitate the formation of a larger network. This was seen for example in the pre-first-People's Health Assembly (PHA) mobilization in India where, in each state, organizations and networks took the responsibility of mobilizing others to join the PHA.

Networks have constituents and, depending on the level at which they operate, the constituents may be organizations/persons within a province, country, region etc. For example, the Jarilla network in Argentina is made up of organizations from various provinces and PHM Brazil has several regional units. PHM Latin America brings together networks from the different countries that constitute the region. Networks like PHM have both local and global spread. The network members may be formally inducted or may be informal participants. For instance, PHM Australia has been debating on whether to have a membership model through which they can formally induct members. Though they feel that having such a model will help them in recruiting new members and also lead to some degree of financial sustainability, however, they are also apprehensive that it might make the network less open and the membership fees may be prohibitive for some.

Often partnerships are forged between people and organizations from various disciplines and most networks seem to draw their strength from such diverse composition. The network may have a mix of practitioners, technical people, academics and ordinary citizens. The Jarilla network was formed through participation of traditional healers, community members and scientists (botanists). A community network in Argentina working on "plants for health" (plantas saludables) includes people working in education, health, students and community members. They are also

Members of the Jarilla network, Argentina

GRISELDA SIMONELLI

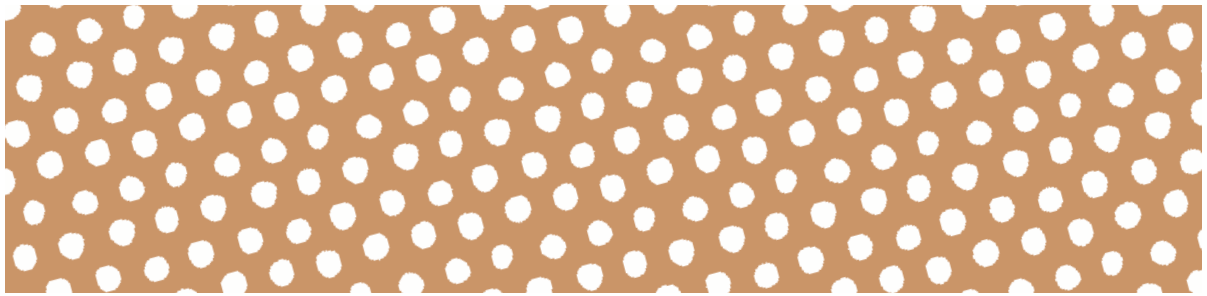
members of the Jarilla network. The PHM Latin America considers that its strength is diversity in action. The Action Platform Health and Solidarity (PASS) in Belgium includes NGOs, mutuelles (social health insurances), maisons medicales (health centres), and trade unions. The formation of PHM Scotland saw the coming together of organizations working on health, health activists, environmentalists, carers, trade union health and safety representatives, academic institutions and various representatives from across the National Health Service. The participation of such diverse groups helped in discussion and debate from various perspectives and helped in ensuring that the issues relevant to all involved in the process, were included. Moreover, as they write, "the strongest feedback was undoubtedly around building networks, breaking down barriers and building really constructive links and working relations across these (previous) divides".

Partnerships may be formed between groups that may be even opposed to each other in some way, but which find common ground to work on. The network in the community of Morro da Policia in Brazil shows that that it may be important to include people who can oppose your network's work. In this experience a network was formed of environmental practitioners, women leaders of an NGO

called Women's Association United for Hope (AMUE), policy makers, managers and additionally, the drug dealers who could have posed a challenge to them were also included. As a woman from the community said: "The only way to deal with the leading dealers, so that they wouldn't repress the process, was to include them".

Networks may also consist of other networks. Examples of this are the Jarilla network and also the People's Health Movement itself.

The "Save the climate, stop free trade" campaign in Belgium shows that networking may be done across constituencies and at different levels (local, national, international). The campaign worked with various other networks like the Belgian Climate Coalition platform, unions, environmental organizations and movements, North-South and/or South-North movements, and the Climate Justice Platform (PJC). It also built alliances with organizations from the Philippines, and other civil society organizations from Latin America, North America, Europe and Asia within the international coalition "Global People Surge".



How do networks work and what keeps them going ?

Across PHM's experience there are many examples of how networks work and what keeps them going. Not surprisingly, they are very similar for most networks and therefore it is important to understand this for our own movement building.

Drawing up common network principles

Having a commonly agreed set of principles is essential for any functioning network. This may be done in a formal, written manner or may be just an understanding between the partners. Either way, it is absolutely essential that these principles are articulated and commonly agreed to by all the participating entities. The Jarilla network drew up their principles according to which they wanted their network to function. In PHM Scotland, the People's Health Manifesto was a much debated document, but one that clearly stated the issues and concerns of all those involved. In India, in the run up to the first PHA, local charters were prepared outlining local issues through consultative processes at the block level. In the Belgian example, the common demands of the campaign were agreed through a consultative process that involved arriving at a consensus, and not through a vote; not as a unanimous or compromise decision, but through discussions and negotiations within the members.

Mutual sharing and co-production

The common principles develop into and shape the relationships between the groups that are part of the network; relationships of mutual give & take and collective thought and action. This also includes mutual trust, respect and freedom. As the reflections from PHM Bolivia state, "the network growth led to systematizing and coordinating further actions, seeking greater social cohesion, solidarity, impact, to establish contact and alliances with other international institutions and networks, being nurtured from their experience...". Constituent organizations/ groups therefore bring in their respective strengths, complement each other, and build synergy in knowledge building, collective action and co-production.

Continuous engagement & activities

The most common and therefore critical strand among the networks in the PHM experience is that they provided opportunities for continuous engagement, in the form of periodic meetings, regular communication, collective activities and other strategies. Such engagements keep the network alive and ensure its continuity. They also become forums or ways in which the network participants interact, build relationships and strengthen solidarity.

Meetings and seminars - In the Morro da Policia community network, they hold regular seminars and the women and practitioners organize weekly meetings. The annual meeting of the Jarilla network is an opportunity to share and induct new members. The delegates of the network also meet every three months at their local level. In Laicrimpo Salud, regular interactions are designed at the local, provincial and national levels. The PHM in Porto Alegre has monthly meetings while the National Health Forum (FNS) representatives meet every Monday in San Salvador in addition to their local level meetings.

The Kenya PHM experience shows that regular meetings, through use of skype for those not able to attend, have been useful in inclusion of people who may otherwise may have been excluded due to remoteness and distance. PHM Australia too organizes monthly meetings. Courses like the International People's Health Univeristy (IPHU) have helped to foster network building in various countries and regions, like in East Africa. Folk media was used in India in the preparations for the People's Health Assembly (PHA), along with meetings, policy dialogues and conventions at the block, district and state levels to mobilize people and organizations.

Collective action - Sometimes the engagement also takes the form of some collective action, including sit-ins, rallies, strikes etc. Such a process is described in the Rancho Grande experience: "after the intensity of conflict grew between 2013-2015, with the Guardianes holding numerous meetings and protests locally and nationally, and being met by more and more state repression, a major protest occurred with the cooperation of many local and national NGOs and the full support of the Catholic bishop of Matagalpa". A different kind of collective action can also be seen in the Morro da Policia experience where the groups came together to clean the square and subsequently started to grow a garden there.

Publications and regular communication - Regular publications and communication are also critical for network functioning. The Jarilla network brings out a bulletin (digital and paper). In leading up to the PHA in Dhaka, Indian participants developed five booklets that were translated into more than nine languages: "the five books developed for the campaign represented a shared understanding of the critique of existing policies as also our recommendations for change and the possibilities for peoples' initiatives. It was published not in the names of individual authors or organizations but collectively by the entire group and thus became a binding force in themselves".

Having regular communication with the constituents is essential for the functioning of the network. PHM Latin America keeps in touch with its constituents through regular internal communication, mailing lists. Other ways to connect have been through websites, facebook, twitter and other social media (PHM, PHM Kenya etc). These forms of communication are actively used by the Africa Outreach Coordinator.

Registered or un-registered

Networks may become a legal entity, as in Bolivia where the network had to register with the government due to the law of the country. Sometimes registration may serve some functionality as we see that PHM Kenya registered itself as a civil society organization in order to be able to own assets that were purchased through a project grant. However, frequently in the PHM experience networks are not registered, but nevertheless often have a formal structure and a system of leadership. For instance, the National Health Forum (FNS) is a formal institution which is quite structured; it is organised thematically and territorially, but it is not a legally registered organisation. Similarly, PHM global is not a legally registered organisation, while some PHM circles are (e.g. South Africa) in order to allow them to fundraise.

