

## The people's health movement: an alternative to the globalization of health

*O movimento pela saúde dos povos: uma alternativa à globalização da saúde*

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**Resumo:** Esse artigo tem por objetivo apresentar o Movimento pela Saúde dos Povos, criado no ano 2000, na 1ª Assembleia pela Saúde dos Povos, e o trabalho de seus ativistas pela "Saúde para Todos". O Movimento pela Saúde dos Povos é uma iniciativa da sociedade civil que se contrapõe aos efeitos nocivos da globalização da saúde e nos cuidados em saúde. Para cumprir com seu objetivo, explicitam-se os esforços que levaram a criação dessa rede de ativistas e da Carta pela Saúde dos Povos, declaração que explicita a visão, os objetivos, os princípios e as principais reivindicações dos membros do Movimento pela Saúde dos Povos. Para concluir, são abordadas as principais atividades já desenvolvidas pela rede de ativistas pela saúde.

**Palavras-chave:** Saúde Global. Participação da Comunidade. Organização Mundial da Saúde.

**Abstract:** This essay presents the People's Health Movement, created in the year 2000, in the first People's Health Assembly, and the work of its activists for "Health for All". The People's Health Movement is a civil society initiative to counter the ill effects of globalization on health and health care. To fulfill its aim, the efforts that led to the creation of this network of activists are made explicit and the People's Charter for the Health, a statement that explains the vision, objectives, principles and calls for action of the members of the People's Health Movement. To conclude, the main activities already carried out by the global network of health activists are approached.

**Keywords:** Global Health. Community Participation. World Health Organization.

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## 1 Background

In 1978, in Alma – Ata, the universal slogan Health for All by the year 2000 was coined. At the same time, the famous *Alma Ata Declaration* was overwhelmingly approved, putting people and communities at the center of health planning and health care strategies, as well as 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 (WORLD HEALTH ORGANIZATION, 1978).

Otherwise, 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 as it has affected health care, and a fair dose of governmental and international health agencies' amnesia - 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 are both a civil society effort to counter this global *laissez faire* and to challenge health policy makers around the world with a *People's Health Campaign for Health for All-Now!*

## 2 The first People's Health Assembly

The People's Health Assembly 1 brought together 1450 people from 92 countries, and resulted in an unusual five-day event in which grassroots people shared their concerns about the unfulfilled 'Health for All' challenge. The Assembly's programme included a variety of interactive dialogue opportunities for all health professionals and activists who gathered for this significant event, as summarized in box 1:

### Box 1: People's Health Assembly 1 activities.

- a rally for Health for All - Now!;
- meetings in which the testimonies on the health situation from many parts of the world and the struggles of people were shared and commented upon by multidisciplinary resource groups (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.

This People's Health Assembly was preceded by a long series of pre-assembly events all over the world. The most exceptional of these was the mobilization in India. For nearly nine months preceding the Assembly, there were grassroots, local and regional initiatives of people's health enquiries and audits, as sensitization, including health songs and popular theater; sub-districts and district level seminars; policy dialogues and translations of national consensus documents on health into regional languages, as well as campaigns to challenge medical professionals and the health system to become more Health-for-All-oriented. Finally, over 2000 delegates traveled to Kolkata (Calcutta), mostly riding on five converging people's health trains; here, they brought their ideas and felt needs first elaborated in 17 state and 250 district conventions. In Kolkata, after two days of conferences, parallel workshops, exhibitions, two public rallies for health and a myriad of cultural programmes, the Assembly endorsed the Indian People's Health Charter. About 300 delegates from this Assembly then traveled to Bangladesh, mostly by bus, to attend the Global Assembly. Similar preparatory initiatives, though less intense, took place in Bangladesh, Nepal, Sri Lanka, Cambodia, Philippines, Japan and other parts of the world, including Latin America, Europe, Africa and Australia.

## 3 The People's Charter for Health

As a result of a full year's mobilization and five days of very intense and interactive work in Savar, a Global Peoples Health Charter emerged which was endorsed by all participants (PEOPLE'S HEALTH

ASSEMBLY, 2000a). This Charter has now become an expression of the Movement's 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, exploitation, violence and injustice as the roots of preventable ill-health; it underlines the imperative that 'Health for All' means challenging powerful economic interests, opposing globalization as the current iniquitous development model; it thus drastically changes our political and economic priorities; it brings in a new perspective and the 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 seen 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 1 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, which include:

**Box 2: Determinants of health tackled by the People's Charter for Health.**

- The violations of people's right to health;
- The Economic, social and political determinants of health;
- The Environmental determinants of health;
- War, violence, conflict and natural disasters as the cause of preventable mortality and ill-health;

- The lack of a people-centered health sector reform with the poor people participating in fostering a healthier world.

