Pape ! nf 9

PHM Secretariat

To: Mans Hamin Zuniga kipho@cabianet.com.ni>
To: PHM Secretariat konmseo@touchteindia netCo: 4RTURO CUIZHPE kaguizhpe@yahoo.com>

Sent: Thursday July 10, 2003 8,47 PM
Attach: IPHC report from Ani Wilhbay doc. Breves de Latingamenca FINIAL doc; Final Latin American

Briefs Vigoo

Subject RAVI and PRASANINA

Dear Ravi and Prasanna,

Recently I have received the following communications from you for the Steering Group 24 June, 27 June,

0 June for Funding Group only 4 July

I have a proposal regarding the answering of all the questions that you are posing.

I think your effort is tremendous, but you must give us sufficient time to try and answer everything. Most people in the PHM are full time workers and have many responsabilities to carry out.

We have serious limitations in that my colleagues in Central America do NOT understand English. We cannot expect Hugo to have all this translated as that is impossible. So Hugo and I have agreed to do some work together on these questionaires when I am in Guatemala for a series of meetings. We are celebrating the 25th Anniversary of ASECSA, the Guatemalan Association of Community Health Programs next week. Margarita will also be there and we will be working on the annual plan of the Regional Committee for the Promotion of Community Health. All of this is related to both the IPHC work and the PHM work in our region.

I am copying this to Arturo as I am sure he is also overloaded. My proposal is that between Arturo, Hugo and myself, with the help of Margarita we respond to these questions as we DO work as a region. Arturo and Margarita are both focal persons for IPHC and we are also developing our plan for the year.

am very concerned that Brazil is NOT on the list as having a Country facilitator. Sr. Ani Wihbey has written to you about her work and if you check the Million Signature Campaign you will see results of her work. She was indispensable in the WSF process as one of the few persons who could speak Portuguese. I am sending you a report she has done for IPHC which in her case is PHM. Please take this into account and make it part of the Country contacts.

Brazil is larger than most of the countries in the world. Maybe it should even be considered a region onto itself.

With regard to the communication of the 26th of June I will send initial corrections on the Appendices in a separate message.

Several months ago we prepared a Briefing on our Latin American work. This was done in both English and Spanish and was sent to Nand for inclusion on the website. It was sent to him in May. It is not yet posted. So! am sending you both the documents we have prepared. They can be used for the News Brief and should eventually be posted on web site.

Another issue I want to raise is about the contribution of IPHC. Please understand that we have an extremely limited budget and under our current grant we have spent considerable resources for PHM related work. In fact there is often a confusion in terms of identity. Ravi. sometime we need to address this personally. Just please understand that we are limited and connot begin to cover all the PHM activities. We do not even have the faintest idea of how we can fund the PHA II. We must be much more active in discussing and resolving the financial problemas.

SSP-Please note and introduce unreductely as Country contact Brazil

PHM- IPHC

much more wood

In this region of Central America most of our long term community based programs in health are currently suffering from severe financial crisis. We are going to discuss this in the meeting in Guatemala. We do not think all groups will survive. European funders are phasing out in Latin America and US sources are almost impossible to access because of conditionalities. They are working actively against progressive SSP nove swivery
Lower he were groups and discrediting many of the leaders of these groups. My own collegue and cofounder of CISAS in Nicaragua is being attacked continuously by the right wing and there is an ugly campaign against her related to our positions on women's sexual and reproductive rights.

Therefore I delieve it is very important that our website and other communication means be developed fully in order that our PHMcan grow and flourish without having to be event driven all the time.

I will try to get back to you with our responses by the end of the month when I return from Guatemala and the meetings.

Arture, please advise me as to your comments about this present communication.

Best to all of you, Maria

Dear Moria

Thanks for your prompt and frenk response. We in the secretarist are always feeling endorsed reamined when senson PHM resource persons steering group members like you kee the collective decision making strategy we are kying vo fecilivere,.

i) Firstly do leve your kne aswering the quastions we really appreciate he collective decision making ethos is your region. Keepilup.

1) The suggestion about Sv Ami as Brazil contact has been envered isto the list. If you have one others is my of the other committees send those as well. Even if New one just convect points for the kne being and not elected ford points it is okay.

in) I misk he language publish is continuing to be a serious obstacle for cross regional and cross cultural ferVilization of ideas. I dream of a PHM websive that con alleast be strong in 3 languages - English French - Sperish or Porhyuese so that we can tonge the englophone Francophone and lakes American dende someday.

iv) Arruro has been in Vouch about the meetings in Cuerca in) Arruro has been in Vouch about the Men Unit Sollyccan

PHC/PHM ACTIVITIES - BRASIL SEPTEMBER15 to APRIL 17, 2003

Since December 2000 Pt IM has been on the move in Stasii, especially in Maranhao recognized as the process state in the country. The slow start gave birth to the movement which has mushroomed, reaching grassroots organizations in Rio de Janeiro, the interior of Centrus well as Santa Catarina, Mato Grosso and Rio Grande do Su!

Materials circulated during the past six months are as follows.

250 correspithe Charter

2006 comes of Voices.

3500 cross of the Global Campaign leaflet with insert of the Signature Campaign,

3500 corres of the Alma-Ala Declaration and

500 copies of the Declaration from the II International Forum for the Defense of Peoples Health. All materials are translated into Portuguese by PRIVI members who volunteer their services.

1000 copies of Reflections from the South have just been printed and many will be distributed in Geneva at the V.H.A. in May, 2006

We also distributed hundreds of copies of materials on FTAA (ALCA in Portuguese) and the Space Base in Alcaniara during marches and processs that we helped to organize and coordinate.

Workshops in Communities, with organized grassroots and Church groups have resulted in enforcement of the Churter, signing the Signature Compargo, participation in public process and marches for Peace. Itealth Rights and against Bush's invasion of Iraq. We have alreed the "Manager of Quality of Lite" (the Soite Secretary of Health) to our Movement and he "appears" open to in. With the new government of President Luia, popular movements are not under "suspicion" as formerly. "Thus we have much more hope for the growth of PHIV in Based as time goes on.

At the State Legislative Assembly, in a unique Public Addience, we were invited to speak on IPHC and the PHM, again with very positive results for signing the Campaign. We have a woman Legislator who limits supports us. With her Cabinet and facilitator personnel, we spent an entire morning in relating our history, objectives plans, etc. It was their dynamic questioning that kept us beyond the "half hour" initionally indicated.

THE CONTINENTAL ENCOUNTER ON ALCA (ITAA) IN QUITO, ECUADOR Late October, IPHC PHM Brasil participated in the Continental Encounter. There, our experience with the problems of the Space Launching Center in Alcantara was a contribution to the discussions and reflection on militarism in Latin America. Use of the Base by the USA military would give full domination to them over all of Latin America. It was enlightening for many to hear that our consistent protests and the 10,000 signatures of the Pieblasito forced the Brasilian Congress to post pone voting. Stimes, on the Accordingted by the USA and Brasilian governments for rental to the USA in April of 2000. The last putting it on hold was in late September when the Law Makers decided to wait until Laurary when a new government would be in authority.

To to even more pressure and the New President as well as the Ministers of Science and Technology and Loreign Ministry the second was completely removed from Congress.

2. H. Mass recar in this struggle for Health with the people in Alcantara since our return from Bang adesh in Dec. 2000.

Much of our material in Portuguese was distributed to Portuguese speaking participants. However many Spenish and English speaking groups asked for copies. Interest was quite evident whenever a presentation was made. In that way PHM was carried to many other countries.

While in Quite, we joined forces with our PHM memoris from Equador, marched together carrying our IPHC PHM flags with the logo and our cry against ALCA.(FTAA). It is always very rewarding to meet with militain memoris of PHM flom other countries. Here in Latin America we are linked by so many equal problems and efforts.

THE TWO FOR LMS IN PORTO ALEGRE, BRASIL

PEC FILM Brasil along with other members from Central America, Asia, Africa and Europe participated actively in the II linear tional Forum for the Defense Or Peoples Health. In this Forum, IFEC PILM played an important part as co-coordinators and the valuable testimonies given by several countries.

Brasil was responsible for 365 kilos of materials which included Tee-shirts that read Health for All NOW in three languages and the logo with IPHC and PHM on the front of the shirt. All of us were easily recognized as members of the same movement. We circulated thousands of Charters and other publications as mentioned above. Flags, cannot and other significant material was on display and used in the marches.

Results of the forum were listed in the Declaration of the Forum in Spanish and English and later translated into Portuguese in São Luis, Maranhão.

The World Social Forum (WSF) followed immediately, in which we coordinated 3 workshops and assisted in the workshop on Aleantara and the Quitombos.

Members of our Movement from Palestine were present and gave testimony of the cruelty imposed on from by the Israeli military. I was introduced to the Palestian Embussador from Pristilia which gave the opportunity to share with him that our PF(X) in Xuranhão had created a solid; ity committe e with the People of Palestine. He supports our movement and is willing to come to Maranhão as soon as we can organize the groups and place.

On return to home base, we lost no time in sharing the events of WSF and began preparing and coordinating along with a few other groups the Feb. 15 International Peace March. Ours included 4 stations (stops for reflection). PFIM was asked to give testimony at one of the stops on the movement and its impact the Peace Effort. Hundreds marched.

March and the first two weeks in April were full of invitations to shed ligh, on the International Movement and its activities of the local lever. We accepted all invitations and made presentations dynamically with the following large groups:

- te recent University (UFMA), Department of Nursing.
- The Worker Party PT. State group.

- Vida Ativa (GVA) 120 elders
- Legislativa Assembly Public Audience
- Radio Bulga, ora, i₂ hour mierview program.
- The Sisters of St. Faul. Pook Store panel,
- State tealth County

In each group, announcement of our 25th anniversary Campaign of the Alma-Ata-Declaration. Fleath for All drew much interest. Many signed the slips at the meetings. Second invitations have come from the Radio station asking to know more about the WILA in Bangaceah, from the GVA and the Sisters of St. Paul

The best part for me, is the work in the gressrouts communities. In Poço da Onça in the interior of Cours, the farmer folks have endorsed the Charter and moved into political action winning from their local political leaders electricity, water supply, transportation for their secondary students who need to traver to the nearest town for evening classes. These health victories have given them even more course to control politicals on the issues of ALCA and demand other health rights.

in Alcontare the situation is quite different with military domination over the people, in age is to result of the people having been illegally moved from their original beach at east, where fishing and farming nearly give them sufficient food. They were moved for the building of the Smoe Base and placed a few miles in and, still "military property", where the soil is not tende. Employment as a scarce and income for the elderly so little, young people prefer leaving. There is no secondary schools, health problems have increased and people in general are alraid of the military. He are no given other organizations have formed a Committee for the Defense of the array.

PLOT's man focus is on reducing fear and organizing for the cemand of Health rights.

Many have signed our Campaign fivers and are now regioning to organize for the program Forme Zero (Hanger zero)

The communities in the interior of the Island (São Luís) as well as youth groups in several parishes are participating in the movement, especially the Campaign against ALCA.

Austice. Peace and Health for all is like finding pieces for a complex puzzle. With our joint talents, energies and efforts we can sing. A new world is possible.

Blessings and health to all our militants with peace of heart and deeper love that will most orm natted into love.