Funded or non-funded

Funding of networks is a much debated issue, with people at either poles of the debate. We find networks that are formed and fully funded by funding agencies, which often push their own agenda. This is not the case for PHM, but you may find them in your own country. There are networks that are able to self finance through contributions from members. Contributions can be both financial and non-financial. In the National Health Forum (FNS), "funds are raised through consortium funding and coordination between organisations part of the FNS" which also contribute meeting space and other infrastructure support. In Rancho Grande, NGOs in local and national networks and research organizations provided information and resources. Resource sharing within the network was also seen in the pre-PHA preparations in India. All the organizations shared their financial and infrastructure resources generously. Sometimes networks are funded partly through some activities or projects. PHM Kenya received some short-term project funding for drought relief and health rights training which allowed them to purchase assets. However, this subsequently led to conflict and disagreements among constituent organizations. In the absence

of any kind of funding or similar support, networks can also become quite fragile as we find in PHM Brazil, where the participating NGOs are also devoid of funds.

Leadership

Depending on how structured the network is, there may be levels of systems of governance and leadership. In PHM Brazil, there was a group of 8 people elected representing all regions of the country but it is not active currently. The importance of induction of new leadership is highlighted in the reflections from Bolivia, where the highest decision-making body is the assembly. In South Africa it is the Annual General Meeting, which is also when the leadership (Steering Committee) is elected.

The experience of the Action Platform Health and Solidarity (PASS) in Belgium shows certain challenges that they faced in terms of leadership in networking. In their network, they found that a few members who were strong leaders of the network, were not actually the main leaders of the individual organizations that they "represented" and neither did they have significant influence on the organizations. They had therefore adopted a “network identity” which was stronger than their identity as representatives of their respective organizations. A similar caution is reflected in the Bolivia experience where the leaders of the network, who initially had strong grassroots connections, later became removed from these disadvantaged and vulnerable communities that they represented. They become bureaucratic and involved with law and policy making, while neglecting to empower these communities.

How are networks strengthened ?

In PHM experience we find numerous lessons in how networks have been strengthened. These relate to various dimensions of functioning of the network. Some of the lessons have been enumerated below:

Intersectoral collaboration & participation in larger people's struggles

In most of the network experiences, one finds that the networks follow a broader understanding of health, inclusive of an understanding of the larger socio-political and economic environment and need for action on the social determinants of health. This seems to have strengthened the health networks themselves as they participate in struggles of other networks and organisations, who in turn lend their weight to the health network. Often these are struggles by the vulnerable and marginalized groups and communities.

PHM in Latin America provides numerous such instances, both within specific countries & in the region, that includes participating in action on various social determinants of health; for instance, struggles for food sovereignty, people's resistance & struggles against exploitative and destructive mining, and so on. In Paraguay, the PHM activists participated in social struggles for human rights, and against Monsanto and the harmful use of pesticides. In Meso America region, PHM joined struggles against pollution, and mining (Guatemala). The Morro da Policia network in Brazil initiated action on "various public services (i.e. water, waste, sewage, housing, environment, culture)" with an understanding that all these converge into ill-health. The core concept for Laicrimpo has been "holistic health" that has helped them to engage with organizations and public agencies from a variety of sectors like agriculture and education in addition to the health sector.

The National Health Forum (FNS) in El Salvador is a participant in the Social Alliance for Governance and Justice (Alianza Social para la Gobernabilidad y la Justicia) that is a broader social alliance, linking health with other social issues and with broader economic and political structures. The 'Save the climate, stop free trade' network in Belgium collaborated with social movements in Europe and in the developing countries.

The Australian experience on Aboriginal health emphasises the need for broad-based alliances to address social, economic, and political causes of health and ill-health (not just work within the health sector).

Linking with larger (country level/global) networks

Often local networks find it worthwhile to link themselves to larger, global networks. Smaller organisations align with larger networks in order to build solidarity and strength. We can see this in the Argentinian community network working with "plants for health" (plantas saludables), Jarilla network, and the PHM itself. The Laicrimpo network has participated in other networks in the country and Latin

PHM members and friends sharing a strategy to strengthen alliances at the World Social Forum in Tunis, 2015

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America like PHM and Agroecological Movement of Latin America-MAELA. In South Africa, the relatively small PHM network has formed a coalition with other progressive civil society organisations and social movements to influence the proposed policy of a National Health Insurance to be publicly owned and driven and more aligned to funding comprehensive Primary Health Care that also addresses social determinants. But reflections on activism and advocacy from Bolivia add a word of caution that "the partnerships with other networks can be beneficial to combine efforts and achieve greater effectiveness, but also can be used in some circumstances, perversely, to give greater visibility to international networks that use the work of local networks to justify their bloated budgets and their lifestyles".

Sometimes, networks find value in linking with similar networks from other regions. For instance for PHM Scotland, "crucial links were made with international PHM chapters (India, Nicaragua/Argentina, Australia, South Africa) at the assembly to learn from experiences of campaigns and action strategies utilised in these diverse contexts".

Dynamism and staying relevant

It is important to recognise that networks are dynamic entities. The successful networks across PHM experience have continuously incorporated emerging issues. For instance, the National Health Forum (FNS) that emerged out of a campaign against privatization of health services is currently campaigning for tax justice. PHM experiences from Latin America too have shown that the network has to respond to immediate and urgent issue. In South Africa, under the umbrella of the 'For a Peoples National Health Insurance' campaign the coalition has incorporated action to address the situation of and policies on Community Health Workers (CHW) in alliance with CHWs themselves. These campaign issues have been selected because: they represent a great need and are fundamental to the right to health, because the policies have excited support from a broad range of public health service users and workers (including the labour movement), and because this campaign issue has allowed PHM to build a coalition with other progressive NGOs and begin the long overdue process of bridging divisions amongst health civil society organisations by undertaking common action, thus creating a broader and more multi-faceted movement for health.

Is PHM a network?

How does it relate with the dimensions of key practice of networks as described above?

Yes 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, with presence in around 70 countries. It was formed in 2000, after activists, academics and health workers got together for the first People's Health Assembly, out of a concern for growing inequities, poverty and poor health due to a global health crises brought about by economic reforms. The People's Charter for Health is the guiding document and framework within which PHM acts.

PHM is a network of networks, organisations and individuals with some centrally supported programs. PHM is unique in the sense that it exists and is functioning from the local to the global level. At every level, there is a sense of ownership and autonomy.

Being a movement, it does not follow rigid structures, but has a broad structure consisting of country circles, regional PHMs and affiliated organizations and networks. The governing structure consists of a Global Steering Council, Coordinating Commission, Advisory Council and a Global Secretariat.

The core work of PHM is that of its constituent parts, in particular the circles or groups at the country level and the international networks. As a network organization, it provides communication channels and opportunities that link the very diverse elements of the larger movement. PHM Global also supports ad hoc policy work and campaigning on various issues and topics on the global policy agenda. There has been a continuous flow of publications, submissions and statements arising from this kind of policy coordination.

Read more at www.phmovement.org.

CHAPTER 6

Mutual learning, knowledge generation, participatory action-research

Learning together at the Centre for International Health in Bologna, Italy

CH 6

Learning together for / from action

As we will see in this section, these practices are prominent features in the experience of several PHM groups. It seems important for groups and networks to generate their own knowledge and rely on mutual exchange to develop critical tools for analysis and action.

Practices include meetings, conferences, independent research, partnership with academics, etc.

A key element for movements - specifically in the initial push for beginning a campaign - is building a base of knowledge on which to ground action. Many community members, health professionals, and organizations are aware of the poor conditions and the environmental, social, and other factors that impact people's health. And often, they all have personal knowledge of these issues that is not connected to a larger network of knowledge or practice. In this context, working together to build a comprehensive and collective understanding of why people suffer ill-health is an important step in building a knowledge base on which to begin concrete actions.

In the experience of PHM groups and activists, mutual learning and knowledge-building (through methods such as participatory action research) is realized in many ways - through self-guided action by communities, interventions by health professionals, or through engagement of NGOs and similarly interested organizations. This knowledge is used to raise awareness among community members, inform health activists and organizations, as well as spur individuals and groups to action. This process is key to building a cohesive movement in which a coherent understanding of underlying issues that contribute to poor health are clearly articulated and the needs of communities are thoroughly understood.

Individuals and groups spurred to action through knowledge-building

Movements can come together for critical knowledge-building that communities and groups use to expand their work and further educate fellow community members. In Argentina, for example, a group of religious sisters who were part of the movement CRIMPO (Comunidades religiosas insertas en el mundo popular, Religious communities in the people's world) wanted to understand the reality of the health of the poorest among their population in the northwest region of the country. Through extensive, self-guided research and meetings with different groups in various places like hospitals, health clinics, schools, and in rural and indigenous neighborhoods, they were able to gain an intricate understanding of the health of the local population:

"...this event took place in different Argentinian provinces. Year after year, a greater number of people attended, community organizations and groups from urban and rural areas, health workers, educators, agricultural workers, and many others to contribute in their own way, equally, their sentipensares, knowledge, and practices in holistic health."

