

change> from David Werner

PHM-SPECIAL CONTACT

✓  
*Bin Hieu*

Subject: PHA-Exchange> from David Werner

Date: Sat, 04 May 2002 03:20:17 +0700

From: "aviva" <aviva@netnam.vn>

To: pha-exchange@kabissa.org

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I am delighted that the People's Health Movement is taking part in the 2002 World Health Assembly. I view this as an important step forward in terms of the potential for giving the Earth's disadvantaged majority a voice in the macro-level policies and decisions that affect their health and lives. I hope this is the beginning of a larger process in which high-level decision makers begin to put the basic needs of the people and the planet before the short-sighted "development" goals that temporarily benefit the prosperous and powerful at crushing human and environmental costs.

Toward a healthier and more civilized global community!

David Werner  
Member and Co-founder of the International People's Health Council  
Director, HealthWrights (Workgroup for People's Health and Rights)  
healthwrights@igc.org  
www.healthwrights.org

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PHA-Exchange is hosted on Kabissa - Space for change in Africa  
To post, write to: PHA-Exchange@kabissa.org  
Website: <http://www.lists.kabissa.org/mailman/listinfo/pha-exchange>

5/6/02 10:21 AM

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# PEOPLE'S HEALTH MOVEMENT IN AFRICA

## PROCESSES TOWARDS A HEALTHY WORLD:

"Enhancing Primary Health care as a Solution"

WHO Technical Briefing Session

17 Mai, 2002, Geneva, Switzerland

Mwajuma Saidy Masaiganah Ms.

Peoples' Health Movement

East and Central Africa Circle

PO Box 240, Bagamoyo, Tanzania

E-mail: masaigana@africaonline.co.tz

"Primary Health Care was and still is the correct pathway for us all. Holding this meeting in East Africa is bringing the agenda home. . Let's listen to these communities. How many times do we allow them to be part of their development? Genuine people-centred initiatives must be strengthened to increase pressure on decision-makers, governments and the private sector to ensure that the vision of Alma-Ata becomes a reality".

Dr Upunda, Chief Medical Officer Ministry of Health, Tanzania, April 29, 2002.

Three major aims for the PHM meeting in Africa (Tanzania) were:

- To reflect on the PHA and see how the People's Charter for Health could be used to strengthen activities and systems in Africa and start a campaign for greater support for comprehensive Primary Health Care.
- To identify key health issues that are important and affect more the people in Africa.
- To strengthen the People's Health Movement in Africa.

During the four day meeting participants:

- Confirmed support for the People's Charter for Health



- Identified issues of particular focus for Africa at the present time
- Welcomed the draft version of the Swahili People's Charter for Health.
- Developed an Interim Circle for PHM activities in Kenya, Tanzania, Uganda and Zimbabwe.

A range of diseases affects people's health in Africa:

-We stressed that HIV/AIDS is a serious problem for health in Africa, but not the only problem. And that it was important to look at the context and ensure that sufficient resources are available to prevent and treat other leading disease like: TB, Ebola fever, Malaria, Typhoid fever, Cholera, and Measles.

Apart from these, some hospitals retain mothers after delivery due to their failure to pay. They wait for relatives to come and 'bail' them out. Sometimes this takes from one week to even more than a months period.

The social, political and economic determinants that are impacting our health negatively need to be considered and were identified as:

- SAPs (Structural Adjustment Programmes)
- TRIPs (Trade Related Intellectual Rights)
- Gender insensitivity - increased disparity in access to health with health systems tending to be gender blind.
- Conflicts and wars
- Gender violence
- Lack of basic infrastructure - transport, deterioration in health systems including lack of quality services.
- Environmental issues - including water and sanitation, deforestation and natural disasters.
- Corruption.
- Cultural beliefs and practices that contribute to poor health and increase the risk of diseases and those that strengthen healthy behaviours.

Two practical examples:

1. Water: To date there are still areas where there are water bodies nearby but people are dying of water borne diseases. They bath in the water and move a few steps into the water



from the spot where one bathed and fetch water for drinking. This is done while there are wealthy nations misuse their wealth, funding wars while innocent people are being maimed and killed. The question is, 'Why not invest in a water well or create awareness and save millions of lives?'

2. Corruption: Corruption impacts all levels. Bribes have to be paid just to see a health worker or to get a clinic card for a pregnant woman/child. This does not mean that corruption is seen only in Africa. It is all over the globe. The issue is 'Why corruption'? There are nurses who are volunteering to work for years without salaries. Don't they need food? What about their families? How do these people live? By saying this I do not mean to condone corruption. I want us to look back and examine critically the conditions in which the health staff live in; so that when we talk about corruption in relation to health we know how to deal with it.

We believe that the key link in this process is the need to develop shared partnerships with local and national governments, to complement their work and strengthen their ability to provide services that the people need. Already in many African countries the vast majority of care for patients suffering from HIV/AIDS is being done in poor households mainly by women who receive little or no assistance from the health and welfare services. Governments should give peoples' organisations, including the PHM, recognition and representation at decision-making fora where issues affecting health are discussed, and to facilitate their recognition and support from national and international donors as channels for resources to facilitate the process of grassroots involvement.

We have found out that communicating the issues expressed in the Charter is a way of breaking the silence around many of these health concerns and strengthening peoples' ability to be involved in the process of both contributing to and demanding the development and strengthening of relevant and effective health services.

The role of PHM in Africa:

It must become a strong unifying force, helping to bring together many of the people and organizations involved in effective initiatives to improve health. Interim national coordinators were selected to help with this.

The issue of re-use of female condoms is unacceptable by Africa and suggests that other means be sought. After all, rural women cannot afford to buy a condom that costs almost a dollar which many families in Tanzania for example do not earn in a week. We condemn this outright with vigour and dignity.



the issues that concern the youth and the aged.

We demand that (E)Quality and quality be linked inseparably - there should be no double standards.

Every government should provide obstetric services that ensure that no woman can get HIV transmission at child birth - (there should be universal precautions in deliveries, as well as all aspects of health care). HIV/AIDS is only one of the many diseases that affect Africa. Therefore, there should be a re-orientation where funding goes, and in this case, grassroots funding is of vital importance.

PHM needs global recognition by international institutions and governments in order to operate and access funding, and thus Africa calls for immediate global recognition of PHM.

The problem of obtaining adequate funding to carry out PHM activities like communication, which is a big issue in Africa, is raised.

The interim PHM chairperson for East Africa was given the task of bringing closer all players in African countries into the process. Cameroon has already shown interest in joining and I am in a process of assisting them to take off. We will make sure that all willing African countries join.

Our situation in Africa does not guarantee a Right to Health. Thus we should work towards a change of attitude of our governments to respond to people's health needs and create space where people can play an active role by activating local actions. The people of the developing world deserve and have a right to share the resources that the rich countries lavishly enjoy; we will actually work for that. It is time now to demand, and we demand it. It is no more time for rhetoric; we need actions.

Asanteni sana - "Thank you".



[Tnsf-friends] Arogya Iyakkam reported as... of the ten best programmes in the World.

59  
**Subject:** [Tnsf-friends] Arogya Iyakkam reported as one of the ten best programmes in the World.

**Date:** Thu, 23 May 2002 12:23:06 +0530

**From:** "Balaji Sampath" <kb@eth.net>

**To:** <tnsf-friends@aidindia.org>, <aid\_coords@yahooogroups.com>

Dear Friends,

Some of you are aware of the work on health / Arogya Iyakkam - being done by the Tamilnadu Science Forum. This work has been going on in about 500 villages in 10 blocks. Now with the help of Association for India's Development, we are expanding it to more than 30 blocks in Tamilnadu and 13 blocks in Bihar. *This experience was one of the case studies of the National Health Authority in Kolkata Dec 2001*

You might have read earlier reports on the programme that I had sent on email.

Some of you have even visited a few of these programme areas and have been financially helping sustain this programme.

Sometime back a team from UNICEF (United Nations Children's Fund) visited the programme and evaluated the work done.

The Arogya Iyakkam programme was selected as one of the ten best in India and forwarded to the UNICEF office in New York. There it was selected as the ten best programmes in the world and has been reported in the UNICEF's Innovations report.

I want to share this happy news with you. Below is the report from the UNICEF document which describes our work.

This recognition adds to the encouragement we get from seeing children we are able to save. With this expansion to more blocks we have to and will work much harder and build up a larger team committed to eliminating malnutrition.

We now need your support - moral, physical and financial - more than ever before.

Thanks once again for your interest in this work.

Bye,  
Balaji Sampath

#### A SYNOPSIS OF INNOVATIONS AND LESSONS LEARNED IN UNICEF COOPERATION

AN EDITED SELECTION FROM THE 2001 COUNTRY OFFICE ANNUAL REPORTS (4th Edition)

MARCH 2002

Compiled for UNICEF staff members by the Programme Group, NYHQ.

Community Initiatives to Improve Child Health and Nutrition in Tamil Nadu, India: Strategies and Preliminary Results on Nutritional Impact - India

#### Background

This programme was started in May 1999, and is being implemented in roughly 500 villages in 10 blocks in Tamil Nadu. Supported by UNICEF, the programme is executed by the NGO Tamil Nadu Science Forum. The programme has three main aims:



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*Unicef Cooper*

*Unicef Cooperation - art 4,  
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*Post PHA*

*Reporting from Tamil Nadu*

Background

This programme was started in May 1999, and is being implemented in roughly 500 villages in 10 blocks in Tamil Nadu. Supported by UNICEF, the programme is executed by the NGO Tamil Nadu Science Forum. The programme has three main aims:

- Improve the use of primary health care services;
- Improve children's health and nutritional status; and
- Organise and empower women around their health needs.

*Forum*  
The programme organised village health committees (VHCs), which each selected a local health activist. These voluntary health activists were trained together, and more intensively in the field, in talking to mothers about nutrition and diseases, and to pregnant women about nutrition, delivery, breast-feeding and other health matters. The VHCs also met to read and discuss health books, and helped the health activist to promote nutrition and health education.

*Skateboard*  
The main strategies used to address child health are:

At the family level:

- identify children at risk by weighing each child
- constantly follow up each child at risk and assist families to prevent malnutrition or reverse it by appropriate health education and better use of existing health services

At the community level:

- strengthen primary health care and Tamil Nadu Integrated Nutrition Programme (TINP) services through advocacy
- make child malnutrition the most important index of health for local planning, and sensitise panchayat members as to its significance.

The activists were given intensive training in child health and nutrition to: analyse the combination of factors that led to particular cases of malnutrition; identify those factors that can be addressed in that individual and social context; discuss with the family about the child's risk factors and the importance of addressing those factors; and reinforce the initial message by repeated visits at the family level as well as through cultural programmes and village-level meetings.

Programme principles:

The interaction between the health activist and the mother is central to the programme, and is based on principles derived from experience:

1. Respect The mother and pregnant woman are seen as intelligent people

copied with difficult conditions, and not as ignorant people who won't listen to sensible advice.



2. Understanding . The focus is therefore on understanding why a mother does not follow advice, rather than blaming her for not doing so. She already has a world-view, formed by her own experiences and what she has learned from her community. That world-view guides her health practices for herself and her child. The advice she is given by the programme often differs from her own information; to succeed, one must integrate this advice with her world-view, by discussing in detail why it makes sense and how it can be adopted within the limits of her resources.

3. Skilled and patient negotiation . This kind of dialogue is difficult, time-consuming and requires considerable skill and confidence on the part of the person giving the advice. Training the activist in dialogue takes time; she must learn not only to advise, but to counter arguments and elaborate ways in which advice can be adopted in a resource-poor setting. The activist needs support from a group of trainers who visit her regularly, provide her work with legitimacy and constantly encourage and provide her with further training.

4. Peer discussion and reinforcement . One-to-one sessions between the activist and mother are complemented by group meetings called by the activist to discuss specific issues (e.g. feeding the colostrum). In such a meeting, a mother will invariably say they have fed the baby with colostrum and the baby is healthy; this can be used as "proof of concept" to convince others. This kind of negotiation with a larger group also requires skill, and often the block-level trainers help the activist to conduct such discussions.

#### Preliminary results on child malnutrition

As part of programme activities, children aged under five were weighed at the beginning of the programme, and again roughly 1.5 years later (in October-December 2000). Of 7,133 children weighed during both periods, the percentage of children with a "normal" weight increased from 34.5% to 45.8%.

The percentage of "grade 1" children increased by 1.3 percentage points, while the percentage of children in grades 2-4 decreased by 12.6 points.

If one compares each child's status at the two times of measurement, one finds that 34.9% of children improved their category, while 13.5% deteriorated; the remainder stayed in the same category. That is, there was a net categorical improvement among 21.4% of the children.

These results understate the programme's impact, in that the nutritional status of a cohort of under-fives is not static in the absence of positive interventions in their favour. Rather, one expects their nutritional status to worsen. In areas of the State where the programme is not being implemented, one finds that the overall nutritional status of a cohort of children aged under five deteriorates over a 1.5 year time period; indeed this pattern is commonly found throughout India.

#### Organisational insights

Explanations for these positive results can be found in the actions of the health activist: the programme's design and operations place great emphasis

on motivating her and making her effective:

• When measuring the activist's work, she is not blamed for children who are malnourished or in poor health. The emphasis is rather on measuring her work, i.e. talking to mothers and pregnant women. If children have worsened, the reasons are sought in her training or in programme design.



sometimes reveals that there are underlying factors beyond her control, such as diarrhoea epidemics.

- The activist is always praised in front of the mothers. To boost her respect in the village and her self-confidence, village meetings are organised in which she is honoured and called to talk to the village community. These measures gain her respect locally and motivate her to work harder.

- An egalitarian and intensive relationship between the trainers and the activists is important. The motivation of these trainers, and their willingness to meet with mothers, often over a period of days, are crucial to providing the activist with a good example as well as the skills she needs.

- The activists' voluntary status is important to their motivation. The activists and the village understand that the work is done for the sake of improving children's nutrition.

- To ensure that the focus of the activist is on actually meeting mothers and pregnant women, administrative tasks such as report writing and maintaining records are kept to a minimum. The trainer is responsible for monitoring the programme, and is primarily responsible for administrative tasks; the activist is asked to maintain only one page from which all relevant data are gathered.

While the preliminary results will need to be independently verified, they suggest that this programme might provide a viable model to reduce child malnutrition. More time will be required to determine how long it takes to raise a community's capacity sufficiently to address malnutrition without ongoing support from an NGO; and to determine the cost of this model.

#### Sustainability & Replicability

There are three further considerations relating to sustainability and replicability. First, the model requires supportive primary health care and nutritional services, which have traditionally been provided by the State. These services need to be reinforced. Second, this model is predicated upon intensive outreach counselling and personal relations. While resource constraints play a role in malnutrition, much of child malnutrition can be explained by behaviours. Poor feeding practices are common, and the in-home management of illness can be much improved. These problems can only be addressed through a dialogue that intensively and repeatedly seeks to ensure that the right behaviour has been understood and is being practised. There does not appear to be a shortcut or substitute for this approach. Third, the community's involvement is important: it provides support to the activist and examples of positive behaviour for others.

Sincere thanks to Tami Farber for her work in support of this collection. And our thanks to all Country Offices that provided write-ups on innovations and/or emerging lessons in the 2001 Annual Reports.



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There are three further considerations relating to sustainability and replicability. First, the model requires supportive primary health care and nutritional services, which have traditionally been provided by the State. These services need to be reinforced. Second, this model is predicated upon intensive outreach counselling and personal relations. While resource constraints play a role in malnutrition, much of child malnutrition can be explained by behaviours. Poor feeding practices are common, and the in-home management of illness can be much improved. These problems can only be addressed through a dialogue that intensively and repeatedly seeks to ensure that the right behaviour has been understood and is being practised. There does not appear to be a shortcut or substitute for this approach. Third, the community's involvement is important: it provides support to the activist and examples of positive behaviour for others.

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in exchange

Subject: [pha-ncc] HEALTH: NGOs Warn of Economic Policy Impacts on Medical Services (PHM Media coverage in Inter Press Service)

Date: Fri, 31 May 2002 13:09:02 +0530

From: "UNNIKRISHNAN P V (Dr)" <unnikru@yahoo.com>

To: <unnikru@yahoo.com>

Part 1.1

Type: Plain Text (text/plain)  
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PHM Media coverage during WILA, 2002 (Geneva): Inter Press Service wire  
HEALTH: NGOs Warn of Economic Policy Impacts on Medical Services

By Gustavo Capdevila

Civil society organisations are calling on the World Health Organisation (WHO) and health ministers around the globe to recognise and take action to prevent the disastrous impacts that certain economic policies have on public health.