PHM Secretariat prmsec@touchtelingia.net Maria Hamiin Zuniga <ipho@cablenet.com.ni>

Ca

Qasem Chowdhury, Dr. <gk@citechco.net>: Prem John <hariprem@eth.net>; Olle Nordberg-DHF-Sweden <olle nordberg@dhf.uu.se>; Maria Hamlin Zuniga-CISAS/IPHC-Nicaragua <iphc@cisas.org.ni>; Dr Prem Chandran John prem_john@vsnl.net>; Andy Rutherford

<aruthe ford@oneworldaction.org>, bala <bala@hatap.org>

Sent Thursday, June 12, 2003 3:02 PM

Subject: -unding

Dear Marie

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

I received the reimbursement sheet given to Unni. We have just finishing the compilation and will send it to Andy later this week. You can account it in IPHC as receivable.

I got the message from Theima but was awaiting the direct communication from you as well.

I am working on the log frame and will have the first level draft to send out to all of you next week for the period of April 2003 to March 2006. Canadian international Development Agency has shown interest in PHA - II. Other have evinced interest but once we have a clearer documentation of our needs - only than we can approach a wide range of potential donors.

4. A separate longer communication for two to the functing group as a post Geneva Communication.

In principle, however, I feel that IPHC should continue to include PHM inputs into their budgeting and we should use IPHC's good example as symbol and invite the other founding networks and organizations to do the some so that PHM is a coalition, not a new bureaucracy and can be supported by all of them without having to raise all the resources itself.

Best visites

Coordinator, People's Health Movement Secretariat(global)

CHC-Bangalore

R67 "Srinivasa Nijaya"

Jakkasandra 1st Main i Block Koramangala

Bangalore-560034

Join the Health for all, NCW" campaign in the 25th anniversally year of the Alma Ata deciaration visit www.TheMillionSignatureCampaign.org

PHM - IPHC

From: Maria Hamilin Züniga <-phc@cabienet.com.ni>
To: PHM Secretariat <-phmsec@touchtelindia.net>
Co: Andy Rutherford <-arutherford@oneworldaction.org>

Sent: Wednesday, June 11, 2003 12:00 PM

Subject: RAV

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

Dear Ravi.

Please advise me if you received the reimbursement sheet that I gave to Unning Geneva. He was to have passed it on to you. If so, has it been abmitted to One World Action?

I need to know this for my accounting for IPHC.

Another issue. FUNDING

I assume that Theima shared our conversation in Holland. At the WHA I did speak to reyna Buijis from the Dutch Foreign Ministry. She indicated that the project applications for this fading period have closed. In other words funds for dispersement in April 2004! Now applications would be for the fiscal year beginning in April 2005. She also said that funds have been reduced and things are very difficult given that a new government is about to be formed in Holland.

This cut in funds also affects the Dutch NGOs such as Cordaid.

So, I can only urge that some serious considerations be made with respect to how we expect to finance the PHM secretariat and any othe many activities we are proposed. As you know, IPHC has put almost all our resources into PHM related activities and now we are in a difficult situation. We are are in the final year of the present project, face an external evaluation, and must write a new project proposal. So, we cannot always assume that IPHC will cover expenses, particularly in Latin America. I have the same concern about funding for the PHA II. We did not make any concrete comunitments in Genva on how to do the fund raising.

Any comments?

Regards.

Replied oy
12/66s

From: Pall Secretaria sphmeec@touchtelindia.net>
To: Wasia Hamiin Zuniga sphoc@cablenet.com.ni>

Co: Anuro Cuizipe <aguizipe@yahco.com>; Hugo lou Peren <asecsa@intelnet.net.gt>

sacydepalis@aol.com:

Sent: Monday, July 14, 2003 2:32 PM Subject. Rel RAVI and PRASANNA

Dear Mana

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

Thanks for your prompt and frank response. We in the secretariat are always feeling endorsed / reassured when PHM resource persons / steering group members like you take seriously the collective decision making strategy we are trying to facilitate.

Firstly, do take your time answering the questions. We really appreciate the collective decision making ethos in your region. Keep it up

2. The suggestion about Sr. An as Brazil bontact has been entered into the list, if you have any others in any of the other countries, send those as well. Even if they are just contact points for the time being and not elected focal points, it is okay.

3. I think the language problem is continuing to be a serious obstacle for cross-regional and cross cultural fertilization of ideas, I dream of a PHM website that can at least be strong in 3 languages – English, French, Spanish or Portuguese, so that we can bridge the Anglophone. Francophone and Latin American givide some day.

A fluro has been in touch about the meeting in Cuenca and Quito. We are exploring whather Unit and Satya can attend.

Thanks for the briefing on Latin American work. It's being sent to Prem John for News brief, we shall post it on the website as soon as the uploading responsibility is transferred to us. Andrew had informed us that Nand was going to upload till 15th June. Then transfer responsibility with instructions to Prasanna. But there is a delay in this, Perhaps he is busy finalizing the evaluation report.

batting Regarding identity, we should definitely discuss this as soon as possible. I believe that the only way forward is that all our networks and organizations that have evolved PHA and then PHM will have to see all that we do as also PHM keeping out creative diversity and history, but slowly subsuming to a larger collectivity. We are already doing that and iPHC has a good track record. However the Global financial crisis affected by increasing conditionalities is something we need to take seriously as a collective. Here again I believe from CHC's own 20 year experience that small amounts from a large variety of sources based on credibility and good, Will can do more than chasing large grants (which also increase bureaucracy and administrative costs). How we are going to fund Health Forum (WSF - IV) or PHA - It is a mystery to me as well. But someriow, I have an unbounded cot mism (perhaps unrealistic) that we shall get there somehow!

recidentally, now that we have originated the PHA — If draft outline (see Appendix A of communication — III). Kindly continue the dialogue with Armando and also include Arturo Hugo, Ani and give us some more clarity about PHA — II. We can be realistic about numbers and PHA — II should be perhaps smaller number and more representative sample of those who have done something since PHA — I or those who are likely to do something

me. Do you all agree in the region?

folly agree about strengthening website and communication strategy and to be less event even but unfortunately, we have not received any feed back on communication strategy PHM-7Ph

paper circulated by Andrew and followed up by a strategy framework by Prasanna. That was a little surprise!

Hope I have answered your main concerns. We now await the Latin American homework by the entil of July

Best wishes

Ravi Narayan

Coordinator People's Health Movement Secretarial(global)

CHC-Bangalore

-367 Shavasa Nilaya

iottasandra Isa Main, "Block Koramangala

Bangalore-560034

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

From: Maria Hamlin Zuniga
To: PHM Secretariat
C-ARTURO QUIZHPE
Sent: Thursday, July 10, 2003 & 47 PM
Subject: RAM and PRASANNA

Dear Rayl and Prasanna,

Recently I have received the following communications from you for the Steering Group 24 June, 27 June, 30 June for Funding Group only 4 July

i have a proposal regarding the answering of all the questions that you are posing. I think your effort is tremendous, but you must give us sufficient time to try and answer everything. Most people in the PHM are full time workers and have many responsabilities to carry out.

We have serious limitations in that my colleagues in Central America do NOT understand English. We cannot expect Hugo to have all this translated as that is impossible. So Hugo and I have agreed to do some work together on these questionaires when I am in Guatemala for a series of meetings. We are celebrating the 25th Anniversary of ASECSA, the Guatemalan Association of Community Health Programs next week. Margarita will also be there and we will be working on the annual plan of the Regional Committee for the Promotion of Community Health. All of this is related to both the IPHC work and the PHM work in our region.

I am copying this to Arturo as I am sure he is also overloaded. My proposal is that between Arturo, Hugo and myself, with the help of Margarita we respond to these questions as we DO work as a region. Arturo and Margarita are both focal persons for IPHC and we are also developing our plan for the year.

I am very concerned that Brazil is NOT on the list as having a Country facilitator. Sr. Ani Wihbey has written to you about her work and if you check the Million Signature Campaign you will see results of her work. She was indispensable in the WSF process as one of the few persons who could speak Portuguess. I am sending you a report she has done for IPHC which in her case is PHM. Please take this into account and make it part of the Country contacts.

Brazil is larger than most of the countries in the world. Maybe it should even be considered a region onto itself.

From: PHM Secretariat sphereo Couchteimidia neb-To: Mana Hamlin Zuniga sipho Scaplanet.com ni-

Sent: Floory August 01 2003 6:05 PM

Subject Re: RESPONSES COMMUNICATIONS HIL

Dear Mana.

Greetings from PHW Secretariat (Global)

Glad to hear that you are following up with Armando. I will send him a copy of the PHM Geneva report and send a gentle nudge as well to help you with the follow up.

Bala's Zamullah's and Prem's presence here this week was good. We got some further clarity on the 3-year report and log frame and on the WSF Health Forum as well. Amily's working on an update that will be sent next week. Incidentally the Canadian's have not yet begin in tough. Can we at least have their intact email so that the secretariat an also establish contact with them.

There is the 10th Canadian conference on International Health from 25th – 29th October 2003, where we should get a PHM session going with some of you as resource persons.

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

From: Maria Hamiin Züniga

To: PHM Secretariat Sent. Thursday, July 31, 2003 12:57 PM

Subject: RE: RESPONSES - COMMUNICATIONS I-III

PHM-IPHC

Dear Ravi,

Thank you for responing.

Yes, you may circulate my responses if that is helpful.

We have REPEATEDLY attempted to contact Armando with NO results. We discussed this fully in Guatemaia. Maragarita and I may decide to go to Brazil personally. Arturo is also quite concerned. However give us a couple of weeks on this please.

And please do NOT circulate this as people will just become upset.

Thanks. Maria 5/8/03

De: PHM Secretariat [mailto:phmsec@touchtelindia.net]
Enviado eli jueves, 31 de julio de 2003 13:48
Parat Mana Hamiin Zumga
Asunto: Re: RESPONSES - COMMUNICATIONS I-III

The People's Health Movement: A People's Campaign

Page 1 of 2

PHM Secretariat

PHM Secretariat <phmsec@rouchtelindia.net>

Thursday, July 31, 2003-12-57 PM RE: RESPONSES - COMMUNICATIONS I-III

ar Ravi

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Thanks

Maria

55P/1069

1/8/03

De: PHM Secretariat [mailto:phmsec@touchtelindia.net]

Enviado el: jueves, 31 de julio de 2003 13:48 Para: Maria Hamlin Zúniga

Greatings from PHM Secretariat (Giobal)!

Dear Moria Glad to hear that -100 ere following up with Armendo. Please send me his encil Convect so ther I can send him a copy of the PHM Genera report and send a gentle mage as well to help you with the followips

have just been working on the 3-year plan and log frame with Bala, Prem and others who were C nere in South Asian Solidarity with the PHM India planning meeting. Bala was the last to leave this address some of your concerns expressed in your report next week. Till then sorry to hear bout Guaternala and the personal effect on Hugo. Convey our solidarity with him and his people. Would it be ckay to circulate your response to the communications as an example of an ideas and responsible one - so that others can be nudged to do likewise? Do send a short report of the seminar for the website and news brief, when you can. Also please be in touch with Armando armandon@portoweb.com.br (with a copy to me) to get started on a little more frameworks for the PHA - II. Since you all have been in Porto Alegre before, some details of what to expect - facilities nd costs etc., would be helpful at this. We need to encourage everyone to start funding their own kinds and we will have to raise resources as well

on no 3 years cport and log frame and on he WSF Health forum as well. Amil is working on an update that will be sent next week.

