



# **Globalization of Health Solidarity**

## **from Below: Understanding the theory of change behind the People's Health Movement**

**Seminar at  
London School of Economics – London  
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**Past Coordinator People's Health Movement, Global Secretariat**

**[www.sochara.org](http://www.sochara.org), [www.phmovement.org](http://www.phmovement.org)**

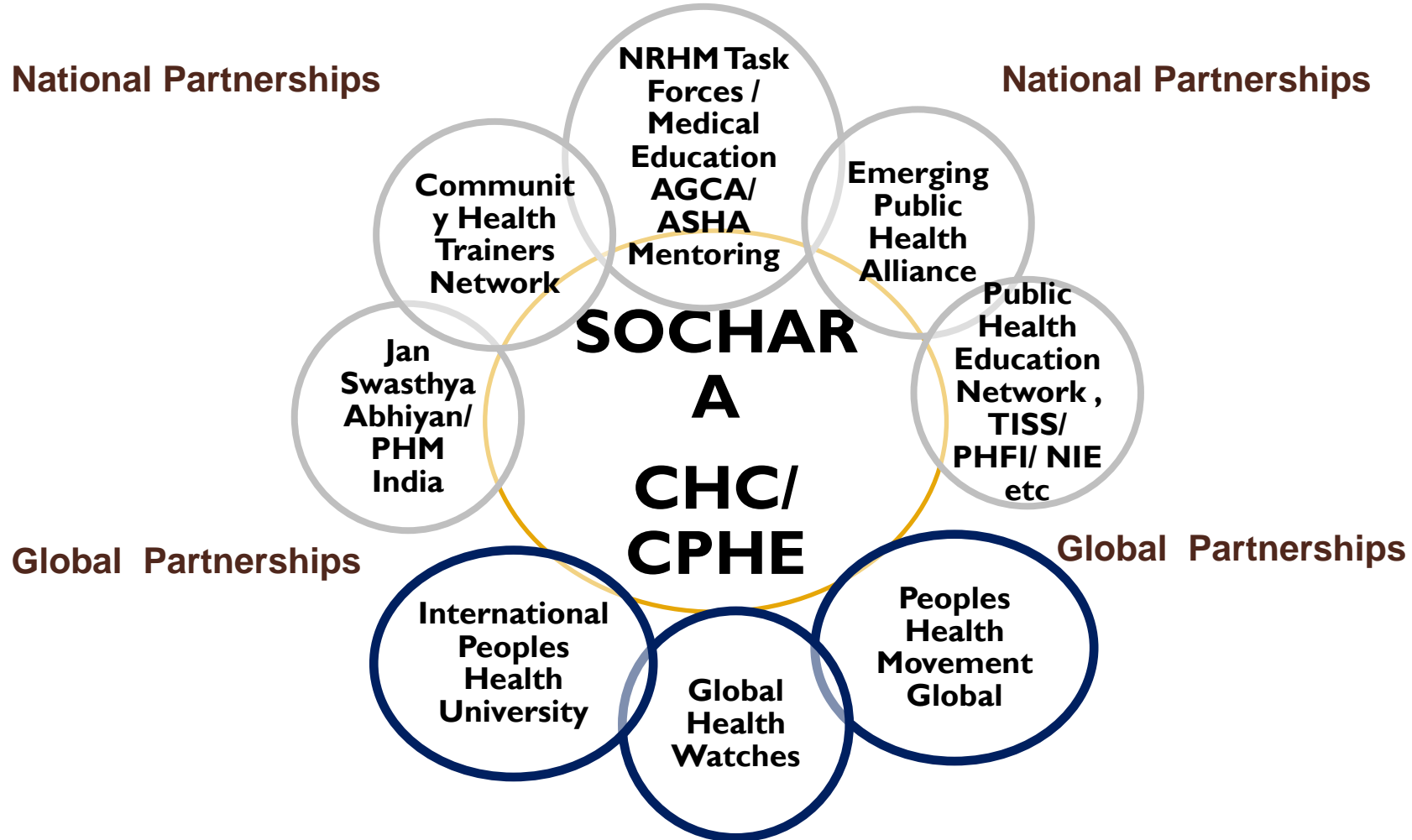


# The Challenge for PHC in the new millennium



- The **People** back into the centre of primary health care
- The **Public** back into Public health systems
- The **Community** back into the health policy discourse.

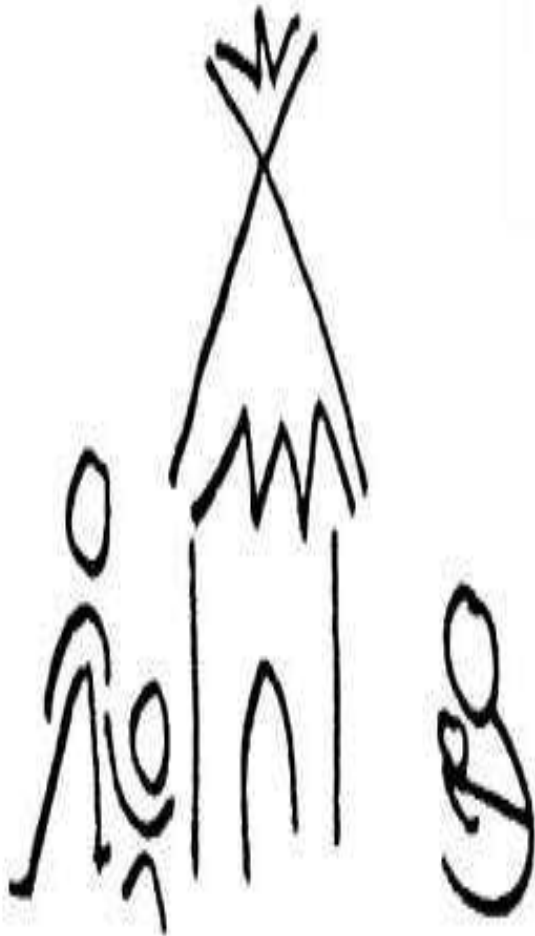
# Alternative Sector Partnerships of SOCHARA, Bangalore.



# 1984 - Initiation of Community Health Cell (CHC)

## Goal

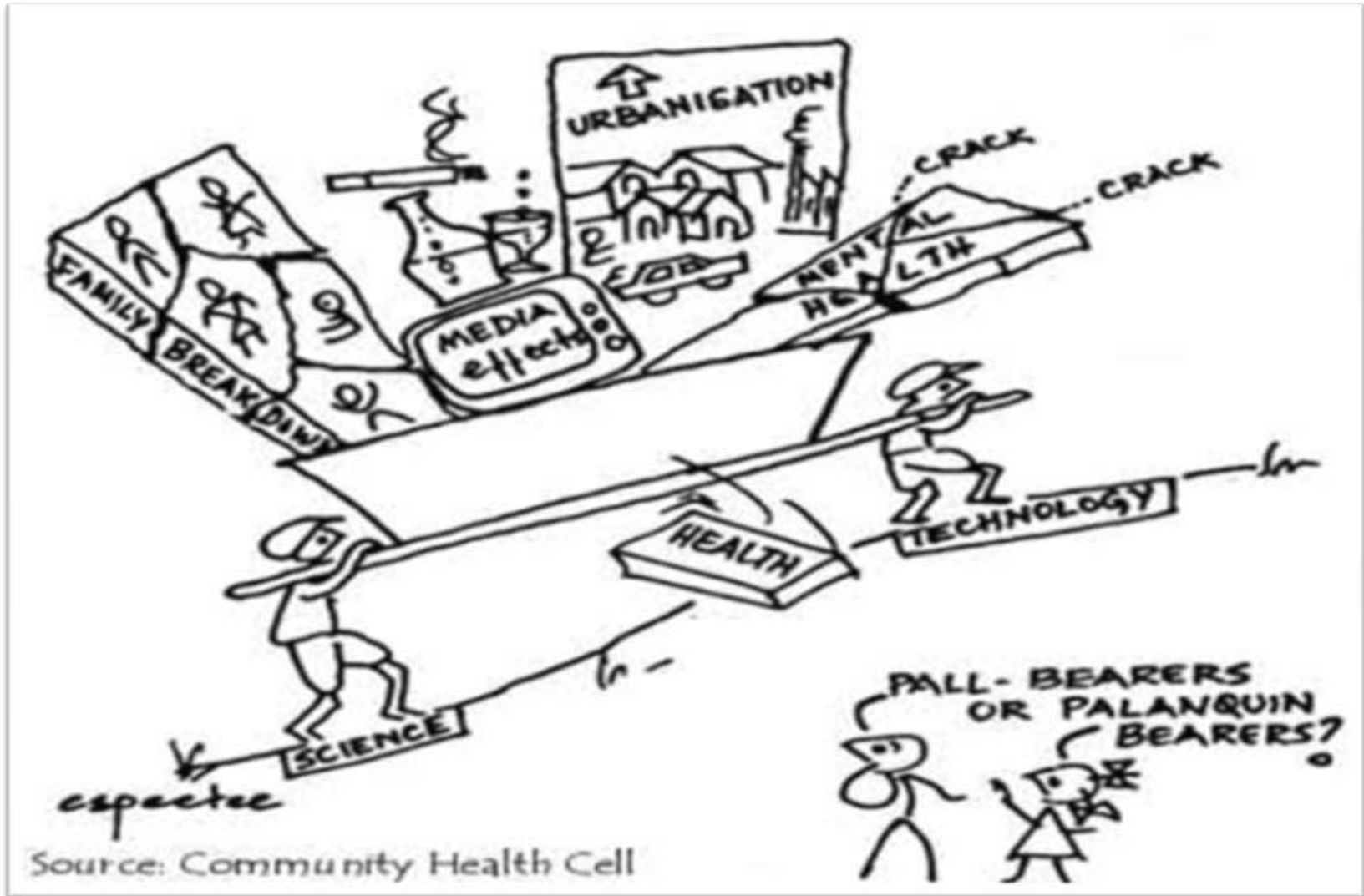
- **“Community Health is a process of enabling people to exercise collectively their responsibility to their own health and to demand health as their right.**
- **Community health involves increasing of the individual family and community autonomy over health and over the organizations, the means, the opportunities, the knowledge and the supportive structure that makes health possible”.**



