

People's Health Movement



Health for ALL NOW!!

**Fourth People's Health Assembly (PHA-4), November 15-19,
2018, in Savar (Dhaka), Bangladesh**

**Civil society mobilization and policy dialogue for health equity and accountable
national and global governance for health.**

A concept note by:

**The Global Secretariat,
People's Health Movement (PHM)**

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Introduction

The Fourth People's Health Assembly (PHA4) will be organized in Dhaka, Bangladesh, on November 15-19, 2018. The associated planned events include a 2-week training course (IPHU) on the topic of 'Struggle for Health' (8-14 November, 2018).

Background to the Assembly

We are faced today with a global health crisis that is characterized by inequities related to a range of social determinants of health and in access to health services within countries and between countries. In many regions of the world, health systems are poorly designed, under-resourced, and of poor quality, thereby contributing to unacceptable rates of morbidity and mortality. In large measure, the poor and the vulnerable are being pushed further to the margins due to pitifully inadequate measures to address the social determinants of health. They are also denied access to quality health services as a consequence of unfair economic structures and social conditions that lock people into poverty and ill-health. In recent years, austerity measures in both the global South and the North have further compromised access, often as a consequence of the dismantling of public services and the increasing reliance on private provision of healthcare. The achievement of universal and secure access to comprehensive healthcare services can be a reality only through the revitalization of comprehensive primary health care, as envisioned in the Alma-Ata Declaration of 1978. The [People's Charter for Health](#) endorses the Alma Ata declaration, and affirms that health is a social, economic and political issue -- but above all, a fundamental and inalienable human right.

Health and healthcare in different regions face additional challenges brought on by the effects of Climate Change and by the deteriorating social and political environment, such as the massive humanitarian crisis brought on by a rise in forced migrations. The promises held out by the Sustainable Development Goals need to be questioned given that these goals, many of them laudable, are proposed to be attained by the same neoliberal model of development and economic growth that has pushed the globe to the brink of multiple crises – social, political, ecological and economic.

Recent decades have witnessed major shifts in the global governance for health, which is currently characterized and shaped by multiple agencies and by multiple interest groups, most of them working independently of national governments or of intergovernmental agencies. An analysis of structures and dynamics of global decision-making reveals the dominance of entrenched power structures – through the agency of more powerful nations, the Bretton Woods institutions, private philanthropies and large transnational corporations –resulting in a democratic deficit in the structures and dynamics of global health. These power structures operate through the UN system, the Bretton Woods system and a plethora of global public private partnerships. They also operate directly through bilateral and regional trade agreements; through the operations of bilateral health-related assistance; and through direct advice and influence. In many respects, the regulatory, financing and policy outcomes of this system reflect an imbalance between the interests of a limited number of country governments and global institutions, many of them private, and the needs and priorities of a majority of the world's population. Local and national policies are often captive to policies and decisions that are negotiated at global and regional levels. New actors, especially non-state actors such as private foundations, public-private partnerships, consultancy organizations play an increasingly important role in shaping policies at the global, as well as local and national levels, thereby making the task of holding institutions of health governance accountable, much more challenging.

About the People's Health Movement (PHM)

[PHM](#) is a global network bringing together grassroots health activists, academics, policymakers and practitioners, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (L&MIC). PHM currently has a presence in over 80 countries.

The PHM governance structure includes the Global Secretariat (the main executive body), the Coordinating Commission (an extended executive body) and the Steering Council that is the principal decision making body. The PHM Secretariat rotates periodically, having been based sequentially in Dhaka (Bangladesh, 2001-2002), Bangalore (India, 2003-2006), Cairo (Egypt, 2006-2009) and Cape Town (South Africa, 2009 - present). The Cape Town Secretariat is supported by an additional Secretariat office in New Delhi.

The core work of PHM is informed by that of its constituent-parts, in particular, country circles and international networks. PHM provides communication channels and opportunities that link the diverse elements that are part of the movement for health rights and equity, at global, regional and local levels. At the global level, PHM supports actions, advocacy and dialogue around campaigns that seek to influence the global policy agenda. A principal facet of PHM's work is to build capacity among partners in country circles and networks, to develop analysis on key issues and thereby inform the content of such campaigns. On an ongoing basis, PHM is involved in preparing and disseminating a large number of publications, submissions and statements that strengthen and enrich civil society engagement with health policy making at all levels.