Briefly, the People's Health Movement started promoting a wide range of approaches and initiatives which combated the ill effects of the triple assault by the forces of globalization, liberalization and privatization on health, on health systems and on health care. In more details, the PHM initiatives still today call for combating the negative impacts of Globalization as a worldwide economic and political ideology and process, significantly reforming the International Financial Institutions and the World Trade Organization to make them more responsive to poverty alleviation and the Health for All-Now! Movement and as well as a writing off of the foreign debt of least developed countries and the use of its equivalent for poverty reduction, health and education activities and greater and more equitable household food security. In other hand, it is argued that greater checks on and restraints of the freewheeling powers of transnational corporations, especially pharmaceutical houses (and mechanisms to ensure their compliance) and caps on the runaway international financial transfers is necessary.

The People's Charter for Health has a greater focus on poverty alleviation in national and international development plans and unconditional access of the poor to health services and treatment regardless of their ability to pay. The PHM advocates that this can be achieved through some actions, such as: the strengthening public institutions, the political parties and the trade unions involved, as the Movement is, in the struggle of the poor; making a renewed call for more democratic Primary Health Care that is given the resources needed and holding governments accountable in this task; halting the process of privatization of public health facilities and working towards greater controls of the already installed private health sector; and vehemently opposing the commoditization and privatization of health care (and the sale of public health facilities).

The PHM focus on building strong people's organizations and a global movement working on

health issues, empowering people leading to their greater control of the resources needed for the health services they need and get and putting health higher in the development agenda of governments. PHM promotes the creation of 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, fostering a global solidarity network that can actively support fellow members when facing disasters, emergencies or acute repressive situations. Thus encourages a more equitable, just and empowered people's participation and greater influence on health and development matters, promoting the health (and other) rights of displaced and minority people, as well as unconditional support of the emancipation of women and the respect of their full rights, getting more actively involved in actions addressing the silent epidemic of violence against women.

The People's Health Assembly that drafted the People's Charter for Health advocated this should address subject frequently neglected by authorities and the media. In this way, the Charter sustain and promote the defense of effective patient's rights, promotes the expansion and incorporation of traditional medicine into people's health care, even as for changes in the training and retaining of health personnel to assure they cover the great issues of our time. The defense and fostering of a public health-oriented (and not for-profit) health research worldwide is likewise an important topic of the Charter, which also encourages independent national drug policies centered on essential, generic medicines. Therefore makes a call for the transformation of WHO, supporting and actively working with its Commission on the Social Determinants of Health making sure WHO remains accountable to civil society, assuring WHO stays staunchly independent from corporate interests.

Concerning to the environmental determinants of health, the PHM plead for a greater vigilance and activism in matters of water and air pollution, the dumping of toxics, the disposal of water, climate changes and CO2 emissions, soil erosion and other

attacks on the environment. It is also understood as critical the protection of biodiversity and opposition to the biopiracy and the indiscriminate use of genetically modified seeds and to end impunity holding violators of environmental crimes accountable. In other hand, systematically applying environmental and health assessments and people-centered environmental audits of development projects is also necessary.

The contemporary world demands a more prompt responses and preparedness and rehabilitation measures in cases of natural disasters and a recognition of the aid politics. In a broader way, PHM recognizes that it is necessary to implement processes that allow developing countries to have greater participation in decision-making processes such as the democratization of the UN bodies and especially of the Security Council. Similarly, the Charter opposes war in all its forms and the current USA-led, blind 'anti-terrorist' campaigns, as well, the Israeli seizure of Palestinian territory, which have, among others, a sizeable negative impact on the health of the Palestinian people.

Summarily, this comprehensive view of actions for health, was probably the most significant contribution of the People's Health Assembly 1 and the evolving People's Health Movement as early as in the year 2000 (SCHUFTAN, 2002).

