The State of Global Health

Launching seminar of Global Health Watch 5
The alternative World Health Report

Séminaire de présentation du Global Health Watch 5, le Rapport alternatif sur la santé mondiale

be cause health
Belgian Platform for International Health
FOS
G3W|M3M
Socialistische Mutualiteiten
Health for All Now!
People's Health Movement
TAM TAM
SOLIDARITÉ SOCIALISTE
wsm
CNCD
11.11.11
solidar

Welcome

Bienvenue

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal

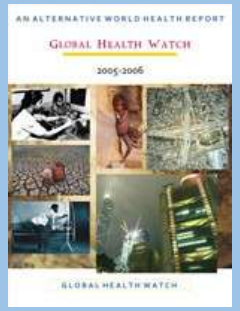
- Tim Roosen, coordinator Because Health
- Julie Steendam, G3W-M3M, co-chair working group International Determinants of Health, GHW5-contributor

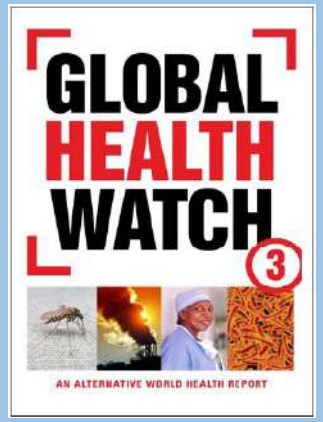
Keynote

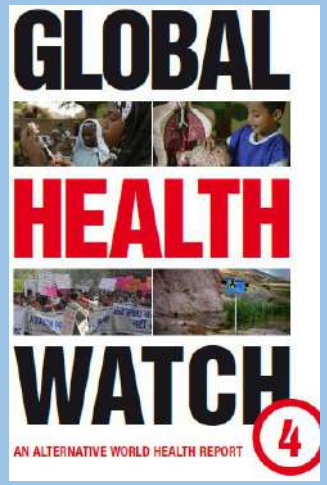
Présentation d'ouverture

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal

- David McCoy, public health physician, academic, co-Managing Editor of the first two Global Health Watches, GHW5-contributor







David McCoy

Queen Mary University London

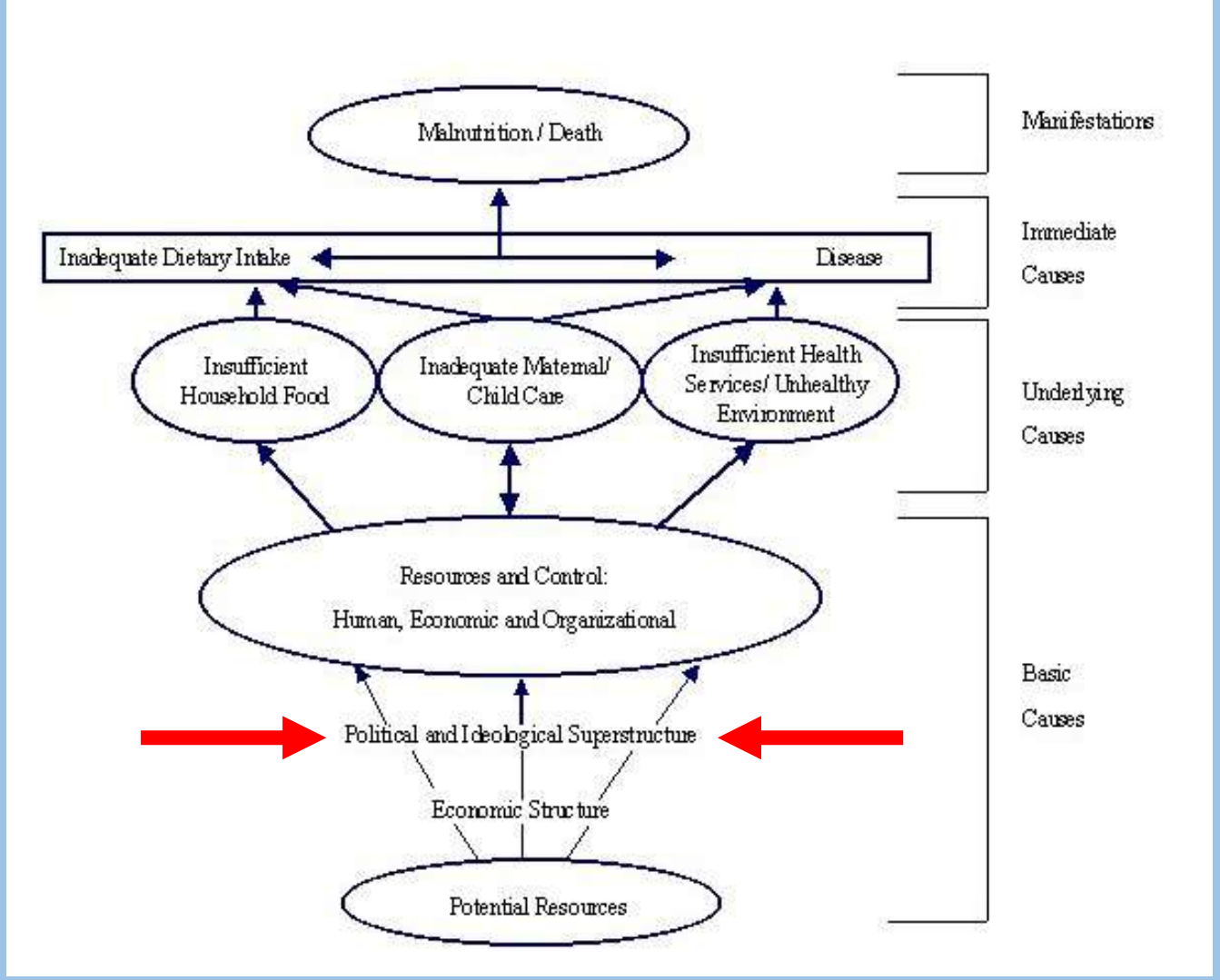
Peoples Health Movement

Design of the Report

Five Sections

- **Political Economy**
- **Health Sector**
- **Beyond the Health Sector**
- **Watching**
- **Alternatives, Action and Change**

UNICEF
Conceptual Model



Design of the Report

Five Sections

- Political Economy
- Health Sector
- Beyond the Health Sector
- Watching
- Alternatives, Action and Change

Purpose of Report

- Educational
- Critical, Progressive and Political

Rudolf Virchow (1821-1902)

‘politics is nothing more than medicine on a larger scale’

“Should medicine ever fulfill its great ends, it must enter into the larger political and social life… it must indicate the barriers which obstruct the normal completion of the life cycle and remove them…”

Design of the Report

Five Sections

- Political Economy
- Health Sector
- Beyond the Health Sector
- Watching
- Alternatives, Action and Change

Purpose of Report

- Educational
- Critical, Progressive and Political
- Mobilising

People's Health Movement

GEGA

challenging barriers to health


IPPNW
The international disability & human rights network
DAA
Ipas
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
UNIVERSITY OF LONDON
COHRED
Council on Health Research for Development
impact
challenging barriers to health
WATER FOR ALL
CAMPAIGNING TO KEEP WATER AS A PUBLIC TRUST
HAI
Health Action International
wemos
Third World Network
cpsu
Commonwealth Policy Studies Unit
THE UNIVERSITY OF THE WEST INDIES
AT ST. AUGUSTINE, TRINIDAD
The Nuffield Trust
FOR RESEARCH AND POLICY STUDIES IN HEALTH SERVICES
SEATINI
CPATH
Sida
EQUINET
We help tribal peoples defend their lives, protect their lands and determine their own futures
Survival
IDRC
CRDI
One for India
making every 1 count
The International People's Health Council
GEGA
Ghana National CAP of Water
UCL
the Global South
SID
Campaigns
Gene Watch
UK
GLOBAL CAMPAIGN FOR EDUCATION
CORPORATE ACCOUNTABILITY INTERNATIONAL
CHALLENGING ABUSE, PROTECTING PEOPLE
formerly Infact
THE UNIVERSITY OF ADELAIDE
AUSTRALIA
WOMENACTION
nef
exchange
Save the Children
WAR ON WANT
WaterAid
ERA
ENVIRONMENTAL RIGHTS ACTION
Friends of the Earth, Nigeria
Health Unlimited
Municipal Services Project
ONE WORLD ACTION
FOR A JUST AND EQUAL WORLD


