

From: Paranie <paranie@haiap.org>
To: <secretariat@phmovement.org>
Sent: Tuesday, April 15, 2003 11:04 AM
Attach: Regional Consultation - programme - final (1).doc; Participants.doc
Subject: Regional Consiltation Agenda and participants list

Dear Dr. Ravi Narayan,

Greetings from HAIAP Office, Sri Lanka!

Thank you very much for spending some time with us while in Sri Lanka. It was indeed a great pleasure meeting and listening to you.

I am attaching the agenda and the participant list with contact e-mail / telephone numbers for your information as requested. I hope this is useful. Please do not hesitate to contact me for more information.

Sincerely,

Paranie

Dr N Paranietharan
Project Officer
Health Action International Asia Pacific
Level 2, # 5, Frankfurt Place,
Colombo - 04, Sri Lanka
Tel: 94-1-554353, Fax: 94-1-554570
E-Mail: paranie@haiap.org

Dr Vinye Ariyaratne and also
keep in touch with PHM Sri Lanka
and their evolving plans
Keep in touch
Best wishes
Ravi Narayan
PHM Secretariat

PHM, Sri Lanka (D) 17/4/03

Dear Bala/Ram/Ekhal, and PHM members
and friends attending Regional
Consultation organised by HAI-AP at Colombo
from 17-19th.

Hope this reaches you before you disperse.

- i) Greetings from the PHM Secretariat for your consultation and wishing you all a serious and meaningful dialogue
- ii) I received the list of potential participants of the consultation and discovered many PHM friends from Asia-Pacific. Hope you will be able to have a small impromptu PHM get together and send us news from all of them about the 'Health of PHM' in their country
- iii) Please write all of them to try and attend PHM Geneva events or atleast keep the secretariat posted of any one from their countries who is attending. Please pass on the last PHM Geneva Communication II which I forwarded to you all a few weeks ago.

hope that a short statement from your
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General meeting on 16th of WCC and also if there are
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processes these could be brought up on 17th May
at the strategy meeting
If HAI could raise a few
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participation of a few this would be
a good impetus to the dialogue

v) Please do send
your final or concluding
statement from the meeting
for PHM Exchange
vi) Finally I hope you
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Dr Vinye Ariyaratne and also
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and their evolving plans

Ravi

PHM-HAI

4/15/03

PROGRAMME

REGIONAL CONSULTATION ON THE WTO/TRIPS AGREEMENT
AND ACCESS TO MEDICINES:
APPROPRIATE POLICY RESPONSES
Colombo, Sri Lanka
April 17-19, 2003

Wednesday 16th April

Registration: Office of the Secretariat (2:00-7:00pm)
Colombo Plaza (formerly Hotel Lanka Oberoi)
77 Steuart Place, Colombo 3
Tel: (94 1) 437 437
Fax: (94 1) 449 283

Thursday 17th April (Day 1)

7.30 – 9.00am Registration [continued]

9.00 – 10.30am

Session 1

Opening ceremony

Welcome by hosts and co-sponsors

Dr H A P Kahandaliyange

Director General, Department of Health Services, Sri Lanka

Dr Krishantha Weerasuriya

Regional Adviser, Essential Medicines and Drug Policy, South East Asia

Regional Office (WHO/SEARO)

Dr Prem Chandran John

Chairperson, Health Action International Asia Pacific (HAIAP) Governing

Council

Martin Khor

Director, Third World Network (TWN)

Objectives and aim of regional consultation

Dr K Balasubramaniam (HAIAP) & Martin Khor (TWN)

10.30 – 11:00am

Tea break

Public health, pharmaceuticals and patents: An overview of issues and concerns

The relationship between patents and prices
Dr K Balasubramaniam, HAIAP

WHO and Health Pharmaceutical policies in the context of globalization and TRIPS
Dr Krishantha Weerasuriya, WHO/SEARO

Overview of WTO Agreements and implications for national industrial, public health and development policies
Martin Khor, TWN

Access to medicines and intellectual property: The debate and the key players
James Love, Consumer Project on Technology

1.00 – 2.30pm

Lunch

2.30 – 4.00pm

Session 3
TRIPS and Public Health: Appropriate policy responses and the Manual on Good Practices in Public Health Sensitive Patent Laws

Policy needs and options for patents and access to medicines
Martin Khor, TWN

Model Legal Provisions and Administrative Practices for Patent Laws
Cecilia Oh, TWN

4.00 – 4.30pm

Tea break

4.30 – 5.30pm

Session 4
The Doha Declaration on the TRIPS Agreement and Public Health: Maximising the flexibilities in TRIPS

Key elements and national policy implications of the Doha Declaration
Prof Carlos Correa, University of Buenos Aires

9.00 – 11.00am

Session 5

Balancing patent protection and public health considerations: Use of TRIPS-consistent measures post-Doha

TRIPS safeguards: Crown use, compulsory licences and licences of right in patent laws

Christopher Garrison, MSF

Lessons from state practice in the US: Government use, compulsory licensing and compensation

Robert Weissman, Essential Action

Review of national patent legislation in South and Southeast Asia

Dr B K Keayla

11.00 – 11.30am

Tea break

11.30 – 1.00pm

Session 5

Preparing for the post-2005 scenario: Choices and challenges in integrating public health considerations in patent legislation

Prof Carlos Correa, University of Buenos Aires

James Love, CP Tech

1.00 – 2.30pm

Lunch

2.30 – 5.00pm

Session 6

Domestic pharmaceutical production and capacity: Issues, experiences and prospects

Dr Krisana Kraisintu, Thailand

Dr Gopakumar G Nair, Indian Drug Manufacturers Association, India,

Mrs Endang Suyarti, Kimia Farma, Indonesia

Dr Zafrullah Chowdhury, Project Coordinator, Gonoshasthaya Kendra, Bangladesh

Ms Amy Guo, Desano Pharmaceutical Co. Ltd, Beijing

5.00 – 5.30pm

Tea break

5.30 – 6.00pm

Session 7

Working Group discussions/Country Reports

The implications of TRIPS Agreement on:

- Public health, pharmaceuticals and access to medicines
- Pharmaceutical industry and technology
- National legislation on intellectual property rights

9.00 – 12.30pm

Session 7 (continued)

Working group discussions/Country Reports

Working groups will deliberate on the issues and present recommendations and suggestions to the plenary.

(Tea break at 10.30am)

12.30 – 2.00pm

Lunch

2.00 – 3.00pm

Session 8

Reports of working groups to plenary

Group rapporteurs to present summary of group discussions and recommendations for future action

3.00 – 3.30pm

Tea break

4.00 – 5.30pm

Session 9

Panel Discussion: TRIPS Agreement, public health and pharmaceuticals in Asia Pacific

Panel moderator: Dr K Balasubramaniam

5.30 – 6.00pm

Session 10

Closing remarks

Chief guest:

Honourable Minister of Health, Nutrition and Welfare, Sri Lanka

Ministry Officials

Name	Designation	Mailing Address	E-mail/ Telephone & Fax	Flight Details	Meal Preferences
r Mihir Kanti ajumder	Deputy Secretary	Ministry of Health and Family Welfare Bild. No 3, Room No. 313 Bangladesh Secretariat Dhaka, Bangladesh	Tel: 880-2-8619330 Fax: 880-2-8619077 mihir@bandla.net	Arr 16/4 TG 307 2359 hrs Dep 20/4 EK 6153 1320 hrs	
r Meng Qun urname is Meng) (*)	Deputy Director General	Department of Health Legislation and Supervision No. 1 Nanlu Xizhimenwai Xicheng District, Beijing 100044 P R China	Tel: 86-10-68792048 Fax: 86-10-68792387 amengcn@yahoo.com	Arr 17/4 MH 189 0045 hrs Dep 20/4 SQ 401 0135 hrs	Non Vegetarian
s Zheng Yunyan urname is Zheng) (*)	Research Assistant	WTO Relative Affairs Ministry of Health No 1 Xi ZhiMenWai Nanlu Beijing 100044 China	Tel: 86-10-68792883 Fax: 86-10-68792387 yunyanzheng2002@hotmail.com	Arr 17/4 MH 189 0045 hrs Dep 20/4 SQ 401 0135 hrs	
r Chroeng Sokhan (*)	Vice Director	Department of Drug and Food No 8, Street 109 Phom Penh Cambodia	Mobile: 855-23-880696 Fax: 855-23-880696 sokhan@bigpond.com.kh	Arr 15/4 UL 423 2315 hrs Dep 21/4 UL 422 0745 hrs	Non Veg
s Aaisha Makdhum	Section Officer	WTO Wing, Ministry of Commerce EAC Building 5 – a Constitution Avenue Islamabad, Pakistan	Tel: 92-51-9208154 Fax: 92-51-9213785 sowtoip@hotmail.com	Arr 17/4 Gulf 142 0640 hrs Dep 22/4 EK 6153 1320 hrs	
r Farzana Chaudhury	Drugs Controller	Drug Control Organization Ministry of Health Pak-Secretariat, Block C Islamabad, Pakistan	Tel: 92-51-9202566 Fax: 92-51-9205481 sowtoip@hotmail.com	Arr 17/4 Gulf 142 0640 hrs Dep 22/4 EK 6153 1320 hrs	
r Coleman Moni (*)	Principal Advisor, Policy	National Department of Health P O Box 807 Waigani, NCD Papua New Guinea	Tel: (675) 3013637 Fax: (675) 3013604 cmoni@health.gov.pg	Arr 16/4 EK 349 0200 hrs Dep 20/4 EK 348 1055 hrs	Non Veg
r Vali Karo (*)	Principal Advisor, Quality Assurance	Medical Supplies Branch Department of Health P O Box 807 Waigani, NCD P N G		Arr 16/4 EK 349 0200 hrs Dep 20/4 EK 348 1055 hrs	Non Veg

Ministry Officials

Dr Theingi Zin (*)	Assistant Director	Food and Drug Administration Department of Health 35, Minkyaung Street Dagon P O 11191, Yangon Myanmar	Tel: 951-250283 Fax: 951-210652 myanmarfda@mptmail.net.mm	Arr 15/4 UL 423 2315 hrs Dep 21/4 UL 422 0745 hrs	Non Veg
Dr Phone Myint (*)	Deputy Director	Department of Health Planning Ministry of Health 27, Pyidaungsu Yeiktha Road Dagon Township, Yangon Myanmar	Tel: 951 210618 Fax: 951 210652 indmoh@mptmail.net.mm	Arr 15/4 UL 423 2315 hrs Dep 21/4 UL 422 0745 hrs	Non Veg
Mr Ubaidulla Thaufeeq (*)	Pharmaceutical Officer	Ministry of Health Ameenee Magu, Male Republic of Maldives	Tel: 960 – 328887 Fax: 960-328889 moh@dhivehinet.net.mv	Arr 16/4 UL 102 0950hrs Dep 20/4 UL 460 2045 hrs	Non Veg/ Halal
Mr Ugyen Dorji (Requested to purchase ticket)	Marketing Officer	Institute of Traditional Medicine Department of Health P O Box297, Thimphu Bhutan	Tel: 975 2 -325731 Fax: 975 2 23527 menjong@druknet.bt	Arr 16/4 TG 307 2359 hrs	Non Veg
Mr Badiuzzaman Ansary	The Patent Office	91. Motijheed C/A Shilpa Bhaban Annex Building (3rd Floor) Dhaka – 1000	Tel: (880) 9555541 Fax:(880) 9342226 patent@ciitechco.net	Arr 16/4 TG 307 2359 hrs Dep 20/4 EK 6153 1320 hrs	Halal
Mr B P Sharma (Has made his own arrangements)	Joint Secretary	Ministry of Health and Family Welfare Department of Health Nirman Bhawan, New Delhi 110 011		Arr 16/4 IC 573 1420 hrs Dep 19/4 IC 574 1545 hrs	
Dr Linda Sitanggang (Requested to purchase ticket)	Director of Drug Evaluation and Biological Product	National Agency of Food and Drug Control, Jl. Percetakan Negara 23, Jakarta Indonesia	Tel: 62 – 21 4244755 Ext 105 Fax: 62 – 21 4243605 regobpom@indo.net.id	Arr 17/4 SQ 402 0015 hrs Dep 20/4 SQ 401 01:35 hrs	Non Veg
Dr Bahron Arifin Api (Requested to purchase ticket)	Director of Public Drug Supply Management	Ministry of Health, Jl. H R Rasuna Said Blok X5, Kav 4-9, Kuningan, Jakarta Selatan 12950	Tel: 6221-5201590 Ext. 5809 Fax: 6221 – 52964838	Arr 17/4 SQ 402 0015 hrs Dep 20/4 SQ 401 01:35 hrs	

Ministry Officials

Mr Bhupendra B Thapa (Requested to purchase ticket)	Acting Director	Department of Drug Administration Bijulibazar, Kathmandu Nepal	Fax: +977 1 4780572 thapa6@hotmail.com dda@healthnet.org.np	Arr 16/4 UL 192V 0335 Dep 20/4 UL 191V 1915	Non Veg
Mr Ketsouvannasane Bounlonh to confirm	Chief of Administration Division	Food and Drug Department, Ministry of Health, Vientiane Lao PDR	Tel: 856 21 214013-14 Fax: 856 21 214015 drug@loatel.com		Non Veg
Mr Le Trieu Dung	Official	Multilateral Trade Policy Department, Ministry of Trade Policy Department Ministry of Trade, Vietnam	Tel: 844 8230794 Fax: 8448234758 E-mail: etdung@mot.gov.vn etdung@yahoo.com		Non Veg
Mr Phan Cong Chien	Official	Drug & Cosmetic Registration Division Drug Administration of Vietnam	Tel: 84 4 8230794 Fax: 84 4 8234758 chienpc@yahoo.com		Non Veg
Shah Md. Nazmul Alam	Retd. Jt Sec to the Gov. Public Health Section	Ministry of Health and Family Welfare Bangladesh Secretariat Dhaka – 1000	Tel: 880 2 9550666 Fax: 880 2 7169077		

Resource Persons

Name	Designation	Mailing Address	E-mail, Telephone and Fax	Flight Details	Meal Preferences
Mr Rob Weissman		Essential Action P O Box 19367 Washington, DC 20036	rob@essential.org Tel: +1-202-387-8030 Fax: +1-202-234-5176	Arr 16/4 EK 550 09:05 hrs	
Mr B K Keayla (*)		A-388, Sarita Vihar, New Delhi – 110044 India	wqkeayla@del6.vsnl.net.in Tel: 681-3311 (Office) 694-7403 (Res) Fax: (91-11) 681-3311	Arr 16/4 UL 192 0335 hrs Dep 22/4 UL 191 1915 hrs	
Mr James Love	Director – Consumer Project on Technology		James.love@cptech.org +1-202-387-8030, (M) +1-202-361-3040	Arr 16/4 EK 550 09:05 hrs	
Dr Carlos Maria Correa			quies@infovia.com.ar	Arr 17/4 UL 506 13:30	
Mr Martin Khor		Third World Network Rue de Lausanne 36 1201, Geneva	mkkp@pd.iaring.my +41-22-908-3550 +41 22 908 3551	Arr 17/4 MH 189 0045 hrs Dep 20/4 MH 188 0200 hrs	✓
Dr Krishantha Weerasuriya	Regional Advisor Pharmaceuticals	WHO/SEARO	weerasuriya@whosea.org	Arr 16/4 UL 192 0335 hrs	
Mr Christopher Garrison			christopher.garrison@london.msf.org	Arr 16/4 UL 506 1515 hrs Dep 19/4 UL 501 1335 hrs	
Ms Krisana Kraisintu (*)		471/375 Phayathai Place Condominium Sri Ayudhaya Road Rajtevi, Bangkok 10400 Thailand	Fax: 662 6447851 kraisintu@hotmail.com	Arr 17/4 UL 423 2315 hrs Dep 21/4 UL 422 0745 hrs	
Ms Cecilia Oh		Third World Network Rue de Lausanne 36 1201, Geneva	ceciliaoh@yahoo.com	Arr 15/4 LX 4242 0235 hrs	✓
Mrs Endang Suyarti		Kimia Farma	markkf@cbn.net.id	Arr 17/4 SQ 402 0015 hrs Dep 20/4 SQ 401 01:35 hrs	
Dr Zafrullah Chowdhury	Project Coordinator	Gonoshasthaya Kendra House 14E, Road 6, Dhanmondi Dhaka 1205 Gonoshasthaya Nagar Hospital	Tel:(880) 2-861708, 8617387 Fax: (880)2-8613567 gk@citechco.net	Arr 16/4 TG 3072359 hrs Dep 20/4 EK 6153 1330 hrs	✓
Ms Karin Timmermans		Indonesia	karint@who.or.id	Arr 17/4 SQ 402 0015 hrs	
Dr Gopakumar Nair		India		Arr 17/4 UL 142 0620 hrs	

HAIAP Members

Name	Designation/ organization	Mailing Address	E-mail, Telephone and Fax	Flight Details	Meal Preferences
Dr Prem Chandran John (*)	Chairperson – HAIAP	10, 32 nd Cross Street, Besant Nagar, Madras 600 090 India	hariprem@eth.net prem_john@vsnl.net 91-44-2491 9890, 2491 0368 91-44-2821 6705	Arr 15/4 UL 122 1235 hrs Dep 22/4 UL 123 1910 hrs (No airport pickup)	
Dr Mira Shiva	Member of the Governing Council	A-60, Hauz Khas, New Delhi 110 016 India	mirashiva@yahoo.com ++91-11-2685 5010 ++91-11-2651 2385	Arr 16/4 UL 192 0335 hrs Dep 22/4 UL 191 1915 hrs	
Dr Niyada Kiatying-Angsulee (*)	Drug Study Group	11/156 Soi Kawna2 Charansitwong 13, Bangkok 10160 Thailand	Niyada.k@chula.ac.th ++662-2188374 ++662-2188368	Arr 15/4 UL 423 2315 hrs Dep 21/4 UL 422 0745 hrs	
Dr Kannamma Raman	Reader in Public Administrator, Department of Civics and Politics, University of Mumbai	304, Rajhans Apartments Lane No. 3, Sundar Nagar Kalina, Mumbai 400 098	Kannamma24@rediffmail.com ++91-22-2665 0559	Arr 16/4 UL 122 1235 hrs Dep 22/4 UL 141 0035 hrs	
Prof Mohamed Izham Mohamed Ibrahim (Requested to purchase ticket)	Universiti SAINS Malaysia	School of Pharmaceutical Sciences, Universiti SAINS Malaysia, 11800 Penang, Malaysia	mizham@usm.my 604 657 0099 604 656 8417	Arr 16/4 MH9182 1705 Dep 20/4 MH 9183 0705	
Dr Anil Sen Gupta	National Campaign Committee for Drug Policy	D-158, LGF, Saket, New Delhi 110019 India	ctddsf@vsnl.com 91-11-26524324 91-11-26862716	Arr 16/4 UL 192 0335 hrs Dep 22/4 UL 191 1915 hrs	
Dr Aijit Hazra,	Unit Co-ordinator, CDMU, Documentation Centre	47/1B Garcha Road, Kolkata 700 019, India	cdmudocu@vsnl.com +91 33 2474 8553 +91 33 2476 4656	Arr 16/4 UL 122 1235 hrs Dep 22/4 UL 121 0815 hrs	
Dr Shaikh Tanveer Ahmed	Executive Coordinator, Health And Nutrition Development Society (HANDS)	225/1/B Block 2, PECHS Karachi, Pakistan, P O 75400	hands@cyber.net.pk 092-21-453-2804 092-21-452-7698	Arr 16/4 EK 550 0905 hrs Dep 22/4 EK 6153 1320 hrs	

Prof. Romeo F Quijano	Dept of Pharmacology, College of Medicine, University of Philippines	547 Pedro Gil St., Ermita, Manila 1000, Philippines L2 B30 Salome Tan St., Phase 5, BF Executive Village Society Las Pinas City 1740 Metro-Manila, Philippines	romyquii@yahoo.com 63-2-5261816, 63-2-5218251 63-2-5218251 63-2-8050585	Arr 16/4 MH 9182 1705 hrs Dep 22/4 MH 9183 0705 hrs	
Dr B Ekbal, Vice Chancellor	University of Kerala,	Thiruvananthapuram, 695 034, Kerala, India	ekbal@vsnl.com 91-471-2444362 91-471-2302898	Arr 16/4 UL 162 1135 Dep 22/4 UL 161 0835	
Mr Amitava Guha	Joint General Secretary, F M R A I	372/21 Russa Road East, Kolkata 700 033, India	fmrai@vsnl.net 033-24242862 033-24242862	Arr 16/4 UL 122 1235 hrs Dep 22/4 UL 121 0815 hrs	
Prof Tariq Bhutta <i>(Requested to purchase ticket)</i>		240 – W, DHA, Lahore, Pakistan	tbhutta51@hotmail.com 92-42-572-0101 92-42-572-0457	Arr 17/4 EK 348 0945 hrs Dep 21/4 EK 556	
Mr Aldrin Santiago,	Supervisor, Special Pharmacy Services Division, Philippine General Hospital	Department of Pharmacy Philippine General Hospital Taft Avenue Manila	aldrinsantiago@yahoo.com (63-2) 523-0629 (Fax)	Arr 16/4 MH 9182 1705 Dep 22/4 MH 9183 0705	
Dr Jiraporn Limpananont <i>(Requested to purchase ticket)</i>	Chulalongkorn University	Social Pharmacy Research Unit Faculty of Pharmaceutical Sciences Chulalongkorn University Bangkok 10330, Thailand	jirapor@chula.ac.th	Arr 16/4 TG 307 23:59 Dep 21/4 TG 308 01:40	
Dr Joseph M Carabeo	Secretary General, Health Alliance for Democracy	Health Alliance for Democracy Rm 2D La Paloma Bldg 233 Mayon Corner N Roxas Sts., Quezon City	jomcar@pacific.net.ph	Arr 16/4 MH 9182 1705 Dep 22/4 MH 9183 0705	
Ms Indha Suksmaningsih <i>(Requested to purchase ticket)</i>	YLKI	Jl, Pancoran Barat VII/1, Duren Tiga Jakarta 12760 Indonesia	62 21 797 1378 62 21 798 1038 konsumen@rad.net.id	Arr 16/4 TG 307 2359 Dep 21/4 TG 308 01:40	
Ms Ida Marlinda Loenggana	YLKI	Jl, Pancoran Barat VII/1, Duren Tiga Jakarta 12760 Indonesia	Tel: 62 21 7981856 Fax: 62 21 7981038 konsumen@rad.net.id	Arr 16/4 TG 307 2359 Dep 21/4 TG 308 01:40	

HAIAP Memebers



Mr Al-Farooque	Manager Research Development and Quality Assurance	Gonashasthaya Pharmaceutical Limited House 14E, Road 6, Dhanmondi Dhaka 1205		Arr 16/4 TG 3072359 hrs Dep 20/4 EK 6153 1330 hrs	
Ms Berverly Snell		Centre for International Health Macfarlane Burnet Institute for Medical Research & Public Health GPO Box 2284, Melbourne 3001, Australia	Tel: 61 3 9282 2115 Fax: 61-39482 3123 E-mail: bev@burnet.edu.au		
Dr Inam Ul Haq	Network				

Sri Lanka Participants - Ministry of Health

Dr H A P Kahanda Liyanage	Director General HG	Ministry of Health 385 Rev. Baddegama Wimalawansa Mawatha, Colombo 10			
Dr U A Mendis	Deputy Director General – Laboratory Services	Ministry of Health 385 Rev. Baddegama Wimalawansa Mawatha, Colombo 10			
Dr B F S Samaranayake	Deputy Director General - Medical Technology & Supplies	Ministry of Health 385 Rev. Baddegama Wimalawansa Mawatha, Colombo 10			
Dr Palitha Abeykoon	Member	National Health Advisory Council			
Dr D M Karunaratne	Director	National Intellectual Property Samagam Medura 3 rd Floor 400 D R Wijewardene Mawatha Colombo 1	Tel: 689768, 689367-68 Fax: 689367 E-mail: nipos@stnet.lk		
Prof. K U Kamalgoda	Managing Director	State Pharmaceutical Corporation Ministry of Health			
Mr K M B S Rekogama	Chairman	State Pharmaceuticals Manufacturing Corporation of Sri Lanka			

Industry

Dr Vinay Ariyaratne	Executive Director	Sarvodaya			
Mr W B A Jayasekera	Past President	OPA			
Mr D Jayasekera	Senior Visiting Fellow	IPS			
Mr S Jayasinghe	Research Officer	IPS			
Dr Douglas Kittle	Medical Coordinator	MSF			
Dr Samar Verma	Trade Policy Advisor	Oxfam GB			
Dr Lokkyi	Deputy Head of Mission	WHO – Colombo			
Mr C S Edwards	Deputy Managing Director	SLPMA			

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: bala <bala@haiap.org>; <romyquij@yahoo.com>; Ekbal, B. Dr-Convenor <ekbal@vsnl.com>; <fmrai@vsnl.net>; <tbhutta51@hotmail.com>; <aldrinpinoy@yahoo.com>; <ljirapor@chula.ac.th>; <jomcar@pacific.net.ph>; <konsumen@rad.net.id>; <bev@burnnet.edu.au>
Sent: Monday, April 21, 2003 9:41 AM
Subject: PHM / HAI

URGENT, Please pass on to PHM participants,

Dear Bala, and PHM / HAI members and friends attending Regional Consultation organizing by HAI-AP at Colombo from 17th to 19th,

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

Hope this reaches you before you disperse.

1. Greetings from the PHM Secretariat for your consultation and wishing you all a serious and meaningful dialogue.
2. I received the list of potential participants of the consultation and discovered many PHM / HAI friends from the Asia – Pacific. Hope you will be able to have a small impromptu PHM get together and send us news from all of them about the 'Health of PHM' in their country.
3. Please invite all of them to try and attend PHM Geneva events or at least keep the secretariat posted of any one from their countries who is attending. Please pass on the last PHM Geneva Communication II which I forwarded to you all a few weeks ago.
4. We hope that a short statement from your consultation can be presented by Dr. Bala at PHM Geneva meeting on 16th at WCC and also if there are suggestions for linkages / campaigns to promote PHM – HAI processes these could be brought up on 17th May at the strategy meeting.
5. If HAI could raise a few fares and support the participation of a few, this would be a good impetus to the dialogue.
6. Please do send your final or concluding statement from the meeting for PHM Exchange.
7. Finally, I hope you will be able to meet Dr. Vinya Ariyaratne and also keep in touch with PHM Sri Lanka and their evolving plans.

Best wishes,

4/21/03

Page 2 of 6

CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata
declaration visit www.TheMillionSignatureCampaign.org

Communication - II
[WHO-WHA Circle]

April 7, 2003

Dear PHM Members and Friends, <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Greetings from the Peoples Health Movement Secretariat at CHC, Bangalore!

The next World Health Assembly will be held from 19th to 28th of May at Geneva (WHA 2003). As mentioned in my earlier communication, we are planning a week of events before and during the WHA as part of our annual WHO-WHA advocacy initiative as well as an opportunity to share our PHM experiences from all over the world and plan future initiatives together. We do not have special funds for these initiatives but as usual we are working on strategic opportunities and with the help of an active PHM Geneva group, we are trying to cover as much of the local costs as possible and are requesting potential participants to cover their travel costs by their own regional sources or by being sponsored by other NGOs in official linkage with WHO. Any donations or support to cover these local costs will be also welcome.

Programs:

in close coordination with the PHM Geneva group, the following programme outline has evolved as of 5th April 2003. As ideas evolve and suggestions come in this programme will evolve further and get modified.

1. 16th May 2003 Friday: A days reflection in the context of the Alma Ata Anniversary.

venue: World Council of Churches, 8am to 9pm

The process will consist of four round table / panel discussions, covering the areas mentioned.

8am 10am

4/21/03

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
 To: bala <bala@haiap.org>; <mkkp@pd.jaring.my>; <ceciliaoh@yahoo.com>; <gk@citechco.net>;
 <hariprem@eth.net>; Mira Shiva <mirashiva@yahoo.com>; <Niyada.k@chula.ac.th>;
 <kannamma24@rediffmail.com>; <mizham@usm.my>; <ctddsf@vsnl.com>;
 <cdmudocu@vsnl.com>; <hands@cyber.net.pk>
 Cc: <ssmpln@sri.lanka.net>
 Sent: Monday, April 21, 2003 9:38 AM
 Subject: PHM / HAI

URGENT, Please pass on to PHM participants,

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PHM-HAI-AP

RN
21/4

4/21/03

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Best wishes,

Ravi Narayan

Coordinator, People's Health Movement Secretariat(global)

CHC-Bangalore

#367 "Srinivasa Nilaya"

Jakkasandra 1st Main, I Block Koramangala

Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata

declaration visit www.TheMillionSignatureCampaign.org

Communication - II
[WHO-WHA Circle]

April 7, 2003

Dear PHM Members and Friends, <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Greetings from the Peoples Health Movement Secretariat at CHC, Bangalore!

The next World Health Assembly will be held from 19th to 28th of May at Geneva (WHA 2003). As mentioned in my earlier communication, we are planning a week of events before and during the WHA as part of our annual WHO-WHA advocacy initiative as well as an opportunity to share our PHM experiences from all over the world and plan future initiatives together. We do not have special funds for these initiatives but as usual we are working on strategic opportunities and with the help of an active PHM Geneva group, we are trying to cover as much of the local costs as possible and are requesting potential participants to cover their travel costs by their own regional sources or by being sponsored by other NGOs in official linkage with WHO. Any donations or support to cover these local costs will be also welcome.

Programs:

In close coordination with the PHM Geneva group, the following programme outline has evolved as of 5th April 2003. As ideas evolve and suggestions come in this programme will evolve further and get modified.

1. 16th May 2003 Friday: A days reflection in the context of the Alma Ata Anniversary.

Venue: World Council of Churches, 8am to 9pm

The process will consist of four round table / panel discussions, covering the areas mentioned.

8am 10am

4/21/03

Page 3 of 6

Why the Alma Ata Declaration is as relevant today as it was 20 years ago, PHM and its health for all now Charter; The Health for All Now agenda towards the Peoples Health Assembly in 2004.

10.15am 12.15am

War, Conflict and Disaster:

Health and Humanitarian consequences of the Iraq war; collateral damage; Reports from other conflicts; the PHM response.

14.00 16.00

The Private versus Public Debate:

How privatization of key areas of care will bury health for all: An agenda for counter action; why globalization is bad for Health; GATS and its consequences on Peoples Health

16.15 18.00

Access to Affordable and Essential Drugs:

Essential Drugs WHO's role; WTO and its consequences on access and affordability etc.

18.30 19.30

Buffet and fellowship

19.30 21.00 hrs

Diseases of Poverty: Comprehensive versus vertical approaches for AIDS, TB, Malaria:

Poverty and health approach versus social marketing of magic bullets; tackling socio-economic determinants; Health as a Right; the Global fund; Debt cancellation.

4/21/03

[The timings of the session may change as the schedule gets reorganized].

1. 17th May 2003 Saturday

A days reflection on PHM strategy and initiatives for the Alma Ata Anniversary year.

Venue: World Council of Churches, 9.00am to 6.00pm

Agenda (as of now):

[This meeting will be for PHM Steering group members and all those PHM members and friends from different countries and networks and fraternal organizations, who are able to join us. It will cover the follow up of all the important points discussed at the steering committee meetings at GK Savar in November 2002 and consider all the new developments, linkages, initiatives and their implications and follow up].

The Agenda as of now will include:

1. PHM geographical circles (country and regions) 2. Issue based circles 3. Alma Ata Anniversary initiatives (a) Country level and regional meetings, (b) The film-reviving the Dreams, (c) The Alma Ata Anniversary position paper and report, (d) the Peoples health awards, (e) other ideas. 4. PHM Communication activities (a) Press releases, (b) Communication circle, (c) PHM global website. 5. PHM Evaluation 6. World Social Forum 2004 (Mumbai, January 2004) 7. The second Peoples Health Assembly (Porto Allegre, July 2004) 8. Linkages with other networks, coalitions and global and regional initiatives 9. Funding and fund raising 10 PHM publications follow up (a) News brief, (b) other publications.

During this meeting, there will be three special shorter sessions.

- (a) Health in Latin America (Maria Hamlin Zuniga), (b) The Womens Access to Health Campaign - WAHC (Melina Auerbach), (c) The anti-war / pro-peace PHM campaign (Unnikrishnan).

Details and timings will be worked out.

1. 18th May 2003 Sunday:

Smaller informal meetings and down time.

1. 19th May 2003 Monday

- Registration at WHA and attending briefing session for NGOs
- Inauguration of World Health Assembly
- Strategy planning session with PHM members and other Networks

1. 20th May 2003 Tuesday

- Reflection on Alma Ata Anniversary at NGO Forum for Health Session at WHA
- Essential Drugs (HAI session)

1. 21st May 2003 Wednesday

5pm PHM / CSI session on Public Private Health Care (?)

Various other networks, coalitions and NGOs are organizing meetings / sessions at and around WHA and PHM is exploring the possibility of cosponsoring some of them or joining as panelist or just as enthusiastic participants.

As of now the programme is from 16th to 21st May 2003. A IPHC Research Project meeting will be held on 14th and 15th May.

Please inform the PHM Secretariat with a copy marked to Nance Upham (g_upham@club-internet.f) and Manoj Kurien (mku@wcc-coe.org) of PHM Geneva, if you are able to attend; if you need accommodation and any other relevant information or suggestions.

All potential participants are requested to try and find out who is officially representing their country at the WHA and try to establish contact with them before the trip to Geneva. This will help our advocacy campaign greatly. If any of your countrys official delegates are pro-PHM already, please help us to involve them in the PHM events as well. Your suggestions are welcome.

Please remember that while we will do our best in the PHM spirit, any efforts by you to cover your own travel to Geneva and back, and support your own local accommodation and boarding will be welcome and appreciated. If your organization / network can be generous and support one or more PHM participants, especially from counties and regions where such support may be difficult to mobilize, please let us know. This will enhance PHM solidarity and networking. Please forward this communication to anyone who may be keen to join the PHM events.

Looking forward to hearing from you all and seeing you at PHM Geneva.

In solidarity,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global),
(also Convenor, WHO-WHA Circle)

4/21/03

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: Kevin Moody <kevin@haiweb.org>
Cc: bala <bala@haiap.org>
Sent: Thursday, April 24, 2003 2:47 PM
Subject: Re: PHM Geneva 2003 / WHA

Dear Kevin,

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

Thanks for your prompt response. The correction about contact person will be made in our next communication IV to be sent out on 1st May. Dr. Bala has already clarified that he represents HAI - AP on the steering group and our new letterhead shows this. But as the new Coordinator, I have a dilemma! Should we show HAI separately at all or introduce each autonomous network as we link up with them over the next few months and hopefully well before PHA - II at Porto Alegre in July 2004. I look forward to your agenda. Is that for HAI - Europe? Can you alert the remaining two HAI - units to get in touch? PHM must link to all of them in their regions. Since Bala and you will be in Geneva, can we discuss this further?