#### **4 Significant Gains made by the People's Health Movement**

Noteworthy is the ongoing and growing mobilization process at local and global levels, and PHA 1 as the historic first gathering that launched the Movement. In more detail, the gains have included the following: for the first time in decades, health and non-health networks have come together to work on global solidarity issues in health. These networks include the International People's Health Council, Health Action International, Consumers International, the Asian Community Health Action Network, Medicus Mundi International, the Third World Network, the Women's Global Network for Reproductive Rights, *Medecine pour le Tiers Monde - M3M*, Latin American

Association of Social Medicine – ALAMES, International Baby Food Network – IBFAN Gonoshasthya Kendra and the Dag Hammarskjöld Foundation . In the last years, networks like the Global Equity Gauge Alliance and the Social Forum Network are further strengthening the Movement.

At country level, in some regions, this coalescence is also under way. In India, for instance, the national collective includes the science movements, the women's movements, the alliance of people's movements, environmental groups, the health networks and associations, some research and policy networks and even some trade unions. 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, 2000c). 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 21st century.* Taken together, these documents represented an unprecedented, emerging, global consensus.

Over and above, at country level, consensus documents that support public education and public policy advocacy have been produced. In India, for instance, five little booklets, 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 eighteen national networks that form the national coordinating committee in India: this represented an unprecedented consensus, the first of its kind in five decades.

The People's Health Assembly 2 (PHA2) followed in July 2005 in Cuenca, Ecuador where 1492 participants from 80 countries attended. PHA2 dealt with issues concerning health in nine distinct but complementary tracks. The tracks covered nine streams of issues like 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 People's Health Movement affairs. Again, it was an unusual international health meeting expressing and symbolizing an alternative health and development culture of dialogue and celebration. PHA2 was preceded by holding of the first session of the International Peoples Health University in which 52 young people were trained as PHM activists. This is an effort to bring young people into the leadership of the Movement. The first forum of researchers for people's health was also held (LATHAM, 2006).

Another significant gain has been the translation of the People's Charter for Health into over 40 languages worldwide. These include Arabic, Bangla, Chinese, Danish, English, Farsi, Finnish, Flemish, French, German, Greek, Hindi, Indonesian, Italian, Japanese, Kannada, Malayalam, Ndebele, Nepalese, Tagalo, Portuguese, Russian, Shona, Sinhala, Spanish, Swahili, Swedish, Tamil, Urdu, Ukrainian and now in the process in Tongan, Lithuanian, Norwegian, Welsh ,Thai, Cambodian, Vietnamese, Pastun, 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. PHA2 produced a new document called The Cuenca Declaration, which reiterated and updated the principle enshrined in the Charter. This Declaration has already been translated into five languages.

Audiovisual aids including videos for public education, exhibitions, slides, and other forms of communication are now also available. The BBC Life Series video on "The Health Protesters" was a good example based on PHA1. The Movement itself has

evolved a communications strategy which importantly includes its website, the e-list server group for exchange and discussion, a series of news briefs (nine since January 2001), and a host of press releases on a wide variety of themes and on special events and crises on an 'as-needed' basis.

Presentations of the Peoples Health Charter and the Cuenca Declaration, are constantly taking place in national, regional and international fora, which have included the World Health Organization (WHO), the Global Forum for Health Research (GFHR – Forum 5 & 6) the World Health Assembly and the International Conference on Health Promotion. The development of a standing relationship between the PHM and WHO is particularly promising. In April 2001, the very effective and assertive in-house lobbying by PHM resulted in the formation of the WHO Civil Society Initiative announced at the World Health Assembly, in May 2001. In May 2002, WHO invited PHM to present the People's Charter for Health in the World Health Assembly. In May 2003, over 80 PHM delegates from 30 countries attended the WHA; made statements on Primary Health Care, on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and other issues and were invited to meet the then DG designate, Dr Lee Jong-wook, who welcomed a greater dialogue with PHM members at all levels.

The Assembly was preceded by a PHM Geneva meeting for the 25th anniversary of the Alma Ata Declaration, which was attended by some WHO staff, including the PAHO Regional Director. In 2004, PHM was instrumental in provoking WHO's creation of the Commission on the Social Determinants of Health. One PHM member was a Commissioner in it and several PHM members actively participated in the nine knowledge networks which the CSDH appointed and in facilitating civil society voices and evidence in many regions. In 2003, WHO invited PHM to a dialogue on Primary Health Care in Madrid, Spain and in 2004, WHO also invited two PHM resource persons to be members of a WHO – Health Systems Task Force. These are all small, but incremental

movements towards a critical collaboration of PHM with WHO.