GENEVA, May 17 (IPS) - Ravi Narayan, a doctor from India and representative of the People's Health Movement, said that civil society activists are concerned because the supposed benefits of the WHO association with the World Bank are not reaching the poor.

Ellen Verheul, of Wemos, an Amsterdam-based non-governmental organisation (NGO) specialising in health and development issues, questioned governments that claim to promote universal access health services while supporting World Bank strategies that promote the commercialisation of health care and charging full cost to patients.

The NGOs' criticisms were heard also by WHO director-general Gro Harlem Brundtland during an informational meeting about the World Health Assembly, which took place this week in Geneva.

Most of the NGOs' reproaches, which often also extended to the World Trade Organisation (WTO) and International Monetary Fund (IMF), were based on the direction taken in health policies in recent decades.

David Nabarro, executive director of the WHO director-general's office, denied that the institution has renounced its people-centred health strategy to apply others promoted by major transnational corporations, such as pharmaceutical companies.

The 199 WHO member-states have not given any indication that they think the organisation is abdicating its core health responsibility or its role as the international health standard-setting organisation of the UN system said the official.

Nabarro said the evidence in favour of the WHO is the increasing number of initiatives that member-states entrust to the organisation, corroborating the validity of its health policies and regulations.

In a press conference, he responded to criticisms alleging that the WHO has abandoned its Health for All strategy.

The WHO budget, which is approximately 1.25 billion dollars a year and is subject to continued cuts in government contributions, is approximately equivalent to the budgets of two district general hospitals in Britain, he cited as an example of the organisation's financial limitations.

With that sum, the WHO cannot attend to the health needs of the entire world, Nabarro said.

The WHO heard similar criticisms during a meeting of the People's Health Movement of Africa, held last month in Tanzania.

Africa and other continents have regional People's Health Movements, founded in December 2000 in Dacca, the capital of Bangladesh, to carry out international actions with the aim of achieving Health for All.



In many African countries, most of the people with HIV/AIDS receive medical attention in poor households, services that are provided by women who receive little or no assistance from government health or welfare offices, said the African assembly's representative, Mwakijuma Saidy Msaiganah.

The assembly, said Msaiganah, sent her to deliver a message to the WHO: The measure promoting the re-use of female condoms is unacceptable and other means to prevent the spread of HIV/AIDS and other diseases must be sought.

After all, rural women cannot afford to buy a condom that costs almost a dollar, which many families in Tanzania, for example, do not earn in a week, she said.

In Latin America, meanwhile, progress was made in the health programmes that have been in place since the 1960s, particularly those aimed at eradicating smallpox, polio and measles.

However, with the structural adjustment programmes and the heavy debt payments, health care systems have been severely affected, said Maria Zúñiga, a Nicaraguan national who represents the regional People's Health Movement.

The dynamic of the global immunisation efforts of the past few decades was similar, said Narayan, pointing out that vaccination coverage grew constantly worldwide until the late 1980s.

But since the early 1990s, figures from the WHO and the World Bank show that immunisation rates have fallen in India, China and other countries, which the Indian expert blamed on new economic policies.

Europe must also defend its health systems, said Verheul, underscoring that they are increasingly being subjected to market forces under rules established by the WTO's General Agreement on Trade in Services (GATS). "We, as civil society organisations, want to work with the WHO on these issues, and we want the WHO to take the lead", stated the Dutch activist.

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Dr. Unnikrishnan PV

Co-ordinator: Emergencies : E-mail: unnikru@yahoo.com : Mobile: 91 (0) 98450 91319

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E-mail: oxfamindia@vsnl.com : Web-site: www.oxfamindia.org



Subject: Report from Italy

Date: Mon, 27 May 2002 18:04:23 +0200

From: Sunil Deepak <sunil.deepak@aifo.it>

5/28/02 9:51 AM

To: Community health cell <sochara@vsnl.com>, "Qasem Chowdhury, Dr" <eksavar@citechco.net>,

Pam Zinkin <pamzinkin@gn.apc.org>, Maria Hamlin Zuniga <iphc@cisas.org.ni>,

Ellien Verheul <ellen.verheul@wemos.nl>, Christiana <dosch.fischer@hamunkomm.de>,

David Sanders <lmartin@uwc.ac.za>

Dear Friends,

Some of you had asked we send a brief report about the different PHA activities in Italy. Enclosed I am sending it to you. Your comments & suggestions will be appreciated very much.

With best wishes and thanks,

Sunil

27.5.2002

Dr. Sunil Deepak  
Director, Medical Support Department  
AIFO  
Via Borselli 4-6  
40135 Bologna  
Italy  
Tel: +390-51-43.34.02  
Fax: +390-51-43.40.16  
Homepage: [www.aifo.it](http://www.aifo.it)

AIFO PHA report 2001-02.doc

Name: AIFO PHA report 2001-02.doc

Type: Download File (application/msword)

Encoding: base64

To: Dr. RN  
28/5/02  
M

5/28/02 9:55 AM



AIFO PHA Report 2001-02-018.doc

**Subject: Report from Italy**

**Date:** Mon, 27 May 2002 18:04:23 +0200

**From:** Sunil Deepak <sunil.deepak@aifo.it>

**To:** Community health cell <sochara@vsnl.com>, "Qasem Chowdhury, Dr" <gksavar@citechco.net>, Pam Zinkin <pamzinkin@gn.apc.org>, Maria Hamlin Zuniga <iphc@cisas.org.ni>, Ellen Verheul <ellen.verheul@wemos.nl>, Christiana <dosch.fischer@hammkomm.de>, David Sanders <lmartin@uwc.ac.za>

Dear Friends,

Some of you had asked me send a brief report about the different PHA activities in Italy. Enclosed I am sending it to you. Your comments & suggestions will be appreciated very much.

With best wishes and thanks,

Sunil  
27.5.2002

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AIFO PHA report 2001-02.doc

**Name:** AIFO PHA report 2001-02.doc

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**Encoding:** base64



Reporting from Italy

**People's Health Assembly and the Charter**  
**Report of activities from Italy (2001 – 2002)**  
**By Dr. Sunil Deepak, AIFO, Italy**

**First contact with PHA Charter:** Three persons from Italy (Andre Berg, Marinella Correggia & Nicoletta Dentico) participated in the PHA in Savar in December 2000. At that time, I was working at WHO/Geneva with a short contract and heard about PHA and the Charter in a meeting in which Dr Ravi Narayan from CHC-Bangalore, gave a presentation. The World Health Assembly in Geneva in May'01 was a second opportunity to meet other persons involved in the Charter, some of whom like Dr Zafarrullah, I already knew.

In June'01, after the end of the WHO contract, I came back to my NGO AIFO based in Bologna (Italy) where I work in Medical Support department. After my return, I spoke to my colleagues in AIFO about the Charter and there was lot of interest and enthusiasm about the idea. It was also discussed with AIFO's Board, which expressed similar interest in the idea.

In the next twelve months, the whole initiative has grown up and multiplied in different forms, becoming bigger and bigger. More than 6000 persons have signed the Charter and more signatures are pouring in. Many new ideas about promotion of the Charter have come and are being developed. Part of this success depends upon the way AIFO is organized through grass-root groups and local coordinations.

**Brief information about AIFO:** AIFO (Amici di Raoul Follereau), inspired by words of a French journalist Raoul Follereau started in 1961, through the interest of three persons in the prison of Bologna. Since then it has grown up as a federation of more than 60 groups spread all over Italy, some of which are registered organizations in their own right. Each group has a democratic structure and nominates delegates to AIFO general assembly. The groups are organized in provincial and regional coordinations and involve thousands of persons including about 570 official members. The AIFO groups include health professionals, school teachers, housewives, retired persons, office employees, etc. AIFO supports health care projects dealing with leprosy, primary health care and disability. At the same time, in Italy the AIFO groups are involved in advocacy, awareness raising, teachers-training courses, etc. on issues related to inter-cultural living, development education, emigration, etc. More information about AIFO's work is available at the web page [www.aifo.it](http://www.aifo.it) (mostly in Italian).

**Activities related to PHA and Charter over last one year:**

**Translation & printing of the Charter:** In July 2001, the Charter was translated in Italian and printed in 1500 copies. A slightly edited version of the Charter was printed in AIFO's monthly magazine in Italian (AdL) in September 2001, distributed in 80,000 copies. In December 2001, AIFO used the Charter as the theme for its calendar for 2002, printed in 10,000 copies. Since then, the Charter has been in many other forums – like as annex to the magazine of Italian workers union, as a supplement with a monthly magazine Vita, in the Italian Journal of paediatricians, etc. The Charter was also put on the AIFO web page in both Italian and English versions.

**People supporting the Charter in Italy:** Till beginning of May 2002, there were already more than 6,600 signatures for support of the Charter including from some parliamentarians, some well known Italian personalities, many university professors, many organizations including NGOs as well as many catholic congregations and institutes.



A large number of signatures were collected in January 2002, when AIFO carried out a massive information campaign in 250 city squares all over the country, during which AIFO group volunteers sold honey produced by a cooperative of disabled persons and asked people to sign the charter.

About 700 signatures have been collected through individuals who have seen the charter and wrote back to AIFO saying that they wanted to support it. A detailed analysis of different persons signing the Charter is being carried out and more information should be available about this in a few weeks' time.

**Networking with other organizations and movements:** The Charter has been seen as part of the struggle in which many other organizations and movements are involved like cancel the debt campaign, anti-mine campaign, healthy cities campaign, anti-globalization forums, ATTAC-Italy, essential drugs campaign, etc. Thus different organizations like Doctors for environment & Italian Health Watch have decided to include the Charter in their activities. These different organizations and movements invite some one to speak about the Charter during their meetings and events while any event on the Charter, invites these other movements to come and speak about their own work. Every month, there is an average of 6-7 requests for speaking about the Charter and there is already a group of persons (Dr Salvatore Amaro and Dr Anna di Costanzo in Naples, Ms. Anna Diara in Lucca, Ms. Susanna Bernoldi in Imperia, Prof. Antonio Landolfi in Bologna, etc.) who are going to speak in these meetings about the charter.

**Organization of specific events:** In October 2001, AIFO organized an international workshop on Poverty & Development, during which the Charter was also presented to persons coming from different countries.

In the beginning of November 2001, the biannual AIFO national conference was organized in Assisi, which focused on PHA Charter. Dr Halfdan Mahler and Dr Mira Shiva were invited to speak about PHA in this conference, which saw participation of many Italian NGOs and movements.

During these events, Dr Mira Shiva was interviewed by different magazines and one small interview was transmitted on national TV channel on Sunday morning, which helped in creating public awareness.

**Future ideas for development of PHA Charter movement in Italy:** It has been decided to create some thematic email discussion groups, which should come out with a final document expressing their position about each theme. The themes include – nutrition and health; military budgets, wars and health; women and health; children and health; &, health and equity. For each thematic group, a promoter has been identified, who will contact and involve persons interested in joining the thematic group.

Another idea is to organize four regional events in Autumn'02 about health, social injustice, international policies and PHA charter. The plan is to involve some well-known personality, who is also socially committed to speak in these meetings.

On the World Health Day (7 April) 2003, it may be possible to launch a post-card campaign about "Give a day of war to peace and health", asking people to send post-cards to Government to ask that one day's defence budget be committed to health needs of homeless people. It remains to be seen if similar campaign can also be carried out in other European countries or other countries where PHA activities are present.

AIFO has also presented a Development Education project related to PHA charter to European Commission for funding. If the idea of this project is approved, this would provide more funds for



doing creative awareness raising work with the charter in Europe – some of the idea are printing the charter in comic-book form for school children, preparing an interactive CD-ROM on the charter, organizing an international meeting on Charter in October 2003, etc.

Finally a newsletter called Condivisione (Sharing) is being planned, to provide an instrument to different persons involved in this initiative in Italy to share their experiences and ideas. The first issue of this magazine should be ready by the end of June 2002.

**Other activities:** Through different AIFO groups and through many non-AIFO organizations and individual activists, there are many more activities about which I don't receive all the information. For example, I was recently informed by a doctor in Sardinia island that she had already organized different meetings with the local medical council on the charter and now they would like to invite me for a cycle of conferences in the coming autumn.

Another group of persons in Naples involved in the thematic group on Health and Nutrition, have invented a boardgame called "Nutritionometer", which should introduce the concepts of healthy eating in school children. The city council of Naples has agreed to cover the costs for distribution of this teaching game to 350 classes of school children. With each game, each class will also receive a copy of the Charter.

It is true that such initiatives are "un-coordinated" but hopefully, these will lead to strengthening of PHA movement in Italy.

---

Dr. Sunil Deepak  
AIFO  
Via Borselli 4 – 6  
40135 Bologna, Italy  
Email: [sunil.deepak@aifo.it](mailto:sunil.deepak@aifo.it)

27 May 2002



Fawzia Rasheed

\*\*\*\*\*

Dr Fawzia Rasheed PhD  
Senior Policy Adviser  
Policy Coordination  
Executive Office  
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CH 1211 Geneva 27  
Switzerland

Tel: 41 22 791 1356  
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Fax: 41 22 791 4179  
Email: [rasheedf@unaids.org](mailto:rasheedf@unaids.org)

-----  
Dear Ravi and Thelma,

I am happy to note about the progress on the Contact PHA issue. Since you all are meeting on May 16th to deliberate about the inputs/writers..... I wanted to clarify/add some points to help in shaping the issue and avoid misunderstanding and delay.? To begin with, I would like to have a clear

idea about the theme for this issue. Will it be focussing only on "After Dhaka" or will it be an issue on the PHA movement - past, present, future etc etc or are you going to hinge it on WHA???

Secondly (in keeping with our editorial policy) I need to have the list of the writers/contributors as early as possible, as they have to be cleared by our editorial group. I am sure you will be able to understand that Contact like many other faith-based outfits, has certain parameters/regulations

to follow. So if this list (even if its just possible writers at this stage) is passed to us before you start commissioning/requesting them for articles, we might be able to avoid some heart burn later on,

should a particular writer not be acceptable. ? Since Contact has an international readership, we are bound by policy

to include experiences from as many continents as possible. - Specially Latin America and Africa

besides South Asia.? Articles should focus on global, national and regional activities. ? Articles

should not be just opinion pieces, but be informative and instructive with space for critical reflection.?

Articles should be written in simple English. However translations can be arranged for articles in

Spanish/French/German - provided we get well in advance.-? We need a fair

mix of

features/experiences/human interest stories? One "Interview" input is needed? Gender factor to be

taken into account - writers should be from both sexes ? While we would be glad to have a guest

editor, and will try our best to work in consultation with the guest editor, but the final authority for

deciding about the contents/editing/re-writing and designing will rest with the editor of Contact. ?

Articles should be roughly between 1000 -1500 wds. Pictures to go with the text will be welcome ?



Finally, all articles have to come in, one month before the issue's deadline. And that brings me to the most important bit - I do not see this issue coming out before August. Since I am away from the office in June, I can start editing this issue only in July - which also gives you sufficient time to get all the articles. I will have to plug this issue in - which means I am postponing my AIDS issue to a later date. Hope we will be able to meet all the dead lines by then so that we do not derail our production schedules. Looking forward to keeping in touch. Contact and CMAI wishes the PHA every success.

With best wishes,  
Reena

Reply	Reply All	Forward	Previous	Next	Delete Message	
Select folder to move checked messages				▼	Move	Help?
<b>Read Message : Inbox</b>						

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**Subject: Geveva Overview Report**

**Date:** Fri, 07 Jun 2002 15:06:01 +0530

**From:** Community health cell <sochara@vsnl.com>

**To:** "Qasem Chowdhury, Dr" <gksavar@citechco.net>, zafarullah Chowdhury <gk@citechco.net>, Maria Hamlin Zuniga <iphc@cisas.org.ni>, David Sanders <lmartin@uwc.ac.za>, Pam Zinkin <pamzinkin@gn.apc.org>, Claudio Schuffan <aviva@netnam.vn>, Mwajuma Saiddy Masaiganah <masaigana@africaonline.co.tz>, "Andy Rutherford-One World Action-U.K." <andy@oneworldaction.org>, Andy Rutherford <arutherford@oneworldaction.org>, Bala K <k\_bala@eureka.lk>

Dear Friends,

Greetings from Community Health Cell and the WHO/WHA Circle of PHM!

I finally managed to get a preliminary overview report of the week in Geneva, completed. It highlights the main points though so much happened in so many places, in small and large groups, that it was not easy to put it all together. There must be many omissions but I hope its a good enough beginning to put on the exchange. Nance Uphams reflections that were already put on the exchange gave some idea but was perhaps too personalised and I hope mine is more objective though here and there I have allowed a bit of my reactions as well.