This group of women began their work in 1990, and since then their work has inspired a national movement bringing together the diverse health experiences of people from all over the country. Further, it has helped promote the development of inter-institutional dialogue between organizational actors in the region, across the country, and globally with PHM.

Learn together

Sentipensares

Sentipensares is a Spanish word with no direct translation in English that comes from the verbs sentir - to feel and pensar - to think. It originated collectively in Latin America and speaks of an integral process through which love and life flow. Use of the word refers to what comes from the heart (emotions, feelings - sentimientos), when it combines with mental processes (thoughts - pensamientos). From this union of thoughts and feelings arise our daily actions and struggles. It is a play on words that was first used by Uruguayan poet Eduardo Galeano.

Participatory action research

Participatory action research can be described as researchers working with communities in order to collect information most representative of and pertinent to the community's needs in order to develop future action points. In movement building, this method involves a community's systematic documentation of people's struggles, with the help of a researcher. It allows communities to utilise the resources held at academic institutions to help understand their own political position and power.

Collaborate with universities

Scottish health professionals engaged with the community through participatory action research to build a health rights advocacy platform within PHM Scotland. Health

professionals who were also health rights advocates found themselves dissatisfied with the mismatch between results of public health studies they saw in journals and the realities they witnessed in communities and in their practices. They thought it was vital that empirical research reflect the real experiences and stories of the subjects of the research rather than just the data and statistics. In order to achieve this, the group of professionals engaged individual community members, civil society organizations, and others through storytelling, surveys, and interviews. These activities helped to bring out the truth of people's health status and of what impacts their health. They were then able to use this knowledge to develop a platform for advocacy, the People's Health Manifesto, around the right to health which reflected the actual issues faced by the people.

In Belgium, Doctors for the People led a participatory action research initiative to better understand the working conditions of public transport workers in Antwerp. The research team consisted of two doctors, a researcher with specialization in participatory action research, and representatives from three trade unions. The team invited public transport workers who were patients at a Doctors for the People clinic to focus groups discussions in order to identify main factors contributing to worsening health conditions. Results showed that the deteriorating health of public transport workers was due to non-ergonomic equipment, stress and fatigue, and tense relations with managers. With these data the workers were empowered to confront leaders of their organizations to demand better working conditions.

This experience also showed that in addition to doctors, researchers, and workers coming together to learn and then agitate for better working conditions, important relationships and trust developed between the three groups that helped facilitate the research which can be relied on in the future.

"[Participatory action research] tries to bridge [the gap between the traditional object of research (objective knowledge and data) and meaningfulness to people] and to construct a relationship of trust between the researchers and the population involved. By helping the drivers to formulate their concerns and to take action to improve their conditions, the researchers see the people they work with as real stakeholders. These people know and understand their situation and conditions better than anyone else. This knowledge can be mobilized and transformed into collective action."

Organizing for community action and health advocacy in Scotland

- Third sector health organizations were invited to brainstorm key health issues and generate consensus on people's movemement for health equity.
- Participatory action research was undertaken to gain experiential understanding of health effects of austerity and identify local priorities, involving:
  - consultations with 14 health and community initiatives,
  - public meetings and drop-in story-telling sessions,
  - focus groups with black and minority ethnic women,
  - participation in multiple community events.
- Communities of inquiry and action evolved to address issues significant for those participating; culminating into the 2014 Edinburgh health assembly.

Adapted from:
Social movement and public health advocacy in action:
the UK people's health movement,
Journal of Public Health (2015)
dx.doi.org/10.1093/pubmed/fdv085

Health professionals & NGOs engaging with communities to build knowledge

Finally, there are experiences of health professionals, public health departments, NGOs and similar institutions having initiated the process of mutual learning and knowledge-building. They have initiated this work, for example, in order to better understand the underlying causes of poor health in a community or as a direct response to a pervasive problem plaguing a population.

The direct engagement of health professionals and public health departments with the community has aided the information gathering process in order to identify the particular issues that are a priority for the community as well as the best ways to address them.

> Collaborate with other people seeking knowledge

In Brazil a state health department developed a plan focused on environmental health, and framed the project in a way that reflected the community's values and beliefs. When this health department took this project to the community of Green Area of Morro da Policia, the information resonated particularly with two women who, after learning about environmental health and social determinants of health, were then able to educate the health department about the Green Area of Morro da Policia, identifying key leaders and groups. They were then able work together to identify urgent and priority issues that needed to be

Planning a participatory action research in DR Congo

addressed for which the health department mobilized the necessary resources.

In Argentina a project around “plants for health” (plantas saludables) and community health was developed at a school for adults. Local educators and health workers came together for a community health project based on the idea of “Health in the Community’s Hands” (“Salud en manos de la comunidad”). Two institutions - a school for primary and adult education and a health center - came together to educate the community on plants that contribute to healthy living. This work inspired a book that the initiative published after undertaking collective research that encompassed both local and scientific knowledge. It

also led to many other actions and projects based on what the group was able to sentipensar in relation to health.

The Belgian NGO Third World Health Aid (TWHA) and the related social movement Intal work to support countries in the global South in their struggles for health. With the goal of building a campaign around climate change, TWHA and Intal collected stories from environmental activists in the global South about their experiences of the impacts of climate change. It became clear that the practices of multinational corporations in the responding countries are a great contributor to climate change.

"Through the stories, it became clear that the presence of multinationals in these countries, and their intensive production model that causes destruction of the environment and of local practices, were for these activists one of the fundamental causes of climate change. So, we reflected on the causes that could favor the presence of multinationals in these countries. Given the global mobilisations against free trade agreements, it became evident to us that these were the driving factor of the international division between systems of production, the increase of international transactions, and our societies' dependence on fossil fuels."

From this input from communities, the group developed a strategy to target free trade agreements as a way to combat climate change in countries of the global South through the campaign "Save the Climate, Stop Free Trade".

Analyzing root causes of problems: the "But why?" technique

As the story from TWHA shows, identifying genuine solutions to a problem means knowing what the real causes of the problem are. Taking action without identifying what factors contribute to the problem can result in misdirected efforts, and that wastes time and resources.

The "But why?" technique is one method used to identify underlying causes of an issue. These underlying factors are called "root causes."

The "But why?" technique examines a problem by asking questions to find out what caused it. Each time an answer is given, a follow-up "But why?" is asked. For example, if you say that too many children in poor communities suffer and die from diarrhoea, you should ask yourself "but why?". Once you come up with an answer to that question, probe the answer with another "but why?" question, until you reach the root of the problem, the root cause.

Read more at http://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main

See an example of a strategy addressing the root causes of ill-health in the short video by the Belgian NGO Thirld World Health Aid (TWHA) "TWHA and the parable of the doctor development worker" http://twha.be/news/video-twha-and-parable-doctor-development-worker.

CHAPTER 7

Popular education, creative and interactive training, transferable skill-building

South African People's Health University (SAPHU), 2013

CH7

Building activists, and building a movement

Tightly linked with the generation of knowledge, these practices deal with its transmission. They are used to engage people, to encourage them to critically think about what they can do to change the current situation. Creativity and arts are part of the set of tools that activists use, together with more traditional approaches based on lectures and small group work, and technology-based methods with webinars and online courses.

International People's Health University (IPHU): a PHM programme for movement building

IPHU has been a PHM global programme for several years. IPHU courses are typically residential courses, where activists from different countries meet to exchange information and experiences about the health struggles in their communities and learn and discuss strategies to struggle for health as a people's right.

Goals and objectives for IPHU short courses (general framework):

- learn practical skills and concepts which will enable me to be more effective as an activist in the people's health movement;
- deepen my understanding of globalisation and the political economy of health;
- learn more about health services policy; about comprehensive primary health care and about health systems;
- explore the application of a rights-based approach to health issues;
- learn about "development assistance" in health and about the politics of "health sector reform";
- broaden my understanding of the links between the environment and health;
- work through the implications of gender relations in relation to health (and other axes of difference) and acquire new insights, skills and strategies addressing these issues;
- learn more about the social determinants of health and the role of the health sector in addressing these; and
- explore the role of meaning and spirituality in activism and social change.

Read more at www.iphu.org.

Besides the "standard" 10-day IPHU, centrally promoted as one of PHM global programmes, different formats have been organised by several country circles to fit the local needs: from 1-day specialised courses focusing on single issues (e.g. racism in health care), to a 4-month online programme that involved around 150 participants from all over the world (IPOL).

The aim of each IPHU is to increase the competence, skills and networking across the movement, and to broaden the movement by linking with new activists and organisations. While most courses are appreciated by participants, the results are uneven in terms of retaining activists and expanding the movement base, and even more so if we look at 'tangible' results such as policy changes or political wins. There are however successful cases where participating in an IPHU has led to the creation of a PHM country circle (e.g. PHM Uganda, founded in 2009 by a group of people who had completed the IPHU training), or of stable working/action groups (see below the case of Brazil).