Incidently Ne Conadions has nor yer been in Forch Can we allest have Neir contact

Ravi Naravan

hardinator, People's

PHW. JPHC Roni conference on There is he 10th Concilion Conference on International Health from 26-29, 2003 where we should selva PHM senion gorg with some foresons serious

email so her he Secretarial con also establish Convect with nem

care campaign process will now be launched on 6th September as part of PHM indig's Alma Ata hase are being documented all over the country. For more information you can write to Abhay Shukla hatpun@vsnl.com), he is the joint convenor who is cool hating the campaign

declaration visit www.TheMillionSignatureCampaign.org

From: Maria Hamlin Zuniga

To: PHM Steering Group 02-03@yahoogroups.com

Subject RE. IPHM_Steamor Gloup 02-03 Come Important Follow-tip

OR YOUR INFORMATION

There will be IPHC and PHM presence at the Canadian Conference on International Health.

will be organizing a workshop about the Right to Health Now Campaign from the perspective of the IPHC and the PHM. Any other PHM participants should participate in this workshop. There will also be a workshop on Public Private Partnerships with WEMOS and IPHC participation.

Who else plans to be in Ottawa for the Conference? Please advise.

Maria

PHM-IPHC

vi Narayan

declaration visit www.TheMillionSignatureCampaign.org

From: David Sanders dsanders@uwc.ac.za

To: iphc@cablenet.com.ni : PHM Steering Group 02-03@yahoogroups.com

ear Mania,

cave submitted an abstract of a paper for presentation, but have not heard yet whether it has been accepted. If it is accepted I will try to secure

ipinc@cablenet.com.nt 88/86/83 (938/AA)

12r 15 Heath

Who else plans to be in Ottawa for the Conference? Please advis-

He is the joint convenor who is coordinating this compaign Best wishes Ran

618103

Dear Maria You can aler WEMOS to dolle some for heir wartshop E IPAC in le Cenedien Conference (ie put a notice on the exchange) I am sending you a short reflection on he Right to Health Case campaign which was preserved or Re Asic Sceed Forum. to help PHM Inclic

> 8/8/00 We have just completed Further discussions CV PHM Induc

evolve a campaign

planning meeting lost week is

Benjalare. The Right 10 Health core

campaign procen will now be launched

on 6" September as port of PHM Indias

Alma Ara Anniversing

celebrations bringing Vogether Vestinonies

of Deniel of the Right

to Health core Presently Here are being downworked

all over the coverty. For more information you can write Vo

Dr Abhan Sheikla

Peper

iphe@cablenet.com.ni 08/06/03 19:08 AM

here will be IPHC and PHM presence at the Canadian Conference on

maria@iphcglobal.org

ember of the People's Health Movement www.phmovement.org

We invite you to sign on to our Campaign for Health for All Now www.themillionsignaturecampaign.org

http://www.uwc.ac.za/cs/default.asp?webPageID.

Should you be unable to access the link provided, please contact our ICS helpdesk at (021)-9592000 for

Dear Marie

718/03

7/8/03

Glad to hear that you will be alterading Ne Conciden Conference and pregancing a workshop whey don't you put an announcement is the PHM Exchange -So ones perhapents can be de Ved es well. Hope Dand con Jon you

Bestushes

PHAN-IPHE

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PHM Steering Group 02-03-unsubscribe@yahoogroups.com

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Sent Wednesday, August 06, 2003 12:38 PM

Subject RE IPHM Steering Group 02-031 Some Important Follow-up

FOR YOUR INFORMATION

There will be IPHC and PHM presence at the Canadian Conference on International Health.

There will also be a workshop on Public Private Partnerships with WEMOS and IPHC participation.

Who else plans to be in Ottawa for the Conference? Please advise.

Maria

Maria Hamilin-Zúniga International People's Health Council Insula Giphopiobal org Member of the People's Health Movement Insula phonovement org We invite you to sign on to our Campaign for Health for 7/6/03

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PHM - JAHC

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From: PHM Secretariat sphimsed glouchte und a neb
To: Mana Hamiin Zuniga <mana@iphoglobal.org>

Sent: Saturday August 23, 2003 5:19 PM

Subject: Re (PHM_Steering_Group_02-03] A considered response from Maria

Dear Maria,

Gleetlags from PHM Secretariat (Global)

Your letter of 20nd August 6.34pm was received runt after I cent my earlier response, it's a miracle that you have a ready responded the way you have. We are all definitely on the same wavelength, I know Teneral has some constraints or women. We shall go our set, to make it as easy as possible.

response to Pain and your suggestions. I shall circulate a clear agenda I am sure you both will appreciate what i send

Do list out the profound issues that are necessary to move forward with the movement around the world so that is also on the goeda. About PHA = II. I hope my latter is somewhat helpful.

Your travel Managua – Feberar (20th – 23^{td}) – Rome (24th – 25th) and you leave for Canada on 25th after joining me in localing the Human Rights award at AIFO Bliannual on behalf of PHM. This will be taken care by AIFO / RHM. We shall request (Sunit to make it in the forenoon of 25th at that you can travel later in the day).

I shall respond to other issues next week.

Best wishes

Rays Naravan

Coordinator, People's Health Movement Secretarist(olohal)

CHC-Bangalore

67 "Srinivasa Nilaya"

akkasandra 1st Main, I Block Koramangala

Bangaiore-56(RG)

Join the "Health for all. NOW" compaign in the 25th enniversary year of the Alma Ata declaration was warm. The Million Signature Campaign, org

--- Original Message --

From Maria Hamlin Zuniga

To PHIA Steering Group 02-03@yahoogroups.com

Senti Friday, August 22, 2003 6/34 PA

Subject [PHM_Steering_Group_02-03] A considered response from Mana

Dear Ray

During several days! have been contemplating what to do about the proposed PHM Steering Group meeting in Rome.

PHC has been part of the organization of PHA and is quite involved in the movement. It seems important to be at the Steering Group meeting in order to make our positions clear. Also it is imperative that our ray on of the world have representation in discussions about the PHM and its activities

So I am writing to travel to Rome for the period of October 20th - 24th if that is the final decision. That i regulars at least \$1,250,00 US minimum. It also means almost 2 full days of travel to get there from Managua

I would not find it possible to go to ran, especially given the limitations for women there

PHM-1PHC

2518

From: Maria Hamlin Züniga «ipno@cablenet.com.ni»

Co: Hugo lou sicuperengivahoo com>. Withdey sacwiedates free com br>: ARTURO QUIZHPE

cons

Sent: Wednesday, August 20, 2003 10:17 AM

Subject: PHM Steering Group 02-03 Response to your dilemma

Dear Friends in the PHM Steering Group.

As Ray has made clear in his message it will be difficult to have any representation from Latin America at the proposed meetings in the month of October.

We have important activities in South America that are taking place in Ecudador, as well as in Argentina.

Will be participating in the Canadian Society meeting in late October. And hopefully I will be able to go to the Philippines where I have been invited to be one of the keynote speakers at the International international planned in early November.

It would be very difficult for Hugo to go to this meeting without Arturo or myself being present, given the translation issue. Hugo is working part time and doing his Master in Public Health Program as well. So, Latin America will necessarily be absent from these events.

We are not clear either about being able to attend the WSF, it seems very doubtful given no information on resources.

As for Porto Alegre and the PHA ii. We are finding it aimost impossible to move forward on this. As was proposed in Geneva the dates would be from July 3-7, 2004. However, we have NO indication of funding available for this event. I must make it VERY clear that iPHC cannot assume the costs of organizing this event. Our present funding terminates on March 31, 2004 and we have an external evaluation pending upon which future funding is dependent. We have very

limited funding at this point and we have contributed a great deal to the development of the PHM. I would have that would be taken into consideration.

We have attempted to communicate with Armando since Geneva, without success. In the meantime in Central America Hugo, Margarita and myself have met and discussed the situation. We are planning are-Assembly activities. We are in frequent communication with Arturo in Ecuador who is busy with merous activities in his region. We are also in regular communication with Ani in the northeast of Brazil Right now Margarita is in Brazil and we hope to hear from her as to what is happening with Armando.

So, this is a bit sobering, but it is our reality

As for the events, we wish you well and hope that there will be communication with us about the results so we can share with persons in our area of the world.

Regards.

Maria on behalf of Latin American representatives

21/2/2

RN 22/8/03

From: FriM Secretariat <phmsec@touchterindia.nep
To: Maria Hamiin Züniga <iphc@cablenet.com.ne

Oc: Lanny <ure2.6cm@verizon neb-; Sarah Shannon <sarahs@hesperian.org>

Sent: Friday, August 29, 2003 3 08 PM

Subject: Re. PhAll in July 2004

Dear Maria

Greetings from PHM Secretariat (Global)

I think the language problem is a very important one and will come up all the time as we evolve the process for PHA - II. I think there are many people in PHM - USA - Languand others in DGH and in Hesperian, who are ingual and can be supportive of just translating communication from Spanish to English and English to Spanish, so that the Latin American resource persons like the five of you can get on with the work and not be too distracted or constrained by the translation responsibility. During the PHM - US tour, we met many PHM enthusiasts who had brangual backgrounds. It is a resource waiting to be tapped as a complementary region-to-region support potential.

Lets discuss it further in Teheran as well

Best wishes:

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

Akasandra 1st Main, TBlock Koramangala ngalore-560034

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

declaration visit www.TheMillionSignatureCampaign.org

---- Original Message ----

From: Maria Hamlin Zuniga iphc@cablenet.com.ni = To. PHM Secretariat phmsec@touchtelindia.net

Subject: RE: PHAII in July 2004

- - -

Just to be clear, the letters written to Armando have been in Spanish as they come from our LA Group. Armando is not a member of the PHM Steering Group and therefore the communication to you did not included his name. He received essentially the same information in Spanish.

This language husiness keeps coming up all the time. Please remember that I do not have bilingual personnel nor do most of my collegues understand English. Arturo is the exception.

PHM- IPHC

PHM-USA

29/8/03

From: Mana Hamilin Züniga < pho@cablenet.com.no
To: PHM Secretariat <phmsec@touchtellingia.neb

Wednesday, August 27, 2003 9:59 AM

Subject RE: PHAILin July 2004

Dear Ravi

Just to be clear, the letters written to Armando have been in Spanish as they come from our LA Group. Armando is not a member of the PHM Steering Group and therefore the communication to you did not included his name. He received essentially the same information in Spanish.

his language business keeps coming up all the time. Please remember that I do not have bilingual personnel nor do most of my collegues understand English. Arturo is the exception.

So let us see if you get a response from Armando

More soon, Maria

--Mensaje original----

De: PHM Secretaria (mailto;phmsec@touchtelindia.net) Enviado el: miéruoles, 27 de agosto de 2003 12:08 Para: Maria Hamlin Zúniga; Marganta Posada; Arturo Quizhp Peren, Ani Whibey

Asunto: Re: PHAII in July 2004

sear Maria, Margarita, Arturo, Hugo, Ani.

Greetings from PHAI Secretariat (Global)!

Thanks for your surprising, but frank and perhaps even reassuring response. The uncertainty of PHA - II including Armando's non-response has been causing some stress to all of us. So it was very helpful getting your collective response.

A word of caution however since we have been giving this event some mention in our newsbrief, website, recent communications and exchange. We will make a final decision at the steering support group meeting in Teheran as supported in your letter, including the issue of postponement etc. That sail gives us about six weeks to continue to try and contact Armando, ALAMES and others and explore the 'communication lacunae' or local problem if any.

The fundamental commitments you have mentioned are endorsed.