PHM supports a number of activities at global and regional levels that integrate the efforts of its country circles and its global and regional networks. These include:

- [The Global Health Watch \(GHW\)](#) is a critical alternative to [the] WHO's World Health report. Four reports have been published ([GHW1](#), [GHW2](#), [GHW3](#) and [GHW4](#)) in 2005, 2008, 2011 and 2014 respectively. Preparation for the 5th edition of GHW began in late 2014 and it was published in December 2017.
- [The International People's Health University \(IPHU\)](#) is PHM's principal educational and research program. IPHU has organized over 40 short courses entitled 'The Struggle for Health' most of them of 2-weeks duration each. The courses have been organized in about 20 countries in 9 languages and attended by more than 1500 health activists from more than 60 countries. Many of these young participants now form the core of country PHM circles.
- [The Health for All Campaign \(HFAC\)](#) is a global organising framework for different mobilisation actions by civil society networks and social movements around the world. It aims to inform and influence governments to address structural and systemic weaknesses in the health system. The campaign platform incorporates several thematic axes including: health systems (including defense of public systems and anti-privatisation campaigns), access to medicines, food and nutrition, gender and health, trade and health, extractive industries, and labour and health.
- [Democratizing Global Health Governance \(including WHO Watch\)](#) is an initiative that aims to improve the global environment for health by changing information flows and power relations that frame global health decision-making and implementation. The project was launched as an initiative of [the] PHM, the [South Center](#), the [Third World Network](#) and other international organizations and networks. The focus is currently on 'watching' and providing critical support to the World Health Organizations (WHO). As part of this project, since January 2011, a systematic monitoring and analysis of meetings of the WHO (Executive Board and World Health Assembly) are organized. The 'watchers' are young activists drawn from different civil society organizations and selected from

applications received before each event through a global call. ‘Watchers’ go through a week-long training course before each event and, till date, about 100 activists have been involved directly in the process of the ‘WHO watch’ while many more support and follow the Watch from remote locations.

Since 2014, PHM has undertaken an action-research, funded by the International Development Research Centre (IDRC), focused on the engagement of civil society organisations in achieving health for all through action on healthcare and the social determinants of health (CSE4HFA). The research is being conducted in six study countries (Brazil, Colombia, DR Congo, India, Italy, South Africa) and at the global level. The action research will be concluded in 2018, but the ongoing analysis is already informing change in PHM programs, and fostering stronger alliances with other civil society actors at the country, regional and global level.

Fourth People’s Health Assembly

As on earlier occasions, the Fourth People’s Health Assembly (PHA 4), will draw on civil society organizations and networks, social movements, academia and other actors from around the globe. PHA4 will provide a unique space for strengthening solidarity, sharing experiences, mutual learning and joint strategizing for future actions. The first PHA was held in Savar, Bangladesh in 2000 and was attended by more than 1500 people. The [People’s Charter for Health](#) -- the PHM’s founding document -- was developed and endorsed at this Assembly. The second Assembly was held in Cuenca, Ecuador in 2005 and attended by 1492 people. The Cuenca Declaration, issued at the conclusion of this Assembly, was designed to provide a strategic vision for PHM. The third Assembly was held in Cape Town, South Africa, in July 2012 and culminated with the adoption of the [Cape Town Declaration](#).

Proposed activities

The Fourth People’s Health Assembly (PHA4) is to be held in Dhaka, Bangladesh, in November 2018. It will be hosted by PHM Bangladesh and [Gonoshasthaya Kendra \(GK\)](#) at its campus in Savar, Dhaka. GK has agreed to assist the Assembly with a huge in-kind contribution by making available the venue and accommodation facilities available at the [GK Campus](#) at no cost.

The program of PHA4 will be informed by the key findings and challenges identified through PHM’s ongoing action research on civil society engagement for health for all.

The **objectives** of the Assembly and associated activities include:

- To evaluate and critically analyze current processes and policies that impact on health and healthcare at global, regional and local levels;
- To undertake a collective assessment of PHM’s organizational and programmatic activities and to provide a renewed mandate for the years to come;
- To enhance the capacity of health civil society activists to engage with and intervene in the policy making process, to monitor and drive policy implementation and to ensure accountability in the functioning of health systems;
- To foster and support constructive dialogue, planning and mobilization around health and the broader social determinants of health, involving the widest possible range of practitioners; and

- To launch renewed sustainable structures and dynamics, both within and outside the health sector, that will continue to drive coordinated action to secure universal and equitable access to health and health care.

