



# PHA3 DAILY NEWSBRIEF

*A special edition of PHM Global News*

• 8 July 2012 •

## Highlights for today:

### RADIOS FOR TRANSLATION

Sessions will be in English, French and Spanish. Please check out a radio before sessions begin.

### TRANSPORT DURING RAIN

A shuttle will be provided during rainy weather to residences and to the documentary festival  
7:30 – 8:30 from the residences  
18:00-22:00 from the Great Hall

### Workshops

14:30 & 17:00

### Craft Market & Exhibitions

16:00-21:00 (Main Hall)

### Film & Documentary Festival

*Difficult Love* @ 20:15 (S1)

### PHM Merchandise for Sale

T-shirts, Notebooks, GHW3

### Contribute to this Newsletter

pha3newsletter@gmail.com

**The organizers kindly ask that all delegates promptly enter the session venue before the session begins.**

## VOLUNTEER SEES HOPE FOR CHANGE

Contributed by Leigh Haynes

Mzamo Ngemntu, from the Treatment Action Campaign (TAC) has been is a faithful volunteer during the PHA3. Mzamo volunteers as a peer educator in Khayelitsha township in Cape Town. I spoke with Mzamo about his experience and his thoughts on PHM, health, and human rights.

Mzamo was excited to volunteer for the PHA3 as it is an opportunity to be part of a larger movement that can effect change in his own South Africa. He hopes that from the Assembly new actions to confront issues that he sees on a regular basis—shortage of ARV medication and lack of clinics in areas outside of Cape Town among many others—will come forth.

As far as improving health in South Africa, Mzamo is a strong advocate of peer education in the clinics being supported by the government. Peer educators offer training on rape, how to manage HIV/AIDS, the working of the health system and clinics, drug abuse and other important health topics to community members *in* the community and *in* their language.

As a peer educator Mzamo serves as a much needed liaison in between the strict structure of the health system and the local community. For example, when someone goes to the clinic and

are not received by a clerk, nurse or doctor who may be “too busy” or do not speak the patient’s language, a peer educator greets the patient, finds out their problem and helps them get the service they require.

Mzamo hopes that the government will see the important role that peer educators play in the health system and will support their function. He mentioned that



**Mzamo works with TAC as a peer educator & is volunteering at the PHA3.**

the health minister is aware of the program and that the idea is in the pipeline. But they are still awaiting feedback.

The PHA3 has been a unique opportunity for Mzamo to meet and discuss health issues with people from other countries. Comparing South Africa’s health challenges and health system with those in other countries has been interesting for Mzamo. In particular, he was surprised to hear that in other countries governments barely recognize that HIV/AIDS is a serious problem or even exists.

I asked Mzamo to give us at the PHA3 empowering message in his native language, Xhosa, to take home. “Impilo engcono kuthi sonke.” It means, “Better health for us all.” PHM stands united with Mzamo and all who are fighting for this cause across the globe.

## CALL TO ACTION FOR THE POOREST CENTRAL AFRICAN REPUBLIC

Central African Republic (CAR) is a poor, landlocked country situated in the heart of Africa, south of the two Sudans and northern DRC, ranked among the bottom five of the world by UNDP. In addition to its structural and economic problems, CAR has been through a period of unrest that has reduce its healthcare system to almost nothing. The MSF report on CAR concluded that CAR is a country with mortality rates higher than the "threshold urgency" almost the same level as

areas of conflict in Somalia. Governments, Institutions, Civil Society, Individuals, Let us act with urgency to save lives and influence the social determines such as poverty, unemployment, malnutrition, traditional beliefs, access to water drinking, conflicts, gender-based violence, weak capacity of civil society and others.

Let us unite and act quickly to avoid non-assistance to endangered persons through concrete actions.



## APPEL A L'ACTION POUR LES PLUS PAUVRES EN RÉPUBLIQUE CENTRAFRICAINE

Contributed by Clotaire Rodonne Siribi

La République Centrafricaine (RCA) est un pays pauvre et enclavé situé au cœur du continent africain, au Sud des deux Soudans et au Nord de la RDC, classé parmi les cinq derniers du monde par le PNUD. Outre ses problèmes structurels et conjoncturels a traversé une période de troubles qui ont réduit à presque néant son système sanitaire. Le rapport de Médecins Sans Frontières sur la RCA conclu que la RCA est un pays au taux de mortalité supérieur au « seuil d'urgence » presque au même niveau que les zones

des conflits en Somalie. Gouvernements, Institutions, Société Civile, Individus, Agissons urgemment pour sauver des vies humaines et influons les déterminent sociaux tels que pauvreté, le chômage, la malnutrition, les croyances traditionnelles, l'accès à l'eau potable, les conflits, violences basées sur le genre, faible capacité de la société civile, etc. Mobilisons-nous et agissons vite, pour éviter la non-assistance à personnes en danger par des actions concrètes.



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### IPHU PRECEEDS PHA3

After Savar in Bangladesh in 2000 and Cuenca in Ecuador in 2005, 3rd sitting of the People's Health Assembly opens.

For six days, it's almost 1200 participants (from around the world are going through exchanges during conferences and workshops, learn from each other, share experiences, and develop an action plan related to the right to health.

It should be noted that this meeting was

preceded by a two-week training entitled "Action for Health". The training held from June 24 to July 4, 2012 according to the scheme of the International University People's Health (IPHU) of MPS, welcomed about fifty young health activists from around the world, and a meeting national Health south Africa on 5 and 6 July 2012 on national issues and in particular on the proposed national health insurance in this country.

### UIPS PRECEDE LE ASP3

Contributed by Fabien Nkili

Après Savar au Bangladesh en 2000 et Cuenca en Equateur en 2005, les 3èmes assises de l'Assemblée populaire pour la santé débutent.

Pendant six jours, c'est près de 1200 participants issus du monde entier vont à travers des échanges lors des conférences et ateliers thématiques, partager les expériences, s'apprendre mutuellement et mettre en place un plan d'actions liées au droit à la santé.

Il convient de rappeler que cette assemblée

a été précédée par une formation de deux semaines intitulée "Lutte pour la santé". Cette formation organisée du 24 juin au 4 juillet 2012 selon le schéma de l'Université Internationale Populaire pour la Santé (UIPS) du MPS, a accueilli une cinquantaine de jeunes activistes de la santé issus des quatre coins du monde, et d'une assemblée nationale de la santé sud-africaine les 5 et 6 juillet 2012 sur les questions nationales et en particulier sur l'assurance nationale de santé proposée dans ce pays.

### PHA3 WORKSHOP EVALUATION

The PHA3 organizers ask for your participation it the evaluation of this event. Evaluation forms will be available for workshop participants to complete after the session. Please complete these and return them to the "Evaluation Forms" box located near the registration desk. Thank you!

### CALL TO ACTION WORKSHOPS

All are invited to attend the Call to Action Workshops every evening to provide input into the Cape Town Call to Action. Join us on Sunday 2:30-4:30pm School of Public Health A & B; Monday 5-7pm at GH3, and Tuesday 2:30 - 4:30pm School of Public Health A & B.

**TAKE PART IN THE WAY FORWARD**