All of you have a task at hand now. Please go through carefully. Send additions, bring to notice omissions, add details, even comments so that another more detailed report can be put on the exchange after 2-3 weeks as a collective exercise building on this preliminary template. If this is okay, then Claudio can get the go ahead to put this on the exchange.

The collation of 'Vision' is being sent next - followed by other collations on 'Timelines and involvement', organisational issues and ideas for initiatives, presentations by people (Maria has already offered to put some presentations she has received, on the exchange). These are from our notes which were not kept all the time. So do join the process of adding and building together.

Best wishes and in solidarity,

Ravi & Thelma Narayan,  
CHC / PHM.

P.S. : The list of participants and addresses and emails is not with us. If anybody has it, please collate and send around urgently.

<input type="checkbox"/> PHM in Geneva Report.doc	<b>Name:</b> PHM in Geneva Report.doc <b>Type:</b> Microsoft Word Document (application/msword) <b>Encoding:</b> base64
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DGS

- Please scan and correct this as indicated in enclosed manuscript
- I shall check it online P.T.O
- Then send it to Claudio for PHA exchange

- To await first responses from abroad
- To get TN to proofread and edit
- To post on PHA exchange after corrections
- To send to all participants

RN  
10/6/02

8/8/02  
6/7/02 3:07 PM



I Qasen / Zafarullah / Monic / Pen / David / Andy / Belc / Claudis / Muryun

II Eric / Manoj / Uday / Mike / Ellen / Chris Kane / Prem / Hel <sup>X</sup> Helen  
Jos

III Nouran / Sarah / Umi / Selhye / Sunil /  
Reepak

Ss An X

Andreas X

Garner X

✓ Fairer X

✓ Inez X

Dorothy X

Joel X

Leile

Shaleen

Now



Re: contact

Subject: Re: contact

Date: Thu, 06 Jun 2002 12:51:36 -0700

From: Darlena David <darlena@hesperian.org>

To: Community health cell <sochara@vsnl.com>, sarahs@hesperian.org

Dear Ravi

Great to see a well thought-out outline for Contact. Have you heard from Reena yet? The couple of things I wanted to add were:

1. Usually Contact does a Bible-study as well..
2. An educational activity (the type that Hesperian usually does a two page spread in the Womens Health Exchange. It is a form of printed popular health education!) Ideas for something that can be shared best in that kind of way?

Darlana

At 02:49 PM 6/5/02 +0530, you wrote:

>Dear Reena,

>

>The enclosed letter explains it all. Sorry for the delay. The three weeks in

>Europe including the week in Geneva was not only too intense but also there was

>3 weeks of pending mail and requests, waiting on our return. have just got

>through them and am catching up on post-WHA mail.

>

>Best wishes,

>

>Ravi Narayan,

>

>Reena Luke Mathai wrote:

>

>> Dear Ravi and Thelma,

>> Congratulations!! I heard that your get-togethers at Geneva went off very well.

>> So now which way is the wind blowing? I haven't heard from you about the PHA

>> issue for a long time. Is it on or have you all shelved the idea??

>> I am leaving for Africa and will be back only in July.

>> Incase you are planning to go ahead with the special issue, will you please let me know at reena.mathailuke@usa.net . Also please send in all the

>> article and photographs by the end of the month because I have to circulate it the editorial group for vetting.

>> Looking forward to hearing from you

>> With best wishes,

>> Reena

>> cd.cmai@vsnl.com

>> reena.luke@cmai.org

>> Reena Mathai Luke

>> Christian Medical Association of India,

>> A-3 Janakpuri Commercial Complex,

>> Janakpuri,

>> New Delhi- 110058

RN  
7/6

1 of 2

6/7/02 10:14 AM

Re: contact

RN  
7/6/02

>> Tel: 55 99 9971213

Re: contact issue

**Subject: Re: contact issue**

**Date:** Thu, 06 Jun 2002 17:59:47 -0700

**From:** Sarah Shannon <sarabs@hesperian.org>

**To:** Community health cell <sochara@vsnl.com>

**CC:** Darlena David <darlena@hesperian.org>

Dear Ravi,

Greetings! It's good to hear from you. I can only imagine the backlog awaiting you after being away over three weeks!

Regarding the proposal for the content for the Contact Issue -- I wanted to add to Darlena's comments with another suggestion. I think it would be very useful for organizing/ educational purposes to put in a short editorial/ article about the 25th anniversary of the Alma Ata Declaration and the importance of Primary Health Care. How would you feel about this?

In her note to you, Darlena made a suggestion about including a educational activity -- which would be useful for organizing and would make the overall content of the issue a little more practical. We're thinking that a good focus for this educational activity piece might be related to poverty, privatization and health and could accompany Mike and Ellen's article. (it goes without saying that we would take the responsibility for generating a first draft of this activity piece if it seemed to fit in the editorial plan.)

Hesperian would also be happy to contribute illustrations for the issue.

Also, regarding coordination, Darlena and I were a little confused by Reena's note. It is not clear from this whether she expects to receive a completely edited issue; or whether she is planning to work on editing it into a Contact-style issue based on the content and editorial plan that we come up with. Do you have any sense of this? Darlena and I are also wondering what you would like us to do to help this process along. (We do think that having you be the contact person to deal with Reena probably makes the most sense.)

In terms of funds. I need to make final arrangements with Manoj Kurian at WCC about the transfer of the funds I was able to raise for the PHA issue.

Finally, I am verifying the total number of bulk copies that Lutheran World Relief, Medical Mission Sisters and Hesperian would want for expanded distribution of the Contact issue. I'll write you/ Manoj with this information to pass along to CMAI.

Thanks and best wishes to you and to Thelma.

Sarah

At 02:49 PM 6/5/02 +0530, you wrote:

>Dear Keena,

>

>The enclosed letter explains it all. Sorry for the delay. The three  
>weeks in

>Europe including the week in Geneva was not only too intense but also  
>there was

>3 weeks of pending mail and requests, waiting on our return. have just  
>got

>through them and am catching up on post WHA mail.

RN  
7/6

1 of 2

VNR - Did we send the letter

6/7/02 10:11 AM

to Reena at the usa.net address

Please check. No reply. It's  
more than a week RN  
13/6

Re: contact issue

RN  
7/6/02



>Best wishes,  
>  
>Ravi Narayan,  
>  
>Reena Luke Mathai wrote:  
>  
> > Dear Ravi and Thelma,  
> > Congratulations!! I heard that your get-togethers at Geneva went off very  
> > well.  
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> > Incase you are planning to go ahead with the special issue, will you please  
> > let me know at reena.mathailuke@usa.net . Also please send in all the  
> > article and photographs by the end of the month because I have to circulate  
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> > Looking forward to hearing from you  
> > With best wishes,  
> > Reena  
> > cd.cmai@vsnl.com  
> > reena.luke@cmai.org  
> > Reena Mathai Luke  
> > Christian Medical Association of India,  
> > A-3 Janakpuri Commercial Complex,  
> > Janakpuri,  
> > New Delhi- 110058  
> > Tel: 55 99 991/2/3  
> > Fax: 559 8150

Sarah Shannon  
Executive Director  
Hesperian Foundation  
1919 Addison Street, Suite #304  
Berkeley, California 94704 USA

[www.hesperian.org](http://www.hesperian.org)

**Subject: Re: contact**

**Date:** Wed, 05 Jun 2002 14:49:19 +0530

**From:** Community health cell <sochara@vsnl.com>

**To:** Reena Luke Mathai <reena.luke@cmai.org>, Sarah Shannon <sarahs@hesperian.org>, darlena@hesperian.org

Dear Reena,

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Best wishes,

Ravi Narayan,

Reena Luke Mathai wrote:

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> Congratulations!! I heard that your get-togethers at Geneva went off very well.  
> So now which way is the wind blowing? I haven't heard from you about the PHA issue for a long time. Is it on or have you all shelved the idea??  
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> Reena  
> cd.cmai@vsnl.com  
> reena.luke@cmai.org  
> Reena Mathai Luke  
> Christian Medical Association of India,  
> A-3 Janakpuri Commercial Complex,  
> Janakpuri,  
> New Delhi- 110058  
> Tel: 55 99 991/2/3  
> Fax: 559 8150

 Letter to Reena 5602.doc

**Name:** Letter to Reena 5602.doc  
**Type:** Microsoft Word Document (application/msword)  
**Encoding:** base64



Dear Reena, Sarah, Darlena,

Greetings from Community Health Cell - Bangalore!

After catching up with over three weeks of mail that had accumulated during our absence, I have just begun to catch up with a new pile of mails and follow up communication related to the post WHA period.

The 'Contact' PHM issue was discussed informally and formally during the PHM Geneva initiative. Please note that it is now Peoples Health Movement (PHM) not Peoples Health Assembly (PHA). Keeping in mind various suggestions and guidelines that you had provided in your communication and one of the recent issues No.173 - the issue is evolving as follows:

1. A Guest editorial (who could be a Guest Editor? Is it necessary?)
2. **Introduction** : A **short** background note on the PHA mobilization and event at GK-Savar, Bangladesh, December 2000 (this will be an edited version of Dr. Qasem Chowdhry, PHA secretariat report that was circulated on email).

## FEATURES

3. **The Global Peoples Health Charter** - A most significant consensus health statement after Alma Ata Declaration).
4. **After PHA Savar** - building the health movement (An overview highlighting all that has happened all over the world since PHA-Savar (key article). Ravi Narayan (India) and Andrew Chetley (UK).
5. **Poverty, Privatization and Health** - Mike Rowson (Medact) and Ellen Verheul (Wemos)
6. **The Right to Health** - the changer (Bala, Sri Lanka).

(several box items and quotations will be included in these features).

## EXPERIENCES

7. Experiences of the Movement from four continents :
  - a) Africa : Tanzania - Mwajuna Saiddy Masciganah
  - b) Latin America, Brazil - Sr. Ani Whibey
  - c) Europe : Italy - Sunil Deepak, AIFO
  - d) Asia : Bangladesh - Dr. Nouman / Dr. Shireen.

(presented at Geneva at the NGO Forum meeting on Partnership in Action for Health or at the PHM - Geneva meeting at WCC).

## INSPIRATION

8. Songs from the PHM - from the campaigns in India.

## INTERVIEW

9. Voices from all over the world (A selection from the 'Vision' exercise at PHM-Geneva, at WCC).
10. **Resources** : Keeping in touch  
(books, booklets, slides, videos of the Peoples Health Movement)
11. **PHM in the news**  
(some extracts from newsbriefs and news items from around the world)
12. **Networking** : Extracts from letters and announcements (we shall send some contributions that are relevant but the contact editor will add from their own ongoing process)

Some of the materials are with me though they need editing. If this overall plan is okay and you reply by 9th June then I shall send it out to all the potential contributors (I have discussed it with most of them already) and set a two week deadline and request for photographs etc. Some of them must be working on their contributions already. CHC team members will work on items 8-11. I think we should be able to keep the deadline of 24th June. Then it gives me a week to do some initial compiling and forwarding it all to you by 1st of July to get on with the editing process.

I hope the gender / region / mix of features balance is okay.

We need to consider the possibilities of a larger print order than usual since it would be good background material for a variety of PHM related meetings and organisations / networks may be interested in bulk orders!

Best wishes,

Yours sincerely,

Ravi Narayan,  
CHC / PHM.



**Subject: contact**

**Date:** Tue, 4 Jun 2002 11:34:49 +0200

**From:** "Reena Luke Mathai" <cmai@del3.vsnl.net.in>

**Reply-To:** "Reena Luke Mathai" <reena.luke@cmai.org>

**To:** <sochara@vsnl.com>

Dear Ravi and Thelma,

Congratulations!! I heard that your get-togethers at Geneva went off very well.

So now which way is the wind blowing? I haven't heard from you about the PHA issue for a long time. Is it on or have you all shelved the idea??

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Looking forward to hearing from you

With best wishes,

Reena

d.cmai@vsnl.com

reena.luke@cmai.org

Reena Mathai Luke

Christian Medical Association of India,

A-3 Janakpuri Commercial Complex,

Janakpuri,

New Delhi- 110058

Tel: 55 99 991/2/3

Fax: 559 8150

5/6/02

Dear Reena,

The enclosed letter explains it all.

Sorry for the delay. The three weeks in Europe including the week in Geneva was not only too intense but also

*RN*  
*5/6* There was 3 weeks of pending mail and requests waiting on our return. Have just got through them and am catching up on post-WHA mail.

Best wishes

Ravi

*✓ Sent on 5/6/02 rena*

*Reforwarded to reena@mathai-luke@usa.net on 18/6/02 rena*

*RN / TN*

*5/6/02*

PHA-Exchange> PHM 2002: Issues Resubmission for feed back

**Subject:** PHA-Exchange> PHM 2002: Issues Resubmission for feed back

**Date:** Sun, 16 Jun 2002 13:22:59 +0700

**From:** "Aviva" <aviva@netnam.vn>

**To:** "pha-exch" <pha-exchange@kabissa.org>

Part 1.1	Type: Plain Text (text/plain) Encoding: quoted-printable
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(I resubmit this second piece also for feedback. This piece is more a summary of the People's Charter for Health for use in press releases and to get more people to join PHM ). Use it! Claudio

## THE PEOPLE'S HEALTH MOVEMENT (PHM) IN 2002: STILL AT THE FOREFRONT OF THE STRUGGLE FOR 'HEALTH FOR ALL NOW'!

7/9/02 2:12 PM

1. Eighteen months after the historical People's Health Assembly in Savar, Bangladesh, December 2000, the PHM with affiliates in five continents, re-commits itself to its flagship document, the People's Charter for Health (PCH).

2. The analysis made in the PCH applies to today's world every bit as much as it did 18 months ago --only that the sense of urgency has been heightened!

3. Our vision remains one striving for peace, equity, and an ecologically-sustainable development. We see the health crisis we described for most countries in the world in the year 2000 to have, if anything, deepened.

4. We re-commit ourselves to the "Call for Action" points made in the PCH as they relate to actively influencing the many direct and indirect determinants of health.

In a nutshell, we still stand for:

5. Combating the negative impacts of Globalization as a worldwide economic and political ideology and process.

6. Significantly reforming the IFIs and the WTO to make them more responsive to poverty alleviation and the Health for All Now movement.

7. A forgiveness of the foreign debt of least developed countries and use of its equivalent for poverty reduction, health and education activities.

8. Greater checks and restraints of the freewheeling powers of transnational corporations, especially pharmaceutical houses (and mechanisms to ensure their compliance).

9. Greater and a more equitable household food security.

10. Some type of a Tobin tax that taxes runaway international financial transfers.

11. Unconditionally supporting the emancipation of women and the respect of their full rights.

12. Putting health higher in the development agenda of governments.

13. The health (and other) rights of displaced people.

14. Halting the process of privatization of public health facilities and for greater controls of the already installed private health sector.

15. More equitable, just and empowered people's participation in health and development matters.

16. A greater focus on poverty alleviation in national and international development plans.

17. Greater and unconditional access of the poor to health services and treatment regardless of their ability to pay.

18. Strengthening public institutions, political parties and trade unions involved, as we are, in the struggle of the poor.

19. Opposing restricted and dogmatic fundamentalist views of the development process.

20. Greater vigilance and activism in matters of water and air pollution, the dumping of toxics, waste disposal, climate changes and CO2 emissions, soil erosion and other attacks on the environment.

21. Militant opposition to the unsustainable exploitation of natural resources and the destruction of forests.

22. Protecting biodiversity and opposing biopiracy and the indiscriminate use of genetically modified seeds.

23. Holding violators of environmental crimes accountable.

24. Systematically applying environmental assessments of development projects and people-centered environmental audits.

25. Opposing war and the current USA-led, blind 'anti-terrorist' campaigns.

26. Categorically opposing the Israeli invasion of Palestinian towns (having, among other, a sizeable negative impact on the health of the Palestinian people).

27. The democratization of the UN bodies and especially of the Security Council.



28. Getting more actively involved in actions addressing the silent epidemic of violence against women.
29. More prompt responses and preventive/rehabilitative measures in cases of natural disasters.
30. Making a renewed call for a comprehensive, more democratic PHC that is given the resources needed --holding governments accountable in this task.
31. Vehemently opposing the commoditization and privatization of health care (and the sale of public facilities).
32. Independent national drug policies focused around essential, generic drugs.
33. The transformation of WHO, supporting and actively working with its new Civil Society Initiative (CSI) making sure it remains accountable to civil society.
34. Assuring WHO stays staunchly independent from corporate interests.
35. Sustaining and promoting the defense of effective patients' rights.
36. An expansion and incorporation into PHC of traditional medicine.
37. Changes in the training of health personnel to assure it covers the great issues of our time as depicted in our PCH.
38. Public health-oriented (and not for-profit) health research worldwide.
39. Strong people's organizations and a global movement working on health issues.
40. More proactive countering of the media that are at the service of the globalization process.
41. People's empowerment leading to their greater control of the health services they need and get.
42. Creating the bases for a better analysis and better concerted actions by its members through greater involvement of them in the PHM's website and list-server.
43. Fostering a global solidarity network that can support and react our fellow members when facing disasters, emergencies or acute repressive situations.