Around 1500 **participants** from across the globe, including a substantial number of young activists, are expected to attend the Assembly, particularly from low and middle income countries. Participants will be mobilized through country and regional mobilization processes leading up to the Assembly. Participants will include representatives of civil society organizations/networks (including non-governmental organization, community-based organizations, trade unions, professional associations, etc.); governments, intergovernmental bodies, academic institutions, and others. The pre-Assembly mobilization process aims to engage civil society especially at the grassroots level.

The **main thematic axes** of PHA-4 are:

Axis 1: The political and economic landscape of development and health

Political and economic policies and trends determine whether people are able to lead healthy lives. Insecure conditions of living and consequent negative impact on health are also engendered by conflicts and forced migration.

This axis will address issues ranging from the examination of the dominant economic model of development, power relations between and within countries, trade agreements, and the role of powerful actors such as the Bretton Wood Institutions, multinational corporations, private foundations and global partnerships and religious fundamentalist forces. It will also address the underlying factors, global and regional, which are driving forced migrations and precipitating a humanitarian crisis in many regions of the world. Deeply embedded in these contexts and worsening as a result, is gender inequality with its intersections with race, caste, ethnicity, disability, sexuality, religion, etc., that determines the development and health of a majority of the people globally. The axis will also critically examine the gendered implications of macroeconomic and policies and the current developmental paradigm, that in conflation with domestic policies and laws, are discriminatory and unjust and continue to acutely impede the realisation of health and development.

The axis will also interrogate the promises of the SDGs and will explore some of their key contradictions in an attempt to fashion progressive alternatives that civil society can promote. Concerns about reinforcement of dominant development paradigms and indicators that are barriers to gender and social justice, will be discussed.

Axis 2: Social and physical environments that destroy or promote health

Superimposed on existing layering of society through differences in power dynamics related to class, gender, ethnicity, caste, etc. are global trends of rising xenophobia, war-mongering and intolerance. These, perhaps more than ever before, contribute to inequity in access to healthcare services and to a worsening of many social determinants such as food security and sovereignty, secure employment and decent housing. Forced migration, conflict, gender violence, climate change and environmental degradation are increasingly responsible for their profound impact on health outcomes. The axis will examine a range of issues related to these trends, including their gendered impact on people's ability to lead healthy lives.

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Axis 3: Strengthening health systems to make them just, accountable, comprehensive, integrated and networked

Universal health coverage (UHC) is the *slogan du jour* in global health systems policy, but its meaning is highly contested. The differences in emphasis between the Primary Health Care (PHC) and UHC approaches are significant. The former involves a focus on building and supporting the primary healthcare sector and envisages a prominent role for community health workers and community involvement in planning, accountability and prevention, as well as attention to the social determinants of health. In contrast, the UHC discourse starts with a focus on financial protection and essentially argues for care that is 'purchased' from a range of private and public providers. In many parts of the world, this has legitimized the dismantling of public services and the increased participation of private providers in the delivery of healthcare. Forty years after the Alma Ata declaration the visionary approach of PHC is a reminder of an alternative approach that should not be allowed a silent burial.

While public systems are under threat, compromised access to medicines leads to the unnecessary loss of millions of lives. The way research on new products is organised, the dominance of a few Northern corporations over the global medicines market and the perverse incentives of the Intellectual Property regime contribute to a situation where political and economic decisions override health and welfare.

Health systems are deeply gendered institutions that reinforce inequalities. The costs of health care are increasingly impoverishing the people that need them the most. Discriminatory policies and practices by the health system remain huge barriers to access to health information and care globally. Gender plays a critical role in the health workforce and determines the location and experiences of women and men as health workers.

Within this context, the Assembly will debate alternative models of healthcare delivery that are better suited to promote equity in access, that are fair, and that promote accountable systems built around popular participation, particularly women and others who are socio-economically and politically marginalised.

Axis 4: Organizing and mobilizing for Health for All

While the struggle for Health has myriad dimensions, a key aspect is related to the numerous examples of struggles and actions by groups, peoples, movements, NGOs, community based organizations. PHA4 will provide space for the stories of these actions and struggles to be told, as sources of inspiration and as a platform for sharing experiences, mutual learning and strategizing for future action.

Broad structure of activities at PHA4

The program for PHA4 will be spread over 5 days and will include:

- **Opening ceremony**, designed as a curtain raiser to the different thematic axes, interspersed with cultural expressions by participating countries.
- **Plenary sessions**: Plenary session on each day will focus on the major themes of the Assembly. Each plenary will include: testimonies, key-note speeches and space for open discussion. An additional plenary session on the last day will debate and finalize the Assembly's Declaration.
- **Special Plenary Sessions**: On specific areas such as on the 40th anniversary of the Alma Ata Declaration
- **Sub-plenary sessions**: each plenary will be followed by 4-6 concurrent sub-plenary sessions designed to further deepen the discussions on each of the thematic axes.