# Plan of session

1. **Basics**
2. **Promoting the politics of health**
3. **Globalization of health solidarity from below**
4. **Summing up**

# Section I: BASICS



# 1978- Alma Ata Declaration-I.



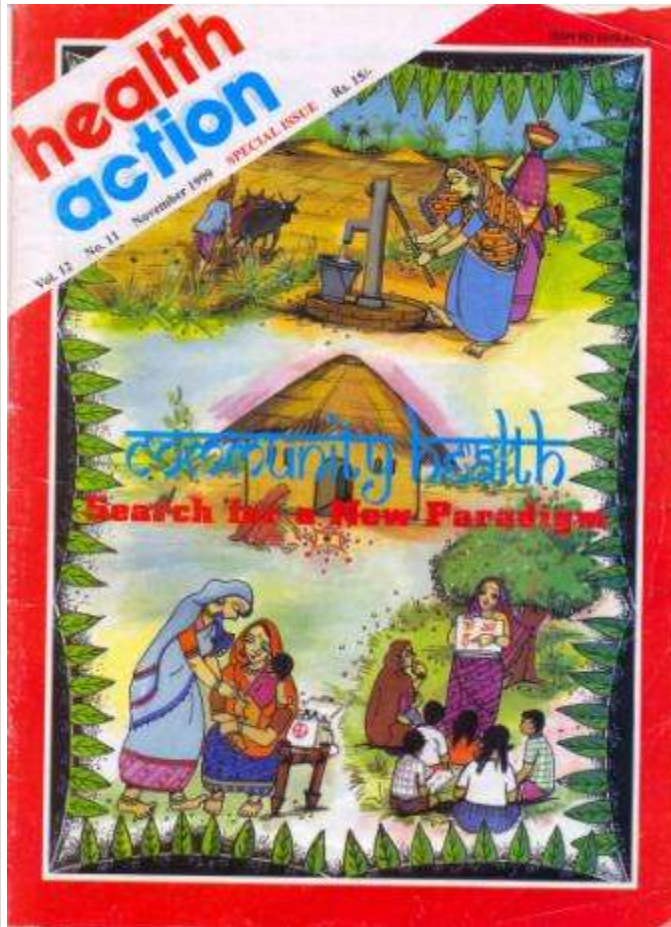
**Alma Ata, 1978:**

- Health for All
- Primary Health Care
- Health a Fundamental Human Right
- Equity
- Appropriate Technology
- Inter-sectoral Development
- Community Participation.

**The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.**



# The New Community Health Paradigm



- **“Community health is a process of enabling people, to exercise collectively their responsibility to their own health and to demand health as their right”**

source: the CHC 1986 /1999



# Civil Society

“A sphere of ideas, values, institutions, organisations, networks and individuals located between the family, the state and the market, and operating beyond the confines of the national societies, politics and economies”.

**Source: OUP- Global Change and Health,2005**

“Associations of citizens (out side their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies. The term does not include profit-making activity (the private sector) or governing (the public sector)” - UN,2004:

**Source:The New Public Health, Fran Baum**

# Roles of Civil Society

- Representing the 'voice of people'.
- Advocacy and lobbying
- Research and policy analysis
- Watchdog
- Communication
- Involvement in horizontal government mechanism
- Involvement in multilevel governance
- Horizontal and vertical networking
- Build capacity of civil society organizations
- Collaboration with global health institutions in designing and implementing programmes

# Solidarity

- Solidarity is extent to which people in a society work together to define and achieve the common good. ....
- It is manifested in national and local government, in the formation of voluntary organizations and labour unions, and other in forms of citizen participation in civic life...
- Social solidarity is one means by which collective action can overcome problems;
- Participation and accountability at all levels is necessary not only to achieve solidarity, but also to assure that it is maintain overtime

# The New Epidemiology

“ The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social ...

Medicine and politics cannot and should not be kept apart.”

- Prof. Geoffrey Rose, 1992

The Strategy of Preventive Medicine

# Researching levels of analysis and solutions

Levels of analysis of tuberculosis	Casual understanding of tuberculosis	Solutions / Control strategies for tuberculosis
Surface phenomenon (medical and public health problem)	Infectious disease / germ theory	BCG, case finding and domiciliary chemotherapy
Immediate cause	Under nutrition/ low resistance, poor housing, low income / poor purchasing capacity	Development and welfare – income generation / housing
Underlying cause (symptom of inequitable relations)	Poverty / deprivation, unequal access to resources	Land reforms, social movements towards a more egalitarian society
Basic cause (international problem)	Contraindications and inequalities in socio-economic and political systems at international, national and local levels	More just international relations, trade relations etc.

Source: Narayan T., 1998

# Impact of the Economic crisis – 1990's

**Corporate led globalization,  
Neo-liberal economic  
reforms,  
Negative macro-policies**

**Adversely affect the  
social majority,  
nationally & globally**

**Livelihoods,  
Incomes,  
Food security,  
Increased conflict,  
War and violence,  
Access to water,  
Access to health care,  
Environmental degradation,**

# What are the people saying?



Less Food

No water

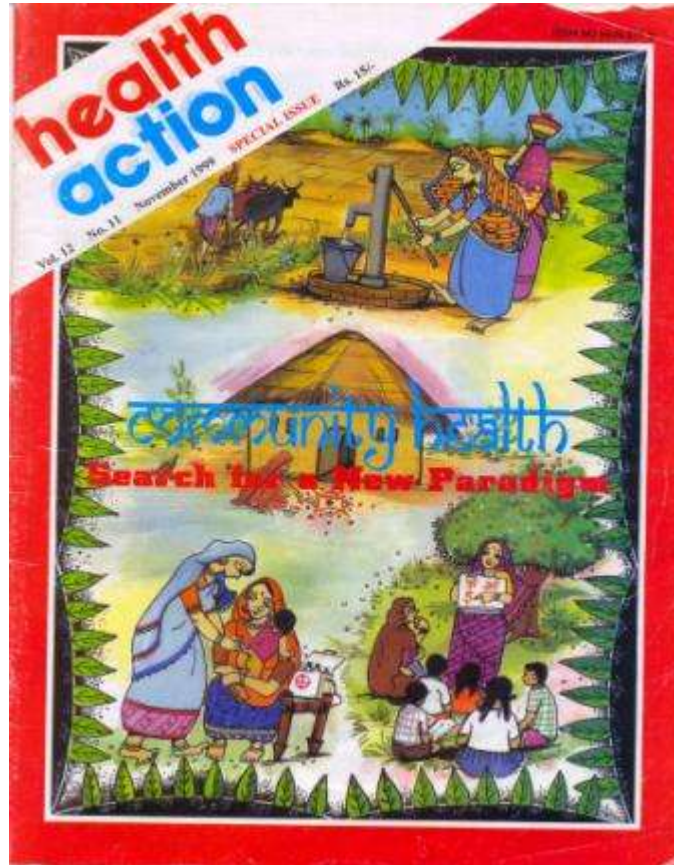
No job







## The New Community Health Paradigm



- “What is needed is a **strong countervailing movement** initiated by health and development professionals and activists, consumer and people’s organizations that will bring health care and medical education and their right orientation high on the political agenda of the country”

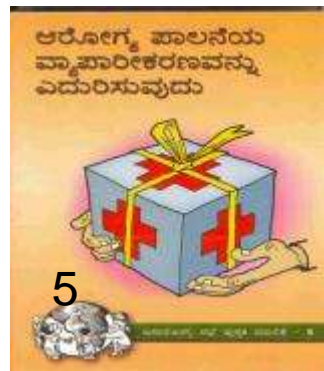
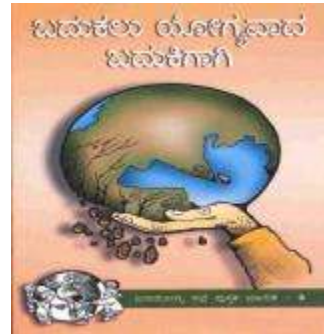
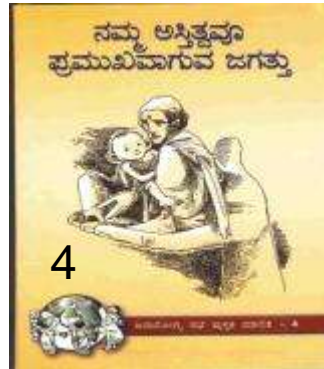
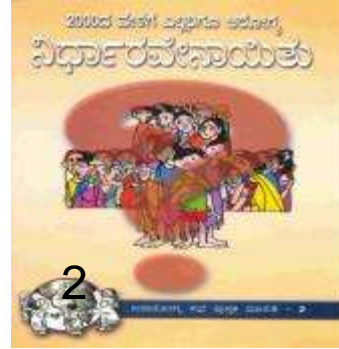
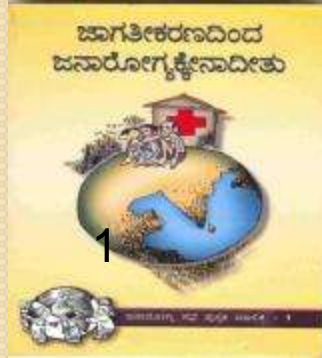
# Towards a New Paradigm of Community Health and Community Participation through civil society initiative in India – 1984-1999



- Voluntary Health Association of India (1970)
- Medico Friends Circle (1975)
- Asian Community Health Action Network (1980)
- Catholic Health Association of India (1983)
- Community Health Cell (1984)
- All India Drug Action Network (1989)
- International People's Health Council (1990's)
- Christian Medical Association of India (1990's)
- National Alliance of People's Movement (1996)
- All India People's Science Network - Health Campaign (1998)
- The Women's movement and .....



# The People's Health Resource Books in India 2000AD



1. Globalization and Health
2. Primary Health Care?
3. Inter-sectoral Action
4. Empowerment of the socially Marginalised
5. Confronting Commercialization of health care

3 “These books are the best expressions of primary health care concepts and its politics that I have ever read. They are the bible of primary health care, a glorious milestone on the tortuous road to primary health care....”