1 A confirmation of a sponsorship from the authorities in Porto Alegre and ALAMES.

The formation of a secretarial and an International organizing committee

PN 28KW /a

Decr Mone I Rick He lenguage problem is a very important one and will come up all the kno co he evolve the process for PHA-II of Rish Rose or many people is PHH-USA Larry and others is DEH and in Hesperies who are bilingual and can be supporte of just 28/8/83 Krantchy communication From Sperish to English and English is Spenish So that he Latin Americas, esources persons like the fire of you can get on with he work and not be too districted or constrained by the Versichen sesponsibility. During He PHM-US Vour we met many PHM entheriests who had bilingual bookgrounds Ils a resource weating to be PHUA-PHA-II rapped

as a complementary sepron to region to region support povented Lets discuss it further in Teheirs as well Best wishes Ren

calann Serch.

Page 1 of 4

PHM Secretariat

From:

Maria Hamlin Zuniga <iphc@cablenet.com.ni>

To:

PHM Secretariat <phmsec@touchtelindia.net>; Lanny <vze2x6qm@verizon.net>; Maria

Hamlin Zuniga <maria@iphcglobal.org>

Cc:

Sarah Shannon <sarahs@hesperian.org>; <abaysema@pn3.vsnl.net.in>; David Sanders

<lmartin@uwc.ac.za>

Sent:

Friday, September 12, 2003 11:39 AM

Subject:

RE: Follow Up

Par Ravi,

Pes, the Latin Amrican delegation has received the communication from Armando to you. It was only sent to me and I sent it on to the others immediately.

As I communicated earlier, the Latin American group is planning to meet next week. We will be discussing both personally and through e mail with Ani who is now in the US and with Arturo in Ecuador. We will put forward our considerations about this issue at that time.

Be assured that we have communicated with Armando in the past and we are awaiting his response to the issues we raised with him. I hope you understand that.

As for the CSIH Conference.

I would like all PHM members to be part of the workshop on the Right to Health that will take place on Tuesday, October 28th.

Actually we will have two workshops, one with Jose Utrera from WEMOS on Public Private Partnerships and then immediately following the Right to

alth activity.

I am unable to follow up on this until after September 19th as I leave for Guatemala this morning.

Then I will communicate with the others. Lenny and I are already coordinating.

Thanks,

Maria

----Mensaje original----

De: PHM Secretariat [mailto:phmsec@touchtelindia.net] Enviado el: viernes, 12 de septiembre de 2003 15:09

Para: Lanny; Maria Hamlin Zuniga

CC: Sarah Shannon; abaysema@pn3.vsnl.net.in; David Sanders

Asunto: Follow Up

Dear Lanny and Maria,

Greetings from PHM Secretariat (Global)!

Just two ruick points of follow up:

15/9/03

(x M)

PHOS. Latin America PHOS-IPHC

Ravi Narayan

From:

UNNIKRISHNAN PV (Dr) <unnikru@yahoo.com>

To:

<IPHCWORLDWIDE@yahoogroups.com>; PHM_Steering_Group_02-03

<PHM_Steering_Group_02-03@yahoogroups.com>

Cc:

Claudio <aviva@netnam.vn>; ANI <Acwlepalis@aol.com>

Sent:

Saturday, September 20, 2003 9:33 AM

Subject:

[PHM_Steering_Group_02-03] Re: [IPHCWORLDWIDE] PAHO 44th Directive Council

Dear Maria

Greetings from Bangkok, Thailand!

Congratulations! This is an excellent intervention

Please mail a copy when your paper/ speech is ready. We could use your speech / paper as the base for a press release that we could issue simultaneously.

We could also try to get it published in leading journals like Z Mag, IPS etc.

2) Is there a phone number (especially a mobile number) where we can reach you in US? Please send it to me so that I can pass it on to some journalist friends in US. We will also alert/ talk to the Inter Press Service (IPS) regional bureau here in Bangkok . IPS has a good presence in UN building, NY.

3) On the draft resolution:

- (a) See resolves- 1(d): consider adding 'research'. You may suggest inclusion of 'research' also under
- (b) Need to include complimentary use of non-allopathic systems of medicine (including indigenous medicine); ie; reaffiriming their role and strengths.

I understand that it is a PAHO/ UN resolution, but these two components are missing in the present draft.

With best wishes and in solidarity



---- Original Message -----

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

To: "PHM Steering Group 02-03" < PHM Steering Group 02-03@yahoogroups.com>; "Iphcworldwide"

<iphcworldwide@yahoogroups.com>

Cc: "Claudio" <aviva@netnam.vn>; "ANI" <Acwlepalis@aol.com>

Sent: Friday, September 19, 2003 3:13 PM

Subject: [IPHCWORLDWIDE] PAHO 44th Directive Council

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

Dear Colleagues,

I wish to inform all of you that Dr. Mirta Rosas has invited me to be a "motivational speaker for a panel discussion on "Primary Health Care in the Americas: Lessons learned over 25 years and future challenges". This will take place on wednesday, September 24th, 2000 in washington, 50. I am preparing a short paper which I will share with you later. I will take into account the PHM statement made at the WHA in May, as well as suggestions that have been made by my Latin American colleagues.

A resolution is being put forward to the Assambly which I will also share with you. See attachment. We will be asking that it be ratified by the Ministers of Health of the Americas.

I will communicate the results of this opportunity with all of you after the event.

Regards.

Maria
Maria Hamlin-Zuniga
International People's Health Council
maria@iphcglobal.org
Member of the People's Health Movement
www.phmovement.org
We invite you to sign on to our Campaign for Health for All Now
www.themillionsignaturecampaign.org

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Ravi Narayan

From:

Ravi - PHM Secretariat(Global) <ravi@phmovement.org>

To:

<iphc@cablenet.com.ni>

Sent:

Monday, September 22, 2003 6:14 PM

Subject: Re: [PHM_Steering_Group_02-03] PAHO 44th Directive Council

Dear Maria.

Greetings from PHM Secretariat (Global)!

Very glad to hear that you are attending the "PHC in Americas" meeting in Washington. WHO has agreed to call PHM for all the meetings. I have been invited to Madrid for the first meeting at the end of October (the vitation came today). I shall circulate the details and the background paper to get all your comments. 2 more meetings will be held in Brasilia (one of you will be nominated to attend) and Alma Aty (one of the European region PHM resource person will be nominated).

Look forward to getting your short paper. Unni's idea is good one. In the resolution item 1(e), please include 'plan, organize, monitor and evaluate' not only 'participate'

In item 2(d) and (e), emphasize testimonies and voices of local community especially indigenous people and opportunity to share not only concerns, but also their own locally formulated actions. Sr. Ani's work is a good case study of this.

Best wishes.

Ravi Narayan

---- Original Message -----

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

To: PHM_Steering_Group_02-03 < PHM_Steering_Group_02-03@yahoogroups.com>;

Iphcworldwide < iphcworldwide@yahoogroups.com>

Cc: Claudio <aviva@netnam.vn>; ANI <Acwlepalis@aol.com>

Sent: Friday, September 19, 2003 1:43 PM

Subject: [PHM Steering Group 02-03] PAHO 44th Directive Council

> WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

> Dear Colleagues,

> I wish to inform all of you that Dr. Mirta Rosas has invited me to be a

> "motivational speaker" for a panel discussion on "Primary Health Care in

In Nem 2(d) and (e) emphoruse Vestimornes and voices of local community especially incluserous people and opportunity to share not only concerns but also News oran locally formulated actions Prose 1 xf9 or Anis work is a good case study Best when for the maching of hier

Ross Nergen

Ravi Narayan

From:

Maria Hamlin Zuniga <iphc@cablenet.com.ni>

PHM_Steering_Group_02-03 < PHM_Steering_Group_02-03@yahoogroups.com>; lphcworldwide To:

<iphcworldwide@yahoogroups.com>

Claudio <aviva@netnam.vn>; ANI <Acwlepalis@aol.com> Cc:

Friday, September 19, 2003 1:43 PM Sent: Resolution CE132.R5 OPS.doc Attach:

[PHM_Steering_Group_02-03] PAHO 44th Directive Council Subject:

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

Dear Colleagues.

I wish to inform all of you that Dr. Mirta Rosas has invited me to be a "motivational speaker" for a panel discussion on "Primary Health Care in the Americas: Lessons learned over 25 years and future challenges". This will take place on Wednesday, September 24th, 2003 in Washington, DC.

I am preparing a short paper which I will share with you later. I will take into account the PHM statement made at the WHA in May, as well as suggestions that have been made by my Latin American colleagues.

A resolution is being put forward to the Assambly which I will also share h you. See attachment. We will be asking that it be ratified by the Ministers of Health of the Americas.

I will communicate the results of this opportunity with all of you after the event.

Regards,

Maria 12 Maria Hamlin-Zuniga International People's Health Council

maria@iphcglobal.org Member of the People's Health Movement

www.phmovement.org

We invite you to sign on to our Campaign for Health for All Now www.themillionsignaturecampaign.org

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PHM-

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Look forum to getter & your shock peper. Units idea is cgood

Pecr Monic

Very gled to hear her you cre altending Ne PHC is Americas" meeting in Washington. WHO has Esrced to call PHM for all the meetings. I have been unled to Midne for he first meeting end of october (the ion behon cone hoday). I shall circulate le details adhe beckerrend paper to get all your Conners. 2 more moetings will be held in Bresilia (one of you will be nominived Is a Hend) and Alma Ary (one

PAN AMERICAN HEALTH ORGANIZATION WORLD HEALTH ORGANIZATION 132nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 23-27 June 2003 CD44/9 (Eng.)

RESOLUTION CE132.R5 PRIMARY HEALTH CARE IN THE AMERICAS

THE 132nd SESSION OF THE EXECUTIVE COMMITTEE, Having seen Document CE132/13 on primary health care in the Americas; Bearing in mind the lessons learned in the 25 years since the implementation of primary health care began, as well as the challenges of its renewal for the future in the Region;

Recognizing the validity of primary care as a general strategy for improving the health of the population and human development; and Taking note, moreover, of Resolution WHA56.6, adopted by the World Health Assembly in May 2003,

RESOLVES:

To recommend that the 44th Directing Council adopt a resolution along the following lines: *THE 44th DIRECTING COUNCIL*, Having seen Document CD44/9 on primary health care in the Americas;

Considering the Declaration of Alma-Ata (1978), as well as Resolutions CD27.R20 and CD27.R21 on the regional strategies to promote health for all by the year CE132.R5 (Eng)

2000 (HFA2000) and CD28.R11 on the plan of action for the implementation of the regional strategies to promote HFA2000; Resolutions CSP21.R12 and CSP21.R20 on the Regional Plan of Action on HFA2000; Resolutions CD31.R27, CD33.R17, and CD35.R19 on the monitoring and evaluation of the HFA2000 strategies; and Resolutions CD39.R4 and CD40.R11 on renewal of the call for HFA and the health for all strategies;

Observing the impact of a changing environment on primary health care in the Americas; and

Acknowledging the efforts of the countries of the Region to put policies and programs on primary care at the center of their health services systems to meet the goal of health for all—efforts in which the State, nongovernmental organizations, and grassroots community organizations have played a role,

RESOLVES:

- 1. To request the Member States to:
- (a) ensure that the necessary resources are available for primary care and that its implementation helps to reduce inequalities in health;

- (b) renew their commitment to ensuring the human resources development required for primary health care in the long term;
- (c) boost the potential of primary health care to reorient the health services, fostering the adoption of a health promotion approach:
- (d) promote the maintenance and strengthening of information and surveillance systems in primary health care;
- (e) support local communities to participate actively in primary health care.