Living sculpture" exercise during the IPHU in Thessaloniki, Greece, 2013
CHIARA BODINI

Pathways to learning: approaches to teaching in the IPHU

Pedagogy is about how teachers create learning opportunities. The focus is on learning and teaching is constructed, not as filling empty vessels but as creating opportunities, environments and experiences through which active learning takes place. The IPHU approach to learning:

- Start with the struggle for health
- Teach and learn in partnership
- Knowledge is for practice and purpose
- New ideas must be used
- Activism is an ethical commitment
- Learn new ways of being (as well as new facts and theories)
- Reflect, enquire, research
- Nourish leadership: judgement which inspires confidence; integrity which creates trust; and the courage to take risks
- Learn to listen; listen to learn
- Steer our own learning
- Grow the skills and habits of life long learning
- Learn to teach; teach to learn
- Build our community of activists
- Stay with the struggle for health

Read more at www.iphu.org.

Reducing the gap between learning and doing

In most IPHUs, participants are encouraged to plan an action that they would like to carry out in their local context. This is done in small working groups, throughout the course programme and with the tutoring of PHM expert activists.

While many of these plans do not become concrete, PHM in Porto Alegre (Brazil) managed to follow one of them up and turn it into a very successful community action. This led to the development of a permanent intersectoral group called "friends of the streams" composed of both public officials and social movement activists. The group's goal is to work with environmental education in vulnerable communities to address the social determinants of health, starting with the issue of contaminated streams.

From the experiences of country circles, there are some features that are important to consider when you want your IPHU (or, the training that you are organising) to have an impact on movement building.

a) Course organisation

- The training is part of a larger strategy of the PHM group and not an isolated event
- What participants learn is closely linked with the possibility that they put some of it into practice as activists
- The numbers of participants is limited to 20-25
- The curriculum is developed around case studies of current issues developed by/with the participants

b) Selection of participants

- Recruitment of participants takes place through liaising with selected organisations rather than through a general call for applications
- Participants are located in organisational structures that actively support implementation of what is learned and that commit to the programme for the full period
- More than one person from any organisation or geographical area is recruited and selected

c) Evaluation and follow up

- For longer courses, a daily monitoring meeting open to “steachers” and participants is really helpful to adjust the programme
- Evaluation is done at the end, in an open form (sharing views on the course) and/or an anonymous one (after the course)
- Mentors or contact persons are identified to support participants in project implementation and further engagement with the movement

How you teach is as important as what you teach

Teaching methodologies are a key feature in most IPHUs. Besides traditional lectures, PHM groups in different countries use a variety of approaches aimed at creating an interactive environment, suitable for mutual learning and for building relationships*.

For example, in Belgium the organisation Thirld World Health Aid (TWHA), affiliated with the PHM and with a solidarity movement called Intal, has recently set up a campaign linking trade with climate change. As part of this campaign, they developed an interactive training ("Killing us softly: how the race for profit is making climate bad for our health**) and a game called "Climate change: the infernal spiral". Both can be used to learn as well as to train others, in an unconventional and enjoyable way.

PHM Canada has organised a "mini-IPHU" on racism and health, an issue that is a serious concern in the health system and health policy, but one that people seldom have an organized opportunity to discuss. They used a methodology called "sea of change"***, highly participatory and very visual, designed to walk participants through steps of setting up a campaign where they want to have an impact. Significantly, the mini-IPHU was called "Beyond Facebook: Learning to think strategically, organize, and mobilize communities to fight racism in health policies and health systems", to move towards more group-oriented strategies and campaigns. The idea behind the methodology was also that participants could use it in their own work or movement setting.

Popular education is at the basis of a PHM group in northern Brazil (state of Maranhão, municipality of Nina Rodrigues). Through a methodology that engages participants to reflect on what they can do to address the health problems they see in the community, the group has grown and even created a health team mainly formed by members of poor rural communities of the area. They are engaged in very hard struggles against the transnational mining company VALE as well as the large landowners and those who harvest wood, who are causing damage to the environment and the health of local populations.

South African People's Health University (SAPHU), 2013

* See how to set up a participatory training here: www.m3m.be/empowerment-sensibiliser (in French)

** More information here: www.m3m.be/moduledeformation_climat (in French)

*** Read more about this methodology here: www.phmovement.org/sites/www.phmovement.org/files/PHM%20Canada%20-%20mini%20IPHU%20-%20Beyond%20Facebook_Report_Final_Oct11.pdf

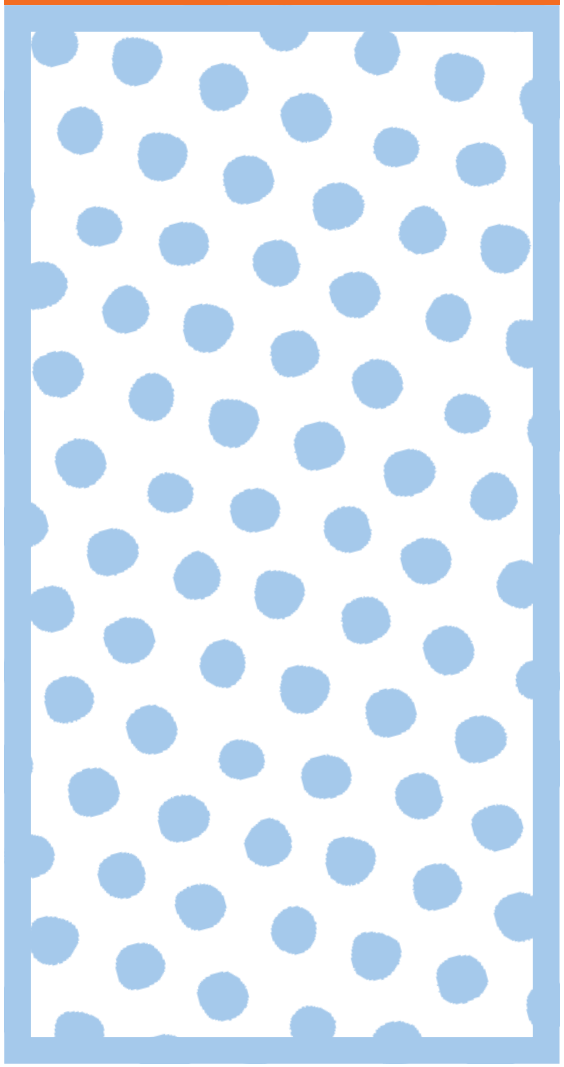
Transferable skill-building

The idea to "teach to teach", or more broadly to build skills that participants can easily transfer to their own contexts, is common in several PHM groups.

The Laicrimpo movement in Argentina has put mutual learning at the centre of its activity, that focuses on the exchange and dissemination of practices that are good to protect or promote health (many related to the use of local plants). In their gatherings, sharing and learning together is really important, so that participants can then become "multipliers" by sharing with others. Their inspiration is popular education, founded on the belief that "I know something, another one knows something: we all know and we all do; let's share what we know, we all learn, we all share and multiply". By promoting the dissemination of critical/alternative knowledge on health, that is literally 'in the hands' of people, and by creating personal bonds of mutuality, this action is increasing people's control of their own health and life and contributing to their collective and personal empowerment. It is also helping to preserve traditional knowledge that is generically deemed as 'unscientific' and as such increasingly threatened with disappearance.

A more structured use of a similar approach was organised in El Salvador by the National Health Forum (FNS), a permanent forum for consultation and democratic decision making in health, organised thematically and territorially. At first, a seminar was organised to raise awareness on the constraints of the government health budget, the tax system and their relation with the health reform. Based on this seminar, dissemination material and key messages were extracted and made into a calendar. Training sessions were then conducted in the different departments where FNS has a presence, and after each session calendars were given as support materials. Up to 300 people came for such trainings, mostly community leaders and health activists. At these trainings, community leaders were encouraged to take up the issue and replicate the training in smaller training workshops led by them, using the materials prepared by FNS. Around 50 workshops of 20 to 30 people each took place across the country. The aim of this process was to clarify concepts and share key data to demystify the arguments of the right within a broad popular base.

SOURCES



01 PHM LA

Report from the collective coordination of Latin America

REGION Latin America

LANGUAGE English

YEAR 2016

SOURCE PHM Latin America (PHM-LA) report to PHM Global

AUTHOR(S) Coordination of PHM-LA

SUMMARY Overview of PHM-LA activities in different subregions: South (Argentina, Chile, Uruguay, Paraguay), Mesoamerica (Guatemala), Brazil. In Porto Alegre, open public course on Global Health Watch 4, addressing themes of the book to trigger discussions on global health and the social determinants of health (15 hrs, 35 participants); in Maranhão, group fighting for environmental, social causes, health, the right to health and life. They have denounced the Transnational VALE, causing damage to the health of the people. Also the large landowners and those who harvest wood are threatening the health of local populations. This group is practicing an interesting method of self sustainability: each person contributes 5 Reales monthly to have some money for activities.