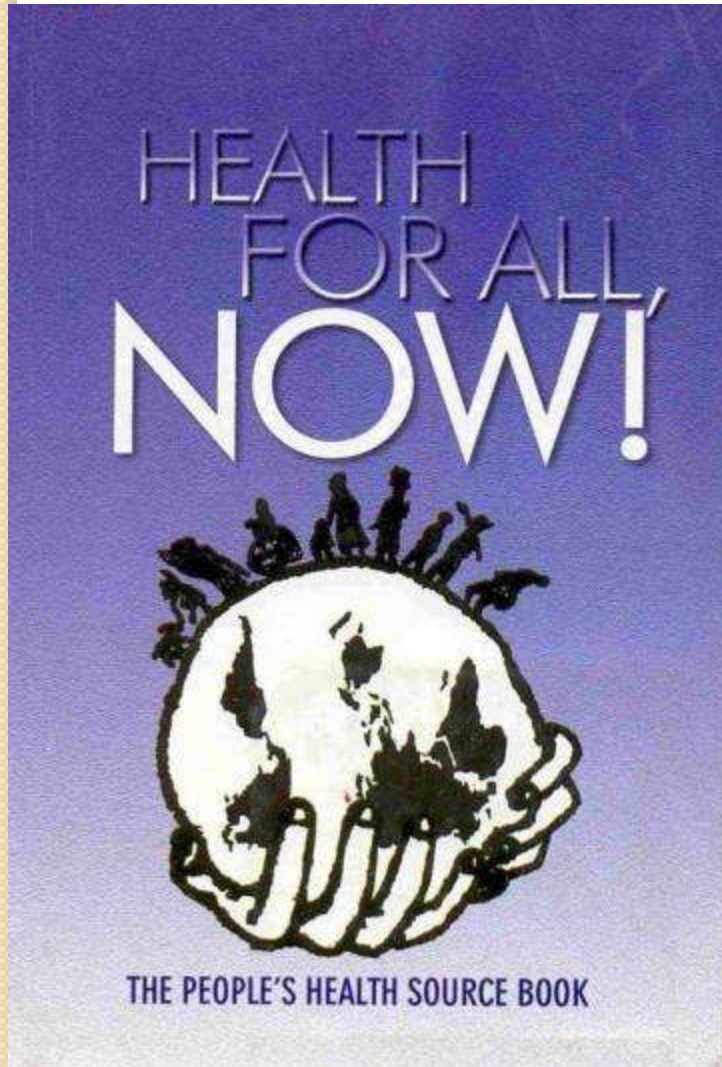
Halfdan Mahler ,DG Emeritus, WHO  
and Architect of the Alma Ata Declaration.

# National Peoples Health Assembly (Jan Swasthya Sabha), Kolkata 2000



- Over 2000 participants in 5 peoples health trains
- Mobilization across 19 states
- Adopted 20 point Indian People's Charter
- Launched the Jan Swasthya Abhiyan,
- Campaigning for Health for All Now
- Health as a Fundamental Human Right

# INDIAN'S PEOPLE HEALTH CHARTER- DEC 2000



**“ ....A Health Care system which is gender sensitive and responsive to the people’s needs and whose control is vested in people’s hands and not based on market defined concepts of health care.....”**

**“..... Village level health care based on village health care workers selected by the community and supported by the gram sabha / panchayat and the government health services which are given regulatory powers and adequate resource support”.**



# The First Global People's Health Assembly

In 2000 December 1454 health activists from 75 countries met in Savar, Bangladesh to discuss the challenge of attaining Health for All, Now! Over 250 Indian delegates attended





# The People's Charter for Health

(1454 people from 75 countries) Dec 2000



**“Health is a social, economic and political issue and above all a fundamental human right.”**

# The People's Charter for Health

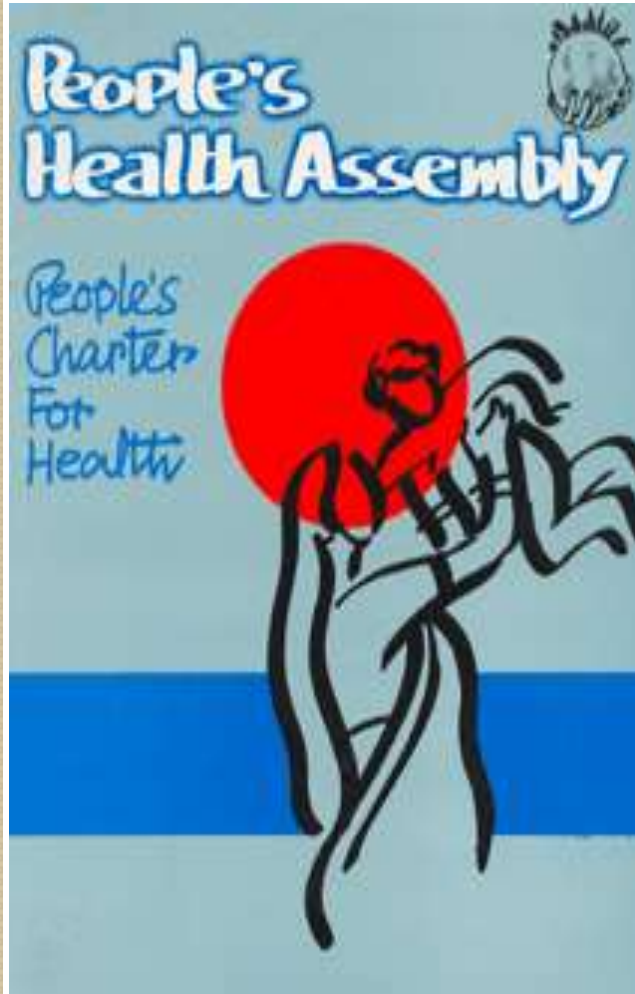
## Dec 2000



**“Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed.”**

# The People's Charter for Health

**Dec 2000**



**“Promote, support, and engage in actions that encourage people’s involvement in decision making in public services at all levels.....**

**.....Demand that people’s organizations be represented in local/ national and international fora that are relevant to health”**

# PEOPLE'S CHARTER FOR HEALTH PRINCIPLES

**HEALTH IS  
FUNDAMENTAL  
HUMAN RIGHT**

**PRIMARY HEALTH CARE  
(1978 Alma Ata Declaration)  
BASIS FOR POLICY**

**GOVERNMENTS  
FUNDAMENTAL  
RESPONSIBILITY TO  
ENSURE ACCESS AND  
QUALITY**

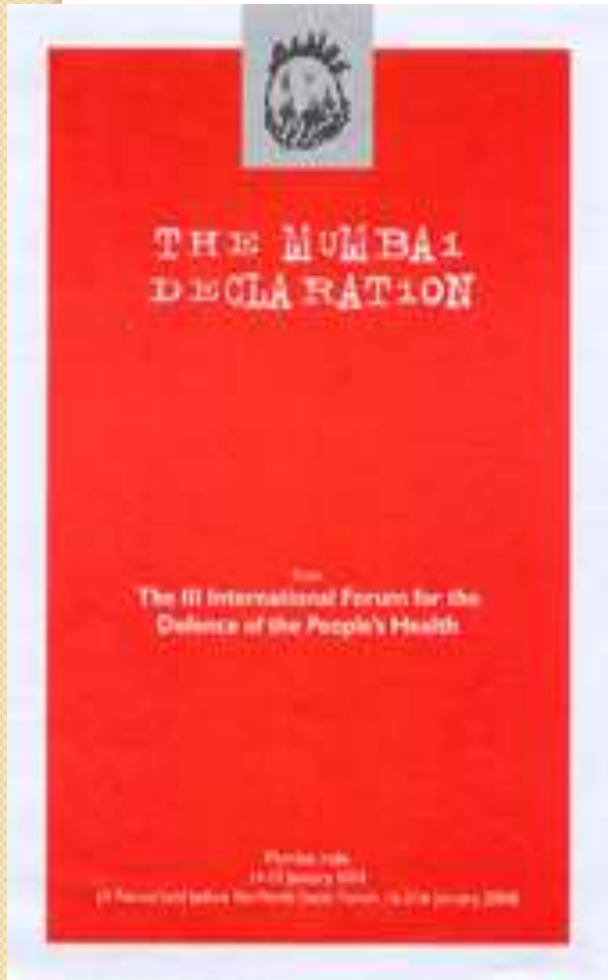
**PEOPLE AND PEOPLES  
ORGANISATIONS ESSENTIAL  
TO FORMULATION,  
IMPLEMENTATION,  
EVALUATION OF HEALTH  
PROGRAMMES**

**POLITICAL /  
ECONOMIC SOCIAL /  
ENVIRONMENT ARE  
PRIMARY  
DETERMINANTS OF  
HEALTH AND MUST  
GET TOP PRIORITY IN  
POLICY MAKING**

**ACTION AT ALL LEVELS  
TO TACKLE CRISIS**

- Individual
- Community
- National
- Regional
- Global

# The Mumbai Declaration-2004



- Implement comprehensive and sustainable primary health care involving marginal sectors in decision making regarding policies that affect them.....
- Develop comprehensive primary health care oriented interventions for HIV/AIDS epidemic enhancing involvement of people affected communities and civil society in its planning through proactive dialogue.....
- Make concerted efforts to incorporate the needs of marginalized population, the unheard and unseen in health and development strategies and social policies in a rights context.....

# People's Charter on HIV/AIDS 2004 released at Bangkok 2004



“HIV and AIDS is a development issue that calls for social and political action. It is also a public health issue that requires people-oriented health and medical interventions. Such responses require democracy, pro-people inter-sectoral policies, good governance, **people's participation** and **effective communication**. They should be rooted in internationally accepted human rights and humanitarian norms.”