2. To request the Director to:

- (a) take the principles of primary health care into account in the activities of all technical cooperation programs, especially those related to the attainment of the Millennium Development Goals;
- (b) evaluate the different systems based on primary health care and identify and disseminate information on best practice with a view to improving application of the relevant policies;
- (c) continue assisting the countries to improve training for health workers in the priority activities of primary health care;
- (d) place renewed emphasis on support for locally defined primary health care models that are both flexible and adaptable;

CE132.R5 (Eng)

- (e) promote and organize a celebration with activities devoted to underscoring throughout the Region the importance of the 25 years of experience with primary health care in the Americas. This would be a year-long process involving discussions, national commemorations, subregional forums, regional activities, etc.;
- (f) organize a regional consultation for the definition of future strategic and programmatic orientations in primary health care.

Ravi Narayan

From:

Maria Hamlin Zuniga <iphc@cablenet.com.ni>

To:

Claudio <aviva@netnam.vn>; PHM_Steering_Group_02-03 <PHM_Steering_Group_02-

03@yahoogroups.com>; lphcworldwide <iphcworldwide@yahoogroups.com>

Cc:

Sarah Shannon <sarahs@hesperian.org>; Lanny <vze2x6qm@verizon.net>; Armando

<armandon@portoweb.com.br>

Sent:

Tuesday, September 23, 2003 8:14 AM

Attach:

Letter for IPHC-PHM English.doc, carta PHM-IPHC Español.doc

Subject:

JPHM Steering Group 02-03] Letter from Latin American group to IPHC and PHM

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

mir friends,

Please find the letter which our small Latin American group has prepared for IPHC colleagues and the PHM Steering Group.

We hope that this letter will stimulate the discussion. It is sent to all of you in a spirit of constructive criticism.

There is a Spanish version and an English version.

>From now on all our communications will be prepared taking into account these two languages. These translations will be the responsibility of the IPHC Global Coordination office. We hope this will help communications.

Cheers, Maria

Estimad@s colegas,

Estamos enviando la carta elaborada por nuestro pequeño grupo latinoamericano para IPHC y el grupo coordinador del Movimiento de Salud de los Pueblos.

Esperamos estimular la discusión. Estamos enviandola a Uds en un espiritu de critica constructiva.

Hav una version en español y otra en ingles.

Desde ahora nuestras comunicaciones estaran preparadas en estas dos idiomas. La Oficina de Coordinación de IPHC cumplirá con esta responsabilidad. Así esperamos facilitar la comunicación.

Saludos,

Maria

PHM - IPAC

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PHM Steering Group 02-03-unsubscribe@yahoogroups.com

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September 17, 2003 Chimaltenango, Guatemala

Members of the PHM Coordinating Committee IPHC Colleagues

Pear Colleagues:

We send you warm solidarity greetings on behalf of the Latin American Group along with our best wishes for success in your struggle for people and the Right to Health.

We are writing to present our reflections to you about what has occurred around the planning of the Second World People's Health Assembly, slated for next July in Brazil.

Due to the way that information has been handled, both in terms of content as well as the use of channels, we are concerned about the following:

- 1. The misunderstandings that arise from the entire communication process for the discussion are due to the fact that we are communicating in a number of different languages, among people that belong to different member organizations or structures connected with IPHC and/or PHM.
- There should be a framework for resolving communications problems within the organizations and/or regions themselves, unless they require the support of others.
- 3. The problem that occurred is not simply a problem of translation; rather it is a communications problem both within the decision-making process as well as in working methods and styles, where, from our perspective, there should be overall respect for collective decisions.
- 4. The idea of developing a Second World People's Health Assembly emerged in Porto Alegre, after the Second Forum on the Defense of People's Health. The proposal was made in a bilateral meeting between representatives of the IPHC and the PHM, with Armando Di Negri. In addition, the members of the PHM Coordinating Committee were consulted and the proposal was later accepted.
- 5. The representatives of the IPHC and of the PHM present in Porto Alegre recognized the feasibility of the proposal given the political support of the Municipal Government of Porto

Alegre and its indisputable experience in organizing the World Social Forum. And, at the request of Armando, we adjusted the date (July 2004) so that the event would not be affected by the electoral agenda.

- 6. After the decision was made, there was no follow-up communication between January and May, until contact was again made at the Geneva meeting, at which point the viability of the event continued to be analyzed and was ratified in a collective consultation with IPHC and PHM.
- 7. In Geneva, issues were defined, the dates of the event were ratified, and two commissions were elected: one commission to connect the Mumbai Forum and the Second WPHA and another to put the Assembly in Porto Alegre into place, composed of the Latin American Group.
- 8. The LA Group agreement was to communicate on an ongoing basis and to meet in July in Guatemala during the National ASECSA Assembly to further the commitments that had been made; however, it was difficult once again to communicate with Armando, and he did not participate in the Guatemala event.
- 9. The growing concern caused us to send a letter to Armando, requesting, in writing, the commitment from Porto Alegre and the need to postpone the event. To date, we have still not received a response, not as a group or to the concerns expressed. A letter was also sent to Ravi, for the PHM Secretariat, explaining the content of the letter to Armando and making our proposal to postpone the event in Porto Alegre.
- 10. Surprisingly and very efficiently, communication was established between Armando and Ravi, and the LA Group, without having received a response to the letter we sent, only received a copy of the communication between these two.
- 11. The LA Group is composed of persons and organizations with many years of working together, and we are in constant communication, as our interest continues to be the struggle for people's health. It is in this spirit that we make the following proposals:

O IN THE SHORT TERM

- 1. We demand respect for the Latin American Group in the internal discussion on the operational aspects of the preparation for the Second WPHA.
- 2. We maintain our interest in holding the Second WPHA in Latin America, either in Brazil r in Ecuador.
- 3. We recommend postponing the event to enable the various regions to complete their preparatory work.
- 4. We will allow one month for Porto Alegre to provide a written commitment regarding auditoriums, lodging, internal transportation.
- 5. We are also requesting the same written proposal and commitment from Ecuador.
- 6. The content framework proposed in Geneva should be maintained.

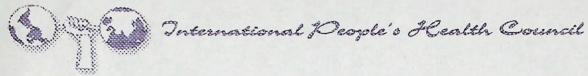
0

worldwide ievels.

- 2. Establish clear mechanisms for communication and relationship between each network and its members as well as between the networks themselves (IPHC and PHM).
- 3. Define policy and logistical criteria for the development of worldwide events.
- 4. Clearly define a flexible and functional organizational structure for action by IPHC and PHM.

We hope that this letter serves to advance this process to globalize the struggle for the defense of life and we ratify our commitment to strengthen the movement on the national, regional and global levels.

Sr. Ani Wihbey, Dr. Arturo Quizhpe Dr. Hugo Icu Margarita Posada Maria Hamlin Zúniga



Chimaltenango, Guatemala 17de Septiembre del 2003.

Sres.
Comité Coordinador PHM
Compañeros y compañeras IPHC
Presente.

Estimados y estimadas compañeras:

Reciban un fraterno y solidario saludo en nombre del Grupo de América. Latina y nuestros lejores deseos de éxito en su lucha por el Derecho a la Salud de los pueblos.

Por medio de la presente queremos hacerles llegar nuestras reflexiones con respecto a los hechos sucedidos en el marco de la Planificación de la Segunda Asamblea Mundial por la Salud de los Pueblos, prevista para Julio próximo en Brasil.

Por la forma como se ha manejado la información, tanto en términos de contenido como de utilización de canales nos preocupa lo siguiente:

- Los malentendidos que surgen de todo el proceso de comunicación para la discusión, se deben a que nos estamos comunicando en varios idiomas, entre diferentes personas que pertenecemos a diferentes organismos o estructuras vinculadas a IPHC y/o a PHM.
- 2. Debe haber un marco de resolución de los problemas de comunicación dentro de las mismas instancias y/o regiones, a menos que los mismos demanden apoyo de otros.
- El problema que se ha dado no es de simple traducción, sino mas bien es un problema de comunicación tanto en el proceso de toma de decisiones como en los métodos y estilos de trabajo, en donde, desde nuestro criterio debe prevalecer el respeto a las decisiones colectivas.
- 4. La idea de desarrollar una Il Asamblea Mundial por la Salud de los Pueblos surge en Porto Alegre, luego de la realización del Il Foro por la Defensa de la Salud de los Pueblos. Propuesta que se hizo en una reunión bilateral entre representantes de IPHC y PHM, con Armando Di Negri, misma que fue consultada a los miembros del Comité Coordinador de PHM y posteriormente aceptada.
- 5. Desde los representantes de IPHC y de PHM presentes en Porto Alegre, se vio la factibilidad de hacerla por contar con el respaldo político del Gobierno Municipal de Porto Alegre y su indudable experiencia de organización de los Foros Sociales Mundiales, con respecto de la fecha (Julio 2004) nos adecuamos a solicitud hecha por Armando para no afectar el evento por la agenda electoral.
- Posteriormente a la decisión no se tuvo comunicación de seguimiento entre Enero y Mayo, hasta que se toma contacto de nuevo en la reunión de Ginebra, momento en el cual se continuaba analizando viable y se ratifica en consulta colectiva con IPHC y PHM.
- 7. En Ginebra se definen temas y se ratifican las fechas para su realización, eligiéndose además dos comisiones, una comisión para relacionar el Foro de Mumbai y la II AMSP y otra para operativizar la Asamblea en Porto Alegre, conformada por el Grupo de América Latina.

• 8. • El acuerdo del Grupo LA, era mantener una comunicación constante y reunirnos en Julio en Guatemala en el marco de la Asamblea Nacional de ASECSA para avanzar en los compromisos adquiridos; sin embargo fue una vez mas diffcil la comunicación del Grupo con Armando, quien tampoco participo en el evento de Guatemala.

9. La preccupación creciente nos motiva ha enviar una carta a Armando, solicitando por escrito el compromiso de Porto Alegre y la necesidad de postergar el evento, sin que a la fecha se nos haya respondido ni como grupo, ni a las inquietudes planteadas. De igual forma se hizo llegar a Ravi para el Secretariado de PHM, explicando el contenido de la carta a Armando y haciendo nuestra propuesta de posponer el evento en Porto Alegre.

10. Sorprendentemente y de manera muy eficiente se establece una comunicación entre Armando y Ravi, donde como Grupo L.A. sin que de ninguno de ellos recibiéramos respuesta de la carta enviada, únicamente recibimos copia de la comunicación entre

elios dos.

11. El Grupo de AL somos organizaciones históricas y nos mantenemos en constante comunicación, por lo que nuestro interés seguirá siendo la lucha por la salud de los pueblos. Y con ese espíritu hacemos las siguientes propuestas:

> EN EL CORTO PLAZO

- Demandamos respeto al grupo de América Latina en la discusión interna sobre los aspectos operativos preparatorios de la il AMSP
- 2. Mantenemos nuestro interés de que la II AMSP se desarrolle en América latina, pudiendo hacer en Brasil o Ecuador.
- 3. Posponer la fecha para garantizar todo el trabajo previo en las diferentes regiones.
- Damos un mes de plazo para tener por escrito el compromiso en Porto Alegre, respeto de Auditorios, Hospedaje, transporte interno.
- 5. De igual forma estamos solicitando el propuesta y compromiso por escrito de Ecuador.
- 6. Que se mantenga el marco de contenidos propuestas en Ginebra.

> EN EL MEDIANO Y LARGO PLAZO

- 1. Iniciar una discusión sobre las estrategias de fortalecimiento de IPHC y PHM a nivel de las regiones y a nivel mundial.
- 2. Establecer mecanismos claros de comunicación y formas de relacionarse entre cada red y sus miembros, así como entre ellas. (IPHC y PHM).
- 3. Definir criterios políticos y logísticos para el desarrollo de eventos mundiales.
- 4. Definir con claridad una estructura organizativa flexible y funcional al accionar de IPHC y PHM.