Health for All Now!
People's Health Movement

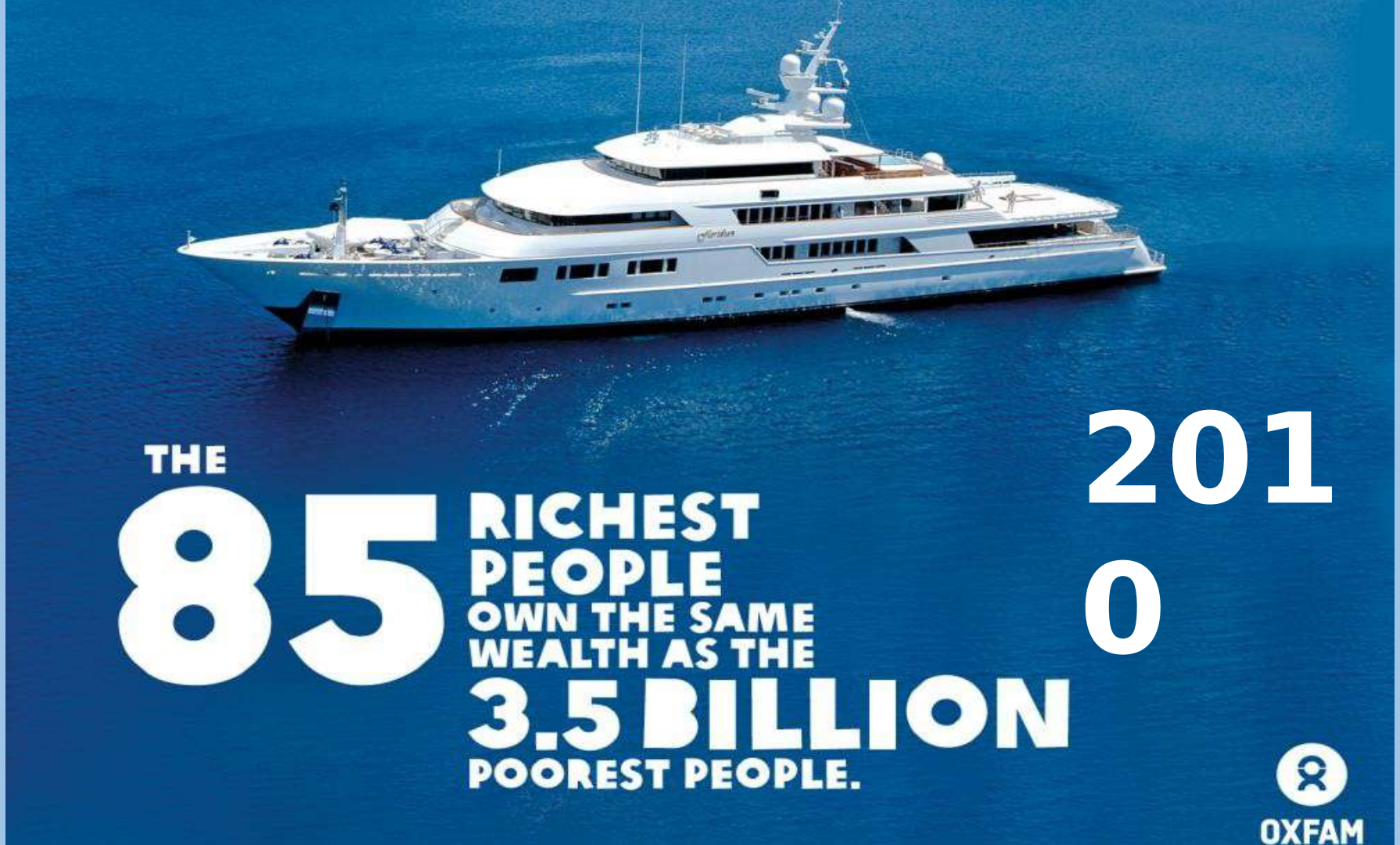

HEALTH
POVERTY
ACTION


ALAMES
Asociación Latinoamericana
de Medicina Social

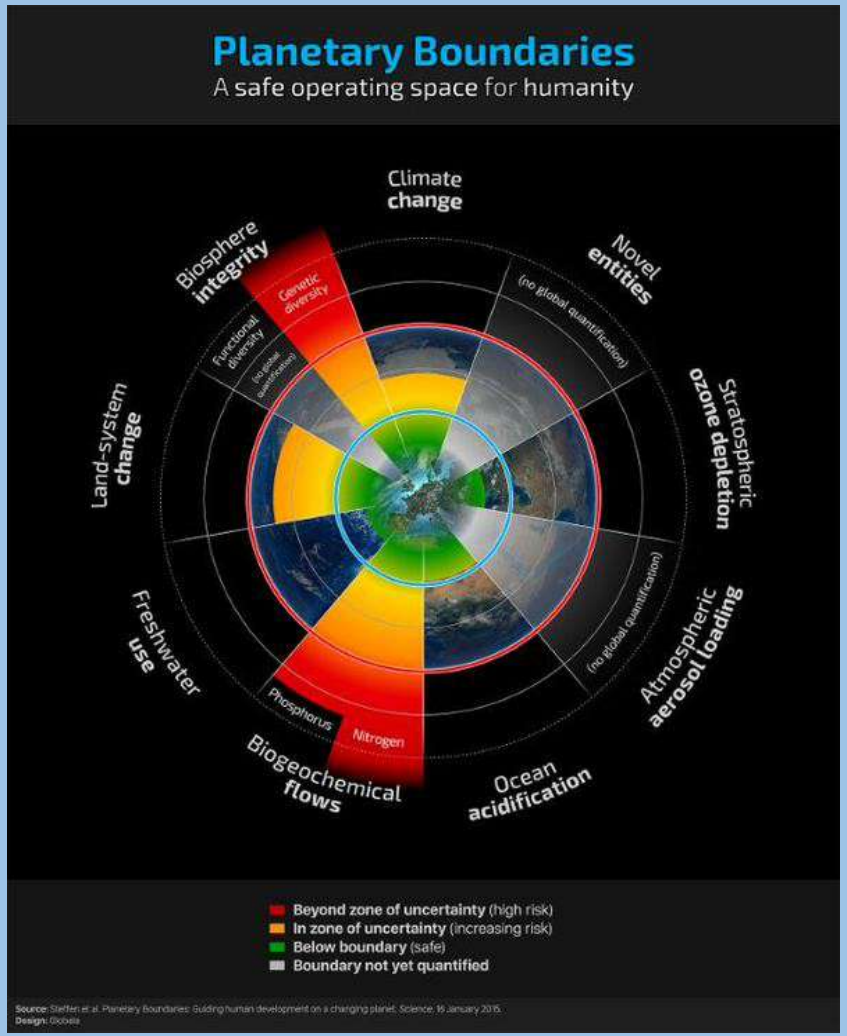

challenging barriers to health

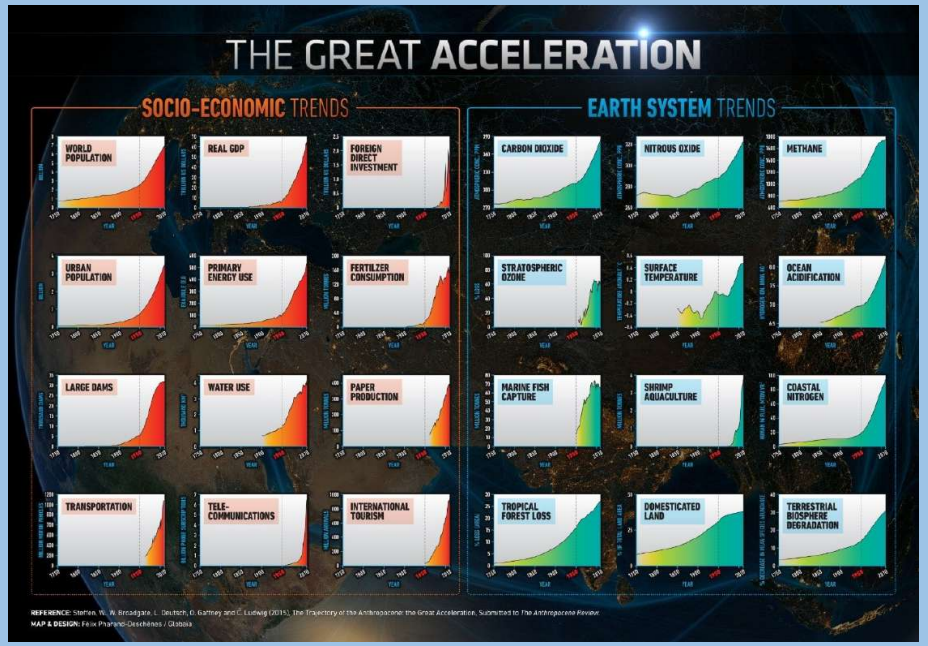

medico international


TWN
Third World Network

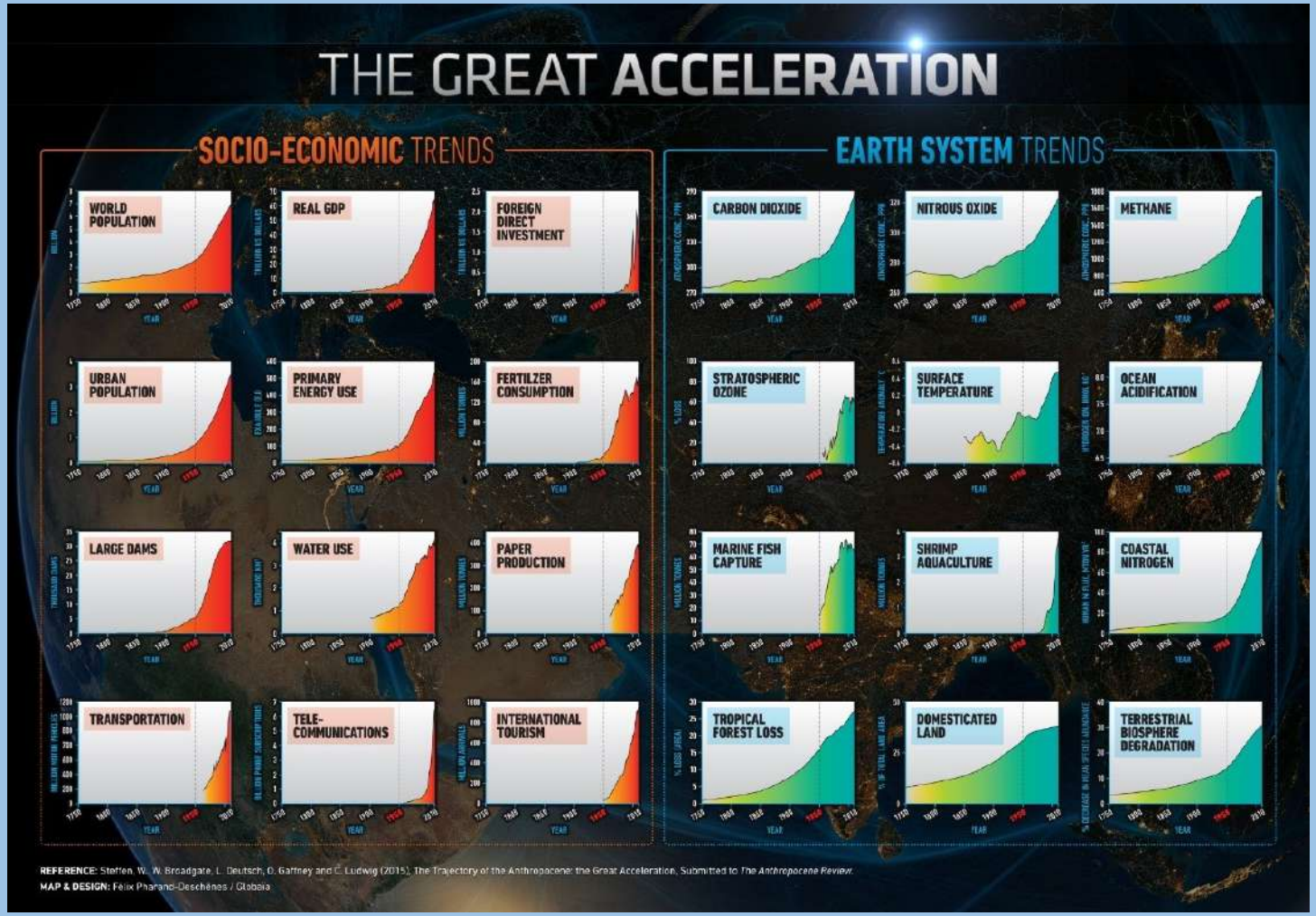

THE
85
RICHEST
PEOPLE
OWN THE SAME
WEALTH AS THE
3.5 BILLION
POOREST PEOPLE.
201
0
OXFAM


JUST
8
BILLIONAIRES OWN THE SAME WEALTH AS THE POOREST 3.6 BILLION PEOPLE
201
6
DEMAND AN ECONOMY THAT WORKS FOR EVERYONE, NOT JUST THE FEW.
WWW.OXFAM.ORG.UK/EIGHT
EVEN IT UP
OXFAM


Planetary Boundaries
A safe operating space for humanity
Climate change
Novel entities
Stratospheric ozone depletion
Atmospheric aerosol loading
Ocean acidification
Biogeochemical flows
Freshwater use
Land-system change
Biosphere integrity
Genetic diversity
Functional diversity
(no global quantification)
(no global quantification)
(no global quantification)
Phosphorus
Nitrogen
Beyond zone of uncertainty (high risk)
In zone of uncertainty (increasing risk)
Below boundary (safe)
Boundary not yet quantified
Source: Steffen et al. Planetary Boundaries: Guiding human development on a changing planet. Science, 16 January 2015.
Design: Globaia


THE GREAT ACCELERATION
SOCIO-ECONOMIC TRENDS
EARTH SYSTEM TRENDS
WORLD POPULATION
REAL GDP
FOREIGN DIRECT INVESTMENT
CARBON DIOXIDE
NITROUS OXIDE
METHANE
URBAN POPULATION
PRIMARY ENERGY USE
FERTILIZER CONSUMPTION
STRATOSPHERIC OZONE
SURFACE TEMPERATURE
OCEAN ACIDIFICATION
LARGE DAMS
WATER USE
PAPER PRODUCTION
MARINE FISH CAPTURE
SHRIMP AQUACULTURE