The specific actions proposed in the PCH under each of these headings are not to be seen as the content for a collection of fitting slogans or as a wish-list. Eventually, the PHM will have one or more 'Action circles' organized addressing each of these clusters of demands; these circles will interact through email and will network with other groups already working on each of these issues before releasing their conclusions to our list server and the PHM website.

Eighteen months after PHA2000, our challenge remains the same --though more urgent. It still calls for the same main actions and makes the same demands made in our People's Charter for Health as summarized here.

But for this challenge to materialize in concrete, concerted actions, more of each of you need to get involved. It is, therefore, not sufficient for this short document to rehash what needs to be done. Each of our members needs to re-commit her/himself: We need more of your time! Perhaps the moment has come to abandon some of the irrelevant work we all get involved in. We can no longer afford missing the forest by focusing on the trees...

We particularly call on delegates to and participants in this year's WHA to join our Movement --regardless of your official or non-official status.

[To start with, you can visit, our website at [www.phm2002.org](http://www.phm2002.org) (??), contact our Secretariat at [gksavar@citechco.net](mailto:gksavar@citechco.net) and join the pha-exchange list-server by writing to its moderator at [aviva@netnam.vn](mailto:aviva@netnam.vn) ].

---

Note: ~~Come October, the PHM's Secretariat will be shifting from GK in Savar to the Community Health Cell (CHC) in Bangalore, India. The reigns of it will be passed from Qasem Chaudhury to Ravi and Thelma Narayan assisted by an existing worldwide Management Circle.~~

---

~~(If you have suggestions for changes in the text above send them to Ravi at [sochara@vsnl.com](mailto:sochara@vsnl.com) with copies to Claudio at [aviva@netnam.vn](mailto:aviva@netnam.vn) and make~~

them in capital letters (!) so it will be easier to make such changes. If you have comments to specific points made, please email us and kindly refer to the respective paragraph or line number).



Re: article Contact, this time with attachment

**Subject:** Re: article Contact, this time with attachment

**Date:** Mon, 17 Jun 2002 08:57:34 +0200

**From:** "Ellen Verheul" <ellen.verheul@wemos.nl>

**To:** Community health cell <sochara@vsnl.com>, shannons@hesperian.org

**CC:** mike Rowson <mikerowson@medact.org>

> Dear Ravi and Sarah,  
>  
> I hope you are doing fine.  
>  
> Please find attached the article Mike and I wrote for Contact. I hope it fits your  
> expectations.  
>  
> In case you want to edit or shorten it, could we see the final version before it goes to  
> the printer?  
>  
> Warm regards, Ellen  
>  
> --  
> Please reply to ellen.verheul@wemos.nl  
>  
>  
> The highest attainable standard of health is a fundamental Human Right.  
> Wemos Foundation has been working since 1981 to improve people's health in  
> developing countries through influencing international policy.  
>  
> Wemos Foundation, P.O. Box 1693, 1000 BR Amsterdam, The Netherlands  
> tel +31-20-4.688.388 / fax +31-20-4.686.008 / web site <http://www.wemos.nl>  
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Part 1.2

Type: Plain Text (text/plain)  
Description: Attachment information.

4801RAP02001 artikel WHA Contact.doc

Name: 4801RAP02001 artikel WHA Contact.doc  
Type: Microsoft Word Document (application/msword)

## POVERTY AND WHO

*'Poverty is the biggest epidemic for WHO to tackle', writes dr. Balasubramanian from the People's Health Movement. This message was repeated in many different ways during the last World Health Assembly (14-18 May, Geneva). For this, WHO has to move beyond a disease specific approach and become a global advocate for comprehensive health strategies.*

Participants at the most recent World Health Assembly were beaten over the head with numbers. Information booths in the corridors of the conference building and speeches by WHO staff all highlighted shocking data: X children dying of malaria each year, Y people in developing countries suffering from cardiovascular illness and Z women per minute dying in childbirth. WHO is very much a disease-oriented institution, and the diseases compete with each other for money and attention. Poverty, even though it is the most important cause of ill-health, does not receive the same attention in WHO's work. While poverty and health are among the pillars mentioned in WHO's corporate strategy, the Poverty and Health team has recently been downsized to just two people.

'Poverty is being mainstreamed', is the answer given by WHO's senior management when they were asked about the consequences of the recent disestablishment of Health in Development, the department in WHO which previously dealt with poverty. But how can poverty be mainstreamed when there are no staff and budgets to do analytical work, to support the mainstreaming process at WHO's headquarters, regional and country offices, and to support governments in integrating health in development policies?

An example of the need for WHO to put poverty higher on its agenda, is provided by the recent evaluation of the Poverty Reduction Strategy Papers (PRSPs) that were introduced in 1999 by World Bank and IMF. In a PRSP, countries should outline their plans to reduce poverty. PRSPs could potentially become important instruments for health. Firstly, poverty reduction strategies need to be developed with civil society participation. This could provide space to push for national health policies that are equitable and comprehensive. The needs of the grassroots, and experiences of community based health initiatives could be heard by national policy-makers. Secondly, these strategies provide an opportunity to address health determinants outside the health sector. Economic policies for example need to be screened for their effects on people's health, before being implemented. Thirdly, donors and multilateral institutions promised to support the implementation of PRSPs and ensure sufficient financing. Instead of supporting separate programmes for malaria, HIV/AIDS and other diseases, which risk to compete for resources and attention, donor initiatives should be bundled and integrated through national strategies to help ensure they strengthen instead of fragment the health system.

This potential still need to materialise. A WHO review shows that health continues to be marginalised and under-resourced in PRSPs, while proposed health sector interventions are in most cases not explicitly pro-poor, and the links between health and other sectors are neglected. Important opportunities for health are therefore missed. One of the reasons is the lack of involvement of ministries of health in the PRSP formulation process, which in most countries is dominated by ministries of finance and planning. Economic targets therefore prevail in the PRSP. Health is treated as a sector costing money, rather than a fundamental human right and a necessary condition for development. A much stronger voice of ministries of health and civil society organisations is therefore needed to integrate health in the PRSP. WHO support is indispensable, to help governments in developing health systems and negotiate over the health budget, and to analyse the health consequences of other policies. At the



international level, WHO should play a leading role, and become a health advocate in relation to World Bank and World Trade Organisation policies. WHO should work not only with the poverty and health-oriented sections in the World Bank, but also with the sections that believe that neo-liberal policies are the only way to economic growth and that the poor will somehow automatically profit from growth. WHO should start looking at the linkages between economic policies and health outcomes and how they impact on health and equity, still a largely untouched area.

To discuss possible roles and strategies, WHO's Poverty and Health team and several NGOs<sup>1</sup> organised a seminar on health and PRSPs at the last WHA. Reina Buijs from the Dutch government provided a detailed agenda for WHO country offices, urging them to provide not only technical support but also be an health advocate and fulfil a broker role. This call was supported by civil society representatives arguing that WHO should guide Ministries of Health to ensure that health is integrated in national development plans. Since WHO's work is guided by its member states, the countries should voice their expectations clearly. This year at the World Health Assembly many nations mentioned poverty as a crucial health problem, though without elaborating on it. It is a challenge for the People's Health Movement to build on this growing awareness and to push governments and WHO to adopt a poverty agenda that will really make a difference.

Ellen Verheul, Wemos  
Mike Rowson, Medact

For more information on PRSPs, poverty and health, please visit [www.medact.org](http://www.medact.org) or [www.wemos.nl](http://www.wemos.nl).

The Peoples Health Charter that evolved at the Global Peoples Health Assembly at Savar Bangladesh in December 2000 demanded "a radical transformation of the WHO so that it responds to health challenges in a manner which benefits the poor, avoids vertical approaches; ensures intersectoral work, involves peoples organisations in the World Health Assembly, and ensures independence from corporate interests."

There is urgent need for a PHH-WHO Partnership to address the Poverty Agenda!

<sup>1</sup> Save the Children (UK), Medact (UK) and Wemos (the Netherlands)

Re: article Contact, this time with attachment

Copied

online (17)

Poverty & who.doc (3)  
- Art1.doc

Subject: Re: article Contact, this time with attachment  
Date: Mon, 17 Jun 2002 08:57:34 +0200  
From: "Ellen Verheul" <ellen.verheul@wemos.nl>  
To: Community health cell <sochara@vsnl.com>, shannons@hesperian.org  
CC: mike Rowson <mikerowson@medact.org>

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RN  
17/6

Part 1.2 Type: Plain Text (text/plain)  
Description: Attachment information

4801RAP02001 artikel WHA Contact.doc Name: 4801RAP02001 artikel WHA Contact.doc  
Type: Microsoft Word Document (application/msword)  
Encoding: BASE64

RN  
17/6



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RN  
17/6

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<sup>1</sup> Save the Children (UK), Medact (UK) and Wemos (the Netherlands)



Subject: copies of Contact

Date: Tue, 18 Jun 2002 09:01:32 -0700

From: Darlena David <darlena@hesperian.org>

To: sochara@vsnl.com

CC: vanildas@cmal.org

Dear Ravi

Daniel Chelliah from LWR <DChelliah@lwr.org> would like to get 50 copies of the PHM Contact for partners in India and the Philippines.

(Daniel) UBP Chelliah  
Program Director for Asia and the Middle East  
Lutheran World Relief  
700 Light Street  
Baltimore, MD 21230

The Medical Mission Sisters and Hesperian will put in 1000 or so each and I was told that WCC will find the rest for that issue. Should we transfer the funds for Contact to WCC or to CMAI directly?

Darlena

\*\*\*\*\*  
Darlena David, managing editor

HESPERIAN FOUNDATION  
1919 Addison Street, Suite 304  
Berkeley, CA 94704, USA  
Phone: 510-845-1447, ext. 217 Fax: 510-845-0539  
E-mail: darlena@hesperian.org

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19/6

Dear Darlena

All matters regarding funding and special orders will have to be taken up with Reenc and CMAI directly. My role is only to help as a facilitator to make it happen. Reenc has still not responded to the earlier communication. It's a bit worrying though articles have been coming in every day. Hope we get the merge across to her during her travels soon. Best wishes

Ron

cc Reenc

sent  
on 19/06/02  
re: [unclear]

jeenamethai.luke@ust.net

Dr. Ron  
19/6/02

m

Subject: Contact Special Issue

Date: Fri, 16 Aug 2002 18:44:35 +0530

From: Community health cell <sochara@vsnl.com>

To: aviva@netnam.vn, mikerowson@medact.org, ellen.verheul@wemos.nl,  
masaigana@africaonline.co.iz, Maria Hamlin Zuniga <iphe@cisas.org.ni>,  
Sunil Deepak <sunil.deepak@aifo.it>, Balaji Sampath <bsampath@eng.umd.edu>,  
Andrew Chetley <chetley.a@healthlink.org.uk>, dorpc@bangla.net

CC: "Qasem Chowdhury, Dr" <gksavar@citechco.net>, Pam Zinkin <pamzinkin@gn.apc.org>,  
David Sanders <lmartin@uwc.ac.za>

Dear Friends,

Greetings from Community Health Cell!

This is to inform you all that your articles and reports are being included in a Special issue of Contact Magazine (September 2002). They will be edited to highlight news and views from all over the world. Please send immediately two or three lines about yourself which may be included at the end of the article or report. Mark this to the editor of

Contact - Reena Luke Mathai at reena.luke@cmai.org with a copy marked to us. A draft of the manuscript will reach you soon for approval.

If any of you have any nice action photographs of events, campaigns, publications or other PHM related activity then post them to Reena with some captions or details. If you can scan them and send them by email that is also welcome but not necessary. Post is also okay since we have time.

If you wish to have a large number of copies of this Special issue then please also write to her about this. Andrew and I are writing a Joint editorial weaving it all together. In CHC we are also putting together a

'keeping track' on PHM booklets. If you have produced any of wider interest, please let us know.

Best Wishes,

Yours Sincerely,

Ravi Narayan,  
CHC / PHM

PHM-Contact file →

24  
19/8



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16/8/02

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Best Wishes,

Yours Sincerely,

*RN*  
Ravi Narayan,  
CHC / PHM

Subject: [Fwd: PHA-Exchange] INTERNATIONAL SOCIETY FOR EQUITY IN HEALTH  
CONFERENCE, TORONTO JUNE 2002]

Date: Fri, 16 Aug 2002 15:28:05 +0530

From: Community health cell <sochara@vsnl.com>

To: David Sanders <lmartin@uwc.ac.za>, rloewenson@healthnet.zw

Dear David and Rene,

Greetings from Community Health Cell!

Will one of you consider sending us a short 500 word report of the Toronto Conference to go into a Special Contact issue, focussing on Peoples Health Movement planned for later this month? It is a sort of 'stop press' contribution. I read about some details in the PHA exchange of 13th August 2002. It could also be a case study or box item focussing on what is NEPAD Health Project and why you all think it will not work if they do not focus on Poverty, Inequity and health system?

Best Wishes,

Ravi Narayan,  
CHC / PHM.

P.S: I plan to make available an additional week before GFHR Forum 6 at Arusha Tanzania to help Mwajuma and other PHM contacts in Africa by sharing Indian PHM experience. A note will follow.

nsmail3V.TMP	Name: nsmail3V.TMP
	Type: Outlook Express Mail Message (message/rfc822)
	Encoding: 7bit

PHM Contact file →

RN  
19/8



Subject: PHA-Exchange> INTERNATIONAL SOCIETY FOR EQUITY IN HEALTH CONFERENCE, TORONTO JUNE 2002

Date: Tue, 13 Aug 2002 06:56:46 +0700

From: "Aviva" <aviva@netnam.vn>

To: "pha-exch" <pha-exchange@kabissa.org>

From: "Firoze Manji" <firoze@fahamu.org>  
"Equinet News" <EQUINET-Newsletter@equinetafrica.org>

- > INTERNATIONAL SOCIETY FOR EQUITY IN HEALTH CONFERENCE, TORONTO JUNE 2002
- > EQUINET SECRETARIAT BRIEFING
- > JULY 2002
- > R Loewenson, T Maistry TARSC, Zimbabwe
- >
- > EQUINET recently participated and held a workshop in the second conference
- > of the International Society for Equity in Health, Toronto Canada in June 2002.. >

- Health and Development commitments and the New Plan for African
- > Development (NEPAD) was presented by Ronald Labonte and David Sanders of the
- > University of the Western Cape. The presentation outlined the G8
- > commitments, the potential of NEPAD to address specific health inequities,
- > and the investment issues that would need to be addressed to deal with such
- > inequities. The authors noted that "Without challenging the causes of
- > poverty and inequity and without addressing the functioning of health
- > systems, NEPAD's health project is unlikely to achieve its goals." They
- > called for more investment in health and health related sectors for
- > infrastructure and recurrent expenditure to enable retention strategies,
- > training, support and supervision of personnel. It was noted that each year
- > Africa subsidises \$500 m of training for health personnel for rich
- > countries
- > in response to the climate in free trade of health professionals.
- >
- > Lucy Gilson, CHP outlined the problems of equity in health in terms of
- > rich - poor health inequalities.
- >
- > Di McIntyre, Health Economics Unit, University of Cape Town noted that
- > intra-country geographic analyses have shown promise in exploring health
- > system equity issues. Small area analyses of the distribution of
- > deprivation, ill-health and health services draws attention to areas with
- > high levels of deprivation, poor health status and limited public sector
- > health care provision in order that these areas can receive greater
- > priority
- > in resource allocation decisions.
- >
- > I Rusike Community Working Group on Health and Rene Loewenson argued
- > that reversing inequities depends in the
- > main on social and political factors. This goes beyond the fact that
- > social networking is important for service outreach and health seeking
- > behaviour,
- > and that social exclusion as a dimension of deprivation or poverty affects
- > health outcomes. Unless the people affected by ill health have greater
- > control over the resources needed for health care or to be healthy, then
- > equity goals will remain a dream.
- >
- > Firoze Manji, Fahamu (UK) raised the question: Is equity in health about
- > making poverty palatable for the poor? Or should it be about contributing
- > to
- > the struggle for social emancipation? He presented evidence from Nairobi

Let  
16/8/02  
13/8

Dear Dond  
and Ren

Will one of you  
email me immedi-  
send us a  
short 500 word  
report of the  
Toronto confer-  
to go into a  
Special Commu-  
nication  
line on People  
Health Movement  
planned for  
later this month  
It is a sort  
of 'Stop Press  
Contribution  
& send about  
some details  
in the PHA  
Exchange of  
13 Aug 2002.  
It could also  
be a case study  
RD or box it  
13/8

which is NEPAD  
Health Project. When  
you call make it  
will not work  
as they do not  
have a system

18/8/02  
2m

P.S. I plan to make available an  
additional week before GHR Forum  
at Arusha Tanzania to help Myanmar and  
other PHA connect in Africa by sharing Indian

Best wishes  
Ren

if they do not  
have a system

on  
> health struggles of poor people centering around basic rights. He observed  
> that we tend as health workers, to look at health outcomes and treat the  
> symptoms. But the problem caused by illnesses is in the social, economic  
> and political domains, it only manifests in the health domain. Equity in  
> health is inevitably a political struggle and its starting point should be  
> the defence of social, economic, political and civil rights.