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034

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PHM-HAI →

RN
25/4/03

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

From: Kevin Moody
To: 'PHM Secretariat'
Cc: 'Bala (E-mail)'
Sent: Wednesday, April 23, 2003 3:48 PM
Subject: RE: PHM Geneva 2003 / WHA

Hi Ravi...

I will probably not be in The Netherlands on May 14 but will be in Geneva during the WHA. It will be good to meet you during that time. (If my plans change and I can be here on the 14th, I'll let you know).

I am looking forward to increased communication with PHM. At our AGM in Germany last year, it was agreed that we would communicate our agenda to PHM so that you are fully aware of what we're doing and I appreciate having received the schedule you put together below. One correction: the contact for our briefing on medicines prices should be Marg Ewen (marg@haiweb.org).

Also, for the record, I should let you know that Dr. Bala represents HAI-Asia Pacific on the

4/24/03

PHM Secretariat

From: Kevin Moody <kevin@haiweb.org>
To: 'PHM Secretariat' <phmsec@touchtelindia.net>
Cc: 'Bala (E-mail)' <Bala@haiap.org>
Sent: Wednesday, April 23, 2003 3:48 PM
Subject: RE: PHM Geneva 2003 / WHA

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Also, for the record, I should let you know that Dr. Bala represents HAI-Asia Pacific on the PHM Steering Group, NOT HAI. This is an important distinction to be made because, as you know, HAI comprises 4 autonomous networks loosely associated through various formal and informal mechanisms. Dr. Bala's participation on the PHM Steering Group is a HAI-Asia Pacific activity.

In the next couple of days, we hope to have a schedule of events and a briefing paper completed. As soon as they are ready, we will share them with you.

24/4/03

Looking forward to meeting you soon.

*Dear Kevin
Thanks for your prompt response. The connection will be made in our next communication to be sent out on 1st May. Dr Bala has already clarified that he represents HAI-AP on the steering group and our new letter head shows this. But as the new coordinator I have a dilemma! Should we show HAI separately & all or introduce each autonomous network as we link up with them over the next few months and hopefully well before PHA-II of Porto Alegre in July 2004. I look forward to your agenda for HAI-Europe? Can you check the remaining two HAI-units to get in touch. PHM must link to all of them in their regions. Please advise how to go about this. Since Bala and you will be in Geneva can we discuss this further. Best wishes*

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

From: PHM Secretariat [mailto:phmsec@touchtelindia.net]
Sent: 23 April 2003 10:34
To: kevin@haiweb.org
Subject: PHM Geneva 2003 / WHA

Get 24/4/03

Dear Kevin,

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

This is to introduce myself as the new Coordinator of the PHM secretariat (Global) which shifted to CHC, Bangalore (India) from GK Savar (Bangladesh) on 1st January 2003. PHM is organizing a series of meetings and events in Geneva (copy of the last communication III is enclosed) and is hoping to link up with other networks and coalitions that share the concerns of the People's Health Charter. HAI has been what I consider one of the founding G-8 of the PHM and I look forward to all our PHM participants joining you in your meeting. Do send me any further details about the event. We have

*RN
24/4/03*

PHM - Geneva 2003

Send my letter his response CC Bala HAI-AP and my reply

Link to all of them in their regions. Please advise how to go about this. Since Bala and you will be in Geneva can we discuss this further. Best wishes

PHM Secretariat

From: PHM Secretariat <p hmsec@touchtelindia.net>
To: K Bala <kbala12@yahoo.com>
Sent: Monday, April 28, 2003 3:07 PM
Subject: Re: [PHM_Steering_Group_02-03] Next G 8 summit & the protests

Dear Bala,

Thanks for offering to write the critique of G8. Look forward to it. Also looking forward to your confirmation of the participation in PHM Geneva/ WHA meetings. Do send us the filled participation form which was with communication III. Also any response to my letter sent to you all during HAI-AP meetings.? Looking forward to meeting you in Geneva

PHM - HAI-AP

PHM Geneva 2003

RN
29/4

Best wishes

Dr. Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034

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declaration visit www.TheMillionSignatureCampaign.org

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

From: K Bala <kbala12@yahoo.com>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Friday, April 25, 2003 3:35 PM
Subject: Re: [PHM_Steering_Group_02-03] Next G 8 summit & the protests

- > Dear Unni,
- > I shall be pleased to prepare a draft on the failure
- > of G8. I suggest we send our briefs to Ravi who can
- > coordinate to prepare a PHM statement. Bala
- >
- > --- "UNNIKRISHNAN PV (Dr)" <unnikru@yahoo.com> wrote:
- > > Dear friends
- > >
- > > Please see below the time table and the run up to
- > > the next G8 summit (Evian, France- June 1-3, 2003).
- > >
- > > I hope you are aware of the move to hold a parallel
- > > summit/ demonstration highlighting "the failure of
- > > G8" to address some of the critical social sector
- > > issues.
- > >
- > > Are we involved in the organising or participation

PHM Secretariat

From: UNNIKRISHNAN PV (Dr) <unnikru@yahoo.com>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Saturday, April 26, 2003 8:43 AM
Subject: Bala's response to : Re: [PHM_Steering_Group_02-03] Next G 8 summit & the protests- Bala's

Dear Bala

Thanks.

If something is available by May first week (even if it is couple of pages in draft form), we will be interested to use the content for the press releases during WHA.

The paper you sent last year (just before WHA) was one of the main documents that we used, reused and recycled throughout the WHA for the media work. We really appreciated it.

Looking forward to hearing from you
In solidarity

unni

Dr. Unnikrishnan PV, India
E-mail: unnikru@vsnl.com; Ph (m): --91 (0) 98450 91319

Read the latest on the campaign to stop the war at :
www.indiadisasters.org/iraq

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

From: K Bala
To: PHM_Steering_Group_02-03@yahoogroups.com
Sent: Friday, April 25, 2003 3:05 AM
Subject: Re: [PHM_Steering_Group_02-03] Next G 8 summit & the protests

Dear Unni,
I shall be pleased to prepare a draft on the failure of G8. I suggest we send our briefs to Ravi who can coordinate to prepare a PHM statemnt. Bala

--- "UNNIKRISHNAN PV (Dr)" <unnikru@yahoo.com> wrote:

- > Dear friends
- >
- > Please see below the time table and the run up to
- > the next G8 summit (Evian, France- June 1-3, 2003).
- >
- > I hope you are aware of the move to hold a parallel
- > summit/ demonstration highlighting "the failure of
- > G8" to address some of the critical social sector
- > issues.
- >
- > Are we involved in the organising or participation
- > of this? Is anyone from PHM/ affiliates going for
- > the parallel event?

28/4/03

Dear Bala.
Thanks for offering to write the critique of G8. Look forward to it.
Also looking forward to your confirmation of participation in PHM Geneva/WHA meetings. Do send the form which was with Communication III. Also any response to my letter sent to you all during HAI-AP meetings. Looking forward to meeting you in Geneva.

See 28/4/03 for

Best wishes

— RN *Ravi Narayan*

PHM Sec
28/4/03

> I suggest that
> 1) We issue a press statement (We may consider
> focussing on the global fund and access to medicines
> and health care as the issues of focus).

4/28/03
Page 2 of 3

>
> 2) Send a solidarity message to the organisers
> of the parallel event.

>
> Can someone (individual/ organisation) guide the
> media team on the content. Please volunteer. If the
> statement and message needs to go before the summit,
> we need to start working soon !

> Regards

> Unni

> 2003 G8 Summit

> Timetable

> a.. Evian summit : June 1-3 2003

> b.. Meeting of the Foreign Affairs ministers of
> the G8 : May 22 - 23, 2003, Paris

> c.. Meeting of the Finance ministers of the G7-G8
> : May 16 -17, 2003, Deauville

> d.. Meeting of the Justice and Home Affairs
> ministers of the G8 : May 5, 2003, Paris

> e.. Meeting of the Environment ministers of the G8
> : April 25-27, 2003, Paris

> f.. Meeting of the Development ministers of the G8
> : April 24, 2003, Paris

> g.. Meeting of the Finance ministers and Central
> Bank governors of the G7-G8 : April 11-12, 2003,
> Washington

> h.. Meeting of the Finance ministers and Central
> Bank governors of the G7-G8 : February 21-22, 2003,
> Paris

> ++++++
> Dr. Unnikrishnan EV , India
> E-mail: unnikru@vsnl.com; Ph (m): +91 (0) 98450
> 91319

> Read the latest on the campaign to stop the war at :
> www.indiadisasters.org/iraq

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PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: baia <baia@haiap.org>
Sent: Wednesday, June 04, 2003 4:01 PM
Subject: Re: PHM

Dear Dr. Bala,

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

Thanks for your prompt reply of 3rd June 2003. The deadline for the log frame is end June. I shall send the first draft next week. Are you attending the workshop organized by ^{SEAM} CHC in Kenya? And the study group of MDG organized by Eva and Jim? They were trying to get me to come for a day or two to strengthen the Human Rights angle to the issue of Access to drugs including HIV/AIDS medicine and also present our stands from the PHM Charter. But if you are attending that you can cover this aspect. I want to share the travel requests and had planned to suggest Sunder or Amit instead, but you would be an excellent resource person. The formal invitation is still to come. It was only a sounding out in Geneva.

Regarding Anwar Islam, the formation of the sentence in my last communication was faulty. They missed funding PHA - I and have evinced interest in PHA - II. Our evolving log frame will go to them as well.

I was not in Geneva for the G8 protests. Am awaiting a report from those who were there.

PHM released a press statement, which was based on your draft document. You must have seen it since I saw your pre-release comments.

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#337 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034

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Details of Anwar Islam:

PHM-HAI-AP

Anwar Islam, Ph.D

Principal Health Advisor,

RN
5/6/03

Social Development Policies Division

Governance and Social Development Directorate

Policy Branch

200 Pramenada ou Portage

Hull, Quebec.

CANADA K1A 0G4.

Tel: 819 997-7370; Fax: 819 953-8058

Email: anwar_islam@acdi-cida.gc.ca

6/4/03

6/3/03

PHM-HAI-ROAD

Page 1 of 2

PHM Secretariat

4/1103

From: Community Health Cell <sochara@vsnl.com>
To: Phm Office <phmseca@touchtelindia.net>
Sent: Tuesday, June 03, 2003 10:48 AM
Subject: Fw: PHM

Dear Dr Bala
Thanks for your prompt reply of 3/6. The deadline for the log frame is end June. I shall send the first draft next week. Are you attending the workshop organised by CIN in Kenya? and the Study Group of MDG organised by Evers Jim. They were trying to get me to come for a day or two to strengthen the Human Rights cycle to the issue of Access to drugs including HIV/AIDS medicine and also present our stends from the PHM Charter. But if you are attending then you can attend this aspect I want to share the travel requests and had planned to suggest Sunder or Amit instead but you would be an excellent resource person. The formal invitation is skill to come. It was only a sounding out in Geneva.
Re: Anwar Islam the formation of the

Dr. Thelma Narayan,
Coordinator, Community Health Cell
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034
Ph.: +91-080-5531518
Telefax: +91-080 - 5525372
website:www.sochara.org

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----- Original Message -----
From: bala
To: Ravi Narayan
Sent: Monday, June 02, 2003 2:34 PM
Subject: PHM

Recd
24/6/03

Dear Ravi,

Congratulations for a very successful presence of PHM in Geneva. I trust you have rested sufficiently after the very heavy schedule you had during the WHA.

I see a message from you dated May 23th to Allison referring to the preparations of a PHM position paper on GB. I wish to have a copy when it is finalized.

We shall work on the log frame. I shall be away from office 15-23 June. When will you be mailing it and when are the tentative deadlines?

Re: CIDA and Anwar Islam, I got the impression that you will get funding for PHA II. However from your mail dated 30th May. I find that we were late in applying.

Incidentally is this Anwar Islam a Bangladeshi national? I remember meeting a person in Malaysia who seems to fit your description. Can you please give me his e-mail address.

We saw the protests against GB on TV. Shops in Geneva had their glass doors broken and there was fire. Were you in Geneva during the protests?

Kind regards,

Ravi Narayan

Bala
Dr K Balasubramanian
Advisor and Co-ordinator
Health Action International Asia - Pacific
3, Frankfurt Place, Colombo 4, Sri Lanka
Tel: (94 1) 554353
Fax: (94 1) 554370

Details of Anwar Islam

PHM - Geneva 2003 (follow up)

24/6/03

press statement on your draft since I saw sentence in my last communication was faulty. They missed funding PHA-I and have evinced interest in PHA-II. Our evolving log frame will go to them as well. I was not in Geneva for the GB protests. Am aware of a report from those who were there

G8, Globalization and Global Poverty

Dr K Balasubramaniam

Introduction

In the beginning globalization made the African continent borderless to promote international trade in humans. The perpetrators were G3 the predecessors of G8. England, Portugal and Spain using their military might and diplomacy employed Africans to capture fellow Africans and transported them across the Atlantic Ocean to the New World. Slavery and slave trade, blessed by the church was institutionalized by the governments of these three countries. The slaves in the colonies lived in abject poverty, which was handed down from generation to generation; two centuries later pockets of poverty yet exist in the richest country in the world. Statistics reveal that a black male born in Washington DC has a shorter life expectancy than a male born in Ghana, Bangladesh or Bolivia. Nearly one in five Americans or 56 million people, is considered clinically obese, meanwhile 31 million Americans, including one in six children face chronic hunger in any given year.

The world became more "Civilized" and slavery became a dirty word. It had to be officially abolished. The industrial revolution in Western Europe set in motion the next phase of globalization. Colonization replaced slavery. France and the Netherlands joined the original G3 sending their armies and navies with guns to capture countries in Africa and Asia. The colonialists took control of land, raw material, cheap labour and markets. They controlled international trade with Britain accounting for 40 percent of the world trade in the late 19th and early 20th century. Britain was then the super-power.

There was a sea change in international relations soon after the end of the Second World War in 1945. Colonization and imperialism became dirty words. Beginning with India in 1947, the imperialists were chased away from the colonies in Asia and Africa.

Neocolonialism

The United Nations (UN), the World Bank (WB), the International Monetary Fund (IMF) and the General Agreement on Tariffs and Trade (GATT) were some of the intergovernmental institutions set up in the late 1940's to bring about peace and prosperity to the whole world particularly the previous colonies in Asia-Pacific, Africa and Latin America. These were designated developing countries.

But today there is neither world order nor, peace nor prosperity because neocolonialism has replaced colonialism. The very institutions set up to bring peace and prosperity are being used by the rich nations, led by G8, to implement neocolonialism. These are the WB, IMF and the World Trade Organization (WTO) which replaced GATT in 1995.

What is common among slavery, colonialism and neocolonialism? The commonality is that a minority using its military and economic strength and power control the access to resources. The wealth and income generated by these resources are, therefore, very unevenly distributed. About 20 percent of the world's population living in OECD countries today control approximately 80 percent of the resources and wealth of the world.

The strategies used by the neocolonialists, headed by G8, are globalization and multilateral trade agreements. Intergovernmental policy making in today's globalised economy is in the hands of the G8 – the seven richest industrial countries (G7) and Russia – and the three institutions they control – WB, IMF and WTO. Their rules and regulations create a very secure environment for selective open markets but an adverse environment for social and human development in the developing countries. The central banks in these rich countries still guide the supervision of the global banking system.

G8 and Poverty

Throughout the history of humankind, there has been only one basic cause of poverty, the lack of access to and control of resources. The wealth and income generated by these resources are, therefore, unequally distributed.

Globalization, is not new. It has been there for two centuries; since the 1950s it has gathered speed and went into an accelerated spin in the 1980s when Thatcher - Regan axis took over the lead role in the international agencies. An analysis of long term trends in the disparities which separate the rich from the poor demonstrate this. The ratio of the incomes of the rich and poor countries was about three to one in 1820, 11 to one in 1913, 35 to one in 1950, 44 to one in 1973 and 72 to one in 1992. Wealth today is concentrated in fewer and few hands. According to the 2002 Human Development Report, the world's richest one percent receive as much income as the poorest 57 percent. The income of the world's richest five percent is 114 times that of the poorest five percent.

Globalization and multilateral trade agreements have therefore enabled the G8 to keep the wealth in the developed countries leaving 1.3 billion people in developing countries to live on less than one dollar a day and another 1.7 billion on less than two dollars a day. Across the world about 56 percent of the population lives below two dollars a day. In some rural areas of Sub-Saharan Africa and South Asia the proportion reaches 75 and 84 percent respectively.

It is indeed ironical that G8 which is the cause of global poverty has taken upon itself the task of eradicating poverty. This is similar to landlords given the task of implementing land reforms and distribute their lands to the landless! It is therefore, not surprising that poverty eradication has gone on reverse gear!

The United Nations has classified the very poorest and structurally weakest countries, as "Least Developed Countries" (LDCs). The first list in 1971 had 21 LDCs. The last revision was in April 2000 when the member of LDCs had risen to 49 with a total population of 620 million. One country a year had joined the ranks of LDCs. Poverty eradication gone on reverse gear!

At their summit in Cologne in 1999 the G8 committed to halve world poverty and reduce child mortality by two thirds by 2015. Since then, at their annual summits, G8 leaders constantly stress their commitment to poverty reduction. But in reality, they use their trade policy to rob the world's poor. Poverty escalates.

International trade is not inherently opposed to the needs and interests of the poor nations. But the rules that govern international trade are designed by G8 which inflict enormous suffering on the world's poor. Rich countries reserve their most restrictive trade barriers for the world's poor.

When desperately poor farmers and exploited female garment workers enter the world market, they face import barriers four times as high as those faced by producers in rich countries. These barriers imposed by the rich countries cost developing countries \$100 billion a year. This is twice as much as the poor countries receive as aid from the rich. When rich countries lock poor countries out of their markets, they close one of the entry points to break the vicious cycle of poverty.

If Africa, East Asia, South Asia and Latin America were each to increase their share of world export by one percent, the resulting income could lift 128 million people out of poverty. The low and unstable commodity prices which consign millions into poverty, are never an issue at the summit meetings of G8. The terms of trade and prices of primary commodities are decided by multinational corporations.

Exporters of primary commodities have seen their share of international trade shrink with Sub-Saharan Africa worst hit with very low prices. Deteriorating terms of trade in Sub-Saharan Africa since the late 1970's have cost the region the equivalent of 50 cents for every dollar that it receives in aid. While the rich country markets are closed to the poor, the WB and IMF pressurize poor nations to open their markets at break-neck speed with very damaging consequences. Powerful multinational corporations are free to engage in investment and employment practices which contribute to poverty and insecurity.

Poverty, Debt and Development

In the 1970's the United Nations Agencies, particularly the United Nations Conference on Trade and Development (UNCTAD) started discussions on a New Economic World in order to promote economic, commercial and technological development of Third World countries. Initiatives included the preparation of a code of conduct for multinational corporations, a Report on restrictive business practices and Revision of the Paris Convention on Intellectual Property Rights.

Comments:

UNCTAD was initiated by the Non-Aligned in recognition that GATT was against the interest of developing countries, especially Africa. IT IS THUS IMPORTANT TO SITUATE THE UNDP NOT AS ONE UN ORGANISATION AMONG OTHERS BUT AS THE ANTIDOTE TO THE WTO. PHM SHOULD CALL FOR UNCTAD AND NOT WTO TO DECIDE ON WORLD TRADE.

All these were put on hold and reversed with the emergence of Thatcher-Reagan axis taking over the International agencies. New development experiments in the 1980s with ill-conceived economic policies pursued by the WB and the IMF in relation to developing countries not only failed to bring about economic growth and improvements in living standards for the majority of people in developing countries, but these policies have also been responsible for the Third World debt crises.

In 1997 the total debt stock owed by the developing world to the developed world, was \$2.17 trillion up from \$1.4 trillion in 1990.

Each day developing countries pay rich nations \$ 717 million in debt service. Every baby born in the developing world carries an external debt of \$ 482 at birth. Jubilee 2000, a coalition of NGOs campaigning for Third World debt cancellation, estimated that every 5 seconds a child dies in the Third world because of external debt. In 1993, the rich nations took back £ 3 in debt repayments for every £1 they gave in economic aid to poor nations.

Protests at G8 Meeting

Millions of children are dying every year in developing countries because of debt and many more are growing up unable to read and write as government budgets for health and education are cut to enable these countries repay debt. Niger, one of the poorest countries in the world, spends three times more on debt repayment than on health and education. The economic policies of WB & IMF and the WTO rules on intellectual property rights, investment and services protect the interests of the G8 and powerful multinational corporations while imposing enormous costs to developing countries and pushing more into poverty and life long suffering as shown by the empirical data given in their paper.

And yet the G8 nations naively ask why there are protests at their summit meetings. The same way the British imperialists asked why the Indians were protesting against the Raj. The civil disobedience movement was initiated by Mahatma Gandhi at the national level to gain independence for India. The protests at G8 meetings are very similar to the Indian civil disobedience movement at the global level.

The objective of the peaceful protest include the following:

1. Hold a mirror to G8 leaders to let them and the world know the enormous injustice inflicted on poor developing countries in the name of globalization and free trade.
2. Campaign for a New World Economic Order which will guarantee distributive justice so that:
 - (a) Economic growth will ensure social and human development.
 - (b) There will be equity in access to and control of resources leading to equitable distribution of wealth and income generated by the resources
3. Let the people of the world know that the existing institutions are inadequate to meet the aspirations of all the people of the world.

An essential aspect of global governance is transparency, accountability and responsibility to people – to equity and social justice. These are missing in the existing systems of institutions, rules and practices.

Social protection to be built into the New World Economic Order will need altogether **new global governance that will ensure global responsibility**. The Human Development Report - 1999, had identified some of the key institutions of global governance to put human development and social protection at the centre of international policy and action.

COMMENTS:

PHM ought to choose between grass root democracy, and a participatory approach to health and development on the one hand and "global governance" on the other.

It is not possible today to imagine global governance that could be responsive to populations.

Global governance is what the World Bank does with "development", or what UNAIDS does with so called AIDS programs: impose VERTICAL solutions that are ready made, ignoring the need of populations and their reality: economic, social, environmental.

There is not a single "global" organization today that is not controlled by G8 or Transnational Corporation (TNC) playing the role of "expert". When Tony Blair went to Johannesburg's Summit, his delegation included the CEO of Rio Tinto Zinc, Anglo American and Thames water....

All "global governance" initiatives are "advised" by experts of that sort, openly or in back doors.

We should reject "global leadership".

Yes, the United Nations organizations should be stronger because they could inject the concerns of smaller states, or small groups of populations. In real democracy, a local population can exercise pressure on regional elected leaders who in turn will pressure their State representatives. Global leadership means initiatives such as the Brazilian defense of the right of access to medicines will be crushed.

The WTO is meant to kill poor countries' manufacturing capacities, starting with agricultural production and generics manufacturing, and everything else for that matter which a developing country would produce FOR THE IMPROVEMENT OF ITS OWN POPULATIONS' LIVING.

Contrary to the image which marketing intends to create the WTO is not about FREE TRADE, but about FREE COMPETITION OF LABOR.

The main purpose of globalization in this regard is to initiate a savage competition among laborers (moving auto production out of the US to Mexico, lead to savage poverty throughout the car manufacturing regions of the US – See Micheal Moore's first film Roger and I; then Mexico did not benefit from the free zones manufacturing US cars – which shows that developing countries gaining from WTO is bogus), _ today car manufacturing is moving out of Mexico to other places in Latin America and Asia where labor is cheaper than in Mexico, leaving behind extreme poverty and great environmental pollution and degradation in Mexico. The same scenario applies to flower manufacturing, from the Netherlands to Columbia and now moving to better climates when labor is even more docile...

ASIDE FROM LABOR COMPETITION, THE WTO WAS CREATED TO PREVENT COMPETITION ON THE MARKET. **"PREVENT" competition from emerging industries in developing countries, STOP innovation, STOP science (by clamping private property right on human intelligence).**

As was well documented during the Alma Ata Conference and the WEMOS workshop, entry into WTO by Kenya, India etc, has meant and continues to mean the crushing of local production by transnational companies. This is the "competition" which is meant by WTO.

It follows that WTO could not be reformed to assist developing countries get a fairer and greater share of trade (as is suggested in the text) - this is a hoax (promoted by Gordon Brown and others, notably in Britain and the US to make the WTO more palatable to poor countries and the anti-globalisation movement) . Entry into the global market in the terms of WTO- even amended- means destruction of whatever level of agricultural and industrial development was achieved in that country.

The key institutions are (?):

A stronger United Nation (not more coherent, since that means a culture of bad compromises between opposite standpoints, like the US and Brazil or the US and France on Irak etc), to provide a forum for international sharing and collaboration to foster better opportunities for all nations.

-the promotion of a "public goods" approach as the UNDP is attempting to define it. A PUBLIC GOOD approach means that the State must keep responsibility for credit, investment, lending, re-nationalize the national bank when privatized. A Public good approach means that education, health, water, the basics of human development must be State controlled. The private sector can plan a role, but only under State-Public control.

The WTO must be abolished and UNCTAD replace WTO in all questions pertaining to trade.

- Beware of the concept of civil society which was invented by the World Bank and consort as a means to enforce policies contrary to the interest of local populations. Civil society today includes big pharmaceutical interests, NGOs that are appendices of the US and the UK's Foreign offices (especially)... And, if anything, local countries representation remains to be build.
- Last but not least, "global" democracy, a Global "General Assembly" would mean first, rebuilding of stronger Assemblies and parliaments on the local, national and regional level.
- The European Parliament for example is very powerful on paper, but plagued by hundreds of millions of dollars in private lobbying. For example on one issue: free software, Gates spends over 3 million USD a year in lobbyist to the European Parliament...

-
-

The key institutions are:

- A stronger and more coherent United Nations to provide a forum for global leadership with equity and human concerns.
- A global central bank and lender of last resort.
- A World Trade Organization that ensures both free and fair international trade, with a mandate extending to global competition policy with antitrust provisions and a code of conduct for multinational corporations.
- A world environment agency.
- A world investment trust with redistributive functions.
- An international criminal court with a broader mandate for human rights.
- A broader UN system, including a two-chamber General Assembly to allow for civil society representation.

These are the messages that PHM protesters at the G8 meeting in June in Evian, France will convey to the World Community.

Bibliography

1. Human Development Reports 1997, 1999, 2000, 2001 and 2002
2. The Global Rich and the Global Poor – Seeking the Middle Path – By Chandra Muzaffar
3. World Development Forum – On line discussion article – “Third World Debt Crisis) (http://www.derby.ac.uk/seas/geog/jollyfranc/third_world_debt.htm)
4. “Passanna Gunasekera and Dr K Balasubramaniam “Why do the poor stay poor?” HAI News No 124, to be published.

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: baia <baia@naiap.org>
Cc: <naripram@eth.net>
Sent: Tuesday, June 24, 2008 3:48 PM
Subject: Millenium Development Strategy

Dear Baia,

By now you must have returned from the meeting of the Millenium Development Strategy Task Forces on Access to Medicine. Eva had tried to get me to speak on behalf of PHM and I had convinced her that you were a much better alternative. How did the meeting go? Please do send your paper if you made a presentation. I always impressed with your focus and clarity. Also let us know if it can be circulated on the Exchange.

A host of communication to steering group follow.

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034
Join the "Health for all, NOW" campaign in the 25th anniversary year of the
Alma Ata
declaration visit www.TheMillionSignatureCampaign.org

PHM-Secretary
HAI-AP

RN
25/6/08

PHM Secretariat

From: hanprem <hanprem@eth.net>
To: Bala <bala@nalab.org>
Sent: Tuesday, June 17, 2003 9:20 PM
Subject: Re: Away from Office 19-23 June

My dear Bala,

THE person with the required expertise is undoubtedly you and it is only right that you should be asked to do that by Eva. The point is that we, you, me and others in PHM, do not really have systems which can respond to such requests but every one knows that our, perhaps ONLY, expert in such matters is you.

There is no doubting the contribution that you will make, which, in the final analysis, will bring accolades to PHM! In the process, have a good time!

Prem

RN
18/6/03

> Dear Members,

> I shall be participating in the meeting of the Millennium Development
> Strategy Task Force on Access to Medicine in Geneva 20-21 June 2003.

> Dr Eva Ombaka the Co-ordinator of this Task Force has been trying to get
> PHM to send a resource person to present a paper on Health Development
> and Human Rights. She is unable to get one and has requested me to > speak
> on it and I have accepted.

> Kind regards,

> Bala

RN
24/6/03

RN
24/6/03

<http://www.ddsi.net>

RN
18/6/03

PHM - ?

Dear Bala 24/6
By now you must have returned from the meeting of the Millennium Development Strategy Task Force on Access to Medicine. Eva had tried to get me to speak on behalf of PHM and I had convinced her that you were a much better alternative. How did the meeting go? Please do send your paper if you made a presentation. I always am impressed with your focus and clarity. Also let us know if it can be circulated on the Exchange
6/18/03

A host of communications
to Sreeraj's group follow
Best wishes
Ren

PHM Secretariat

From: PHM Secretariat <prhmses@touchtelindia.net>
 To: baia <baia@haiap.org>
 Cc: <gk@citechcc.net>, Ekbal, B. Dr-Convener <ekbal@vsnl.com>; Dr Prem Chandran John <prem_john@vsnl.net>; Mira Shiva <mirashiva@yahoo.com>
 Sent: Wednesday, July 16, 2003 2:38 PM
 Subject: Re: Regarding PHM & Africa

Dear Baia,

Greetings from PHM Secretariat (Global)!

I was delighted to get your note about Africa, since just last week I had a very unexpected guest – Mr. Jagdish Goburdhan, the ex-Health Minister of Mauritius, who at the instance of Halidan Manler visited PHM Secretariat twice this month, during his Bangalore visit and I was just going to share with you all that transpired.

- a. He shared all that they did in Mauritius under the 'spell' of Alma Ata declaration and Mahler's support to make PHC a reality and how inspite of his party coming back to power recently – there are newer efforts supported by British advisors to undo the systems and structures that were set in place.

He has therefore decide to marshal all the people of goodwill and pro-PHC in Mauritius to form the popular Health Movement – register a PHM Mauritius – join hands with us and apart from becoming a countervailing power to LPG forces undoing PHC gains in Mauritius would also like to utilize his capacities and contacts in Mauritius to support PHM process in Africa. I have just completed planning the possibility of a PHM Africa Regional Consultation in Mauritius – hosted by the their National Institute of Health, which he set up in November 2003 as a distinct possibility. No doubt we have to find funds – but getting the process started is important and getting a sincere, committed senior person like him in the region was a good beginning.

- b. After the two PHM relays to East and Central Africa last year (Qasem and Maria to WABA in September 2002 and Thelma and myself in November 2002), some networking has begun. PHM – Kenya is hosting a inaugural meeting on 26th August 2003; linkages in Tanzania are evolving. The SEAM conference organized by Eva Ombaka will have a PHM component. Already at my suggestion, they invited you to the Geneva meeting and there will be similar opportunities created for senior PHM resource people from other parts of the world to use the opportunity of their visits to Africa for whatever conference to support local networking and capacity building.
- c. The Iran meeting and WSF – IV (Health Forum meeting) will also be used by secretariat as an opportunity to enhance African participation in PHM initiatives.
- d. My real anxiety at presents that all our efforts from other regions to increase the focus on Africa should not be in any condescending or patronizing way, as the North has already done this all along giving 'token symbols' and 'top down prescriptions? PHM has to build African capacity at local, country and regional level first (like what happened in South Asia for a decade or more, before we could all collectively marshal our experiences and enthusiasm in Asia and help GK host PHA – II) While GK took the main responsibility it was confident support and mobilization by many of us in the region that greatly helped its success.

The evaluation, by Andrew (final report is awaited) has already shown that the movement has been strengthened after PHA – II (with exception of PHM – Italy) particularly in areas where already local networking, local action and local planning was going on. So I believe that all of us in PHM from other regions should do all we can in Africa from now till 2006-2007, when PHM Africa can host PHA – III with local confidence and capacity bringing together all that has been achieved at country levels and in the four PHM Africa regions (Southern Africa, East and Central Africa, West Africa, North Africa and Middle East).

- e. I will need all your help to make the Mauritian initiative a success and will keep you all involved as soon as Jagdish Goburdhan writes to me. His son, who is a computer student in Bangalore may volunteer to help us in the PHM secretariat in the true Asian tradition!

PHM-HAI-AP
 PHM Africa

RJ
 17/7/03

But do keep up this pressure on all of us to bring Africa into PHM focus.

Hope you saw the other long communication sent to the South Asian group as well. Await your response.

Incidentally, did you get all the communication I to III with five appendices sent out by secretariat for the planning and strategy evolving exercise? There was no acknowledgement.

I know you are busy. But please tell Parani or Thiru to at least acknowledge them so that we know they are getting through.

Best wishes,

Ravi Narayan

Coordinator

PHM Secretariat (Global)

From: Bala
To: Ravi Narayan, Zafrullah Chowdhury, Mira Shiva, Ekbal Prof., Prem Chandran John
Sent: Monday, July 14, 2003 11:36 AM
Subject: Regarding PHM & Africa

Dear friends,

PHA 2 will be in South America in 2004. We all supported this

While in Geneva, Prem and I discussed PHM activities. Soon after PHA in GK, I for one and perhaps most of you planned for PHA2 in Africa. However we never discussed this openly at any time.

A Global Assembly takes enormous resources and efforts. PHA 3 will be in 2007. You may remember some of us at the beginning of our dream were planning Regional Assemblies to precede a Global Assembly. However in view of the expenses and the thrill of a global event we did not focus on Regional Assemblies.

Prem and I had great concerns for Sub-Saharan Africa, which needs priority attention. We were arguing between ourselves that a regional event in Africa should be considered. Back in office, we got a message from aviva@netnam.vn to PHA exchange. Please look at message no 5 "Challenge before Africa and the African Union" and I quote from it:

"There seems to be no collective awareness of other grim facts and statistics hanging like a sword of Damocles over millions of Africans".

I collected some relevant data for 38 Sub-Saharan countries. Two tables of selected key indicators and analysis are attached. Please go through them.

With these grim facts and statistics facing the PHM, I believe we cannot wait till 2007. I am circulating this only to the six of you. How best can we proceed?