COASTAL NITROGEN
TRANSPORTATION
TELE-COMMUNICATIONS
INTERNATIONAL TOURISM
TROPICAL FOREST LOSS
DOMESTICATED LAND
TERRESTRIAL BIOSPHERE DEGRADATION
REFERENCE: Steffen, W., W. Broadgate, L. Deutsch, O. Gaffney and C. Ludwig (2015), the Trajectory of the Anthropocene: the Great Acceleration. Submitted to The Anthropocene Review.
MAP & DESIGN: Felix Pharand-Deschênes / Globaia

Inequality and Ecological Collapse



REFERENCE: Steffen, W., W. Broadgate, L. Deutsch, O. Gaffney and C. Ludwig (2015), The Trajectory of the Anthropocene: the Great Acceleration, Submitted to *The Anthropocene Review*.

MAP & DESIGN: Felix Pharand-Deschênes / Globaia

Neoliberalism

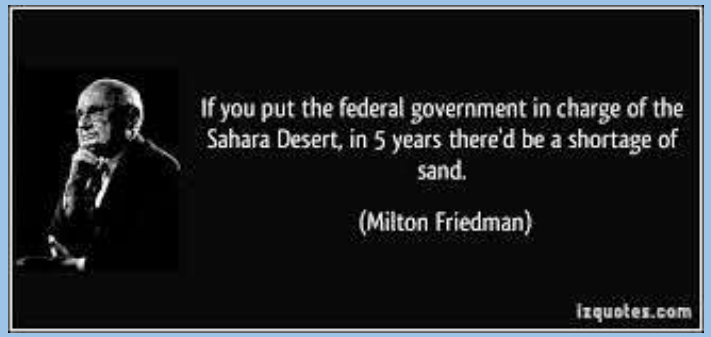
A set of ideas and beliefs

- Free markets are best

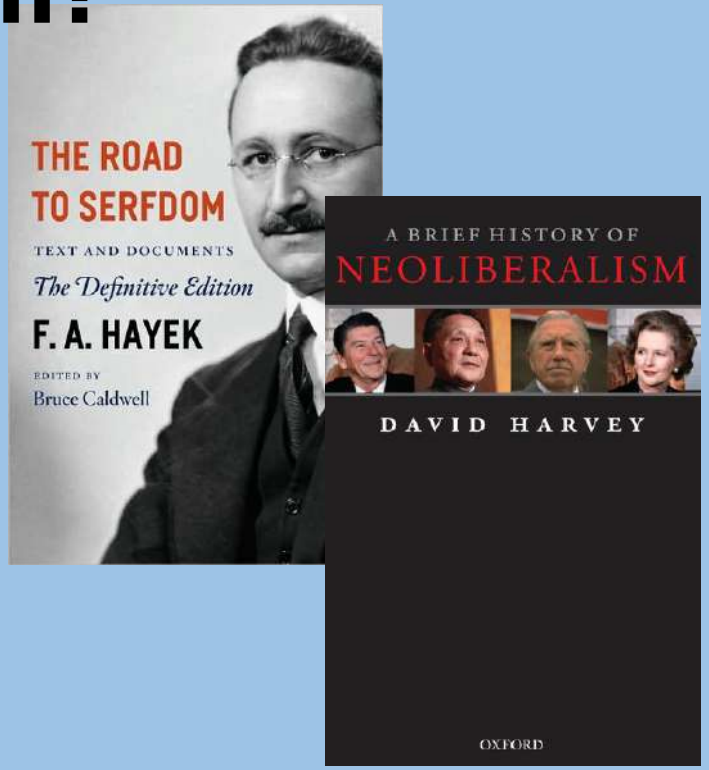
- Humans are driven by the wish to maximise their utility
  - *Homo economicus*
  - What is good for one is good for all
  - Inequality and social hierarchy is natural and beneficial

- Government is a threat to liberty

- Government failure theory



Where did it come from?



- Became dominant from the 1980s onwards
- Facilitated by globalisation and the end of the Cold War

The central value of Thatcher’s doctrine and of neo-liberalism itself is the notion of competition — competition between nations, regions, firms and of course between individuals.

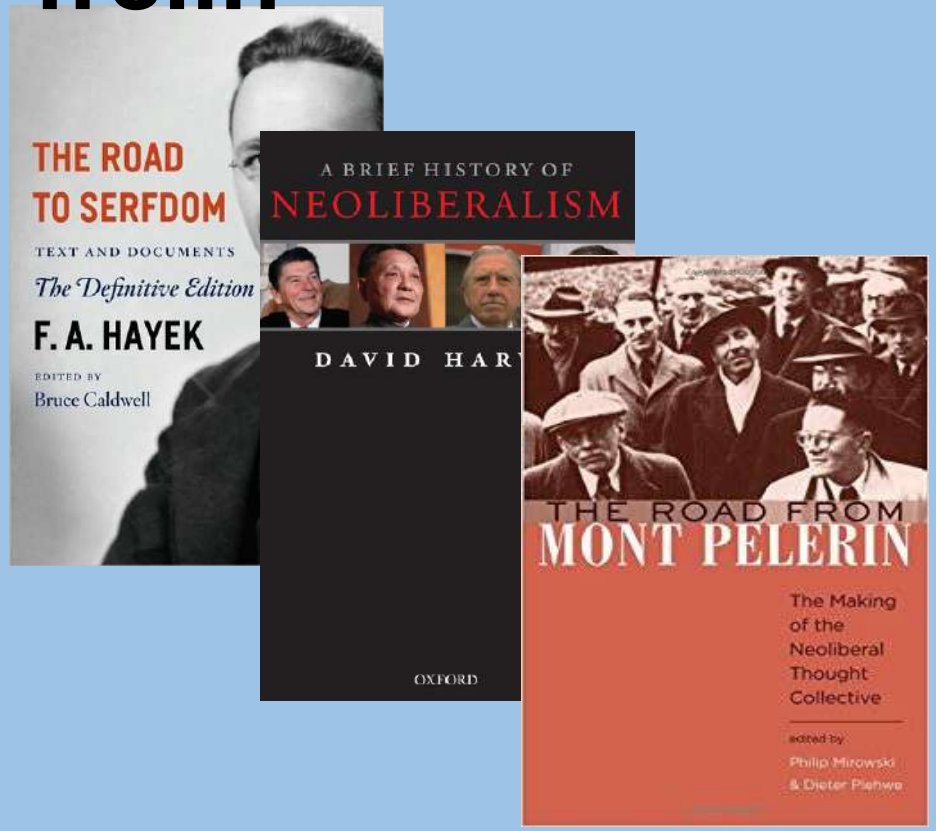
Competition is central because it separates the sheep from the goats, the men from the boys, the fit from the unfit. It is supposed to allocate all resources, whether physical, natural, human or financial with the greatest possible efficiency.