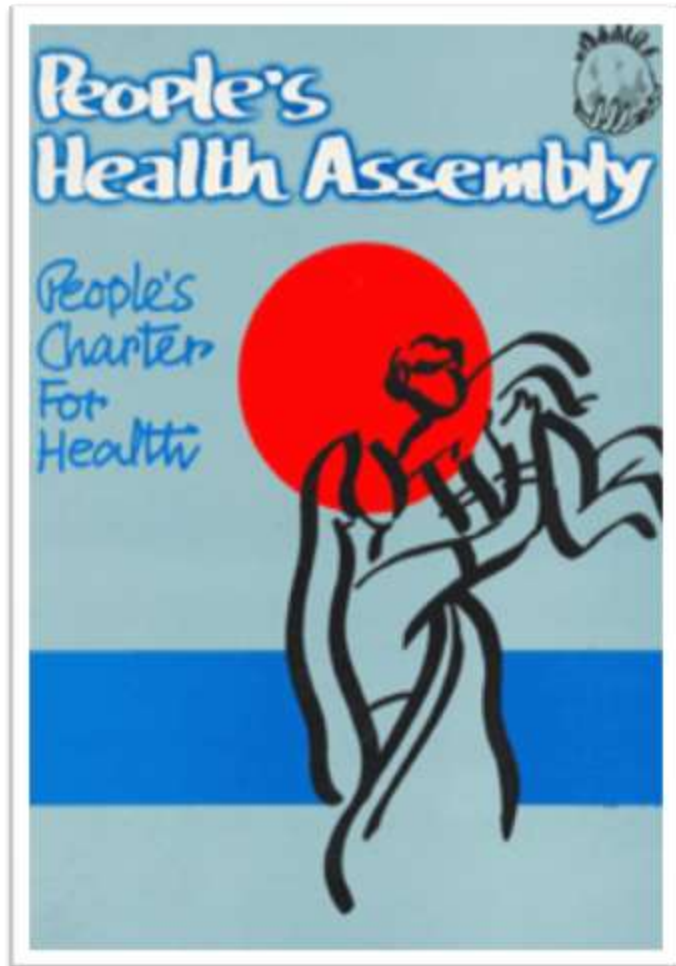
# The Cuenca Declaration Ecuador-2005



- **“PHM will struggle for comprehensive primary health care and sustainable, quality local, and national health systems.**
- **PHM will continue to raise awareness among communities on policies, policy making process and financial issues to enable them to monitor government performance increase accountability and address health equity issues.**
- **PHM commits to gathering within its movement positive experiences of comprehensive PHC to build up the evidence base ..... and to undertake concerted advocacy for its revitalization”**



# The People's Charter for Health



“Build broad-based popular movements to pressure governments to incorporate health and human rights into national constitutions and legislation.”

# Making Health an Agenda for the Social Movements. World Social Forum, Porto Alegre Brazil

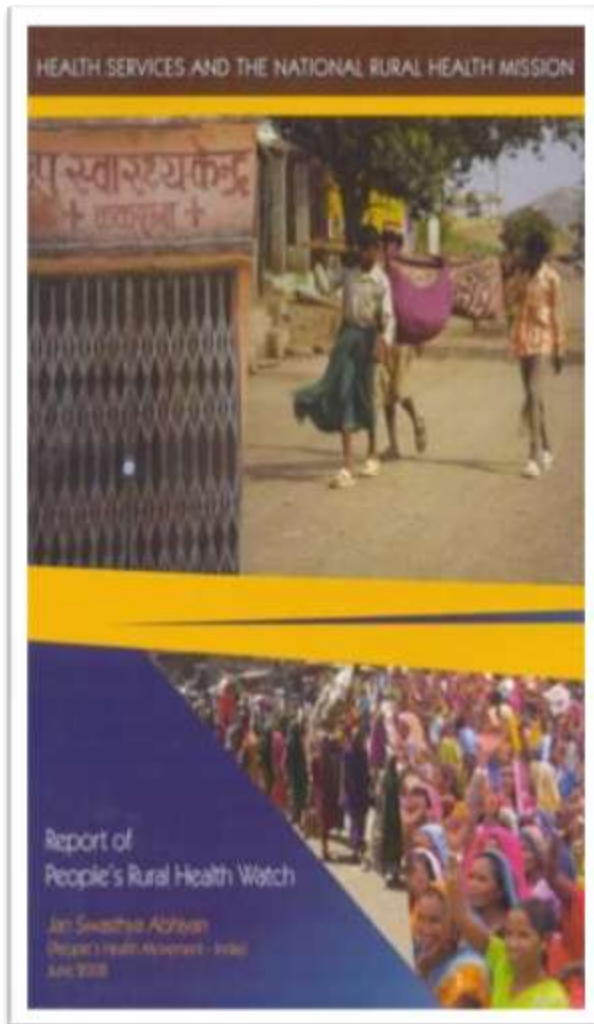


# The People's Charter for Health



“Develop people-centred, community-based indicators of environmental and social progress, and to press for the development and adoption of regular audits that measure environmental degradation and the health status of the population.”

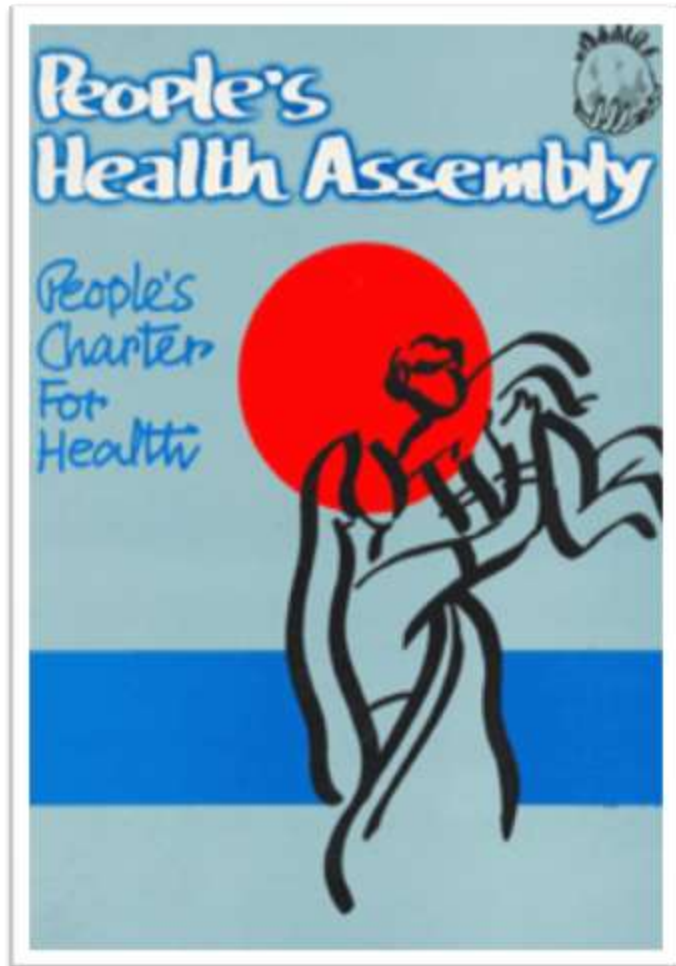
# People's Rural Health Watch, 2008 Recommendations



- ASHA's to be chosen through a consultative village process
- Constitution and training of village health and sanitation committees before preparation of village and district health plans
- Community based monitoring to be integral part of public health system and not a stand alone component
- The communitization option, with public people partnerships to replace the privatization options....



# The People's Charter for Health



“Promote, support and engage in actions that encourage people’s power and control in decision-making in health at all levels, including patient and consumer rights.”

# Peoples voices at national level

## Campaign for Ethical Marketing of Drugs, Germany



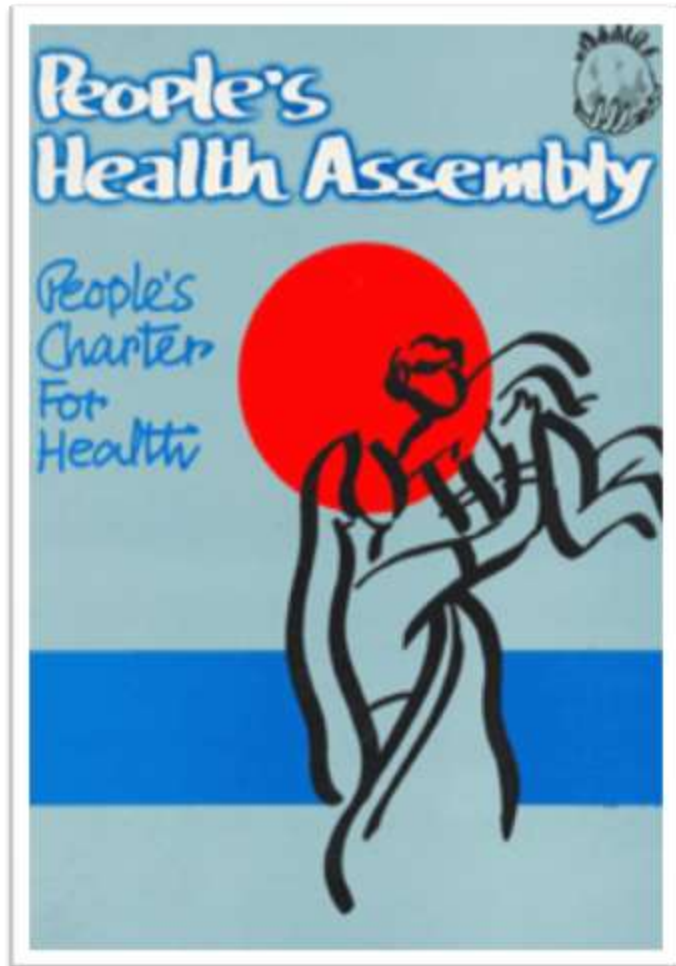


# Challenge: Tackling global health social and trade policies



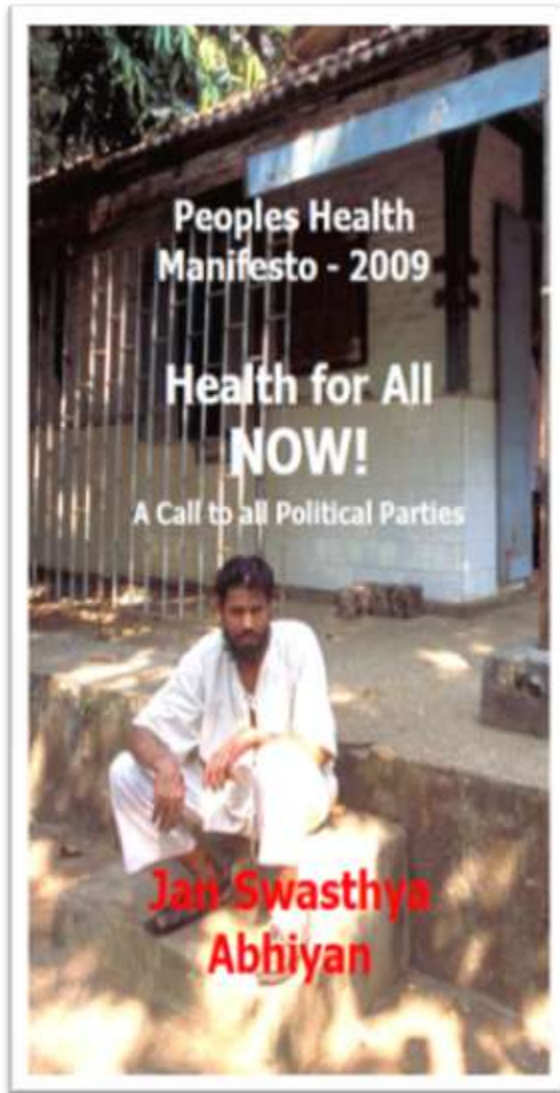


# The People's Charter for Health



- “Demand that people’s organisations be represented in local, national and international for a that are relevant to health.”