FOR MORE INFORMATION on this experience, please write to Camila Giugliani at giugli@hotmail.com.

KEY PRACTICES structure and organisation, sustainability; popular education

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02 ARGENTINA 1
Red Jarilla de Plantas Saludables de la Patagonia

REGION Latin America

LANGUAGE Spanish

YEAR 2016

SOURCE contribution for the manual

AUTHOR(S) Sandra Marin (PHM Argentina)

SUMMARY Red Jarilla is a network created in 2003 after a series of workshops on "plants for health", animated mainly by women (health professionals) who wanted to strengthen self-control of health against the domination of the state and the market. Since there was no place to discuss the issue in the traditional healthcare setting, hostile to these topics, they created a separate space to exchange, interact and learn. It was also a reaction to the 2001 crisis in Argentina, as a form of resistance against neoliberal policies. The network meets annually and involves hundreds of people. The delegates meet every three months. The organisation is rather informal/unstructured, which allows for greater autonomy, flexibility and diversity ("...instead of projects, we have principles that guide us"). There is a digital and paper bullettin and some facebook groups; no web site.

FOR MORE INFORMATION on this experience, please write to red.jarilla@gmail.com.

KEY PRACTICES relationships, wellbeing, pleasure in doing things together, values; networking, alliances and cooperation; mutual learning, knowledge generation; popular education, creative and interactive training, transferable skill-building

03 ARGENTINA 2
Plantas saludables y salud comunitaria en escuela para adultos n. 10

REGION Latin America

LANGUAGE Spanish

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Sandra Marin (PHM Argentina)

SUMMARY Classes on "plants for health" and community health in a public school for adults, since 15 years. Involvement of school staff, health centre/professionals, social workers/health promoters, and the community. Supported by the administrators. Combination of academic and popular knowledge (book; community radio). Idea that health must be in the control

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of people/the community, starting from the local environment and the household. This experience is part of the Red Jarilla (see n. 2 above).

FOR MORE INFORMATION on this experience, please write to Sandra Marin at sandra_marin@smandes.com.ar.

KEY PRACTICES relationships, wellbeing, pleasure in doing things together, values; participation, community action; networking, alliances and cooperation; mutual learning, knowledge generation

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04 ARGENTINA 3

El Movimiento de salud popular "Laicrimpo Salud": Espacio de integración, red de redes, hacia un mundo saludable.

REGION Latin America

LANGUAGE Spanish

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Marcela Bobatto (PHM Argentina)

SUMMARY Movement initiated in 1990 by a group of sisters, active in health care in the North East of Argentina, who decided to address the issue of the health of the poorest. Through yearly meetings that continue today, the movement became national involving groups and organisations active in rural and urban settings, health workers, educators, ect. These meetings were self-sustained, based on mutual learning and sharing of experiences of community health (concrete practices to protect and promote health). Intersectoral collaboration was also important, engaging institutional programmes (incl. in agriculture), church/ missionary activities, etc., also at the international level (e.g. PHM-LA). Key concepts: "salud integral" (comprehensive/holistic health); alegremia (happyness through our body, as a health indicator). Vision: health in the hands of the community (environment › food › health); ecosystem health; right to health = right to live in a healthy world. Methodology: popular

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education, workshops to share and learn practices ("plants for health", home gardens, etc.).

FOR MORE INFORMATION on this experience, please write to Marcela Bobatto at marcebobatto@gmail.com, or at laicrimposalud@gmail.com.

KEY PRACTICES relationships, wellbeing, pleasure in doing things together, values; networking, alliances and cooperation; mutual learning, knowledge generation; popular education, creative and interactive training, transferable skill-building

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05 BOLIVIA
Reflexiones sobre el activismo, cabildeo y la abogacía por el derecho a la salud

REGION Latin America

LANGUAGE Spanish

YEAR 2016

SOURCE Contribution for manual

AUTHOR: Oscar Lanza (PHM Bolivia)

SUMMARY Association created in La Paz in 1985, with the aim to impact on health policies from a rights based perspective. Vision: to inform the population (particularly the most marginalised) and empower them to reclaim their right to health. Tools: research, lobby, advocacy, information (incl. popular radio). Involved (young) health students/professionals and later educators etc. National spread (network). Originally informal and independent network governed through an assembly, then forced to institutionalise after an obligation by a national law, and became an NGO. Challenges: repression/ obstacles by the government; donor dependency/influence; challenges in leadership renewal. Impact on national legislation (on drugs, breast milk substitutes, consumers' rights...) + on the new Bolivian constitution (2009) with more than 40 articles linked to the right to health (although they have not yet been translated into practice, due to a lack of government will).

FOR MORE INFORMATION on this experience, please wirte to Oscar Lanza at oscarlvd@gmail.com.

KEY PRACTICES structure and organisation, sustainability; advocacy, campaigns, communication; networking, alliances and cooperation

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06 BRAZIL
The Green Area of Morro da Policia: Health practitioners working with communities

REGION Latin America

LANGUAGE English

YEAR 2011

SOURCE Background paper commissioned for the WHO conference on the Social Determinants of Health (www.who.int/sdhconference/resources/draft_background_paper24_brazil.pdf)

AUTHOR(S) Camila Giugliani, Denise Antunes do Nascimento, David Legge, Kátia Cesa, Neusa Vitória Marques, Vera Lúcia Machado de Oliveira

SUMMARY A community in the city of Porto Alegre whose health chances are constrained by their living circumstances. A seminar by the municipal Health Surveillance Department, entitled "The divinity of water", inspired community members by linking the environmental and spiritual dimensions of water. Many initiatives originated to clean and improve the neighbourhood. One of the positive outcomes was the registration of the population: the people were formally recognized as citizens and full holders of the right to health care. Moreover, concrete results and improved life conditions promoted inclusiveness and encouraged people to participate in a process for change thus increasing solidarity. This story can be "scaled up" where practitioners are given the skills, confidence and freedom to engage with communities in a respectful way and where the values and principles reflected in this story are manifest at the practitioner, management and policy levels. The story has been documented and analysed as a project of the PHM in Brazil and was in some degree inspired by the short course "The struggle for health", which was presented by the International People's Health University (IPHU), a project of PHM globally, in Porto Alegre in September 2008. This link points to the role of civil society in confronting the structures of exclusion and marginalisation at the global and national levels as well as in local communities.

FOR MORE INFORMATION on this experience, please write to Camila Giugliani at giugli@hotmail.com.

KEY PRACTICES relationships, wellbeing, pleasure in doing things together, values; advocacy, campaigns, communication; participation, community action; networking, alliances and cooperation; popular education, creative and interactive training, transferable skill-building

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07 EL SALVADOR
Tax justice and the right to health in El Salvador

REGION Central America

LANGUAGE English

YEAR 2016

SOURCE Draft chapter for Global Health Watch 5

AUTHOR(S) Susana Barria

SUMMARY Between 1999 and 2003, trade unions in the Salvadoran Institute of Social Security (ISSS) launched two massive campaigns against privatisation of the services through outsourcing, the largest mobilisation in post civil war El Salvador, that lead the government to stop its plans; they also created the base of the Foro Nacional de la Salud (FNS), a permanent forum for consultation and democratic decision-making in health, organised thematically and territorially. FNS is autonomous from political parties, economically independent, fulfils a role of social audit over the health system and information to the public and the Ministry of Health (MoH). FNS is a formal institution, but it is not a legally registered organisation. NGOs, especially those involved into service delivery, are the outreach arm of the FNS into communities, but NGO professionals do not represent the community in the FNS local structures. FNS does not have infrastructure, paid staff or its own funds. Funds are raised through consortium funding and coordination between organisations part of the FNS. FNS is run on the political commitment of organisations that constitute it to give time, meeting space and infrastructure support. The FNS is independent of MoH, but the formalisation of each new chapter is attended by the Vice-Minister for Health Policies, which gives the institution a strong legitimacy. In addition, there are established channels of communication, consultation and negotiations between the two institutions. Each side share their perspective and sometime there are disagreements. At the local level, FNS point persons are involved in hospitals complaints and suggestion box, the regular administrative meetings of hospital and primary care network.

FOR MORE INFORMATION on this experience, please write to sbarria@phmovement.org.

