

# HAI News

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

By Dr Ravi Narayan\*

### Background

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

Twenty five years later, after much policy rhetoric

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

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

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HAI News reports on developments in national and international campaigns on health for all. This newsletter highlights activities of network contacts involved in improving access to medicines, rational drug use and poverty eradication.

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Website: <http://www.haiap.org>

HAI Coordinating Offices

**HAI Asia-Pacific**  
5, Frankfurt Place,  
Colombo 4,  
Sri Lanka  
Tel: (94 11) 2554 353  
Fax: (94 11) 2554 570  
Email: [hai@haiap.org](mailto:hai@haiap.org)  
Website: [www.haiap.org](http://www.haiap.org)

**HAI Europe**  
Jacob van Lennepkade 334 – T  
1053 NJ Amsterdam,  
The Netherlands  
Email: [info@haiweb.org](mailto:info@haiweb.org)  
Website: [www.haiweb.org](http://www.haiweb.org)

**AIS Latin America**  
Aptdo 41 – 128,  
Lima,  
Peru  
Tel / Fax: (51 1) 346 1502  
Email: [ais@amauta.rcp.net.pe](mailto:ais@amauta.rcp.net.pe)  
Website: [www.aislac.org](http://www.aislac.org)

**HAI Africa**  
P.O.Box 78360  
Nairobi,  
Kenya  
Tel: (254 2) 444 835  
Fax: (254 2) 440 306  
Email: [haiafrica@africaonline.co.ke](mailto:haiafrica@africaonline.co.ke)  
Website: [www.haiafrica.org](http://www.haiafrica.org)

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## The People's Health Assembly

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

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

The People's Health Assembly was preceded by a series of pre-assembly events all over the world. The mobilization in India was a significant example among many such initiatives. For nearly nine months preceding the Assembly, there were grassroots, local and regional initiatives of people's health enquiries and audits all over India; health songs and popular theater; sub-districts and district level seminars; policy dialogues and translations of national consensus booklets on health into regional languages and campaigns to challenge medical professionals and the health system to become more Health for All oriented. Finally, over 2500 delegates converged on Kolkata (Calcutta), mostly coming by five people's health trains, and brought ideas and perspectives from seventeen state conventions and 250 district conventions. In Kolkata, the assembly endorsed the Indian People's Health Charter after the two days of conferences, parallel workshops, exhibitions, two public rallies for health and cultural programmes. About 300 delegates from this Assembly then traveled to Bangladesh, to attend the global Assembly. Similar preparatory initiatives, though less intense, took place in Bangladesh, Nepal, Sri Lanka, Cambodia, Philippines, Japan in Asia and other parts of the world, including Latin America, Europe, Africa and Australia. The Latin American region was another hotspot of intense mobilization building on the long history of people's health campaigns and community health programmes in that region.

## The People's Charter for Health

Finally, at the end of a full year of mobilization and five days of very intense and interactive work in Savar, a Global People's Charter for Health emerged which was endorsed by all the



participants (People's Health Assembly 2000a). This Charter has now become:

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

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

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

The vision and the principles of the Charter, more than any other document preceding it, extricates Health from the myopic biomedical-techno-managerialist approach it has fostered in the last two decades —with its vertical, selective magic-bullets-approach to health— and centers it squarely in the more comprehensive context of today's global socioeconomic-political-cultural-environmental realities. However, the most significant gain of the People's Health Assembly and the Charter is that, for the first time since Alma Ata, a Health For All action-plan unambiguously endorses a call for action that tackles the broader determinants of health. These include:

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

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

### Action Initiatives in the People's Charter for Health

- ⇒ combating the negative impacts of Globalization as a worldwide economic and political ideology and process;
- ⇒ significantly reforming the International Financial Institutions and the WTO to make them more responsive to poverty alleviation and the Health for All Now Movement;
- ⇒ a forgiveness of the foreign debt of least developed countries and use of its equivalent for poverty reduction, health and education activities;
- ⇒ greater checks and restraints of the freewheeling powers of transitional corporations, especially pharmaceutical houses (and mechanisms to ensure their compliance);
- ⇒ greater and more equitable household food security.
- ⇒ some type of a Tobin tax that taxes runaway international financial transfers;
- ⇒ unconditionally supporting the emancipation of women and the respect of their full rights;
- ⇒ putting health higher in the development agenda of governments;
- ⇒ promoting the health (and other) rights of displaced people;

Contd.