>  
> Prof Godfrey Swai, Tanzania, was not able to participate but his paper  
> reviewing equity issues in the Global Health Fund noted that HIV/AIDS,  
> Tuberculosis and Malaria are diseases of poverty or deprivation. Effective  
> rolling back of the three diseases must equally roll back poverty. Equity  
in  
> health and poverty reduction are intimately linked issues that the  
> international community cannot dismiss and are a challenge for  
effectiveness  
> of the Global Health Fund.

> In discussion, debt servicing was regarded as a key problem as it  
> exacerbated the impact of unfair competition and trade rules that had  
> negatively affected economies in southern Africa. The mismatch between  
will  
> and resources was constantly raised.

>  
> The full report of the EQUINET ISEqH workshop is available in hardcopy  
from  
> the EQUINET secretariat at TARSC,  
> [rlowenson@healthnet.zw](mailto:rlowenson@healthnet.zw) or as a downloadable pdf file from our website at  
> [www.equinet africa.org](http://www.equinet africa.org) . If you have input or comments on this issue  
please email these to the secretariat to [rlowenson@healthnet.zw](mailto:rlowenson@healthnet.zw).

---  
PHA Exchange is hosted on Kabissa Space for change in Africa  
To post, write to: [PHA-Exchange@kabissa.org](mailto:PHA-Exchange@kabissa.org)  
Website: <http://www.lists.kabissa.org/mailman/listinfo/pha-exchange>



**Subject:** PHA-Exchange> News from Brazil

**Date:** Sat, 10 Aug 2002 20:17:18 +0200

**From:** "Maria Hamlin Zuniga" <iphc@cablenet.com.ni>

**To:** <PHA-Exchange@kabissa.org>,

"IPHCWORLDWIDE" <IPHCWORLDWIDE@yahoogroups.com>

Friends of PHM,

Yesterday 7 August, for the fifth time the national Camara of Brasil postponed the voting on the "renting" of the Space Base in Alcântara, Maranhão to the United States of America.

This is due to the amount of pressure coming from our popular movements and those of you in other countries who have written to our Deputados, asking them to vote "no" on allowing USA the use of the Space Base. For that we owe you a great THANK YOU.

The issue is now slated for voting in two weeks.

Please send more letters to Deputado Zenaldo Coutinho

Dep.zenaldocoutinho@camara.gov.br

who is the coordinator of the Constitution and Justice Commission of the Federal Camara (Congress), asking that Brazil not accept the agreement that was signed in April of 2000.

Many of you will remember our presentation in Savar at the PHA in December of that year.

USA military taking possession of the Space base will give them full control over all the Amazon and Latin America.

We are in a very strong national campaign against ALCA and the handing over of the Alcântara Space base.

It is having its effect.

A million thanks and health to all.

Ani Caroline Wihbey, SND PHM

---  
PHA-Exchange is hosted on Kabissa - Space for change in Africa

To post, write to: PHA-Exchange@kabissa.org

Website: <http://www.lists.kabissa.org/mailman/listinfo/pha-exchange>

*For 'Contact Magazine'*

*RN*

*13/8*

INTERVENCION DE MARIA HAMLIN ZUNIGA

TECHNICAL SESSION: WHA 17 MAY 2002

Muy buenas tardes a sus excelencias Dra. Gro Bruntland, Dr. David Navarro, Dr. Manuel Dayrit, Ms. Eva Wallstam, Honorables ministras y ministros de salud y sus delegados:

This year we are celebrating the Centenary of the Pan American Health Organization. Throughout the Americas region, Health Ministries and PAHO are planning diverse activities to commemorate that event. There are planned events with health sector workers, universities, civil society organizations, and other sectors.

We request that health ministers in the Americas work with representatives of civil society, in particular persons involved in the growing People's Health Movement.

Together let us organise events where we can present the People's Charter for Health and discuss our specific suggestions for the promotion of equity and health for all in our countries.

The concept of primary health care and Health for All grew out of many grassroots experiences in community based integral health programs around the world, as Dr. Halfdan Mahler has often reminded us. In Latin America there are excellent examples of these health programs that began in the mid 60s and continue to be relevant, especially today. The community based health programs and the health promoters associated with them have been particularly important in terms of health of the many and varied indigenous communities of the Americas.

We want to celebrate the involvement of community health workers and grassroots movements in the advancement of health. For example, the campaigns for the eradication of smallpox, polio, and measles would not have been successful without the active involvement and collaboration of these groups.

However, with the structural adjustment programs and the heavy debt payments, health care systems have been severely affected. The gap between the rich and the poor is all too evident in the growing lack of access to care. The People's Health Movement states that this situation must change. The health components of the national poverty reduction strategies must respond to the needs of the people.

We believe that the Centenary of the Pan American Health Organization and the Twenty fifth anniversary of the Alma Ata Declaration provides us with an opportunity. Together we must revisit the holistic concept of comprehensive primary health care and role it must play in the dramatic situations we are facing in the region and throughout the world. In line with the Alma Ata Declaration and the People's Health Charter we can work together toward a renewed commitment to truly sustainable healthy human development.

The People's Health Movement is already planning a significant event next year to commemorate the 25 years of the Alma Ata Declaration.

Therefore, we urgently request that you health ministers take the lead in providing those encounters with the People's Health Movement and other Civil Society organizations that will permit an open and critical dialogue about the future of health in our regions.

Thank you.

Maria Hamlin Zuniga

International People's Health Council - IPHC



**Subject: contact sp issue**

**Date: Fri, 9 Aug 2002 13:45:58 +0200**

**From: "Reena" <cd.cmai@vsnl.com>**

**To: <sochara@vsnl.com>**

Dear Ravi,

Thank you for the two folders which you sent in addition to the earlier text. I have sifted out the matter and have done a rough editing and it is now ready to be sent to Editorial Group for their approval. I need to also explain to the group as to how I am planning to get this edition inserted between our regular schedule and therefore will have to specify the details. However before I do that, I need to be clear about the sponsorship details. I seem to have missed your email on it, so pl do update about it. Hope you don't mind.

In addition, I have some concerns about the issue so far....just putting down random thoughts.

It's not clear what exactly we are trying to focus in this issue. For the edition to be 'wholesome' I feel we could start with the PHM/WHA events but we need to have a little bit of the PHA history/ its present work/impact, advocacy, and some grass root experiences etc etc.

The inputs I have is more like a reportage of the PHM at WHA....which can be a good introduction. (Sorry, but as a neutral reader I cannot help commenting that it also gives out a very strong flavour 'one-up-manship' if not a WHO/World bank bashing !! A flavour we would have to tone down ) I can also cull out some 'history' PHM - past/present/future etc...but for that 'wholistic' picture.... we would need some "Experiences" at the grass-root level.

For eg. Is it possible to get an article+pix from Bangladesh on their "Health Village" which according to the text \_ (Struggle for Tomorrow) is an attempt at adapting the charter.

Or maybe you could pad it up with some activities from Nepal, Latin America, Africa to show the difference the PHA movement has made to the poor...(Pix needed)

Lastly is it possible to get some more inputs on the conference at "health for all: A question of Social Justice" Maybe some papers presented there could be shaped out as an article.

Maybe your editorial (500 wds only) could capture the 'essence' of PHM and knit the past/present/future which could help us to do away with a separate article on the history....

Pl let me have your feedback.

With best wishes,  
Reena

cd.cmai@vsnl.com  
reena.luke@cmai.org  
Reena Mathai Luke  
Christian Medical Association of India,  
A-3 Janakpuri Commercial Complex,  
Janakpuri,  
New Delhi- 110058  
Tel: 55 99 991/2/3  
Fax: 559 8150

----- Original Message -----

Reply  
Sent on 16/8/02  
Rn

From: Community health cell <sochara@vsnl.com>  
To: Reena Luke <reena.luke@cmai.org>  
Sent: wednesday, August 07, 2002 11:11 AM  
Subject: Special Contact issues

> Dear Reena,  
>  
> Pls find herewith the two files of 'Peoples Charter for Health' and 'OHP  
> presentation'  
>  
> Regards,  
>  
> Ravi Narayan  
> CHC / PHM  
>  
>



Subject: Editorial

Date: Thu, 18 Jul 2002 14:48:43 +0100

From: "achetley" <achetley@supanet.com>

To: <sochara@vsnl.com>

CC: "Andrew Chetley" <chetley.a@healthlink.org.uk>

Part 1.1.1 Type: Plain Text (text/plain)  
Encoding: quoted-printable

Contact editoria-PHM.doc Name: Contact editoria-PHM.doc  
Type: Microsoft Word Document (application/msword)  
Encoding: base64

Ravi,  
attached is a very quick first shot at pulling together an editorial for Contact. Have a look  
and feel free to improve it!! I'm working at home today, but you should probably reply to  
the office e-mail, rather than my home one.  
best wishes,  
Andrew

Andrew Chetley  
46 Clapgate Lane  
Ipswich  
IP3 0RE  
UK  
Phone: +44 (0) 1473 716350

Sp Contact Magazine →

RW  
30/8

Draft: Editorial  
Contact

In communities around the world, groups of people have been working together to find creative solutions to their health care problems, to mobilise local, often scarce, resources to put into practice effective, community-based and community-run health care services.

They have been doing this for more than 50 years – for at least the time that the international health community, particularly under the leadership of the World Health Organisation, has been striving to identify practices and policies that can make a difference.

Those community-based approaches from countries such as Guatemala, Cuba, Bangladesh, India, Mozambique, Tanzania, the Philippines, China and many, many more provided the real life experience and evidence that underpinned the Primary Health Care (PHC) strategy approved at an international meeting in 1978 held at AlmaAta.

Coming up to the 25<sup>th</sup> anniversary of the AlmaAta Declaration on Primary Health Care – that held out a promise of Health for All and a promise of basic health services sufficient to meet people's needs – it is sad to report that the international health community has failed miserably to deliver on that promise. That failure is being felt most dramatically in the poorest and most marginalised communities around the world.

Recognising this, people's organisations from around the world have begun a new mobilisation process, aimed at revitalising efforts to ensure that comprehensive primary health care becomes a reality and to struggle against the impact of global political, economic and social policies that undermine health. Beginning in the late 1990s, in Latin America, Africa, Europe, and throughout Asia people's organisations began a process of analysis and mobilisation to pull together ideas for a People's Charter for Health. In December 2000, nearly 1500 people from 93 countries met in Savar, Bangladesh in a People's Health Assembly to review the situation issue the Charter as a strong call for action. Since then, the Charter has been translated into more than 35 languages, and the People's Health Movement (PHM) has grown. This special issue of *Contact* traces the development of the PHM, looks at the key points of the Charter, and highlights some of the work of a wide range of organisations involved in the PHM.

It also issues a call for others to join in the movement and to work together to help put the control of people's health in people's hands.



**Subject: Contact Special Issue**

**Date:** Mon, 15 Jul 2002 14:24:00 +0530

**From:** Community health cell <sochara@vsnl.com>

**To:** Reena Luke <reena.luke@cmai.org>, cmai@del3.vsnl.net.in

**CC:** Andrew Chetley <chetlev.a@healthlink.org.uk>, Darlena David <darlena.david@cmai.org>,

Darlena David <darlena@hesperian.org>, Sarah Shannon <sarabs@hesperian.org>,

"Qasem Chowdhury, Dr" <gksavar@citechco.net>

Dear Reena

Further to our telephonic conversation on 11th morning I am sending 10 documents that have been received as contribution to the contact special issue. This should be adequate for a special issue on Peoples Health Movement. The last two items will be sent to you Beyond PHA - Savar December 2000

1. The Peoples Health Movement in 2002; still at the forefront of the struggle for Health for All  
Claudio Schuftan  
Vietnam

2. Peoples health Movement in Geneva - PHM at the Fifty Fifth World Health Assembly  
PHM-WHO-WHA circle, India

3. Poverty and WHO - Ellen Verheul, Wemos  
Mike Rowson, Medact

4. Movement Initiatives from Around the World

a) PHM in Africa  
- Mwajuma Saidy Masaigarah, Tanzania

b) Struggle for tomorrow - PHM in Bangladesh  
- A.H. Nouman, Bangladesh

c) Reporting from Latin America  
- Maria Hamlin Zunega, Nicaragua

d) Report from Europe  
- Ellen Verheul, Wemos

e) Endorsing the charter  
- The Italian initiatives - Sunil Deepak, AIFO

5. Arogya Iyakkam:  
Community initiatives to improve Child Health and Nutrition in Tamilnadu - A case study

6. The vision of the health Movement - voices from all over the world

7. Keeping Track  
Books from the Peoples Health Movement  
- A CHC compilation


8. A Guest Editorial - (this will be written after we have made a final selection) by Andrew and me.


This should be adequate to start with. Rest will follow on 19th after I have received your first draft of the compilation. I shall follow up on photographs and others box items and visuals.


Best wishes


Ravi Narayan  
CHC/PHM


RN  
22/7


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
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
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
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
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Encoding: base64

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3960

Fw: [Fwd: contact]

**Subject:** Fw: [Fwd: contact]  
**Date:** Tue, 9 Jul 2002 11:28:05 +0200  
**From:** "Reena Luke Mathai" <cmai@del3.vsnl.net.in>  
**Reply-To:** "Reena Luke Mathai" <reena.luke@cmai.org>  
**To:** <sochara@vsnl.com>

Dear Ravi and Thelma,  
Hello,  
I am back in my office and flooded with all the pending work. But before I get buried in all this pile, I wanted to clarify about our special issue. In Africa getting to a internet kiosk is a trying experience because most places are very unsafe. And when I did manage one, I was unable to open the above attachment....and so had no clue to what u wanted. Anyway now that I am back in the saddle, I think we could pick up the threads once again. Pl do let me know soon, so that I can schedule my issues accordingly.  
With best wishes,  
Reena

----- Original Message -----  
From: Community health cell <sochara@vsnl.com>  
To: <reena.mathailuke@usa.net>; <cd.cmai@vsnl.com>; <reena.luke@cmai.org>  
Sent: Tuesday, June 16, 2002 11:55 AM  
Subject: [Fwd: contact]

 nsmailMB.TMP	<b>Name:</b> nsmailMB.TMP <b>Type:</b> unspecified type (application/octet-stream) <b>Encoding:</b> quoted-printable
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DR. RN TN  
10/3/02  
Dys



Subject: Fwd:

Date: Thu, 27 Jun 2002 09:53:46 +0200

From: "Manoj Kurian" <mku@wcc-coe.org>

To: <sochara@vsnl.com>

Part 1 Type: Outlook Express Mail Message (message/rfc822)

Dr. P. N.  
27/6/02  
20

Dr. Ravi Narayan ,

Greetings from PHM Bangladesh circle .

I am extremely sorry that I could not sent the writings " Struggle for Tomorrow -- PHM Bangladesh Circle -- a case study" in time, as you indicated to send you by 15<sup>th</sup> of June , due to my planned schedule hazards . Readily I have no e-mail or fax number of you with me at Canada , I am trying to get it from Dr. Qasem chowdhury too. SO ,in the mean time I am sending through Dr. Manoj Kurian of WCC as I have his e-mail number readily

On return to Dhaka from Geneva via Toronto , by the way I went for cardiac specialist consultation -- advice for angiogram -- done --then recommended & refer to Toronto General Hospital for angioplasty . Seeing & comparing all the alternatives , I & my family members decided to go for angioplasty here at Toronto . But it is very rush--Q -- so to get the date fixing by the physician--doctor I am waiting at Toronto . May be all together to go back to Dhaka this will take more 2 /3 weeks, if every thing goes well . However, with all these, I have regular contact with our Dhaka & related PHM activities . Health hazard is one of the causes & collecting related information/ materials are the other causes to complete the writings in time .