# Peoples Health Manifesto- 2009



## Suggested effective measures to achieve right to health

- **Enactment of National Health ACT-** to guarantee the basic affordable quality health care services in all clinical establishments including the private establishment
- **Rural Infrastructure and the National Rural Health Mission-** Increased allocation and effective utilization of Funds and strict action on corruption
- **Drug Medicines and Patents-** List of Essential and Consumable drugs by the state. Ethical code of marketing medicine and revival of public sector companies on medicine and vaccines
- **Gender and Health –** Abolish coercive laws on policies and practices that violate the reproductive and democratic rights of women and Assure women of gender-specific health entitlements
- **Child Health and Nutrition –** Urgency for a National policy on Child health and nutrition. Universalization with quality IDCS

# Bringing WHO back to People's Health

- ***The Role of People's Health Movement putting the social determinants of health on the global agenda.*** (Narayan.R, 2006; Health Promotion Journal of Australia, 2006-17(3)P -186 -188)
- ***WHO and the People's Health Movement,*** (Box Item E-1.2, Global Health Watch, an Alternative world Health Report. 2005-2006 ,PHM/ Medact / GEGA)
- ***A new Director General for the World Health Organization - an opportunity for bold and inspirational leadership*** (McCoy.D, Narayan.R & ethol, published in The Lancet, 06/26/2007 - 11:01)

# The People's Charter for Health



- “Build and strengthen people’s organisations to create a basis for analysis and action.”

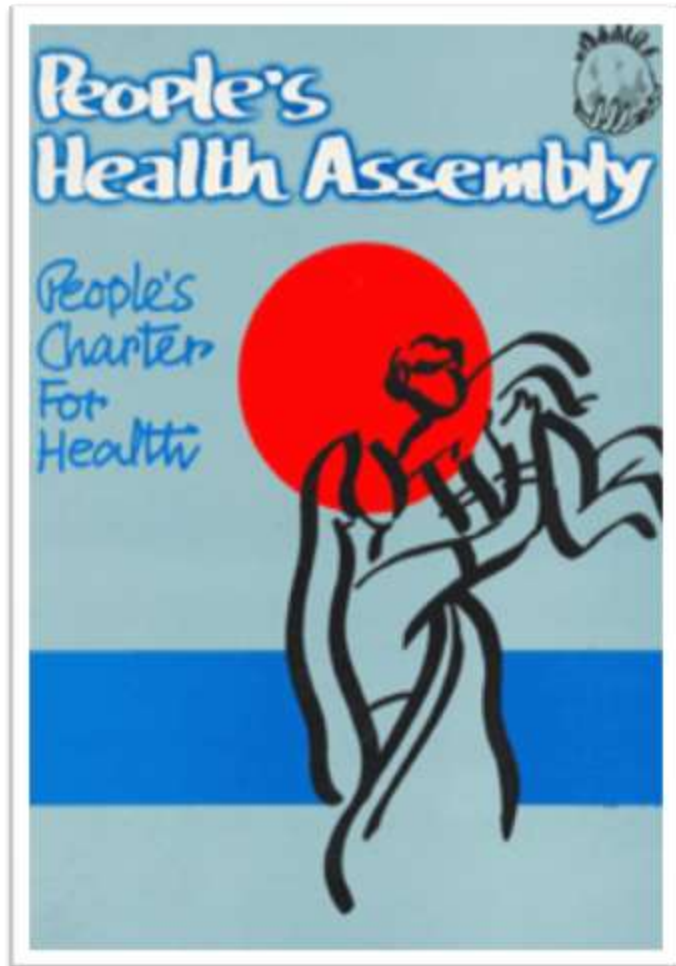


# Involving the Socially excluded and marginalized





# The People's Charter for Health



- “Promote, support and engage in actions that encourage people’s involvement in decision-making in public services at all levels.”

## People's health tribunals in India, *Dialogue with policy makers on behalf of the movement*



- A Peoples Court or Civil Court
- A panel of judges and experts is setup by the National Human Rights Commission
- The senior-most State health officials act as respondents

# The People's Charter for Health



- **“Support people's initiatives to achieve a just and lasting peace, especially in countries with experiences of civil war and genocide.”**



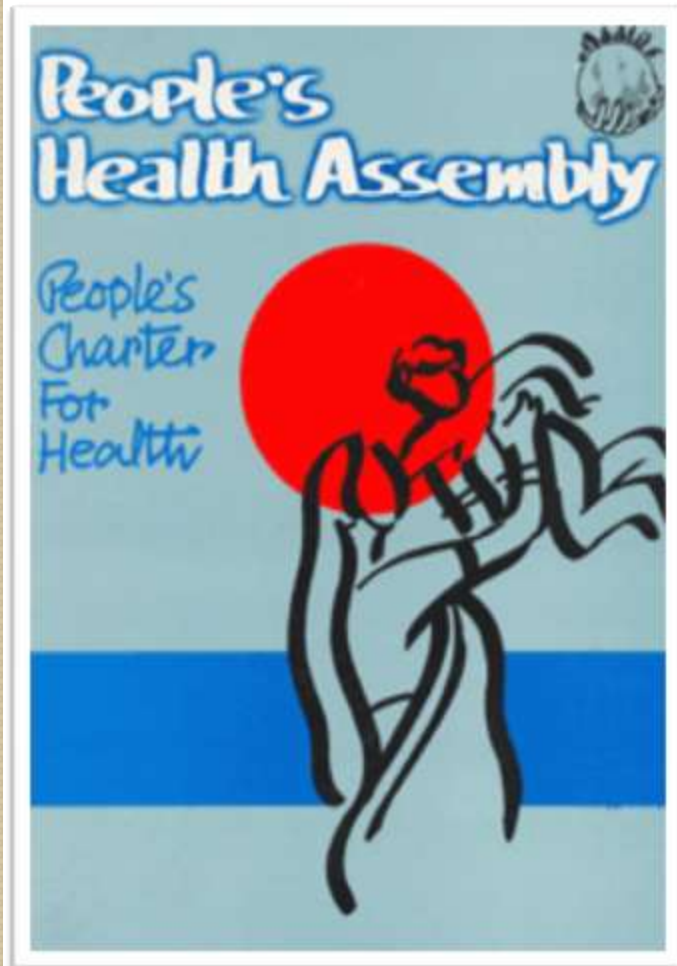
No!  
a la guerra  
en  
IRAQ

No...!  
al  
Nica

¡NO!  
al Plan  
Colombia



# The People's Charter for Health



“The participation of people and people's organisations is essential to the formulation, implementation and evaluation of all health and social policies and programmes.”



# National Rural Health Mission 2005-2012

## - Evolving through the engagement with civil society

### Goal:

- To improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children

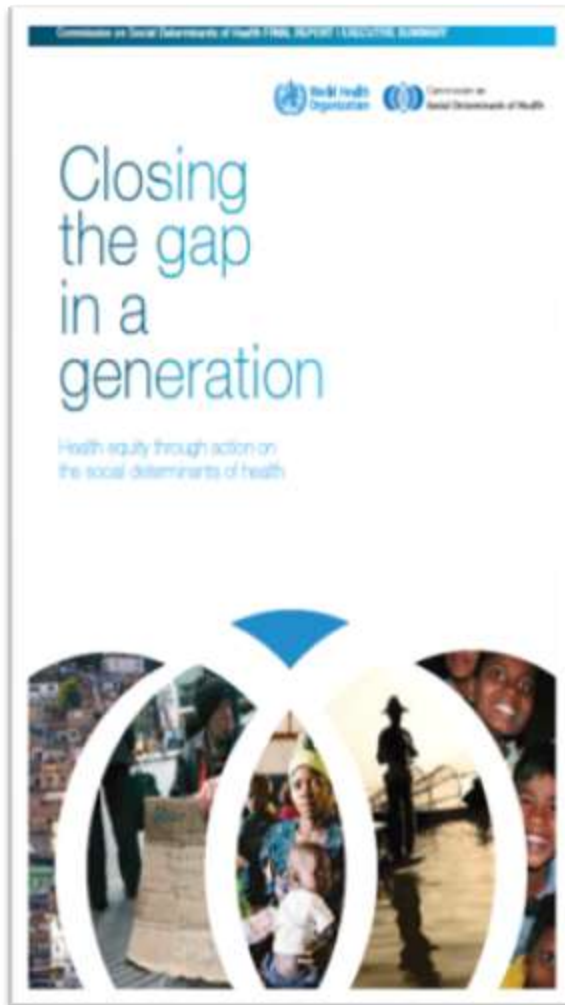
### Principles:

- It seeks to improve access to equitable, affordable, accountable, and effective primary health care.
- It has as its key component provision of a female health activist in each village; a village health plan prepared through a local team headed by the village health and sanitation committee of the panchayat.
- Train and enhance capacity of panchayatiraj institution to own, control and manage public health service.