KEY PRACTICES structure and organisation; advocacy, campaigns, communication; networking, alliances and cooperation; mutual learning, knowledge generation; popular education, creative and interactive training, transferable skill-building

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08 NICARAGUA Case of Rancho Grande

REGION Central America

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR: Lori Hanson (PHM Canada) for the Guardians of Yaoska, with assistance from the Humboldt Centre in Managua

SUMMARY This is the story of the municipality of Rancho Grande and its conflict with Nicaragua's largest gold mining investor and exporter, Vancouver-based B2Gold, wherein campesinos (farmers) became "land defenders" fighting government authorities and the Canadian company. They won an important victory in October 2015 when the government gave a "declaration of non-viability" that will keep open pit gold mining out of the area. Strategies of the company/state (described by local activists) included: discrediting and criminalization, through community pressure, infiltration, buy-outs involving local and national politicians, state institutions, the media, the police and the army; threats (by phone, visits from state security apparatus, etc.); intransigence from local authorities; restrictions on freedom of movement. Actions of organized resistance by the land defenders included: a semester long school strike involving the majority of the rural schools in the area (i.e. when parents learned that the mining company would be allowed to give "environmental education" directly every week to the children they kept their kids at home for a semester, a strategy that garnered more attention that protest marches); numerous meetings and protests locally and nationally; continuous support of the local priests and Catholic bishop of Matagalpa. Organising strategies: building awareness (door-to-door visits, community radio, organized trips to mining communities, videos about mining effects on the quality of water and forests in mining communities); getting organized (starting with children at catechism painting pictures on banners and going on town marches); having priests provide space and guidance to leaders, creating and maintaining a non-partisan, multi-faith space for the organization; becoming active/public; all while recognizing the importance of being connected with outside organizations (NGOs in local and national networks and research organizations), and staying vocal (including finding media that publicize the resistance, locally, nationally and internationally). The movement is multi-faith, multi-party (non-affiliated) and has members that are all ages and genders. It is guided by the ideas behind peaceful resistance, centuries old agricultural cultural tradition, and faith. The

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local Catholic priests were both catalysts and an integral part of the movement since the beginning (the opposite in other areas of the country).

FOR MORE INFORMATION on this experience, please write to Lori Hanson at loh817@mail.usask.ca.

KEY PRACTICES advocacy, campaigns, communication; participation, community action; networking, alliances and cooperation

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09 CANADA 1

Challenging food poverty in Ontario: the Ontario Coalition Against Poverty's "Special Diet" campaign

REGION North America

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) OCAP

SUMMARY As the crisis of food poverty and hunger intensified, in 2004, the Ontario Coalition Against Poverty (OCAP) came across a benefit called the Special Diet, that provided up to $250 a month per person but had to be required by a health professional. With the support of health care providers (who later formed a group known as Health Providers Against Poverty and became key political allies), OCAP began organizing to sign people up in large numbers for the Special Diet. The authorities then tried to reject many applications, but OCAP followed each one closely to make sure they were accepted. People from many poor communities and neighbourhoods within Toronto joined the fight. The legislation was then tightened but the action did not stop; some health professionals faced disciplinary investigation. A plan by the Liberals to eliminate the benefit was stopped by protest, but restrictions to the programme continued and eventually the campaign was no longer able to continue. Overall, the campaign was very successfull in dramatically increasing access to the benefit by poor people.

FOR MORE INFORMATION on this experience, please write to John Clarke at clarkejohn67@gmail.com.

KEY PRACTICES advocacy, campaigns, communication; participation, community action; networking, alliances and cooperation

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10 CANADA 2 Mini International People's Health University (IPHU)

REGION North America

LANGUAGE English

YEAR 2016

SOURCE story for the PHM website

AUTHOR(S) Lori Hanson; Baijayanta Mukhopadhyay (PHM Canada)

SUMMARY Members of PHM Canada had been discussing the idea of IPHUs for some time. In October 2012, at the annual Canadian Conference on Global Health a number of them committed to piloting experiences of "mini-IPHU"s" - these were to be related to local issues and the groups involved; once completed, the plan was to evaluate experiences and consider how to move toward longer, possibly regional IPHU events. The case study reports of a half-day IPHU-inspired workshop on racism and health ("an issue that is a serious concern in our health system and health policy, but one that people seldom have an organized opportunity to discuss"). Conceived by a small group of people from various community organizations, together with faculty, students and staff working on global health issues, the team used a highly participatory methodology to practice community organizing and mobilizing strategies that go "Beyond Facebook" (these were "sea of change" strategies, a highly participatory and very visual methodology designed to walk participants through steps of setting up a campaign where they want to have impact: target audiences are named, realistic goals are set, strategies are devised and so forth, all pertaining to a do-able and achievable campaign). The strategy was intended to move people beyond individual social media organizing to group oriented strategies and campaigns. Efforts towards movement building: awareness raising and sharing of experiences regarding racism in the health system and health policy; transferable skill building that could be used by participants to further explore this theme, or to be utilized in their own work in various settings. Limitations: participant evaluations noted that it was too short; need for organizational/ movement actors in planning and a more coherent plan for follow up.

FOR MORE INFORMATION on this experience, please write to Lori Hanson at loh817@mail.usask.ca.

KEY PRACTICES popular education, creative and interactive training, transferable skill-building

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11 USA

Movement-building story: Vermont's "Healthcare Is a Human Right" campaign

REGION North America

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Ben Palmquist, Campaign Manager, National Economic and Social Rights Initiative (NESRI)

SUMMARY The "Healthcare Is a Human Right" campaign, led by the Vermont Worker's Center, won the passage of Act 48 on May 26, 2011, making Vermont the first state in the US to pass a law to create a universal, publicly financed health care system. Through grassroots organizing, the campaign - based on a human rights framework and a value-based approach (as opposed to technical/economic discourse) - set out to demonstrate to every legislator in Vermont that the majority of their constituents supported equal, high-quality healthcare for everyone, and that ignoring the Vermonters who elected them would be politically costly. Use of independent media was key in counteracting the neglect by mainstream media. While the right to healthcare is now enshrined in state law, Vermont's officials have not followed through by financing the healthcare system. The Vermont Workers' Center continues to organize grassroots support to push Vermont's lawmakers to fulfill their obligation.

FOR MORE INFORMATION on this experience, plase see www.nesri.org/sites/default/files/Case_study_8-19.pdf and/or write to Ben Palmquist at ben@nesri.org.

KEY PRACTICES values; advocacy, campaigns, communication; participation, community action

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12 BELGIUM 1

The experience of the campaign "Save the climate, stop free trade" to strenghten the movement

REGION Europe

LANGUAGE French

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Alexia Fouarge (Médecine pour le tiers monde, M3M)

SUMMARY A joint campaign by M3M and the international solidarity movement Intal, called "Save the climate, stop free trade", launched in August 2015. The campaign denounces the negative impact of free trade agreements (FTAs) on climate change and the environment, worldwide. It also denounces the power and influence of corporations in the international

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negotiations on climate. As part of the campaign, several tools were created, including an interactive training module (www.m3m.be/moduledeformation_climat), a detailed report to explain the impact of FTAs on climate (www.m3m.be/sites/default/files/mailing/dossier_klimaat_fr_p.pdf), a game to facilitate training (www.m3m.be/changement-climatique-la-spirale-infernale), and postal cards for raising awareness and advocacy (www.m3m.be/node/1268). Over 600 signed cards have been collected, and a delegation went to meet the Belgian authorities in order to deliver them and present the people's expectations towards the upcoming climate negotiations in Paris (COP21). Lessons learned and relevance for movement building: have a clear message which is well focused (FTAs and climate change was still too broad for the public, it is better to have a more concrete target and a clearer "ennemy"); resources need to be planned in advance (including finance, people and time) ; group work is key and should be carefully managed ; campaigns can be a good tool to strengthen relationships and networks ; political opportunities (e.g. COP21 in Paris) are important to increase visibility and impact.

FOR MORE INFORMATION on this experience, please write to Alexia Fouarge at alexia@m3m.be.

KEY PRACTICES decision-making ; advocacy, campaigns, communication ; networking, alliances and cooperation ; knowledge generation ; popular education, creative and interactive training, transferable skill-building

13 BELGIUM 2
A participative action approach of working conditions in a public transport company in Belgium

REGION Europe

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Egmont Ruelens

SUMMARY Participatory action research by doctors of a MPLP (Doctors for the people) clinic in Belgium on the working conditions of bus drivers. This arose from the working related health problems diagnosed at the clinic and a few focus groups organised to discuss them. The trade unions were later involved in disseminating a broader survey to the drivers. However, following repression

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by the company managers and a change in government with serious threats of losing jobs, the unions changed attitude and even though the workers still supported the project, no action was undertaken to advocate the right to health on the workplace. One of the doctors-researchers then decided to become a bus driver to continue following the issue.

FOR MORE INFORMATION on this experience, please write to Egmont Ruelens at egmont_r@hotmail.com.

KEY PRACTICES participatory action research

14 BELGIUM 3
Aux origines de la plate-forme d'action santé et solidarité

REGION Europe

LANGUAGE French

SOURCE web interview (www.sante-solidarite.be/aux-origines-de-la-plate-forme-daction-sante-et-solidarite)

AUTHOR(S) PASS (Belgian Platform for action on Heatlh and Solidarity)

SUMMARY History of the originis of this Belgian network created in 2008 after a conference, that includes NGOs, "mutuelles" (social health insurances), "maisons medicales" (health centres), and trade unions... Background in the movements opposing neoliberal globalisation, critical to the Millenium Development Goals and supportive of Alma Ata (progressive vision on health and health care). Challenges of working across diversity of backgrounds/constituencies and the importance of common actions. Challenges in networking (e.g. in adopting the "network identity", especially by stronger members, or in the link between individuals participating in a network and their influence in the organisation they "represent").