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

- ⇒ halting the process of privatization of public health facilities and working towards greater controls of the already installed private health sector;
- ⇒ more equitable, just and empowered people's participation in health and development matters;
- ⇒ a greater focus on poverty alleviation in national and international development plans;
- ⇒ greater and unconditional access of the poor to the health services and treatment regardless of their ability to pay;
- ⇒ strengthening public institutions, political parties and trade unions involved, as we are, in the struggle of the poor;
- ⇒ opposing restricted and dogmatic fundamentalist views of the development process; greater vigilance and activism in matters of water and air pollution, the dumping of toxics, waste disposal, climate changes and CO2 emissions, soil erosion and other attacks on the environment;
- ⇒ militant opposition to the unsustainable exploitation of natural resources and the destruction of forests;
- ⇒ protecting biodiversity and opposing biopiracy and the indiscriminate use of genetically modified seeds;
- ⇒ holding violators of environmental crimes accountable;
- ⇒ systematically applying environmental assessments of development projects and people centered environmental audits;
- ⇒ opposing war and the current USA – led, blind 'anti-terrorist' campaigns;
- ⇒ categorically opposing the Israeli invasion of Palestinian towns (having, among other, a sizeable negative impact on the health of the Palestinian people);
- ⇒ the democratization of the UN bodies and especially of the Security Council;
- ⇒ getting more actively involved in actions addressing the silent epidemic of violence against women;
- ⇒ more prompt responses and preventive/rehabilitative measures in cases of natural disasters;
- ⇒ making a renewed call for a comprehensive, a more democratic People's Health Care that is given the resources needed and holding governments accountable in this task;
- ⇒ vehemently opposing the commoditization and privatization of health care (and the sale of public facilities);
- ⇒ independent national drug policies focused around essential, generic drugs;
- ⇒ the transformation of WHO, making sure it remains accountable to civil society;
- ⇒ assuring WHO stays staunchly independent from corporate interests;
- ⇒ sustaining and promoting the defense of effective patient's rights;
- ⇒ an expansion and incorporation into People's Health Care of traditional systems of medicine;
- ⇒ changes in the training of health personnel to assure it covers the great issues of our time as depicted in our People's Charter for Health;
- ⇒ public health-oriented (and not for-profit) health research worldwide;
- ⇒ strong people's organizations and a global movement working on health issues;
- ⇒ more proactive countering of the media that are at the service of the globalization process;
- ⇒ people's empowerment leading to their greater control of the health services they need and get;
- ⇒ creating the bases for a better analysis and better concerted actions by its members through greater involvement of them in the PHM's website and list-server (pha-exchange);
- ⇒ fostering a global solidarity network that can support and reach out to fellow members when facing disasters, emergencies or acute repressive situations.

- People's Charter for Health, 2000



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

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

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

- ◆ For the first time in decades, health and non-health networks have come together to work on global solidarity in health. These networks include the International People's Health Council (IPHC); Health Action International (HAI); Consumers International (CI); the Asian Community Health Action Network (ACHAN); the Third World Network (TWN); the Women's Global Network for Reproductive Rights (WGNRR); Gonoshasthya Kendra (GK) and the Dag Hammarskjöld Foundation (DHF). In the last couple of years, new networks like the Global Equity Gauge Alliance (GEGA) and the Social Forum Network have linked with us.
  - ◆ Even at country level, in some regions, this is beginning to happen. In India, for instance, this national collective now includes the science movements; the women's movements; the alliance of people's movements; the health networks and associations; some research and policy networks and even some trade unions. In Latin America, the pre PHA networking has been further strengthened. In Bangladesh and Italy new networks are growing.
  - ◆ Another significant development has been the evolving solidarity PHM has found for its various collective documents at the global level (People's Health Assembly 2000b & c). These have included themes such as:
    - *Health in the era of globalization: from victims to protagonists;*
    - *The political economy of the assault on health;*
    - *Equity and Inequity Today: some contributing social factors;*
    - *The medicalization of Health Care and the challenge of Health for All;*
    - *The environmental crisis: threats to health and ways forward;*
    - *Communication as if people mattered: adapting health promotion and social action to the global imbalances of the 21<sup>st</sup> century.*
- Taken together, these documents represent an unprecedented, emerging, global consensus.
- ◆ At country level also, such consensus documents to support public education and policy advocacy have been upcoming. In India, for instance, five little booklets, now translated into most Indian languages, are available on the following five themes:
    - What globalization means to people's health;
    - Whatever happened to Health for All by the year 2000;
    - Making life worth living by meeting the basic needs of all;
    - A world where we matter: focus on health care issues of women, children, street kids, the disabled and the aged; and,
    - Confronting the commercialization of health care.
  - ◆ These booklets have been published by 18 national networks which form the national coordination committee in India and represent unprecedented consensus, the first of its kind in five decades!
  - ◆ The People's Health Assembly itself was an unusual international health meeting expressing and symbolizing an alternative health and development culture of dialogue and celebration. An extract from the report of two participants in the adjacent box describes this alternative dialogue.
  - ◆ Another significant gain has been the translation of the People's Charter for Health into nearly forty languages worldwide. These include Arabic, Bangla, Chinese, Danish, English, Farsi, Finnish, Flemish, French, German, Greek, Hindi, Indonesian, Italian, Japanese, Kannada, Malayalam, Ndebele, Nepalese, Philippine, Portuguese, Russian, Shona, Sinhala, Spanish, Swahili, Swedish, Tamil, Urdu, Ukrainian and now in the process of being translated into Tonga, Lithuanian, Norwegian, Welsh, Thai, Cambodian, Vietnamese, Pastun,



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

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

workers to activists with AIDS.....