Best wishes,

Bala

cc Zafarullah
EKH
Acem
Muc

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Best wishes,

Ravi Narayan

PHM Secretariat

From: Community Health Cell <sochara@vsnl.com>
To: Phm Office <phmse@touchtelindia.net>
Sent: Monday, July 14, 2003 3:47 PM
Attach: PHM & Africa - GC Members.doc
Subject: Fw: Regarding PHM & Africa

Dr. Thelma Narayan,
Coordinator, Community Health Cell
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Join the "Health for all, NOW" campaign in its 25th anniversary year of the Alma Ata declaration
visit www.TheMillionSignatureCampaign.org

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

From: Baja

To: Ravi Narayan, Zafrullah Chowdhury, Mira Shiya, Ekbal Prof., Prem Chandran John

Sent: Monday, July 14, 2003 11:38 AM

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Best wishes

Baja

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International: Asia-Pacific

Rw
15/7/03

- 5

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Table 1a – Selected indicators in 38 Sub-Saharan Countries

	Health Expenditure 1998			Life expectancy at birth (years)		Percentage of population below poverty line		Per capita GNP in US\$		Public expenditure on Health as a percentage of GDP (1998)	Total debt service as a percentage of GDP (2000)
	Per capita public expenditure at official exchange rate (US\$)	Per capita private Expenditure at official exchange rate (US\$)	Total expenditure as a percentage of GDP	1993	2001	National Poverty Line	International poverty line below 1 dollar a day	1992	1999		
Burundi	1	2	2.3	48	40.4	36.2	n.a	210	120	0.6	3.1
Sierra Leone	2	3	2.8	43	34.2	68.1	57.0	160	130	0.9	6.7
Central African Republic	3	4	2.4	47	42.7	n.a	66.6	410	290	2	1.5
Ethiopia	3	3	5.2	n.a	48.0	n.a	31.2	110	100	1.2	2.2
Madagascar	3	3	2.3	56	54.8	70	49.1	230	250	1.1	2.4
Niger	3	2	3.0	47	42.5	63	61.4	280	190	1.2	1.6
Somalia	3	1	2.0	47	43.1	n.a	n.a	n.a	n.a		
Togo	4	5	2.4	55	51.7	32.3	n.a	390	320	1.3	2.4
Uganda	4	7	3.5	43	46.4	55	n.a	170	320	1.9	2.6
Cameroon	5	12	2.7	56	49.7	40	33.4	820	580	1.0	6.3
Chad	5	2	2.9	48	48.6	64	n.a	220	200	2.3	1.9
Mali	5	6	4.4	46	45.2	n.a	72.8	310	240	2.1	4.2
Mozambique	5	3	3.8	47	44.8	n.a	37.8	60	230	2.8	2.3
Tanzania	5	5	4.9	51	46.5	41.6	19.9	110	240	1.3	2.4
Benin	6	6	3.2	46	52.1	33	n.a	410	380	1.6	3.5
Burkina Faso	6	3	4.0	48	42.9	-	66.2	300	240	1.5	2.5
Guinea Bissan	6	4	4.0	44	47.3	48.7	n.a	220	n.a	1.1	2.9
Malawi	6	6	7.2	45	36.1	54	n.a	210	190	2.8	3.5
Rwanda	6	10	5.0	47	40.7	-	72.8	250	250	2.0	2.0
Eritrea	7	3	5.4	n.a	53.6	53	n.a	n.a	200	n.a	0.5
Kenya	8	22	7.6	59	48.9	42	26.5	310	360	2.4	4.6
Gambia	9	2	3.2	n.a	58.5	64	59.3	n.a	n.a	2.3	4.4
Mauritania	9	4	3.3	48	52	57	28.6	530	380	1.4	10.7
Cote d'Ivoire	10	12	2.9	51	45.9	36.8	12.3	670	710	1.2	10.9
Ghana	10	8	4.3	56	57.4	31.4	44.8	450	390	1.7	9.1
Nigeria	10	14	2.1	53	51.6	34.1	70.2	320	310	0.8	2.5
Guinea	11	6	3.6	45	51.9	40	n.a	510	510	2.3	4.4
Zambia	12	8	5.6	45	36.8	86	63.6	n.a	n.a	3.6	6.4
Angola	13	11	4.6	47	36.1	n.a	n.a	n.a	220	1.4	13.6
Congo	14	6	3.0	51	52.9	n.a	n.a	1030	670	2.0	1.3
Senegal	14	9	4.5	49	55.8	33.4	26.3	780	n.a	2.6	5.2
Congo Dem. Rep. of	20	7	1.7	51	43.8	n.a	n.a	n.a	n.a	n.a	0.3
Lesotho	21	6	6.0	61	40	49.2	43.1	590	550	2.6	7.3
Equatorial Guinea	26	18	4.2	n.a	53.7	n.a	34.9	n.a	n.a	n.a	n.a
Zimbabwe	33	27	10.8	56	36.8	25.5	36	570	520	3.0	6.4
Swaziland	37	14	3.7	n.a	40.2	40	n.a	n.a	1360	2.5	1.6
Gabon	81	41	3.0	54	59.3	n.a	n.a	4450	3350	2.1	9.5
Botswana	85	35	3.5	61	39.1	n.a	33.3	2790	3240	2.5	1.3

Sources: Health Expenditure – World Health Report (WHR) 2001

Life Expectancy

i. 1993 – WHR 1995

ii. 2001 – WHR 2002

Poverty lines – Human Development Report 2002

Per capita GNP

i. 1992 – WHR 1995

ii. 1999 – World Development Report 2001

Public expenditure on Health and Total debt service as a percentage of GDP – Human Development Report 2002

Table 1b – Seven other indicators in 37 Sub – Saharan Countries

	Infant Mortality rate (per 1000 live births, 2000)	Under five mortality rate (per 1000 live births, 2000)	Maternal Mortality rate reported (per 100,000 live births) 1985 - 1999	Physicians per 100,000 population		Nurses and Midwives per 100,000 populations around 1993	Children underweight for age (percentage under age 5) 1995 – 2000	Children under height for age (percentage under age 5) 1995 – 2000
				Around 1993	1990-1999			
Burundi	114	190	n.a	6	n.a	17	45	57
Sierra Leone	180	316	n.a	n.a	7	n.a	27	34
Central African Republic	115	180	1,100	6	4	45	24	39
Ethiopia	117	174	n.a	4	n.a	8	47	51
Madagascar	86	139	490	24	11	55	33	49
Niger	159	270	590	3	4	17	40	40
Togo	80	142	480	6	8	31	25	22
Uganda	81	127	510	4	n.a	28	26	38
Cameroon	95	154	430	7	7	n.a	21	35
Chad	118	198	830	2	3	6	28	28
Mali	142	233	580	4	5	9	43	–
Mozambique	126	200	1,100	n.a	n.a	n.a	26	36
Tanzania	104	165	530	4	4	46	29	44
Benin	98	154	500	6	6	33	29	25
Burkina Faso	105	198	480	n.a	3	n.a	34	37
Guinea Bissan	132	215	910	18	17	45	23	28
Malawi	117	188	1,100	2	n.a	6	25	49
Rwanda	100	187	n.a	n.a	n.a	n.a	29	43
Eritria	73	114	1000	2	3	n.a	44	38
Kenya	77	120	590	15	13	23	23	37
Gambia	92	128	n.a	2	4	25	17	19
Mauritania	120	183	550	11	14	27	23	44
Cote d'Ivoire	102	173	600	n.a	9	n.a	21	22
Ghana	58	102	210	4	6	n.a	25	26
Nigeria	110	184	n.a	21	18	142	27	46
Guinea	112	175	530	15	13	3	23	26
Zambia	112	202	650	n.a	7	n.a	25	59
Angola	172	295	n.a	n.a	8	n.a	n.a	n.a
Congo	81	108	n.a	27	25	49	14	19
Senegal	80	139	560	7	8	35	18	19
Congo Dem. Rep. of	128	207	n.a	n.a	7	n.a	34	45
Lesotho	92	133	n.a	n.a	5	n.a	16	44
Equatorial Guinea	103	156	n.a	21	25	34	n.a	n.a
Zimbabwe	73	117	700	14	14	16	13	17
Swaziland	101	142	230	n.a	15	n.a	10	30
Gabon	60	90	520	19	n.a	56	n.a	n.a
Botswana	74	101	330	n.a	24	n.a	13	23

- Sources:
1. Infant Mortality rate (per 1000 live births, 2000) }
 2. Under five mortality rate (per 1000 live births, 2000) } HDR 2002
 3. Maternal Mortality rate Reported (per 100,000 live births) }
 4. i. Physicians (per 100,000 population around 1993) } WHR 1997
 - ii. 1990-1999 } HDR 2002
 5. Nurses and Midwives (per 100,000 populations around 1993) } WHR 1997
 6. Children underweight for age (% under age 5) 1995 – 2000 } HDR 2002
 7. Children under height for age (% under age 5) 1995 – 2000 }

Analysis of Data

1. Per capita expenditure on health of the 38 countries (Table 1a)

The total per capita health expenditures including the private and public sector are:

- Less than USD 10 in 14 countries (or 37 percent)
- Between USD 11-20 in 13 countries (or 33 percent)
- Between USD 21-30 in six countries (or 16 percent)
- Between USD 40-60 in three countries

In Gabon & Botswana the total health expenditures are USD 132 and 140 respectively.

2. Life expectancy at birth (Table 1a)

Comparative data for life expectancies in 33 countries are available for 1993 and 2001. During this period of eight years the life expectancy has decreased in 23 countries (or in 70 percent). It has increased in 10 countries (or 30 percent).

The life expectancy in 2001 in seven countries (or 21 percent) is below 40 years. In 19 countries (or 60 percent) is between 41-50 years. In the other seven countries it is between 51-60 years. The life expectancies in the developed countries are in the high 70s.

It is a human tragedy that the life expectancies at birth in a few Sub-Saharan countries are less than half of those in some developed countries.

3. Infant mortality rates (IMR) (Table 1b)

Comparative data on IMR is available in 37 countries.

- In 3 countries (or 8 percent) the IMR is over 150 yrs
- In 19 countries (or 51 percent) the IMR is between 100-150 yrs
- In 15 countries (or 41 percent) the IMR is over 50 yrs

The IMRs in developed market economies vary between 5 to 8.

4. Maternal Mortality Rates (MMR) (Table 1b)

Data is available for 26 countries

- In 4 countries (or 15 percent) the MMR is over 1000
- In 15 countries (58 percent) the MMR is between 500-1000
- In 7 countries (or 27 percent) MMR is between 200-500

It has been estimated that 40 percent of an estimated annual world total of 585,000 maternal deaths a year occur in Africa where only ten percent of the world's population lives.

In developed market economies the average MMR is about 5-10

5. Under 5 mortality rates (<5MR) (Table 1b)

Data is available for 37 countries

- In one country the <5 MR is over 300
- In 7 countries (or 19 percent) the < 5MR is between 200-300
- In 28 countries (or 76 percent) the <5 MR is between 100-200.
- In Gabon it is 90

In developed market economies the average <5 MR is 5-6

6. People living below the Poverty line

Table 1a presents two poverty lines, national and international poverty lines. National poverty lines are estimated by each country. The World Bank uses an international poverty line of an income of less than one dollar per person per day.

I wish to refer to my comments on the preliminary draft on the Millennium Development Strategy. I mailed this to participants of the Task Force on May 28th.

● those comments I presented comparative data on the national and international poverty lines in 18 developing countries. These comparison showed very wide variations in the two poverty lines. According to that data 65 million people in the 18 developing countries lived below the international poverty line whereas based on the national poverty line about 200 million were living in poverty.

Table 1 a in this paper shows similar variations between the poverty lines in 25 Sub-Saharan countries. In Zambia, 86 percent of the population lives below the National Poverty Line (NPL). In five countries the percentage of population that lives below the NPL vary from 61-70. In four the percentage varies from 51-60. In seven the percentage varies from 41-50.

In another 8 counties the percentage varies from 25-40.

7. Per capita GNP in 1992 & 1999 (Table 1a)

Per capita GNPs in USD for 1992 and 1999 for 28 countries are available. During the seven year period 1992-1999, the per capita GNP has fallen in 19 countries, risen in seven and remained unchanged in two. During the decade of unprecedented economic growth globally, Sub-Saharan African economic growth seems to have gone in reverse gear for several countries.

● Public health expenditure and debt service (Table 1a)

Data on public expenditure on health and total debt service as a percentage of the GDP is available for 34 countries. In 26 (or 77 percent) countries the payment for debt service is more than on public health. In 14 out of those 26 counties, the debt service payment is more than double that on public health expenditure; and in another six countries the debt service payments vary from five to nine times the expenditure on public health.

9. Physicians per 100,00 population (Table 1b)

Data on the number of physicians per 100,000 population is available for 1993 and for 1990-1999. There has been no appreciable change in the number of physicians per 100,000 population between the two estimates. About 10 countries had less than five physicians per 100,000 people and another 10 countries between 6 to 10 physicians per 100,000 population. Only three countries have between 21-25 physicians per 100,000 population. It should be noted that these are averages for the whole country. But in all these countries, vast majority of the physicians practice in urban areas where

minority of the population live. The vast majority of people live in rural areas where there are hardly any physicians. A ratio, however meaningless it is may be, will be one physician for few million people.

10. **Children under weight for age (percentage of children under age 5) (Table 1b)**

Data available in 33 countries. The percentage of children under age five who are underweight for there age is:

- Over 40 percent in five countries
- **Between 31-40 in three countries**
- **Between 21-30 in 18 countries and**
- **Between 11-20 in seven countries**

11. **Children under height for age (percentage of children under – age 5) (Table 1b)**

Data is available for 33 countries. The percentage of children under age 5 who are under height for their age is:

- Over 50 in three countries
- Between 41 and 50 in nine countries
- Between 31 and 40 in nine countries
- Between 21-30 in eight countries and
- Between 11-20 in four countries

Mental and physical development in humans occur during the **critical period of the first few years** in life. This development is dependent on adequate nutrition. **These data shows** that considerable sections of African children suffer from the effects of under nutrition. **They will therefore** be denied the opportunity of developing their full genetic potentials endowed by their parents. **African countries will** be losing valuable human resources for generations to come. This will further aggravate **Africa's social, economic and human development.**



People's Health Movement

PHM Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala, Bangalore - 560 034 India. Tel.: 91-80-5128 009 / Telefax: 91-80-552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

Networks

- Asian Community Health Action Network (ACHAN)
- Consumers International-Regional Office for Asia and the Pacific (CIROAP)
- Dag Hammarskjöld Foundation (DHF)
- Gonoshasthaya Kendra, (GK)
- Health Action International (HAI) - Asia-Pacific - HAIAP
- International People's Health Council (IPHC)
- Third World Network (TWN)
- Women's Global Network for Reproductive Rights

Regions

- Central America, Mexico and Caribbean
- China
- East and Central Africa
- Europe
- India
- Middle East and North Africa
- North America
- Pacific, Australia and New Zealand
- South Asia (excl. India)
- South America
- South East Asia (excl. China)
- Southern Africa
- West Africa

Past Coordinator

Qasem Chowdhury,
GK, Savar, Bangladesh

Present Coordinator

Ravi Narayan,
CHC, Bangalore, India

To,

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia – Pacific,
(PHM Steering Group Member),
5, Frankfurt Place, Colombo 4, Sri Lanka
Tel: (94 1) 554353
Fax: (94 1) 554570
E-mail: bala@haiap.org

Date: 17.07.2003

Dear Dr. Balasubramaniam,

On behalf of the Global Secretariat of the International People's Health Movement, we wish to invite you to participate in the activities of the People's Health Movement (PHM) around the next National Working Group Meeting of PHM – India at Bangalore from 25th to 30th July 2003.

The National Working Group meeting will take place on 26th / 27th at Indian Social Institute, Bangalore.

The PHM review and planning will take place on July 25th, 28th and 29th July at the PHM Global Secretariat

The People's Health Movement will assume all the costs and logistic expenses related to your participation in these events.

We look forward to your participation in these important activities.

Regards,

Ravi Narayan

Dr. Ravi Narayan
Coordinator
People's Health Movement Secretariat (Global)

PHM Resource Centre: Gonoshasthaya Kendra, Nayarhat, Dhaka - 1344, Bangladesh
Tel: 880-2-770 83 16, 770 83 35-6; Fax: 880-2-770 83 17; e-mail: gksavar@citechco.net

Secretariat Support Group: Website: Andrew Chetley, UK - chetley.a@healthlink.org.uk;
PHM Exchange: Claudio Schuftan, Vietnam- aviva@netnam.vn;
PHM Media: Unnikrishnan, Bangalore (India) - unnikru@yahoo.com
Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org



People's Health Movement

PHM Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala, Bangalore - 560 034 India. Tel.: 91-80-5128 009 / Telefax: 91-80-552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

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- South Asia (excl. India)
- South America
- South East Asia (excl. China)
- Southern Africa
- West Africa

Past Coordinator

Qasem Chowdhury,
GK, Savar, Bangladesh

Present Coordinator

Ravi Narayan,
CHC, Bangalore, India

To,

Mrs. Kamala Balasubramaniam,
W/o Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia – Pacific,
(PHM Steering Group Member),
5, Frankfurt Place, Colombo 4, Sri Lanka
Tel: (94 1) 554353
Fax: (94 1) 554570
E-mail: bala@haiap.org

Date: 17.07.2003

Dear Mrs. Kamala Balasubramaniam,

On behalf of the Global Secretariat of the International People's Health Movement, we wish to invite you to participate in the activities of the People's Health Movement (PHM) around the next National Working Group Meeting of PHM – India at Bangalore from 25th to 30th July 2003.

The National Working Group meeting will take place on 26th / 27th at Indian Social Institute, Bangalore.

The PHM review and planning will take place on July 25th, 28th and 29th July at the PHM Global Secretariat

The People's Health Movement will assume all the costs and logistic expenses related to your participation in these events.

We look forward to your participation in these important activities.

Regards,

Ravi Narayan

Dr. Ravi Narayan
Coordinator
People's Health Movement Secretariat (Global)

PHM Resource Centre: Gonoshasthaya Kendra, Nayarhat, Dhaka - 1344, Bangladesh
Tel: 880-2-770 83 16, 770 83 35-6, Fax: 880-2-770 83 17; e-mail: gksavar@citechco.net

Secretariat Support Group: Website: Andrew Chetley, UK - chetley.a@healthlink.org.uk;
PHM Exchange: Claudio Schuftan, Vietnam - aviva@netnam.vn;
PHM Media: Unnikrishnan, Bangalore (India) - unnikru@yahoo.com
Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org

7/24/03

PHM Secretariat

From: K Bala <kbaa12@yahoo.com>
 To: <PHM_Steering_Group_02-03@yahoogroups.com>
 Sent: Wednesday, July 23, 2003 5:09 PM
 Subject: Re: [PHM_Steering_Group_02-03] Re: People's Health permissions query: ACHIEVING HEALTH

Dear Ravi,

We are delighted that schoolchildren in Australia and New Zealand will be introduced to the PHM. We should now copy Macmillan's initiative in Asia, Africa and Latin America so that our children will be introduced to PHM at their formative years. Bala

--- PHM Secretariat <phmsec@touchtelindia.net> wrote:

Dear Ms. Karen Forsythe,

> Greetings from People's Health Movement Secretariat
 > (global) at CHC,
 > Bangalore!

> Thanks for your letter of 22nd July. We were
 > delighted to hear that the PHM
 > website would appear in the forthcoming textbook as
 > a screen shot and that
 > students would be invited to visit and answer
 > questions about what they
 > find. The attached text for our review was not
 > accessible. Please send
 > again. We would refer you to Fran Baum
 > (fran.baum@flinders.edu.au), who is
 > the Regional Coordinator for the Region - Australia,

> New Zealand and the
 > Pacific. Please get in touch with her for further
 > queries. It may be a good
 > idea to put some of the PHM Regional contacts like
 > her, Prof. David Legge
 > and others as contacts so that students in your
 > region could contact them
 > (if they agree). As for permission I am happy to
 > give it on behalf of the
 > movement as soon as I am able to access the text you
 > mentioned. I am marking
 > this to our steering group to keep them informed and
 > perhaps explore how
 > MacMillan textbooks or other textbooks could do
 > similar initiatives in their
 > region. Please post a copy of the textbook to the
 > secretariat, as it would
 > be a good addition to our documentation center. If
 > possible would you could
 > consider sending it to some of the PHM resource

RN
24/7/03

RN
24/7/03

Srinivas
 PHM - Australia
 HAI-AP

Communication

From: "K Bala" <kbala12@yahoo.com>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Wednesday, August 20, 2003 10:17 AM
Subject: Re: [PHM_Steering_Group_02-03] coca cola controversy

Dear Unni
Consumers Association of Penang [CAP] has done some work on coca cola. Please write to Hadji Mohamed Idris, President CAP email <hidrisud@tm.net.my>
Kind regards, Bala

- "UNNIKRISHNAN PV (Dr)" <unnikru@yahoo.com> wrote:
Dear friends in the PHM circle

- > There is key interest in the western press to get
- > PHM opinions on the Cola controversy. Is this an
- > area of interest for any of the PHM steering group
- > members? Do you know of anyone in PHM who has done
- > focussed work on Coca Cola (CF IOCU/ CAP????).
- >
- > When there were few calls from the usual media
- > contacts, I have issued general sound-bites (I have
- > forwarded a sample coverage yesterday). But please
- > let me know if you (anyone you know) have done any
- > focussed work on this issue? Would you like me to
- > divert the calls from the media on this issue to you
- > ? If so, your tel number please?

Regards
Unni

- > Dr.Unnikrishnan PV, India : E-mail:
- > unnikru@yahoo.com Ph (M): +91 (0) 98450 91319
- >
- > 30,000 children will die in the next 24 hours from
- > preventable diseases.
- > Click www.TheMillionSignatureCampaign.org , to join
- > a campaign that demands HEALTH FOR ALL NOW!

PHM-Medic
PHM-HAI-AP
RN
26/8/03

RN
21/8/03

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
 To: Bala <bala@na-ap.org>
 Sent: Tuesday, August 19, 2003 5:24 PM
 Subject: Re: Minutes of the meeting on the alternative systems of medicine

Dear Bala,

Greetings from PHM Secretariat (Global)!

Thanks for your acknowledgement of the minutes on TSM meeting. We await hard copies of the 3 papers. Would it be possible to send a soft copy item 3, since it may need a wider circulation.

Best wishes,

Ravi Narayan
 Coordinator, People's Health Movement Secretariat (global)
 CHC-Bangalore
 #367 "Srinivasa Nilaya"
 Jakkasandra 1st Main, I Block Koranangala
 Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

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

From: Bala
 To: PHM Secretariat
 Cc: Ekbal Prof., Zafrullah Chowdhury, Unnikrishnan P V (Dr), Prem Chandran John
 Sent: Friday, August 15, 2003 11:31 AM
 Subject: Re: Minutes of the meeting on the alternative systems of medicine

Dear Ravi,

You have recorded the proceedings very well. It can be circulated. As you have suggested, we should collect all the work done so far on the different aspects of traditional systems of medicines and then decide on the next steps. I am sure the VHA has a number of special issues on Traditional Medicine. These should be collected and reviewed. I am mailing hard copies of the following papers presented by HAIAP at different meetings.

1. Herbal Remedies: Consumer Protection Concerns - presented at the International Symposium on Herbal Medicines 1-4 June 1997 in Honolulu, Hawaii, USA, co-sponsored by UNIDO and University of San Diego in California.
2. Herbal Medicines: A Holistic Approach - presented at the 2nd International Workshop on Herbal Medicines in the Caribbean, St Croix, US Virgin Islands, 14-16 1996
3. Traditional Medicine and Public Policy - presented at "Concurrent session on promoting Traditional Health Practices" - PHA, 4-8 December 2000 in GK, Savar, Bangladesh

A review of the publications by FRLHT, VHA, HAIAP and others will show the very wide spectrum of issues that will fall under Traditional systems of Medicine. The organizers of the proposed workshop at the 11th International forum for Defense of Peoples' Health in Mumbai 14-15 January have a heavy responsibility in setting an agenda which will give directions for the different groups working on Traditional Medicine.

Best wishes,

Bala

PHM Secretariat

From: Bala <bala@haiap.org>
To: PHM Secretariat <p hmsec@touchtelindia.net>
Cc: Ekbal Prof. <ekbal@vsnl.com>; Zafarullah Chowdhury <gk@ctechco.net>; Unnikrishnan P V (Dr) <unnikru@vsnl.com>; Prem Chandran John <haniprem@eth.net>
Sent: Friday, August 15, 2003 11:31 AM
Subject: Re: Minutes of the meeting on the alternative systems of medicine

Dear Ravi,

We have recorded the proceedings very well. It can be circulated. As you have suggested, we should collect all the work done so far on the different aspects of traditional systems of medicines and then decide on the next steps. I am sure the VHA has a number of special issues on Traditional Medicine. These should be collected and reviewed. I am mailing hard copies of the following papers presented by HAIAP at different meetings.

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A review of the publications by FRLHT, VHA, HAIAP and others will show the very wide spectrum of issues that will fall under Traditional systems of Medicine. The organizers of the proposed workshop at the 111. International forum for Defense of Peoples' Health in Mumbai 14-15 January have a heavy responsibility in setting an agenda which will give directions for the different groups working on Traditional Medicine.

Best wishes,

Bala

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia-Pacific
5, Frankfurt Place, Colombo 4
Tel: (94 1) 554353
Fax: (94 1) 554570
E-mail: bala@haiap.org

Ravi
18/8/03

PHM - HAI / AP

18/8/03

Dear Bala

Thanks for your acknowledgement of the minutes on TBM meetings. We await hard copies of the 3 papers. Would it be possible to send

Sent
19/8/03 for

Ravi
18/8/03 for

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

From: PHM Secretariat
To: Ekbal, B. Dr-Convener, Zafarullah Chowdhury
Cc: Unnikrishnan, Dr Prem Chandran John, bala
Sent: Tuesday, August 12, 2003 1:24 PM
Subject: Minutes of the meeting on the alternative systems of medicine

Dear Dr. Ekbal and Zafarullah

Enclosed find the minutes of the meeting on ASM at the PHM Secretariat for your approval before Unni circulates it on the newly started yahoo group. After some further discussions with Unni I had another serious discussion with Darshan and FRLHT about the unhealthy trends seen at the world congress of Ayurveda when attended a day's meeting of an interdisciplinary group at FRLHT yesterday. He is quite aware of it and is concerned to keep the FRLHT process out of these agencies as well - since they

a soft copy of them 3 since it may need a wide circulation Best wishes Ravi

PHM Secretariat

From: Bala <bala@haiap.org>
To: PHM Secretariat <phmsec@touchtelindia.net>
Sent: Wednesday, August 20, 2003 9:24 AM
Subject: Fw: Minutes of the meeting on the alternative systems of medicine

Dear Mr Narayan,

I have faxed you the invoices of the airfare for Dr Balasubramanian to attend the recent PHM Meeting. Please be kind enough to transfer the funds equivalent to Sn Lankan Rs 26,926 to our HAIAP Account.

Bank: Bank of Ceylon - Milaginya
Account Number: 00593 02 10408
SWIFT CODE: BCEYLKXX

Thanks and best wishes,

Thank you,

Dihani

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

From: PHM Secretariat
To: Bala
Sent: Tuesday, August 19, 2003 5:54 PM
Subject: Re: Minutes of the meeting on the alternative systems of medicine

Dear Bala,

Greetings from PHM Secretariat (Global)

Thanks for your acknowledgement of the minutes on TSM meeting. We await hard copies of the 3 papers. Would it be possible to send a soft copy item 3, since it may need a wider circulation.

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

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

From: Bala
To: PHM Secretariat
Cc: Ekbal Prof. Zafrullah Chowdhury, Unnikrishnan P V (Dr), Prem Chandran John
Sent: Friday, August 15, 2003 11:31 AM
Subject: Re: Minutes of the meeting on the alternative systems of medicine

Dear Ravi,

You have recorded the proceedings very well. It can be circulated. As you have suggested, we should collect all the work done so far on the different aspects of traditional systems of medicines and then decide on the next steps. I am sure the VHAJ has a number of special issues on Traditional Medicine. These should be collected and reviewed. I am mailing hard copies of the following papers presented by HAIAP at different meetings.

PHM Secretariat

From: Community Health Cell <sochara@vsnl.com>
To: Pnm Office <pnmsec@touchtelindia.net>
Sent: Wednesday, August 20, 2003 3:42 PM
Subject: Ew: PHM - The Alma Ata Anniversary Pack

Dr. Thelma Narayan,
Coordinator, Community Health Cell
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034

Ph.: +91-080-5531518
Telefax: +91-080 - 5525372
website: www.sochara.org

Join the "Health for all NOW" campaign in the 25th anniversary year of the Alma Ata declaration
visit www.TheMillionSignatureCampaign.org

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

From: Bala

To: Ravi Narayan; David Sanders

Cc: Ekbal Prof. Unnikrishnan P.V (Dr) Zafrullah Chowdhury Mira Shiva nhpp@bol.net.in Prem
Chandran John

Sent: Wednesday, August 20, 2003 9:38 AM

Subject: PHM - The Alma Ata Anniversary Pack

Dear Ravi and David,

Congratulations, Ravi on the Anniversary Pack. I trust partners in the PHM will take time to read and act on it.

I refer to David's paper "25 years of PHC lessons learned and Proposals for Revitalization".

I am reading it for the second time. In section 4.1 on "Equitable social investment", there is a reference to a Rockefeller study of 1985 on the striking success in social development and health by a few poor countries notably Sri Lanka, Costa Rica, Cuba, China and Kerala State in India. I do not have current data for Costa-Rica and Cuba. These were indeed text book examples in the 1950s - 1970s. The Rockefeller article would have used these data.

The spectacular achievements of China, Kerala and Sri Lanka are being reversed. Government's policies in these countries for rapid economic growth has had a negative impact on the distributive justice which was the hall-mark in these three countries.

In the next article Dr Banerji refers to the changes in China during the past two decades which have virtually wiped out the rural health co-operatives, leaving vast masses of the poor to their fate. China, Kerala and Sri Lanka, in my opinion can no longer be examples of low income countries with spectacular social and human development almost 50 percent of children under five are malnourished in Sri Lanka. The IMR shows dangerous tendency of rising. The per capita GNP trebled between 1965 & 1988. During this period rural poverty increased from 13 to 48 percent.

Dr Ekbal do you have current data for Kerala

We need to make note of these changes.

Best wishes,

Bala

PHM - AAA
PHM-HAI-AP

RN
AKUS
m



HAI Asia - Pacific

Level 2, 5, Frankfurt Place,
Colombo 4, Sri Lanka
Tel: (94 1) 554353 Fax: (94 1) 554570
Email: hai@haiap.org
Website: www.haiap.org

Dear Ravi,

As promised attached are the papers
presented by HAIAP at different meetings.

Regards,

DSh:

With Compliments

DGS - Acknowledge the receipt of the three papers
- Check whether this one can be e-mailed to us
RN

20/2/18

Traditional Medicines and Public Policy

Concurrent session on
Promoting Traditional Health Practices

Dr.K.Balasubramaniam
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Co-ordinated by Asian Community Health Action Network (ACHAN),
Consumers International (CI), Dag Hammarskjold Foundation (DHF),
Gonoshasthaya Kendra (GK), Health Action International (HAI),
International People's Health Council (IPHC), Third World Network (TWN);
Women's Global Network for Reproductive Rights (WGNRR),

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A. Introduction

A major challenge facing the Caribbean Association of Researchers and Herbal Practitioners (CARAPA) is to transfer and translate the outcomes of its research into public policies and policy instruments.

This challenge is one of the best and most appropriate responses to the theme of the Symposium "Application of Caribbean herbal products in promoting health and treating disease" because translating research outcomes into public policies and policy instruments will encourage and empower the researchers and herbalists to:

- Ensure the Caribbean people regular access to herbal medicines and traditional practices of proven safety, efficacy and quality;
- Convert research to mass use; and
- Relate research to solutions of health and health related problems.

CARAPA should be congratulated for identifying the following as the major objective of the symposium, "Educate the Caribbean people about new discoveries and new trends in the further development of natural medicines from plants". This paper will explain why this objective will be an excellent strategy to meet the challenge and translate research outcomes into public policy and policy instruments and make healthcare for all a reality in the Caribbean.

The paper will first focus on the need for public policy which gives herbal medicines its due place and national legislation which will provide legal support to public policy.

This will be followed by examination of the following issues identified in the sub-themes:

- Integrating the herbal practitioner into the healthcare system;
- Research for new herbal products to promote health and treat diseases; and
- Validate the safety and efficacy of selected Caribbean herbal products.

B. Public Policy and Policy Options

(a) Public Policy

In 1978 the World Health Organization (WHO), the United Nations Children Fund (UNICEF) and the world community identified herbal medicines as one of the most important resources which should be mobilised. It was proposed that traditional medicine (TM) should be integrated into primary healthcare (PHC). These offer the best means available for achieving the goal of health for all in the year 2000.¹ We are now in the year 2000. Not only are we nowhere near the goal but seem to have gone into reverse gear. There is such a widening of inequalities between the rich and the poor in health in the world that the latest World Health Report identifies the following as the first and foremost challenge: "There is a need to reduce greatly the burden of excess mortality and morbidity suffered by the poor."² Why is there excess morbidity and

¹ WHO & UNICEF, *Primary Health Care: Report of the International Conference on Primary Health Care Alma-Ata, USSR, 6-12 September 1978*, World Health Organization, 1978.

² *Making a Difference – The World Health Report, 1999*, p.ix. WHO, Geneva.

mortality among the poor? Why has the primary health strategy (PHC) failed? It failed simply because no country implemented the PHC strategy. Since the Alma-Ata Declaration of 1978, no country has given a place for herbal medicines and traditional systems of medicine in their public policies nor integrated traditional medicine (TM) into primary healthcare. China (1949) and Vietnam (1961)¹ had done these before the Alma Ata Declaration.

According to the WHO, in 1978 eighty per cent of the world's population depended on traditional systems of medicine and herbal remedies for their healthcare needs.⁴ We have, therefore, a global situation where 80 per cent of the world's population are served by a healthcare system that is not given a place in public policy. Without an officially stated public policy and adequate legislative support, there can be no development of traditional systems of medicine. Formulation and implementation of public policies on traditional medicines and integration of these with PHC are controlled by health professionals trained in modern medicine who have no knowledge of traditional system and view it as "unscientific and very much inferior to modern medicine". These are the reasons for the non-development of traditional systems of medicine. The following examples illustrate the very low profile given to traditional medicine at national, regional or global levels.

- (i) In 1985, the Indian Government published a "Manual for Practitioners of Indian Systems of Medicine & Homeopathy". The aim was to explain and describe the involvement of traditional practitioners in family welfare and PHC.