This is for CONTACT, so far I understand for publication. I don't know whether this will work or not , but you have every authority to repair or edit where ever you need . I am confident that you will do your best .

Convey my regards to Theinia di & best wishes to your son ( sorry for name). He worked like a silent activists at WHA, really wonderful --- bap -ka - beta or ma - ka -- beta ?

Sorry again, for the inconveniences if any & telling regarding so much of my personal health . Please confirm ,if possible by either e-mail bellow.

With best regards ,

Sincerely yours ,

Ahm Nouman .

Chairperson, PHM Bangladesh Circle &

Secretary General ,DORP . Dhaka E- mail dorpc@ bangla.net tel 9130101

( Toronto Tel: 001416 7010134 & e-mail faruk1999@ yahoo.com )

Toronto



Re: Report from Italy

**Subject: Re: Report from Italy**

**Date: Sat, 22 Jun 2002 07:48:40 +0200**

**From: Deepaks <sunil.deepak@tin.it>**

**To: Community health cell <sochara@vsnl.com>, Sunil Deepak <sunil.deepak@aifo.it>**

Dear Ravi,

Of course, there is no problem if you wish to use part of the Italian report for Contact - I like reading Contact so it would be an honour if some thing I write is published there!

I am going to be in Bangalore for 3-4 days in the first week of September. Would you be there in that period? I would like very much to meet again you and Thelma during that visit if possible.

Warm regards,

Sunil

At 13.41 21/06/2002 +0530, Community health cell wrote:

>Dear Sunil,

>

>Greetings from Community Health Cell and thanks for all your prompt

>responses and

>emails.

>

>1. Thanks for the photographs. They have been forwarded to all those who were in it.

>

>2. For the addresses and forms of Indian participants at AIFO meeting,

>will contact them

>and involve them in PHM India activities.

>

>3. Thanks for PHM activities report from Italy. I hope I have your

>permission to

>extract from it and put in an item in the special issue of Contact.

>

>4. Do keep in touch. I think you are doing an inspiring job in Italy

>along with your

>AIFO colleagues and are a good role model for the European region.

>

>5. How are the endorsements of the Charter at city and town hall

>progressing? That is

>truly significant.

>

>Best wishes from both of us,

>

>Your sincerely,

>

>Ravi Narayan,

>CHC/PHM

RN  
24/6

RN  
24/6

6/24/02 11:49 AM

**Subject: Letter from CMC, Vellore on situation in relief camps in Gujarat**

**Date:** Tue, 18 Jun 2002 08:40:21 -0700

**From:** Darlena David <darlena@hesperian.org>

**To:** search@mah.nic.in, adeled@wr.org, anuvenky@yahoo.net, dmukarji@christian-aid.org, DBLee@ctr.pcusa.org, Paul\_du\_Plessis@salvationarmy.org, gejj@wcc-coe.org, geham@del2.vsnl.net.in, fosterij@home.com, mtdioces@del2.vsnl.net.in, pclarkel@worldbank.org, ravijohn@email.com, schand@gbgm-umc.org, sochara@blr.vsnl.net.in

Hello Friend

I am forwarding to you a letter I recieved from Anand Zachariah, Associate professor at the Christian Medical Colloge at Vellore, India. The letter is self explanatory. I hope and pray that each of you will be able to do something in your own way.

Darlana

"Greetings from Vellore!"

I am writing to you on behalf of the Christian Medical Colloge and Hospital, Vellore. A team from our medical school worked in the relief camps of Ahmedabad, Gujarat earlier this month. As a team of health professional we are extremely concerned with the health conditions in these camps. We write to bring these concerns to your attention.

Urgent intervention is required from national and international agencies to address the humanitarian crisis. We would urge you to respond and provide whatever assistance is possible from your side.

The camps are being closed:

(a) because there is no shelter and the monsoons will be in Gujarat any time now

(b) retriiction of rations

People are leaving the camps despite the evident insecurity in their own localities or the absence of any home.

What has to be done:

1. Aid is required for the camps as the govt. is doing virtually nothing. NGOs and local communities need help to provide basic amenities in camps and organise rehabilitation.
2. Agencies need to pressure the govt. not to close the camps.
3. The Gujarat situation needs to go up for more public and professional debate at national and international levels.

Please let us know how you can be of help in this situation,

With regards,  
Yours sincerely,

Anand

Dr Anand Zachariah  
Medicine Unit 1 and Infectious Disease  
Christian Medical College and Hospital  
Vellore 632004  
Tamil Nadu  
India  
Ph. 91-416-222102 Ext. 2730 (off) and 2748 (home)  
FAX 91-416-232035

Gujarat file →

Dr. RN  
17/6/02

RN  
19/6



Subject: Fw: Claudio: Contact Special PHM Issue  
Date: Tue, 5 Nov 2002 10:41:02 +0100  
From: "Reena Luke Mathai" <cmai@del3.vsnl.net.in>  
Reply-To: "Reena Luke Mathai" <reena.luke@cmai.org>  
CC: <sochara@vsnl.com>

Dear Claudio,

Thanks for the input. Will not forget to include it. Shall get back later, because I am late for a meeting!

With best wishes,

Reena

----- Original Message -----

From: Aviva <aviva@netnam.vn>  
To: <reena.luke@cmai.org>  
Cc: Ravi <sochara@vsnl.com>  
Sent: Saturday, November 02, 2002 6:57 AM  
Subject: Claudio: Contact Special PHM Issue

Dear Reena, Ravi suggested that we not only correct the PHM's website and listserver addresses, but that we actually insert a small box in a strategic place in the issue encouraging people to visit the site and join the list. He wanted me to suggest a text. Here it is: You want to stay in contact with the People's Health Movement? We certainly would be very glad you did.

Do two things:

1. Periodically visit PHM's website and see what's new [www.phamovement.org](http://www.phamovement.org)
2. Join our active listserver and receive informative emails 3-4 times a week and post your OWN news and comments to share with 600 others in the list. Write directly to [pha-exchange@kabissa.org](mailto:pha-exchange@kabissa.org) and ask to join, OR write to the list's moderator at [aviva@netnam.vn](mailto:aviva@netnam.vn) asking for the same. If you do both things, we still ask you to share hard copies of the materials you find of interest with those organizations and individuals who do not have access to the internet and email services.

JOIN THE NETWORK. STAY ABREAST. MAKE A DIFFERENCE.  
DIVIDED WE BEG; UNITED WE DEMAND!

Claudio

CONTACT speed come →

RN  
2/12

RN

6/12/02

**Subject: Contact Issues**

**Date:** Tue, 29 Oct 2002 15:43:46 +0530

**From:** Community Health Cell <sochara@vsnl.com>

**To:** reena.luke@cmai.org, cmai@del3.vsnl.net.in

Dear Reena

Please find herewith the final contribution for the Special Contact Issue for Resources publication.

Please acknowledge the same as soon as u get it.

With best wishes,

Yours sincerely,

Ravi

PHM PUBLICATIONS.doc

**Name:** PHM PUBLICATIONS.doc

**Type:** Winword File (application/msword)

**Encoding:** base64

RN  
2/12



Subject: Re: Contact Special PHM Issue - November 2002

Date: Thu, 07 Nov 2002 09:15:14 -0800

From: Darlena David <darlena@hesperian.org>

To: Community Health Cell <sochara@vsnl.com>

Dear Ravi

We have been in touch with CMAI for several months to expedite the transfer of the funds for the special issue of Contact. The last correspondence I had was at the end of September when Vijay mentioned that Babykutty and Reena (thru Ravi) would be following up.

I am concerned that we have not received any further information and as the year comes to a close we will not be able to organise the transfer as we had hoped.

And our budget for next year is extremely conservative, thanks to the downturn of the stock market and the overall economy. This may mean that even if want to, we may be able to do very little. Below is the list of things we had needed. I am also copying Vijay's earlier email.

1. A brief description of the intended content, including a write-up on the concept of the People's Health Movement and the assembly at Dhaka: Ravi Narayan will send to HF
2. Available for whom/ Who gets contact: Vijay, will you send me 3 sentences from some Contact document?.
3. Projected date of publishing: Reena to tell Ravi (Ravi will let Hesperian know)
4. Bank Account details: From Babykutty to HF

Darlena

Forwarded to  
Vijay Auldas  
on 5/12/02  
Jm.

At 11:45 PM 9/30/2002 +0530, cmai wrote:

\*\*\* Dear Darlena,

>>> I have had some good news. We have been able to find the remaining \$ 2000 to support this.

> That is great. It must be a source of much joy to PHM that they have been able to arrange the finances. Especially since this issue is being prepared at the specific request of the PHM. It is good to see that PHM has been able to garner support for this. Can you give me the latest figures on the finances available? This has been going up and down so many times, and I am quite dizzy travelling, I have lost track! Once I hear from you, I can give Reena the clearance on going continuing to edit the articles that Ravi has sent her. >> Meanwhile we are waiting to get the following:

- >>> 1. A brief description of the intended content, including a write-up on the concept of the People's Health Movement and the assembly at Dhaka
- > The content development is between Ravi and Reena. Ravi is the guest editor, and we have been in frequent dialogue with him about strengthening the content etc. It would be most efficient if you are in correspondence with Ravi about this. ( I do not have his email at home, from where I am replying, so cannot copy this to him immediately). >> available for whom
- > Where did this come from? Come on, Darlena. >> 3. Projected date of publishing
- > Reena is away for a family emergency. She has been in touch with Ravi

RN  
18/11

PHM-Contact  
Sp issue ->

RN  
11/12

RN  
8/11/02  
Jm.

>about this. As soon as she gets back, I will ask her to be in touch with  
>Ravi about this. >> 4. Bank Account details:  
>>> Name of the project account holder:  
>>> Bank Name:  
>>> Bank Address:  
>>> I am asking Babykutty, by a copy of this letter, to send you the  
details.  
> >> It was nice to talk to Kumudha today. I am trying to get some

>Warm Regards Vijay

>

>Vijay Aruldas

>General Secretary

>Christian Medical Association of India

>New Delhi



**Subject:** Contact - PHA

**Date:** Tue, 29 Oct 2002 16:44:33 +0530

**From:** Community Health Cell <sochara@vsnl.com>

**To:** varuldas@cmai.org

Dear Vijay,

Greetings from Community Health Cell!

No news about the bulk order offer. I wrote to you about, last week (19th October). Please send a special bulk rate orders announcement that we can circulate on the PHA exchange. The sooner we do it - the better chances of your getting larger bulk orders that may also reduce the cost overall. Please ring if necessary. I shall be away for 3 weeks and not easily contactable till 25th November from the 3rd of November. How did the Goa conference go? What are you planning as CMAI - for the Asia Social Forum? Would you be able to partner with CHC on a Alma Ata Anniversary reflection initiative? Reply before the 1st November.

Best wishes,

Shri Narayan  
CHC / PHM

Forwarded on to Vijay again on 11/10/02  
Shri

**Subject: Re: Contact-PHA**

**Date:** Sat, 19 Oct 2002 10:01:30 +0530

**From:** Community Health Cell <sochara@vsnl.com>

**To:** varuldas <varuldas@cmai.org>

Dear Vijay,

Greetings from Community Health Cell!

Reena has conveyed the wrong impression to you. I had no comments whatsoever about the Contact Special issue publication costs. That's your internal matter – so no need of any explanation (thanks anyway for what you sent). I am only interested in the matter raised in the last two paragraphs. There should be a differential for developed and developing countries and the idea of slabs for bulk copies 5-10-20-50-100 is an excellent one. My comment only was that \$2.50 per copy was a high rate for bulk-orders especially from developing countries. I trust your final judgement. Send a special rate bulk order announcement for circulation on PHA exchange.

Best wishes,

Ravi Narayan  
CHC / PHM

varuldas wrote:

Dear Ravi, Sorry for the delay in replying after Reena got back. The costs Reena had written to you (email of April 4th, 2002) was Rs 2,98,987.00 for a 28 page issue and 2,76,433.00 for a 20 page issue. Darlena says that she was told that the PHA issue would cost \$ 5,000. At an exchange rate of Rs 47, that works out to Rs.2,35,000. At 48, it works out to Rs 2,40,000. That is still considerably less than the original cost Reena had sent you, even for a 20 page issue. I understand from Reena that you feel it is quite high. Well, this was the "actuals" cost of an English issue of contact, i.e. printing + paper + postage + scanning etc. It was based on bills of past issues (how else would we get a figure of 2,98,987.00 ?!!). This does not include any personnel costs or overheads. In effect, Contact's contribution is the manpower, support services, etc. And that, believe me, is quite a bit because it would then include CMAI staff time, WCC costs, the Management and Editorial groups time and meetings costs etc. Since then (April beginning), the postage costs have gone up further, and the postage for issue 74 worked out to Rs 40,000 more than the earlier issue. We will work, therefore, to see how best we can manage within the available money. The other question Reena passed on to me was about how much people have to pay for extra copies. Would you like there to be a differential rate for Foreign countries and India ? Our working principle for the PHA issue has been to charge actual costs only. We can apply that to extra copies also. Bulk mailing will save on postal charge, but not the cost of the copy. We can work out orders in slabs of 5-10 copies, 11-20, 20-50, 50-100. It can be advertised as a special rate for the PHA issue only. Regards Vijay

Contact-PHM issue →

RN  
24/10



Subject: Contact-PHA

Date: Thu, 17 Oct 2002 18:22:53 +0530

From: "varuldas" <emai@del3.vsnl.net.in>

Reply-To: "varuldas" <varuldas@cmal.org>

Organization: cmal

To: "CHC Bangalore" <sochara@vsnl.com>, "Reena Luke" <reena.luke@cmal.org>

CC: "Babykutty Ninan" <babykutty.ninan@cmal.org>

Dear Ravi,

Sorry for the delay in replying after Reena got back.

The costs Reena had written to you (email of April 4th, 2002) was Rs 2,98,987.00 for a 28 page issue and 2,76,433.00 for a 20 page issue.

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Regards

Vijay

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Rani CHC/PHM

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**Subject: Re: Contact Special PHM Issue**

**Date: Tue, 29 Oct 2002 17:10:39 +0530**

**From: Community Health Cell <sochara@vsnl.com>**

**To: Claudio Schuftan <aviva@netnam.vn>**

Dear Claudio,

Greetings from Community Health Cell!

There's so much going on all at once that its difficult to keep pace with it all.

i. Glad that something is progressing on the dialogue with Mocumbi front.

ii. Have noted your corrections for CONTACT. Website and list serve addresses will be shown. Can you send it as a sort of appeal or notice, which will be more personalized and effective? It will go as a box item. Send to Recna directly with copy marked to us.

iii. One of us will be at the Mumbai meeting - the Oxfam-CEHAT workshop on Health as a Right. Are the dates final- Abhay told me there could be a change if participants wish to attend WSF as well!

iv. Hesperian Foundation and University of California have now invited both of us for the Bay Area Health Conference on 1st March 2003 and then to a PHM lecture tour in 8 cities of USA to help them push PHM in a key part of our Globalising world! Will get back with details as they evolve. The Bay area conference theme is Peoples Health in Peoples Hands: What works? Who decides? There will also be a session on Alma Ata Anniversary.

v. When you visit India keep a few days for Bangalore to discuss PHM strategy and a little fellowship as well with all our local contacts. Send us your short CV to begin with so that we could make the most of the visit.

Best wishes,

Ravi & Thelma Narayan  
CHC / PHM

*PHM - Claudio file*

*RN  
30/10/02*



Subject: Contact Special PHM Issue Claudio  
Date: Wed, 23 Oct 2002 10:48:39 +0700  
From: "Aviva" <aviva@netnam.vn>  
To: "Community Health Cell" <sochara@vsnl.com>  
References: 1

Ravi, PLs make sure the website and the list server address are prominently shown -- preferably in several places-- of the issue. Tell readers they can join the list by writing to pha-exchange@kabissa.org or to my email address. Note that in my article, two times it reads 21 months after the launching of the PCH. It should read 24 months.

Hug  
Claudio

My (our) wkshp in Mumbai was postponed to Jan 27-29. Will you two be able to attend? Hope Thelma is back to good health.

28/10/02

Dear Claudio

There's so much going on all at once that it's difficult to keep pace with it all.

(i) Glad that something is progressing on the dialogue with Mumbai front

(ii) Have noted your corrections for CONTACT. Website and list server address will be shown. Can you send it as a sort of epped or notice which will be more personalised and effective.