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

(Werner and Sanders, 2000)

Dhari and Creole. An audio tape in English with Braille titles is also available. All these have been translated by volunteers, committed to the People's Health Movement. Audio Visual aids including videos for public education, exhibitions, slides, and other forms of communication are coming up. The BBC Life Series video on the Health Protesters was a good example.

- ♦ The movement itself has evolved a communications strategy which includes a website ([www.phmovement.org](http://www.phmovement.org)); the e-list server group for exchange and discussion ([phaexchange@kabissa.org](mailto:phaexchange@kabissa.org)); news briefs (nine since January 2001) and a host of press releases on a wide variety of themes and on special events and crises.
- ♦ Presentations of the Peoples Health Charter, are constantly taking place in national, regional and international fora which have included the World Health Organization, the Global Forum for Health Research (GFHR – Forum 5 & 6) and the World Health Assembly.
  - The development of the evolving dialogue between the PHM and WHO is particularly interesting.
  - In April 2001, the very effective and assertive in-house lobbying by a visiting PHM Activist to a WHO research seminar resulted in the formation of the WHO Civil Society Initiative announced at the World Health Assembly, in May 2001. Six PHM leaders were invited

to meet and dialogue with the Director General.

- By May 2002, WHO CSI invited PHM to present the People's Charter for Health as a Technical Briefing in the World Health Assembly. 35 PHM members participated.
- In May 2003, over 80 PHM delegates from 30 countries attended the Assembly; made statements on Primary Health Care, TRIPS and other issues and were invited to meet the DG designate, who welcomed a greater dialogue with PHM members at all levels so that WHO could be in touch with the realities of the lives of the poor and the marginalized. The Assembly was preceded by a PHM Geneva meeting for the 25<sup>th</sup> Alma Ata Anniversary, which was attended by some WHO staff, including the PAHO Regional Director.
- In July 2003, the new WHO-DG Dr. Lee, who had met 6 PHM activists at the WHA 2003 wrote to the coordinator suggesting further dialogue and critical collaboration. This has been followed up through a series of informal meetings.
- In January 2004, team of WHO staff will be attending the PHM facilitated International Health Forum in Mumbai, January 2004 to listen to the voices of Civil Society.

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

- ♦ In many countries of the world, emerging country level PHM circles are beginning to organize public meetings and campaigns which include taking health to the streets as a Rights issue. Discussions on the charter by professional associations and public health schools; and articles and editorials in medical/ health journals are also beginning to increase.
- ♦ Policy dialogues and action research circles on WHO/WHA; poverty and AIDS; women's access to health; health research; access to essential drugs; macroeconomics and health; public-private partnerships; food and nutrition security issues are beginning their work.
- ♦ In 2003, PHM decided to focus on the Alma Ata Anniversary as a theme for action initiatives. A million signatures for Health for All campaign was launched on the internet; an Alma Ata Anniversary packet of reflections, press releases and other documents were released and published; Alma Ata Anniversary reflections were held all over the world at national and state levels and also facilitated in NGO / civil society meetings and conferences.
- ♦ In January 2004, PHM is facilitating an International Health Forum in Defense of People's Health in Mumbai, which will take stock of all the initiatives, campaigns and action towards Health for All Now, all over the world since the people's health movement evolved in Bangladesh in December 2003. This forum will just precede the World Social Forum 2004 an alternative annual global gathering of activists who wish to emphasize and celebrate that Another World is possible. It will be an important milestone to take stock of the road travelled.

## Conclusion

To conclude, the People's Health Assembly and the People's Health Movement that has emerged from it has been an unprecedented development in the journey towards the "Health for All" goal. The movement:

- ⇒ is a multi-regional, multi-cultural, and multi-disciplinary mobilization effort;
- ⇒ is bringing together the largest gathering of activists and professionals, civil society representatives and the peoples representatives themselves,

- ⇒ is evolving global instruments of concern and action, and
- ⇒ is involved in solidarity with the health struggles of people, especially the poor and the marginalized affected by the current global economic order.

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

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**\*The writer is the Coordinator of the People's Health Movement Secretariat (Global). For further information, please visit :**

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