The entire manual does not contain a single sentence where the traditional practitioner is required to use or draw upon her/his training and experience. The manual treats the traditional practitioner as an unskilled worker whose only task is to refer the patient to a modern health worker or health centre for "proper investigation, diagnosis and treatment"⁵

- (ii) The South-East Asian region of WHO (SEARO) consists of 10 countries including India, with about 1.5 billion people, a quarter of the world population and accounts for half of the world poor. In 1993, SEARO published the second evaluation of the global strategy for Health for All by the year 2000. There was no reference to traditional medicine in the case studies of eight countries. A very brief mention was given in the reports from Mongolia and Myanmar.⁶
- (iii) In his preface to the World Health Report 1995, "Bridging the Gap", the Director General outlines the panorama of human tragedy and suffering; more than one billion people live in poverty; vast numbers are living, suffering and dying for want of basic health services. "Poverty is the world's deadliest diseases," he concluded. However in this 118 page report, all that was written about traditional medicine was mentioned in only three sentences as follows:

¹ Regulatory Situation of Herbal Medicines: A Worldwide Review, World Health Organization, Geneva, 1998.

⁴ WHO & UNICEF, Primary Health Care, op. cit.

⁵ Balasubramaniam A. V., "Indigenous Systems of Healthcare", *Health for the Millions*, Vol. III, NO. 3, June 1987.

⁶ Anon, Implementation of the Global Strategy for Health for All by the year 2000. Second evaluation, Eighth Report on the World Health Situation, Volume 4. South-East Asia Region, WHO Regional Office for Asia, New Delhi, 1993.

“People’s Guide to Herbal Medicines & Medicinal Plants”, presented to the 2nd International Workshop on Herbal Medicines in the Caribbean, St. Croix, US Virgin Islands, June 14-16, 1999 is given in annex 1.

(b) Policy options

The objectives of a national health policy on traditional medicines will include the following:

- (i) Provide legal recognition of TM;
- (ii) Mobilise herbal medicines for the attainment of healthcare for all;
- (iii) Ensure the safety, efficacy and quality of herbal medicines in the market;
- (iv) Ensure the availability and accessibility of herbal medicines at affordable prices to all those who need them;
- (v) Provide objective information to consumers on herbal medicines marketed in a country;
- (vi) Control and regulate the manufacture, sales, prescribing and dispensing of herbal medicines.

In order to identify appropriate policy options, it will be necessary to examine the pattern of utilisation of herbal medicines in developing countries. Although not a component of national health policy in developing countries (except China and Vietnam⁷), traditional knowledge and systems of medicine currently serve the healthcare needs of the vast majority of the population in the Third World. The WHO has again reiterated after 15 years that 80 per cent of the world’s population rely chiefly on traditional medicines, mainly herbal medicines, for their primary healthcare needs.⁸ It is difficult to substantiate this numerical value precisely. However, policy makers need to know the patterns of utilisation of TM. There are three common patterns of utilisation:

- Exclusive use of TM;
- Use of both TM and modern medicine (MM);
- Obtaining healthcare from traditional practitioners who prescribe and dispense modern pharmaceuticals.

Exclusive use of TM

A major policy objective of every government is to make modern healthcare available to the whole population. Although the majority of developing countries have not been able to achieve 100 per cent coverage, all countries do have Western-type model of healthcare services extending from the capital city to the periphery with some form of referral system, particularly for acute medical, obstetric and surgical emergencies. It can therefore be argued that no one uses TM exclusively. On the other hand, there is some limited data published by the WHO on the role of TM in PHC in poor countries.⁹

⁷ Regulatory Situation of Herbal Medicines: A Worldwide Review, WHO/TRM/98.1, Dr Xiaorui Zhang, Traditional Medicine Programme, WHO, Geneva.

⁸ Akerele, O. Nature’s medicinal bounty: don’t throw it away. *World Health Forum*, 1993; 14: 390-393.

⁹ Xiaorui Zhang – “WHO Policy and Its Role in the Field of Traditional Medicine”, presented at African Forum on the Role of Traditional Medicine in Health Systems, Harare, Zimbabwe, 16-18 February 2000.

- (i) Action taken on reported illnesses for children in Ghana was as follows:
- No treatment given – 57 per cent;
 - Home-based treatment – 11 per cent;
 - Visit community-health centre – 32 per cent
- (ii) In Ghana, Mali, Nigeria and Zambia, 60 per cent of children with fever are treated with herbal medicines at home.
- (iii) In Ghana and Zambia the ratio of Western style Medical Doctors to total population is 1:20,000; traditional practitioners to total population is 1:200. In Swaziland the ratios are 1:10,000 and 1:100 respectively.

Use of both TM and MM

- ❖ Selective use of TM or MM at any one time; and
- ❖ Simultaneous use of both TM and MM at the same time.

Selective use of TM or MM at any one time

Very often patients seem to select a particular type of practitioner. For acute medical, surgical emergencies, they go to the modern practitioner; for chronic illnesses such as arthritis they prefer TM.

Simultaneous use of TM

Simultaneous use of TM and MM is common in both developed and developing countries. In an emergency department in New York, 22 per cent of the patients reported that they used herbal medicines.¹⁰

Similar studies have not been carried out in developing countries. However, there is ample anecdotal evidence of simultaneous use. People do not consider TM in the form of watery infusions of medicinal plants or herbal remedies in the form of powders and pills as drugs. Therefore when the modern practitioner asks for drug history, they may not mention even if they take TM. It is, therefore, important for clinicians to document use of herbal medicines as part of a patient's drug profile to prevent adverse drug interactions. The general public should also be made aware of the possible dangers of taking TM and MM at the same time.

Modern medicines prescribed by traditional medical practitioners

This practice is common in developing countries. A study was done in Sri Lanka in the late 1970s to study the prescribing practices of the following medical practitioners:

1. Modern (Western-styled) practitioners;

¹⁰ Hung O.L. Shih RD, Chiang WK, Nelson LS, Hoffman RS, Goldfrank RS, Goldfrank LR, *Herbal preparation use among emergency department patients*. Academic Emergency Medicine, 1997; 4:209-213.

2. Traditional practitioners trained in recognised ayurvedic institutions and registered by the government; and
3. Traditional practitioners without any formal training and not registered by the government.

Three simulated young adult patients were trained to present the following conditions:

- ❖ Acute upper respiratory tract viral infection;
- ❖ Diarrhoea; and
- ❖ Lower backache.

The study was conducted in selected urban areas. Analysis of the results revealed that the prescribing practices of the three groups were identical. Almost the same drugs were prescribed irrespective of their training. For example, acute upper respiratory tract viral infection was treated by all three types of practitioners with a combination of the following: antibacterials (tetracycline or penicillin) analgesics (aspirin, paracetamol or NSAIDS), antihistamines and cough suppressants.¹¹

There is evidence that traditional practitioners prescribe modern pharmaceuticals in other developing countries as shown below. Why do they prescribe modern drugs?

Skillful and unethical promotion of modern pharmaceuticals by the private drug industry has created a demand for them. When modern medical facilities are not accessible or affordable, entrepreneurs will enter to fill the gap in the market and meet the increasing demand for modern pharmaceuticals.

Traditions do not exist in a vacuum and remain isolated. Increasing literacy, access to radio, television and newspapers and promotion of pharmaceuticals have not left traditional practitioners both trained and the untrained “quacks” untouched. Wherever national regulatory controls are absent or not enforced, some traditional practitioners have adopted modern pharmaceuticals in their therapeutic practice. Some of them will use it exclusively as shown above in the unpublished study from Sri Lanka. Others use TM and modern pharmaceuticals selectively. A number of studies have confirmed that traditional practitioners in Sri Lanka prescribe modern

¹¹ Bibile SW & Balasubramaniam K (1977). Unpublished document.

pharmaceuticals.^{12 13 14} The same practice has been reported in Bangladesh,¹⁵ India,^{16 17 18} Africa¹⁹ and Central America.²⁰

An understanding of the pattern of utilisation of TM in developing countries will enable policy makers to formulate appropriate public policy on TM and develop strategies for integrating TM and herbalists into the national healthcare system.

C. Integrating traditional and modern medicine – the global scene

The pattern of utilisation of TM reveals that the generally accepted concept of modern healthcare in urban areas and traditional healthcare in rural areas does not exist. Rural areas do have some facilities for providing modern healthcare; urban areas are very well served by herbalists and traditional practitioners. However except China and Vietnam no other country has clarified its public policy on integrating the two systems of healthcare, for example, it is not clear in most countries whether the two systems are:

- complementary to each other?
- TM is supplementary and subordinate to MM? or
- Mutually supportive or co-operate with each other?

The pattern of drug utilisation clearly reveals that there are some forms of uncontrolled integration of the two systems in most countries. Some of them are harmful to the community.

Integrating TM and MM in the correct way to strengthen the national health services, to use the resources available in a country and to make healthcare for all a reality can be carried out as follows:

- Providing separate facilities to enable consumers to select either of the two systems; or
- Institutional integration through the national health service;
- Adequately training health workers to provide either of the two services; and
- Facilitating cross-reference between the two services.

¹² Wolffers I., Changing traditions in healthcare – Sri Lanka, Thesis, Leiden 1987.

¹³ Wolffers I., Traditional practitioners and western pharmaceuticals in Sri Lanka. In "The context of medicines in developing countries". Edited by van der Geest S and Whyte SR Kluwer Academic Publishers, Dordrecht 1988, 47-56.

¹⁴ Waxler NE., Behavioral Convergence and Institutional Separation: An analysis of plural medicine in Sri Lanka. *Cult Med. Psych* 8; 1984: 187-205.

¹⁵ Sarder AM and Chen LC., Distribution and characteristics of non-governmental health practitioners in a rural area in Bangladesh. *Soc Sci Med* 15A; 1981: 543-50.

¹⁶ Neumann AK., Bhatia JC., Andrews and Murphy, Role of Indigenous medicine practitioners of India: Report of a study. *Soc Sci med* 5; 1971: 137-49.

¹⁷ Bhatia JC, Dharam vir, Timmappaya A and Chutani CS., *Soc Sci Med* 9; 1975: 15-21.

¹⁸ Takula H.S., Parker R.L. and Srivinas M.A.K., Orienting physicians to working with rural medical practitioners. *Soc Sci Med* 11; 1977: 251-6.

¹⁹ Good CM, Hunter JM, Katz Selig H and Katz SS., The interface of dual systems of health care in the developing world: Toward health policy initiatives in Africa. *Soc Sci Med* 13D; 1979: 141-54.

²⁰ Ferguson AE, Commercial pharmaceutical medicine and medicalisation: A case study from El Salvador. *Cult Med Psych* 5; 1981: 105-34.

At present almost all countries, except China and Vietnam have allowed the two systems to exist side by side in two different forms as follows:²¹

- There are two countries which have restrictive legislation making TM illegal and only modern scientific medicine is recognised;
- Toleration, non-interference, informal recognition, a *laissez-faire* approach. The traditional services are almost all in the private sector. There is no official policy on training practitioners of TM. There are regulations to prevent abuse and harm to consumers. Countries in South East and East Asia, some countries in Africa and Latin America have this system.
- Formal recognition, licensing, registration, official policy on training. India, Nepal and Sri Lanka have this system. The systems operate in parallel, in the public and private sectors and quite independent of each other.

These two systems in developing countries including the Caribbean will not allow for the integration of TM in health systems as described in all World Health Assembly resolutions relative to the integration of the two systems. A framework for the integration of the two systems was developed and described recently.²²

China is a country where there is successful integration of TM and MM. This is possible because of the political will which supports integration. The constitution of the People's Republic of China stipulates that modern and traditional systems of medicine should be developed simultaneously. The Drug Administration Law (DAL) of the People's Republic of China was enacted in September 20th, 1984. Article 3 states "The State encourages the development of both modern and traditional drugs, the role of which in the prevention and treatment of diseases as well as in healthcare will be fully brought into play. The state protects the resources of wild herbal drugs and encourages domestic cultivation of herbal drugs."²³

Chinese traditional medicine in both its theoretical and practical aspects is undergoing a process of applying modern scientific methods, and is developing a new integration with Western medicine. Researchers in TM are trained in subjects such as anatomy, physiology, biochemistry, pathology, physical diagnosis, laboratory diagnosis, microbiology, immunology, radiology and molecular biology, as well as in the use of modern scientific techniques such as electromicroscopy and chromatography. The clinical and scientific attainment of integrated medicine have convincingly demonstrated that this is an appropriate orientation for the development of China's traditional medicine. This does not mean that TM has suddenly lost its vitality; it has always had a high capacity for adaptation and absorption of new stimuli.²⁴

²¹ David R. Phillips, *Health & Healthcare in the Third World*, Longman Scientific and Technical, Co-published by John Wiley & Sons Inc. New York, 1990, p.88.

²² "Framework for the integration of Traditional Medicine in Health System" in *African Forum on the Role of Traditional Medicine in Health Systems*, *op. Cit.*

²³ Drug Administration Law of the People's Republic of China, 20 Sept 1984.

²⁴ Cai Jingfeng (1988), "Integration of traditional Chinese medicine with Western medicine - right or wrong?" *Social Science & Medicine*, 27(5): 521-9.

D. Integrating traditional and modern medicines in the Caribbean

Public policy in the Caribbean countries as stated earlier, will not allow for integration as outlined in the WHO resolutions and described in the framework described recently.

The Chinese model cannot be adopted in the Caribbean due to differences in the political ideology and economic planning between China and the Caribbean.

The Caribbean region has to chart its own course towards integration. This symposium offers a suitable platform for brainstorming sessions. Several questions need to be discussed and answered in order to develop guidelines for integrating traditional medicine into national health systems. The questions that need to be posed include the following:

- ❖ Does primary healthcare (PHC) provide the optimum environment for integrating TM into the national health system?
- ❖ What has TM to offer to PHC?
- ❖ What has PHC to offer to TM?
- ❖ What does integration offer to the people?
- ❖ What are the roles of the different stakeholders who will be involved? They include the following:
 - The traditional healer;
 - Modern health professionals (clinicians, pharmacists, nurses, etc.);
 - Government policy makers;
 - Research scientists;
 - The general public;
 - Manufacturers of herbal medicine; and
 - Legal advisors from the Attorney-General's department.

Having given TM a due place in public policy, what type of integration does a country want?

- One type which allows the two systems to exist side by side and operate independently of each other; or
- A system which integrates TM and PHC as one unit by providing the necessary biomedical skills to traditional healers and training modern (Western-type) practitioners in traditional medicine. Will this produce a new integrated primary health worker?

When the type and form of integration is agreed upon, appropriate public policy needs to be formulated to develop mechanisms permitting the recognition of TM by the government, for better partnership between practitioners of traditional and modern systems of medicine to enable the proposed integration to proceed smoothly and successfully.

The state must define an appropriate legal framework to support the public policy.

Legislation must also be enacted to control and regulate the manufacture, sales, prescribing and dispensing of TM. Legislative control of modern pharmaceuticals in both developed and developing countries have evolved around a structured control model. On the other hand, there is

no structured model for TM and countries have adopted different national legislations. Caribbean Community Member States may wish to use the WHO guidelines and enact uniform legislation. With public policy and legislative support in place, the State in collaboration with all stakeholders must elaborate and implement a plan of action. One of the important components of the action plan will be research into TM.

E. Research into traditional medicine

A major problem related to research into TM is the fact that at present research is carried out independently by two groups:

- (i) Traditional practitioners very knowledgeable in herbal medicines but with no training in scientific methodology; and
- (ii) Research scientists with little or no knowledge of TM. In this context Mume writes: "Very few have studied our beliefs for even a few days and then felt competent to know all about the subject of traditional medicine and to interpret and make known that which takes our cleverest doctor of native medicine a lifetime to discover."²⁵

These two groups of researchers should be brought together as a team to plan and carry out combined research.

The Caribbean Association of Researchers and Herbal Practitioners is such a team and can therefore undertake both fundamental basic and applied research.

Basic Research

There is a need for therapeutic research to find new drugs to fight emerging diseases such as AIDS as well as overcoming resistance to current treatments for cancer, malaria and bacterial infections. Researchers are following several leads including gene therapy, drug design and tailor made drugs. Knowing the shape and characteristics of the biological "lock", scientists use computers to design the molecular "key" to fit the lock and trigger a mechanism which results in a cure. This may be beyond the capacity of Caribbean research scientists. But they have a better alternative. They have at their disposal in the region an enormous number of new chemical molecules waiting to be discovered, identified and their structure elucidated. These may show the lead for useful therapeutic substances.

These are the molecules found in the wealth of plants in the Caribbean, the result of over four billion years of evolutionary development. It is relevant to note that the original wonder drug, the antibiotic penicillin was isolated from a naturally occurring fungus. One of the latest immuno-suppressant cyclosporin was also isolated from a naturally occurring mushroom in Norway. Recently research scientists have isolated a new chemical component in a Congo mushroom, that acts like insulin. This lead may give rise to a new drug for the treatment of diabetes.

²⁵ Mume, J.O., How I acquired the knowledge of traditional medicine, *Conch*, Vol. VIII, Nos. 1&2. Edited by Single P, *Traditional healing: new science or new colonialism*, 1976, 136-157.

Table: Herbal Medicines – A brief summary of present evidence

Common Name	Traditional use	RCT	Result as compared to placebo	Adverse Effects
Chamomile, German <i>Chamomilla recutita</i>	Tonic	0		Allergy
	Mouthwash, oral mucositis	1	=	
Devils Claw <i>Harpagophytum procumbens</i>	Antirheumatic (Low back pain)	1	=	
Echinacea <i>Echinacea purpurea</i>	Immune stimulant (upper respiratory infections)	2	?	
Evening Primrose <i>Oenothera biennis</i>	Atopic Dermatitis	5	2a, 3=	
	Rheumatoid arthritis	3	?	
	Psoriatic arthritis	1	=	
	Premenstrual syndrome	2	=	
	Menopausal Flushing	1	=	
	Obesity	1	=	
	Ulcerative colitis	1	=	
	Hyperactivity	2	=	
	Raynaud's syndrome	1	=	
	Sjogren's syndrome	1	=	
	Psoriasis	2	=	
	Feverfew <i>Tanacetum parthenium</i>	Migraine	2	a
Rheumatoid Arthritis		1	=	
Garlic <i>Allium sativum</i>	BP Lowering	7	?	
	Cholesterol lowering	17	?	
Ginger <i>Zingiber officinale</i>	Seasickness	1	=	
	Hyperemesis gravidarum	1	a	
	Post op N/V	3	2a, 1=	
EGb 761 <i>Ginkgo biloba</i>	Dementia progression	5	a	Bleeding
	Tinnitus	2	1a, 1=	
American Ginseng <i>P. quinquefolium</i>	Exercise performance	1	=	
Korean Ginseng (G115) <i>Panax Ginseng</i>	Exercise performance	2	=	
<i>Panax Ginseng</i>	Psychomotor performance	1	=	
	Flu Vaccine Immun. Resp.	1	a	

Siberian Ginseng <i>Eleutherococcus senticosus</i>	Antidepressant	1	=	
Saint John's Wort <i>Hypericum perforatum</i>	Antidepressant	2	a	Skin photo- sensitivity
Saw Palmetto (Pamixon) <i>Serenoa repens</i>	Prostatic hyperplasia	2	a	
Zemaphyte <i>Ten Herbs</i>	Atopic eczema	1	a	Liver Toxicity

a – benefit as compared to placebo.

= same as compared to placebo.

? – reported benefit unlikely (due to design or analytical flaw).

Source: *Herbal Medicines: An Evidence Based Look. Therapeutics letter, Issue 25, June-July 1998.*

<http://www.ti.ubc.ca/pages/letter25.htm>

PHM Secretariat

From: PHM Secretariat <phmseco@touchtelindia.net>
 To: bala <bala@haiap.org>
 Sent: Wednesday, August 27, 2003 9:52 PM
 Subject: Re: Rome or Tehran - Dilemma

Dear Bala,

Greetings from PHM Secretariat (Global)

I am surprised that in spite of your constraints, you are one of the quickest responders to all my communication. It's the old world rigour, discipline and charm that makes us all want to involve you in as many things as possible.

I appreciate your age and health constraints and realize the problems of travel as well.

Without attempting to put any sort of pressure on you, I just, however, want to explore a few ideas in the light of your message that you will be attending the Consumer international Tri-annual World Congress in Lisbon from 13th to 17th October.

- a. Are you planning a PHM session so that we could use this fantastic large collection of Consumer activists, to take on board the Charter concerns and also attempt to strengthen the links between PHM and CI networks? Is it too late to suggest?

I presume apart from you and perhaps Carmelita, there will be others from PHM backgrounds in other regions. Could this group be a nucleus for this potential input?

- b. The Iran meeting is now around 20th – 23rd October in Teheran – 2 days Alma Ata Anniversary and 2 days steering group meeting. The facilities in Teheran will be very good and actually your name has gone to Dr. Barzgar among the ten special invitees- (stewards of the HFA – era).

You must make a final decision keeping your health in mind, but let me assure you that we would be very glad since your work on the Drug issue all the way to WTO / TRIPS nowadays is a testimony to your commitment to HFA and this should be noted in the meeting somehow, even if perhaps in your absence.

- c. PHA – It may be postponed, so our focus will have to shift in making the Health Forum at WSF as representative as possible. I hope you have sent your comments to Amit about what should be included etc.
- d. Just received the material on Traditional Medicine. Thanks, if the report of the PHA workshop could be sent also by email, we could put it on the yahoo group that Urmi is creating.
- e. Really appreciate your comments to David Sanders on the research dialogue. I like the strong HFA focus and the clarity about the MDG construct.

Best wishes to you and HAI – AP team

Ravi Narayan

Coordinator

PHM Secretariat (Global)

PHM-HAI-AP

RN
 29/8/03

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Best wishes to you and HAI - AP team

Ravi Narayan

RN

6

7-10th Sept

1-5th

Communication

From: "Community Health Cell" <sochara@vsnl.com>
To: "PHM Office" <phmsec@touchtelindia.net>
Sent: Wednesday, August 20, 2003 3:37 PM
Subject: Fw: Rome or Tehran - Dilemma

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Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration
visit www.TheMillionSignaturesCampaign.org

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

From: Bata
To: Ravi Narayan, PHM Secretariat
Cc: Prem Chandran John
Sent: Wednesday, August 20, 2003 10:27 AM
Subject: Rome or Tehran - Dilemma

Dear Ravi,

I am quite aware of your dilemma. As the Co-ordinator of PHM (global) you have to ensure success of all activities, planning international events at very short notices is an extremely complicated task. The members of the PHM steering group consists of a wide spectrum. Some have the luxury of being able to devote considerable time to PHM. Let me share my constraints

1. Advisor and Co-ordinator of HAIAP is a full time job. We have a tight schedule of activities planned for two years. My involvement in PHM is not in the HAIAP log frame. The Governing Council has kindly allowed me to continue to serve PHM in an Advisory capacity.
2. I am an elderly person under treatment for essential hypertension and glaucoma.
3. I recently had a cataract operation.
4. I have been advised to limit international travel to a minimum.

Considering all these constraints it will not be possible for me to choose between Tehran and Rome. I do not think that accommodation with full board and lodging in Rome for 35-40 Euros will provide the comforts

I trust you understand my position that I will not be able to join the team.

Kind regards,

Bata

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Tel: (94 1) 554353

RN
21/8/03

PHM-HAI-AP

PHM-IRAN or PHM-AAA

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8/20/03

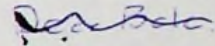
Page 1 of 7

Page 1 of 1

PHM Secretariat

PHM Secretariat

From: Community Health Cell <sochara@vsnl.com>
To: Phm Office <phmsec@touchtelindia.net>
Sent: Wednesday, August 20, 2003 3:42 PM
Subject: Fw:



Dr. Thekta Narayan,
Coordinator, Community Health Cell
457 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Ph.: +91-080-5531518
Telefax: +91-080 - 5525372
website:www.sochara.org

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration
visit www.TheMillionSignatureCampaign.org

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

From: Bala
To: Ravi Narayan
Sent: Wednesday, August 20, 2003 9:27 AM

Dear Ravi,

October 13-17 is when Consumers International convene its Tri-annual World Congress in Lisbon. I have accepted an invitation. October, November and December are months already with HAIAP activities.

But please go ahead. We need to have the Iran meeting before Mumbai. Also remember you have a meeting fixed in Iran September 15th to finalize Mumbai agenda. This needs to be done by e-mail.

We sympathize with you but cannot offer any help. We are also in a dilemma.

Regards,

Bala

Dr. K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia-Pacific
5, Frankfurt Place, Colombo 4.
Tel: (94 1) 554353
Fax: (94 1) 554570
E-mail: bala@haiap.org

RN
22/8/03

PHM - HAI/AP

RN
21/8/03

PHM Secretariat

From: Bala <bala@haap.org>
 To: Ravi Narayan <sochana@vsnl.com>; <fran.baum@linders.edu.au>; David Sanders <lmartin@uwc.ac.za>; Judith Richter <judith.richter@atglobal.net>; <g_upham@club-internet.fr>; bala <bala@haap.org>; <katzalison@hotmail.com>; <d.legge@latrobe.edu.au>; Claudio Schuftan <aviva@netnam.vn>; <ehong26@yahoo.com>; Zafrullah Chowdhury <gk@citechco.net>; Mira Shiva <mirashiva@yahoo.com>; Ekbal Prof. <ekbal@vsnl.com>; Unnikrishnan P V (Dr) <unnikr@vsnl.com>; Qasem Chowdhury <gksavar@citechco.net>; PHM Secretariat <phmse@touchte.india.net>; Prem Chandran John <hariprem@etn.net>
 Cc: Debabar Banerji (Prof) <dbp@col.net.in>; David Werner <healthwrights@icc.org>
 Sent: Thursday, August 21, 2003 3:52 PM
 Subject: Very urgent - objectives - Brain Storming Meeting - Ministerial Summit on Health Research

Dear friends,

As an academic, I agree with David's and Fran's ideas on health research. As a health activist I wish to take up an issue of critical importance to developing countries identified by Tikki Pang and Lincoln Coen in the second Para of their memo on "Bridging Knowledge Gaps to Achieving the MDGs (Millennium Development Goals)".

The proposed global summit on health research will be one of the means to achieve the ultimate health related MDGs. PHM should, therefore, first, clearly define the end or what the health related MDGs are. The means will depend on the end.

As far as PHM and the millions of people are concerned the end or goal is Health for All Now based on comprehensive primary health care. But the health related MDGs are far removed from PHC and closely related to the conclusions and recommendations of the Commission on Macroeconomics and Health (CMH). For example the Members of the Millennium Project Task Force 3 on "Major Diseases and Access to Medicines" were told that the Report of CMH would be guiding their work.

Here lies the dilemma PHM faces

A. PHM has stated its position on the Report of the Commission on Macroeconomics and Health

The Pack prepared by PHM for the 25th Alma Ata Anniversary contains three articles. I wish to refer to

1. David Sanders - "Twenty five years of Primary Health Care Lessons Learned and Proposals for Revitalization" - PHM position paper. David Sanders states that the strategy of "Selective Primary Health Care" - has reinforced the "Medical model" and de-emphasized equitable social and economic development, inter-sectoral collaboration, community participation and the need to establish sustainable decentralized structures and systems".
2. Debabar Banerji - "Reflections on Twenty fifth Anniversary of the Alma Ata Declaration". Banerji has described the Report as "Ahistorical, apolitical & atheoretical" and argued that it has ignored earlier work done in the field and ignored such major developments in the health services as the Alma Ata Declaration. It has adopted a selective approach to conform to a preconceived ideology
3. David Werner - "The Alma Ata Declaration and the Goal for Health for All 25 years later. Keeping the Dream Alive". Werner points out that PHC as outlined in Alma Ata has been resisted by the powerful decision makers at national and international levels. This resistance could be looked at in terms of four inter-related attacks. One of these was the introduction of selective PHC focusing on a few cost-effective top down technological fixes.

B. The PHM secretariat circulated a memo on the Report of CMH to its partners. Among others it stated "The Commissioners saw ill-health as a drain on world development and therefore wanted action to reduce this drain on world development. Those people do not see ill-health as a denial of a fundamental human right. The WHO, the UN agency mandated to make health for all a reality, has spent its resources inviting top economists who do not see health as a fundamental human right but as a drain on economic growth and development. Their only concern is to develop strategies and formulate action plans so that public health instead of being an impediment to world development will be a factor that will contribute to economic growth. It is therefore not surprising that the Commission ended up by

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recommending selected vertical outcome-oriented approaches around communicable diseases although experience has shown us that selective vertical interventions to tackle specific diseases have never been successful. In this context, we wish to quote Denzabai Guha - Spis, the Director of the WHO Collaborating Centre for Research on Epidemiological Disasters "Targeting malaria, tuberculosis and HIV/AIDS will not generally improve health in poor countries. Vertical disease programmes that ignore context were discredited some 30 years ago. Why aren't we learning from experience?" (1). Prof Jeffrey Sachs, Chairman of the Commission has re-invented selected vertical interventions that have been discredited several years ago and proposed a multibillion dollar investment fund to implement the Commission's recommendations"

C. The Government of India in its Health Policy Pronouncement of 2002 has admitted that vertical programmes have not only been highly expensive, but they have also further decimated the general health service. Worse still, they have fallen far short of the objective for which they were launched.

What will be the health related MDGs the proposed summit on health research focus on? Will it be the selective vertical outcome oriented approaches outlined in the Report of CMH or will it be comprehensive PHC as described in the Peoples' Charter for Health? This is the dilemma PHM faces. I do not find an answer any where in the communication we have

PHM, therefore, should emphasize that the health related MDG is Health for all Now based on comprehensive PHC. This is not negotiable. PHM rejects attempts to re-introduce selective PHC in the form of donor funded top down high tech vertical programmes. These have failed every where

Para 3 of the memo on "Bridging the Gaps to Achieving the MDG" poses a question. Is there a knowledge production - application gap for achieving the MDGs?

Enormous research and country experiences have been distilled in the very comprehensive People's Charter for health. There is therefore no knowledge production gap as far as PHC is concerned. But there is a serious knowledge application gap. Neither the WHO, UNICEF nor any national government has so far made any attempt to make the knowledge on PHC available to health policy makers, administrators, practitioners and to the community at large. The need for the People's Health Assembly (PHA) - December 2000 arose because governments, WHO & UNICEF ignored their commitment made at Alma Ata in 1978. The People's Charter for Health was the outcome of the PHA.

Based on PHM's experience I would suggest the following:

1. Theme of the Mexico Conference - Health for all - Now based on comprehensive PHC - A Reality and Not a Dream
2. The sessions could be based on the call for actions listed in the Charter and organized as follows:
 - i. Health as a human right
 - ii. Tackling the broader determinants of Health
 - iii. Economic Social & Political Challenges
 - iv. Environmental Challenges
 - v. War, Violence, Conflict and Natural Disasters
 - vi. A People centered health sector
 - vii. Peoples Participation for a healthy world and

Perhaps a session on "New thoughts on World Governance" revisit ideas put forward in the UNDP Human Development Report 1997.

The PHM secretariat will be pleased to suggest suitable resource persons for the various sessions.

(1) Global Healthcare and Development: The EU Policy Dimension. Background Report compiled by For:in Europe, May 2002, P10

3. Specific outcomes/products/follow-up

The Charter provides helpful suggestions for each of the 7 sessions.

I realize that my comments are more random thoughts rather than a straight forward response to David's request like Fran's.

I thought of conveying my thoughts when I noted the following in the Memo and I quote "One of the premier challenges of our times - during this time of global flows of finance and markets, information and knowledge and scientific breakthroughs in genomics and biotechnology - is growing failures to make available knowledge available to all peoples, especially the world's poor or impotence or imbalances in the production - application of knowledge for equitable health.

Firstly are we serious that the available knowledge on global flows of finance and markets, scientific breakthroughs in genomics and biotechnology be made available to all peoples especially the world's poor? I shall let PHM partners answer this question.

Second part concerns PHM - impotence or imbalances in the production application of knowledge for equitable health.

The simple answer is that there is no knowledge production gap as far as PHC and equitable health is concerned. But there are serious political, economic and social constraints in the application of this available knowledge - what we have is a knowledge application gap.

My random thoughts are to convey my views that the proposed summit on health research should focus on application of available knowledge on PHC to ensure equitable health for all which should be identified as the health related MDG.

Regards,

Dr K Balasubramaniam

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia-Pacific
6, Prandun Place, Colombo #
Tel: (94 1) 554353
Fax: (94 1) 554570
E-mail: ba.a@haiap.org

PHM Secretariat

From: Bela <bela@halap.org>
To: Ravi Narayan <soohara@vsnl.com>; PHM Secretariat <phmsec@touchtelindia.net>; Prem Chandran John <hariprem@etn.net>
Sent: Wednesday, August 27, 2003 10:30 AM
Attach: scnnews26.pdf.un
Subject: Fw: Articles on PPPs for improved nutrition

Dear Prem and Ravi,

I am forwarding a message from Judith Richter - Public - Private - Partnership (PPP) is the new term for industry collaboration with UN agencies - WHO and UNICEF are of interest to PHM. Since the Meeting is Chennai it will be useful for PHM to attend

Thanks,

Bela

Dear friends,

In some haste, below the link to the UN SCN news on the exchange of opinion on the value and risks of PPPs for nutrition at the 2003 Annual Meeting of the SCN in Chennai, India (see p.6- 13 of Pdf version, i.e. 4-13 of the printed pages)

<http://www.unsystem.org/scn/Publications/SCNNews/scnnews26.pdf>

Feel free to distribute further. Many greetings,

Judith

Could it reference
Lj: 29/08/03

PHM - ~~CT ROAP~~ / HAS ROAP

PHM Secretariat

From: PHM Secretariat <phmseca@touchtelindia.net>
To: Bala <bala@hainp.org>
Sent: Tuesday, September 02, 2003 11:04 AM
Attach: The Alma Ata Anniversary Pack.doc
Subject: Re: [PHM_Steering_Group_02-03] Alma Ata Anniversary Pack - Revised

Dear Bala,

Greetings from PHM Secretariat (Global)

1. Sorry about page 3. I think Srinishi counted the cover page with my letter as page 1. Hence he mentioned 3age 3 not page 2. Any way thanks for pointing it out.

The last sentence and the line about two documents were the result of space constraint and situation. I am sending you a re-draft. We are working under such pressure that our proof reading is not as good as it should be.

3 Thanks for such careful reading. I may send drafts to you for a once over each time.

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

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

From: Bala
To: PHM Secretariat; Ravi Narayan
Cc: Manoj Kurian; Amando De Negri Filho; Andrew Chetley; PHM_Steering_Group_02-03@yahoogroups.com; Sarah Shannon; Sunil Deepak; Claudio Schuitan; Mohammad ali Barzgar; Alexandra Bampas; Amit Sen Gupta
Sent: Friday, August 29, 2003 1:55 PM
Subject: Fw: [PHM_Steering_Group_02-03] Alma Ata Anniversary Pack - Revised

Dear Ravi,

Thanks for your message. We have received three pages with the title "Why Alma Ata Anniversary". This will replace page 2 of the Anniversary Pack. (and not page 3).