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PA Ravi  
22/10/02  
for

Ravi  
22/10

Just  
29/10/02  
for

(v) When you visit India keep a few days for Bangalore to discuss PHM strategy and a little fellowship as well with all our local contacts send us your letter to begin with so that we could move the most of the work

Best wishes  
Ravi/Thelma  
CHC/PHM

The Bay Area Conference theme is Peoples Health in Peoples Hands: Who works? who decides?



**Subject: Contact Special PHM Issue - November 2002**

**Date: Thu, 17 Oct 2002 18:59:19 +0530**

**From: Community Health Cell <sochara@vsnl.com>**

To: chetley.a@healthlink.org.uk, masagana@africaonline.co.tz, iphc@cable.net.com.ni,  
sunil.deepak@aifo.it, ellen.verheul@wemos.nl, mikerowson@medact.org,  
Claudio Schuftan <aviva@netnam.vn>, Manoj Kurien <mku@wcc-coe.org>, reena.luke@cmai.org,  
darlena@hesperian.org, sarahs@hesperian.org, pamzinkin@gn.apc.org

Dear Friends,

Greetings from Community Health Cell!

A special issue of CONTACT magazine focused on the Peoples Health Movement is now reaching completion and should be published in November 2002 and distributed in December 2003. The contact editorial team have been gracious to allow this special issue to intervene in their ongoing plans. Darlena and Sarah of Hesperian Foundation must be thanked for raising the contribution of nearly 5000\$ to sponsor this special additional issue!

Enclosed is a final manuscript of the edited version of all the contributions. It begins with a joint guest editorial by Andrew Chetley and myself. Then I have written a lead article on the movement and the charter. Then there are two region reports - Africa (by Mwajuma) and Latin America (by Maria and Ani) interspersed by small box items from other regions. Then there are two country reports: Bangladesh (by Nouman) and Italy (by Sunil Deepak). Then a case study from India which was part of PHM preparation (from a UNICEF report). Then 'Voiccs' from all over the world - a selection of the PHM Geneva exercise. Then two reflections - (a) Poverty and WHO (by Mike and Ellen), (b) The way ahead (by Claudio). Finally a short report on PHM presence at WHA - May 2002 and a short publication / networking list (still to be completed).

This manuscript is now being sent to Qasem at Secretariat and all the contributors for a through proof read. If any of you find any errors/mistakes or want to suggest modifications you have to send these in by 25th October to Contact editor Reena Mathai Luke with a copy marked to me (reena.luke@cmai.org or cmai@dei3.vsnl.net.in).

If you can send photos that will be add to the article - good, clear black and white ones with clarity - then scan and send immediately. Does any one have a good photograph of all of us waving Peoples Health Charters near the Broken Chair monument in Geneva? It would make a good cover page for the Contact issue. Please send it to Reena immediately. If you can't scan, post it as soon as possible.

Reena will soon circulate a note on how to order bulk issues if any of you are interested. Do respond promptly if you want to order them.

Thanks for the contribution to this initiative.

In solidarity,

Ravi Narayan  
CHC / PHM

special contact issues.doc

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Type: Winword File (application/msword)

Encoding: base64



Subj. Contact special PHM issue - November 2002

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Thanks for the contribution to this initiative.

In solidarity,

Ravi Narayan  
CHC / PHM

Special Conf  
Issue

Nouman :- dorpro@bangla.net

Darlena ✓  
Sarah ✓  
Reena ✓  
Manoj ✓  
Kishu ✓  
Ravi ✓  
Balaji ✓



Subject: Re: PHA issue of Contact

Date: Mon 30 Sep 2002 12:36:45 -0700

From: Darlena David <darlena@hesperian.org>

To: "cmai" <cmaidel@vsnl.com>

CC: "Vijay-CMAI" <varuldas@cmai.org>, "Reena Luke" <reena.luke@cmai.org>,

"Babykuty Ninan" <babykuty.ninan@cmai.org>, "Community health cell" <sochara@vsnl.com>

Vijay

Thank you so much for your prompt response. We were told Contact needed \$ 5000/- and we were able to raise only 3000/- earlier. Now we have met the total. So 5000/- is the figure. But as fiscal year is ending, we need the note from CMAI so that these organizations can transfer the amount quickly to you.

Can you tell me if the following is this correct?

1. A brief description of the intended content, including a write-up on the concept of the People's Health Movement and the assembly at Dhaka: Ravi Narayan will send to HF

2. Available for whom/ Who gets contact: Vijay, will you send me 3 sentences from some Contact document?.

3. Projected date of publishing: Reena to tell Ravi (Ravi will let Hesperian know)

4. Bank Account details: From Babykuty to HF

Once again, thank you for your email!

Darlena

At 11:45 PM 9/30/2002 +0530, cmai wrote:

> \*\*\* Dear Darlena, Good to hear from you. Kumudha mentioned  
> having talked with you. Is there anything you would like her to do? She  
> was not sure that she had been able to help you adequately. >>  
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>>> to support this.  
> That is great. It must be a source of much joy to PHM that they have been  
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> Where did this come from? Come on, Darlena. >> 3. Projected date of  
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> Reena is away for a family emergency. She has been in touch with Ravi

Ravi  
11/10/02



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>>> Bank Name:  
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>>> I am asking Babykutty, by a copy of this letter, to send you the  
details.  
> >> It was nice to talk to Kumudha today. I am trying to get some  
>feedback on  
>> a  
>>> chapter on "causes of deafness" from Anand Job and was having trouble  
>>> As she told you, pre-fix the number with a '2'. > well  
>>> and CMAI is going great things! Doesn't it always ? !!!!!  
>Warm Regards Vijay  
>  
>Vijay Aruldas  
>General Secretary  
>Christian Medical Association of India  
>New Delhi

Subject: PHA-Exchange> PHA-Workshop at European Social Forum in Florence

Date: Tue, 6 Aug 2002 15:42:39 +0200

From: "Andreas Wulf" <Wulf@medico.de>

To: "Qasem Chowdhury" <qksavar@citichco.net>, <PHA-Exchange@kabissa.org>, <pamzinkin@gn.apc.org>, "Sunil Deepak" <sunil.deepak@aifo.it>

Part 1.1  
Type: Plain Text (text/plain)  
Encoding: quoted-printable

DGS/vn2

Please check whether we sent  
Dr Andreas Wulf Re PHM Geneva  
report and Re Euro report and  
Re PHM compilations. See emailed  
list and confirm I will reply after that.

RN  
8/8/02  
Lm

RN  
8/8



Dear friends,

we just submit a workshop on PHA and the Charter at the European Social Forum (ESF) in Firenze, Italy (07.-10- Nov 2002) together with Buko-Pharmacampaign. please find the announcement below.

We would be very happy to see a lot of PHM-People in Firenze. Shouldn't we use the event to make a sepearte PHA-Europe meeting there? Quite a lot of grassroot-movements will use this gathering (I just heard from People's global Action that they will make an autonomous meeting during the ESF).

Who is planning to come to Firenze? You can register at their website: <http://www.fse-esf.org>

Best regards

Andreas

---

new e-mail!

Dr. Andreas Wulf, MD  
medico international e.V.  
Obermainnaniage 7  
D - 60314 Frankfurt / Main  
Germany - Allemagne  
Tel: +49 - 69 - 944 38 -0 (Ext. -35)  
Fax: +49 - 69 - 43 60 02  
e-mail: [wulf@medico.de](mailto:wulf@medico.de)  
[www.medico.de](http://www.medico.de)

→ Added to the Address List

Subject: Re: Issue of Contact on PHA

Date: Fri, 30 Aug 2002 15:54:07 -0700

From: Darlena David <darlena@hesperian.org>

To: "varuldas" <varuldas@cmai.org>

CC: "Manoj Kurian" <mku@wcc-coe.org>, "CHC Bangalore" <sochara@vsnl.com>

Dear Vijay

Thank you for your email. We are excited that the Contact issue on PHM is almost ready! Could CMAI send an email with the following information to LWR, MMS and Hesperian?

1. A brief description of the intended content, including a write-up on the concept of the People's Health Movement and the assembly at Dhaka
2. Distribution of the issues - sent to whom - available for whom
3. Projected date of publishing
4. Bank Account details:
  - Name of the project account holder:
  - Bank Name:
  - Bank Address:

I think Sarah had spoken to Manoj that we were able to raise only \$3000. And my understanding from what Sarah told me of her conversation with Manoj was that WCC is committed to the concept of the Peoples Health Movement and that finding the extra \$2000 may not pose too much of a problem. I hope that is still the case!

The Medical Mission Sisters and Lutheran World Relief who are joining us in supporting a part of the printing and mailing costs, would need about 90 copies of Contact. I would much rather not ask them to pay for these copies separately! Some of the copies that LWR needs are to be mailed to their Indian partners, so that will not enormously expensive. And the rest are to the Philippines. The Medical Mission Sisters would need about 40 copies for the countries where members are working to help them promote the concerns of the PHA.

As for Hesperian, depending on the content of the issue, it could be very useful for publicising the PHM among constituencies in the US. We would like very much to see a pdf file of the issue before deciding how many copies we might need. Again, the places we would use them would be the American Public Health Association meeting in November and the meetings that we are hoping Ravi would come to, in March next year as well as other forums. I know that Ray Martin was also interested in getting copies of Contact out to the CCIH members. If the content is such that it could potentially add steam to the PHM movement here, could we perhaps explore printing from a pdf file here?

I look forward to hearing from you,

with warm regards

Darlena

At 09:08 PM 8/30/2002 +0530, varuldas wrote:

> Dear Darlena, Hi. How are you doing? A quick question on the  
> Contact issue on PHA. Ravi suggested that we get in touch with you.  
> update me on the status of the sponsorship of the issue? I have looked  
> through the earlier emails, and could not understand the final situation.  
> You can transfer the money to CMAI under intimation to Manoj at WCC  
> (however, if Manoj says otherwise after getting this mail, please do as he  
> says .. he is the boss). The cost of sponsorship was for the normal print  
> run. We can print the extra copies you had asked for. As you know, the  
> average cost per copy including postage is US \$ 2.50. We need to hear  
> from you as soon as possible, to help us to wind up this issue quickly.  
> Warm regards Vijay

Dear Vijay  
with referen  
to 1

PHM-Contact-speci  
c issue. →

RN  
2/19/02



**Subject:** Issue of Contact on PHA

**Date:** Fri, 30 Aug 2002 21:08:50 +0530

**From:** "varuldas" <cmai@del3.vsnl.net.in>

**Reply-To:** "varuldas" <varuldas@cmai.org>

**Organization:** cmai

**To:** "Darlena David" <darlena@hesperian.org>

**CC:** "Manoj Kurian" <mku@wcc-coe.org>, "CHC Bangalore" <sochara@vsnl.com>

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Warm regards

Vijay

PHM-Contact issue file  
→

RH  
2/9

RH  
2/9

Subject: PHA-Exchange> New PHM Working circle on Women's Access to Health Care

Date: Tue, 27 Aug 2002 04:17:36 +0700

From: "Aviva" <aviva@netnam.vn>

To: "pha-exch" <pha-exchange@kabissa.org>

From: "wgnrr" <office@wgnrr.nl>

Dear list fellows,

> This is a message to inform all of you that we at the Women's Global  
> Network for Reproductive Rights will be starting a Working Circle on  
> Women's Access to Health Care and that we plan to do a work shop about it  
> at the Asian Social Forum that is to be held in Hyderabad 2-6th of January  
> 2003.

All interested please contact me directly at the email address above.

> Greetings,

> Sumati

> WGNRR Women's Global Network for Reproductive Rights

> RMMDR Red Mundial de Mujeres por los Derechos Reproductivos

> RMFDR Reseau Mondial des Femmes pour les Droits sur la Reproduction

> NEW AS OF MAY 1st, 2001

> Vrolikstraat 453-D

> 1092 TJ Amsterdam

> The Netherlands

> phone (31-20) 620 96 72

> fax (31-20) 622 24 50

> e-mail office@wgnrr.nl or newsletter@wgnrr.nl

> website www.wgnrr.org

PHA Exchange is hosted on Kabissa Space for change in Africa

To post, write to: PHA-Exchange@kabissa.org

Website: <http://www.lists.kabissa.org/mailman/listinfo/pha-exchange>

RN  
29/8/02  
Km

RN  
30/8

To include in Contact  
Special issue

R →



Subject: Re: Contact Special Issue

Date: Sun, 18 Aug 2002 09:12:28 +0200

From: Deepaks <sunil.deepak@tin.it>

To: Community health cell <sochara@vsnl.com>

CC: reena.luke@cmai.org

To: Reena Luke Mathai, Editor Contact

Information about Dr Sunil Deepak for special issue of Contact on People's Health Charter

Director of Medical Support department of an Italian NGO, Amici di Raoul Follereau (AIFO) in Bologna, Italy; also President Elect of International Anti-leprosy Associations (ILEP) in London, UK and consultant for Disability & Rehabilitation unit (DAR) of WHO in Geneva.

Best wishes,

Sunil  
Bologna, Italy  
19.8.2002

At 18.32 16/08/2002 +0530, Community health cell wrote:

>Dear Friends,

>

>Greetings from Community Health Cell!

>

>This is to inform you all that your articles and reports are being  
>included in a Special issue of Contact Magazine (September 2002). They  
>will be edited to highlight news and views from all over the world.  
>Please send immediately two or three lines about yourself which may be  
>included at the end of the article or report. Mark this to the editor of  
>Contact - Reena Luke Mathai at reena.luke@cmai.org with a copy marked to  
>us. A draft of the manuscript will reach you soon for approval.

>

>If any of you have any nice action photographs of events, campaigns,  
>publications or other PHM related activity then post them to Reena with  
>some captions or details. If you can scan them and send then by email  
>that is also welcome but not necessary. Post is also okay since we have  
>time.

>

>If you wish to have a large number of copies of this Special issue than  
>please also write to her about this. Andrew and I are writing a Joint  
>editorial weaving it all together. In CHC we are also putting together a  
>'keeping track' on PHM booklets. If you have produced any of wider  
>interest, please let us know.

>

>Best Wishes,

>

>Yours Sincerely,

>

>Ravi Narayan,

>CHC / PHM

Contact sp issue file →

RN  
19/8/02  
Ln

RN  
19/8

Subject: Re: contact sp issue

Date: Fri, 16 Aug 2002 18:32:24 +0530

From: Community health cell <sochara@vsnl.com>

To: Reena <cd.cmai@vsnl.com>

Dear Reena,

Greetings from Community Health Cell!

Thanks for your follow up letter on the Contact PHM issue.

1. Regarding sponsorship options please get in touch with Darlena immediately

since she had followed up on this.

2. I think if I do a focussed first level editing some of your concerns will be

handled (You will begin to get it from 19th not 16th as originally mentioned). However I think we must be careful not to label PHM concerns about

International Public Health trends as WHO/ World Bank bashing. This is not one

upmanship but a serious critique from hundreds of people who were committed to

the Alma-Ata declaration. It is a back tracking on this commitment and the

allowing of international liberal economic trends that favour the market that is

to be countered. Perhaps if you are put on the PHA-Exchange where all this is

regularly circulated, you will understand the crisis of confidence in WHO/World

Bank better. That aside all the other comments to extract and balance the papers

while editing them are acceptable.

Best Wishes,

Ravi Narayan,

CHC / PHM

Reena wrote:

> Dear Ravi,

> Thank you for the two folders which you sent in addition to the earlier  
> text. I have sifted out the matter and have done a rough editing and it is  
> now ready to be sent to Editorial Group for their approval.

> I need to also explain to the group as to how I am planning to get this  
> edition

> inserted between our regular schedule and therefore will have to specify the  
> details.

> However before I do that, I need to be clear about the sponsorship details.

> I seem to have missed your email on it, so pl do update about it. Hope you  
> don't mind.

>

> In addition, I have some concerns about the issue so far....just putting  
> down random thoughts.

> Its not clear what exactly we are trying to focus in this issue. For the  
> edition to be 'wholesome' I feel

> we could start with the PHM/WHA events but we need to have a little bit of

> the PHA history/ its present work/impact, advocacy, and some grass root  
> experiences etc etc.

PHM-Contact  
Special issue  
RN  
19/8  
file→



**Subject: Re: Contact Special Issue**

**Date:** Fri, 16 Aug 2002 16:34:26 +0200

**From:** ellen.verheul@wemos.nl

**To:** Community health cell <sochara@vsnl.com>, reena.luke@cmai.org

**CC:** "Qasem Chowdhury, Dr" <gksavar@ciitechco.net>

Dear Reena,

On Pavi's request, I send you some lines about myself for the special Contact issue on PBM.

Ellen Verheul is project leader for Wemos, a Dutch NGO working on health and development issues. She works on health policies in relation to debt, structural adjustment and PRSPs. Contact: ellen.verheul@wemos.nl

Hope this will do.