(A national people Centered PHC initiative)

# WHO CSDH Report



- PHM commissioner
- Dialogue with CSO's in different regions
- CSO report on SDH submitted to commission
- PHM members participating in knowledge hubs
- Advocacy

# The People's Charter for Health

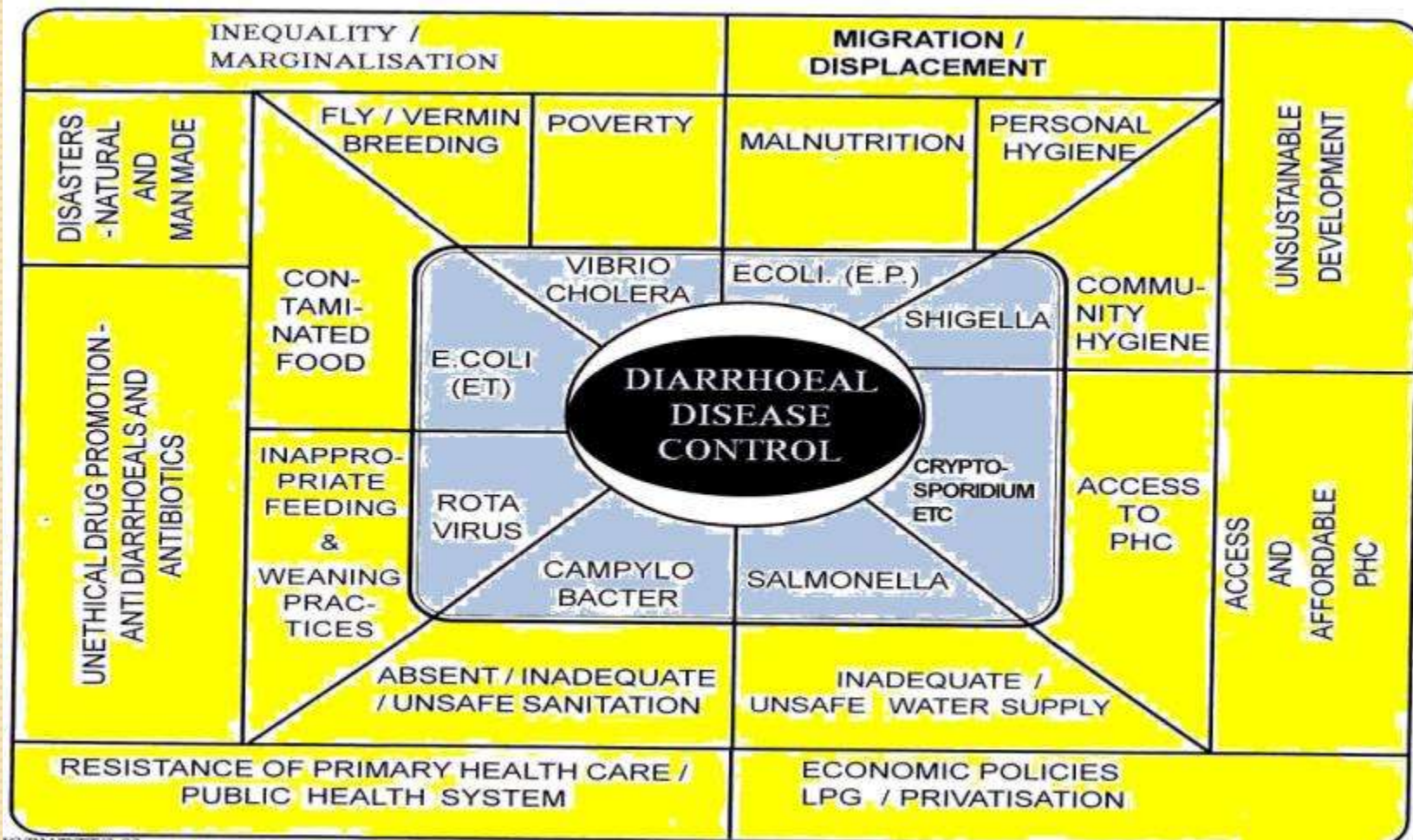


“It encourages people to develop their own solutions and to hold accountable local authorities, national governments, international organisations and corporations.”





# Effect: Concept of Social vaccine presented in Global Forum for Health Research





# The People's Charter for Health



- **“Support local initiatives towards participatory democracy through the establishment of people-centred solidarity networks across the world.”**

# **GHW-2: the second Alternative World Health Report to be released in London – October 2008**



Inspiration, courage and resistance – a new understanding of people -centred PHC

1. Political and Social Action against theft of land and water
2. Right to health care campaigns
3. Movements for food sovereignty
4. Community Partnerships to improve water and sanitation
5. Campaigns for Access to Essential medicines
6. Campaigns for health and health care of vulnerable groups

**Primary Health Care as a Health for All Movement !**

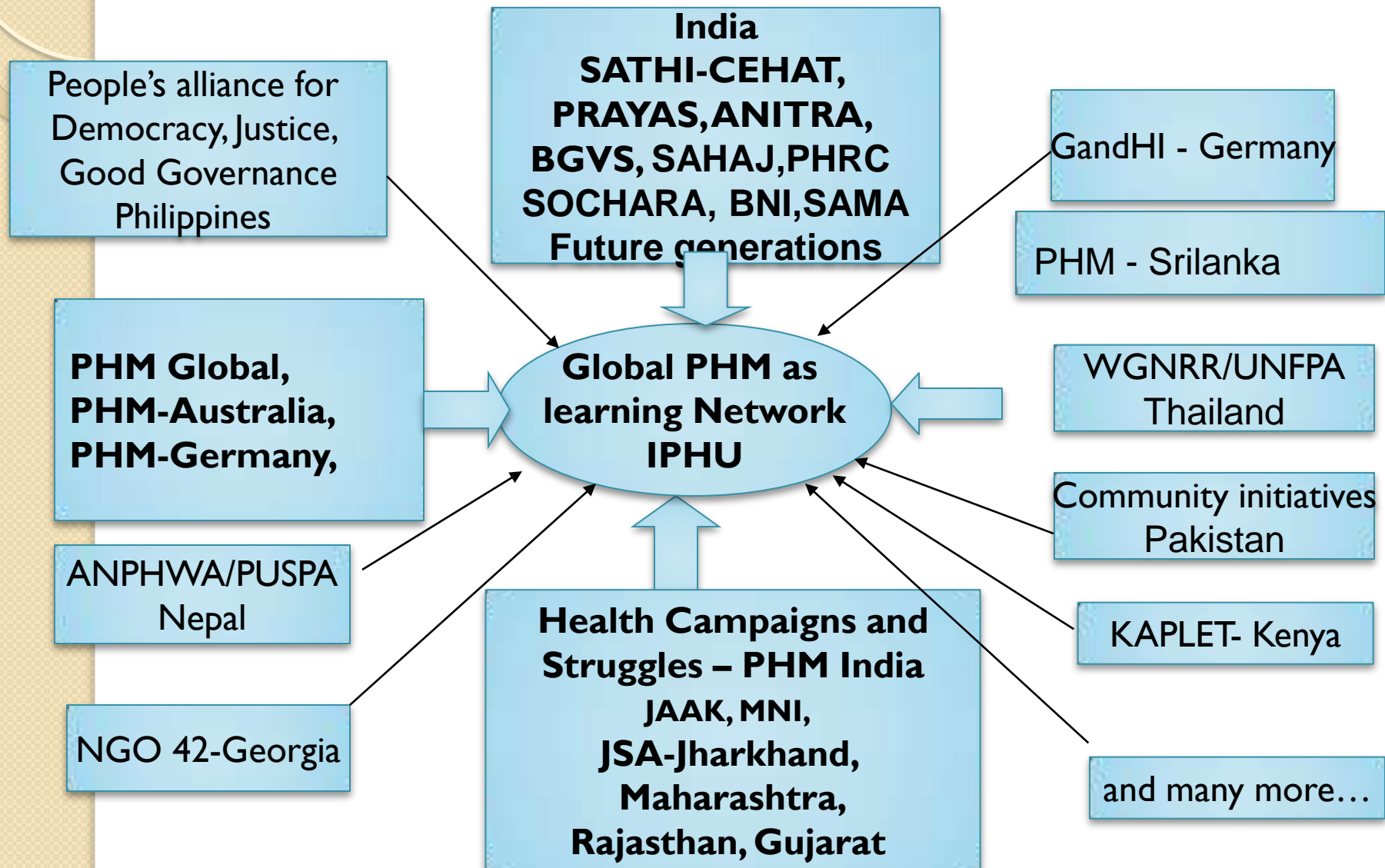
# The International People's Health University (IPHU)

The International People's Health University (IPHU) is one of the major programs of the People's Health Movement (PHM) – Global. IPHU is a global university providing short courses and other resources for health activists