Why have you removed the last sentence in bold on page of the original which states "Are we ready to get involved?" I like it.

Incidentally I wish to know whether any other readers had the problems. I had on reading the last sentence in the draft "Two documents that support the struggle for Health for all Now".

I could not figure out for a few minutes what these two documents were, or am I getting old?

Kind regards,

Bala

PHM-HAI-AP
RJ
5/9/02

PHM Secretariat

From: Bala <bala@haiap.org>
 To: PHM Secretariat <phmsecc@touchtelindia.net>; Ravi Narayan <sochana@vsnl.com>
 Co: Manoj Kurian <mku@wice-coe.org>; Armando De Negri Filho <armandon@portoweb.com.br>; Andrew Chetley <chetley.a@healthlink.org.uk>
 <PHM_Steering_Group_02-03@yahoogroups.com>; Sarah Shannon <sarahs@hesperia.org>; Sunil Deepak <sunil.deepak@afo.it>; Claudio Schuftan <aviva@netnam.vn>; Mohammad Ali Barzgar <m_barzgar@hotmail.com>; Alexandra Bambas <alex@hst.org.za>; Amit Sen Gupta <ctodst@vsnl.com>
 Sent: Friday, August 29, 2003 1:55 PM
 Attach: Alma ATA Anniversary Pack - Page 3.doc
 Subject: Fw: [PHM_Steering_Group_02-03] Alma Ata Anniversary Pack - Revised

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I could not figure out for a few minutes what these two documents were. or am I getting old?

Kind regards,

Bala

K. Balasubramanian
 Advisor and Co-ordinator
 Health Action International Asia-Pacific
 5, Frankfurt Place, Colombo 4
 Tel: (94 1) 554353
 Fax: (94 1) 554570
 E-mail: bala@haiap.org

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

From: PHM Secretariat
 To: PHM Steering Group
 Co: Andrew Chetley, Claudio Schuftan, Armando De Negri Filho, Manoj Kurian, sunil.deepak, Amit Sengupta, Sarah Shannon, Alexandra Bambas, mohammad ali barzgar
 Sent: Thursday, August 28, 2003 4:45 PM
 Subject: [PHM_Steering_Group_02-03] Alma Ata Anniversary Pack - Revised

Dear PHM Steering / PHM Support Group friends,

Incidentally there is a page (page 3) which has to be replaced. An earlier draft of that page was sent by oversight. Please replace this page in your earlier document received. Also acknowledge the same.

Best wishes,

Bu 2/9/03

Ravi Narayan
 Coordinator, People's Health Movement Secretariat(global)
 CHC-Bangalore
 #367 "Srinivasa Nilaya"

PHM - AAM

Best wishes
Ran.

Dear Bala

1/9/03

(i) Sorry about 3 pages
 I think Sridhar corrected
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 on page 1. Hence he
 mentioned P3 not P2
 Anyway thanks for pointing
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(ii) The last sentence and
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 Am sending you a
 redraft. We are
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such pressure - that
 our proof reading
 is not as good as
 it should be

(iii) Thanks for such careful
 reading. I may send
 drafts to you for a once over
 each time

I. WHY ALMA ATA ANNIVERSARY

Ravi Narayan

<secretariat@phmovement.org>

1. The International Conference on Primary Health Care, co-sponsored by WHO and UNICEF, was held in Alma Ata (USSR) from 6th to 12th September 1978. The Declaration of Alma Ata, finalized on 12th September 1978, was a very radical contribution to a new social paradigm of health care. This year we commemorate the 25th Anniversary of this momentous declaration.
2. The post Alma Ata years have witnessed a wide range of interesting health initiatives. Starting with Primary Health Care Strategies at the Global and country levels, there were other supportive initiatives such as Essential Drugs strategy and the code for Marketing Breast Milk substitutes. Soon the comprehensive strategies were replaced by more selective vertical programmes starting with the expanded programme of immunization and international initiatives like GOBI-FFF, safe motherhood, to more recent ones like RBM and TFI. More recently, another generation of initiatives have evolved including GAVI, MMV, Global fund for AIDS, TB, Malaria and others.
3. The Alma Ata Declaration in 1978 and the Peoples Health Charter, which was a re-endorsement of the Alma Ata principles, at the first Global People's Health Assembly in December 2000 should be used as the framework for analysis to look at the present situation and all the new generation of health initiatives. With the changing visions and roles of international health agencies like WHO and UNICEF who were co-sponsors of the Alma Ata meeting; the growing development of World Bank as a key health player; the effects of neo-liberal economic policies of liberalization, Globalization and privatization; and evolving international instruments of governance like WTO, IPR, GATT, the whole primary health care context has been distorted. Our analysis must be, therefore, both historical and contextual.
4. The changing leadership of WHO and UNICEF over the years including the change in WHO in 2003 must be added to the analysis and this Anniversary opportunity should also be used to discuss the type of International health leadership we have, and what we need.
5. With the evolution of the People's Health Movement and the increasing health concerns in the World Social Forum, this is also an important year to reflect on how PHM, WSF and other such international initiatives can strengthen the struggle for Health for All. While it is sometimes easier in our analysis to focus on WHO/UNICEF/World Bank and national governments – we should also critically evaluate the NGO-civil/society efforts in the last 25 years. We also need to take the responsibility for not becoming an adequate countervailing power to this neo-liberal distortion in the Health For All goals.
6. The People's Health Movement evolving at different levels may be the beginning of a new phase, a new collective commitment. Our reflections in 2003 must lead to sustainable mechanisms of functioning so that the momentum continues and gets deeply, socially rooted.
7. The biggest challenge for all of us in the People's Health Movement is to ensure that the PH Charter does not go the same way as the Alma Ata declaration - forgotten, distorted, selectivised, verticalised, commercialized and ignored. PHM was meant to be a global challenge to this global amnesia. We need to evolve a different strategy this time and use 2003 as a launching pad for it. As we celebrate the Alma Ata Anniversary, let us also celebrate the evolution of the People's Charter for Health, Two documents that support the struggle for Health for All, Now.

ARE WE READY TO GET INVOLVED?

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: Bala <bala@haiap.org>
Sent: Thursday, September 18, 2003 3:22 PM
Subject: Re: CI World Congress etc.

Dear Bala,

Greetings from PHM Secretariat (Global)!

I re-read your letter about CI World Congress. Even if they are pre-occupied with middle class concerns, we need to make a PHM breakthrough and rope them in. So if there's some CI multi-regional and planning meeting, sometime in the near future. I don't mind taking a bash at provoking / inspiring them to join forces with PHM in their regions, so that they could at least be part of new linkages in the regions. But then I need to be invited to meet them! I am sure you and Carmelite will do your best at this congress. I wonder whether there are others with PHM linkages, who are attending. Perhaps you all could reflect on a strategy that we could evolve cautiously and carefully. One way is for people like you and others to share with non-CI networks like us what are CI's concerns and priorities. Are any of them coming to WSF? We could build in a CI workshop into the health forum with regional participation. Kevin Moody was friendly, but I was a bit pre-occupied in Geneva. Samuel Ochieng / CIN in Kenya has been active in PHM Kenya.

We have to evolve a strategy. Keep thinking and lets continue the dialogue.

Best wishes,

Ravi Narayan

P.S: Now that the Iran meeting dates are changed is there any chance of you being a key PHM resource person? No pressure just wishful thinking. You are also going to be shown as a member of the organizing group for the International Health Forum at Mumbai. Just respond as you feel to give it both direction and some provocation. After the Mumbai meeting, recently is has moved in a very positive direction

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034
Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata
declaration visit www.TheMillionSignatureCampaign.org

PHM-HAIAP

RJ
23/9/03

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

From: Bala
To: Ravi Narayan ; PHM Secretariat
Cc: Prem Chandran John
Sent: Thursday, August 28, 2003 3:15 PM
Subject: CI World Congress etc.

Dear Ravi,

PHM Secretariat

From: Bala <bala@haiap.org>
 To: Ravi Narayan <soohara@vsnl.com>, PHM Secretariat <phmse@touchtelindia.net>
 Cc: Prem Chandran John <hariprem@eth.net>
 Sent: Thursday, August 28, 2003 3:15 PM
 Subject: CI World Congress etc.

As Now that the Iron maker
 does are charged in their
 any chance of the being a
 key PHM resource person?

Dear Ravi

Thanks for your message. The CI World Congress is planned organized and controlled by CI HQ in London. The agenda items are designed to serve the needs of CI members who represent the middle class and their concerns are product testing and produce selection. They have planned agenda items from 9:00 am to 8:00 pm with regular plenaries and workshops and fringe meetings.

We have to evolve a
 strategy. Keep thinking and
 lets continue the dialogue
 Real works
 For

ROAP is the only office involved in PHM because of the historical evolution. Unfortunately Regional offices in Africa, Latin America and Europe and the HQ, for some reason kept aloof. Norman was the only PHM person who could have got CI Regional office in Africa join us but we missed. Latin America office likes to take the lead in every issue. They do not like to follow. I can understand why Maria, one of PHM's best spokesperson could not get CI office in South America interested. There is no way we can organize a side show. Carmelita will be there. I shall certainly take copies of the charter and do what I can.

I am hearing that PHA-II may be postponed for the first time. It seems to me that January is too close a date to make Health Forum at WSF as representative as possible.

I did not send any comments to Amit. Again the reason was that time was too short for changes for such an important event.

It will be useful to keep PHM partners updated on the Health Forum.

]- To follow up

Kind regards,

Bala

29/8/03
 for

29/8/03
 for

That we could evolve cautiously
 and carefully. One way is for
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 in Geneva
 PHM
 CI

Plan - Haiap →

①

29/9/03

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 of new linkages in the regions. I am sure you and Carmelita
 will do your best. I wonder whether there are others with
 PHM linkage who are attending. Perhaps you all could
 reflect on a strategy

PHM
 CI

CHC

From: bala <bala@haiap.org>
To: Ravi Narayan <sochara@vsnl.com>
Sent: Wednesday, September 24, 2003 10:37 AM
Subject: Thank You

Dear Mr Narayan,

This is to acknowledge the receipt of payment for Dr Bala's airfare to attend the Bangalore meeting.

Thank you and best wishes,

Dilhani

Dilhani Kamalaneson
Senior Secretary and Office Administrator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel: + (94 1) 2554353
Fax: + (94 1) 2554570

DGS

→ Mark to
Andy Rutherford
OWA

PHM - Funding
PHM - HAI - AP

Set a copy to ~~the~~ Atil

for

RM
24/09/03 for

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: bala <bala@haiap.org>
Cc: Carmelita C. Canila, M.D. <carmelita@ciroap.org>; Samuel Oching <cin@insightkenya.com>
Sent: Wednesday, September 24, 2003 1:44 PM
Subject: Re: CI World Congress Etc.

Dear Bala,

Greetings from PHM Secretariat (Global)!

I looked through the papers you sent me of the CI Congress and discovered various workshops and sessions, where CI and PHM could find resonance in interests and focus, even if Primary Health Care is not included as such. The People's Charter for Health mentions drugs, IPR, TRIPS, GATS, WTO, Food Safety and other issues - so many connections are possible. Middle class interests or not, I do feel CI-HAI and PHM should explore stronger linkages, inspite of different histories and perceptions of people's interests.

I am sure you, Carmelita, Samuel Oching, IBFAN and the Anti-Tobacco activists (FCTC activists) can make the links stronger and try for some joint activity at the Health Forum before WSF and at WSF also worth a try. More details of these events soon.

All the best in your efforts,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Kasandra 1st Main, I Block Koramangala
Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

PHM- HAI-AP
CI
RJ
26/9

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

From: bala
To: PHM Secretariat ; Ravi Narayan
Sent: Friday, September 19, 2003 10:26 AM
Subject: CI World Congress Etc.

Dear Ravi,

Thanks for your message. I certainly agree that PHM should make a break through into CI. One way in my opinion is in the first instance establish contact with CI Members in India. Some of them are very powerful in CI and one is a member of the executive council. I shall get the contact details of CI Indian members while in Lisbon and mail them to you to follow up.

The agenda of the CI World Congress is attached. Please go through it. There is no reference at all to health leave alone primary health care. One single workshop will look for effective consumer protection in Health Sector Reform.

I will be associated with the section, "Other meetings and Workshop". These are:

1. Drug Pricing - Health Action International and WHO Project
2. Intellectual Property System and WIPO Patent Agenda Organized by Transatlantic Consumer

PHM Secretariat

From: bala <bala@haiap.org>
To: PHM Secretariat <p hmsec@touchtelindia.net>; Ravi Narayan <sochara@vsnl.com>
Sent: Friday, September 19, 2003 10:26 AM
Attach: Doc841.doc
Subject: CI World Congress Etc.

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I will be associated with the section, "Other meetings and Workshop". These are:

1. Drug Pricing - Health Action International and WHO Project
2. Intellectual Property System and WIPO Patent Agenda Organized by Transatlantic Consumer Dialogue

Examining the agenda, you will understand my message and concerns. However, it will be good if you contact Indian members and initiate a dialogue.

Incidentally Kevin Moody is a Co-Director of HAI Europe and not associated with CI.

cc. Carmelita
Samuel

I am also not any more with CI. Please write to Carmelita. She is a member of CIROAP and there is a possibility that she will be able to help PHM. I shall certainly assist her in any way I can in Lisbon. I regret I cannot make to Iran.

Thanks and best wishes,

Bala

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel: + (94 1) 2554353
Fax: + (94 1) 2554570
E-mail: bala@haiap.org

Dear Bala,
I looked through ~~the~~ papers you sent me of the CI Congress and discovered various workshops and sessions where CI and PHM could find resonance in interests and focus even if Primary Health care is PHM - HAI/AP not included as such. The Peoples Charter for Health mentions Drugs, IPR, TRIPS, GATS, WTO, Food safety and other issues - so many connections are possible. Middle class or not I do feel CI-HAI and PHM should explore stronger linkages in spite of different health and perceptions of member interests

See 24/9/03

at WSF also More details of these events soon. All the best in your efforts. Ran.

RN 19/9/03

RN 19/9/03 for

I am sure you, Carmelita, Samuel Ocheng, IBFAN and the Anti Tobacco activists (FITE activists) can make the links stronger and try for some joint activity at the Health Forum before WSF end

**Consumers International 17th World Congress
Lisbon, 13-17 October 2003**

The Future of Consumer Protection

Latest Programme (August 15th)

The general theme of Congress 2003 is the future of consumer protection in the 21st century. National consumer organisations have fought for the rights of ordinary people for decades, and we have now matured into an international movement that speaks in the global debates of our time. What important lessons have we learned about the best ways to protect consumers? How many of those lessons will continue to be relevant as the world changes?

CI members have a huge amount of experience of the different tools for securing consumer protection, ranging from information for consumers to make their own choices through to laws to enforce their rights, from product standards through to competition policy, and from local regulations on street trading through to international agreements on trade and sustainability.

But now we face new challenges. We are witnessing the growth of the information economy, e-commerce and cross-border retailing, and the impact of global trade regulation is steadily increasing. We have also been witnessing the retreat of strong government and the reinforcement of the economic power and political influence of corporations.

New approaches to consumer protection may be necessary. It is time to take stock and ask what has worked best for consumers in the past, what works now and what will work in the future.

PLENARY SESSIONS

OPENING PLENARY: The future of consumer protection

Leading international keynote speakers will address the overall theme of Congress, looking at the prospects for improving and extending consumer protection, and in particular examining the relationship between international developments and the frameworks for enforcing consumer rights within countries.

PLENARY 1: Consumer protection and democratic governance

As political systems develop, laws for consumer protection grow up within them, and so do the regimes for enforcement. Policies on competition, pricing, subsidy and trade are also made within the context of national politics, but with increasing consideration given to the demands of international politics. How has consumer protection been affected by the differing political conditions in which it has to develop? What are the impacts of the many problems of governance, such as lack of democratic institutions, corruption, and simple lack of resources? How have independent consumer organisations dealt with these problems, and what has been the effect on their campaigning and attempts to represent consumers?

PLENARY 2: The future for the consumer movement

The Congress as a whole will be taking stock of our progress in the 20th century and considering the prospects for the 21st. In this session leading figures from the

consumer world will focus on how our organisations and campaigns will meet the challenges a rapidly changing world economy. Will the consumer movement take on new roles? How will the battle for consumer rights develop in a global market? What are the best approaches to co-operation with other NGOs? How will our organisations sustain themselves? This session will be about our vision – or visions – for the consumer movement

WORKSHOPS

At this World Congress many of the workshops will be based on CI's global and regional programmes. These sessions will be organised by our regional offices – some will be traditional workshops based on opening presentations followed by participant discussions, while others will be briefings based mainly on presentations to give participants as much information as possible.

Workshops on trade and international forums

T1

Decision making in the global market

This briefing session will introduce the work of the *Decision Making in the Global Market* programme to CI's member organisations. It will further participants' understanding of the functions, organisational structure and decision-making processes within the WTO, ISO and Codex, and discuss the relationship between civil society, such as consumer organisations, and international organisations. Presentation plus member experiences then expert panel question and answer session.

Speakers

Dr Daniele Gerundino (ISO)

Dr Claude Mosha (Codex) (invited)

WTO representative (invited)

Bruce Farquhar (CI consultant) (invited)

Mark Ritchie (IATP), Rhoda Kartpatkin (Consumers Union)

Dr Taimoon Stewart (University West Indies)

Dr Jim Mathis (or representative) University of Amsterdam (invited)

Milos Barutciski (Partner: Davies Ward Phillips and Vineberg)

T2

The multilateral trading system and consumers: from Doha to Cancun and beyond

A briefing session to provide an overview of the ideologies, issues and institutions that shape the multilateral trading system and their impact on consumers. The focus will be on the current Doha round of trade negotiations being carried out within the World Trade Organization. This session will discuss the recent WTO Cancun Ministerial, place the Doha round within the global economy, and debate what CI and its members can do to make global trade rules work better for consumers. Presentations, reports from Cancun plus a workshop with trade experts.

Speakers

Allan Asher, Energy Watch, UK

Carmelita Canila, Consumers International Regional Office for Asia Pacific

Nessie Golakai, Consumers International Regional Office for Africa

Jill Johnstone, National Consumer Council, UK

Mark Ritchie, Institute for Agriculture and Trade Policy, US

Kimberley Ann Elliot, Institute for International Economics and Center for Global Development, USA

at 31 July 2003

T3

Competition policy and law in the consumer interest

The key objective of the workshop is to provide an overview of the implementation of domestic or national competition policy and law. It will explore the difference between competition and competitiveness and the connections between competition policy and consumer protection. Speakers will discuss how development concerns can be taken on board, and will look at the challenges of enforcement and building a 'competition culture'. Expert speakers, review of available campaigning resources, and discussion.

Speakers

George K Lipimile, Executive Director, Zambia Competition Commission (invited)

Phillipe Brusick, Head, Competition & Consumer Policies Branch, Division on International Trade in Goods and Services & Commodities, UNCTAD (invited)

Jennifer McNeill, Commissioner, Australian Competition and Consumer Commission (invited)

Mr Ratnakar Adhikari, Executive Director, South Asia Watch on Trade, Economics & Environment (SAWTEE), Nepal (invited)

T4

Intellectual property rights - re-engineering the global regime

Bilateral and regional trade agreements have been used to impose 'TRIPS-plus' standards for intellectual property rights on the developing world. This workshop will discuss the impact on the development of scientific research and access to knowledge, especially in health, agriculture and education. How should the international intellectual property rights regime be reformed? What is the most appropriate form of protection for traditional knowledge? Expert speakers then discussion.

Speakers

Prof. Peter Drahos, Australian National University

James Love, Consumer Protection Technology (invited)

Professor Alan Story, University of Kent, United Kingdom (invited)

Dr. Suman Sahai, Convenor, Gene Campaign, India

Workshops on food and international forums

F1

Biotechnology and its impact on trade, food security and the regulatory framework

The main objective of this briefing will be to update members on the ongoing global discussions on biotechnology. Latest global developments, including the push by industry supported by some government to introduce the technology into the developing countries, the trade disputes over regional regulation regimes and the developments at the Codex Alimentarius Commission, the food standards setting agency of the UN. Four presentations followed by a question and answer session.

Speakers

Annuradha Mittal, Food First, USA (invited)

Dr Michael Hansen, Consumer Union, USA

F2

Food safety

Food safety is one of the most pressing consumer concerns at the global level, given its impact on consumer health and the ramifications of increasing globalisation of markets. The workshop will look at safety issues in every step of the food production, distribution and consumption chain:

- strategies to strengthen food safety systems, especially in developing countries
- co-ordination among international agencies
- Codex Alimentarius and its modernisation process

Three presentations plus case studies and Q&A sessions

Speakers

Ana Ella Gómez from CDC - El Salvador

Representative from WHO (invited)

Rui Caveleiro Azevedo - DG Sanco (invited)

Annemiek van der Lann - Consumentenbond - Netherlands

Samir El Jafaari, President of ATLAS SAIS, Morocco (invited)

F3

Sustainable food production and consumption systems

A briefing and workshop looking at why the notion of sustainability should matter to consumer organisations, then examining current hot topics on the production side (e.g. organic versus GM) and on the consumption side (e.g. legal frameworks to facilitate changes in consumer behaviour). Also links between sustainability and poverty alleviation. Expert speakers, case studies and panel discussion.

Speakers

Sezifredo Paz, Consultor Técnico, Instituto de Defesa do Consumidor (IDEC), Brazil.

Thomas Roland, Senior Policy Adviser, Danish Consumer Council, Denmark.

Alison Woodhead, Trade Department, Oxfam, UK (invited)

Donald Walsh, Secretary General, EURO COOP, Belgium

Clive Lightfoot, President, International Farming Systems Association (IFSA), France (invited)

Rosemary Chikarakara, Executive Director, Consumer Council of Zimbabwe, Zimbabwe

Workshop on utilities

U1

Public utilities and consumer empowerment

Significant reform of the public utilities sector is under way in many countries, usually involving a radical overhaul of legal, regulatory and institutional frameworks and a move towards some form of private sector participation. Many consumer organisations are sceptical of the potential benefits to the poor and worry about the potential negative impacts such as price increases. This session will review the reform process to date and seek to define clear strategies and models for consumer involvement. Expert speakers then facilitated discussion.

Speakers

David Hall of Public Services International

Clarissa Brocklehurst, Consultant World Bank Water and Sanitation Programme

Samuel Ochieng, Chief Executive Officer of Consumer Information Network/Kenya

Ngueto Yambaye President of Association des Droits des Consommateurs du Tchad

Américo García, President of Unión de Consumidores y Usuarios Argentina

Robin Simpson, Consumers International

Workshop on standards

S1

Standards and access to markets

This briefing will examine whether standards and technical regulations, agreed by national members of ISO, IEC and ITU and referred to in the WTO's TBT (Technical Barriers to Trade agreement) are a reason for the disparity between developed and developing country trade. Could they, with the right resources, create a level playing field for trade - without creating consumer protection concerns within developed countries? Three speakers, representing different perspectives.

Speakers

Ms Maureen Mutasa (DEVCO Chair) (invited)

Ms Gottlobe Fabische (ANEC DG)

Ms Dan Liang, (UNIDO) (invited)

Abgar Yeghoyan Union for the Protection of Consumers' Rights, Armenia, (invited)

Workshop on the information society

W1

The information society and international forums

Information and communications technologies are increasingly shaping the consumer agenda, as more and more transactions go online. This briefing and workshop will assess key guidelines and developments at international level, focusing both on regulation and access. In December the United Nations is organising the first part of the World Summit on the Information Society in Geneva, and Consumers International is working to make the voice of consumers heard. This session will explain the work to date and invite participants to share views on establishing the online consumer agenda.

Speakers

Anabel Cruz - OPS - Washington

Michelle Childs - CA - UK (invited)

Frédérique Pfirunder - CLCV - France (invited)

Scott Cooper - GBDE (invited)

Romain Houehou, President - Ligue des consommateurs du Bénin - Bénin (invited)

Workshops on sustainability and social responsibility

R1

Sustainability and consumer behaviour – policies for the future

This workshop will explore the concept of Sustainable Consumption and Production and its relevance for consumer organisations, and will focus on how the UN Guidelines for Consumer Protection will be integrated into the work following up the World Summit on Sustainable Development 2002 (WSSD). Also the session will inform participants about the responsibilities of Governments in respect to the WSSD outcome and how consumer organisations can play a role in this. Expert speakers, member experiences and panel discussion.

Speakers

Representative of the Norwegian Government (invited)

Adriana Zacarias Farah, Associate Programme Officer, UNEP DTIE

Yoke Ling, Third World Network (invited)

Viriato Seromenho Marques (invited)

Rajan R. Gandhi, Director, Delhi Resource Centre, Consumer Unity & Trust Center (CUTS), India

Roxana Salazar, Directora Ejecutiva, Alerta-Ambio, Costa Rica

Otmar Lell, Programme Officer For Sustainability and Consumer Policy, Federation Of German Consumer Organisations (VZBV), Germany
Raymond Course, Chairperson of National Consumer Forum, Seychelles
Mirza Delibegovic, International Coordinator, Global Youth Reporters Programme

R2

Corporate social responsibility - monitoring company behaviour and double standards

Products and services are produced around the globe in a non-transparent manner. Responsibility and accountability are diffuse. Head offices of companies located in one country find it easy to apply different standards in others, both in production and in dealing with consumer interests. This workshop will put a consumer spotlight on the OECD guidelines for multinational companies, then examine strategies and methods for monitoring companies. Expert speakers and "people's parliament" discussion.

Speakers

R. Sikkel, head Dutch National Contact Point (NCP), chair of OECD group of NCPs and Chair of OECD CIME.

Friends of the Earth, Chile

Ronald Luijck, Consumentenbond

Observatorio social, Brazil.

IBFAN Asia

Workshops on the consumer movement

C1

Creating sustainable organisations: experiences with different models and activities

Consumer organisations, like other civil society organisations, face problems of sustainability. In many developing countries, the advent of consumer protection legislation has led to a burgeoning of organisations competing for funds for similar activities. Many donors now have their own development agenda and seek partners that share their vision and mission. How can we make sure that our organisations work effectively and remain viable over the long term? Speakers examining several models of consumer organisation, then discussion.

Speakers

Armand deWash, Director, Belgian Consumers' Association

Professor Manubhai Shah, Chairman Emeritus, Consumer Education and Research Society, India

Arvind Dighe, Vice Chairman, Mumbai Grahak Panchayat, India

C2

Measuring the effectiveness of consumer protection - tools and methodologies

Since the adoption of the UN Guidelines for Consumer Protection in 1985, few attempts have been made to measure the effectiveness of the laws and institutions set up to protect consumers. This workshop will explore tools and methodologies for an effective evaluation of consumer protection. It will present work already done (including a study commissioned by Consumers International Africa Office which has developed an index of effectiveness of consumer protection laws) and explore ways forward. Presentation and panel discussion.

Speakers

Mr. Ali Qadir, Lecturer and Researcher at Aga Khan University and co-author of the Pakistan Consumer Protection Index - Pakistan.

Ms Pamela Chan, Executive Director, Hong Kong Consumers Council (HKCC)
Ms Jeanette Deetlefs, Director – Proactive insight, South Africa. She developed the South African Satisfaction Index (invited)
Dr. Nouhoun Coulibaly, Head of the Department of Economics Studies, Research, and Engineering of the National Institute of Statistics of Côte d'Ivoire and a co-author of CI-ROAF report on "Consumer Protection and Quality of life in Africa"

C3

The roles of consumer NGOs and government agencies

The relationship between consumer NGOs and government agencies varies between countries, but there is always a need for a serious and constructive relationship. Consumer NGOs and government agencies have common goals and different roles to play. What is the best ways for NGOs and government agencies to work together? This workshop will also examine the enforcement role of government agencies. Without enforcement, even the most complete consumer protection framework is useless. How can consumer NGOs help government enforcement?

Speakers

César Constantino - CLICAC - Panamá - GAM
Alberto Undurraga - SERNAC - Chile - GAM (invited)
Breda Kutin - Slovenia
María Rodríguez - CECU - Spain (invited)
Ms Astrid Ludin, Deputy Director General - Department of Trade and Industry - South Africa (invited)

TRAINING SESSIONS

Alongside the main Congress discussions and debates, there will be a programme of training courses sessions, organised in partnership with member organisations. The training will take a participatory approach and training materials will be given to each course participant for use after the Congress. There will be courses of two to three sessions on these three subjects:

- **Effective communications, including campaigning through the media** (course leader Consumentenbond, the Netherlands) 3 sessions
The workshop communications will show how to deal with the press. It also will give some highlights about public affairs for consumer organisations. The workshop will not only give some theory, but will also deal with some practical cases.
- **Consumer protection – the role of standards** (course leaders British Standards Institute (BSI) and Consumers Association, UK) 3 sessions
Are you aware that consumer policy in standards is predominantly left to national standards bodies' consumer departments – are you happy to leave others to decide consumer policy? These training sessions will have authoritative speakers describing what is happening in international standards in general and in two key areas. In the first session, Allan Asher will describe what really happens at ISO-COPOLCO, the international standards consumer policy committee. In the second and third sessions, other themes relevant to the Congress will be explored.
- **Marketing your organisation and your products** (course leader Consumentenbond, the Netherlands) 2 sessions
This training session will give you a short overview of the various business models for consumer organisations and the corresponding marketing strategies, and an overview of the most important marketing mix elements (product strategies, pricing options, distribution channels and promotion techniques). A few cases will be presented to illustrate some strategies. There will be ample opportunity to share member

experiences and to discuss the advantages and disadvantages of the various marketing options

OTHER MEETINGS AND WORKSHOPS

- **A special meeting for Consumers International's government members** will be hosted by the Portuguese Instituto do Consumidor (IC), with the overall theme of "Best Practice in Consumer Protection". Further information and a draft programme will be available shortly. The meeting will take place on Tuesday 14 October between 14.30 and 18.00.

Other meetings will be organised to make the best use of consumer activists coming together from all over the world. These will be organised by member or partner organisations and will take place on Thursday morning and Friday.

- **Consumer education: practices, networks and the future** – organised by the CI Regional Office for Latin America and the Caribbean (Thursday morning)
- **Drug pricing** – Health Action International (HAI) and WHO project (Thursday morning)
- **Effecting implementation of the Framework Convention on Tobacco Control** – organised by CI Asia Pacific Office (Thursday morning)
- **Meeting for members working with the Codex Alimentarius** – organised by Consumers Union Consumer Policy Committee and CI Head Office (Thursday morning)
- **Intellectual property and the World Intellectual Property Organisation** – organised by the Transatlantic Consumer Dialogue (Friday)
- **Youth as a partner for sustainable consumption** – the youthXchange project; organised by UNEP, UNESCO and lots of young people (Friday)
- **Credibility of information on the Web and consumer trust** – organised by Consumers Union Consumer Webwatch (Friday)
- **The impacts of agricultural export dumping on urban and rural consumers** – organised by the Institute for Agriculture and Trade Policy, US (Friday)
- **Towards Effective Consumer Protection in Health Sector Reform** - organised by Regional Office for Africa (Friday)
- **Civil society's role in promoting competition and fair trading** – organised by Consumer Unity & Trust Center (CUTS), India (Friday)
- **The SARD initiative - consultation on consumer roles in achieving sustainable agriculture through multi-stakeholder collaboration** – organised by International Partners for Sustainable Agriculture (IPSA) and CI ODTE (Friday)

at 31 July 2003

FORMAL CONSUMER INTERNATIONAL BUSINESS

Part of the function of Congress is to provide an opportunity for members to conduct the formal business of Consumers International as required by its Constitutions.

There will be three meetings of the General Assembly during which the full member organisations will:

- Elect a new President and Council
- Adopt a wide ranging policy statement
- Receive reports on the past three years' work of Consumers International

SOCIAL AND CULTURAL EVENTS

One of the objectives of Congress is to facilitate informal exchanges of information and the establishment of continuing contacts. Various social and cultural events will be organised throughout the week to provide opportunities for meeting and for relaxation. More news soon!

Ravi Narayan

From: bala <bala@haiap.org>
To: <ravi@onmovement.org>
Sent: Wednesday, October 29, 2003 11:44 AM
Subject: Thanks.

Dear Ravi

Thank you for the prompt response. Ms. Passanna Gunasekara will be responsible for the next issue of HAI News.

We look forward to PHM's contribution to the Alma Ata Commemoration issue of HAI News.

Best wishes.

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel: + (94 1) 2554353
Fax: + (94 1) 2554570
E-mail: bala@haiap.org

RN
2/10/03

PHM → HAI / AP

RN
3/10

PHM Secretariat

From: Dr. Paranie <paranie@haiap.org>
To: <phmsec@touchtelindia.net>
Sent: Monday, October 20, 2003 9:20 AM
Subject: Fw: Portugese version of the People's Health Charter

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

From: Dr. Paranie
To: secretariat@phmovement.org
Cc: bala
Sent: Monday, October 20, 2003 9:32 AM
Subject: Portugese version of the People's Health Charter

Dear Dr Ravi,

Greetings from HAIAP Office, Sri Lanka!

We have noted a Portugese version of the Charter in the web site. Do you have hard copies of it with you or elsewhere?

Dr Bala wanted a hard copy for one of our contacts in Brazil. Please let us know at your earliest possible.

Thank you,

Best regards,

Paranie

Dr N Paranietharan
Project Officer
Health Action International Asia Pacific
Level 2, # 5, Frankfurt Place,
Colombo - 04, Sri Lanka
Tel: 94-1-2554353 Fax: 94-1-2554570
E-Mail: paranie@haiap.org

SSP/DGS

Please follow up. Identify
from our set and photocopy
to send to Bala
or his contact

RN
20/10/03

Paranie will
tell us who
has a hard
copy

RN
20/10/03

Paranie - HAIAP

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
To: bala <bala@haiar.org>
Sent: Friday, November 14, 2003 6:10 PM
Subject: Fw: Iran Conference

Dear Bala,

Greetings from PHM Secretariat (Global)!

You may be interested to see this letter sent to the Iranian's Conference Organizing Committee.

Best wishes,

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, 1 Block Koramangala
Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

--- Original Message ---

From: PHM Secretariat
To: nicknam_in@yahoo.com, afzali@hbi.dmr.or.ir, mohammad ali barzgar
Cc: Zafarullah Chowdhury, premiohn9141@hotmail.com, Hani Serag, Pam Zinkin-iPHC-U.K.
Sent: Monday, November 10, 2003 4:47 PM
Subject: Iran Conference

PHM-HAIAR

Dear Dr. Nicknam, Dr. Barzgar and Dr. Malek Afzali,

Greetings from PHM Secretariat (Global)!