Esperamos que la presente carta sirva para avanzar en este proceso de construcción por globalizar la lucha por la defensa de la vida y ratificamos nuestro compromiso de fortalecer el movimiento a nivel nacional, regional y mundial.

Sr. Ani Whibey Dr. Arturo Quizphe Dr. Hugo Icú Margarita Posada María Hamlin Zúniga

From: Maria Hamiin Züniga <iphc@cablenet.com.ni>

To: Ciaudio <aviva@netnam.vn>; iphcworldwide <iphcworldwide@yahoogroups.com> Cc:

PHM Secretariat <phmsec@touchtelindia.net>; PHM_Steering_Group_02-03

<PHM Steering Group 02-03@yahoogroups.com>

Sent: Monday, October 03, 2003 5:04 PM Attach: PAHO PAPER FINAL VER. 29 sep. doc

Subject: PAHO Documents

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

Dear friends and colleagues,

Attached please find the presentation which I made at the Roundtable discussion on Primary Health Care at the recent PAHO 44th Directive Council meeting in Washington, D.C.

I held up sending this in order to be able to inform you of the final disposition of the plenary with respect to the Executive Board resolution of PHC. I have been unable to secure the final document. I will send it when it becomes available.

This document is also available in Spanish and is being posted to the REDLATINOAMERICANASALUD.

If any one wishes to have the Spanish version please inform me and I will send it to you.

According to our contacts at PAHO this presentation was well received, especially because it brings up issues not usually discussed by the health inisters.

Health to All. Maria

2/10/03 fa

PHM- IPHC RN
11/10/13

10/7/03

PRESENTATION FOR THE PAHO ROUND TABLE ON PRIMARY HEALTH CARE IN THE AMERICAS 44TH DIRECTING COUNCIL, 24 SEPTEMBER, 2003 WASHINGTON, D.C.

Presenter, Maria Hamlin Zuniga, MPH Global Coordinator, International People's Health Council Steering Group of the People's Health Movement

On behalf of the International People's Health Council and the People's Health Movement, we wish to thank Dr. Mirta Roses, Director of the Pan American Health Organization, for the opportunity to participate on this found table.

In December, 2000 a People's Health Assembly was held at GK, Savar, Bangladesh involving 1,500 representatives of citizens and peoples organizations from around the world who met to share their stories, especially of their experiences in community based health programs of Primary health care and to discuss the reasons why there was not Health for All by the year 2000. A People's Health Charter was developed, building on the principles of universal and comprehensive primary health care envisioned in the 1978 Alma Ata Declaration.

The Charter makes clear the Vision of the People's Health Movement.

Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives.

Since December 2000 the People's Health Movement has grown and extended to many localities in countries throughout of the world. In national and international forums, we have made our position clear that Primary Health Care and Health For All are relevant to the problems facing our communities, our countries, and our world today. Our concept of Primary Health Care is integral and is based on social justice, participatory democracy and an intersectorial approach to problem solving.

The People's Health Movement believes in the principle of HEALTH AS A HUMAN RIGHT

Health is a reflection of a society's commitment to equity and justice. Health and human rights should prevail over economic and political concerns.

At the People's Health Assembly, many people shared their testimonies, their direct experiences of health and health related problems. One person from Central America stated:

"Illness and death every day unger us. Not because there are people who get sick or because there are people who die. We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us." What is the reality of our continent? What are the major concerns of the People's Health Movement with regard to our continent?

In Latin America, the gap between the rich and the poor is greater than in any other region of the world. And that gap is growing. According to the Economic Commission for Latin America and the Caribbean (ECLAC), progress toward overcoming poverty has ground to a halt in the last five years. Living conditions remain without significant change.

The concentration of wealth by a few means that the actual numbers of poor people is greater everywhere in our region, even in the richer countries. More women than men live in poverty, despite the fact that women have more years of schooling. Secondary poverty of women in male headed households is not even mentioned in the statistics, when it has been documented that those women and their children frequently suffer bigger deprivation than women and children from households headed by women, even with their with lower income

The document prepared by PAHO (CD44/9 English) does mention the inequities between countries and within countries, (sec.22). However, it does not mention the unipolar world economic order and the macroeconomic policies set forth by the richest and powerful countries and the International Financial Institutions and their impact on the health of our people.

There is an enormous contradiction between the Millennium Development Goals put forth by the United Nations and the conditionalities placed on countries to meet the demands of the World Bank and the International Monetary Fund. This is also the case with the bilateral and regional Free Trade Agreements and the regulations of the World Trade Organization.

Health care reform, in many of our countries, is synonymous with the increasing privatization of health services and the contracting out of services within the public health system. While those who are wealthy have the opportunity to access health care, the distribution of risks is immensely greater for the poor.

Even though there are opportunities to develop Country Poverty Reduction Strategies, there is very little participation of the Ministries of Health, and much less of social movements and the poor themselves in the elaboration and implementation, the monitoring and evaluating poverty reduction strategies of poverty reduction strategies. Many PRSP's become just another paper exercise with many macroeconomic conditionalities and little effect on poverty reduction where debt payments take precedence over everything, affecting any substantial investments in the social sectors.

Interestingly enough, the same World Bank in its very recently released (Sunday Sept. 21st) 2004 World Development Report "Making Services Work for Poor People" recognizes various important issues that civil society and social movements have been stressing for years:

- 1. Basic services are failing poor people
- 2. There is no such thing as "one size fits all" recipe to readdress this issue, and privatization is not always the solution, nor increasing public expenditures alone.

3. Social accountability and citizens control and participation are key to make things better.

. . . .

With the implementation of the CAFTA and the FTAA many basic public services including health services and water will be open to privatization by foreign, particularly transnational companies, outside of the regulations of national governments. We must not permit this to happen, as it will have a devastating effect on the lives and the health of our citizens.

Public policies have failed and unemployment is increasing everywhere, resulting in more poverty and even death. Young people increasingly resort to violence, which in many cases is a direct result of unemployment, the lack of opportunities and hopelessness. Unfortunately, rather than deal with violence as a public health problem, as recommended by the World Health Organization, many countries are increasingly using repressive measures.

Rather than invest in social programs, limited national budgets are being used for upgrading police and defense departments to light against delinquency, therefore engendering even more violence. At the same time, with the new approach to terrorism, money is being diverted from poverty reduction to the "Antiterrorism Crusade" to control frontiers, elaborate new types of passports and documents, and design "more control on laundering of money" that could finance terrorism, although we have not seen the effect of these measures in problems as sensitive as drug trafficking or corruption.

Or even worse, money has been diverted from national budgets to send members of the armed forces from Nicaragua, Honduras, El Salvador and Dominican Republic to Iraq. They are expected to risk their lives in a multinational force occupying another country in the defense of an increasingly unpopular coalition.

Agricultural production is decreasing to alarming degrees. This has resulted in wide spread hunger in many countries and many deaths, especially in children, due to severe malnutrition. Trade policies and liberated markets are destroying the agricultural economies, even in terms of subsistence farming. The introduction of genetically modified seeds and food products is also a concern of our people.

Migration has become the only alternative for hundreds of thousands of our citizens whose labor results in the remittances sent back to the families in their native counties, but also in having their basic human rights violate in the countries where they work and family disintegration and its consequences back home. These have become, in some cases, the most important product in the national economies.

The Millennium Development Goals, just like the Health For All goal, are not possible if these situations and contradictions persist and if the market continues to dominate public policies for development.

And certainly, we cannot talk about the Millennium Development Goals or the Goal of Health for All if we allow medicines to be included in the CAFTA or FTAA as commodities and subject to market rules as if there were no lives depending on the availability and the prices of those medicines.

• The PHM agrees with PAHO in the renewed commitment to Primary Health Care and Health for All. This is the demand our movement has been making to the World Health Organization. Rather than health in the hands of bankers and economists, we want health in the hands of the people and in the interest of the majority, who happen to be poor. We want PAHO to accompany us in this renewal.

We believe that a major issue to be considered is that of participation and empowerment of the poor in health decisions at all levels. Unless the poor have the opportunity to participate and to empower themselves to take an active role in the decisions which affect them, there is no way any health initiative will succeed in terms of equity, effectiveness and sustainability.

This includes the recognition of the practices and experiences of the people themselves and a reaffirmation of their role and their strengths. As a result of their exclusion, the poor use self-medication and alternative therapies. These alternatives, known as popular, natural, traditional or indigenous are legitimate and should be recognized as complementary to allopathic systems.

Specifically, the PHM supports Resolution CE132.R5
We ask for the inclusion of the People's Health Movement, of non-governmental organizations and social movements in the processes proposed in the Resolution. Together with PAHO, we could develop institutional mechanisms to involve civil society in the distinct levels of discussion and proposals, not just at the local level.

We invite PAHO and the health ministers of our countries to participate in the activities we are planning related to Primary Health Care and the renewed goal of Health for All.

We urge PAHO to establish a strong commitment in the national offices to maintain an open and permanent dialogue with civil movements and civil society organizations as well talking to our governments. It is now widely recognized that the UN and other multilateral institutions have as a constituency not only national governments but also the people. And PAHO should move in this direction. This will create a productive collaboration to address the roots of poverty, inequity and injustice in our region.

We propose that PAHO take a more belligerent position with respect to the broader determinants of health and the problems we have identified. It should be possible for us – PAHO and the People's Health Movement - to develop a strategic alliance to make the Health For All and the Millennium Development Goals a reality in the Americas.

THANKS to all.

REFERENCES AVAILABLE ON INTERNET

http://www.phmovement.org/

http://www.phmovement.org/pubs/index.html

http://www.phmovement.org/pubs/index.html#Charter

http://www.phmovement.org/voices/unheard.html

http://www.eciac.cl/

http://www.eclac.cl/publicaciones/DesarrolloSocial/9/LCG2209PI/PSI 2003 Summary.pdf

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

CONTACTS

PEOPLE'S HEALTH MOVEMENT

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

Maria Hamiin Zuniga International People's Health Council Apartado #6152 Managua, Nicaragua Tel. y Fax: 505-2662225 info@iphcglobal.org www.iphcglobal.org

Ravi Narayan

From:

K Bala < kbala12@yahoo.com>

To:

<PHM Steering Group 02-03@yahoogroups.com>

Sent:

Tuesday, October 07, 2003 11:52 AM

Subject:

Re: [PHM Steering Group 02-03] PAHO Documents

Dear Maria,

I enjoyed reading your very comprehensive presentation to PAHO.

I always wonder how you find the time to travel, prepare very informative papers and present them. God bless you. Best wishes, Bala

--- Maria Hamlin Zuniga siphc@cablenet.com.ni wrote:

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND

- > THE OCCUPATION!
- Dear friends and colleagues,
- > Attached please find the presentation which I made
- > at the Roundtable
- discussion on Primary Health Care at the recent PAHO
- > 44th Directive Council
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- > was well received,
- > especially because it brings up issues not usually
- > discussed by the health
- > ministers.

PHM. IPHC

110/03

Ravi Narayan

From: Maria Hamiin Zuniga <iphc@cablenet.com.ni>

To: PHM_Steering_Group_02-03 <PHM_Steering_Group_02-03@yahoogroups.com>; lphcworldwide

<iphcworldwide@yahoogroups.com>

Sent: Friday, October 10, 2003 8:49 PM

Attach: od44-r6-a.pdf.pdf

Subject: [PHM Steering Group 02-03] PAHO resolution on PHC

WAR KILLS. SO DOES INDIFFERENCE. STOP THE WAR AND THE OCCUPATION!