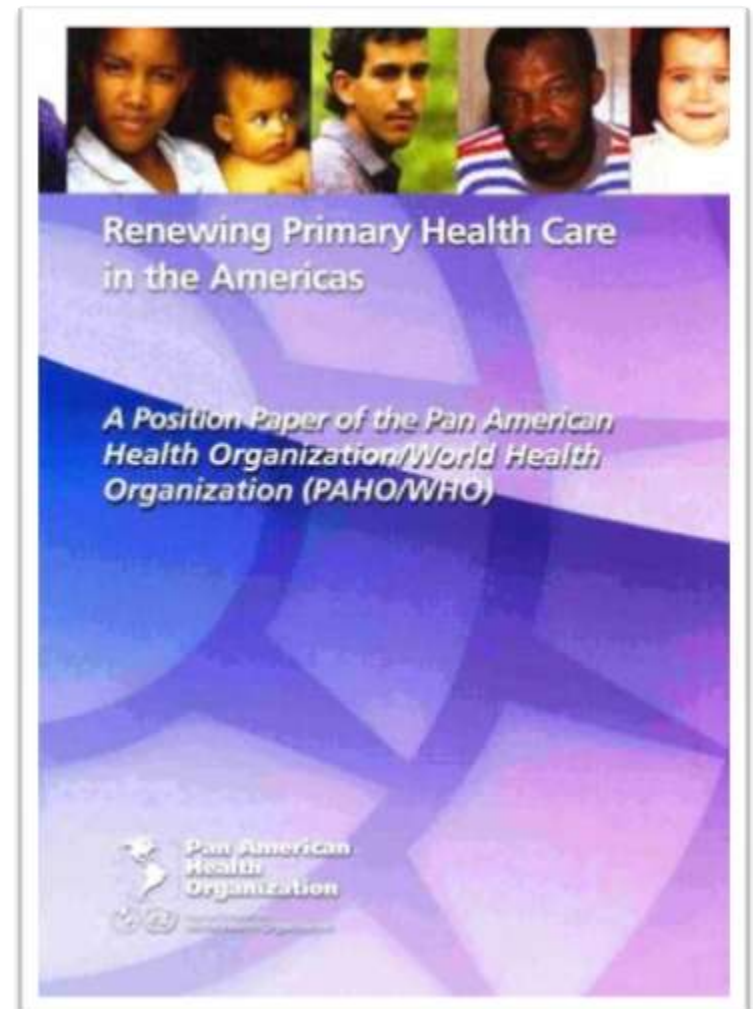
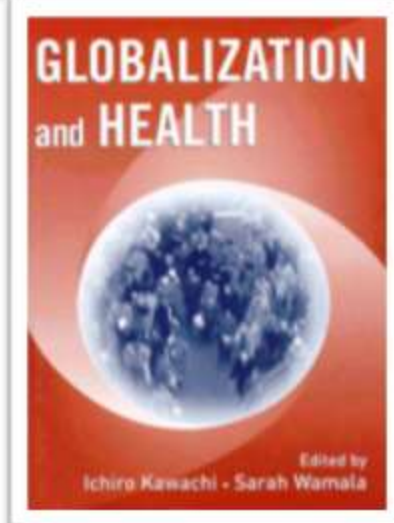
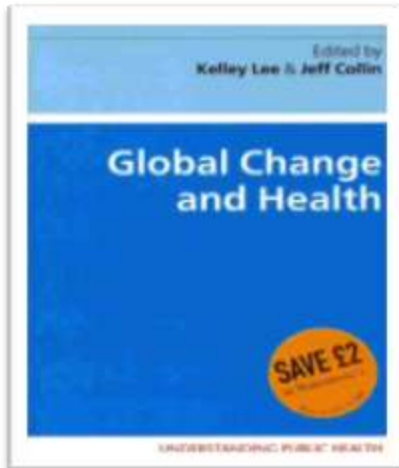
**Training young  
professionals  
in the politics of  
health**

# Globalization of solidarity from below (IPHU, Bengaluru – 2009)





# Section 3; Globalisation of health solidarity from below



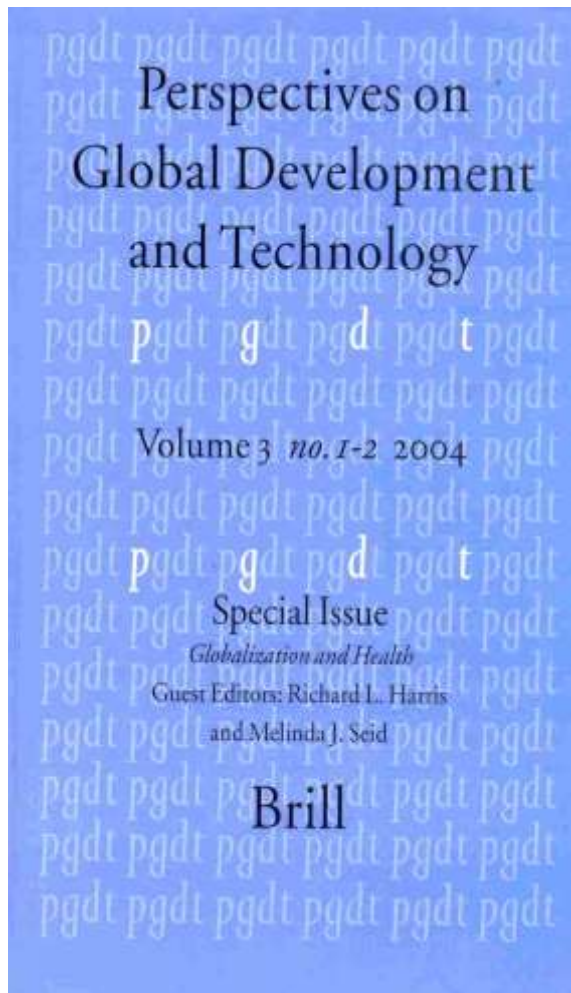
# Conceptual significance -2002

The People's Health Movement is

- Groundswell of people's social movements and health initiatives across five continents
- Reminder to international bodies, national governments, academia and the public health community of forgotten pledges and declarations
- An effort to build a **globalization from below**, a globalisation of people in solidarity and resistance to certain current trends – a popular response to health inequities

Source: Thelma Narayan, 2002, International Perspectives on Equity and Health, Nuffield Trust

# Academics recognize PHM



“This movement is engaged in what amounts to ‘**globalization from below**’ as it builds support for its global ‘Health For All Now’ strategy, lobbies at the global level and **mobilizes a grassroots based campaign to realize the vision and achieve the goals of the People’s Charter for Health.**”

Richard Harris and Melinda Seid,  
2004, The Globalization of Health

# Academics recognize PHM



“The People’s Health Movement is clear evidence that the existing linkages between globalization and health are contestable. The People’s Health Movement and the People’s Charter for Health provide a **significant expression of alternatives ‘from below’ to the present globalization, privatization and commercialization of health coming ‘from above.’**”

Richard Harris and Melinda Seid,  
2004, *The Globalization of Health*



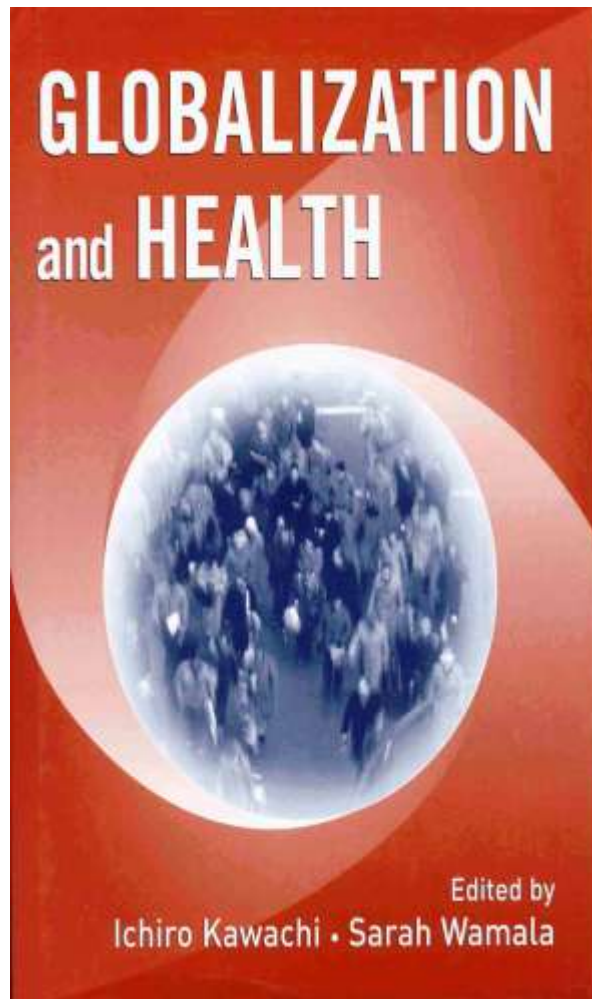
# PHM- politics of health recognised



**The Peoples Health Movement is an international network of organization and individuals that came together in 2000 to reignite the call for the Health for All, Now. The goal of PHM is to reestablish the health and equitable development as top priorities at local, national and international policy making, with comprehensive primary health care as the strategy to achieve this priorities.....**

**It is transnational network ..... and a good example of an emerging player in global civil society... On a day today basis the secretariat in Bangalore ..... puts forward strategic campaigning priorities....**

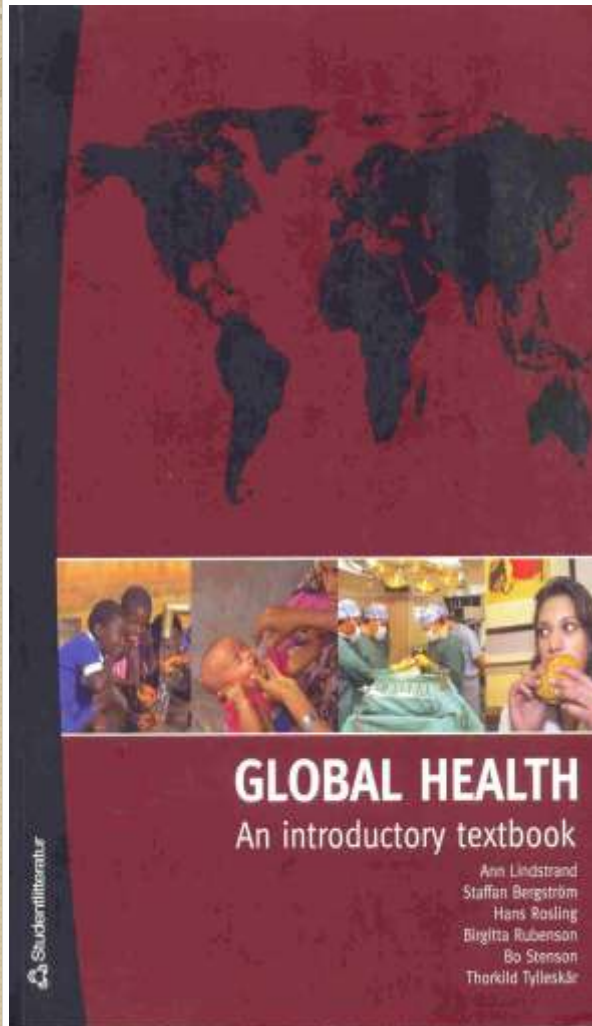
# Academics recognize PHM



“ History suggests that such changes often demand radical forms of political mobilization and action, although history has not yet encountered such a demand on a global scale. No simple precedents exists but several forms of mobilization are already been pursued.....