We, in PHM were very disappointed, when we got the news of the decision by the Deputies of the Ministry of Health in Iran, to reschedule the Alma Ata Anniversary Primary Health Care Conference to April 2004. We received Dr. Barzgar's email message, but look forward to Dr. Nicknam's communication outlining the constraints and reasons for this rather unexpected and sudden decision. We feel it's a real missed opportunity and though postponement to April 2004 may give you more time to organize the conference a little better, its significance and timing has been greatly compromised.

22
17/11/03

PHM Secretariat

From: PHM Secretariat <phmsec@touchtelindia.net>
 To: <nicknam_m@yahoo.com>; <afzali@nbi.dmr.or.ir>; mohammad ali barzgar
 <m_barzgar@hotmail.com>
 Cc: Zafarullah Chowdhury <gk@citechco.net>; <premjahn9141@hotmail.com>; Hani Serag
 <hserag@yahoo.com>; Pam Zinkin-IPHC-U.K. <pamzinkin@gn.apc.org>
 Sent: Monday, November 10, 2003 4:47 PM
 Subject: Iran Conference

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- a. We received a copy of the fax from WR Iran to Dr. Nicknam, confirming support to participants from WHO – EMRO states and PHM members in the and PHM members in the region as well as full support to the technical discussions and the drafting committee for the proposed Teheran Declaration. I was informed by the Dr. Latheef that they were willing to allot upto 50,000\$ for this support.
- b. In a recently concluded WHO meeting in Madrid on Primary Health Care, I had the good fortune of also sitting with Dr. Lateef, Regional Adviser, Health Care Delivery of EMRO and going through the programme in great detail and identifying a large number of regional resource persons for the panels and the workshops. These included:
 - i. Dr. Sulaiman (OMAN, PHC Model)
 - ii. Dr. Abdul Azal Saleh (EMRO – Essential Drugs)
 - iii. Dr. Mohsen Hilal, ESCWA, Beirut (WTO / GATS)
 - iv. Ms. Atleyat, Sudan (Nutrition and PHC)
 - v. Ms. Seena Behath, Queen Noor Foundation (Women's Health and PHC)
 - vi. Ms. Naima Al Quasseer, EMRO (Nursing and HRD)
 - vii. Dr. Altaf Musani, Jordan (War, Disaster and PHC)
 - viii. Dr. Mohit, Director of Health Promotion, EMRO (Health Promotion and

Dear Balu
 You may be
 interested to see
 His letter sent to
 the Iranian
 conference organizing
 committee.
 Best wishes
 Ron.

PHM-Iran
 ✓

RS
 13/11/03

- ix. Dr. Moubasher, Pakistan (Community Participation)
- x. Dr. Samani (Mental Health and PHC)
- xi. Ms. Fares, Jordan (Communications and Health)

- c. After our visit to Iran we were confident that MOH Iran and PHM Iran would also identify various local resource persons in Iran for all the sessions so that the conference though international in its focus, would also have very significant Iranian and EMRO region focus as well, among its resource persons.
- d. We had summarized salient features of the PHC experience in Iran from all the materials I collected during my visit and a four page summary (enclosed) was included just in time in the PHM's Alma Ata Anniversary book, which is rolling out of the press this week.
- e. We had begun to receive background papers for the conference including the Al-Manana Declaration on Primary Health Care in the Arab world, February 2003, which is being circulated to others.
- f. After some initial coordination problems, we had managed to convince Dr. Haifan Mahier to agree to be the special guest on 13th / 14th December, in spite of his rather busy schedule (He speaks at the WHO Brazil conference on 6th/ 7th December and addresses all the WR's of WHO in Geneva on 10th December and has a commitment in Rome on 15th Ddceember) and yet he had agreed to fit the Iran request into his schedule inspite of age and health issues.

All this efforts seem now somewhat wasted even though they, no doubt could all be helpful for the April 2004 conference as well.

- g. However the greatest disappointment has been loss of the significance of holding the meeting event in December 2003 rather than April 2004. This loss of significance has four components
 - 1. Firstly, a meeting in the Alma Ata Anniversary year would have been more significant, even if in the last month of 2003, rather than a meeting in 2004 when anniversary year has passed.
 - 2. WHO had been mandated to prepare a Primary Health Care policy statement for consideration by WHO - Executive Board in January 2004 and then announced in WHA in May 2004. The Teheran Declaration in December 2003, one of the definitive outputs planned for the December conference would have fed into the WHO policy statement or at least have been available to those who were evolving the policy statement. Now a declaration in April 2004 will only be significant for Iran or perhaps the EMRO region, since it would be too late to affect the May 2004 statement, which would already have been discussed and finalized before April 2004.
 - 3. Whatever the criteria for selection of case studies for the three WHO policy consultation in Alma Aty, Madrid and Brazil, it was significant that Iran had not been invited to present its experience even though informally everyone acknowledges that this has been a good model. A special focus on Iran in the Alma Ata Anniversary year, especially supported and endorsed by

11/10/03

Page 3 of 4

4. Finally in 2003, PHM had been fully geared to supporting the Alma Ata Anniversary campaigns and we had focused a lot of energy into it. The Million Signature Campaign would have also ended in December 2003 and we may have used the Teheran meeting to bring it to a close. By April 2004, all this would have been completed and our energies in 2004 will be focused on regional mobilization for the second People's Health Assembly scheduled end of 2004 or early 2005. For us, a meeting in Iran in April 2004 will then be primarily a regional meeting, no longer an international one, since we will be busy with other campaigns and initiatives focused on Global People's Health Assembly rather than Alma Ata Anniversary.

Any way, while we also appreciate that MOH - Iran may have had its own perspectives and constraints that led to this decision, I felt in a spirit of collaboration, we must also share our own assessment as partners in this venture. Many of our PHM resource persons have also lost airfares because of this sudden decision, since many had made their bookings already and this has added to the disappointment as well. PHM does not have the sort of resources to compensate them individually.

We now await your proactive efforts to continue the planning and organizational process and will evolve our own level of participation as this proceeds gradually in the next few months.

In January 2004, PHM will host the International Health Forum in the Defense of the Health of the People in Mumbai (14th - 15th January), preceding the World Social Forum (16th - 21st January 2004). We hope that PHM Iran perhaps supported by MOH- Iran could send a small delegation for this meeting, where Iran's Primary Health Care policy could be shared at the Alma Ata Anniversary meetings at the Health Forum and WSF, so that our interaction could continue.

Please convey our disappointment, but also our good wishes to the Health Minister, Dr. Dr. Masoud Peshshkian and the Deputy Health Minister, Dr. Noun, who were so gracious during our visit to Iran in October 2003.

With best wishes to all the members of the organizing committee,

Yours sincerely,

Ravi Narayan

On behalf of PHM - Iran Conference Organizing Committee

Dr. Zafriyah Chowdhury

Dr. Prem Jann

Dr. Pamela Zinkin

11 10 03

Page 4 of 4

Dr. Hari Serag

PHM Secretariat

From: PHM Secretariat <phmsecc@touchtelindia.net>
 To: bala <bala@nairap.org>
 Cc: <premjohn9141@hotmail.com> -> *see our group*
 Sent: Monday, November 17, 2008 3:25 PM
 Subject: PHM Initiative and Focus

Dear Bala

Greetings from PHM Secretariat (Gopali)

I had mixed feelings when I received a copy of your letter of Prem. I was touched by your concern and recognition of the effort I and my colleagues are putting in to make the PHM a more active and responsive movement. I was a bit surprised when some parts of the letter implied that I ran and events such as those was getting over emphasis and or there were efforts to sideline the steering group in any way or even that PHM does not seem to be having a programme developed within its mandate or even that the secretariat should consider periodic messages to members of the steering group. As I read and re-read this letter from someone whom I respect as one of the founders of PHM, I couldn't, but help feeling that (a) Firstly, you are not getting or downloading steering group mail. Since I have had the opposite responses from steering group members like Prem etc that there's too much communication, too much demands for decisions, too many issues to cope with. (b) Secondly, I realize perhaps, that the strategy and the output linking all these numerous efforts which you see as 'enormous', but with little output is not being communicated adequately. Here again there has been regular reports from the secretariat and I am surprised you are not aware. Due to both shortage of funds to support travel and splits of events to which we linked steering group meeting opportunities that allow more focused getting together, relaxed sharing and discussions are not taking place, but we have tried to communicate as much as possible to get over this problem.

Initially, I thought I would just mark all the mail to you once again to answer most of your concerns. However, some one as senior as you needs a definitive response, though brief. This response is linked to your own letter. I have inserted short responses to your concerns at the respective places

1. Ravi is putting enormous effort with very little output. PHM Global is concentrating on meetings, conferences, and seminars without building the PHM at grass roots.

PHM Secretariat is continuing to build PHM at the grassroots. The evolution of PHM - USA with all its circles, the PHM - Kenya, PHM - Iran, PHM - Mauritius - the continuing evolution of PHM India, the support to PHM Sri Lanka - are all directly result of these efforts. Increased networking in Europe, Middle East and South Asia between country circles is also going on. Contacts have been established in Bulgaria, Togo, Sierra Leone, Egypt, Cameroon, Uganda and Tanzania. Bolivia, David Legge has offered to follow up in China. The Canadian coalition has finally got its act together and the list goes on. This does not get reported as such because, we have made a secretariat rule that the region or country must report this actively and even if we know what is going on, sometimes because we have catalyzed it, we wait patiently till the reports come from the region or country respecting decentralization and regional autonomy. Reports are coming from USA, East Africa, and Iran. We are hoping to start a better regional / country level activity focus in the website, so that grass root growth of PHM becomes clearer!

2. The same resource persons will be meeting at various resorts and come out with declarations and clog our emails. And some of them have their own agenda and push it into PHM. These agendas are certainly important ones, but PHM should be working within its own mandate confined to the three year programme developed. Funds secured with strict budget lines for the various activities. This is how I as a member of the Steering Group would like to see PHM implement its own pre-planned programme.

PHM-HAMP
Ravi
18/11

grow and develop

The first relatively complete steering group met in November 2002 and evolved an agenda of action, which included the shift of secretariat, the Alma Ata Anniversary events for 2002 and various other initiatives. A detailed proceedings was circulated and we have followed the steering group directions since then.

In May 2003, at PHM Geneva, the steering group met along with other PHM enthusiasts to further evolve some of these ideas, in spite of the added complementary events of PHM Geneva meeting at WCC and the PHM group attending WHA.

Since then over 20 communications have gone to the steering group to build a collective agenda and a mandate for PHM.

In London, 22nd / 23rd, a core group consisting of Prem, Andy, Olie, Pam and Ravi met for 2-days to convert all the feedback into a 2-3 year proposal and a budget with specific allotments for various activities. This evolution of a pre-log frame was helped by the detailed discussion had with Qasem, Prem, Olie, Bala and others, who visited Bangalore for various other events.

A two day steering group meeting, linked to but distinct from the event was planned for the Iran meeting for 21st - 22nd October, so that instead of holding the annual PHM steering group meeting in Dhaka or Bangalore in November 2003 (scheduled as per PHM tradition), we advanced the meeting in light of important initiatives next year like PHA - II in July 2004.

Due to the exigencies of Iran meeting postponement and the possibility of a good gathering in Mumbai, January 2004 and the potential of small core group meetings of members of the steering group with the Coordinator in London, Rome and without the Coordinator, Quito, Ottawa and Manila in recent weeks, it was decided to postpone the steering group meeting to 12th and 13th of January 2004 in Mumbai - pre IHF / WSF. The venue and accommodation is fixed and a very good steering group attendance is expected (details in a separate communication follow).

3. I had my greatest doubts about the Tehran meeting from the time we discussed in Geneva, with Dr. Barzani, a *saave* politician with his own agenda. There have been four changes and I am surprised that you still have faith in Iranian politicians and hope for an April meeting, one month before the WHA in Geneva which needs detailed planning and securing funds. Two international meetings in two successive months may stretch PHM's resources. We will not get the best outcomes from either. Maybe I am elderly and younger persons view things differently.

My response would have been that if the Alma Ata Anniversary conference could not be held in the anniversary year, it should be cancelled. There is no point in having an anniversary event long after. Let the Iranians convene a regional meeting in April 2004 in collaboration with EMRO. PHM can provide resource persons.

You will be reassured to know (see letter to Iranian circulated) that I have said the very same thing you have suggested that April 2004 will be a regional meeting. Already Ghasan, Jihad, Hani and Barzani are working on it.

The WSF and the Health Forum preceding it will now become the Alma Ata Anniversary event with an unavoidable, strong South Asian regional focus though the participant list as of now for 14th - 15th January 2004 (14th - 15th Health Forum, 16th - 18th WSF) is already quite international. See last communication to Steering group, including programme and participant list.

11 18 03

4. What is happening to the Steering Group? In my opinion the Steering Group should be in control and know what is happening. Ideally the S.G. should meet on its own and have prime time to make decisions to take PHM forward. I find that S.G. meetings are attached to other events, which will take the energy and resources of key members of S.G. You may remember the meetings of the Steering Group leading to the PHA in GK. I have never participated in a similar SG meeting after 2001 January.

Alternatively the PHM Global Secretariat should consider periodic messages to members of the S.G. and organize email communications. It maybe my own fault but I do not know the full S.G. membership. I am also not aware whether the S.G. met at any time recently on its own.

If I remember correctly, an S.G. meeting was scheduled with the Tehran meeting. We seem to have forgotten about it.

What is the update on the proposed "International Health Forum in Defense of the Health of the People", Mumbai 14 and 15th January 2004

What I have is the first communication which had

1. Draft Agenda
2. Provisional member of participants
3. Estimated budget

Since then I have not heard about progress made. Have I missed something important? Can you please forward the latest position of this event in respect of the three issues listed?

The steering group is in control, since everything is marked to them all the time. The responses from many, though slow and sluggish, has now increased greatly, especially after the PHM Geneva got together and the process of planning for Iran meeting.

Regarding 2-year plan (2004 – 2006) and the log frame, a 2-day serious meeting (in London on 20th to 23rd October 2003) and a framework has emerged and will be circulated to steering committee shortly. The year April 2003 – March 2004 will be considered a bridge year supported by the diminishing balance from the earlier phase and small grants raised by a number of sources. Our biggest problem was that we did not have a budget, when the secretariat moved and we were already too late to negotiate for this year. A proposal is going to DFID and CIDA by end of the month and to Dutch Government in March 2004.

In the meanwhile, the only way to have a steering committee meeting was to link it to an event – Geneva, Iran, Mumbai – since raising travel grants for events and meeting is easier. For Iran and Mumbai, we are approaching CIDA, MSF and others.

5. These agendas are certainly important ones, but PHM should be writing its own mandate confined to the three year programme developed, funds secured with strict budget lines for the various activities. This is how I as a member of the Steering Group would like to see PHM implement its own pre planned programme, grow and develop.

I have great respect and regard for Ravi. However, I find that the Global PHM seems to be

losing its focus.

The 3-year plan drawn up in London has many more initiatives other than events. It includes publications, some regional support activities, the Global Health Equity Watch Report, the lobbying and advocacy activity with WHO and others, etc, etc. Details will follow in background to the next steering group meeting agenda in a few days.

Finally, the one definitive output that I can confidently share as a result of the last ten months of great efforts is a change in the mood within PHM steering group and the PHA leadership. What I inherited was a vagueness of commitment from most individuals, affected by a lot of emotional and interpersonal conflict baggage from the PHA process, especially by the end of it - unavoidable when such a large number of resource persons from a large and diverse background try and work together and I think what was achieved, in spite of it all, was great! But there were strong feelings in many, about a lot of things, which also came out in individual comments in the evaluation feedback - eg. South Asian dominance, IPHC dominance, conflict between GK and DHF, lack of clarity of CI or HAI involvement, feeling that Qasem and I were intruders into a close circle, disappointment with PHM India stand on World Bank session, and a sudden collapse of PHA consensus and process at the end of PHA - (a result of both fatigue, overwork and all the above), etc, etc.

A great asset I discovered, was that I did not know anything about all this, nor was I involved or held personally responsible for supporting one or the other individual. I cannot go into all that I have done, helped by a lot of other people to tackle all this quietly, confidentially and confidently to rebuild a strong sense of collective identity. The fact that in the last one month I have had letters from you (HAI-AP), Prem, Qasem, Zafarwan (GK), Pam, Andy, Maria (IPHC), Arturo, Hugo, Fran, David Sanders, David Woodward, Evelyn (TWN), Mira, Carmelita (CI-ROAP), Larry, Ekbal, Delen, Ghasan, Jihad, Mwajuma, Eivira, Nadia (WGNRR), Olie (DHF), Nadine, Claudio, Mohan René, David Werner shows that the one definitive output has been of bringing everyone back to joining collective action.

The only one who is in a un-understandably silence is Andrew Chetty - perhaps overcome by the completion of the PHM Evaluation report. If you confirm your joining the steering group meeting on 12th / 13th January 2004 at International YMCA - Mumbai, it will be a 100% attendance.

Also recognizing the aging factor in the PHA leadership (most above 55 and many ill health complaints as well), another very quiet, but confident process has been the promotion of a younger leadership in the movement. Otherwise hypertension, diabetes, stress, spondylosis and a wide variety of aging processes will reduce the vitality of PHM in the months to come. I hope when you attend the meeting in Mumbai, you will see the dynamism of this emerging leadership - under 50's - Amit, Achay, Mike, Dave, Hani Sarag (Egypt), Sarah, Larry, Nadia, Sunil, Manoj, Thelma and ... and ... ready to take over the values and commitments of the 'elders'. I believe this will be another measurable output.

CHC's history of commitment is to process of Community Health Movement in India, not to projects. That is what helped us catalyze the PHA mobilization in India, being the only group out of the 18 national networks, who had already worked with everyone else before PHA. I am looking forward to continue with all the advice from seniors like you that I can marshal till March 2005, when I have to hand over to the next coordinator. Hopefully, by then the PHM would have a younger and energetic leadership with a collective strategy and non-event oriented process. We need all your help till then and am grateful to all that we have received so far.

I hope I have not sounded defensive, since I know your letter was not meant to offend. It was just

11/18/03

wise counsel advise from some one who has rich experience. Perhaps, if you had tracked all the communications sent, you may not have been constrained to raise of the concerns. Anyway, all your questions have helped me to get greater clarity. I am writing to Maria to ensure that you have not been inadvertently bounced off the steering group, yahoo group which she moderates.

Do keep in touch – and lets hope that you and Kamala will join us. The room in international YMOA already booked for you both, is very comfortable and I am particularly keen that you chair the inaugural session of the steering group meeting on 12th January 2003, when a short report by me of developments since January 2003 to December 2003 will put all this in perspective and set the tone for the rest of the meeting. We are also planning sessions for regional groupings, capacitations, and an orientation for country level coordinators. Steering group meeting agenda and background papers follows shortly.

Hope this response is reassuring and that global PHM is not losing focus too much.

Best wishes to you both.

Ravi

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#007 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit www.TheMillionSignatureCampaign.org

1 MD

PHM Secretariat

From: Ranprem <ranprem@eth.net>
To: PHM Office <phmseo@touchtelindia.net>
Sent: Thursday, November 13, 2003 9:09 PM

My dear Ravi,

Enclosed is a message from Bala. If we do an analysis we will find that he started the process of PHA. Zafrahan and I happened to be there, in a Consumers Union meeting somewhere in the mountains of France, about an hour from Geneva in 1985 when the whole idea of an alternative WHA came into being. In a sense, Bala is actually the father of the movement! Don't respond to Bala before you talk to me. But the point is that the Steering Group does not really help you steer. Only some from the SG are of help.

Warm regards

Prem

Dear Prem

Ravi is putting enormous effort with very little output. PHM Global is concentrating on meetings, conferences, seminars without building the PHM at grass roots.

←

The same resource persons will be meeting at various resorts and come out with declarations and clog our emails. And some of them have their own agenda and push it into PHM. These agendas are certainly important ones, but PHM should be working within its own mandate confined to the three year programme developed, funds secured with strict budget lines for the various activities. This is how I as a member of the Steering Group would like to see PHM implement its own pre planned programme, grow and develop.

← xx

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← x x x

RN
14/11/03

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← ○

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11/14/03

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RN
14/11/03

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I have great respect and regard for Ravi. However, I find that the Global PHM seems to be losing its focus.

Best wishes

Bala

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel. - (94 11) 2554358
Fax - (94 11) 2554570
E-mail: bala@haiap.org

11/14/03

PHM Secretariat

From: bala <bala@haiap.org>
To: <prem_john@vsnl.net>
Sent: Thursday, November 13, 2003 2:40 PM
Subject: Re: Ravi

My Dear Prem

Please use my message in any way you think will benefit PHM. I do not want Ravi to get offended in any way. He works very hard, and may think we are not grateful that he spends so much time and energy. But what is lacking is a work-plan and following it scrupulously.

All major events and meetings should be first discussed by the S.G. Both in ARDA and in HALAP I have always informed the Consultation Committee and Governing Council and sought advice before embarking on any activities outside the three year project proposals. This is a discipline which all co-ordinators should follow.

Best wishes,

Bala.

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

From: <prem_john@vsnl.net>
To: <bala@haiap.org>
Sent: Thursday, November 13, 2003 2:16 PM
Subject: Ravi

> My dear Bala,

> I think your thoughtful message about Ravi will really be of use to him and to PHM. Therefore I suggest that I share it with him adding my own comments. What do you say?

> Warm regards

> Prem

PHM - Secretariat

From: PHM - Secretariat <secretariat@phmovement.org>
To: passanna <passanna@haiap.org>
Sent: Thursday, December 11, 2003 6:13 PM
Attach: HAI Lead Article.doc
Subject: Re: HAI News lead article

Dear Passanna,

Greetings from PHM Secretariat (Global)!

Apologies for the delay in sending you the lead article for the HAI News. I just returned from GFHR meeting in Geneva and the ongoing demands of the planning of the Mumbai Forum mentioned in the article delayed my response further. Hope the HAI News will be ready before 12th January 2004. The International Health Forum and World Social Forum will be good occasions to circulate more copies of this newsletter – than usual, since it will also be an opportunity to get participants to hear about HAI work and concerns.

Dr. Bala will be attending this meeting though he has not yet confirmed. He may be able to bring them.

The article is about 3500 words. I did a hurried proof reading today before sending it. Perhaps one of you will do a better job finally. I am also forwarding it to Prem John since he may review it as well.

Best wishes to you all and to Dr. Bala and Mrs. Kamala in particular.

Ravi Narayan

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

From: passanna
To: sochara@vsnl.com
Cc: Ravi - PHM Secretariat(Global) ; Dr Ravi Narayan
Sent: Wednesday, December 10, 2003 8:21 PM
Subject: HAI News lead article

Dear Dr Narayan,

I am writing on behalf of Dr Balasubramaniam from Health Action International Asia Pacific regarding the lead article for HAI News.

Please inform me about its status.

Thank you
Passanna Gunasekera

DGS/VNR
i) Was it sent to Prem John?
ii) Please send the manuscript again to correctors

Sent on 12/11/03
15/12/03

Dear Passanna
I managed to do a calmer proof reading over the weekend and discovered six errors in the manuscript. To make it simpler to identify the manuscript is being sent with these six errors corrected in bold at the respective places. If the article is not already published then these corrections could be introduced. Please acknowledge receipt of the article and the 'corrected manuscript'.
Best wishes
Ravi

12/11/03

**The Peoples Health Movement: A People's Campaign
for HEALTH FOR ALL – NOW!**

Background

In 1978, in Alma – Ata, the universal slogan *Health for All by the year 2000* was coined. At the same time, the famous *Alma Ata Declaration* was overwhelmingly approved, putting people and communities at the center of health planning and health care strategies, and emphasizing the role of community participation, appropriate technology and inter-sectoral coordination. The Declaration was endorsed by most of the governments of the world and symbolized a significant paradigm shift in the global understanding of Health and Health care. (WHO – UNICEF, 1978).

Twenty five years later, after much policy rhetoric

- some concerted but mostly ad-hoc action
- quite a bit of misplaced euphoria
- distortions brought about by the growing role of the market economy that affected health, and
- a fair dose of governmental and international health agencies' amnesia
- this Declaration remains unfulfilled and mostly forgotten, as the world comes to terms with the new economic forces of globalization, liberalization and privatization which have made Health for All a receding dream.

The People's Health Assembly in Savar, Bangladesh in December 2000, and the People's Health Movement that evolved from it were both a civil society's effort to counter this global *laissez faire* and to challenge health policy makers around the world with a *Peoples Health Campaign for Health for All-Now!*

The People's Health Assembly

The Global People's Health Assembly brought together 1450 people from 75 countries, and resulted in an unusual five-day event in which people shared concerns about the unfulfilled Health for All challenge. The Assembly program included a variety of interactive dialogue opportunities for all the health professionals and activists who gathered for this significant event. These events included:

- ⇒ a rally for Health;
- ⇒ meetings in which the testimonies on the health situation from many parts of the world and struggles of people were shared and commented upon by multidisciplinary resource persons; (People's Health Movement 2002)
- ⇒ parallel workshops to discuss a range of health and health related challenges;
- ⇒ cultural programmes to symbolize the multi-cultural and multiethnic diversity of the people of the world;
- ⇒ exhibitions and video/film shows; and
- ⇒ an abundance of dialogue, in small and big groups, using formal and informal opportunities.

The People's Health Assembly was preceded by a series of pre-assembly events all over the world. The mobilization in India was a significant example among many such initiatives. For nearly nine months preceding the Assembly, there were grassroots, local and regional initiatives of people's health enquiries and audits all over India; health songs and popular theater; sub-districts and district level seminars;

policy dialogues and translations of national consensus booklets on health into regional languages and campaigns to challenge medical professionals and the health system to become more Health for All oriented. Finally, over 2500 delegates converged on Kolkata (Calcutta), mostly coming by five people's health trains, and brought ideas and perspectives from seventeen state conventions and 250 district conventions. In Kolkata, the assembly endorsed the Indian People's Health Charter after the two days of conferences, parallel workshops, exhibitions, two public rallies for health and cultural programmes. About 300 delegates from this Assembly then traveled to Bangladesh, mostly by bus, to attend the global Assembly. Similar preparatory initiatives, though less intense, took place in Bangladesh, Nepal, Sri Lanka, Cambodia, Philippines, Japan in Asia and other parts of the world, including Latin America, Europe, Africa and Australia. The Latin American region was another hotspot of intense mobilization building on the long history of people's health campaigns and community health programmes in that region.

The People's Charter for Health

Global Peoples Charter for Health

Finally, at the end of a full year of mobilization and five days of very intense and interactive work in Savar, a Global Peoples Health Charter emerged which was endorsed by all the participants (People's Health Assembly 2000a). This Charter has now become:

- ⇒ an expression of our common concerns;
- ⇒ a vision for a better and healthier world;
- ⇒ a call for more radical action;
- ⇒ a tool for advocacy for people's health; and
- ⇒ a worldwide rallying manifesto for global health movements, as well as for networking and coalition building.

The significance of this Global People's Charter is multiple:

- ⇒ it endorses Health as a social/economic and political issue and as a fundamental human right;
- ⇒ it identifies inequality, poverty, exploitation, violence and injustice as the roots of ill-health;
- ⇒ it underlines the imperative that Health for All means challenging powerful economic interests, opposing globalization, ~~as the current~~ iniquitous model, and drastically changing political and economic priorities;
- ⇒ it tries to bring in new perspective and voices from the poor and the marginalized (the rarely heard) encouraging people to develop their own local solutions; and
- ⇒ it encourages people to hold accountable their own local authorities, national governments, international organizations and national and transnational corporations.

The vision and the principles of the Charter, more than any other document preceding it, extricates Health from the myopic biomedical-techno-managerialist approach it has fostered in the last two decades --with its vertical, selective magic-bullets-approach to health-- and centers it squarely in the more comprehensive context of today's global socioeconomic-political-cultural-environmental realities.

However, the most significant gain of the People's Health Assembly and the Charter is that, for the first time since Alma Ata, a Health For All action-plan unambiguously endorses a call for action that tackles the broader determinants of health. These include:

- *Health as human right;*
- *Economic challenges for health;*
- *Social and political challenges in health;*
- *Environmental challenges for health;*
- *Tackling war, violence, conflict and natural disasters;*
- *Evolving a people-centered health sector;*
- *Encouraging people's participation for a healthy world.*

In a nutshell, the People's Health Movement promotes a wide range of approaches and initiatives to combat the ill-effects of the triple assault by the forces of globalization, liberalization and privatization on health, health systems and health care initiatives. In more detail, these include calls for a wide range of action to tackle the determinants of health and build health systems that are primary health care focused and Health For All oriented.

Box 1

Action Initiatives in the People's Charter for Health

- combating the negative impacts of Globalization as a worldwide economic and political ideology and process;
- significantly reforming the International Financial Institutions and the WTO to make them more responsive to poverty alleviation and the Health for All Now Movement;
- a forgiveness of the foreign debt of least developed countries and use of its equivalent for poverty reduction, health and education activities;
- greater checks and restraints of the freewheeling powers of transitional corporations, especially pharmaceutical houses (and mechanisms to ensure their compliance);
- greater and more equitable household food security.
- some type of a Tobin tax that taxes runaway international financial transfers;
- unconditionally supporting the emancipation of women and the respect of their full rights;
- putting health higher in the development agenda of governments;
- promoting the health (and other) rights of displaced people;
- halting the process of privatization of public health facilities and working towards greater controls of the already installed private health sector;
- more equitable, just and empowered people's participation in health and development matters;
- a greater focus on poverty alleviation in national and international development plans;
- greater and unconditional access of the poor to the health services and treatment regardless of their ability to pay;
- strengthening public institutions, political parties and trade unions involved, as we are, in the struggle of the poor;
- opposing restricted and dogmatic fundamentalist views of the development process;
- 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;

Box 1

Action Initiatives in the People's Charter for Health (Contd.)

- militant opposition to the unsustainable exploitation of natural resources and the destruction of forests;
- protecting biodiversity and opposing biopiracy and the indiscriminate use of genetically modified seeds;
- holding violators of environmental crimes accountable;
- systematically applying environmental assessments of development projects and people centered environmental audits;
- opposing war and the current USA – led, blind ‘anti-terrorist’ campaigns;
- categorically opposing the Israeli invasion of Palestinian towns (having, among other, a sizeable negative impact on the health of the Palestinian people);
- the democratization of the UN bodies and especially of the Security Council;
- getting more actively involved in actions addressing the silent epidemic of violence against women;
- more prompt responses and preventive/rehabilitative measures in cases of natural disasters;
- making a renewed call for a comprehensive, a more democratic People's Health Care that is given the resources needed --holding governments accountable in this task;
- vehemently opposing the commoditization and privatization of health care (and the sale of public facilities);
- independent national drug policies focused around essential, generic drugs;
- the transformation of WHO, ~~supporting and actively working with its new Civil-Society Initiative (CSI)~~ making sure it remains accountable to civil society;
- assuring WHO stays staunchly independent from corporate interests;
- sustaining and promoting the defense of effective patient's rights;
- an expansion and incorporation into People's Health Care of traditional medicine;
- changes in the training of health personnel to assure it covers the great issues of our time as depicted in our People's Charter for Health;
- public health-oriented (and not for-profit) health research worldwide;
- strong people's organizations and a global movement working on health issues;
- more proactive countering of the media that are at the service of the globalization process;
- people's empowerment leading to their greater control of the health services they need and get;
- 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 (pha-exchange);
- fostering a global solidarity network that can support and react out fellow members when facing disasters, emergencies or acute repressive situations.

- People's Charter for Health, 2000

As we enter the new millennium, this comprehensive view of actions for Health, is probably the most significant contribution of the People's Health Assembly and the evolving People's Health Movement. (Schuftan, 2002).

Significant Gains made by the People's Health Assembly and the Movement:

Noteworthy are the ongoing and growing mobilization process at global level, the Assembly as a historic first gathering and the movement that is evolving. In more detail, the gains include the following:

- ◆ For the first time in decades, health and non-health networks have come together to work on global solidarity in health. These networks include the International People's Health Council (IPHC); Health Action International (HAI); Consumers International (CI); the Asian Community Health Action Network (ACHAN); the Third World Network (TWN); the Women's Global Network for Reproductive Rights (WGNRR); Gonoshasthya Kendra (GK) and the Dag Hammarskjöld Foundation (DHF). In the last couple of years, new networks like the Global Equity Gauge Alliance (GEGA) and the Social Forum Network are linking with us.
- ◆ Even at country level, in some regions, this is beginning to happen. In India, for instance, this national collective now includes the science movements; the women's movements; the alliance of people's movements; the health networks and associations, some research and policy networks and even some trade unions. In Latin America, the pre PHA networking has been further strengthened. In Bangladesh and Italy new networks are growing.
- ◆ Another significant development has been the evolving solidarity PHM has found for its various collective documents at the global level (People's Health Assembly 2000b & c). These have included themes such as:
 - *Health in the era of globalization: from victims to protagonists;*
 - *The political economy of the assault on health;*
 - *Equity and Inequity Today: some contributing social factors;*
 - *The medicalization of Health Care and the challenge of Health for All;*
 - *The environmental crisis: threats to health and ways forward;*
 - *Communication as if people mattered: adapting health promotion and social action to the global imbalances of the 21st century.*

Taken together, these documents represent an unprecedented, emerging, global consensus.

- ◆ At country level also, such consensus documents to support public education and policy advocacy have been upcoming. In India, for instance, five little booklets, now translated into most Indian languages, are now available on the following five themes:
 - What globalization means to people's health;
 - Whatever happened to Health for All by the year 2000;
 - Making life worth living by meeting the basic needs of all;
 - A world where we matter: focus on health care issues of women, children, street kids, the disabled and the aged; and,
 - Confronting the commercialization of health care.

- ◆ These booklets have been published by 18 national networks who form the national coordination committee in India and represent unprecedented consensus, the first of its kind in five decades!
- ◆ The People's Health Assembly itself was an unusual international health meeting expressing and symbolizing an alternative health and development culture of dialogue and celebration. An extract from the report of two participants in the adjacent box describes this alternative dialogue.

Box 2

The People's Health Assembly – An Alternative Culture of Dialogue

“
 ‘TO GIVE THE VOICELESS A VOICE’ was a foremost goal of the People’s Health Assembly. And indeed, the PHA had strong representation from a wide spectrum of marginalized and underprivileged groups, many of whom had never before had a chance to speak at a local council, much less at an international forum. Speakers from all corners of the earth represented everyone: from community health workers to traditional birth attendants, from mother’s clubs to a collective of unemployed alcoholics (from Scotland), from tribals to ethnic minorities, from migrant workers to refugees, and from commercial sex workers to activists with AIDS.....

- The PHA was a marvelous forum for sharing experiences and exchanging ideas. Events were enlivened by role plays, music, dancing and poster sessions. Dramatic ‘testimonials’ of personal hardships – many of which brought tears to the eyes – portrayed the setbacks that people were suffering due to social injustice, unfair laws, and globalization. To give more people a chance to speak out, literally hundreds of relatively small concurrent sessions were held, ranging from women’s rights to genetic engineering and everything else under the sun”.