Susan George
A Short History of Neoliberalism (1999)

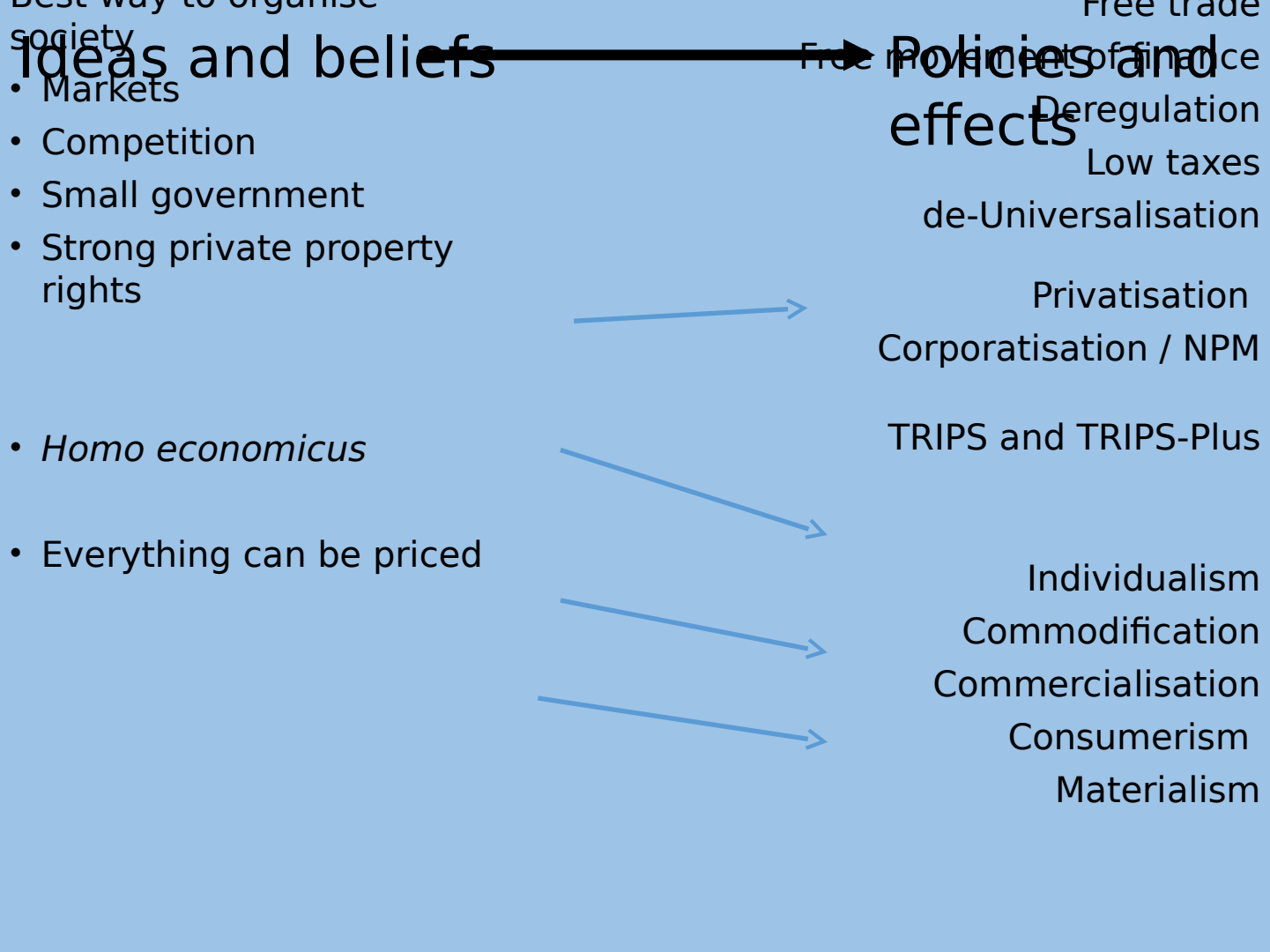
"It is our job to glory in inequality and see that talents and abilities are given vent and expression for the benefit of us all."

Margaret Thatcher

Where did it come from?



- Became dominant from the 1980s onwards
- Facilitated by globalisation and the end of the Cold War
- Politically manufactured and socially constructed


Best way to organise society
Ideas and beliefs
Markets
Competition
Small government
Strong private property rights
Homo economicus
Everything can be priced
Policies and effects
Free trade
Free movement of finance
Deregulation
Low taxes
de-Universalisation
Privatisation
Corporatisation / NPM
TRIPS and TRIPS-Plus
Individualism
Commodification
Commercialisation
Consumerism
Materialism

policies in today's standard neo-liberal toolkit, you would have been laughed off the stage at or sent off to the insane asylum. At least in the Western countries, at that time, everyone was a Keynesian, a social democrat or a social-Christian democrat or some shade of Marxist.

The idea that the market should be allowed to make major social and political decisions; the idea that the State should voluntarily reduce its role in the economy, or that corporations should be given total freedom, that trade unions should be curbed and citizens given much less rather than more social protection — such ideas were utterly foreign to the spirit of the time. Even if someone actually agreed with these ideas, he or she would have hesitated to take such a position in public and would have had a hard time finding an audience."

Susan George, 1999
A Short History of Neoliberalism

Neoliberal theory and reality

Selective and unequal liberalisation

- Finance and commodities, but not people
- Monopolies enabled
- State intervention encouraged (Banks, US steel, European agriculture)

Other aspects of the ‘neoliberal toolkit’

The idea that there are no limits to growth …

- Poverty eradication will occur through wealth creation, and a rising tide that will lift all boats …
- Redistribution not important (even harmful)
- Greed is good
- Technology will overcome the biophysical limits of the planet

Capturing the state

Hollowing out the state

Financialisation and debt

Philanthropy …

- Sustaining the unsustainable
- Defending the indefensible

What comes next?

- Retreat from globalisation?
- A new ‘cold war’?
- A return to fascism and authoritarianism?

- Going over the ecological cliff edge?

- The next phase of human evolution?

- AI

What’s to be done?

- Ideas, beliefs and values
- Hope

Watching the global political and economic architecture

Examen de la structure politique et économique globale

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@Wemos
@MC_mut

- Renee De Jong, Global Health Advocate at Wemos and the Geneva Global Health Hub, GHW5-contributor
- David Mc Coy, public health physician, academic, co-Managing Editor of the first two Global Health Watches, GHW5-contributor

Moderator: Valerie Van Belle, international cooperation department of Christian Mutual Health Funds

Watching the global political and economic architecture

Examen de la structure politique et économique globale

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@Wemos
@MC_mut

The empowering of non-state 'partners' in the WHO has undermined the importance and leadership of public health authorities.

Chapter D1: Money Talks at the World Health Organization

Watching the global political and economic architecture

Examen de la structure politique et économique globale

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@Wemos
@MC_mut

The World Health Organization should remain the primary and central health authority in the world.

Chapter D1: Money Talks at the World Health Organization

Watching the global political and economic architecture

Examen de la structure politique et économique globale

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@Wemos
@MC_mut

The model of philanthropy is incompatible to the notion that public goods such as health are most efficiently provided by the state.

Chapter D2: Private Philanthropic Foundations

wemos

HEALTH UNLIMITED

Watching Global Health

Renée de Jong

Junior Global Health Advocate

Wemos

Health is a human right

Governments must ensure that the right health conditions are in place for their citizens: access to health care and protection from health threats.

WHO watch

- Policy Briefs
- Statements
- Advocacy
- Watching

www.ghwatch.org

Health for All Now!
People's Health Movement

Geneva Global Health Hub (G2H2)

- Discuss and collaborate
- Stay up to date about the activities in Geneva
- New relation with the WHO
- Collaborate in working groups
- www.g2h2.org

My contribution to the Global Health Watch

- The translation of the health systems strengthening (HSS) concept into practice by Gavi
- WHO versus Gavi
- Gavi uses the building blocks to justify their approach as HSS
- UHC as a intermediate goal for HSS programs

Thank you for your attention!

Enjoy reading the Global Health Watch

Website

www.wemos.nl

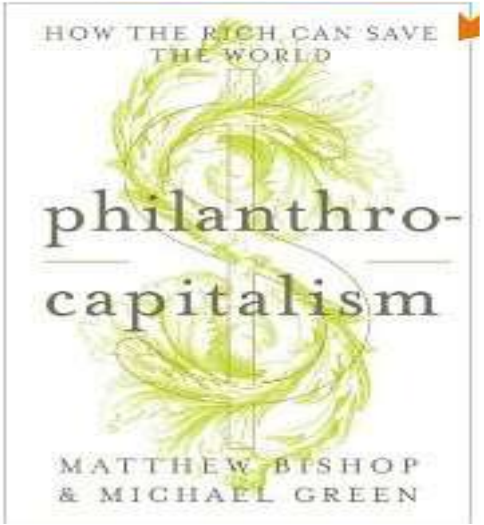
Or Linkedin/Facebook

Twitter

@Wemos

@renee_dejong

Philanthrocapitalism



Philanthrocapitalism: What is it?