Warm regards,  
Ellen

>. A draft of the manuscript will reach you soon for approval.

>

>

--

Please reply to ellen.verheul@wemos.nl

---

The highest attainable standard of health is a fundamental Human Right.  
Wemos Foundation has been working since 1981 to improve people's health in  
developing countries through influencing international policy.

Wemos Foundation, P.O. Box 1693, 1000 BR Amsterdam, The Netherlands  
tel :31-20-4.688.388 / fax :31-20-4.686.008 / web site <http://www.wemos.nl>

---

*PHM special contact issue  
file →*

*RN  
19/8/02*

*sochara  
19/8/02*

**Subject: Contact Special PHM Issue**

**Date: Sat, 9 Nov 2002 11:10:12 +0700**

**From: "Aviva" <aviva@netnam.vn>**

**To: "Ravi" <sochara@vsnl.com>**

----- Original Message -----

From: "Reena Luke Mathai" <cmai@del3.vsnl.net.in>

To: "Aviva" <aviva@netnam.vn>

Sent: Friday, November 08, 2002 5:15 PM

Subject: Contact Special PHM Issue

> Dear Claudio,

> Greetings from Contact!

> Thanks for your mail and other inputs for the PHA issue.

> I could not get in touch with you earlier because I was loaded with

> deadlines and other routine stuff that badgers one on a daily basis.

> Anyway, this is to inform you about your request to include as a box details

> about the the PHM

> Well, I think the best place for that vital input is on the back cover of the edition.

> Its bound to be prominent and even your neighbourhood mailman will get to read it!

> Hope that's okay.

> With warm wishes,

> Reena

>

> ----- Original Message -----

> From: Aviva <aviva@netnam.vn>

> To: <reena.luke@cmai.org>

> Cc: Ravi <sochara@vsnl.com>

> Sent: Saturday, November 02, 2002 6:57 AM

> Subject: Claudio: Contact Special PHM Issue

>

>

> > Dear Reena, Ravi suggested that we not only correct the PHM's website and

> > listserver addresses, but that we actually insert a small box in a

> > strategic

> > place in the issue encouraging people to visit the site and join the list.

> > We wanted me to suggest a text. Here it is:

> >

> > You want to stay in contact with the People's Health Movement?

> > We certainly would be very glad you did.

> > Do two things:

> > 1. Periodically visit PHM's website and see what's new

> > [www.phamovement.org](http://www.phamovement.org)

> > 2. Join our active listserver and receive informative emails 3-4 times a

> > week and post your OWN news and comments to share with 600 others in the

> > list.

> > write directly to [pha-exchange@kabissa.org](mailto:pha-exchange@kabissa.org) and ask

> > to join, OR write to the list's moderator at [aviva@netnam.vn](mailto:aviva@netnam.vn) asking for the

> > same.

> > If you do both things, we still ask you to share hard copies of the

> > materials you find of interest with those organizations and individuals

> > who

> > do not have access to the internet and email services.

> > JOIN THE NETWORK. STAY ABEAST. MAKE A DIFFERENCE.

> > DIVIDED WE BEG; UNITED WE DEMAND!

> >

> > Claudio

> >

> >

> >

> >

> >

> >

> >

> >

RN  
18/11

RN  
21/11/02  
Lor



Subject: Re: Contact PHA issue

Date: Wed, 13 Nov 2002 13:54:59 +0530

From: Community Health Cell <sochara@vsnl.com>

To: subscribe <subscribe@cmai.org>, Reena Luke Matai <reena.luke@cmai.org>

Dear Reena / Indira,

Greetings from Community Health Cell!

Received both the emails (8th Nov 02) and the dummy (Contact 176). Thanks.

Dr.Ravi is presently in East Africa. He will return to office on 18 November 2002, when your papers will be put up to him for response.

With best wishes,

Sincerely,

K.Gopinathan  
Administrative Officer  
Community Health Cell

subscribe wrote:

Dear Mr Narayan, Greetings from CMAI! As told by Ms Reena Luke; I am attaching the pdf file of Contact 176 PHA issue. I have just placed the text and working on the design aspect. With kind regards Indira  
Pl. reply to the following e-mail address  
[subscribe@cmai.org](mailto:subscribe@cmai.org)

*RN*  
*18/11*

Subject: Contact PHA issue

Date: Mon, 11 Nov 2002 16:49:22 -0800

From: "subscribe" <cd.cmai@vsnl.com>

Reply-To: "subscribe" <subscribe@cmai.org>

To: <sochara@vsnl.com>

Dear Mr Narayan,

Greetings from CMAI!


As told by Ms Reena Luke, I am attaching the pdf file of Contact 176 PHA Issue. I have just placed the text and working on the design aspect.

With kind regards

Indira

Pi. reply to the following e-mail address

[subscribe@cmai.org](mailto:subscribe@cmai.org)

 Pha176rn.pdf	Name: Pha176rn.pdf Type: Acrobat (application/pdf) Encoding: base64
---	---

RN  
12/11/02  
lm

RN  
12/11/02



for Dr. Ravi Narayan

**Subject:** For Dr. Ravi Narayan

**Date:** Tue, 27 Nov 2001 10:42:22 +0530

**From:** "Balaji Sampath" <kb@eth.net>

**To:** "Community Health Cell" <sochara@vsnl.com>

This is the Arogya Iyakkam Report I had initially prepared for UNICEF...

Balaji

AI Note for Patrice.rtf

**Name:** AI Note for Patrice.rtf

**Type:** Winword File (application/msword)

**Encoding:** quoted-printable

RN  
27/11/02  
km

To check  
against Contrack-AI  
programme report

RN  
28/11

## **Arogya Iyakkam**

### **Community Initiatives to Improve Health and Nutrition**

This programme is now being implemented in about 500 villages in 10 blocks in TN - implemented by Tamilnadu Science Forum. The programme has 3 main aims:

1. Improve utilization of primary health care services
2. Make a measurable improvement in child health and nutrition status
3. Organize and empower women around their health needs.

The programme organized village health committees, which selected a local health activist. These voluntary health activists were trained in camps and more intensively on the field in talking to mothers about nutrition and diseases, and to pregnant women on nutrition, delivery, breast-feeding, etc. The village committees met, read and discussed health books - and helped the health activist in promoting nutrition and health education.

#### **Significant highlights of the approach used in the programme:**

1. Respect for the mother and the pregnant women - they are consciously seen as intelligent people coping in poverty and difficult conditions and not as ignorant people who don't listen to sensible advice. Focus is on understanding why a mother does not want to follow our advice and changing our advice to suit her, rather than blaming the mother for it.
2. The mother already has a world-view (formed by her own experiences and learnt from the community around her) - that world-view informs her of what health practices are good for her child. Our advice often differs from her 'information' - to succeed, we have to integrate this advice with her overall world-view, by discussing in detail why this new advice makes sense. Explaining the reasons for the advice is critical to this approach.
3. This kind of negotiation and house-house individualization of health advice requires more skill and confidence than just preaching to a passive audience. Training the activist in this takes time - she has to learn not only to advise, but also to counter arguments. She also needs support from a group of trainers who visit her regularly and provide her work with legitimacy and constantly encourage and re-train her.
4. The heart of the programme is this negotiation - but it need not always be done individually. The activists often call larger meetings to discuss specific issues - say feeding colostrum. In the larger meeting somebody would invariably say they have fed the baby with colostrum and the baby is healthy - this can be used as 'peer-proof' to convince others. This kind of negotiation with a larger group requires even more skill and often the block trainers have to help the activist in conducting such discussions.

### **Evaluation Results**

A study of 197 villages of the 500 showed that a significant improvement in child nutrition status had been achieved in this short period of 1.5 years.

- Of 7133 children, weighed at the beginning of the programme and after 1.5 years, the number of Normal Children increased from 34.45% to 45.77 % - an increase of 11.33%. The number of Grade I children increased marginally by 1.23% and the



number of Grade II, Grade III and Grade IV children decreased by a corresponding 12.56 %. This clearly shows that a significant number of children improved from a low nutrition status.

- Instead of looking at the overall grade, if we follow each child to see what has happened to him/her, the figures we get are even more revealing. 34.9% of the children have improved and 25% of the children were retained at Normal, 13.6% of children worsened in this period. Compared with non-programme areas, in the programme areas, the improvements have increased, the worsening has reduced and slippage from Normal has also significantly reduced. Analysis shows that the programme has improved the nutrition status of an additional 29% of the children.

### Organizational Insights

Often visitors ask why these activists are so motivated and work hard even without pay. These are some of our answers...

Field workers – health activists, VHNs, ICDS workers – often come from a poor social background and have a low level of education. They get very little respect for who they are and what they do. If we expect our activists to respect mothers, we must at least ensure that we respect our activists and understand their problems. This understanding leads us to the following:

1. When measuring the activist's work, we do not blame her for weak children – we only measure her actual work – which is talking to mothers and pregnant women. If children have worsened, the reasons are sought in weakness of training and in need for changing the focus of the programme and sometimes we find that larger factors like diarrhea epidemics or loss of employment are responsible.
2. In front of the mothers the activists are always praised. To boost her respect in the village and to also boost her self-confidence, we organize village meetings in which she is honored and called to talk to the village community. These measures gain her respect locally and also motivate her to work harder.
3. Egalitarian relationship between the trainers and the activists is important. The motivation of these trainers, their willingness to sit with the mothers and talk and even stay back in the village for 2-3 nights to meet mothers inspires the activists.
4. The fact that the activists are not paid ensures that inspiring them and motivating them is critical in sustaining them. Paying them on one hand will ensure they come to meetings and reviews regularly, but since the need for motivation goes down, they will do their work less inspiration – and therefore less effectively. It is critical that the activist and the village sees her work as being voluntary – done for the sake of the improving children's nutrition and not for money.
5. To ensure that the focus of the activist is on actually meeting mothers and pregnant women – administrative things like writing reports and maintaining records is kept to a minimum. The trainer who also monitors the programme collects the data and writes reports, the activist is asked to maintain just one page from which all the relevant data is gathered.

## **What can be done to improve ICDS programmes ?**

ICDS is the only social security scheme that has the potential to reach the poor working mother and the vulnerable young child. Greater budgetary allocation for ICDS will definitely help and is needed for a much larger impact. With a greater budget, the following can be done:

1. Increasing the salaries of the ICDS workers can go a long way in making them more committed. Increasing the number of Anganwadi workers keeping in mind their work load and required child-adult ratio is also important.
2. Upgrading facilities and infrastructure
3. Universalizing ICDS

Providing them with community support (organized by NGOs or community organizations) like the Arogya Iyakkam programme above will also help improve their efficiency. But this should not be seen as the state merely employing a village health worker. Earlier experiences have shown that this invariably fails. The money thus provided would be better used in increasing the salary of the ICDS worker. The village health activist should not be seen as the lowest paid employee of the government, but rather as a community representative who ensures that services reach the needy. She is responsible to the community and not to the government machinery. The government can partner with NGOs to identify and provide training to these activists – after which the NGO and the local groups should be able to support the programme without external support.

The following are non-monetary measures that can improve the situation. The over-arching principle in the following is that the ICDS worker is basically hard working and needs more respect, more training, less monitoring, and more flexibility.

### **Flexibility**

1. Set up the timings of the Anganwadis to correspond to the needs of the target group – there should be flexibility in this based on the local needs.
2. Flexibility in distribution system and type of food.
3. Flexibility in management and design of ICDS – principle of partnership between the government, NGOs and people's groups.
4. ICDS worker should have more flexibility in planning and timing local programmes.
5. Decentralize to panchayats the continuing responsibility of finances and service conditions.

### **Records and Respect**

6. Reduce and streamline record keeping – more focus on actual health education.
7. Prevent falsification of records by removing the pressure of failure from the ICDS worker for poor child health status. Don't blame the ICDS worker – often she does her best. Purpose of records should be to monitor the programme and not the ICDS worker.
8. Use records to measure improvement in local health status and to identify problems. To do this requires training. This analysis should be followed by presentation of the results locally and to change the local thrust of the programme as required.
9. Village meetings to highlight the work of the ICDS worker and her contribution can boost her morale and motivation and also the respect she has in the village.



### **Training**

10. Revise training and evaluation – more focus on education of mothers and pregnant women and the skill of negotiating with them.
11. Increase emphasis on neglected components of ICDS package – particularly early childhood education.
12. Training on use of records to measure improvement of health status and on presenting the analysis at a village meeting.
13. Convergence of services at both planning and implementation levels is also essential.

**Subject: RAVI ref. CONTACT**

**Date:** Fri, 29 Nov 2002 16:08:55 -0600

**From:** "Maria Hamlin Zuniga" <iphc@ibw.com.ni>

**To:** "Community health cell" <sochara@vsnl.com>

Dear Ravi,

I have checked the copy of the Contact article which you sent on 17 October. It seems to be different from that you showed me in Savar.

Could you please confirm that the 17 October copy is the one to be reviewed. If not, please send me the proper version.

I have no real changes to make to the 17 October version.

I have had trouble with my server. When it is reestablished I will be setting up the new group for the PIM Steering Group. It should be ready in a couple of days.

Cheers, Maria

*Ravi*  
*11/29/02*  
*Lon*

*Dear Maria*  
*I have made a modification*

*Ravi*  
*3/12*



ntact Special Issue

**Subject: Contact Special Issue**

**Date: Wed, 26 Feb 2003 12:54:16 +0530**

**From: Community Health Cell <sochara@vsnl.com>**

**To: Recna Luke Matai <reena.luke@cmai.org>**

Dear Reena

Greetings from People's Health Movement Secretariat at CHC, Bangalore!

Just a note to say thanks for bringing out a very good Contact Special issue on the People's Health Movement. Actually I wrote to you and the Contact team soon after reaching from the Asia Social Forum, but the mail seems to have gone lost in cyberspace. Many people who have seen the issue have also commented positively and these probably will be demand for more copies or some bulk orders. Thanks for the copies sent through Vijay. Thelma and I are carrying a bundle to Berkeley for the PHM - US tour. I shall request Manoj and the PHM Geneva group to follow up on the possible order for copies to be distributed at the PHM Geneva event before the next World Health Assembly in May.

Best wishes to you all,

Ravi Narayan  
Coordinator,  
PHM Secretariat,  
CHC - Bangalore

P.S: We are forwarding the first bulk order from Bangladesh. Please follow up.

Community Health CellReena Luke Mathur, CMAI

From: DGRP <dorpco@bangia.net>  
 To: <sochara@vsnl.com>  
 Sent: Monday, February 10, 2003 3:48 PM  
 Subject: Request to send 50 copies of publications 'Contact'

25/2/03

05 February 2003

To

Editorial Committee

Contact

World Council of Churches

Attn: Mr. Christopher Benn

Christina de Vries and other members

Sub: Thanks and congratulation for publication: "Contact" and send us 50 Copies for PHM Members

Dear Editor,

Warm thanks and felicitations for the publication "Contact" (January-March 2002 : printed in December 2002 ) with reflections of experiences health interventions and critical observations of health activists across the continents. I am thankful to see my article published in the issue vis-a-vis Bangladesh health scenario and future challenges to be adhered in the days to come.

Thanks to Dr. Ravi Narayan, PHM India for providing some copies during Asian Social forum held at Hyderabad, India in last January 2003.

We request you to kindly send 50 copies of the publication of this issue for circulation to our fellow PHM members and other agencies.

Your necessary cooperation to strengthen PHM Bangladesh Circle will be highly appreciated.

Sincerely,

A.H.M.Nouran

Chairperson,

PHM Bangladesh Circle

Copy: Dr. Ravi Narayan, PHM, India

Dear Reena

Just to note to say  
 Thanks for bringing out a very  
 good Contact special issue  
 on the Peoples Health Movement.  
 Actually I wrote to you and the  
 Contact team soon after returning  
 from the Asia Solid Forum but the  
 mail seems to have got lost in  
 cyberspace. Many people who have  
 seen the issue have also commented  
 positively and there probably will  
 be demand for more copies  
 or some bulk orders. Thanks for  
 the copies sent thru Vijay Thelma  
 and I are carrying a bundle  
 to Berkeley for the PHM-US tour.  
 I shall request Manoj and the

PHM Geneva group  
 to follow up  
 on the possible  
 order for copies  
 to be distributed  
 at the PHM Geneva  
 event before  
 the next World  
 Health Assembly in  
 May.

Best wishes to you

all  
Ravi Narayan  
 PHM Sec Gen

forwards 26/2/03

DGS

Please send Nouran's letter  
 to Reena, CMAI (contact) - also

Send Reena this letter

RN  
 18/2/03

P.S. we are forwarding the  
 first bulk order from  
 Bangladesh. Please follow up