(Werner and Sanders, 2000)

- ◆ Another significant gain has been the translation of the People's Charter for Health into nearly 40 languages worldwide. These include Arabic, Bangla, Chinese, Danish, English, Farsi, Finnish, Flemish, French, German, Greek, Hindi, Indonesian, Italian, Japanese, Kannada, Malayalam, Ndebele, Nepalese, Philippine, Portuguese, Russian, Shona, Sinhala, Spanish, Swahili, Swedish, Tamil, Urdu, Ukrainian and now in the process in Tonga, Lithuanian, Norwegian, Welsh, Thai, Cambodian, Vietnamese, Pastun, Dhari and Creole. An audio tape in English with Braille titles is also available. All these have been translated by volunteers, committed to the People's Health Movement. Audio Visual aids including videos for public education, exhibitions, slides, and other forms of communication are coming up. The BBC Life Series video on the Health Protesters was a good example.
- ◆ The movement itself has evolved a communications strategy which includes a website (www.phmovement.org); the e-list server group for exchange and discussion (pha-exchange@kabissa.org); news briefs (nine since January 2001) and a host of press releases on a wide variety of themes and on special events and crises.
- ◆ Presentations of the Peoples Health Charter, are constantly taking place in national, regional and international fora which have included the World Health Organization, the Global Forum for Health Research (GFHR - Forum 5 & 6) and the World Health Assembly.
 - The development of the evolving dialogue between the PHM and WHO is particularly interesting.
 - In April 2001, the very effective and assertive in-house lobbying by a visiting PHM Activist to a WHO research seminar resulted in the formation of the WHO Civil Society Initiative announced at the World Health Assembly, in May 2001. Six PHM leaders were invited to meet and dialogue with the Director General.
 - By May 2002, WHO CSI invited PHM to present the People's Charter for Health as a Technical Briefing in the World Health Assembly. 35 PHM members participated. In May 2003, over 80 PHM delegates from 30 countries attended the Assembly; made statements on Primary Health Care; TRIPS and other issues and were invited to meet the DG designate, who welcomed a greater dialogue with PHM members at all levels so that WHO could be in touch with the realities of the lives of the poor and the marginalized. The Assembly was preceded by a PHM Geneva meeting for the 25th Alma Ata Anniversary, which was attended by some WHO staff, including the PAHO Regional Director.
 - In July 2003, the new WHO-DG Dr. Lee, who had met 6 PHM activists at the WHA 2003 wrote to the coordinator suggesting further dialogue and critical collaboration. This has been followed up through a series of informal meetings.
 - In January 2004, team of WHO staff will be attending the PHM facilitated International Health Forum in Mumbai, January 2004 to listen to the voices of Civil Society.

→ These are all small, but incremental movements towards a critical dialogue of PHM with WHO! and efforts to bring WHO that was derailed by the 'Investing in health campaign' of the mid 1990s to its original commitment to Health for All, Now.

- ◆ In many countries of the world, emerging country level PHM circles are beginning to organize public meetings and campaigns which include taking health to the streets as a Rights issue. Discussions on the charter by professional associations and public health schools; and articles and editorials in medical/health journals are also beginning to increase.

- ◆ Policy dialogues and action research circles on WHO/WHA; poverty and AIDS; women's access to health; health research; access to essential drugs; macroeconomics and health; public-private partnerships; food and nutrition security issues are beginning their work.

In short, every day the list of follow-up actions increases.

- ◆ In 2003, PHM decided to focus on the Alma Ata Anniversary as a theme for action initiatives. A million signatures for Health for All campaign was launched on the internet; an Alma Ata Anniversary packet of reflections, press releases and other documents was released and published; Alma Ata Anniversary reflections were held all over the world at national and state levels and also facilitated in NGO / civil society meetings and conferences.
- ◆ In January 2004, PHM is facilitating an International Health Forum in Defense of People's Health in Mumbai, which will take stock of all the initiatives, campaigns and action towards Health for All, Now all over the world since the people's health movement evolved in Bangladesh in December 2003. This forum will just precede the World Social Forum 2004 an alternative annual global gathering of activists who wish to emphasise and celebrate that Another World is possible. It will be a important milestone to take stock of the road traveled and the road ahead on this long march towards Health for All, Now.

Conclusion

- To conclude, the People's Health Assembly and the People's Health Movement that has emerged from it has been a rather unprecedented development in the journey towards the Health for All goal. The movement:
 - ⇒ is a multi-regional, multi-cultural, and multi-disciplinary mobilization effort;
 - ⇒ is bringing together the largest gathering of activists and professionals, civil society representatives and the peoples representatives themselves,
 - ⇒ is evolving global instruments of concern and action, and
 - ⇒ is involved in solidarity with the health struggles of people, especially the poor and the marginalized affected by the current global economic order.

Recognizing that we need a continuous, sustained, collective effort, the People's Health Movement process must remind us, through the People's Health Charter that a ' long march ' lies ahead in the campaign for Health for All, Now.

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For further information, please visit :

1. www.phmovement.org
2. www.wsfindia.org
3. www.sochara.org

Main Identity

From: "bala" <bala@haiap.org>
To: <ravi@phmovement.org>; <secretariat@phmovement.org>; <sochara@vsnl.com>
Sent: Friday, November 28, 2003 2:56 PM
Subject: Hai News lead article

Dear Dr Narayan,

I am writing on behalf of Dr Balasubramaniam of Health Action International Asia Pacific to find out about the status of the lead article for HAI News.

I would appreciate it very much if you could kindly let me know when the article would be ready.

Thanking you in advance for your cooperation.
Sincerely

Passanna Gunasekera

FM
1/12

email reply.
Dear friends,
Ravi is away at the Global Forum for Health Research where he stays
with others is representing the PHM. He returns next Saturday
Best wishes, Su 1/12
will reply after that

Sent
2/12

To PHM secretariat

RM
The article wrote to Richard (Amtr)
is enclosed

RM
8/12

PHM - Secretariat

From: PHM - Secretariat <secretariat@phmovement.org>
To: passanna <passanna@haiap.org>
Sent: Thursday, December 11, 2003 6:13 PM
Attach: HAI Lead Article.doc
Subject: Re: HAI News lead article

Dear Passanna,

Greetings from PHM Secretariat (Global)!

Apologies for the delay in sending you the lead article for the HAI News. I just returned from GFHR meeting in Geneva and the ongoing demands of the planning of the Mumbai Forum mentioned in the article delayed my response further. Hope the HAI News will be ready before 12th January 2004. The International Health Forum and World Social Forum will be good occasions to circulate more copies of this newsletter – than usual, since it will also be an opportunity to get participants to hear about HAI work and concerns.

Dr. Bala will be attending this meeting though he has not yet confirmed. He may be able to bring them.

The article is about 3500 words. I did a hurried proof reading today before sending it. Perhaps one of you will do a better job finally. I am also forwarding it to Prem John since he may review it as well.

Best wishes to you all and to Dr. Bala and Mrs. Kamala in particular.

Ravi Narayan

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

From: passanna
To: sochara@vsni.com
Cc: Ravi - PHM Secretariat(Global) ; Dr Ravi Narayan
Sent: Wednesday, December 10, 2003 8:21 PM
Subject: HAI News lead article

Dear Dr Narayan,

I am writing on behalf of Dr Balasubramaniam from Health Action International Asia Pacific regarding the lead article for HAI News.

Please inform me about its status.

Thank you
Passanna Gunasekera

*Copy not sent
16 Rem John*

PHM - Secretariat

From: passanna <passanna@haiap.org>
To: Dr Ravi Narayan <secretariat@phmovement.org>
Sent: Thursday, November 27, 2003 11:22 PM
Subject: Fw: PHM contribution to HAI News

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

From: passanna
To: Ravi - PHM Secretariat(Global)
Cc: sochara@vsnl.com
Sent: Thursday, November 27, 2003 3:10 PM
Subject: Fw: PHM contribution to HAI News

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

From: passanna
To: Ravi - PHM Secretariat(Global)
Sent: Tuesday, November 25, 2003 10:57 AM
Subject: Fw: PHM contribution to HAI News

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

From: passanna
To: Ravi - PHM Secretariat(Global)
Sent: Monday, November 24, 2003 12:00 PM
Subject: Re: PHM contribution to HAI News

Dear Dr Narayan,

I am writing on behalf of Dr Balasubramaniam of Health Action International Asia Pacific to find out about the status of the lead article for HAI News.

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Thanking you in advance for your cooperation,
Sincerely

Passanna Gunasekera

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

From: Ravi - PHM Secretariat(Global)
To: passanna
Sent: Thursday, October 23, 2003 1:25 PM
Subject: Re: PHM contribution to HAI News

Dear Bala,

Greetigns from PHM Secretariat (Global)!

Shall write the paper as soon I return from Europe on 30th October. Hope to keep the deadline. Hope you and Kamala are planning to join Health Forum - WSF in Mumbai in January 2004. Will miss you in Teheran, 5th - 7th December.

11/12/03

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Best wishes to you all
Ravi.

12/11/03

Best wishes

Ravi Narayan

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

From: passanna

To: Dr Ravi Narayan

Cc: Dr Narayan

Sent: Monday, October 20, 2003 9:46 AM

Subject: PHM contribution to HAI News

Dear Ravi,

We thank you for agreeing to join us in editing HAI News, Issue No. 126, which will be a special issue to commemorate the 25th Anniversary of the Alma Ata Declaration. We wish that PHM writes the lead article which will be about 3500 - 4500 words or six pages (both sides). You may visit our website www.haiap.org to see the recent issues.

HAI News No. 122/123 a special issue to commemorate 25 years of Essential Drugs will be useful as a reference for your contribution.

We realize your tight schedule with the meeting in Iran. However with much of your work already documented we feel you will be able to send us the contribution in a month's time.

We hope to send it to the printers by end November.

Thank you for your assistance.

Dr K Balasubramaniam
Editors of HAI News

Ms Passanna Gunasekera

12/11/03

PHM - Secretariat

From: passanna <passanna@haiap.org>
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Sent: Thursday, November 27, 2003 11:22 PM
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Cc: sochara@vsnl.com
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Sincerely

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12/11/03

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Thank you for your assistance.

Dr K Balasubramaniam
Editors of HAI News

Ms Passanna Gunasekera

12/11/03

Draft
1/2/03
revised

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The Peoples Health Movement: A People's Campaign
for HEALTH FOR ALL – NOW!

Background

In 1978, in Alma – Ata, the universal slogan *Health for All by the year 2000* was coined. At the same time, the famous *Alma Ata Declaration* was overwhelmingly approved, putting people and communities at the center of health planning and health care strategies, and emphasizing the role of community participation, appropriate technology and inter-sectoral coordination. The Declaration was endorsed by most of the governments of the world and symbolized a significant paradigm shift in the global understanding of Health and Health care. (WHO – UNICEF, 1978).

Twenty five years later, after much policy rhetoric, some concerted but mostly ad-hoc action, quite a bit of misplaced euphoria, distortions brought about by the growing role of the market economy that affected health, and a fair dose of governmental and international health agencies' amnesia, this Declaration remains unfulfilled and mostly forgotten, as the world comes to terms with the new economic forces of globalization, liberalization and privatization which have made Health for All a receding dream.

The People's Health Assembly in Savar, Bangladesh in December 2000, and the People's Health Movement that evolved from it were both a civil society's effort to counter this global *laissez faire* and to challenge health policy makers around the world with a *Peoples Health Campaign for Health for All-Now!*

The People's Health Assembly

The Global People's Health Assembly brought together 1450 people from 75 countries, and resulted in an unusual five-day event in which people shared concerns about the unfulfilled Health for All challenge. The Assembly program included a variety of interactive dialogue opportunities for all the health professionals and activists who gathered for this significant event. These events included:

- ⇒ a rally for Health;
- ⇒ meetings in which the testimonies on the health situation from many parts of the world and struggles of people were shared and commented upon by multidisciplinary resource persons; (People's Health Movement 2002)
- ⇒ parallel workshops to discuss a range of health and health related challenges;
- ⇒ cultural programmes to symbolize the multi-cultural and multiethnic diversity of the people of the world;
- ⇒ exhibitions and video/film shows; and
- ⇒ an abundance of dialogue, in small and big groups, using formal and informal opportunities.

The People's Health Assembly was preceded by a series of pre-assembly events all over the world. The mobilization in India was a significant example among many. For nearly nine months preceding the Assembly, there were grassroots, local and regional initiatives of people's health enquiries and audits all over India; health songs and popular theater; sub-districts and district level seminars; policy dialogues and

such
initiatives.

translations of national consensus booklets on health into regional languages and campaigns to challenge medical professionals and the health system to become more Health for All oriented. Finally, over 2500 delegates converged on Kolkata (Calcutta), mostly coming by five people's health trains, and brought ideas and perspectives from seventeen state conventions and 250 district conventions. In Kolkata, the assembly endorsed the Indian People's Health Charter after the two days of conferences, parallel workshops, exhibitions, two public rallies for health and cultural programmes. About 300 delegates from this Assembly then traveled to Bangladesh, mostly by bus, to attend the global Assembly. Similar preparatory initiatives, though less intense, took place in Bangladesh, Nepal, Sri Lanka, Cambodia, Philippines, Japan in Asia and other parts of the world, including Latin America, Europe, Africa and Australia. The Latin American region was another hotspot of intense mobilization building on the long history of people's health campaigns and community health programmes in that region.

The People's Charter for Health

Finally, at the end of a full year of mobilization and five days of very intense and interactive work in Savar, a *Global Peoples Health Charter* emerged which was endorsed by all the participants (People's Health Assembly 2000a). This Charter has now become:

- ⇒ an expression of our common concerns;
- ⇒ a vision for a better and healthier world;
- ⇒ a call for more radical action;
- ⇒ a tool for advocacy for people's health; and
- ⇒ a worldwide rallying manifesto for global health movements, as well as for networking and coalition building.

The significance of this Global People's Charter is multiple:

- ⇒ it endorses Health as a social/economic and political issue and as a fundamental human right;
- ⇒ it identifies inequality, poverty, exploitation, violence and injustice as the roots of ill-health;
- ⇒ it underlines the imperative that Health for All means challenging powerful economic interests, opposing globalization as the current iniquitous model, and drastically changing political and economic priorities;
- ⇒ it tries to bring in new perspective and voices from the poor and the marginalized (the rarely heard) encouraging people to develop their own local solutions; and
- ⇒ it encourages people to hold accountable their own local authorities, national governments, international organizations and national and transnational corporations.

The vision and the principles of the Charter, more than any other document preceding it, extricates Health from the myopic biomedical-techno-managerialist approach it has fostered in the last two decades --with its vertical, selective magic-bullets-approach to health-- and centers it squarely in the more comprehensive context of today's global socioeconomic-political-cultural-environmental realities.

However, the most significant gain of the People's Health Assembly and the Charter is that, for the first time since Alma Ata, a Health For All action-plan unambiguously endorses a call for action that tackles the broader determinants of health. These include: *Health as human right; Economic challenges for health; Social and political challenges in health; Environmental challenges for health; Tackling war, violence, conflict and natural disasters; Evolving a people-centered health sector; Encouraging people's participation for a healthy world.* In a nutshell, the People's Health Movement promotes a wide range of approaches and initiatives to combat the ill-effects of the triple assault by the forces of globalization, liberalization and privatization on health, health systems and health care initiatives. In more detail, these include calls for a wide range of action to tackle the determinants of health and build health systems that are primary health care focused and Health For All oriented.

Box 1

Action Initiatives *in the Peoples Charter for Health*

- combating the negative impacts of Globalization as a worldwide economic and political ideology and process;
- significantly reforming the International Financial Institutions and the WTO to make them more responsive to poverty alleviation and the Health for All Now Movement;
- a forgiveness of the foreign debt of least developed countries and use of its equivalent for poverty reduction, health and education activities;
- greater checks and restraints of the freewheeling powers of transitional corporations, especially pharmaceutical houses (and mechanisms to ensure their compliance);
- greater and more equitable household food security.
- some type of a Tobin tax that taxes runaway international financial transfers;
- unconditionally supporting the emancipation of women and the respect of their full rights;
- putting health higher in the development agenda of governments;
- promoting the health (and other) rights of displaced people;
- halting the process of privatization of public health facilities and working towards greater controls of the already installed private health sector;
- more equitable, just and empowered people's participation in health and development matters;
- a greater focus on poverty alleviation in national and international development plans;
- greater and unconditional access of the poor to the health services and treatment regardless of their ability to pay;
- strengthening public institutions, political parties and trade unions involved, as we are, in the struggle of the poor;
- opposing restricted and dogmatic fundamentalist views of the development process;
- 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;

Box 1
Action Initiatives (Contd.)

- militant opposition to the unsustainable exploitation of natural resources and the destruction of forests;
- protecting biodiversity and opposing biopiracy and the indiscriminate use of genetically modified seeds;
- holding violators of environmental crimes accountable;
- systematically applying environmental assessments of development projects and people centered environmental audits;
- opposing war and the current USA – led, blind ‘anti-terrorist’ campaigns;
- categorically opposing the Israeli invasion of Palestinian towns (having, among other, a sizeable negative impact on the health of the Palestinian people;
- the democratization of the UN bodies and especially of the Security Council;
- getting more actively involved in actions addressing the silent epidemic of violence against women;
- more prompt responses and preventive/rehabilitative measures in cases of natural disasters;
- making a renewed call for a comprehensive, a more democratic People’s Health Care that is given the resources needed --holding governments accountable in this task;
- vehemently opposing the commoditization and privatization of health care (and the sale of public facilities);
- independent national drug policies focused around essential, generic drugs;
- the transformation of WHO, supporting and actively working with its new Civil Society Initiative (CSI) making sure it remains accountable to civil society;
- assuring WHO stays staunchly independent from corporate interests;
- sustaining and promoting the defense of effective patient’s rights;
- an expansion and incorporation into People’s Health Care of traditional medicine;
- changes in the training of health personnel to assure it covers the great issues of our time as depicted in our People’s Charter for Health;
- public health-oriented (and not for-profit) health research worldwide;
- strong people’s organizations and a global movement working on health issues;
- more proactive countering of the media that are at the service of the globalization process;
- people’s empowerment leading to their greater control of the health services they need and get;
- 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 (pha-exchange);
- fostering a global solidarity network that can support and react out fellow members when facing disasters, emergencies or acute repressive situations.

— Peoples Charter for Health, 2011

As we enter the new millennium, this comprehensive view of actions for Health, is probably the most significant contribution of the People's Health Assembly and the evolving People's Health Movement. (Schuftan, 2002).

Significant Gains made by the People's Health Assembly and the Movement:

Noteworthy are the ongoing and growing mobilization process at global level, the Assembly as a historic first gathering and the movement that is evolving. In more detail, the gains include the following:

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Taken together, these documents represent an unprecedented, emerging, global consensus.

- ◆ At country level also, such consensus documents to support public education and policy advocacy have been upcoming. In India, for instance, five little booklets, now translated into most Indian languages, are now available on the following five themes: What globalization means people's health; Whatever happened to Health for All by the year 2000; Making life worth living by meeting the basic needs of all; A world where we matter- focus on health care issues of women, children, street kids, the disabled and the aged; and Confronting the commercialization of health care. These booklets have been published by 18 national networks who form the national coordination

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Box 2

The People's Health Assembly – An Alternative Culture of Dialogue

- 'TO GIVE THE VOICELESS A VOICE' was a foremost goal of the People's Health Assembly. And indeed, the PHA had strong representation from a wide spectrum of marginalized and underprivileged groups, many of whom had never before had a chance to speak at a local council, much less at an international forum. Speakers from all corners of the earth represented everyone: from community health workers to traditional birth attendants, from mother's clubs to a collective of unemployed alcoholics (from Scotland), from tribals to ethnic minorities, from migrant workers to refugees, and from commercial sex workers to activists with AIDS.....
- The PHA was a marvelous forum for sharing experiences and exchanging ideas. Events were enlivened by role plays, music, dancing and poster sessions. Dramatic 'testimonials' of personal hardships – many of which brought tears to the eyes – portrayed the setbacks that people were suffering due to social injustice, unfair laws, and globalization. To give more people a chance to speak out, literally hundreds of relatively small concurrent sessions were held, ranging from women's rights to genetic engineering and everything else under the sun.)

(Werner and Sanders, 2000)

- ◆ Another significant gain has been the translation of the People's Charter for Health into nearly 40 languages worldwide. These include Arabic, Bangla, Chinese, Danish, English, Farsi, Finnish, Flemish, French, German, Greek, Hindi, Indonesian, Italian, Japanese, Kannada, Malayalam, Ndebele, Nepalese, Philippine, Portuguese, Russian, Shona, Sinhala, Spanish, Swahili, Swedish, Tamil, Urdu, Ukrainian and now in the process in Tonga, Lithuanian, Norwegian, Welsh, Thai, Cambodian, Vietnamese, Pastun, Dhari and Creole. An audio tape in English with Braille titles is also available. All these have been translated by volunteers, committed to the People's Health Movement. Audio Visual aids including videos for public education, exhibitions, slides, and other forms of communication are coming up. The BBC Life Series video on the 'Health Protesters' was a good example.
- ◆ The movement itself has evolved a communications strategy which includes a website (www.phmovement.org); the e-list server group for exchange and discussion (pha-exchange@kabissa.org); news briefs (nine since January 2001) and a host of press releases on a wide variety of themes and on special events and crises.
- ◆ Presentations of the Peoples Health Charter, are constantly taking place in national, regional and international fora which have included the World Health Organization, the Global Forum for Health Research (GFHR – Forum 5 & 6) and the World Health Assembly. The development of the evolving dialogue between the PHM and WHO is particularly interesting. In April 2001, the very effective and assertive in-house lobbying by a visiting PHM Activist to a WHO research seminar resulted in the formation of the WHO Civil Society Initiative announced at the World Health Assembly, in May 2001. Six PHM leaders were invited to meet and dialogue with the Director General. By May 2002, WHO CSI invited PHM to present the People's Charter for Health as a Technical Briefing in the World Health Assembly. 35 PHM members participated. In May 2003, over 80 PHM delegates from 30 countries attended the Assembly; made statements on Primary Health Care; TRIPS and other issues and were invited to meet the DG designate, who welcomed a greater dialogue with PHM members at all levels so that WHO could be in touch with the realities of the lives of the poor and the marginalized. The Assembly was preceded by a PHM Geneva meeting for the 25th Alma Ata Anniversary, which was attended by some WHO staff, including the PAHO Regional Director. In July 2003, the new WHO-DG Dr. Lee, who had met 6 PHM activists at the WHA 2003 wrote to the coordinator suggesting further dialogue and critical collaboration. This has been followed up through a series of informal meetings, and a team of WHO staff will be attending the PHM facilitated International Health Forum in Mumbai, January 2004 to listen to the voices of Civil Society. These are all small, but incremental movements towards a critical dialogue of PHM with WHO!
- ◆ In many countries of the world, emerging country level PHM circles are beginning to organize public meetings and campaigns which include taking health to the streets as a Rights issue. Discussions on the charter by professional associations and public health schools, articles and editorials in medical/health journals are also beginning to increase.

and efforts to bring WHO that was derailed by the 'Investing in health campaign' of the mid 1990's to its original commitment to Health for All, New

Box 3

Regional / National Support Activities

i. Africa Region:

A few examples

Tanzania: Following a PHM session held in September 2002 in Arusha (WABA Conference) and the 3 country PHM East Africa solidarity mission by to Nairobi (Kenya), Kempala (Uganda) and Dar-es-Salam and Arusha (Tanzania) in November 2002, some networking and events have been evolving to enhance the development of activities in the East and Central Africa Region,

PHM sessions have been added to strategic meetings in the region including a lunchtime discussion at Forum 6 Global Forum for Health Research, at Arusha in November 2002.

Kenya: PHM Kenya has announced a formal launch on 23rd August and a Alma Ata Anniversary. Earlier a Primary Health Care Meeting was organized in Nairobi by WCC (May 2003). The SEAM and other conferences are also considering PHM sessions.

Mauritius: The ex-Health Minister of Mauritius, now PHM contact person in Mauritius, has just facilitated a PHM – Mauritius circle.

ii. North American Region:

- At the request of the University of Berkeley, three South Asian PHM resource person attended the Annual Public Health Conference on the Theme – 'People's Health in People's Hands. What works? What doesn't and who decides?' *in March 2003*
- This was followed by a three week (27th February to 16th March 2003) PHM lecture and solidarity tour by the 3 PHM Resource persons that covered the following cities: Berkeley, San Francisco, Palo Alto, Seattle, Portland, New York, Washington DC, UCSF, Stanford, Columbia, Harvard, MIT – Boston and meetings with several NGOs and also the WHO – PAHO Director and Staff.
- The tour was organized by Hesperian Foundation and Doctors for Global Health – the two networks that are focal points for USA and lead to a strengthening of PHM activities in USA.
- A PHM circle, a listserv and 3 issue based circles have now emerged – Trade and Health; Health Care Access, War and Health.

iii. Europe Region

UK: A PHM Dialogue meeting was held at Health Link – UK. Also a PHM lecture at the London School of Hygiene and Tropical Medicine in May 2003, on the People's Health Charter and Beyond.

The PHM Evaluation Group held the first Evaluation report finalization meeting in London – in May 2003, where there were some representatives from the regions – Africa, Latin America, Europe, South Asia and South East Asia. The PHM-Evaluation report will be discussed widely in a few weeks.

Switzerland: PHM Geneva group – helped to host / facilitate a PHM Alma Ata Anniversary event in WCC, Geneva, just preceding the World Health Assembly.

A delegation of over 80 PHM members from 30 countries attended the World Health Assembly in Geneva in May 2003. A small representatives group of 6 resource persons had a special meeting with the Dr. Lee (the WHO DG designate).

Italy: PHM –Italy organized meetings in Bologna and other places in Italy during the year.

AIFO Italy, a key network of PHM – Italy, has awarded PHM the Human Rights Award and a 3 member PHM group from Asia – Africa and Latin America will receive this award at the annual meeting in November 2003.

Russia:

- Petersburg: Alma Ata – 25th anniversary – "Health for All is Necessary and Possible" was held in Petersburg in April 2003.
- Alma Aty: WCC sponsored an Alma Ata conference in Alma Aty, which was reported at the PHM Geneva meeting during NGO Forum for Health Session at WHA – May 2003.

Source : Report from PHM Secretariat, 2003

*South Africa:
Apart from an
Alma Ata
Anniversary
meeting health
and development
activities from
a wide range
of networks
and unions have
come together
to discuss how
to confront
the challenge
of HIV-AIDS
and building
up health systems
S. Africa*

*Health for All
with many
groups in
UK and
Europe*

- ◆ Policy dialogues and action research circles on WHO/WHA; poverty and AIDS; women's access to health; health research; access to essential drugs; macroeconomics and health; public-private partnerships; food and nutrition security issues are beginning their work.

In short, every day the list of follow-up actions increases.

- ◆ In 2003, PHM decided to focus on the Alma Ata Anniversary as a theme for action initiatives. A million signatures for Health for All campaign was launched on the internet; an Alma Ata Anniversary packet of reflections, press releases and other documents was released and published; Alma Ata Anniversary reflections were held all over the world at national and state levels and also facilitated in NGO / civil society meetings and conferences.
- ◆ In January 2004, PHM is facilitating an International Health Forum in Defense of People's Health in Mumbai, which will take stock of all the initiatives, campaigns and action towards Health for All, Now all over the world since the people's health movement evolved in Bangladesh in December 2003. This forum will just precede the World Social Forum 2004 an alternative annual global gathering of activists who wish to emphasise and celebrate that Another World is possible. It will be a important milestone to take stock of the road traveled and the road ahead on this long march towards Health for All, Now.

Conclusion

- To conclude, the People's Health Assembly and the People's Health Movement that has emerged from it has been a rather unprecedented development in the journey towards the Health for All goal. The movement:
 - ⇒ is a multi-regional, multi-cultural, and multi-disciplinary mobilization effort;
 - ⇒ is bringing together the largest gathering of activists and professionals, civil society representatives and the peoples representatives themselves,
 - ⇒ is evolving global instruments of concern and action, and
 - ⇒ is involved in solidarity with the health struggles of people, especially the poor and the marginalized affected by the current global economic order.

Recognizing that we need a continuous, sustained, collective effort, the People's Health Movement process must remind us, through the People's Health Charter that a 'long march' lies ahead in the campaign for Health for All, Now.

References:

1. WHO – UNICEF (1978),
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3. **People's Health Assembly (2000a),**
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4. **Schuftan, Claudio (2002),**
The People's Health Movement (PHM) in 2002: Still at the fore front of the Struggle for "Health for All Now"; issue paper-2 for World Health Assembly, May 2002, People's Health Movement
5. **People's Health Assembly (2000b)**
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6. **People's Health Assembly (2000c),**
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7. **Narayan, Ravi (2000)**
The People's Health Assembly – A People's Campaign for Health for All Now, Asian Exchange Vol. 16, NO. 2., P-6-17, 2000
8. **Werner, David and Sanders, David (2000)**
Liberation from What? A Critical reflection on the People's Health Assembly 2000, Asian Exchange, Vol. 16, No. 2., p 18-30, 2000

For further information, please visit :

1. www.phmovement.org
2. <wsfindia.org>
3. <www.sochara.org>

672
659
198
280
3513

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
To: <bala@haiap.org>
Sent: Thursday, March 25, 2004 12:24 PM
Subject: Fw: Information on Health Action International Asia - Pacific

Dear Bala,

Greetings from PHM Secretariat (Global)!

Is this the CMH meeting with NGO's in Sri Lanka we have been corresponding about or is this another meeting? Since none of us, except the invitees, know about the dates etc. Can you send around some details? I am glad you have made a request for a formal presentation. I hope it gets on the agenda.

Best wishes

Ravi Narayan
Coordinator, People's Health Movement Secretariat(global)
CHC-Bangalore
#367 "Srinivasa Nilaya"
Jakkasandra 1st Main, I Block Koramangala
Bangalore-560034

PHM-HAI-AP

RN
3/25/04

Dear Bala
Is this the
CMH Meeting with NGOs
in Sri Lanka we have
been corresponding
about or is this another
meeting. of NAAAP since
none of us except
the invites, ^{to us} not about
the dates. ^{etc} Can you
send around some
details. I am glad
you have made a
request for a
formal presentation.
I hope it gets on the
agenda
Best wishes
Ran

Main Identity

From: Community Health Cell <chc@sochara.org>
To: <secretariat@phmovement.org>
Sent: Tuesday, March 23, 2004 3:54 PM
Subject: Fw: Information on Health Action International Asia - Pacific

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

From: bala
To: Prem Chandran John ; Ravi Narayan ; Mike Rowson ; Zafrullah Chowdhury ; Vinva (Dr)
Sent: Tuesday, March 23, 2004 1:09 PM
Subject: Fw: Information on Health Action International Asia - Pacific

Dear friends,

I am forwarding my latest correspondence with Maria Paalman for your information. We expect to have the final position paper with an executive summary next week.

Bala

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

From: bala
To: Paalman, Maria
Sent: Tuesday, March 23, 2004 11:04 AM
Subject: Re: Information on Health Action International Asia - Pacific

Dear Maria,

Thanks for your message. Please let us know the number of participants you expect. I shall bring sufficient number of brochures. Our organization in association with NGOs on health are in the process of preparing an NGO position on the Report of CMH. Can you find us a time in the agenda to present it and also distribute copies of our position paper to participants.

Best wishes,

Dr Bala

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

From: Paalman, Maria
To: bala
Cc: marga@sri.lanka.net
Sent: Monday, March 22, 2004 2:59 PM
Subject: RE: Information on Health Action International Asia - Pacific

Dear Dr. Bala,

Thank you for sending the info form and the brochure. If you wish you can bring copies of the brochure to the meeting and distribute them. If you want any information of your organisation to be distributed to all participants in the conference pack, then I urge you to paste some of the info from the brochure into the NGO info form and resend it to me, as these will be distributed to all participants.

Kind regards,

Phon - HAI/AP

RN
24/3/04

Maria Paalman
Senior Health Advisor
KIT Development, Policy & Practice
PO Box 95001
1090 HA Amsterdam
tel. 31-20-568 8659
fax 31-20-568 8444
email: m.paalman@kit.nl
website: www.kit.nl

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

From: bala [mailto:bala@haiap.org]
Sent: dinsdag 16 maart 2004 10:13
To: Paalman, Maria; marga@sri.lanka.net
Subject: Re: Information on Health Action International Asia - Pacific

Dear Ms Perera & Ms Paalman,

I have pleasure in attaching the form as requested and a brochure describing the activities of Health Action International Asia - Pacific.

Best wishes,

Dr Bala

Dr K Balasubramaniam
Advisor and Co-ordinator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel: + (94 11) 2554353
Fax: + (94 11) 2554570
E-mail: bala@haiap.org

Main Identity

From: SOCHARA <sochara@vsnl.com>
To: <secretariat@phmovement.org>
Sent: Thursday, February 26, 2004 9:58 AM
Subject: Fw: WHO / NGO Conference, Colombo, Sri Lanka 27-28 April.

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

From: bala
To: Ravi Narayan
Cc: Prem Chandran John
Sent: Thursday, February 26, 2004 9:43 AM
Subject: Fw: WHO / NGO Conference, Colombo, Sri Lanka 27-28 April.

Dear Ravi

I regret that the message on the WHO / NGO Conference, Colombo 27-28 April to the PHM Steering Group has come back to us and not delivered. Can you please forward PHM Position paper on CMH, I feel it is important.

Bala.

↳ forwarded from secretariat

RN
26/2/04

RN
26/2/04

PHM - HA/1/2
←

Main Identity

From: community health cell <sochara@vsnl.com>
To: <secretariat@pnmovement.org>
Sent: Thursday, February 12, 2004 10:08 AM
Subject: Fw: ...