1. Application of business thinking, techniques and tools

   - The things that work in business can work in philanthropy
   - What made Microsoft successful can create success in global health
   - Donor = investor: returns on investment expected
   - Emphasis on measurables

Three trends of US Foundations

- Devoting more of their resources to larger and larger projects
- Grants are becoming less un-restricted
- Ideas and priorities increasingly set by grant-givers, not recipients …

Jenkins GW, 2011

Philanthrocapitalism: What is it?

2. Elitist

- Explicit encouragement of elite power and networks to manage social and political ‘challenges’
- Influence is larger than the monetary sum of their financial resources
- Manifestation of wealth concentration
- Associated with growth in big private foundations
- Associated with ‘celanthropy’ and the ‘celebrification’ of politics, aid and development

Bishop and Green: the “high hopes for philanthrocapitalism are based on the belief that the wealthy can be hyperagents, able to achieve impact far greater than their relative financial resources would suggest by targeting their dollars . . . [and entering into] partnerships with government, business, or NGOs . . . .”

Bishop and Green: “as hyperagents, the super-rich can do things to help solve the world’s problems that the traditional power elites in and around government cannot. They are free from the usual pressures that bear down on politicians and activists and company bosses with

Philanthrocapitalism: What is it?

2. Elitist
   - Explicit encouragement of elite power and networks to manage social and political ‘challenges’
   - Influence is larger than the monetary sum of their financial resources
   - Manifestation of wealth concentration
   - Associated with growth in big private foundations
   - Associated with ‘celanthropy’ and the ‘celebrification’ of politics, aid and development

3. Reinforces social hierarchy
   - Associated with a quest for power

“Perhaps the most overrated virtue in our list of shoddy virtues is that of giving. Giving builds up the ego of the giver, makes him superior and higher and larger than the receiver. Nearly always, giving is selfish pleasure, and in many cases is a downright destructive and evil thing.

One has only to remember some of the wolfish financiers who spend two thirds of their lives clawing a fortune out of the guts of society and the latter third pushing it back. It is not enough to suppose that their philanthropy is a kind of frightened restitution, or that their nature changes when they have enough. Such a nature never has enough and natures do not change that readily. I think that the impulse is the same in both cases. For giving can bring the same sense of superiority as getting does, and philanthropy may be another kind of spiritual avarice”

John Steinbeck

Philanthrocapitalism

4. Application of competition and the market to the non-profit sector as a whole
   - Corporatisation and commercialisation of NGOs and charities

5. The commercialisation and marketisation of poverty reduction / environmental protection / humanitarianism
   - Solving the world's problems can (and should) make you money
   - Solutions that can be commoditised

Philanthrocapitalism

3. Application of competition and the market to the non-profit sector as a whole
   - Corporatisation and commercialisation of NGOs and charities

4. The commercialisation and marketisation of poverty reduction / environmental protection / humanitarianism
   - Solving the world's problems can (and should) make you money
   - Solutions that can be commoditised

36th Annual Healthcare Conference (2018) hosted by JP Morgan:

- Bill Gates encouraged attending entrepreneurs to support public health initiatives “not only because it is the right thing to do, but because it can be lucrative too”

Philanthrocapitalism

3. Application of competition and the market to the non-profit sector as a whole
   - Corporatisation and commercialisation of NGOs and charities

4. The commercialisation and marketisation of poverty reduction / environmental protection / humanitarianism
   - Solving the world's problems can (and should) make you money
   - Solutions that can be commoditised
   - Cause-related marketing and business growth

1bottle=$1*
TO SAVE WILDLIFE

Thank you for taking part in Dawn's movement to save wildlife! Each bottle of Dawn you purchase can contribute one dollar* to the important wildlife conservation efforts of the Marine Mammal Center and the International Bird Rescue Research Center.

You're just steps away from completing your contribution—once you have your bottle of Dawn, just click below and follow the instructions to activate your donation.

ACTIVATE YOUR DONATION ▸

Official Program Rules Frequently Asked Questions

*Up to $500,000. Must activate donation online.

Philanthrocapitalism: Vehicles for delivery

Corporate Social Responsibility (CSR) programmes

Partnerships and the hybridisation of charities, non-profit organisations, development agencies, universities and the UN with business / private corporations

Is philanthrocapitalism an issue?

Small picture

- Inefficient
- Ineffective

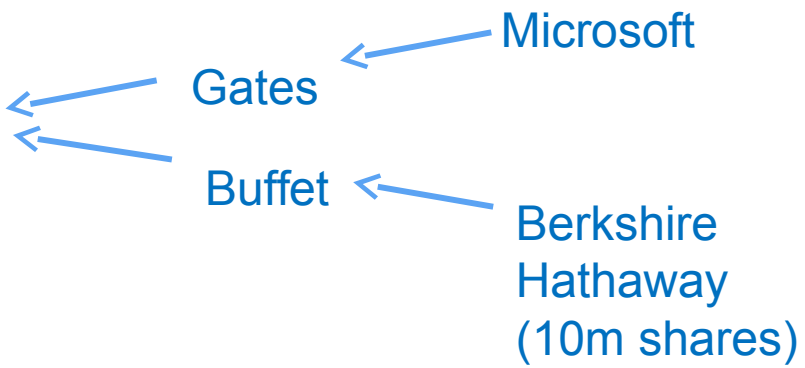
Big picture

- Depoliticisation
- Extension of neoliberalism
- Extension of corporate-elite power

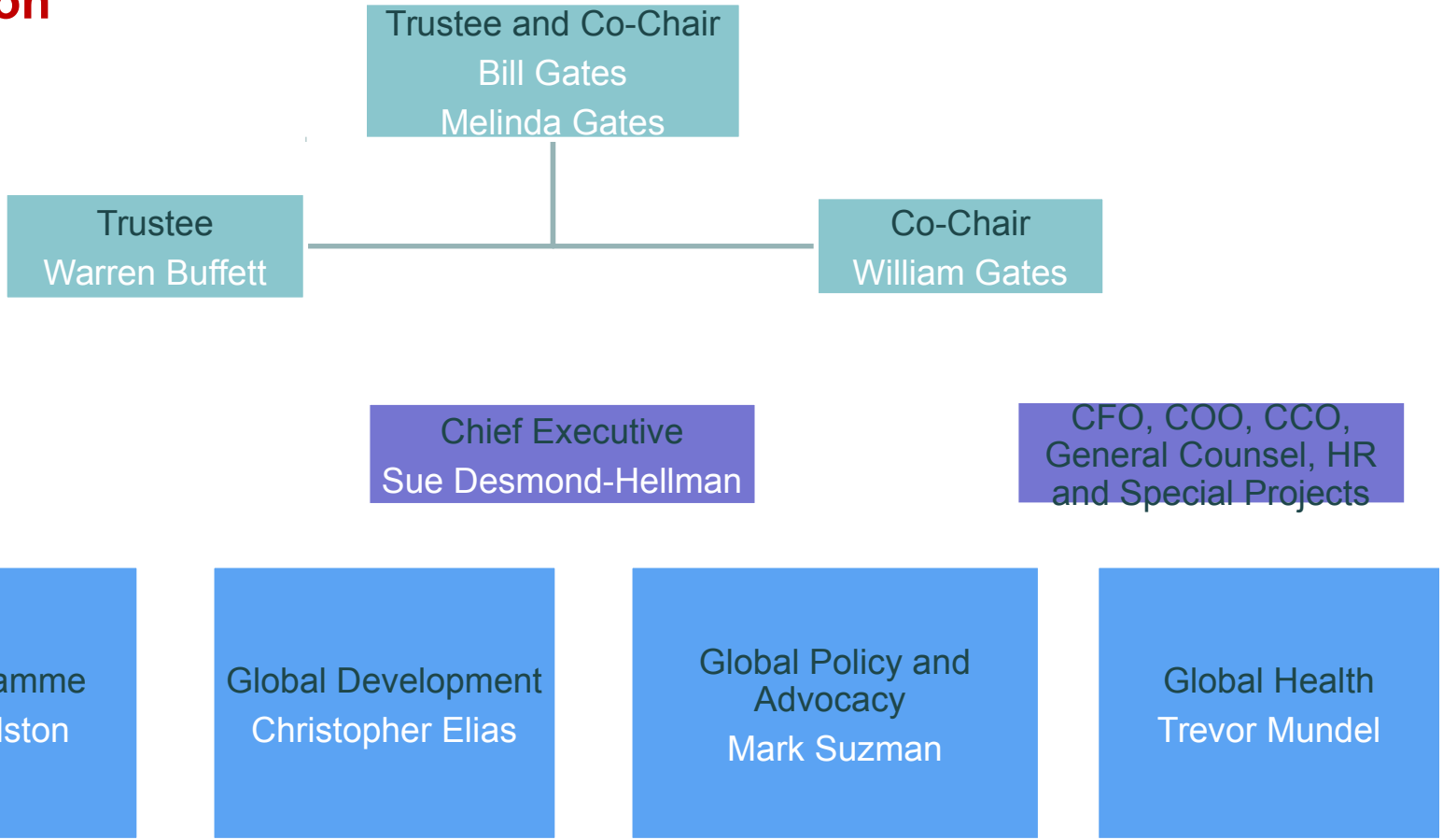
Gates Foundation

History and Background

- Formed in 2000
- Headquarters in Seattle - the home of Microsoft
  - offices in Washington DC, Delhi, London, Beijing, Addis Ababa, Abuja and Johannesburg
  - over 1,400 employees
- Assets of ~ $75 billion (end 2015)
- Spends about $5.7 billion / year
  - Operating expenses: $755 million



Foundation


Trustee and Co-Chair
Bill Gates
Melinda Gates
Trustee
Warren Buffett
Co-Chair
William Gates
Chief Executive
Sue Desmond-Hellman
CFO, COO, CCO, General Counsel, HR and Special Projects
US Programme
Allan Golston
Global Development
Christopher Elias
Global Policy and Advocacy
Mark Suzman
Global Health
Trevor Mundel

Trust

Trustees

Bill Gates

Melinda Gates

When instructing the investment managers, Bill and Melinda also consider other issues beyond corporate profits, including the values that drive the foundation's work. They have defined areas in which the endowment will not invest, such as companies whose profit model is centrally tied to corporate activity that they find egregious. This is why the endowment does not invest in tobacco stocks.