Friends,

ere is the final version of the PAHO resolution on Primary Health Care for your information.

Maria Hamin-Zuniga
International People's Health Council
maria@iphcelobal.org
Member of the People's Health Movement
www.phmovement.org
We invite you to sign on to our Campaign for Health for All Now

www.themillionsignaturecampaign.org

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Pho- JPHC

PHM Secretariat

From:

PHM Secretariat <phmsec@touchtelindia.net> Maria Hamlin Zuniga <maria@iohcglobal.org>

To: Co.

Andv Rutherford <arutherford@oneworldaction.ora>: Olle Nordberg-DHF-Sweden

<olle.nordberg@dhf.uu.se>: colle.nordberg@dhf.uu.se>: colle.nordberg@dhf.uu.se>:

Sent

Tuesday, October 14, 2003 6:36 PM

Subject:

Follow Up

Dear Maria

Greetings from PHM Secretariat (Giobal)!

Zafrullah and Lare just back from Teheran after a very useful planning visit. A report from Dr. Barzgar and a communication from the secretariat was dispatched yesterday (13th October 2003). This is just to respond to some of your recent mail and other matters.

- Your presentation at the Round Table Discussion on Primary Health Care at PAHO is very well done. Thanks for presenting the concerns from the People's Charter for Health, so well It will be very heipful for my input in the Primary Health Care meeting organized by WHO in Madrid at the end of this month. I have also received some relevant inputs from Bala, Claudio and Prof. D. Banerii
- I was glad to find that the Canadian conference (CSIH) has a strong PHM contingent you, David Sanders, Lanny, Abhay, Jose and also at least three important workshops. I am sure it will go well and I hope the PHM Canada circle will be supported as well.
- I notice you will be in Amsterdam on 20th October. By any chance would you be able to visit London on 22nd / 23rd October, enroute to Rome? As a recent development, Olle, Andy, Prem and I as members of a funding group will meet at Methodist International Center (MIC - near Euston, where we had Andrew's Evaluation meeting in April) to finalize the draft of the 3-year plan and PHW Log frame. Bala and Qasem as members of the funding group will not be able to join. I had send an earlier tentative communication but you did not respond and at that time, my visit to London was also not sure. You will all receive the draft plan by email scon. With your rather complicated travel programme, if you are not able to join - its also okay, since we shall meet in Rome between 24th - 26th October and I can discuss the plan futher with you, Mwajuma and Sunil. It will be a sort of extended funding group meeting. In London, we hope to drawn on the wisdom and experience of Pam. Andrew and Mike as well.
- Just in case you are not able to join, would it be possible for you to indicate very tentatively what is the time schedule you propose for PHA - II in Brazil or Ecuador and in terms of process support what sort of grants for the region for planning and organizing would be helpful? What would be a minimum to be added to the PHM budget excluding the actual event? If this is difficult in the time available, we can also work on it together in Rome and add it to the exercise.
 - When are you reaching Rome and how? When are you leaving Rome? I shall be in London on 22nd / 28rd October (MIC), then reach Rome on 24th afternoon and leave Rome on 26th late evening, since the WHO meeting in Madrid is on 27th -- 29th October 2003.

Hope you have got your visa. Mine is still being processed. The Italian Embassy gives a lot of problem to South Asians of late.

Regarding the Award Acceptance Speech I shall forward to you and Mwajuma the tentative draft of the acceptance speech shortly. You both will have to plan messages of 10 minutes rach from Latin America and Africa to supplement the presentation, bringing greetings and thanks

10 14 03

Page 2 of 2

PHN-1PHC



Hope the meetings in Ecuador went well. Looking forward to hearing more about it from you Arture, Lanny, Unni and Satya. Was any further clarity evolved about PHA – II?

Finally, there's iots to discuss with you about PHM / IPHC / PHA - Ii / WSF - IHF / Iran Conference since you have such a good collective PHM process in your region and I think PHM must be able to draw on this expertise, enthusiasm and grassroots experience, transcending language and other barriers.

Looking forward to the opportunity of a discussion in Rome (London?)

Best wisnes.

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

From: PHM Secretariat <phmsec@touchtelindia.net>
To: Waria Hamlin Zunga <iphc@cabienet.com.ni>

Cc: Mwaiuma S. Masalcanah <masaigana@africaonline.co.tz>

Sent: Saturday, October 18, 2003 1:18 PM Subject: Re: In Response to Follow up letter

Dear Maria

Greetings from PHM Secretariat (Global)!

Faw your letter of October 15th. Could reply only today, since I had to go unexpectedly to Mumbai for 2-days to get a Schengen visa for Rome and Madrid, after some moments of stress and anxiety. Sorry to hear that you will not join us in London. Will catch up with all the matters in Rome. Thanks for a copy of the 'Acceptance speech' from Latin America. Mine, on behalf of PHM and Asia is being forwarded separately. Haven't seen Mwajuma's speech as yet!

tran government is quite confident about the visa for all US citizens, including if necessary on arrival. Please send the list of details requested at the earliest. Our programmes in the last 2-weeks have been heatic, but I hope we can find time to discuss it all at Rome in spite of a rather interesting AIFO agenda.

Pam and Mike are attending the London meeting, but Andrew is unfortunately not able to do so.

See you in Rome on the 24th

Best wishes.

Kavi Naravan

Coordinator, People's Health Movement Secretariat(global)

CHC-Bangalore

±367 "Srinivasa Nilava"

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: Maria Hamlin Zuniga

To: PHM Secretariat

Sent: Wednesday, October 15, 2003 8:17 AM Subject: in Response to Follow up letter

Dear Ravi.

Thank you for this follow up letter. I am in the midst of an intensive external evaluation process for the IPHC at the moment.

And Friday I will be leaving on a 3 and 1/2 week trip so you can imagine the amount of stress. The trip covers Holland, italy, Canada and the Philippines!

1. Yes, the paper was well received at PAHO. I hope it will be useful for you.

PHM-Lehn America

7/11/09

Dear Maric.

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PHIVI Secretariat

From: Maria Hamlin Zuniga <ipho@captenet.com.ni> Tor PHIVI Secretariat <phrasec@touchtelindia.net> Sent Wednesday, October 15, 2003 8:17 AM

Attach: PRESENTATIONFOR THE AIFO AWARDS.doc In Response to Follow up letter

Subject.

From Lahn America Mere Dear Ravi. Thank you for this follow up letter. I am in the midst of an intensive external evaluation process for the IPHC on behalf of PHM t the moment ad Asic is being

and Friday I will be leaving on a 3 and 1/2 week trip so you can imagine the amount of stress. The trip covers Holland, Italy, Canada and the Philippines!

Yes, the paper was well received at PAHO. I hope it will be useful for you.

Separately. Herest Seen they was speeched 2. I have sent a communication to you and the others yesterday regarding the CCIH and the PHM circle in Canada. We must let the Canadians make their decisions in their own process. That there is not a facilitator identified does not mean they are not active. They need to find a way to share it with the PHM. I will be following up on this with the others and am urging Lanny to make contacts as he gets there earlier than I do.

3. I am in Amsterdam from the 18th until the morning of the 23rd when I go to Rome. I explained in my letter yesterday that I will not be able to go to London as I will be busy in Wemos all day on the 20th and then am with the Dutch evaluation team on the 21st and 22.

See my letter of Tuesday 14 October 6:59 am.

4. You will receive a report from the special sessions being held with IPHC and PHM in Cuenca after the event. I expect a report by the 20th from Arturo with the conclusions of the sessions.

5. Larrive Rome via Amsterdam at noon on the 23rd. Lleave Rome very early on the 27th flying to

Amsterdam and on to Ottawa. I do not require a visa for Italy

6. Acceptance speech. I received a letter from AIFO on 22 September requesting that I prepare a 10 minute speech on the PHM objectives in Central and South America. I prepared the speech and sent it for translation on 13 October. The final part is to include the conclusions from the Cuenca meeting which I must end for translation by October 20th.

have attached the paper so you can see it. It will probably be cut back before I present it at the AIFO conference. We can discuss that in Rome

7. I am not in Cuenca but in Managua with one of the evaluation team. We finish tomorrow morning and I leave on Friday for Europe.

The meeting is going well and we will have a good report as I mentioned above. There will be an attempt toward clarity on PHA II.

8. Indeed there is a great deal to discuss in Rome. I just hope we will have sufficient time

IRAN: I must have an answer about the visa BEFORE I purchase my ticket for Iran. Please advise. It is very late for making trips because of the December holiday season. I must take care of this no later than next week.

Good luck in London. I hope that Pam, Mike and Andrew will be present.

Regards Maria

----Mensaje original-----

De: PHM Secretariat [mailto:phmsec@touchtelindia.net] Enviado el: martes, 14 de octubre de 2003 15:07

Para: Mana Hamlin Zuniga

CC: Andy Rutherford; Olle Nordberg-DHF-Sweden; premjohn9141@hotmail.com

Asunto: Follow Up

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London meeting but Aridrew is informately not able b do 50 Rome on 1/2 24"

PRESENTATION FOR THE AIFO AWARDS

THE PEOPLE'S HEALTH MOVEMENT IN LATIN AMERICA

On behalf of the PHM in America we wish to thank AIFO for this award. This is really a tremendous challenge for all of us in the Americas to continue our struggle for the right to health and health services for our people throughout the region.

Historical Background

For over forty years groups and organizations in Latin America have been active in promoting the strategy of Primary Health Care and the concept of Health for All. Some of the initial (pioneering) programs that implemented the PHC strategy and the promotion of community health through the involvement of community based health workers were in our region of the world. Since the mid-sixties these programs were providing health care as part of integrated community development programs and were an inspiration to Dr. Halfdan Mahler when he was the Director General of the turn.

in Central America such non governmental programs came together to establish the CRPSC in 1975, three years before the Alma Ata Conference and the Declaration of HFA. These programs were based on prevention and promotion of health within the broader context of community development. This integrated approach allowed for meeting the needs of indigenous communities in the region that were neglected or ignored by the official government programs in most of our countries.

Similar programs developed in other parts of Latin America, but because of distances and difficulties in communication there was not the same kind of network development as that of Central America. In South America however, the Base Christian Communities were active in pastoral work in health care in their communities. Other churches followed that lead and were also instrumental in stimulating PHC concepts in South America.

Most of these programs had little acceptance from the governments in the regions, given that in the 70's and even in the 80's many countries in Latin America were governed by military dictatorships that were adverse to citizen's initiatives, looking upon them as subversive.

The truth is that during the decade of the 70's and 80's hundreds of community based health workers were detained, assassinated or disappeared as a result of their work in the promotion of community health and in the conscientization of their communities with respect to the root causes of disease. They were much more than health workers, they were activists committed to social justice and to peace.

During the decade of the 90's, with efforts at bringing about an end to conflict, there was recognition of the importance of and the contribution that had been made by community health programs.

Ministries of health began to dialogue with and take into account the programs in planning for decentralization of Health services.

The process of the PHA

During the period leading up to the PHA many local and national events were held in Latin America. The purpose of these events was to analyze and question the reasons for the failure to reach to goal of HFA. This exercise resulted in many testimonies, stories, and also declarations, which were shared at the PHA and have been published for use in the region.

Delegates were selected to represent the region at the PHA. This was quite an achievement given the distances, languages, cultures and financial restraints that existed. Twenty nine representatives from eleven Latin American countries participated in the PHA. Especially important was the participation of two Cubans in the delegation. Cuba is the only country in the Americas where HFA is a reality.