From: bay
To: Ravi Narayan
Cc: Calen de la Paz, Pram Chandan John
Sent: Wednesday, February 11, 2004 3:27 PM

Dear Ravi
Thanks for supporting Calen.
Best wishes
Bhis

RN
13/2/04

RN
13/2/04

PNM - HAI/AP
PNM Indonesia/Philippines

FROM: Andy Rutherford <arutherford@oneworldaction.org>
 DATE: Wed, 23 Jun 2004 12:35:13 +0100
 TO: <phmsec@touchtelindia.net>
 SUBJECT: Funding possibilities in Sri Lanka

Dear Ravi

We have a new fundraiser who I met yesterday for the first time. She was very interested in the PHM and felt that this contact in Sri Lanka could be very helpful for Tissa and others to raise some funds for PHM Sri Lanka and to be able to take part in PHM activities outside.

http://www.stromme.no/./index.asp?title=Stromme+Foundation&aid=10003&path_by_id=/10001/10003/&tid=10003

Best wishes

Andy Rutherford
 Head of International Partnerships
 One World Action

Bradley's Close
 White Lion Street
 London N1 9PF

Tel 44-20-7833-4075 or (020) 7833 4075
 Fax 44-20-7833-4102 or (020) 7833 4102

www.oneworldaction.org

direct email <arutherford@oneworldaction.org>

RN
 26/6

Forward to
 → Ren John
 → Belc-HAI-AP

Main Identity

From: "Prasanna - PHM Communications" <prasanna@phmovement.org>
 To: "Dr Prem Chandran John" <prem_john@vsnl.net>
 Sent: Monday, June 28, 2004 6:00 PM
 Subject: from Ravi

Dear Prem,

Greetings from PHM Secretariat (Global)!

Further to the hurried note to all of you about some finance related documents, this is just to request you to follow up on the following during you're your Sri Lanka visit.

1. Inform Bala, Vinya, Tissa about Andy's email about some source of funds for Sri Lanka (Stromme Foundation).
2. Find out from Dr. Bala whether he got reply from WHO - CMH unit about this concerns about the reporting of Colombo.
3. HAI should seriously start thinking of campaigns / strategies to be reported at PHA - II, which will then mean some processes at regional level before then.
4. There are some Bangkok related matters, which we can discuss when you return to Madras on 1st. Call me. Please visit Tissa and congratulate him again on PHM's behalf. I had sent a letter to him earlier. Ask him whether he would be available to attend an interministerial meeting and policy discussions in Malaysia (in September) and in Mexico (in November). PHM is part of the advisory committee of this process and we have now managed to get his name into WHO's list of invitees.

Best wishes

Ravi

PS: About the secretariat, I have delayed the notice about the shift, which will go out this week. All Maria needed to do was to write to me ^{to subject} herself to disappointments and frustrations!!

People's Health Movement Secretariat(global)

CHC-Bangalore

#367 "Srinivasa Nilaya"

Jakkandra 1st Main, I Block Koramanga

Bangalore-560034, India

Tel: +91 80 51280009 (direct) Fax: +91 80 25525372

Website: www.phmovement.org

Join the "Health for all, NOW" campaign in the 25th anniversary year of the Alma Ata declaration visit

www.TheMillionSignatureCampaign.org

PHM-ACHAN/HAI

RW
30/6

28/06/04

PHM-Secretariat

From: "K Bala" <kbala12@yahoo.com>
To: <PHM_Steering_Group_02-03@yahoogroups.com>
Sent: Monday, August 16, 2004 12:06 PM
Subject: Re: [PHM_Steering_Group_02-03] US Holiday

Dear Dr. Ekbal,
I returned to office today. We need to follow up and
revive ERDU. Let us keep in touch. Best wishes, Bala

--- ekbal@vsnl.com wrote:

> Dear Dr. Bala,
> Are you still in US? When are reaching back Colombo?
> Ekbal

Rm

12/16

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: "bala" <bala@haiap.org>
Cc: "Dr Prem Chandran John" <prem_john@vsnl.net>; <gk@citechco.net>; <ekbal@vsnl.com>
Sent: Tuesday, August 17, 2004 12:37 PM
Subject: Re: [PHM_Steering_Group_02-03] ERDU

Dear Bala

Greetings from PHM Secretariat (Global)!

What's ERDU? Intrigued! Hope its a project that will support PHM and link into PHA - II and GHW!!! You have not replied to my queries about CI representation and Samuel Ochieng as yet!! Also await your reflection on the Boston Social Forum. Have you written about the MDGs? If travel grant was available would you join us at the next GFHR Forum 8 (16th 21st November) is a session called 'Beyond MDGs -to be organized by PHM and COHRED (on 19th November 2004). If not could you send us some reflections?

Best wishes

Ravi Narayan

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

From: <ekbal@vsnl.com>

To: <PHM_Steering_Group_02-03@yahooogroups.com>

PHM-HAI-AP

RN
18/8/04

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: "bala" <bala@haiap.org>
Sent: Friday, August 20, 2004 3:37 PM
Subject: Re: [PHM_Steering_Group_02-03] ERDU

Dear Bala,

Greetings from PHM Secretariat (Global)!

Thanks for your detailed response to my recent mail.

1. Would you like us to explore the possibility of St. John's Medical College in Bangalore, hosting the ERDU event in South India? Its our old college and the new Dean is an old friend, a year senior to me and there are many RDU enthusiasts who work with CHC on this theme. They are also very very strong on ethics and our Rajiv Gandhi University of Health Science (RGUHS) is the only Health University, which under pressure from CHC, introduced both Ethics and RDU into the curriculum. When do you want to hold it? We could link it to a PHA II mobilization effort as well.
2. While CI London was not very positive earlier, now with Samuel as VP, we may get them more involved. It need not be instead of CI-ROAP, but getting Africa better represented through a CI connection (since we are so strong on Asia) is an added advantage.
3. I need Sothi's email contact to follow up on your suggestion. I met him at the planning meeting in Dhaka.
4. More details about the Asian workshop on WTO / TRIPS / Public Health in collaboration with TWN will help us to make more PHM linkages in the region. Will Prem and or Delen be attending? Both have offered to mobilize for PHA II in South East Asia. This could be an opportunity.
5. Sorry, we can't get you for GFHR. Will send you papers for these events.
6. Lancet will soon carry a paper by the WHO Task Force on Health Systems Research (David and I were on it and did our best to push in some PHM perspectives in the main paper. However, it was packed by academics from mainstream and we could not get in as much as we wanted).
7. Now Lancet has agreed to a PHM commentary, which David, Dave, Fran, Thelma, David Legge have just put together. It will feature in the same issue. So we are beginning to be taken seriously by the mainstream journals as well.

Best wishes

Ravi Narayan

PHM-HAI-AD

RN
23/8/04

PHM-Secretariat

From: "bala" <bala@haiap.org>
To: "PHM-Secretariat" <secretariat@phmovement.org>
Cc: "Ekbal Prof." <ekbal@vsnl.com>
Sent: Thursday, August 19, 2004 10:04 AM
Subject: Re: [PHM_Steering_Group_02-03] ERDU

Dear Ravi,

It was a mix up of e-mail addresses. I responded to Prof Ekbal when he inquired about ERDU not realizing it was on a wider network. Apologies.

ERDU is the acronym for Educators for Rational Drug Use, set up by HAIAP in 1988 in Manila following an Regional Consultation on Undergraduate Medical and Pharmacy Education.

You may remember Delen went to Yog Jakarta to speak to medical educators on PHM. Well, the meeting in Yog Jakarta was in fact an ERDU meeting. PHM has such a multisectoral dimension that any health or pharmaceutical related issue can always be linked to PHM.

The immediate cause for that message to Prof Ekbal was to plan for an ERDU event in 2005 for the South and South - East Asian Region probably in a medical school in South India (to reduce cost of 5 star hotels).

Regarding CI, the head office in London was never in favour of extending support to PHA. I was given permission to volunteer my services and host the Secretariat as long as I was in CI. Dr Sothi the Regional Director was very supportive of PHA and PHM. He nominated Carmelita to represent him. In my opinion, she did very good work. She has now left CI and gone to Philippines. She continues to be an associate member of HAIAP.

I suggest that you write a letter to Dr Sothi (if you had not already not done) with the following points.

1. CIROAP was a founder member of PHA I and PHM.
2. CIROAP hosted the PHA Secretariat from October 1988 - July 2000.
3. Allowed two CI staff members (K Balasubramaniam and Kiran) to volunteer services to PHA I and PHM.
4. Provided bridge financing to the PHA Secretariat in Penang to convene Planning Meetings in preparation for PHA I.
5. Dr Sothi, personally participated in the Planning Meeting for PHA convened in Darka.

In view of the very close associates believe CIROAP and the PHM, the Steering Group wishes to invite CIROAP to become a partner in the PHM and nominate a staff member to the Steering Group.

CIROAP is a large and credible membership organization in the Asia - Pacific. We should get CIROAP to join us.

You should initiate a diplomatic offensive. But take care to leave me out. HAIAP getting out of CIROAP has weakened its image in the region. He was not happy when I left CIROAP.

Samuel Ochieng - Sorry I am unable to recall the details. Shall go through

③ I need Sothi's email contact to follow up on your ~~discovery~~ PHM suggestion I met him at the Planning meeting in Dhaka.

⑥ Now Lancel has agreed to e PHM commentary which I had Done, Fran, Thelma, Dend Legge has just put together. It will feature in the same issue
Best wishes
Ravi

⑤ Sorry we can't get you for GPHR. will send you papers for these events. Lancel will send you paper by the way of 2 pages form a Health systems Research (Dend and I were on it and did our best to push in some PHM perspectives in the main paper. However it was picked by academics from the members

④ More details about the Asian workshop on WTO TRIPS/ Public Health in Collaboration with TWN will help us to make more PHM linkages in the region. Will Ben and or Delen be attending? Both have offered to mobilise for PHA-II in SE Asia. This could be an opportunity.

Dear Bala

Thanks for your detailed response to my recent mail.

① Would you like us to explore the possibility of St John's Medical College Bangalore hosting the ERDU event in South India? It's our old college and the new Dean is an old friend, a year senior to me and there are many RDU enthusiasts who work with CHC on this theme. They are also very very strong on ethics. And our RGUHS (Rajiv Gandhi University of Health Sciences) is the only Health university which under pressure from CHC introduced both Ethics and RDU into the curriculum. When do you want to hold it? We could link it to a PHA-II mobilization effort as well

② While CI London was not earlier - now very positive with Samuel as VP we may get Ken mae involved. It need not be instead of CIROAP but getting Africc better represented through a CI connection (since we are so strong on this as needed advocate..)

19/8/04
8/19/04
Page 2 of 2

always clear of discussion only
evolving e-cards from PHM Secretariat perspective it is not very clear of discussion only
K.S. I think HAIAP, TWN CIROAP should be reflecting on how they can improve and include PHM in their own end workshops. If they are doing it already but from PHM Secretariat perspective it is not very clear of discussion only
perhaps his issue of clarity applies to IPHC, WENR and ACHAN as well. Its being raised as a matter of discussion only
when r how
PM
19/8/04

our communication and come back to you.

BSF - This was an extremely radical left wing anti Bush event. Both Sarah and Lammy said they will send you a formal report of the proceeding.

I have not written about MDG's. I do not have anything to write about. I regret it will not be possible for me to participate in GFHR Forum in November. This certainly looks very interesting. We have planned an Asian Workshop on WTO/TRIPS/Public Health - in collaboration with TWN in November 2004 in Malaysia.

I shall very much appreciate if you can arrange to mail (hard copies if possible) the relevant papers for these events. I shall try to mail you some of my reflections.

Best wishes,

Bala

8/19/04

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: <robertolopez@aislac.org>; <mebrat@haiafrica.org>; <marg@haiweb.org>
Sent: Friday, August 27, 2004 2:58 PM
Attach: Letter to HAI Coordinators.doc
Subject: Invitation from PHM Secretariat

DGS

Separate file

~~PHM/HAI~~

[Handwritten signature]

[Handwritten signature]

PHM CI

Send one of each to Belc as well.

Belc/Rem



People's Health Movement

Global Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala, Bangalore - 560 034 India. Tel.: 91-80-5128 0009 / Telefax: 91-80 2552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

Networks

- Asian Community Health Action Network (ACHAN)
- Consumers International-Regional Office for Asia and the Pacific (CIROAP)
- Dag Hammarskjöld Foundation (DHF)
- Gonoshasthaya Kendra, (GK)
- Health Action International (HAI) - Asia-Pacific - HAIAP
- International People's Health Council (IPHC)
- Third World Network (TWN)
- Women's Global Network for Reproductive Rights

Regions

- Central America, Mexico and Caribbean
- China
- East and Central Africa
- Europe
- India
- Middle East and North Africa
- North America
- Pacific, Australia and New Zealand
- South Asia (excl. India)
- South America
- South East Asia (excl. China)
- Southern Africa
- West Africa

Past Coordinator

Qasem Chowdhury,
GK, Savar, Bangladesh

Present Coordinator

Ravi Narayan,
CHC, Bangalore, India

To

Roberto Lopez, Coordinator, HAI, Latin America
Mebrat, Coordinator, HAI Africa
Margaret Ewen, Coordinator, HAI, Europe

Dear Friends,

Greetings from PHM Secretariat (Global)!

This is a special invitation to all of you to re-establish or strengthen links with PHM, especially as we begin our next mobilization for:

- The Second People's Health Assembly at Cuenca, Ecuador from 18th to 23rd July 2005
- The First Global Health Watch Report (Alternative World Health report), May 2005.

As you all know PHM recognizes the contribution of CI and HAI and all their regional networks in keeping up the Health for All dream and joining us in so many ways in making the first People's Health Assembly in GK, Savar, Bangladesh 2000 possible.

Many of our PHM members are already actively in touch with many of you, but this invitation from the secretariat is to strengthen our relationship even more.

- a. Please get in touch with our regional PHM coordinator to begin to work together on areas of common concern. The PHM website (www.phmovement.org) gives our region and country contact point.
- b. We invite you all to consider how you can all link up and support these two major initiatives - i.e., Second People's Health Assembly and Global Health Watch Report. Please visit our PHM website for further details. We would like to include your concerns as well
- c. We request you to keep us involved in all your national, regional, international initiatives so that our own national, regional focal points can join you in common initiatives and the mobilization for both PHA II and GHW I can be strengthened in your region.

PHM Resource Centre: Gonoshasthaya Kendra, Nayarat, Dhaka - 1344, Bangladesh
Tel: 880-2-770 83 16, 770 83 35-6; Fax: 880-2-770 83 17; e-mail: gksavar@cittechco.net

Secretariat Support Group: Website: Andrew Chetley, UK - chetley.a@healthlink.org.uk;

PHM Exchange: Claudio Schuffan, Vietnam- aviva@netnam.vn;

PHM Media: Unnikrishnan, India - unnikru@yahoo.com, Satya sivaraman, Thailand-satyasagar@yahoo.com

Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org



People's Health Movement

PHM Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala,
Bangalore - 560 034 India. Tel.: 91-80-5128 009 / Telefax: 91-80-552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

-2-

- d. You will be glad to know that to maintain this historic link with all your networks, PHM has two steering group posts allotted for representation by HAI and CI members. Presently HAI - AP, represented by Dr. Balasubramaniam, is a member of the steering group and till recently Carmelita Cania - CIROAP, was also a member. With her resignation from CIROAP, we have now considered inviting Samuel Ochieng of CI- Africa to join the steering group, so that Africa as a region can have a stronger representation. Samuel has very kindly agreed to join the PHA II International Organizing Committee as well and help for mobilizing a stronger and larger presence in PHA II from the African continent. You can also keep in touch with PHM through these members of your network.

Looking forward to a phase of collective action in solidarity towards health for All. An acknowledgement would be greatly appreciated.

Best wishes

Ravi Narayan
Coordinator
PHM Global Secretariat
Bangalore
India

PHM Resource Centre: Gonoshasthaya Kendra, Nayarhat, Dhaka - 1344, Bangladesh
Tel: 880-2-770 83 16, 770 83 35-6; Fax: 880-2-770 83 17; e-mail: gksavar@citechco.net

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Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org

PHM-Secretariat

From: "bala" <bala@haiap.org>
To: "PHM-Secretariat" <secretariat@phmovement.org>
Sent: Monday, August 23, 2004 11:22 AM
Subject: Various matters

Dear Ravi,

1. Thanks for exploring possibility of your old and well known medical school to host the ERDU. Looking back my first contact with you was my invitation to you to participate in the 1988 Regional Consultation on Undergraduate Medical Education in Manila when ERDU was set up. We have now come one full circle with you offering your assistance for the next ERDU meeting.

We need to contact network partners of ERDU for their views. Shall convey them your kind offer. It will be convened in the last quarter of 2005 long after PHA II.

2. PHM should get all CI regional Offices to join the PHM. I am sure Maria would have informed CI Latin America - Director Jose Vargas e-mail: vargasmello@consint.cl regarding PHA II, Regional office for Africa - e-mail: roaf@harare.iafrica.com Asia Pacific - Sothi E-mail Address: sothi@circap.org

3. We should also invite Roberto Lopez robertolopez@aislac.org Coordinator - HAI Latin America and Mebrat, mebrat@haiafrica.org Coordinator HAI Africa, if they have not been already contacted and Margaret Ewen, marg@haiweb.org Coordinator HAI Europe.

4. The WTO/TRIPS Training Workshop is tentatively scheduled for November 2005 and is a follow up of the Regional Consultation in Colombo April 2003. The participants will be officials of Ministries of Health and International Trade and health activist working on TRIPS Agreement and Access to Drugs. I shall keep you informed.

5. Good to know that PHM is getting into mainstream journals, perhaps long overdue! Congratulations.

6. Look forward to papers related to GFHR.

Best wishes,

Bala

25/8/04

Dear CI/HAI Friends
Greetings from the
PHM Global Secretariat.
This is a special
invitation to all of you
to re-establish or
strengthen links with
PHM especially as
we begin our next
mobilisation for
a) The Second Peoples
Health Assembly
of Cuernavaca Ecuador
18-23 July 2005
b) The First Global Health
watch report (Allentown
World Health report
May 2005)

Important
for follow up

As you all know PHM
recognises the
contribution of CI and
HAI and all their
regional networks in
keeping up the Health
for All dream and
joining us in so many
ways in making the
first Peoples Health
Assembly in GK Sever
Bensteadish - Dec 2005 possible

EM
24/8/04
23/8/04

PHM - HAI AP
1

Main Identity

From: PHM Secretariat <secretariat@phmovement.org>
 To: bala <bala@haia.p.org>; <gk@citechco.net>; <prem_john@vsnl.net>; <gksavar@citechco.net>
 Sent: Monday, April 05, 2004 5:29 PM
 Subject: Re: CI Representation on PHM Steering Group

Dear Bala, Zafrullah, Prem, Casem and friends

Greetings from PHM Secretariat (Global)

At the WHA this year, there was better liaison of PHM members with CI, HAI and IBFAN and I believe that by next year, this could become even stronger if Zafrullah and some of you took even more initiative. Many of them came to our meetings and many of us went to their meetings. We must now take these links further through supporting / endorsing each other's initiatives and events. My letter to them is enclosed.

- a. There is a new development and I need your endorsement before taking further action.

Carmelita was representing CI - ROAP on the steering group, but since she resigned and left for Malaysia, this position is vacant. I had planned to write to Satchi Rachagan for a replacement but have not yet done so.

- b. Samuel Ochieng of CIN Kenya has recently been made the CI - Secretary. We all know him in many ways and more recently he is now part of the GPPI study, coordinated by Jose Utrera as well. It would be a good idea to invite him to be a member of CI on our steering group. Being from Africa and with access to some resources and network support, he could strengthen the African context of our movement and the representation on the steering group.

I could write to CI - London suggesting that we could like to invite Samuel, especially because we want to strengthen African representation.

- c. Already Samuel has agreed to help with PHA - II organizing committee as well. We did get him, Mwajuma, Eva and others together to discuss a larger African advisory network to strengthen African mobilization.
- d. I shall write to CI / Samuel after I hear from you all. Since you all have longer links with many of these networks, perhaps you have other insights as well. Do send me your endorsement or suggestions. While I still don't know the CI London people too well, my rapport with many of those who came to WHA has been very good.

A more detailed report of WHA follow.

Best wishes

Ravi Narayan
 Coordinator, People's Health Movement Secretariat(global)
 CHC-Bangalore

PHM-CI
 Steering Group
 endorsement

RN
 1/16/04

Dear Bala, Zafrullah, Prem, Qasem and friends

Greetings from PDM Secretariat (Global)!

At the WHA this year, there was ~~the~~ ^{better} liaison of PDM members with CI, HAI and IBFAN and I believe that by next year, this could become even stronger if Zafrullah and some of you took even more initiative. Many of them came to our meetings and many of us went to their meetings. We must now take these links further through supporting / endorsing each other's initiatives and events. My letter to them is enclosed.

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
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A more detailed report of WHA follow.

Best wishes


Ravi Narayan

PHM-Secretariat

From: "PHM-Secretariat" <secretariat@phmovement.org>
To: <vargasniello@consint.cl>; <roaf@harare.iafrica.com>; <sothi@ciroap.org>
Sent: Friday, August 27, 2004 2:56 PM
Attach: Letter to CI Coordinators.doc
Subject: Invitation from PHM Secretariat

8/27/04



People's Health Movement

Global Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala,
Bangalore - 560 034 India. Tel.: 91-80-5128 0009 / Telefax: 91-80-2552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

Networks

- Asian Community Health Action Network (ACHAN)
- Consumers International-Regional Office for Asia and the Pacific (CIROAP)
- Dag Hammarskjöld Foundation (DHF)
- Gonoshasthaya Kendra, (GK)
- Health Action International (HAI) - Asia-Pacific - HAIAP
- International People's Health Council (IPHC)
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- South America
- South East Asia (excl. China)
- Southern Africa
- West Africa

Fast Coordinator

Qasem Chowdhury,
GK, Savar, Bangladesh

Present Coordinator

Ravi Narayan,
CHC, Bangalore, India

To

Mr. Jose Vargas, CI Director, Latin America
Mr. Sothi Rachagan, CI Director, Asia Pacific
Director, CI, Africa

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PHM Media: Unnikrishnan, India - unnikru@yahoo.com, Satya sivaraman, Thailand - satyasagar@yahoo.com

Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org



People's Health Movement

PHM Secretariat: CHC, # 367, Jakkasandra 1st Main, 1st Block, Koramangala, Bangalore - 560 034 India. Tel.: 91-80-5128 009 / Telefax: 91-80-552 53 72
E-mail: secretariat@phmovement.org Website: <http://www.phmovement.org>

-2-

- d. You will be glad to know that to maintain this historic link with all your networks, PHM has two steering group posts allotted for representation by HAI and CI members. Presently HAI – AP, represented by Dr. Balasubramaniam, is a member of the steering group and till recently Carmelita Canila – CIROAP, was also a member. With her resignation from CIROAP, we have now considered inviting Samuel Ochieng of CI- Africa contact to join the steering group, so that Africa as a region can have a stronger representation. Samuel has very kindly agreed to join the PHA II International Organizing Committee as well and help for mobilizing a stronger and larger presence in PHA II from the African continent. You can also keep in touch with PHM through these members linked to of your networks.

Looking forward to a phase of collective action in solidarity towards health for All. An acknowledgement would be greatly appreciated.

Best wishes

Ravi Narayan
Coordinator
PHM Global Secretariat
Bangalore
India

PS: Please keep the PHM Secretariat (secretariat@phmovement.org) on your mailing list for publications, educational materials reports. You can also send us information for the PHM website (mark to communication@phmovement.org) and send short papers, events, reports, reflection, appeal on the PHM e-group Exchange (pha-exchange@lists.kabissa.org)

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Tel: 880-2-770 83 16, 770 83 35-6; Fax: 880-2-770 83 17; e-mail: gksavar@citechco.net

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PHM Media: Unnikrishnan, India -unnikru@yahoo.com, Satya sivaraman, Thailand-satyasagar@yahoo.com
Projects / Finances: Andy Rutherford, UK - arutherford@oneworldaction.org

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: Samuel Oching <cin@insightkenya.com>
Sent: Thursday, November 04, 2004 12:23 PM
Attach: Letter to CI Coordinators.doc; Letter to HAI Coordinators.doc
Subject: Letters to CI and HAI Offices

Dear Sam, Samuel

Greetings from PHM Secretariat (Global)

I am forwarding two letters that were already sent to the CI regional offices and HAI regional offices a few weeks ago at the request of Dr. Bala and Dr. Prem John of HAI - AP. We had also mentioned in this letter about your joining PHA 2 IOC and also being a potential member of PHM steering group on behalf of CI internationally. There was no response from any of them surprisingly. So I await your response and Julian's email for the next step as early as possible.

I look forward to getting your reply to the other matters raised in my letter to you, dated 3rd November 2004.

Best wishes

Ravi Narayan

PHM-Secretariat

From: <prem_john@vsnl.net>
To: <secretariat@phmovement.org>
Sent: Friday, October 08, 2004 4:33 PM

My dear Ravi,

Within the next two days write to Julian Edwards, Director general, HAI in London
say
that CI was a close friend and supporter through PHA 1
Carmelita was good etc..
After she left we have not had any rep. from CI
Will he please nominate someone?
Samuel Ochieng contributed a lot and he is from Africa.
He may nominate Samuel or any one else egc'.

Prem

Dear Mr Julian Edwards
Greetings from the
PHM Global Secretariat.

Ravi
11/10/04

PHM - CI

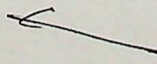
Ravi
11/10/04

I look forward to
getting your reply to
the other matters
raised in my letter
to you of 3/11/04

Best wishes
Ravi.

Dear Samuel

I am forwarding
two letters that were
directly sent to the CI
regional offices and HAI
regional offices a few weeks
ago at the request of
Dr Belo of ~~HAI-AP~~ and Dr
Ben John of HAI-AP
We had also mentioned
about your joining PHA2
102 and also being a
potential member of
PHM steering group on
behalf of CI internationally
So I await your
response and Julian's
email for the next step
etc.p.



10/11/04

PHM - Secretariat

From: "PHM - Secretariat" <secretariat@phmovement.org>
To: "bala" <bala@naiap.org>
Sent: Tuesday, November 09, 2004 1:57 PM
Subject: Re: Interpretation of PHA2

Dear Bala

Greetings from PHM Secretariat (Global)

None of the regional director of CI or HAI even acknowledged the mail. Could you send it to them, nudging them to respond? I am re-sending it just in case it was a email problem. I have written to Samuel also, but no reply!

When the CI representative is finally selected, we can change CIROAP to which ever region (CI - Africa perhaps), is represented. For the time being, it is okay to have CIROAP, since they were all recently the main link.

Best wishes

Ravi

PHM-CI | HAI

Ravi
10/11/04

PHM - Secretariat

From: "bala" <bala@halap.org>
 To: Ravi Narayan <ravi@phmovement.org>, "PHM Secretariat" <secretariat@phmovement.org>
 Cc: "Prem Chandran John" <hariprem@eth.net>
 Sent: Monday, November 08, 2004 1:58 PM
 Subject: Fw: Invitation to CI

Dear Ravi,

Did you hear from the Regional Directors - CI to your invitation. I note that CIROAP is one of the founder networks. This is in the letter head. Is CIROAP yet a network partner? If not we need to change our letter head.

Best wishes,

Dr Bala

9/11/04

Dear Bala

None of the regional director of CI or HAI even acknowledged the mail. Could you send it to them nudging them to respond. ~~as~~ I am resending it just in case it was a email problem. I have written to Samuel also but no reply. !!!
 When the CI representative is finally selected we can change CIROAP to which ever region (CI Africa perhaps) is represented. For the time being it is okay to have CIROAP since they were still recently the main link.

Best wishes

Ran.

PHM - Secretariat

From: PHM - Secretariat <secretariat@phmovement.org>
To: 'Gala' <gala@haip.org>
Cc: 'Dr Prem Chandran John' <prem_john@vsnl.net>
Sent: Wednesday, November 10, 2004 2:19 PM
Subject: Re: PHM Steering Group

Dear Gala

Cordials from PHM Secretariat (Global)

What is Julian Edgar's email? Also Samuel agreed to be on the PHM 2 IOC and attended the Ecuador meeting. However, his okay to join the PHM Steering group after an informal discussion with me in Geneva (WHA 2004) was dependent on our letter to CI, inviting CI / him to be part of the steering group. I wrote to him again last week, but no reply. He and Prem were to send me Julian's email. Still not received. Since Prem is in London, I wish he could visit India and discuss things over informally. It always helps.

Best wishes

Ravi Narayan

.....

PHM-CI | HAI

RN
30/11/04

PHM - Secretariat

From: "bala" <bala@halap.org>
To: "PHM Secretariat" <secretariat@phmovement.org>
Sent: Wednesday, November 10, 2004 9:00 AM
Subject: Re: PHM Steering Group

Dear Ravi,

I do not see any reason to keep GIROAP on the list of Networks. After Carmelita left there had been no communication from KL.

I suggest that we should mail to Regional Director to let us know whether GIROAP wishes to maintain its link to PHM. Please send that on the letter head which carries the list of networks and copy it to Julian Edwards, Director General, CI London and Mariena Lazzarini, President CI (mlazzarini@idec.org.br)

From your earlier messages, I got the idea that Samuel Goheng had already agreed to join PHM.

Best wishes

Bala

10/11/04

Dear Bala

What is Julian Edwards email? Also Samuel agreed to be on the PHA2102 and attended the Ecuador meeting. However his okay to join the PHM steering group after an informal discussion with me ^{in Geneva (WHA 2004)} was dependent on our letter to CI, asking CI to ~~ask~~ him to be part of the steering group. I wrote to him again last week but no reply. He ^{and} Prem were to send me Julian's email.

Ravi
7/11/04

PHM - SG Prem is in London & wish he still not received. Since Best wishes could

Ravi
with Julian and discuss things over informally. It always helps.

cc: Prem.

11/10/04

Main Identity

From: "Bala" <bala@haiap.org>
 To: "PHM - Secretariat" <secretariat@phmovement.org>
 Cc: "Prem Chandran John" <prem_john@vsnl.net>; "Unnikrishnan P V" <unnikru@yahoo.com>
 Sent: Monday, August 01, 2005 3:04 PM
 Subject: Re: Very disappointed - reply

Dear Ravi.

Thanks. I did not check the website because I am so used to getting all PHM Secretariat mails on my yahoo mail. I met Mira in New Delhi and she briefed me on the PHA II. We shall give time for participants to rest and relax before we plan the future of our movement.

Best wishes.

Bala

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

From: "PHM - Secretariat" <secretariat@phmovement.org>
 To: "Bala" <bala@haiap.org>
 Cc: "Dr Prem Chandran John" <prem_john@vsnl.net>; "Dr Unnikrishnan P.V." <unnikru@yahoo.com>
 Sent: Friday, July 29, 2005 2:40 AM
 Subject: Re: Very disappointed - reply

- > Dear Bala.
- > I am surprised that you did not check out the website because if I am
- > right
- > all the daily news releases / briefs were uploaded as they were released.
- > It was an exciting, exhausting and exhilarating experience in the Latino
- > spirit and context - with of course many movement related disappointments
- > as
- > well and the transition is still very unclear. Perhaps as we all recover
- > over the next few weeks, you will get reports with more details and some
- > clarity. We missed your calm wisdom and clarity of purpose. Andy
- > Rutherford's absence was also greatly felt. Both of you would have added
- > clarity especially to the transition process. We have grown in maturity
- > outreach but also in inter and intra regional intrigues!
- > The visa problem for Sri Lankans and Pakistanis created a South Asian
- > vacuum
- > even though Nepali's and Bangladeshis made it.
- > Best wishes.
- > Ravi Narayan
- >
- > Coordinator
- > PHM Secretariat (Global)
- > c/o CHC
- > No. 359 (old No. 367)
- > Srinivasa Nilaya, Jakkasandra 1st Main

PHM-HAIAP

Ravi
2/8/05

8/1/05

Main Identity

From: "Bala" <bala@haiap.org>
To: "PHM Secretariat" <secretariat@phmovement.org>; "Maria Hamlin Zuniga" <iphc@cisas.org ni>;
"Unnikrishnan P V" <unnikru@yahoo.com>; "Prem Chandran John" <hariprem@eth.net>; "Mira
Shiva" <mirashiva@yahoo.com>; "Claudio" <claudio@hcmc.netnam.vn>
Sent: Tuesday, July 26, 2005 3:55 PM
Subject: Very disappointed

Dear all,

I was eagerly waiting to receive daily press-releases from Unni describing the great event. Unfortunately until today I have got no feed back from any. It is very saddening to me that I am completely in the dark.

I shall meet Mira in New Delhi on 30th to get the feedback.

Best wishes,

Bala

SSP/NS
Please forward
all the materials
to him which
you can email
at the earliest

Dr K Balasubramaniam
Advisor and Coordinator
Health Action International Asia - Pacific
5, Level 2, Frankfurt Place
Colombo 4
Tel: (94 11) 2554353
Fax: (94 11) 2554570
E-mail: bala@haiap.org

(D)

Dear Bala

I am surprised that you did not check out the website because if I am right all the daily news releases/briefs were uploaded as they were released. It was an exciting, exhausting and exhilarating experience in the Latino spirit and context - with of course many movement related disappointments as well and the transition is still very unclear. Perhaps as we all recover over the next few weeks you will get reports with more details and some clarity. We missed your calm wisdom and

Best wishes
Prem,
cc Prem, Unni
Post on
21/7/05

clarity of purpose.
Andy Rutherford's absence was also greatly missed. Both of you would have added clarity especially to the transition process we have grown in maturity outreach but also in inter and intra regional intrigues!
The rise problem for Sri Lankans and Pakistanis created a South Asian vacuum even though Neel's and Bangladeshis made it.

Main Identity

From: "Bala" <bala@haiap.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Wednesday, November 09, 2005 8:41 AM
Subject: Re: WHO-GPW (2006-2015) Review Meeting

Dear Ravi,

I am surprised that you are scheduled for an angiogram when the treadmill showed that there was no obstruction to the coronary circulation. I strongly advise a second opinion.

Lipid profile is not satisfactory. But this can be easily controlled with lifestyle changes and drugs if necessary.

God bless you,

Bala

9/11/05

Dear Bala

You misunderstood my letter. The treadmill showed ischaemic changes and had to be stopped due to chest pain and discomfort early. Being a preventive medicine professor I have managed so far but the combination of stress and Family history has produced inevitable changes. However I do plan to focus on lifestyle changes and drugs and that was the primary reason, while I have insisted on handing over coordination to Ravi.

It was a mistake = it was positive not negative! and reduction is more than help the performance since the last test.

Thanks for the concern and prayers

Best wishes

Ravi

Ravi
9/11/05
negative!

PHM-HAIAP

Ravi
15/11/05

Main Identity

From: "Bala" <bala@halep.org>
To: "PHM - Secretariat" <secretariat@phmovement.org>
Sent: Tuesday, November 08, 2005 8:15 AM
Subject: Re: WHO-GPW (2006-2015) Review Meeting

Dear Ravi,

We trust and pray that your treadmill test will reveal a healthy heart. Please keep us informed.

Best wishes,

Bala

8/11/05

Dear Bala

Thanks for the prayers. The treadmill was negative and I am scheduled for an angiogram next week. Unkindeley its a reminder for some altitudinal and life style changes vis a no work and life! My cholesterol/Ldl is also high - one cannot ignore high risk family history. But overall I am okay and will remain so. Best wishes

Ravi ✓
8/11/05
بالتوفيق