Bill and Melinda regularly re-assess the endowment's holdings. On the issue of investments in Sudan, Bill and Melinda have directed the investment team to be consistent with the approach taken by the endowment managers for Harvard, Yale, and Stanford universities. The foundation trust no longer has any holdings in the companies identified by these institutions in their investment policy statements on Sudan.

What does the Gates Foundation do in global health?

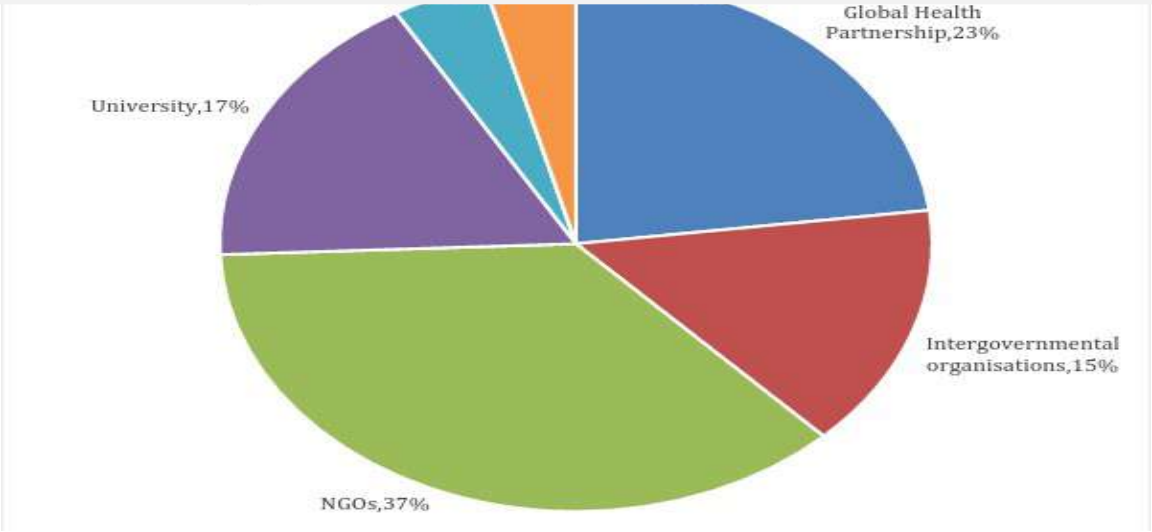
Funder: Grant-making programme

Direct action: Advocacy and Governance of GHPs

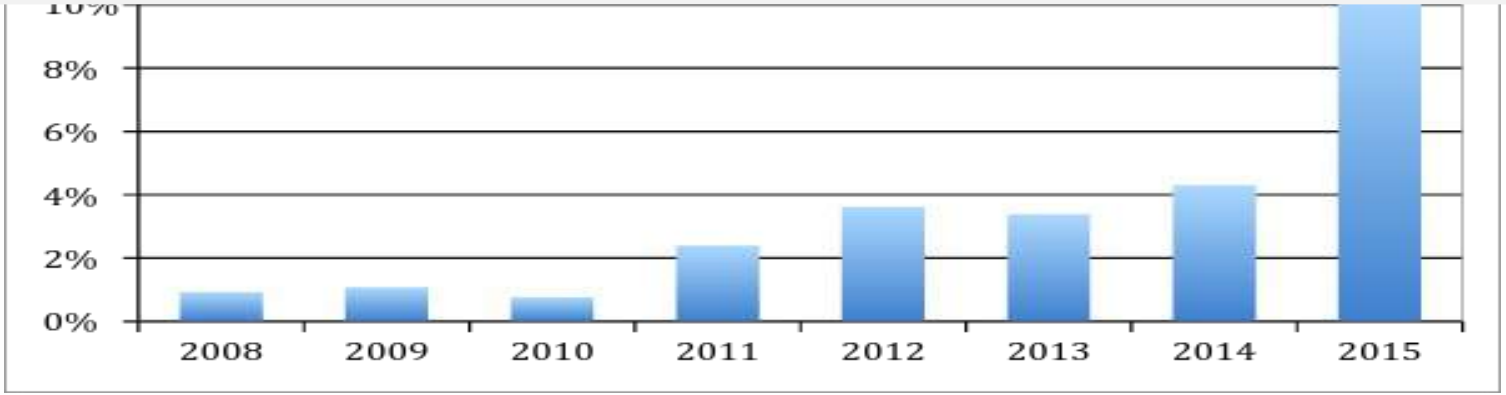
Top twenty recipients by total grant money awarded, 2008-2015

Organisation	Number of grants	Cumulative amount awarded (US$)	Percentage of total
GAVI	3	1,212,600,000	9.2%
PATH	111	1,164,466,280	8.8%
World Health Organization	172	1,086,358,265	8.3%
Global Fund	5	772,489,703	5.9%
UNICEF	50	465,773,821	3.5%
Global Alliance for TB Drug Development	5	338,829,151	2.6%
Medicines for Malaria Venture	6	315,077,722	2.4%
World Bank	18	282,855,353	2.1%
Johns Hopkins University	74	265,044,602	2.0%
Aeras Global TB Vaccine Foundation	7	225,012,464	1.7%
Agence Française de Développement	1	164,360,000	1.2%
Population Services International	14	156,617,094	1.2%
Clinton Health Access Initiative	25	147,316,660	1.1%
University of California, San Francisco	45	126,268,911	1.0%
Family Health International	19	125,247,338	1.0%
Emory University	23	124,637,393	<1%
University of Washington	37	121,362,518	<1%
CARE	21	118,189,552	<1%
UN Foundation	10	110,859,599	<1%
International Partnership for Microbicides	2	104,617,752	<1%

Funding by type of recipient, 2008-2015

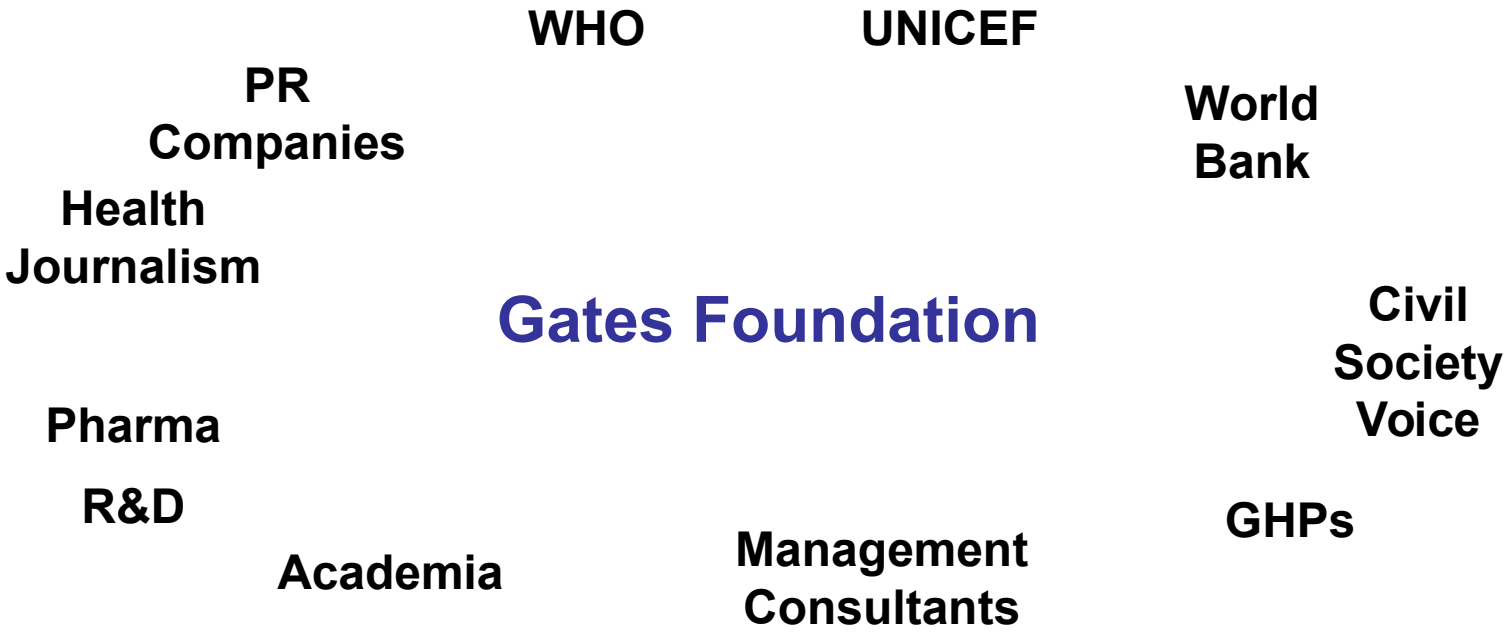


Funding of for-profit organisations, 2008-2015



Location of primary recipients, 2008-2015

	Share of funding (%)	Average grant size (US$)	Number of grants
Global	36.77	12,874,352	376
US	45.24	2,925,166	2036
Other high-Income countries	10.63	1,399,870,890	758
Middle-Income countries	6.41	2,382,319	354
Low-Income countries	0.95	1,239,418	101


