

People's Health Movement

Health for ALL NOW!!



Activist Practice and Learning Needs

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People's Health Movement



People's Health Movement (PHM)

- **A world-wide network among people's organizations, non-governmental organizations, academic institutions**
- **The movement was launched at the end of the first People's Health Assembly (Bangladesh, December 2000).**
- **The Assembly participated by around 1500 health activists from more than 92 countries.**
- **PHM strives for "Health for All".**
- **The movement was launched as a response to the failure of the governments and international community to achieve "Health for All" by the year 2000 as promised earlier in 1978.**



International People's Health University (IPHU)

- **IPHU was established in the 2004 as a project of the International People's Health Council and a part of the PHM.**
- **It contributes to 'Health for All' by strengthening health movements through organizing and resourcing learning, sharing and planning opportunities for people's health activists, particularly from Third World countries.**



Learning Objectives and Areas of Competence

- understanding of global health;
- understanding of political economy of health;
- learning from the experience about comprehensive primary health care and health systems policy;
- learning about 'development assistance' in health and about the politics of 'health sector reform';
- exploring the roles that health activists can play (are playing) in the struggle for people's health;
- working through the implications of gender equity in health work (and other axes of difference) and acquire new skills and strategies for greater effectiveness in this field;
- exploring the application of a rights-based approach to health issues;
- acquiring new frameworks for analyzing health issues; new strategies of engagement; and new skills in working with communities and with social movements;
- understanding of the People's Charter for Health.



Participants

- The enrolment policy aimed to achieve:
 - geographical mix: 25% from the host country, 50% from the region and 25% from the rest of the world
 - gender balance; women should not be less than 40%
 - diversity of involvements: community based organizations, NGOs, universities, government officials, etc;
 - diversity of skills, interests and educational backgrounds.
- Priority is given to:
 - younger people;
 - Primary Health Care and Public Health practitioners;
 - people with a track record as health activists.



Faculty

- Faculty members are appointed to fulfill a mix between
 - Academic background.
 - Health activism.
- Faculty members should be able to:
 - build on the participants' experiences,
 - promote the interaction among the participants,
 - Provide pre and post course assistance
- All the faculty members were recruited on voluntary basis



Learning Approaches

- Start with the struggle for health
- Teach and learn in partnership
- Knowledge is for practice and purpose
- New ideas must be used
- Activism is an ethical commitment
- Learn new ways of being (as well as new facts and theories)
- Refresh, enquire, research
- Leadership: judgment which inspires; the courage to take risks
- Learn to listen to learn
- Steer our own learning
- Grow the skills and habits of life long learning
- Learn to teach; teach to learn
- Stay with the struggle for health



Learning Methods

- **Pre-attendance readings:** IPHU resource library section (<http://phmovement.org/iphu/en/node/8>).
- **Short Lectures:** Introduction to different sections of the curriculum (20%)
- **Group discussions:** either plenary discussions or small group discussions (10%).
- **Group work (30%)**
 - *Country/sub-regional groups*
 - *Project groups*
- **Reports from Practices:** detailed stories from the participants on their activist practice (20%).
- **Panel discussions (20%)**



Post Course activities

- **Groups are implementing the projects they designed during the course.**
- **All participants are on one mailing list.**
- **Blogs and subject online fora**
- **Engaged with PHM activities on country and global levels**



Fellowship program

- **2-3 months fellowship with one of the PHM affiliated organizations.**
- **The fellows are enrolled in the local organization's projects.**
- **They are required to submit papers assessing the projects they were enrolled in and provide recommendations for better outcomes.**



Challenges and Lessons Learned

- The current frequency of the IPHU short courses in addition to the needed follow-up have revealed the need to wider organizational structure for the IPHU.
- Despite the strategic importance of the IPHU strengthening the movement, rooting it on the local level and renewing its leadership, it remains a burden on the relative limited resources of the PHM.
- Better engagement of the projects and plans that are resulted out of each IPHU course in the PHM main stream of activities remains a challenge.



Activities

- **Short Courses:**
 - Cuenca, Ecuador (July 05) – **PHA-2**
 - Bhopal, India (March 07) – **National Health Assembly, India**
 - Vancouver, Canada (June 07)
 - Atlanta, USA (July 07) – **US Social Forum**
 - Savar, Bangladesh (November 07)
 - Jaipur, India (March 08)
 - Cairo, Egypt (March 08) – **First Regional Health Forum**
 - **Porto Alegre, Brazil (September 08) – Epidemiology Congress**
 - **Rabat, Morocco (October 08) – National Health Forum**
- **Fellowship Programs**
 - GK fellowship (November 07)