FOR MORE INFORMATION on this experience, please write to info@sante-solidarite.be.

KEY PRACTICES advocacy, campaigns, communication; networking, alliances and cooperation

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15 ITALY
Action-research on social movements and health

REGION Europe

LANGUAGE English

YEAR 2016

SOURCE material collected as part of the PHM global action-research project "The contribution of civil society organisations in achieving health for all"

AUTHOR(S) Grup-pa (PHM network in Italy)

SUMMARY Grup-pa is a permanently open group that undertook the action-research promoted within PHM global, to describe, analyse and strenghten the practices and impact of civil society in achieving Health for All. The group adopted decentralised coordination methods and heavily relied on participatory approaches in the data collection and analysis. 22 civil society groups and movements were contacted, mainly acting on the social determinants of health (environment, food, gender, education, arts and culture, and the health care system). The material collected has been analysed and categorised in practices/challenges of movement building. Read the full report at this link: http://gruppaphm.noblogs.org/report-di-fase-1/

For more information on this experience, please write to Chiara Bodini at chiara@phmovement.org.

KEY PRACTICES relationships, wellbeing, pleasure in doing things together; decision-making, structure and organisation, sustainability; networking, alliances and cooperation, resource sharing; mutual learning, knowledge generation, participatory action research; popular education, creative and interactive training, transferable skill-building

16 SCOTLAND
Building synergies, building bridges: the growth of PHM Scotland

REGION Europe

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Anuj Kapilashrami and Sara Marsden, with contributions from Tony Robertson, Sue Laughlin and Eva Gallova; all PHM Scotland steering group members have been consulted on the draft

SUMMARY PHM Scotland was founded as a result of discussions at the first UK People's Health Assembly held in Nottingham in 2012 as part of ongoing mobilising around a UK PHM. The analysis of the politics of health is informed by a robust understanding of health issues and policy climate in Scotland, deemed

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essential for organising locally to develop a programme of action that could feed into UK-level organising and action and inform change at local, national and regional levels. PHM Scotland developed a Scottish People's Health Manifesto through an approach combining participatory action-resarch and public health advocacy. The process was mobilising in that it facilitated the collaboration between different organisations and bridged the worlds of research/policy with community. Moreover, the Manifesto is being used for advocacy and policy dialogue. Key lessons for local PHMs, according to this experience: 1) a range of perspectives in any central steering group with a willingness to adapt to one another's perspectives; 2) a focus on building links and collaborations with other organisations addressing health, democratic accountability including corporate accountability, corporate power, poverty, discrimination; 3) timely action to make use of advocacy windows: for example, national and local government elections. Challenges for movement building: academic environment and its constraints; job insecurity; austerity and cuts weakening the third sector.

Read more at this link: http://jpubhealth.oxfordjournals.org/content/early/2015/06/25/pubmed.fdv085.abstract.

FOR MORE INFORMATION on this experience, please write to Anuj Kapilashrami at Anuj.Kapilashrami@ed.ac.uk.

KEY PRACTICES structure and organisation; advocacy, campaigns, communication; participation, community action; networking, alliances and cooperation; participatory action research

17 CAMEROON

Mise en place et fonctionnement du PHM Cameroun

REGION Africa

LANGUAGE French

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Serge Djacpou Djomo (PHM Cameroun)

SUMMARY PHM Cameroun started in 2011 (before there were only individuals involved); in 2012 a national office was created. It is an informal network, however some new oragnisations have joined. There are four focal points that cover the country. Their mission is to mobilise the peoople in the struggle for health and to share information. No joint action has yet been organised, mainly because of difficulties in getting together through meetings. There is a

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project, slowly moving, of writing a Statute and Rules of procedure, and a connection with PHM Gabon for support and validation. Table with activities run by each member organisation (mainly in Centre/South; 2 in North; 1 in North West; none East). These include: HIV/AIDS prevention/support/care (children, women, youth), immunization (awareness raising), care of the elderly (community action). Challenges: lack of financial means to regulary hold meetings, such as a general assembly that is scheduled since more than two years.

FOR MORE INFORMATION on this experience, please write to Serge Laurent Djacpou Djomo at laurentdjacpou@gmail.com.

KEY PRACTICES structure and organisation; networking, alliances and cooperation

18 KENYA
PHM Kenya

REGION Africa

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) A sub-group of PHM Kenya drafted this contribution (Ravi Ram, Erick Otieno, Dan Owalla, Bernadette Muyomi, Kamlas Oodhus). The draft was shared with the PHM Kenya email list, and all suggestions from members have been incorporated.

SUMMARY History of the PHM Kenya circle, established by several health rights groups, with a base in Nairobi and active outreach with partners and activities in various parts of the country. Membership expanded greatly with an IPHU held in western Kenya. PHM Kenya has been through periods of active collaboration, internal disagreements, routine meetings and also times when members work for health for all independently of the movement. Additionally, PHM Kenya along with PHM Uganda and others in the region have at times supported regional health rights through an informal grouping called PHM East Africa. The regional engagement has been useful, and helps to generate a wider solidarity around health rights even though it is not always active. Lessons to share: 1) Do not focus too much on internal matters. The most important things are to have a core group of committed members and to encourage diversity in the background of members, which brings different skills, perspectives and resources. 2) Start first by building a country movement through collaboration and solidarity, by linking with the existing work of members. 3) Obtaining funds and assets can be both a benefit and a source of problems. Managing and sharing internal assets among different groups can provoke conflict and undermine solidarity of the movement. Consider carefully about

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collaborating with separate funding managed by members themselves, versus creating a joint programme with shared assets. 4) Plan on how to handle conflicts among members before they happen, and be sure that all value solidarity so that the movement does not suffer. 5) Sometimes the movement appears to go quiet, but in reality there is a lot happening by members themselves. 6) Use as much communication as possible.

FOR MORE INFORMATION on this experience, please write to Ravi Ram at ram@jhu.edu.

KEY PRACTICES relationships; decision-making, structure and organisation; communication; networking

19 SOUTH AFRICA
Evaluation of South Africa International People's Health University (SAPHU)

REGION Africa

YEAR 2016

SOURCE material collected as part of the PHM global action-research project "The contribution of civil society organisations in achieving health for all"

AUTHOR(S) PHM South Africa

SUMMARY The idea to run a local South African People's Health University annually arose from a discussion within the PHM-SA steering committee, after the International People's Health University (IPHU) was held in Cape Town in 2012, prior to the People's Health Assembly 3 (PHA3). SAPHU's have been held on an annual basis since the first SAPHU was held in December 2013. In evaluating the two SAPHUs held in 2013 and 2014 a mixed methods approach was used, including participant surveys, document analysis, qualitative interviews and focus group discussions. SAPHU has the potential to contribute to the building of a social movement for Health for All. To optimise the possibility of doing so, SAPHU needs to be part of a larger strategy; it needs to be more focused and to be closely linked directly to organisation and implementation. SAPHU needs to be less ambitious - in breadth and inclusiveness - and more ambitious in terms of what it might achieve in terms of its intended aims. The main thrust is to more closely link what participants learn with the possibility that they implement some of it as activists, as far as this is ever possible. To this end the recommendations address PHM-SA as an organisation, the structure of SAPHU, the recruitment

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and selection of participants; educational design and delivery, and logistics.

FOR MORE INFORMATION on this experience, please write to southafrica.phm@gmail.com.

KEY PRACTICES popular education, creative and interactive training, transferable skill-building

20 TANZANIA
PHM Tanzania experience

REGION Africa

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) PHM Tanzania

SUMMARY PHM Tanzania is a registered national NGO and was established shortly after the third People's Health Assembly (July 2012). PHM Tanzania is currently a convener of 50 local NGOs working to address health and human rights issues in Tanzania mainland and Zanzibar. The 50 members represent NGOs members, academicians, research institutions and community groups, health and human rights activists as well as individuals. PHM Tanzania welcomes new members every July in each year to join the movement. The case study focuses on various approaches and actions taken to get PHM Tanzania started and continue it's growth and capacity for relevant input to the health rights discourse in the country and also regionally/ globally. Strategies include using social media, email, whatsapp to mobilise and train new activists; engaging the community to change thinking and behavior toward the right to health; using "informal media" like plays for education, advocacy, policy influence. The organisation is mainly engaged in popular education to hold health system to account, and is trying to build a culture of health as a field of civil society advocacy and intervention.

FOR MORE INFORMATION on this experience, please write to Godfrey Philimon at phmtanzania@gmail.com.