WHO
UNICEF
PR
Companies
World
Bank
Health
Journalism
Gates Foundation
Civil
Society
Voice
Pharma
R&D
GHPs
Academia
Management
Consultants

Watching the global political and economic architecture

Examen de la structure politique et économique globale

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@Wemos
@MC_mut

- Renee De Jong, Global Health Advocate at Wemos and the Geneva Global Health Hub
- David Mc Coy, public health physician, academic, co-Managing Editor of the first two Global Health Watches

Moderator: Valerie Van Belle, international cooperation department of Christian Mutual Health Funds

Presentation of the People's Health Movement

Présentation du Mouvement Populaire pour la Santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@M3Monde

- Wim De Ceukelaire, steering council member of PHM, director G3W-M3M

People's Health Movement and People's Health Assembly

March 29, 2018

G3W | M3M

samen sterk voor gezondheid

tous ensemble pour la santé


de los Pueblos


People's Health Movement
Making the Right to Health Real


2017
Building a movement for health
People's Health Movement

2017

Building a movement for health

WHY WE NEED A (GLOBAL) MOVEMENT FOR HEALTH

Peoples' Health Movement

united for health
TWHA

INTRODUCTION

In the People's Health Movement (PHM) we have been discussing for some time now the need for a tool to support movement-building at the country level, and to contribute to the creation of a global movement for health. This book is the result of this effort.

PHM Global Steering Council meeting in Bangkok, January 2016

PAGE 6

PRE

Banner symbolising people's struggles at the World Social Forum in Tunis, Tunisia, 2015
CHIARA BODINI

Illness and death every day anger 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.

Voice from the People's Health Assembly, Cuenca, Ecuador

PAGE 13

Sharing our stories

We felt that the best way to learn and share about how to build a movement was to collect stories from local actions that happen within the broad network of the PHM. When we say "broad network", we are referring to the groups, networks and circles that are part of - or affiliated with - the movement and also those who consider themselves allied or sympathisers with PHM.

In order to collect these stories, we issued a call (see www.phmovement.org/en/node/10292) translated into different languages. We selected 25 case studies from those received, covering most world regions. A group of PHM volunteers from different countries worked together for two months to look at the stories, identify the practices, or key elements, of movement building (how the different groups got organised to lead action), and describe them in what later became the chapters of the book. In order to respect the plurality of voices that contributed to the book, we decided to maintain the style of each person as much as possible, even though this may result in some linguistic imperfections. A call for pictures was also issued, to collect further documentation and to accompany the stories from the movement with the faces of its people.

What's in the book

The preface of this book is meant to explain, in a summary, why there's a need for a local and global mobilisation for the right to health that is powered by people. The story of the PHM is also sketched, together with a description of its current structure and functioning. You may skip this chapter if you're already a PHM fan or member!

The core part of the book is dedicated to the practices of movement building, and we have seven chapters for that:

1. **Relationships, well-being, pleasure in doing things together, values**
2. **Decision-making, structure and organisation, sustainability**
3. **Advocacy, campaigns, communication**
4. **Participation, community action**

PAGE 8

5. **Networking (at local, national, international level), alliances and cooperation, resource sharing**
6. **Mutual learning, knowledge generation, participatory action-research**
7. **Popular education, creative and interactive training, transferable skill-building**

In each chapter, there are concrete examples of how groups - in different parts of the world - put these principles into practice in order to achieve their goals. The chapters are not meant to be read in a specific order, and you're encouraged to skip and search for what you feel is closer, or more relevant, to your own experience.

The final section is a summary of the stories collected, including references for further reading and contact details of all the authors.

What you can do with this book

This book can be used in different ways, depending on your level of engagement in activism and with the PHM. If you're new to the movement, we recommend you start by reading some of PHM's history and founding documents, such as the People's Charter for Health (see www.phmovement.org/en/resources/charters/peopleshealth) which is described in the preface.

If you're already engaged in forms of collective action for health, you can pick the parts of the book that match your priorities or your main challenges. For example, if you struggle to keep the group together and wonder how to nourish relationships within the group, then go to Chapter 1. If you're looking for good examples of engagement in action, such as advocacy or a campaign, then Chapter 3 is the place to go. If you are organising a course for young activists and want to make sure it's effective in ensuring their future engagement with the movement, find some good hints in Chapter 7.

PAGE 9

IN

In this introduction we will explore the book's contents and structure, learn more about how it was put together and how you can use it, and get a glimpse of the plans for the future.

A book does not build a movement... but it may help

We know that a written text can only be a tool within a broader strategy for movement building. However, we also feel that the wealth of experience within and around the PHM needs to be shared more, in order to increase the generation of mutual knowledge and help us learn from each other.

This book is not meant to be a guideline nor a toolkit, but more a source of inspiration for those who are engaged in the struggle for health. The stories illustrated speak about the building of a people's health movement - not just any kind of mobilisation for health. It means that a focus is kept on people's engagement and people in the movement having control over the actions.

PAGE 7

We recommend you use this book as a source of inspiration and a tool for mutual learning. It is not meant to be prescriptive and, as it is clear from the examples used, there is no limit to how you can be engaged in the struggle for health. Nevertheless, there are some principles that inform our action as a people's movement, and you will find mention of these throughout all the examples. One of the most important is the capacity to reflect on one's positions and actions, and this is easier to do when you take some time to learn from the experiences of other people.

Finally, we invite you to use this book for capacity-building within your own group or network. Pick a topic you find relevant for your action, read the related chapter and case studies, and organise a group session to learn from them and use them to better organise local actions. You may also decide to get in touch with those who wrote the case studies to find out more about their experience: through generating new links and relationships we strengthen the living structure of our movement.

From a book to a living library of shared experiences

We are aware that it is extremely difficult, from one point of view, to represent the richness of experiences in the movement that also capture the challenges and opportunities in different local contexts. For this reason, we see this book as a starting point for an ongoing effort to document movement-building practices in the struggle for health. We want to do this by creating an online library of experiences, open to contributions from everyone, as a tool to greatly expand the knowledge about how people effectively act together for Health for All.

PAGE 10


PEOPLE'S HEALTH MOVEMENT
To be healthy we need:
Plentiful, clean water
Good sanitation
Nutritious food
Decent housing
Safe communities
Well-staffed clinics and hospitals
MALIBONGWE
RESTAURANT


اسلام آباد
People's Health Movement
صحت سب کے لیے آج اور ابھی!
عوامی صحت اسمبلی 2012
Right to Health
صحت انسان جو حق آ
صحت ہمارا حق ہے
From
District Khairpur Sindh
صرف 20 فیصد عوام سرکاری صحت کی سہولیات کا استعمال کرتے ہیں
(PDHS)
PDHS


PHM TANZANIA
Health for All Now!
PHM TANZANIA
HEALTH FOR ALL


Trans-Pacific Partnership Agreement
Undermines Public Health!
HEAD
HEALTH ALLIANCE FOR DEMOCRACY
Universal Health Care
Not the answer
to Global Health Crisis!
HEAD
Trans-Pacific Partnership Agreement
Undermines Access to Affordable Medicines!
HEAD
HEALTH ALLIANCE FOR DEMOCRACY
People's
Health
Movement
PHILIPPINES
Health for all now!


MOVIMIENTO PARA LA SALUD DE LOS PUEBL
LATINOAMÉRICA
Salud para todos y todas YA!
www.phmovement.org
msp-latinoamerica@etapanet.net


Health For All Now!
People's Health Movement
A meeting with
PHM solidarity mission
Gaza _March 1st,2015


HEALTH FOR ALL NOW!!