In many countries of the world, emerging country level PHM circles are organizing 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, articles and editorials in medical/health journals are also beginning to increase. In 2006, PHM launched a Global Right to Health Care Campaign which is in an active organizational phase. Policy dialogues and 'action research circles' on: WHO/WHA, poverty and AIDS, women's access to health, the disabled, health research, disaster response, access to essential drugs, macroeconomics and health, public-private partnerships, and food and nutrition security issues are at different stages of work and progress. For instance, a People's Charter on HIV/ and AIDS developed through several meetings at country level, was launched in 2005 at the International AIDS conference in Bangkok.

Starting in February 2006, PHM has restructured to decentralize more its decision making given the important growth of the Movement. The Global Secretariat has moved from Bangalore to Cairo and from there to Cape Town. A small Coordinating Committee was created to assist the Global Secretariat and a Steering Group, representing the world's regions and thematic circles of PHM is being restructured. Many People's Health Universities have been held and several future sessions of it are in different planning stages. In October 2003, the Organization AIFO - Italy, presented PHM with a special Human Rights Award in Health recognizing PHM's contribution to making Health a Human Rights issue. All over the world – there are increasing examples at local and national level where PHM related networks are empowering people, communities and campaign groups to demand for policy, action, advocacy and research strategies that strengthen the Health for All Movement.

As a driver for change, PHM coordinates programs globally and regionally such as the previously mentioned People's Health Assembly

(PHA), the Global Health Watch (GHW), the International People's Health University (IPHU), the Health for All Campaign (HFAC) and the Global Health Governance (GHG) initiative also called WHO Watch. In its fifth edition, the GHW is an alternative World Health Report; the IPHU is an educational and research program and organizes short courses entitled The Struggle for Health about 1500 health activists from more than 60 countries attended to IPHU courses; HFAC "aims to inform and influence governments to address structural and systemic weaknesses in the health system" and GHG focus in watching and provide critical support to the WHO (PEOPLE'S HEALTH MOVEMENT, 2018). In short, every day the list of follow-up actions at various levels increases. PHM is fast becoming recognized as an alternative to the globalization of health from above and many academics, researchers and policy makers are beginning to recognize its role as Harris and Seid (2004) states on the paper "Globalization and health in the new millennium":

The People's Health Movement (PHM) 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 among 'from above' (...) the People's Charter for Health lays out a blueprint for the transformation of the existing global circles through democratization at all levels of the existing system and through what some people in the global social justice movement call 'globalization from below' (...) it is based on the assumption that global decisions must be demonstrated and that people's organizations and organized grass roots action can bring about an alternative vision of development –one that promote human and environmental well being. To achieve this vision, the PHM is pursuing the democratization of health decision and outcomes at all levels (...) one of the most strategic assumptions held by the PHM is that it will take organized grassroots action as well as concerted action at the global level to bring about the profound social changes that are needed to achieve the sweeping vision and radical goals of the movement (Harris; Seid, 2004).

In turn, Beaglehole and Bonita (2008, p. 1993) recognize the PHM as an important "advocacy voice

with its call for a revitalization of the principles of the Alma-Ata Declaration and the revision of international and domestic policies that impact negatively on health and equity" in a context where advocacy and political walk together in global health. The European Perspectives on Global Health, edited by Ilona Kickbusch and Graham Lister noticed the "active advocacy and educational role at both national and global levels" and PHM's successful alliances "with selected governments, in clarifying and strengthening WHO's position in revitalizing its commitment to the principles of Primary Health Care" (Kickbusch; Lister, 2006, p. 52). The increasing recognition by the non-PHM world of the PHM world is a challenge to the movement as well as a great responsibility.

## 5 Conclusion

The People's Health Movement has been a rather unprecedented development in the journey towards the 'Health for All' goal. The Movement now, encompasses a multi-regional, multi-cultural, and multi-disciplinary mobilization effort, bringing together the largest ever gathering of activists and professionals, civil society representatives and the peoples representatives themselves. Furthermore PHM is working on global issues to raise awareness, as well as the level of concrete actions, and is involved in solidarity with the health struggles of people, especially the poor and the marginalized, affected by the current global economic and geographical order. Recognizing that the movement needs to carry out a continuous, sustained, and collective effort, the People's Health Movement process, through the People's Health Charter, the Cuenca Declaration and the Cape Town Call to Action reminds us that a long road lies ahead in the campaign for Health for All-Now!

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