KEY PRACTICES structure and organisation; advocacy, campaigns, communication; participation, community action; popular education

21 UGANDA
PHM Uganda

REGION Africa

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Denis Bukenya, Danny Grotto (PHM Uganda)

SUMMARY The People's Health Movement Uganda Chapter, founded in 2009 by a group of people who had completed the IPHU training, is a loose coalition with broad composition of individual persons

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and organizations who subscribe to the "Right to Health for All charter. Because PHM-Uganda is a small, new circle, key to their operation and growth have been opportunities to work with partners and other PHM groups locally, regionally and internationally. Activities seen as opportunities include partnership with programs (e.g. Go4Health) and PHM groups in the region to increase and build connections as well as hosting a regional PHM event. The authors list many challenges including the political environment in Uganda and poor strategic planning, networking, and guidance from PHM in the region and from PHM global. The authors also offer insight on the organic nature of the governance structure of PHM Uganda in the changing roles and responsibilities of those a part of this structure.

FOR MORE INFORMATION on this experience, please write to Denis Bukenya at denisbukenya@gmail.com.

KEY PRACTICES decision-making, structure and organisation; communication; networking, alliances and cooperation

22 PALESTINE
Youth movement

REGION Middle East

LANGUAGE Arabic (French translation)

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Firas Jaber, Iyad Riyahi, Eileen Kuttab

SUMMARY The story of the youth movement in Palestine from 2011 to 2013; the Arab Spring, as well as many dynamics in the Palestinian political landscape, are in the background. The youth movement arises in a political vacuum where the old political structures/parties are very archaic in their structure and priorities, and there is no other form of organised struggle (women, students, workers...). The youth movement declines quite rapidly, yet it represents an historic achievement in terms of a popular voice (street action) that arises independent of the traditional, stagnating and archaic forms of bureaucratic political representation. Limitations causing its rapid decline (expressed by the youth): lack of a clear vision, scattered groups without unifying direction/strategy/place, lack of representativeness in the country side (including the areas where the national resistance is widespread; everything happens in the cities, mainly Ramallah), lack of coordination, challenge of integrating more people in the demonstrations.

FOR MORE INFORMATION on this experience, please write to Firas Jaber at firas@almarsad.ps.

KEY PRACTICES structure and organisation; advocacy, campaigns, communication; networking, alliances and cooperation

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23 INDIA Pre-PHA mobilisation in India

REGION South Asia

LANGUAGE English

SOURCE material collected as part of the PHM global action-research project "The contribution of civil society organisations in achieving health for all"

AUTHOR(S) JSA (PHM network in India)

SUMMARY Story of how the mobilisation towards the first People's Health Assembly (Dhaka, 2000) took place in India. Roots of "one of the most extensive pre-conference campaign activities": excellent tradition of progressive academic scholarship (expose the problem), large number of innovative models of community health care (health for all is possible). Challenge: extend this understanding beyond intellectuals and NGOs, gain popular support to place HFA in the political agenda of the nation ("taking health care issues to the streets"). Actions: involving new networks (also not so involved in health, e.g. literacy workers network) and strengthening existing ones » alliance against globalization and its adverse impact on health; networking networks (mutual support and reinforcement, new ideas and possibilities for future action); resource sharing (program content, financial and infrastructure resources; each one with what they had), in almost all states and at the national level (beyond knowledge, skills and finances, also new confidence and new optimism were shared: warmth of peer recognition, increase in public recognition); combining advocacy with community action (given for some organisation, not at all for others who made a clear policy decision in addressing service delivery or advocacy; overall this synergy increased the number of networks involved and enhanced the credibility and outreach of the whole process); autonomy, flexibility and coordination (coordination committees and working groups at district, state and national level; organisations were welcomed and encouraged to take independent activities; all national coordination committee decisions were viewed as guidelines by states, with room for individual states/organisations to opt out or do it differently). Activities: building a common understanding (5 books written/edited through participatory process + people's health charter); the district level process (5-book set + model questionnaire; district resource group, resource groups in each block to conduct a dialogue with people in 30 villages + visits in PHC centres and health staff using questionnaire as a guide › local health charter then brought to block convention › district convention › state convention); public awareness

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campaign (different in each district; including workshops, seminars, people's dialogue, surveys and conventions; sale of the five books; poster campaigns; traveling street theatre, rallies and processions; media coverage weak; targeted doctors, few in numbers but key as resource persons and for creedibility); people's health trains (long distance trains, interaction while on board!); National Health Assembly (culmination of the campaign; over 2000 delegates; participtory and consensus building process among the 18 organisations); beyond the Calcutta and Dhaka assemblies: need for an organizational form which retains a mix of coordination and autonomy and allows for frequent consultation and mutual support; advocacy for policy changes (immediate as well as long term) based on a set of well defined objectives; a few well-chosen coordinated programmes that would extend the outreach of the PHA network; if programmes also help people cope with the health crisis that would lend credibility to the efforts for policy changes.

FOR MORE INFORMATION on this experience, please write to Amit Sengupta asengupta@phmovement.org and/or to T. Sundararaman at sundararaman.t@gmail.com.

KEY PRACTICES relationships; decision-making, structure and organisation, sustainability; advocacy, campaigns, communication; participation, community action; networking, alliances and cooperation, resource sharing; knowledge generation; popular education

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24 AUSTRALIA 1

Learning from the experience of Comprehensive Primary Health Care in Aboriginal Australia: a commentary on three project reports

REGION South Est Asia

LANGUAGE English

YEAR 2011

SOURCE Discussion paper

AUTHOR(S) David Legge

Summary Overview of three Indigenous health services in Australia, where community-led services have had success in overturning the impact of continuing colonisation on poor health outcomes. These projects are structured health services that also engage in advocacy and community

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partnerships, and are managed by people most directly themselves. They are largely community-led, and work broadly with community collaborators to address social determinants of health that have an impact on the daily lives of Indigenous people in Australia.

FOR MORE INFORMATION on this experience, please write to dlegge@phmovement.org.

KEY PRACTICES advocacy, campaigns, communication; participation, community action; alliances and cooperation

25 AUSTRALIA 2 History of PHM OZ

REGION South East Asia

LANGUAGE English

YEAR 2016

SOURCE Contribution for manual

AUTHOR(S) Fran Baum

SUMMARY PHM OZ was established after the first People's Health Assembly (PHA1), where some participated thanks also to the support of the Australian Public Health Association (most of those who attended were members, active in the Political Economy of Health Special Interest Group, PEHSIG). Strategies after PHA1: 1. work through the existing Public Health Association and especially the PEHSIG and so we meet annual with the PEHSIG and discussion current issues concerning health; 2. Hold state based meetings. This strategy has been most successful in Melbourne Victoria where a group has met fairly regularly. In South Australia the meetings have been sporadic and often linked to visiting PHM comrades from overseas.; 3. Loose network without any membership structure; 4. Developed a website and Facebook page: these have been helpful but updating them has proved to be a challenge.

FOR MORE INFORMATION on this experience, please write to Fran Baum at fran.baum@flinders.edu.au.

KEY PRACTICES structure and organisation; communication; networking, alliances and cooperation

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HERE'S A SUGGESTION FOR MORE TOOLS FOR MOVEMENT BUILDING AVAILABLE ONLINE:

Beautiful rising (key elements of creative activism)
www.beautifulrising.org

Class matters. Tips from working class activists
www.classmatters.org/resources/tips

How change happens
how-change-happens.com

Nonviolent struggle. 50 crucial points
www.usip.org/sites/default/files/nonviolent_eng.pdf

Organising People's Power for Health.
Participatory methods for a people-centred health system
www.equinetafrica.org/bibl/docs/EQUINET%20PRA%20toolkit%20for%20web.pdf

Reimagining activism.
A practical guide for the great transformation
www.smart-csos.org

The barefoot guide to working with organisations and social change
www.barefootguide.org/uploads/1/1/1/6/111664/barefoot_guide_1.pdf

The barefoot guide 2 -
Learning Practices in Organisations and Social Change
www.barefootguide.org/download-the-guides.html

The inner activist
www.inneractivist.com

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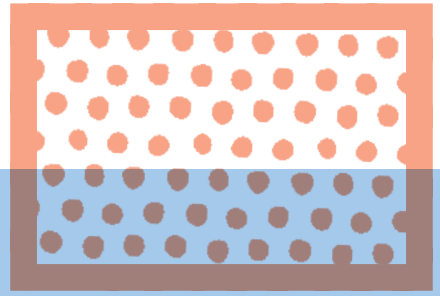

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Activists protesting at the WONCA Conference, Rio de Janeiro 2016
CAMILA GIUGLIANI

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Building a movement for health

2017

PHM activists from Belgium, DR Congo, Egypt, India and Italy at the closing march of the World Social Forum in Tunis, 2015

BENNY KURUVILLA

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