- **Thematic strategy discussions:** Parallel discussions on different thematic axes of PHM’s Health for All campaign to develop strategies to align and co-ordinate activities and struggles across continents
- **Self-organized events:** space will be provided for civil society organizations/networks and other participating groups to organize workshops on topics related to their own priorities within the framework of the Assembly themes. The self-organized events are designed to widen the ownership of the Assembly and also to provide opportunities to the largest possible number of partners to build alliances within the large number of participants around their own priority and issues of concern. We expect to have around 10-15 concurrent self organized workshops every day.
- **Cultural events** and a film festival that will reflect the diversity of cultural traditions represented, in the Assembly.
- **Display space** will provide an opportunity for participant organizations to promote their publications, products, etc.

The closing event will reflect the resolve of the Assembly and the broader movements represented by the participants to take and translate the deliberations in the Assembly into concrete actions for decisive change.

Training course ‘Struggle for Health’: The Assembly will be preceded by a 2-week training course on ‘The Struggle for Health’. The course will be organized within the framework of [the] PHM’s International People’s Health University (IPHU) and will accommodate over 50 young health activists from across the world.

Expected Outcomes

As in the case of previous People’s Health Assemblies presentations, discussions and debates in the Assembly, will provide guidance and direction to PHM to conduct a range of activities. These include giving new impetus to PHM’s Global Health for All Campaign, to PHM’s policy dialogues and interventions to strengthen health systems, to activities that address the social determination of health and to the PHM’s global initiative on ‘Democratising Governance for Health’.

It is expected that, through the various debates, the Assembly’s exchanges and collective strategizing will enhance PHM’s capacity to organize and mobilize for health. Concrete actions and medium and long term plans are expected to emerge from the deliberations of the Assembly in major thematic and program areas.

Past Assemblies have been occasions for organisational stock-taking, sharpening of PHM’s positions on key issues, and importantly, for providing a vision and direction – both organisational and programmatic -- for the future. The first Assembly (PHA1) in 2000 set in motion a process for the formation of the People’s Health Movement in 2001. The People’s Health Charter, adopted at the Assembly, continues to be the founding document for the PHM. PHA-II, organised in Cuenca in 2005, discussed in detail PHM’s engagement with the Right to Health campaign, and led to the expansion of activities related to Right to Health in many countries. Organisationally, a major expansion of PHM was possible subsequent to the second Assembly, especially in Africa. The Third People’s Assembly in Cape Town in 2012 culminated in the adoption of the Cape Town Declaration, which deepened the discussions in the People’s Health Charter regarding the social and structural determinants of health. The Assembly also included spaces for different regional structures of PHM to debate on strategies for organisational strengthening at the

regional level. Several outcomes of the Third Assembly are reflected in fresh perspectives that have strengthened PHM's global programmes. PHM's organisational reach and activities have grown significantly in the European region. The Third assembly also saw a transition in PHM's organisational structures with introduction of the principles of continuity and change in PHM's governance structure. This has resulted in the inclusion of new and young activists at all levels of PHM's governance structure. The emphasis on involving young activists is also reflected in PHM's global programmes such as the WHO Watch and IPHU, both of which involve capacity building of youth with a view to engendering their involvement in PHM's activities.

The Fourth People's Health Assembly is being designed to facilitate discussions and debates on policies and core positions of the health movement, to advance activities and build and strengthen common activities and struggles related to PHM's 'Health for All' programme around different thematic axes -- such as health systems, food and nutrition, Gender and health, access to medicines, trade and health, extractive industries, labour and health, etc. – and will be preceded by capacity building modules (through PHM's IPHU programme) for young health activists. The assembly will also have space for several workshops, which will allow issues and experiences to be share and debated. The Assembly will also be about celebration of a counter culture on health and healthcare and about a reaffirmation of solidarity involving activists from over 80 countries of the world. It will be an unique opportunity to exchange experiences of working in different countries, and importantly of building common agendas for interventions and struggles on a range of issues.

The Assembly will be preceded by regional and local Assemblies and other forms of mobilisations in different countries. Special attention would be directed at supporting young activists to attend and participate in the Assembly in Dhaka and in pre-Assembly activities