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nation by Lie United States. Cuba today enjoys health statistics that are the envy of developed

While present together in Savar, the Latin American group and other Spanish-speaking delegates decided to set up an Internet list serve which is called REDLATINOAMERICANASALUD. Today the list serve acts as a means for individuals and groups to maintain communication and share information. There are 107 members from seventeen countries on that list serve.

The People's Charter for Health has become a basic tool for creating awareness and for making demands related to health services, basic public services such as water, and to demands that violence and conflict cease in our region. The Charter has been distributed widely in English, Spanish and in Peringuese.

The Movement has grown throughout Latin America with leadership in Central America from the RCPCH and in South America with the work being carried out in Brazil, Ecuador and Argentina, which is having an annact on neighboring countries as well.

Especially notative is the work being done by the University of Cuenca in Equador where Forums on Health and Globalization have brought people together from across the region and across the world to analyze the situation of health and propose concrete ways of moving forward as a movement.

There is a regular publication of a grassroots bulletin "Red de redes" which is produced in Argentina that shares experiences from community health programs in Argentina, Paragnay and Uruguay Recently an excellent booklet on the experiences of PHM delegates at the World Social Forum 2003 was also published.

Challenges faced by the PHM

The unipolar world economic order and the macroeconomic policies set forth by the richest and powerful communes and the International Financial Institutions are having a devastating unpact on the hearth of our people.

in Latin America, the gap between the rich and the poor is greater than in any other region of the world. And that gap is growing. According to the Economic Commission for Latin America and the Cariobean (ECLAC), progress toward overcoming poverty has ground to a halt in the last five years. Living conditions remain without significant change.

The concentration of wealth by a few means that the actual number of poor people is greater everywhere in our region, even in the richer countries. More women than men live in poverty, despite the fact that women have more years of schooling. Secondary poverty of women in male headed households is not even mentioned in the statistics, when it has been documented that those women and their children frequently suffer bigger deprivation than women and children from households headed by women, even with their with lower income

Health care reform, in many of our countries, is synonymous with the increasing privatization of health services and the contracting out of services within the public health system. While those who are wealthy have the opportunity to access health care, the distribution of risks is immensely greater for the poor.

One of the greatest challenges facing the PHM in Latin America is the Free Trade Agreements which our countries are negotiating with the USA. With the implementation of the CAFTA / Central American Free Trade Agreement and the FTAA / Free Trade Agreement for the Americas many basic and his services including health services and water will be open to privatization by foreign.

particularly transpariental companies, totally outside of the regulations of national governments. It

The Catholic Bishops of South America's Mercosur trade bloc have condended the FTAA as a consolidation of the hold of "unfettered neo-liberalism on the entire region ... with a negative impact on local communities.... A true process of integration in the Americas should be based on a continent-wide policy that takes into account human rights and the principles of sovereignty, justice, solidarity and respect for the cultural identities of nations" said the statement.

It is important to understand that these regional trade agreements actually go beyond the WTO and its conventions, which regulate trade in both commodities and intellectual property, as well as the GATS (Global Agreement on Trade in Services) convention.

The PHM is working actively to create awareness among the population and decision makers about the overwhelming danger of these agreements

ie wide fange of lesopsok and ideas for WHO's strategy for Primary Health Care, Induding all

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with a copy to the for urgent follow up in the region (ipho@cablenet.com.ni.) are presently at least tive PHM resource persons who could present the PHM perspective. Even

age a pienary in this forum, to near civil society feedback relevant for 3x5 initiative etc. I hope Triennst Mai no augolisib ytaloos livio MH9 - OHW baroanoga OHW a grinoldya are aw isdmuM ..

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puneating of the property of the meeting Mornied of all trial happened on the little right day. Hope you received the Aima Ata Anniversary pack BALL SOUR TO BE TO READ OF THE SOUR BUTCH THE SUR OF PARTY OF THE SUR OF THE

Looking forward to an early reply and the proceedings when they are ready.

Best Wishes

Raminarayan

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Maria Hamilin Zuniga PHM Steering Group Member, International People's Health Council (IPHC),
Apartado No. 8152, Managua, Nicaragua, Tel: 505-2552225

Fax 505 2662225 Email iphc@cablenet.com.ni

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- 4 Sarah Shannon, Executive Director Hesperian Foundation 1919 Addison Street, #304 Serkeley CA 94704 USA Tel 510.345 1447 Fex 510-845-9141 Email sarahs@hesperian.org
- 5 Lanny Smith, PHM = USA .vze2x6gm@verizon.net.

Dear Orville

Greetings from PHM Secretariac (Giobal)

It was a unique opportunity to sitend the Madrid meeting on Future Strategic Directions for Primary Health Care, and also I was glad to be in through Three for the smaller group discussions and get an opportunity to experience you facilitation and the inclusive way in which you handled the wide range of feedback and ideas for WHO's strategy for Primary Health Care, including all the trank provocation from some of us.

Pilly is particularly well grounded in the PAHO region, especially in the area of Primary Health Care and Dra Mirra Roses had already invited our PHM representatives. (Ms. Maria Hamlin Zuniga) to make a presentation at the last FP meeting in the region. I heard about the Bozzi meeting in Modrid ar 21 croke to the Brizalian participants, who welcomed PHM participation as a relevant civil society input on Primary Health Care for this WHO initiated meeting. I have had no fastine news from them. On encoung the website, I discovered that you are the contact for the meeting. I truly believe that it would be a missed strategic opportunity if PSIM in the Americas were not in your meeting, sharing perspectives from their long-standing Primary Health Care interventions and comparens – some even earner than Alina Ata and also contributors to it. There are presently at the Care of them may be able to fit in the invitation into their busy programmes. Persons they are already in the invitation into their busy programmes. Persons they are already in the invitation into their busy programmes.

Considering that PHM has also been celebrating the Alma Ata Anniversary this year and recently there was a Primary Health Care concress in Ecuador organized by PHM constituents in Latin America, I do feel we should explore the possibility of PHN participants.

The WHO - PHM dialogue is proceeding slowly, but well. Three of us are coming to GFHR - Forum 7 and also to some dialogue events for 3x5 initiative. A WHO team will also be attending the PHM facilitated International Health Forum on 14th - 15th January 2004 at Mumbai, which precedes our active involvement as PHM at the World Social Forum, 16th - 21th January at Mumbai. We are exploring a WHO sponsored WHO - PHM civil society dialogue on 15th January as a plenary in this forum, to hear civil society feedback relevant for 3x5 initiative etc. etc. I hope in spite of the time constraint, we can still operationalize a meaningful input into the Brazil consultation.

A list of the key resource persons with addresses and contact numbers and PHM related designations? linkages is appended. Maria and I munit a reply as soon as possible, so that we can move argently in the matter.

Thanks once again for the interesting discussions at Madrid. Unfortunately, due to a change of travel schedule, I had to live early on the 3rd day, but Bruce, Petti— and others have kept me informed of all that happened on the tinal day. Hope you received the Alma Ata Anniversary pack I forwarded to all participants of the meeting

Looking forward to an early reply and the proceedings when they are nearly

Bell Wishes,

Rave Naravan

CC Monic Smil Deepek

Give

- 1. Maria Flamlin Zuniga, PFM Steering Group Member, International People's Health Council (IPTIC), Apartado. No. 6152, Managua, Nicaragua, Tel: 505-2662225

 Fax: 505-2662225. Email: iphe@cablener.com.ui
- 2. Arturo Quizhpe, PHM South America, CHILE 1-85, Ueb. Senderos, Cuenca, Feuador Fmail: aquizhpe@yahoo.com
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- 4. Sarah Shannon, Executive Director, Hesperian Foundation: 1919 Addison Street, #304, Berkeist, CA 94704 USA, Tel: 510-845-1447, Pax: 510-845-9141, Email, sarahs@hesperian.org

(3) Lanny Smith, PHM - USA (vze2x6qm/a/verizon.net)

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PHA-Exchange> WHO meeting on Alma Ata

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Jul'ourne) osmede eveneo. The contact person for this meeting is Dr Oville Adams at WHO/Geneva stA smlA to visstavings rtiGS ant - its toR rthsalf grivaldaA; attt ant rthv 2002 tadmacaC In the WHO media agence for 2005-04, I have poweed a meeting planned in Brasilia on 7

Sprisom sir is PHM involved in this initiative in any way? Can any one provide more information about

Phote - MAY

Thanks and best regards,

Huns

AIFO, Bologna, Italy Or Sunil Deepak

Website: http://des.kabissa.org/mathran listinto pha-exchange To post, write to: PLAN-Exchange Glassa, and of gordy, til oggede tol coede - assida A no botsod si ognadozil-AHP

PHM-Secretariat

"María Hamlin Zuniga" <maria@iphcglobal.org> From:

"Iphcworldwide" <iphcworldwide@yahoogroups.com>; "Claudio" <claudio@hcmc.netnam.vn> "PHM - Secretariat" <secretariat@phmovement.org>; "PHM_Steering_Group_02-03" To:

Cc:

<PHM_Steering_Group_02-03@yahoogroups.com>

Friday, August 06, 2004 8:54 PM Sent:

Subject: FW: Women's Health in a Free Market Economy

----Original Message----From: notification-1-bounces@thecomerhouse.org.uk

[mailto:notification-l-bounces@thecomerhouse.org.uk] On Behalf Of notification-l@thecornerhouse.org.uk Sent: viernes, 06 de agosto de 2004 8:48 To: notification-l@thecomerhouse.org.uk Subject: Women's Health in a Free Market Economy

-- Please circulate to your networks --

"A Decade After Cairo:

Women's Health in a Free Market Economy" by Sumati Nair and Preeti Kirbat with Sarah Sexton Corner House Briefing no 31 June 2004 http://www.thecomerhouse.org.uk

It is now ten years since the UN held its International Conference on Population and Development in Cairo. Its Programme of Action was the first and most comprehensive international policy document to promote the concepts of reproductive rights and reproductive health.

Its major recommendation -- that population programmes should provide integrated reproductive health services rather than just family planning -reflects the organising and lobbying of women's groups.

One decade later, however, some 600,000 women die each year (95 per cent of them in sub Saharan Africa and Asia) while 18 million are left disabled or chronically ill because of largely preventable complications during pregnancy or childbirth. These figures indicate that many women do not have access to essential and emergency obstetric care, let alone access to more comprehensive reproductive health services.

Indeed, health services in many countries are in terminal decline. The underlying conditions that determine women's health and their ability to make decisions about their childbearing are deteriorating. Fundamentalisms opposing women's rights are on the rise. And Malthusian thinking is as ingrained as ever in many development institutions, donor agencies and government departments.

These four trends can be attributed in large measure to the implementation of neo-liberal economic policies over the past two decades, first by means of structural adjustment programmes and more recently by international trade agreements. Such policies have helped to prevent the more progressive aspects of the Cairo Programme of Action from being implemented.

More critically, however, the Programme of Action, and the political organising that accompanied it, did not challenge this neo-liberal framework sufficiently. In fact, it endorsed it in several respects.

Hen, - IPHC

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A closer look at the ways in which neo-liberalism has impacted upon women's reproductive rights may suggest avenues for more fruitful alliances with other social movements in the future.

Corner House Briefing 31, "A Decade After Cairo: Women's Health in a Free Market Economy" is now on the Corner House website, www.thecornerhouse.org.uk, in html and PDF formats.

Please contact us <u>enquiries@thecornerhouse.org.uk</u> if you would like a printed paper copy or to receive an electronic copy directly rather than via the website.

best regards

Sarah Sexton/Larry Lohmann/Nicholas Hildyard The Corner House http://www.thecornerhouse.org.uk

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