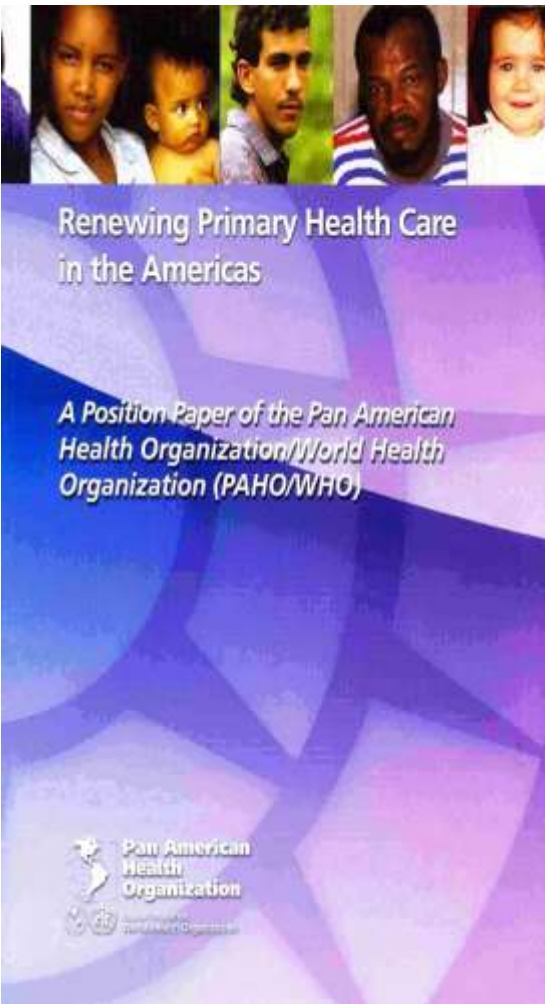
The simultaneous rise of a global civil society movement pressing for political actions to shift the rules of contemporary globalization is significant (People’s health movement et al 2005 )

# Public Health Text Book – Sweden, 2006



“A strong voice in the global health debate for free primary health care is the people’s health movement which in 2000, presented the Peoples Health Charter. The charter argues strongly for a publicly financed health services and for development policies that favours health.... This network presently led from Bangalore in India is a leading representative for NGO’s in the Global health debate. This global network is itself a new aspect of globalization”

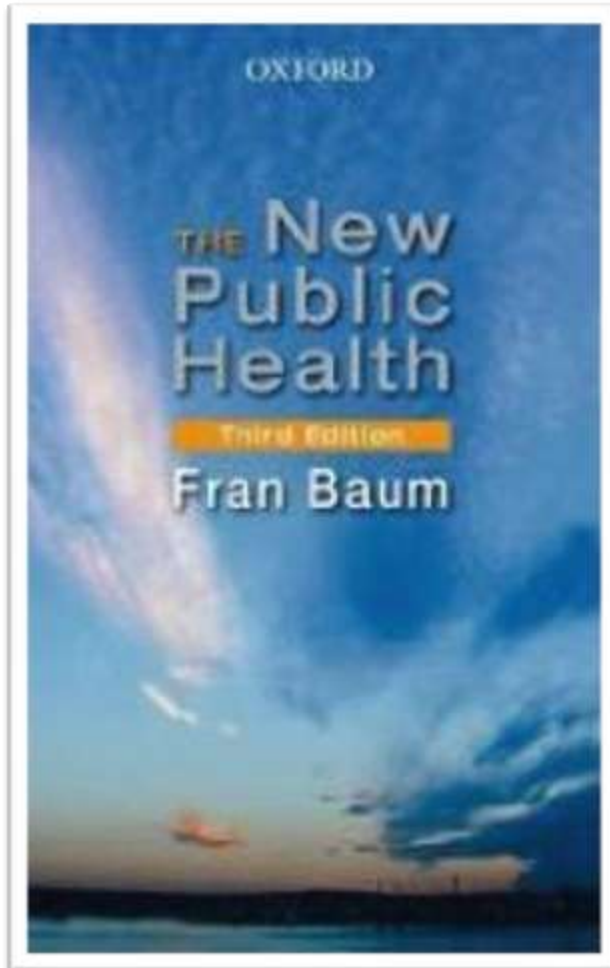
# ***Advocacy with WHO to renew Primary Health Care and recognize social determinants of health- 2007***



Recognizes the PHM role in evolving the new health and human rights approach to Primary Health Care – with the necessity of tackling the broader social and political determinants of health



# The New Public Health Paradigm (The First Text Book from the Movement) 2008

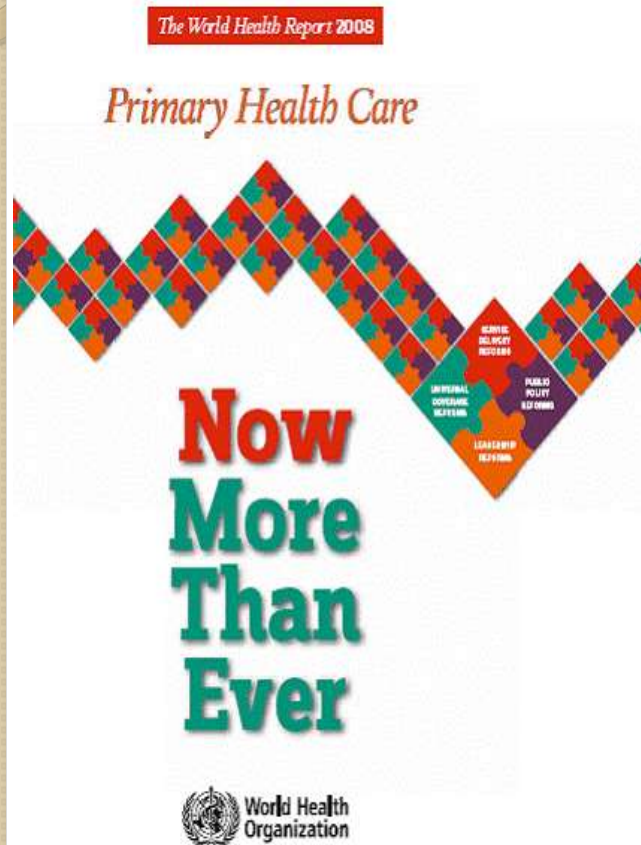


1. Approaches
2. Political Economy
3. Research including Qualitative evidence
4. Health Inequalities
5. Unhealthy environment
6. Healthy Societies and healthy environment
7. Health Promotion
8. Public Health in the 21<sup>st</sup> Century ( linking local , National & Global Systems)

*“We are challenged to develop a public health approach that responses to the globalised world and its political, social and economic rectifications The challenge is as large as when public health was first developed”.*

*Kick Bush - 2005*

# Effect: World Health Report 2008 on Primary health care



- “Where reforms have been successful, the endorsement of PHC by the health sector and by the political world has invariably followed on rising demand and pressure expressed by civil society”
- **Thailand** –Thai reformers joined a surge in civil society pressure
- “**Mali** –sustained extension by local community health associations”
- “**Chile** - agenda of democratization”
- “**India** – Strong pressure from civil society and the political world”
- “**Bangladesh** - pressure for PHC from quasi public ngo’s”
- “Countries need to demonstrate their ability to transform their health systems in line with changing challenging and rising popular expectations. That is why we need to mobilise for PHC now more than ever”

# Section 4: Summing Up



" I became sick because of my poverty."

"Well, I became poor because of my sickness!"

# In Summary

The politics of health of the People's Health Movement is

- **Groundswell of people's social movements and health initiatives across five continents**
- Reminder to international bodies, national governments, academia and the public health community of forgotten pledges and declarations (**Global Health Watch**)
- An effort to build a **globalization from below**, a globalisation of people in solidarity and resistance to certain current trends – a popular response to health inequities (**Right to health campaign**)

Source: Thelma Narayan, 2002, International Perspectives on Equity and Health, Nuffield Trust



# Understanding the social determinants of health

## **Superficial**

Only clinical?

Only epidemiological?

Only techno-managerial?

## **Or deeper?**

Social?

Economic?

Cultural?

Political?

Structural?

# Understanding Action focus in the context of the social determinants of health

## What is the focus of action?



**Disease?**  
**Illhealth?**

Or tackling social  
determinants like

**Poverty?**  
**Gender bias?**  
**Conflict?**  
**Stigma?**  
**Social exclusion?**

# Challenges Ahead: The need for a PARADIGM SHIFT in Public Health Research and System Development

Approach	Biomedical deterministic research	Participatory social/ community research
<b>Focus</b>	Individual	Community
<b>Dimensions</b>	Physical / pathological	Psycho- social, cultural, economic, political, ecological
<b>Technology</b>	Drugs / vaccines	Education and social processes
<b>Type of service</b>	Providing/ Dependence creating / Social marketing	Enabling / Empowering and Autonomy Building
<b>Link with people</b>	Patient as passive beneficiary	Community as active Participant
<b>Research</b>	Molecular biology Pharmaco – therapeutics Clinical Epidemiology	Socio – epidemiology Social determinants Health Systems Social Policy

# Roles of PHM

- Representing the 'voice of people'. (Country circles)
- Advocacy and lobbying; (Right To Health Care-RTHC and peoples health manifestos)
- Research and policy analysis (CPHC multi-centric study)
- Watchdog (GHW, People's Rural Health Watch)
- Communication (Website, newsletters, info-activism etc)
- Involvement in horizontal governance mechanism (Human rights commissions and people's hearings)
- Involvement in multilevel governance (community based monitoring)
- Horizontal and vertical networking (World Social Forum)
- Build capacity of civil society organizations (IPHU)
- Collaboration with global health institutions in designing and implementing Programmes (WHO-CSDH); national institutions (NRHM-India)
- And many more....





These primary school children and their families in Plachimada, India are no longer assured of drinking water because of Coca Cola's indiscriminate mining of their groundwater. Health for all means powerful interests have to be challenged, corporate-led globalisation has to be opposed and economic and political priorities have to be drastically changed. To find out how you can get involved visit [www.phmovement.org](http://www.phmovement.org)



People's Health Movement

# Health for All, Now !



*Health for All Now!*

**People's Health Movement**

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

**JOIN US**

# Thank You

For further information visit

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

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

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

[www.phmovement.org/iphu](http://www.phmovement.org/iphu)

[www.phm-india.org](http://www.phm-india.org)

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

[www.communityhealth.in](http://www.communityhealth.in)