PHM/ RDC
PEOPLE'S HEALTH MOVEMENT
CAP TOWN 2012
Le Travail descent, environnement sain
et financiere au SSp de qualite,
Absence de la Guerre = Ma Santé
La Santé de ma Communauté = Ma Santé


ජනතා සෞඛ්‍ය සංඝදය
மக்கள் சுகாதார இயக்கம்
PEOPLE'S HEALTH MOVEMENT

PRIMARY HEALTH CARE

USSR · ALMA · ATA 1978

World Health Organization · WHO · United Nations Children's Fund · UNICEF

Dr. Halfdan Mahler, three times Director General of the World Health Organisation and 'father' of Primary Health Care, supporting young PHM activists in Geneva, Switzerland, 2011
DAVID LEGGE

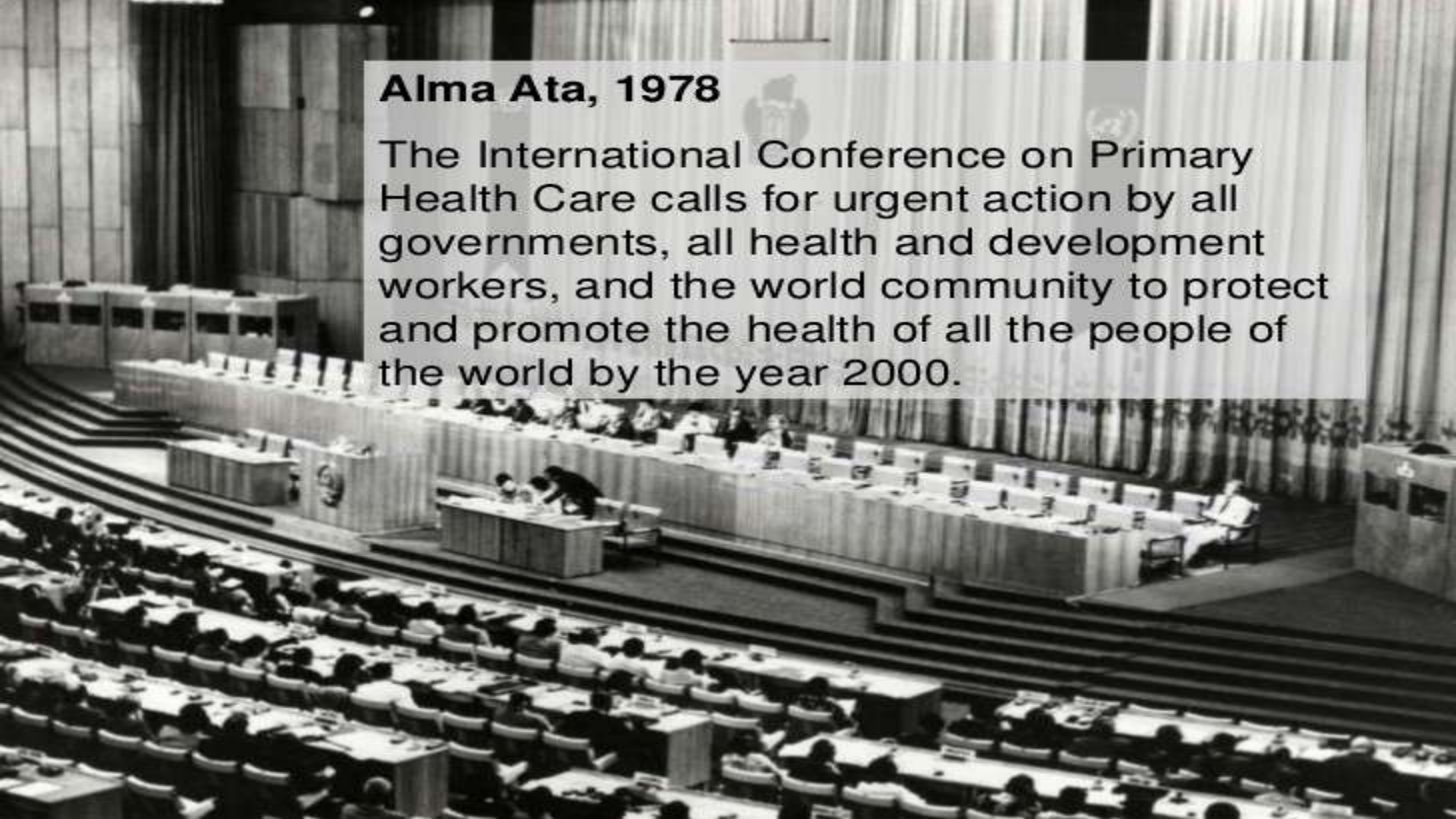
There have been people (as individuals, organisations and networks) working to address the social determinants of ill-health and to achieve better health care in many different settings and countries and for many decades (and centuries). Social movements, operating at local, regional and national levels, have played and continue to play a critical role in creating the conditions for better health and access to affordable decent health care.

Until recently these were mostly local struggles addressing local factors, and the 'need' to become part of a global people's health movement was not so pressing. However, in this era of globalisation, the social and political pathways towards better health, decent health care and health equity are increasingly determined at the global as well as national and local levels. And even the most 'local' issue or struggle has at least some roots in the economic and political dynamics and the policy-making processes at the global level.

Accordingly, the building of a global movement for Health for All has to be an important challenge for civil society activists. For the PHM, this project of building a global social movement, through which global as well as local barriers to Health for All can be addressed, is a critical priority.

The vision of a 'global people's health movement' is not to be seen as aimi
als, organisation
organised and d
sations have thei
To call for a stren
implies calling fo
oration when ap
ways of working
indeed this rich d

PAGE 18



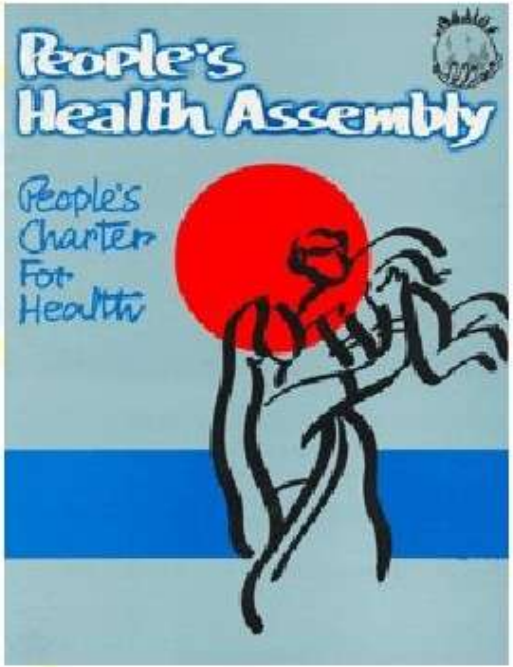
Alma Ata, 1978

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 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



"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 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"

Cape Town, South Africa – July 2012

Third People's Health Assembly

> No change will happen without the mobilisation of the people through the building of social and political power amongst people and communities.
> We commit ourselves to building alliances with others who seek progressive and transformative change.
>
> **Cape Town Call to Action, 3rd People's Health Assembly, 2012**

identified the main barriers to Health for All and adopted a set of principles, priorities and strategies to guide the people's health social movement globally. The Charter (since translated into more than forty languages) has proved to be a powerful leadership document in the years since December 2000. It expresses the commitment of PHM.

The second People's Health Assembly (PHA 2) followed in July 2005, in Cuenca, Ecuador, with 1492 participants from 80 countries. PHA 2 was organized around nine streams, including issues of equity and people's health care; intercultural encounters on health; trade and health; health and the environment; gender, women and health sector reform; training and communicating for health; the right to Health for All in an inclusive society; health in people's hands; and PHM affairs.

The third People's Health Assembly (PHA3) took place in Cape Town, South Africa, in 2012. It was attended by 800 people from around 90 countries, and celebrated the successes of a growing

PAGE 22

www.twha.be/phm-manual

The impact of free trade agreements on health

L'impact des accords de libre échange sur la santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@fosngo, @www11be,
@solMond

- Katharina Berza, head of department of advocacy, research and publications of the Philippino Council for Health and Development
- Marc Maes, advocacy officer on trade for 11.11.11
- Liesbet Vangeel, advocacy officer on health, FOS ngo, GHW5-contributor

Moderator: Koen Detavernier, advocacy officer on social protection at Solidarité Mondiale

The impact of free trade agreements on health

L'impact des accords de libre échange sur la santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@fosngo, @www11be,
@solMond

The scope of trade agreements is limited to negotiations on tariff barriers, quantitative restrictions and export subsidies.

The impact of free trade agreements on health

L'impact des accords de libre échange sur la santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@fosngo, @www11be,
@solMond

Trade agreements promote corporate interests at the expense of public health priorities.

The impact of free trade agreements on health

L'impact des accords de libre échange sur la santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@fosngo, @www11be,
@solMond

Strong growth in the global economy has not, so far, led to a corresponding improvement in working conditions and living standards for many.

The impact of free trade agreements on health

L'impact des accords de libre échange sur la santé

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@fosngo, @www11be,
@solMond

- Katharina Berza, head of department of advocacy, research and publications of the Philippino Council for Health and Development
- Marc Maes, advocacy officer on trade for 11.11.11
- Liesbet Vangeel, advocacy officer on health, FOS ngo, GHW5-contributor

Moderator: Koen Detavernier, advocacy officer on social protection at Solidarité Mondiale

Health and migration

Santé et migration

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@MdMBelgique
@CNCD111111

- Stéphane Heymans, Head of Operations, Médecins du Monde Belgique
- Maite Cuvelier, coordinator Health Promotion, Cultures et Santé

Moderator: Nicolas Van Nuffel, Head of Advocacy, CNCD-11.11.11

Health and migration

Santé et migration

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@MdMBelgique
@CNCD111111

Access to health and social protection is a major pull-factor for migrants trying to come to Europe.

Health and migration

Santé et migration

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@MdMBelgique
@CNCD111111

Migration represents a challenge to the (financial) capacities of health systems.

Health and migration

Santé et migration

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@MdMBelgique
@CNCD111111

Migrants face a triple burden of victimization.

Health and migration

Santé et migration

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal
@MdMBelgique
@CNCD111111

- Stéphane Heymans, Head of Operations, Médecins du Monde Belgique
- Maite Cuvelier, coordinator Health Promotion, Cultures et Santé

Moderator: Nicolas Van Nuffel, Head of Advocacy, CNCD-11.11.11

Take Away Message

Call to action

Join the debate
#GHWBelgium
@Be_Causehealth
@PHMglobal

- David McCoy
- Ellen Verryt, coordinator Plate-form d'Action Santé et Solidarité

Thank you - Merci Bedankt